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Report to:	Cabinet	**Date of Meeting:**	Thursday 14 January 2016
Subject:	Annual Report of the Director of Public Health	**Wards Affected:**	(All Wards);
Report of:	Head of Health and Wellbeing (Interim)		
Is this a Key Decision?	No	**Is it included in the Forward Plan?**	Yes
Exempt/Confidential	No		

Purpose/Summary

To present the Annual Report of the Director of Public Health 2015.

Recommendation(s)
The Cabinet is asked to receive the report and recommend it to Council for publication

Council

1. That Council receive the annual report of the Director of Public health; and

2. That Council notes that the report will be published.

How does the decision contribute to the Council's Corporate Objectives?

	Corporate Objective	Positive Impact	Neutral Impact	Negative Impact
1	Creating a Learning Community	X		
2	Jobs and Prosperity	X		
3	Environmental Sustainability	X		
4	Health and Well-Being	X		
5	Children and Young People	X		
6	Creating Safe Communities	X		
7	Creating Inclusive Communities	**X**		
8	Improving the Quality of Council Services and Strengthening Local Democracy	**X**		

Reasons for the Recommendation:
The report is the statutory independent report of the Director of Public Health and identifies key health issues affecting the Sefton population.

What will it cost and how will it be financed?

(A) Revenue Costs
No direct costs associated with the report.

(B) Capital Costs
No direct costs associated with the report.

Implications:

The following implications of this proposal have been considered and where there are specific implications, these are set out below:

Financial	
Legal Section 73B (5) and (6) of the national Health Service 2006 Act, inserted by section 31 of the health and Social care Act 2012, provides that the director of Public health must produce an annual report and the local authority must publish the report.	
Human Resources	
Equality	
1. No Equality Implication	x
2. Equality Implications identified and mitigated	
3. Equality Implication identified and risk remains	

Impact of the Proposals on Service Delivery:
This report should be taken into account in all service plans

What consultations have taken place on the proposals and when?

The Chief Finance Officer has been consulted and has no comment on the content of the report as there are no direct financial implications resulting from the report. However, it should be noted that there will be a reduction in Public Health funding in future years. The financial implication for the Council, of this reduced funding, in 2016/17 and future years is not yet known. (FD 3948/15)

Head of Regulation and Compliance have been consulted and any comments have been incorporated into the report. (LD 3231/15)

Implementation Date for the Decision

Immediately following the Committee/Council/meeting.

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Background Papers:

The following papers are available for inspection on the Council website via this link: (to be inserted by Democratic Services if necessary).

1. Introduction/background

1.1 The Director of Public Health has a duty to publish an annual report on the health of people in Sefton (PHAR).

1.2 As austerity measures begin to impact on communities many of those working with families fear that the gains made in health improvement will stall and the gap in health inequalities will widen. With this in mind the focus of this year's report is on how partners across Sefton are responding to the challenge of austerity.

1.3 Representatives from the Voluntary, Community and faith sector along with staff from the Local Authority, the NHS, and other public bodies along with elected members attended a Public Health Annual report summit.

1.4 The report captures the local understanding of just how austerity policies might change people's life circumstances and how this in turn affects their ability to maintain good health.

1.5 The summit provided an opportunity for partners to share examples of interventions and projects that are currently supporting people across Sefton. They also identified a number of key actions for those responsible for commissioning and delivering local services.

2 Austerity

2.1 These are actions that aim to control increasing government budget deficits. There are two approaches to achieving this. The first is to reduce spending e.g. reducing welfare benefits, reduce public services, and reduce local authority budgets. The second is to increase taxation.

3 Impact of austerity on health and well being

3.1 Austerity is associated with severe material deprivation. People may experience food and fuel poverty as well as homelessness. Physical and emotional wellbeing is also adversely affected.

3.2 In the first 25 weeks of the year in South Sefton, 2,723 adults and 2,010 children have used a Foodbank. Over a third of these uses were due to low income, while another third were due to benefit delays or changes in benefits.

3.3 Many residents have sought support from schemes provided in partnership between the council and local voluntary sector organisations for essentials such as emergency cash, travel and vouchers for gas and electricity "top ups".

