

For General Release

REPORT TO:	CABINET 14 JULY 2014
AGENDA ITEM:	11
SUBJECT:	Annual Public Health Report 2014
LEAD OFFICER:	Dr Mike Robinson, Director of Public Health
CABINET MEMBER:	Cllr Louise Woodley, Cabinet Member for People and Communities
WARDS:	New Addington and Fieldway
CORPORATE PRIORITY/POLICY CONTEXT: Production of an Annual Public Health Report is a statutory requirement of the Director of Public Health, hence this report is a priority for Public Health Croydon. By focusing on wards in areas of deprivation, New Addington and Fieldway, and by highlighting the community assets in this area, the report reflects national policy around reducing health inequalities as well as the national direction of travel in terms of identifying assets as well as needs. Collectively, case studies in the report reinforce the Community Strategy by showing how individuals in New Addington and Fieldway are enterprising, creative, caring, and contribute to a learning, sustainable and above all connected Borough. In December 2013, Council leadership agreed to the continuation of the case study approach adopted in the previous year's Annual Public Health Report, with a specific focus on New Addington and Fieldway, and with a specific purpose of highlighting good practice in these areas. .	
FINANCIAL IMPACT There are no financial implications of this report	
KEY DECISION REFERENCE NO.: This is not a key decision	

The Leader of the Council has delegated to the Cabinet the power to make the decisions set out in the recommendations below.

RECOMMENDATIONS

The Cabinet is asked to endorse this draft of the Annual Public Health Report for 2014.

2. EXECUTIVE SUMMARY

2.1 The 2014 Annual Public Health Report focuses on New Addington and Fieldway. The report takes an asset based approach, highlighting some of the good work that has taken and is taking place in these areas, often led by communities themselves. The report is structured around the key factors that influence health and can be influenced (ie the economy, individual lifestyles and behaviours, social networks, health and social care services, housing and local neighbourhoods.) In this way it both demonstrates the breadth of public health and draws the spotlight on the many assets of these areas, including the people themselves.

2.2 One of the main goals of public health is to reduce health inequalities, defined as the unjust differences in health status that exist between population groups by factors such as deprivation. By focusing on two areas of high deprivation within Croydon, this public health report contributes to discussions around the proposed Fairness Commission. The report highlights projects and services that are making a real difference to people's lives. There may be lessons to be learnt from this piece of focused work on New Addington and Fieldway for targeted work in other parts of the Borough.

3. DETAIL OF REPORT

3.1 Background

This report was a collaborative effort, led by Public Health Croydon but produced in partnership with CVA and the CCG and with input from other sections of the Council.

The report is structured around the six broad areas which influence health¹ (see figure below). After an introduction defining and describing health inequalities, the report provides case studies of individuals, groups or organisations which are working hard to address these inequalities and improve health in these areas. A range of potential case studies was initially compiled by members of the APHR steering group. A shortlist was reached by prioritising those which were felt to be examples of inspirational work on key determinants of health such as economic hardship, food, weight, and smoking, which would nonetheless retain credibility with its audience.

Prior to the introduction of Joint Strategic Needs Assessments, APHRs tended to be an opportunity for statistical summaries of public health locally, although there is no set approach.

¹ This is an adapted, more user friendly version of 'The Determinants of Health' (Dahlgren and Whitehead, 1992).

What influences health in New Addington and Fieldway?



3.2 Case studies

The case studies that were selected and have been included in the report are summarised below.

Table 1: Summary of case studies included in 2014 APHR

SECTION THEME	CASE STUDIES
1. Economy	<p><u>Welfare Rights Team</u> case study focusing on how the weekly income of a 90 year old woman in sheltered housing was increased;</p> <p><u>The Vine Foodbank</u> showcases the work of the Salvation Army in providing a foodbank for local residents</p> <p>Summary of <u>Council response to benefit changes</u></p> <p><u>Job Club</u> at the Octogon with appreciative comments from two male users;</p> <p>Focus on <u>Cronx Brewery</u> as an example of local people doing it for themselves – inspired by riots</p> <p><u>Library homework clubs</u>, helping children get a good education, with a focus on one of the workers who started as a volunteer</p>
2. Housing and local environment	<p><u>Green spaces</u> in New Addington and Fieldway</p> <p>Physical redesign of <u>Central Parade</u> and Business Improvement District</p> <p><u>Safer Neighbourhoods</u> case study of improvements to Hares Bank</p> <p>Example from <u>housing adaptations</u> of the changes made for a wheelchair user.</p>
3. Health and social services	<p><u>Brenda Kirby Cancer Centre</u> and case study of service user</p> <p>Mum2Mum peer support <u>breastfeeding programme</u> and case study with peer supporter who was herself supported</p> <p>Information on how to get involved in influencing health services</p>

