

London Borough of Hammersmith & Fulham



HEALTH AND WELLBEING BOARD

07 SEPTEMBER 2016

TITLE OF REPORT

Annual Public Health Report

Report of the Director of Public Health

Open Report

Classification - For Information

Key Decision: No

Wards Affected: All

Accountable Executive Director:

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1. EXECUTIVE SUMMARY

- 1.1. This paper presents the annual report of the Director of Public Health 2015-16 for consideration by the Health and Wellbeing Board.
- 1.2. The Health and Wellbeing Board is invited to consider how the report and key messages can support current and future programmes and interventions to promote physical activity levels in Hammersmith and Fulham

2. RECOMMENDATIONS

1. That, the Health and Wellbeing Board consider the annual report of the Director of Public Health and the three key messages on physical activity:
 - a) Physical activity is good for both your mental and physical health and wellbeing;
 - b) Any physical activity is better than none; and
 - c) Simple, daily physical activity as part of everyday life is what we should aim for.

2. That, the Health and Wellbeing Board consider how the report and key messages can be best used to support programmes and interventions to promote physical activity levels in Hammersmith and Fulham; and
3. That, Health and Wellbeing Board members comment on the report.

3. INTRODUCTION AND BACKGROUND

- 3.1. There is a statutory duty for the Director of Public Health (DPH) to produce an independent Annual Public Health Report (APHR). This report is the DPH's statement about the health of local communities. The report:
 - Contributes to improving the health and wellbeing of the local population
 - Addresses health inequalities;
 - Promotes action for better health through measuring progress towards health targets and
 - Assists with planning and monitoring of local programs and services that impact on health over time.
- 3.2. For the 2015-16 report the APHR has focussed on the theme of physical activity, and particularly the importance of physical activity to those segments of the population who are physically inactive. It builds on the Physical Activity JSNA published in 2014.
- 3.3. Being active is good for our health and wellbeing, need not cost anything and is fun. The APHR promotes a number of key messages around physical activity:
 - Physical activity is good for both your mental and physical health and wellbeing
 - Any physical activity is better than none
 - Simple, daily physical activity as part of everyday life is what we should aim for
- 3.4. The APHR describes:
 - The benefits of physical activity
 - The challenge and costs of physical inactivity and sedentary behaviour
 - Levels of physical activity in our three boroughs
 - The impact of physical activity on areas of local authority activity
 - Interventions to promote physical activity and what assets/services are available across the three Boroughs
- 3.5. The key messages in the APHR are consistent with the focus on the prevention agenda outlined in recent national strategy, including the Care

Act 2014 and the NHS Five Year Forward View, and the development of Sustainability and Transformation Plans (STP). It is aligned with the Public Health England framework to embed physical activity into daily life Everybody Active, Every Day.

- 3.6. This themed report affords an opportunity to use the APHR not only to deliver information on the state of population health but as a call to action, and to promote interventions or programmes that can increase levels of physical activity in our communities.

4. PHYSICAL INACTIVITY: 'SITTING IS THE NEW SMOKING'

- 4.1. Physical inactivity presents a major public health issue. There is strong evidence that shows that physical inactivity and sedentary behaviour increases the risk of over 20 chronic conditions such as heart disease, type 2 diabetes, breast and colon cancers, mental health and musculoskeletal conditions.

- 4.2. Research also shows a three year difference in life expectancy between people who are inactive and people who are minimally active.

- 4.3. According to the latest data 64% of adults (16+) in Hammersmith and Fulham are classed as physically active, higher than the rate for England (57%). However, over a quarter (27%) are classed as physically inactive (less than 30 minutes per week of moderate physical activity). The biggest gains for communities are from encouraging the least active to become more active.

- 4.4. Data on physical activity levels in children is not routinely collected across the Borough. The latest figures that we have (for 2009/10) indicate that participation in high quality PE and sports among children in Hammersmith and Fulham (70%) is lower than London (83.3%) and England (86%).

- 4.5. Evidence from the Physical Activity JSNA also tells us that there are inequalities in terms of physical activity levels, with BME groups, women, people with long term conditions and people living in more deprived areas having lower participation rates.

- 4.6. Physical inactivity and sedentary behaviour presents an enormous and growing burden to society. The costs to the broader health and social care system are significant and there is a considerable impact on the economy as well as other public services. The costs of physical inactivity include:

- causes 11% of chronic heart disease, 19% of colon cancer, 18% of breast cancer, 13% of type 2 diabetes, and 17% of premature deaths
- in Hammersmith and Fulham the estimated costs per year to the health service attributable to physical inactivity is £2,331,126

- across the three Boroughs the local economy loses £84million each year due to sickness absence, and associated costs

4.7. The next phase of the implementation will be to continue to work with the Communications Teams in the local authority and Clinical Commissioning Group, and other key stakeholders to identify how the key messages from the APHR can be aligned with and support existing and future campaigns to promote physical activity levels in our communities.

5. EQUALITY IMPLICATIONS

5.1. The APHR builds on the [Physical Activity Joint Strategic Needs Assessment \(JSNA\)](#) published in 2014 which analysed participation in physical activity for population groups. The JSNA identified inequalities in physical activity levels: BAME groups, women, people with long term conditions and people living in the more deprived parts of the borough have low participation rates in moderate level of physical activity

6. LEGAL IMPLICATIONS

6.1. The Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority Section (Section 31 (5) of the Health and Social Care Act, 2012). The London Borough of Hammersmith and Fulham has a duty to publish the report (Section 31 (6) of the Health and Social Care Act, 2012)

7. FINANCIAL AND RESOURCES IMPLICATIONS

7.1. There are no financial implications arising directly from this report. Any future financial implications that may be identified as a result of the report will be presented to the appropriate board & governance channels in a separate report.

7.2. Implications verified/ completed by report author.

8. RISK MANAGEMENT

8.1. No risks identified.

8.2. Implications verified/ completed by report author.

9. PROCUREMENT AND IT STRATEGY IMPLICATIONS

- 9.1. Any future contractual arrangements and procurement proposals identified as a result of the Annual Public Health Report and re-commissioning projects will be cleared by the relevant Procurement Officer.
- 9.2. Implications verified/ completed by report author.

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.	None.		

Appendix 1 - Annual Public Health Report 2015-16