4 Working Together for Better health

4.1 Table top discussions identified a number of recurrent themes

- Increasing demand on voluntary and statutory services to deal with housing and financial difficulties
- A concern that some vulnerable groups risked being stigmatised by the impact of austerity
- A frustration with the persistent health inequalities seen in Sefton
- A need to measure the impact of welfare reforms on the health and wellbeing of people in Sefton and the future demand on services

- The need not to exclude any groups, e.g. young people when considering the impact of austerity
- The need for services and intervention projects to treat people with sensitivity and dignity
- A greater understanding of
    - Hard to reach groups or hidden communities impacted by austerity but not seeking help.
    - Identifying existing support networks that could be developed to help others?
    - Whether commissioners and provider of services are working to complement each other?
    - The level of cooperation between agencies and whether this is really helping families and communities?
- A better way of measuring wellbeing. How do people really experience health in these circumstances?

4.2 Many of those who participated in the summit shared case studies of work they were involved in to help people manage in difficult times. A number are included in the report: May Logan Health Trainers, the South Sefton and Crosby Foodbank, Sefton Young Advisors, Plus Dane housing and the Formby/Hightown/Freshfield Hub. The PHAR webpage will include links to these and other similar projects to enable shared learning and encourage greater collaboration.

4.3 Table 1 at the end of the report summarises the views of participants who design, deliver and use services in Sefton. This table will be included in the background information on the PHAR website.

5 Recommendations

5.1 The evidence gathered at the summit challenges partners across Sefton to continue to work together to protect the most vulnerable people and communities. Partners are asked to respond to the following recommendations

1. *We need to agree the best way to measure the impact of austerity on people living in Sefton. This will help us decide what to do to help people where it matters most*
2. *The Council and the NHS should always work together to provide the best possible social and health and wellbeing services.*
3. *Services should be designed through working together. The people of Sefton's voice needs to be heard and valued along with those who deliver services.*
4. *Services should work together to reduce duplication and service competition, and this way of working should be at the forefront of all partnership working.*
5. *All partners should commit to developing "communities of practice" – this is a forum for services to share good practice, exchange ideas and solve problems together.*
6. *Promote and reward new ideas amongst service providers.*
7. *All services working with the public should be prepared to make every contact count.*

8. *Involve communities, and encourage self-support and support from others in the community.*
9. *We should all focus on what works well, not what is wrong, and share this.*

Table 1

What should we be doing more of?	What are we not doing enough of?	What should we stop?
For individuals • LISTEN • Make Every Contact Count – be prepared to help people with all their problems, be prepared to signpost and get other support • Support healthy lifestyle choices • Integrating health and social care services	• Asking people what they want • Single assessments and easy referral process • Celebrating success • Engaging people to be at the heart of services and what we do together for Sefton	• Repeating assessment • Putting up barriers between organisations • Leaving assets, whether people or places untapped • Stop looking at services/problems and service users in silos • Commissioning in isolation, need more collaboration between commissioner and provider • Not including people in developing solutions.

For communities and Sefton as a whole
• Shout out what's good
• Share information between services
• Monitor and evaluate more
• Empower people to do more for themselves
  ○ Sustainability
  ○ Self sufficiency
  ○ Own their wellbeing
• Work together to ensure services carry on seamlessly
• Encourage innovation. Providers don't need commissioner permission for everything.
• Co-production with community rather than consultation
• Share our vision/outcomes/risks as one Sefton
• Self-support and peer support
	• Recognise the value of volunteers and volunteering (employers could give staff time off for volunteering)
	• Ensuring services are based on evidence of need
	• Being positive – focusing on what can be done
	• Long term planning and less crisis management
	• Using opportunities and assets to extend what works well
	• Eliminating competition between organisations and working together
	• Integration between health and social care
	• Exchanging ideas
	• Linking up before commissioning
	• Sharing commissioning/providing risks
		• Working in isolation – work more collaboratively
		• Being negative – have a more can do attitude
		• Giving up
		• Silo working
		• Being deficit focused
		• Process driven
		• Risk averse
		• Just relying on professional views
		• Duplications
		• Competition in commissioning.