

Phil Norrey
Chief Executive

To: The Chair and Members of the
Health and Adult Care Scrutiny
Committee

County Hall
Topsham Road
Exeter
Devon
EX2 4QD

(See below)

Your ref :
Our ref :

Date : 30 May 2018
Please ask for : Gerry Rufolo 01392 382299

Email: gerry.rufolo@devon.gov.uk

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Thursday, 7th June, 2018

A meeting of the Health and Adult Care Scrutiny Committee is to be held on the above date at 2.15 pm at Committee Suite - County Hall to consider the following matters.

P NORREY
Chief Executive

AGENDA

- 3 Items Requiring Urgent Attention (Pages 1 - 4)
Items which in the opinion of the Chairman should be considered at the meeting as matters of urgency.
- Report of the Chief Officer for Communities, Public Health, Environment and Prosperity, presenting the Public Health Annual Report for 2017/18, attached.
- The annual report is a separate document and is available at <https://bit.ly/2ES2xoo>

Members are reminded that Part II Reports contain confidential information and should therefore be treated accordingly. They should not be disclosed or passed on to any other person(s). Members are also reminded of the need to dispose of such reports carefully and are therefore invited to return them to the Democratic Services Officer at the conclusion of the meeting for disposal.

Membership

Councillors S Randall-Johnson (Chair), M Asvachin, J Berry, P Crabb, B Greenslade, R Peart, S Russell, A Saywell, P Sanders, R Scott, J Trail, P Twiss, N Way, C Whitton, C Wright, J Yabsley and P Diviani

Declaration of Interests

Members are reminded that they must declare any interest they may have in any item to be considered at this meeting, prior to any discussion taking place on that item.

Access to Information

Any person wishing to inspect any minutes, reports or lists of background papers relating to any item on this agenda should contact Gerry Rufolo 01392 382299.

Agenda and minutes of the Committee are published on the Council's Website and can also be accessed via the Modern.Gov app, available from the usual stores.

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Public Participation

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Scrutiny Committees set aside 15 minutes at the beginning of each meeting to allow anyone who has registered to speak on any such item. Speakers are normally allowed 3 minutes each.

Anyone wishing to speak is requested to register in writing to the Clerk of the Committee (details above) by the deadline, outlined in the Council's Public Participation Scheme <https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/>, indicating which item they wish to speak on and giving a brief outline of the issues/ points they wish to make.

Alternatively, any Member of the public may at any time submit their views on any matter to be considered by a Scrutiny Committee at a meeting or included in its work Programme direct to the Chair or Members of that Committee or via the Democratic Services & Scrutiny Secretariat (committee@devon.gov.uk). Members of the public may also suggest topics (see: <https://new.devon.gov.uk/democracy/committee-meetings/scrutiny-committees/scrutiny-work-programme/>)

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Induction loop system available

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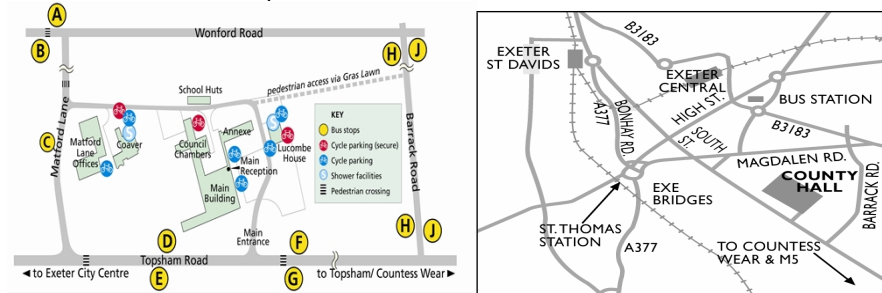
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NB   Denotes bus stops

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First Aid

Contact Main Reception (extension 2504) for a trained first aider.

Public Health Annual Report 2017-18

Report of the Chief Officer for Communities, Public Health, Environment and Prosperity

Please note that the following recommendations are subject to consideration and determination by the Cabinet (and confirmation under the provisions of the Council's Constitution) before taking effect.

Recommendation: the Committee is asked to receive the Annual Report of the Director of Public Health and to note its recommendations.

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### 1. Background

- 1.1. The Director of Public Health has a statutory duty to write an annual report, and the local authority has a statutory duty to publish it (section 73B (5) & (6) of the 2006 NHS Act, inserted by section 31 of the 2012 Health and Social Care Act). This enables the Director of Public Health to make an independent judgement about the state of health of the local population and ensures that the report will be published and in the public domain. The annual report by the Director of Public Health is therefore different from all other reports received from an officer in that it is not a Cabinet Member report.

