

Date:	12 July 2018
Classification:	General Release
Title:	Annual Report of the Director of Public Health 2017-18
Report of:	Director of Public Health
Wards Involved:	All
Policy Context:	The Director of Public Health has a statutory requirement to produce an independent report about the health of local communities
Financial Summary:	Not applicable
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1. Executive Summary

- 1.1 This paper updates the Board on progress on the annual report of the Director of Public Health for 2017-18, commonly referred to as the Annual Public Health Report (APHR), for consideration by the Health and Wellbeing Board.

2. Key Matters for the Board

- 2.1 We would like to invite the Health and Wellbeing Board to contribute to the development of the report. In particular, the Board are invited to consider the following:
- Are the Health and Wellbeing Board members aware of young people or key partners who may wish to be involved?
 - Are the Health and Wellbeing Board members aware of local stories/case studies that could feature in the report?
 - How do the Health and Wellbeing Board wish to continue to be engaged in the development of the report?

3. Background

3.1 The Director of Public Health (DPH) has a statutory requirement 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 The theme for the 2017-18 report is the health and wellbeing of young people and the experience of living and growing up in the Bi-Borough area.

4. Purpose and scope of the APHR

4.1 The purpose of the report is to provide an overview of the health and wellbeing of the Bi-Borough population, with a focus on the needs of young people aged 14-25 and to describe some key challenges and opportunities at this critical time in their lives.

4.2 The report will have the following aims:

- To enhance the health and wellbeing of all young people in the Bi-Borough
- That the voice and experience of young people themselves drives this process

4.3 Underpinned by a population level needs analysis, the report will feature case studies and interviews to tell the stories and describe the lived experience of young people growing up in Westminster. There will be a focus on identifying potential solutions to health and wellbeing challenges for young people and the report will share their suggestions to further improve health and wellbeing for their generation, and future generations.

4.4 In addition, the report will:

- explore the media portrayal of young people and whether this is reflected in local data and the experiences of young people growing up in our Boroughs

- identify opportunities for young people to have a greater voice in decisions that affect their lives.
- describe how community assets are maintaining and promoting the health and wellbeing of YP
- identify and celebrate good practice and incorporate into mainstream service provision
- build strong relationships between key partners to promote a system wide approach to improve the wellbeing of young people in Westminster

4.5 Recommendations from the report may be taken forward with partners as part of the new joint working operating model, and provides an opportunity for the new Public Health Business Partner model to work across the council and key partners.

4.6 Crucially, the report will build on and complement existing work carried out across Westminster, and Kensington and Chelsea by the local authority, NHS and key partners, such as Children’s Services, Young Westminster Foundation, and the Grenfell Needs Assessment.

5. Key Milestones and Progress

5.1 A matrix team has been created to steer the development of the annual public health report. This includes colleagues from Public Health, the Integrated Commissioning Unit, Children’s Services; Policy, Performance & Communications; and the CCG.

5.2 The team have developed a project plan which is reviewed at every meeting. Key milestones are summarised below:

Milestone	Due date	Progress to date
Matrix Team Established	May 2018	Matrix team formed and regular meetings established.
Engagement	June 2018	To date, engagement with: <ul style="list-style-type: none"> - Youth Council - Young Westminster Foundation (YWF) - Integrated Gangs Unit - Healthwatch - Children’s Services - Adult Social Care & Public Health - CCG

Research & Analysis - Interviews and Focus Groups	July 2018	Working with Children's Services, Youth Council and YWF to identify participants and develop questions for interviews and focus groups. Consent form agreed Focus group scheduled for 2 July and follow up interviews by end of July
Research & Analysis - Data Analysis	July 2018	Public Health Intelligence (PHI) currently undertaking data analysis
Collate data and draft report	September 2018	PHI started drafting template for report
Health & Wellbeing Board	September 2018	Draft report presented to Health and Wellbeing Board
Design Report	October 2018	Design brief created and currently seeking quotes from potential designers for final report
Publish report	November 2018	

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). Westminster City Council has a duty to publish the report (Section 31 (6) of the Health and Social Care Act, 2012)

Implications completed by: Hazel Best 020 7641 2955

7. Financial Implications

- 7.1 There are no financial implications arising from this report. Any future financial implications identified as a result of the report will be presented to the appropriate Board(s) and governance channels in a separate report.

Implications completed by: Avishka Kumarasinghe, 020 7641 2136

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

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APPENDICES:

None

BACKGROUND PAPERS:

None