	locally.
4. Social networks	<p><u>Family Centre</u> case study including comments from a volunteer</p> <p><u>Over 50 Social club</u> case study including comments from two users)</p> <p><u>Kingfisher Association</u> (mental health user group)</p> <p><u>Addington Heights reablement centre</u></p> <p><u>2Views Intergenerational project</u></p>
5. Lifestyles	<p><i>Smoking</i> - Solutions4Health – three case studies of <u>smokers/ex smokers</u> who have successfully quit or still trying including a mental health worker</p> <p><i>Healthy Weight</i> – inspirational case study of <u>major weight loss</u> from current Weight Watchers leader</p> <p><i>Physical Activity</i> – case study of <u>MiChange service user</u></p> <p><i>Healthy Eating</i> – focus on <u>Good Food Matters Community Food Learning Centre; Dunk the Junk</u> project</p> <p><i>Sexual health</i> – Croydon <u>Drop in</u>, Croydon <u>Talkbus</u></p>

3.3 Poster version

An additional product is being developed to highlight the APHR locally in the form of a poster. The poster will contain photos and brief quotes from a small number of the people included in the case studies, to generate local interest, along with a link to the wider report.

3.4 Evaluation

A short survey will be attached to the distribution list for the main report and the poster will contact contacts details for feedback. In addition, a focus group discussion will be carried out with those involved and ideally featured in the report.

3.5 Risks

The risks of publishing a report with this focus are felt to be twofold.

1. There is a risk that publishing an entirely positive report on two wards which have previously received negative press will be perceived by both the media and some local people as disingenuous, effectively glossing over problems that have been associated with the area in the past.

This risk has been mitigated in a number of ways. Firstly, within the foreword from the Director of Public Health, which explains that the focus of the report will be on highlighting the many positives in the area but that this does not underestimate the scale of the inequalities locally; secondly, by the fact that the report includes actual case studies using the real life experiences and words of people living in and associated with the area; and thirdly by the choice of case studies, which include services addressing very difficult issues and problems such as anti social behaviour and welfare reforms.

2. There is also a risk relating to the timelag that will occur between preparation and production of this report, which is longer than usual due to the local election. This will be mitigated by a final sense check before publication.

4. CONSULTATION

- 4.1 Informed consent has been given by all individuals for whom a full name is given in this report.

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 5.1 None. The full report will be made available on the internet but not printed. Public Health funds (less than £1000) have been set aside for the design and print of a one page poster highlighting some of the local case studies and promoting access to the full report which will be distributed in the local area.

Approved by: Lisa Taylor, head of finance and deputy S151 officer

The report has Finance approval.

6. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

- 6.1 The Solicitor to the Council comments that there are no legal implications arising from the content of this report.

Approved by: Jacqueline Harris Baker, head of social care and education law, on behalf of the Director of Democratic and Legal Services

7. HUMAN RESOURCES IMPACT

- 7.1 There are no immediate HR considerations that arise from the recommendations of the report for LBC staff.

Approved by: Michael Pichamuthu on behalf of Heather Daley, director of HR

8. EQUALITIES IMPACT

- 8.1 The Council has a statutory obligation to publish information annually on the steps that it has taken in the exercise of its functions to address the Public Sector equality duty (PSED). This requires public bodies to ensure due regard to the need to advance equality of opportunity; foster good relations between people who share a “protected characteristic” and those who do not and take action to eliminate discrimination in the provision of services.

The annual public health report contains information on the actions that the

Council has taken to address health inequality in two of the most deprived wards in Croydon – New Addington and Fieldway. It highlights some of the activities that the Council, working in partnership with local residents and community groups has used to understand and address the specific local health needs of the diverse community -including groups who share protected characteristics specifically in terms of age, ethnicity, gender and disability.

The case studies included in this report demonstrate that the focus of public health activities is not just on providing services to treat ill health but on developing a preventative approach that enables the Council to understand and address the impact of causal factors such access to housing, employment and health services, ethnicity, age, access to social networks etc. that determine health-inequality.

9. ENVIRONMENTAL IMPACT

9.1 Not applicable

10. CRIME AND DISORDER REDUCTION IMPACT

10.1 None

11. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

11.1 To allow communication of the 2014 Annual Public Health Report.

12. OPTIONS CONSIDERED AND REJECTED

12.1 Not applicable

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BACKGROUND PAPERS - LOCAL GOVERNMENT ACT 1972: none

Appendix printed separately: Draft Annual Public Health Report 2014