MIDDLESBROUGH COUNCIL

Agenda Item 5

HEALTH SCRUTINY PANEL

1 September 2015

PUBLIC HEALTH ANNUAL REPORT – 2014/15

PURPOSE OF THE REPORT

1. To present the panel with an outline of the purpose of the meeting.

BACKGROUND

2. As part of the panel's work programme it was agreed that it was timely that Members should look at the recently completed Annual Report from the Director of Public Health.

3. The annual report details the key health and wellbeing issues for Middlesbrough and explains how most of them are amenable to prevention and early intervention.

4. The previous annual report, presented to the panel in July 2014, outlines how there had been a shift of focus from reactive interventions to upstream prevention and early intervention. As a reminder and to assist the newer members of the panel a synopsis is given below of the information that was received.

Public Health in Middlesbrough

5. In April 2013 responsibility for public health was transferred to local authorities along with a ring-fenced budget for 2013/14 (£15.9m) and 2014/15 (£16.4m).

6. The public health needs of Middlesbrough are well documented, in comparison with the North East and Cumbria; Middlesbrough has the lowest life expectancy rates for both males and females and within Middlesbrough, life expectancy rates varied between the most affluent and most deprived wards. Whilst rates have continued to fall, the local rate of improvement needed to be accelerated to reduce the gap that existed both within the town and between the town and national averages.

7. The most common causes of premature deaths in Middlesbrough are cancer, heart disease and stroke, lung disease and liver disease.

8. The commissioning intentions for 2014/15 where as follows
   a) Recurrent commitments which included lifestyle and behaviour modification programmes.
   b) Re-profiling the public health budget.
   c) Commissioning and procurement of new services.

d) Developing commissioning and delivery models.

9. New services to be procured in 2014/15 included
   a) School nursing service.
   b) Specialist community stop smoking services.
   c) Infant feeding and peer support (linked with services at James Cook University Hospital).
   d) Tier 2 weight management services.
   e) Young persons and adult service in JCUH for people at risk of substance misuse.

10. The panel were given an indication of a number of pilot programmes and projects to be commissioned in 2014/15 in relation to
   a) Healthy living GP practice – applying lessons from the Health Living Pharmacy Programme.
   b) Health and well-being community hubs.
   c) Access to healthcare for the homeless.
   d) Social prescribing model for Middlesbrough (working with the CCG and the voluntary sector).
   e) Prevention and early intervention for social care.

Possible Areas to Explore in Further Detail

11. The panel may wish to explore the following areas in more detail
   a) It was thought that the transfer of Public Health to Local Authorities, if maximised, would bring a significant impact on people's health and wellbeing – has this been the case?
   b) What examples of collaborative/innovative work with other statutory agencies have taken place and what difference has been made?
   c) Is there any evidence available yet that preventative work is having an effect on the life expectancy rates?
   d) Ward Councillors are the direct link between the local authority and the community. Are there any examples of how Councillors can get more involved in improving public health outcomes?

IN ATTENDANCE

12. Edward Kunonga, Director of Public Health will be in attendance. Further information will be submitted to the panel in due course.

RECOMMENDATIONS

13. It is recommended that the position be noted; Members make any recommendations where appropriate and agree if there are areas which need further investigation.

BACKGROUND PAPERS

There are no background papers for this report.

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