

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Cabinet
2.	Date:	21st September, 2011
3.	Title:	RMBC Public Health Annual Report
4.	Directorate:	Public Health

5. Summary:

One of the duties of a Director of Public Health is to produce an Annual Report outlining the health needs of the local population. This year's Report is based on the Marmot Report (2010) and produces a review of the position in Rotherham against the Marmot themes. The Marmot report was produced as part of the Labour Government's examination of progress in addressing health inequalities. It set out a new approach to tackling health inequalities based on the "life course" approach.

This year's Public Health Annual Report reflects the Marmot chapter themes with the addition of a chapter which horizon scans future issues:

- Giving every child the best start in life.
- Enable all children, young people and adults to meet their capabilities and have control over their lives.
- Create fair employment and good work for all
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable communities.
- Strengthen the role and impact of ill health prevention.
- Identify, monitor and respond to emerging problems.

The Public Health white paper now before Parliament responds to Sir Michael Marmot's *Fair Society, Healthy Lives* report and adopts Marmot's life course framework for tackling the wider determinants of health. It proposes to give Local Authorities responsibility for improving public health and addressing health inequalities.

6. Recommendations:

Cabinet is asked to receive the report and to support the Marmot principles as a policy framework for developing the Health and Wellbeing Strategy for Rotherham and Rotherham's approach to addressing health inequalities.

The approach has been supported by the Health and Wellbeing Board.

7. Proposals and Details:

The 2011 Health Profile¹ for Rotherham gives average male life expectancy as 76.6 years 1.7 years worse than the England average. Female life expectancy is 80.7 years 1.6 years worse than the England average. Life expectancy is 9.9 years lower for men and 5.9 years lower for women in the most deprived areas of Rotherham than in the least deprived areas.

Smoking rates and levels of adult obesity are above the England average. The percentage of adults eating poorly or exercising regularly (from the Health Survey for England) are far worse than the England average.

The most recent Index of Multiple Deprivation 2008/9 shows that 17% of the Borough is now amongst the 10% most deprived areas in England compared to only 12% in 2007. Rotherham's position regarding the wider determinants of health is consistently worse than the England average².

Health improvement and prevention programmes need to work across life course pathways and work together with citizens, communities and partners to deliver improved health outcomes and reduced inequalities for Rotherham.

The *Strategic Review of Health Inequalities in England Post 2010* by Sir Michael Marmot (2010) was commissioned as a national review of health inequalities across England and the evidence base of interventions to address them. The review has a crucial relevance to the health of Rotherham residents as it sets out a framework for systematically thinking through how to reduce inequalities at a local level.

Marmot's review identifies six high level priorities for action and evidence based objectives within each of these.

Two things stand out: first the importance of tackling all of the social determinants of health taking a 'life course' approach and, second, doing more than just targeting the most disadvantaged, but addressing the whole social gradient.

Rotherham has a strong record of working to tackle health and social inequalities. This has contributed to substantial improvements in health outcomes across the Borough despite the recent deterioration in economic circumstances and Government service cuts.

8. Finance:

For information only

9. Risks and Uncertainties:

The report identifies future health and social care needs of Rotherham. These will allow planners and providers of services to plan accordingly. However there will be financial implications, for example:

- The increasing elderly population with complex health needs,
- People with learning disabilities living longer.

¹ DoH 2011 www.healthprofiles.info

² Yorkshire and the Humber Public Health Observatory Wider Determinants of Health Profile, Rotherham. Jan 2011.

10. Policy and Performance Agenda Implications:

The report will be key in setting out the policy areas to be considered as priorities of the Health and Wellbeing Board and will feed into the Health and Wellbeing Strategy.

10. Background Papers and Consultation:

Strategic Review of Health Inequalities in England Post 2010 by Sir Michael Marmot (2010)

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