### 2. Introduction

- 2.1. This Annual Public Health Report for Devon County Council is the eleventh in a series of annual reports on the health of the population of Devon which began in 2007-08. Over that period, there have been extraordinary improvements in the health of the population of Devon. The pattern of disease has changed over the years – while life expectancy has increased, as modern medicine develops new techniques and treatments, so has the prevalence of long-term health conditions, such as diabetes, heart and lung disease, arthritis and dementia. The health of the population of Devon generally compares favourably with other parts of England and Wales with the exception of some aspects of mental health, and deaths from skin cancer, strokes and falls.
- 2.2. While indicators of health and wellbeing in Devon compare favourably to national, regional and local authority comparator areas, there needs to be a continued focus on giving children the best start in life and therefore maintaining health and wellbeing throughout adolescence and adulthood into older age.
- 2.3. This year's public health annual report takes as its theme the health of children and young people. The report considers this through considering the life course of children from conception to adulthood.
- 2.4. As children grow up, research has shown that early influences on health can have life-long effects. Investing in the health and wellbeing of our children will result in long-term population benefits.
- 2.5. Growing up in a loving, nurturing and safe family environment is part of the child successfully developing into a healthy, happy adult. In some cases, children or young

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people on the receiving end of harmful adult behaviours (such as substance abuse or domestic and sexual violence and abuse) will themselves replicate those behaviours and the cycle will continue. Those affected will frequently cite a lack of early recognition and support for these problems and highlights the importance of prevention and early intervention for both children and adults. It should also be remembered that the long-term impact of poverty and disadvantage on the health and wellbeing of children, and to wider society, is one that has a financial as well as a human cost.

2.5 The recommendations set out in the report are:

1. To reduce the number of children living in poverty and poor housing.
2. To improve the health of women before, during and after pregnancy, including a reduction in the proportion smoking in pregnancy, and the number of women who are obese in pregnancy.
3. To increase breastfeeding rates.
4. To improve communication skills in young children.
5. To promote healthy eating through national and local strategies to prevent overweight and obesity.
6. To improve oral health and dental hygiene in children, especially those in from the more socioeconomically-deprived areas.
7. To increase levels of physical activity in children and adults.
8. To promote the emotional wellbeing and mental health of children and young people, and to prevent deliberate self-harm.
9. To ensure young people have access to quality sexual health advice, education and services.
10. To ensure that personal, social and health education, and sex and relationships education, are provided to all children.
11. To reduce the consumption of tobacco, alcohol and illegal drugs.
12. To ensure that all children benefit from immunisation.
13. To prevent accidental injury and harm.
14. To improve the primary and community care of children with long-term health conditions.
15. To support adults in tackling behaviours that are associated with harm to children.
16. To reduce the attainment gap between young people from the highest and lowest socio-economic groups.
17. To improve the health, wellbeing and life chances of the most disadvantaged children and young people, particularly children in care, and reduce the inequality gap.
18. To improve the experience of children with special needs or long-term health conditions making the transition from children's services to adult services.
19. To adopt a "child health in all policies" approach, to help tackle inequality, reduce disadvantage and deprivation and improve the social determinants of health.
20. To improve the collection and analysis of data about children and young people and their families, to better inform decisions on how to improve the health and wellbeing of children and young people.

### 3. **Financial considerations**

3.1 Contained within the report.

## **4. Legal considerations**

- 4.1 The publication of the annual report of the Director of Public Health by Devon County Council discharges a statutory responsibility under the Health and Social Care Act 2012.

## **5. Environmental impact considerations**

- 5.1 Contained within the report.

## **6. Equality considerations**

- 6.1 Contained within the report.

## **7. Risk assessment considerations**

- 7.1 Contained within the report.

## **8. Recommendation**

- 8.1 Cabinet is asked to receive the Annual Report of the Director of Public Health and to note its recommendations.

**Dr Virginia Pearson  
CHIEF OFFICER FOR COMMUNITIES, PUBLIC HEALTH, ENVIRONMENT AND  
PROSPERITY  
DEVON COUNTY COUNCIL**

**Electoral Divisions:** All

Cabinet Member for Community, Public Health and Transportation and Environmental Services: Councillor Roger Croad

Chief Officer for Communities, Public Health, Environment, and Prosperity: Dr Virginia Pearson

## **Background publications**

Devon Joint Strategic Needs Assessment [www.devonhealthandwellbeing.org.uk/jsna/](http://www.devonhealthandwellbeing.org.uk/jsna/)  
Previous Annual Public Health Reports [www.devonhealthandwellbeing.org.uk/aphr/](http://www.devonhealthandwellbeing.org.uk/aphr/)

