

	<p align="center">London Borough of Hammersmith & Fulham</p> <p align="center">Health and Wellbeing Board</p> <p align="center">30 June 2014</p>
<p>2013-2014 TRI-BOROUGH PUBLIC HEALTH REPORT</p>	
<p>Report of the Corporate Director</p>	
<p>Open Report</p>	
<p>Classification: For Information</p>	
<p>Wards Affected: All</p>	
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1. EXECUTIVE SUMMARY

- 1.1. The 2013-14 Tri-borough Public Health Report is the first to be published since local councils took back responsibility for public health after 40 years in the NHS. The report provides a snapshot of the health of people who live in our boroughs and identifies some of the local public health priorities

2. RECOMMENDATIONS

- 2.1. The annual public health report is an independent report but we are keen that the reach and appeal of the report is broad. We therefore ask for your support in identifying the priorities for next year's report.

3. INTRODUCTION AND BACKGROUND

- 3.1. There is a statutory requirement for the Director of Public Health to produce an independent public health report. This paper provides the Health and Wellbeing Board with key messages from the 2013-14 Tri-

Borough Public Health Report. It offers a snapshot of the health of people who live in our boroughs, identifies some of the local public health priorities and describes some of the current projects designed to improve the health and wellbeing of local people.

- 3.2. This 2013-14 report is aimed at residents as well as council officers and members. It is the first report to be published since local councils took back responsibility for public health after 40 years in the NHS.

4. PROPOSAL AND ISSUES

Local Health Overview

- 4.1. There is no significant difference in life expectancy for men and women living in Hammersmith and Fulham compared to the rest of London and England (PHOF 2010-12). Whilst many residents are affluent, there are significant areas of poorer health in the more deprived parts of the borough and therefore large health inequalities between rich and poor.
- 4.2. We need to make sure people are supported to make healthy choices, protected against risks to their health and, through working with the NHS, ensure equal access to health care services.
- 4.3. The major causes of death and disease locally are the same as those across the country. The biggest killers in our area are cancer, heart disease, and respiratory disease. Liver disease is also a significant cause of death locally.
- 4.4. Other causes of death and disease that are bigger problems here than in other parts of the country include poor air quality, tuberculosis and HIV/AIDs.

Our areas of focus for public health for the next year

- 4.5. People living in more deprived areas suffer more health problems and die earlier than the rest of our residents. These health inequalities can only be reduced if there is a focused effort across all services that affect health and wellbeing. These include council services such as leisure, education, employment, housing and planning and social care.
- 4.6. Giving every child the best start in life is crucial to reducing health inequalities. Children who live in poverty are at greater risk of poor nutrition, physical and mental health problems, social problems and lower education achievement. Later in their lives these children will be at greater risk of heart disease, mental illness and unemployment.
- 4.7. Unhealthy lifestyle choices tend to cluster together so people who smoke are more likely to drink too much alcohol or to use drugs and are also more likely to have poor diets and live inactive lives. We need to consider how we can help people address multiple, rather than individual, unhealthy behaviours.
- 4.8. The number of 10 and 11 year old children who are obese in our schools is almost 40%. This matters, as they have a much higher risk of growing

up to be overweight or obese as adults and getting diabetes, heart disease, stroke and some cancers as they get older.

- 4.9. Our population is aging and this means we will need to support growing numbers of people living with multiple conditions including dementia, cardiovascular disease, and respiratory disease. These conditions are often linked to factors like social isolation and poor housing which can make care more complicated.
- 4.10. We believe that we can make a difference to improve the health and wellbeing of people who live work and visit Hammersmith and Fulham by focusing on these priorities and working with partners, including residents, council departments, NHS commissioners and providers, community and voluntary organisations, and businesses.

Next steps

- 4.11. There are a number of specific steps that Triborough Public Health will be taking over the next year to support innovative public health initiatives. These actions include:
- 1) Building on the current JSNAs to make sure appropriate actions are implemented by public health services and our partners.
 - 2) Identifying what further JSNAs or related data and intelligence gathering needs to happen to inform commissioning and service delivery (both within the local authorities, and within CCGs and local voluntary and community providers).
 - 3) Reviewing and re-commissioning public health services delivered across the three local authorities to ensure we use public health resources to best effect.
 - 4) Supporting partners across the health, social care and community and voluntary sectors to deliver cost effective and evidence based interventions that are accessible and acceptable to all in need.
- 4.13 These actions will help ensure that the Council is demonstrating the leadership, initiative and innovation required to deliver improvements in health and wellbeing for local residents.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.			

LIST OF APPENDICES:

Appendix 1: APhR Presentation