

BRIEFING PAPER FOR HEALTH SELECT COMMISSION

1.	Date of meeting:	15 th June 2017
2.	Title:	Director of Public Health Annual Report 2015/16
3.	Directorate:	Public Health Directorate, RMBC

4. Introduction

4.1 Every Director of Public Health (DPH) must produce an independent Annual Report on the local population's health. The 2015-2016 annual report was the first in a series of annual reports that planned to work through the life course, focusing on key health issues at different stages of our lives. This year's focus is on healthy ageing. The intention is to use this year's annual report to consider the changes that are developing within our older population in terms of health, but also as an opportunity to shine the light on the rich asset that older people are within Rotherham.

4.2 The report highlights some of the successes in Rotherham, but also gives a frank assessment of some of the challenges we face as a community. According to the Faculty of Public Health guidance DPH reports should:

- Contribute to improving the health and well-being of the Rotherham population.
- Reduce health inequalities.
- Promote action for better health, through measuring progress towards health targets.
- Assist with the planning and monitoring of local programmes and services that impact on health over time.

The annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively. The report should be publicly accessible. The DPH report is not a strategy document, but can make recommendations for system change.

4.3 The report is built on an evidence-based framework for healthy ageing across the life-course - the World Health Organisation's (WHO) Life-Course Approach to Healthy and Active Ageing (Good Health Adds Life to Years (WHO, 2012) – which offers a sustainable framework from which to realise opportunities, and to recognise, embrace and celebrate all the positive aspects of ageing. The framework provides a means of reviewing the Rotherham picture, as well as exploring the untapped potential of over-65's in Rotherham. The framework and report is based around four themes (Healthy Behaviours and Lifestyles; Age friendly environment & community supporting health; Encouraging social inclusion & positive mental health, independence & productivity; and, Quality integrated services and preventative interventions).

5. Key Issues

- 5.1 In Rotherham the number of people aged 75+ is increasing rapidly, with the numbers aged 85+ rising faster than nationally. Within Rotherham we know that there is a gap between life expectancy and healthy life expectancy and that there are significant numbers of people who will be of ill health before they are 60. As retirement age increases there are additional challenges for older people and the ill health impact will increase as the gap between healthy life expectancy and retirement age increases. The combination of the poor health of those over 75 years and their growing number will place growing pressures on local health and social care services to a greater extent than are experienced nationally.
- 5.2 For people aged 65 and over, the main difference between Rotherham and the national average concerns health and disability where older people in Rotherham are far more likely to be disabled and in poor health than England, and therefore are living longer in poor health. However, in comparison with close statistical neighbours with similar levels of deprivation, those aged 65 and over with a long-term health problem or disability Rotherham (32.5%) is similar to Doncaster (32.2%) and better than Barnsley (35.2%)
- 5.3 'Views from the past' are personal reflections of older people within Rotherham that are included throughout this report to shed light on how lifestyles and behaviours have changed over the years. Consultation work undertaken by the Public Health Directorate as part of the development of the Healthy Ageing Framework has guided the content of this report and helps add the local view, feelings and priorities to the document, and the voice of users is paramount in developing a healthy ageing community.

6. Key actions and relevant timelines

- 6.1 The annual report highlights Key Messages within each chapter and sub-chapter. These should be digested by all relevant organisations and sectors and considered when planning strategy and service delivery.
- 6.2 The DPH and colleagues from Public Health will share the report and recommendations individually with each organisation and ask them to consider what actions they will commit to over the next 12 months that address the recommendations. This will form the basis of an action plan to be monitored and reported on next year.
- 6.3 Each chapter contains one or more high-level recommendations for system-wide action. They are:

Healthy behaviours & lifestyle – adding life to years and years to life

All services should prioritise and facilitate healthy behaviours in later life by providing and encouraging behaviour change, particularly in the most disadvantaged communities.

Age friendly environment & community supporting health (physical and mental)

Rotherham Health and Wellbeing board considers implementing the WHO age friendly cities and communities in Rotherham and become the first area in South Yorkshire to achieve the accreditation, learning from other UK cities that have begun this work.

Encouraging social inclusion

The social inclusion of older people in Rotherham needs to be at the heart of policy and delivery across the Rotherham Partnership, addressing issues such as maintaining independence, income and participation, mental health, loneliness & isolation. To achieve this goal older people must experience proactive involvement and participation in life and society as a whole.

Quality integrated services and preventative interventions (incl. screening & immunisation and lifestyle)

All partners to deliver against the aspirations and commitments relating to older people within the Rotherham Integrated Health & Social Care Place Plan, and to continue to strive for the highest quality services for older people. There must be an increased focus on early identification and prevention, with clear pathways for lifestyle behaviour change for older people that support individuals to make changes when the time is right for them.

7. Recommendations to HSC

7.1 That the Health Select Commission receives and notes the report.

7.1 That the Health Select Commission consider and support the recommendations in the Report and seek further feedback on the progress made on the detailed action plan.

8. Name and contact details

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