

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	PUBLIC HEALTH ANNUAL REPORT 2011
DATE OF DECISION:	29 MARCH 2012
REPORT OF:	DIRECTOR OF PUBLIC HEALTH
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

This report introduces the Director of Public Health's Annual Report.

RECOMMENDATIONS:

- (i) The HOSP notes the Public Health Annual Report 2011/12

REASONS FOR REPORT RECOMMENDATIONS

1. The Director of Public Health must produce an annual report each year.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None

DETAIL (Including consultation carried out)

3. Below is a summary of the Public Health Annual Report 2011. The full report is being taken to the Board of the Southampton Clinical Commissioning Group on 28th March 2012; copies of the full report will be made publicly available after that time.

4. Introduction

The health of Southampton people continues to improve, but there are still too many who are missing out. This continues to be the conclusion as we assess the health needs of our city, the disease trends and then factors that affect our health.

The 2011 annual report explains the changing public health system in England and the impacts of this locally. It provides an overview of the health of Southampton through key facts and innovative visual presentations. The main body of the report examines three key issues from the Joint Strategic Needs Assessment (JSNA) – lung health, suicide and fuel poverty – and makes recommendations for tackling these.

5. The new public health system for England

The Health and Social Care Bill proposes major changes to the public health system for England, originally described in the White Paper: *Healthy Lives, Healthy People*. To ensure public health is responsive to the different needs of each community, the government aims to create local freedom, accountability and ring-fenced funding. From April 2013 local public health leadership and responsibility will be returned to and strengthened within local government.

Health and wellbeing boards, based in local authorities, will provide a forum to bring together NHS commissioners, councils and elected councillors with patient champions, to join up the public health agenda with the wider work of the NHS, social care and children's services.

These changes will give three key roles to Southampton City Council:

1. Leading for public health
2. Public health commissioning functions
3. Specialist public health and population healthcare advice and expertise to local commissioners including the Southampton City Clinical Commissioning Group.

6. **Lung health**

Poor lung health affects more people than is often recognised. As well as causing premature death, people with lung disease tend to have a poor quality of life in its later stages and the cost to individuals, families and society is high. Much lung disease can be prevented and, if picked up early, outcomes can be greatly improved.

On average 105 Southampton residents die each year from chronic obstructive pulmonary disease (COPD).

The Department of Health is in the process of finalising a strategy for COPD services in England. Key aims of this strategy include recommendations on achieving enhanced early warning and interventionist approaches designed to either stop people getting COPD, or on improving outcomes for those already diagnosed with the condition. Locally we need to develop programmes and initiatives to incorporate these national strategy objectives.

7. **Suicide**

As well as the personal, family and community tragedy that suicide represents, it is a marker of levels of distress in society. Understanding the causes and trends can lead to more focussed action - to improve awareness, identify those most at-risk of being overwhelmed by their personal circumstances, and to provide effective interventions.

Over the period 2008-10 there were an average of 26 suicides every year amongst Southampton residents.

National and local data suggest that prevention efforts should be at the level of society and the NHS. Societal measures include better employment, education and housing. Access to means of suicide can be reduced by safety adaptations of the physical environment. However, a local audit found, many individuals take their lives within their homes.

A workshop was held in July 2011 to present the findings of the local coroner's audit and to map out a way forward for suicide prevention. The output from the day was a plan for 'Action Against Suicide' (AAS) in the city.

8. **Cold homes and fuel poverty**

Housing affects health in many ways. Overcrowding, poor ventilation, damp and lack of adequate heating are recognised to lead to more respiratory and other illnesses. Cold homes and fuel poverty are linked to excess deaths in winter months. Despite good progress in improving the quality of local housing, many people still face the consequences of cold homes, and more remains to be done to help them.

In 2006 10% of households in Southampton were in fuel poverty whereas by 2009 the figure had risen to over 12%.

10. **Progress on recommendations**

An audit of recommendations from each annual report is maintained by the Public Health Team in Southampton and this year's report includes a summary of progress.

11. **Southampton's health at a glance**

Southampton is a diverse city where...

- In just a few years there has been a change in the number of babies being born to city residents each day from seven in 2003 to nine in 2009
- Five Southampton residents die each day
- In 2010 there were over 5,000 people in the city aged over 85 years – by 2017 this will have risen to more than 6,000
- Over 3,200 pupils in Southampton schools speak a first language other than English
- According to its demographic and socio-economic characteristics, the UK cities considered most similar to Southampton are Bristol, Portsmouth, Exeter and Norwich
- Southampton covers an area of 5,181 hectares of which over 20% is open space.

12. **Improvements in health and wellbeing over the past decade include...**

- Compared with 10 years ago, men are 19% and women are 3% more likely to live to the age of 75 (the probability of survival to age 75 in 1997-99 was 56% for males and 74% for females, in 2007-09 the figures were 67% and 77% respectively)
- Compared with 10 years ago, male life expectancy is four years longer and women's life expectancy is two years longer
- Death rates have fallen by 22% (342 fewer deaths each year in the city)
- Deaths from heart disease have fallen by 49% (202 per year fewer)
- Deaths from stroke are 38% lower

- Cancer death rate has fallen by 9%
- Smoking prevalence is estimated to have fallen from 32% to 22% over the past decade
- Since 2003/04 smoking in pregnancy has reduced from 25.1% to 19.5% whilst breastfeeding rates have increased from 69.6% to 74.5%
- Every day now an average of 15 eligible women are screened for breast cancer, 25 for cervical cancer and a further 23 eligible adults screened for bowel cancer

Educational attainment has improved – in 2005 34.6% of Southampton pupils gained 5 or more GCSEs at grades A*-C (including English and Maths), and by 2011 this had increased to 51.7%.

13. However, many challenges remain for our city including...

- Men from the most deprived areas of Southampton have a life expectancy eight years less than men from the least deprived areas
- In Southampton there is one teenage conception every two days
- Every day a Southampton resident dies from a cause related to smoking
- Every day in Southampton an average of three people are newly diagnosed with cancer
- Gross annual pay for full-time workers in Southampton was just over £23,000 on average in 2010, compared with a national average of over £26,000
- Every 13 hours there is a net gain of one additional person to Southampton GPs' diabetic risk registers
- Only 31.7% of adults access NHS dentistry with extra provision being under-used.

RESOURCE IMPLICATIONS

Capital/Revenue

14. None

Property/Other

15. None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

16. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

17. None

POLICY FRAMEWORK IMPLICATIONS

18. None

AUTHOR:	Name:	Dr Andrew Mortimore	Tel:	023 8083 3204
	E-mail:	Andrew.mortimore@southampton.gov.uk		

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	
------------------------------------	--

SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	None
2.	

Documents In Members' Rooms

1.	None
2.	

Integrated Impact Assessment

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	Yes/No
--	--------

Other Background Documents

Integrated Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
------------------------------	--

1.		
2.		