

Date:	14 th July 2016
Classification:	General Release
Title:	Annual report of the Director of Public Health
Report of:	Director of Public Health
Wards Involved:	All
Policy Context:	The Director of Public Health (DPH) has a statutory requirement to produce an independent evidence based report about the health of local communities.
Financial Summary:	Not Applicable
Report Author and Contact Details:	Colin Brodie, Public Health Knowledge Manager cbrodie@westminster.gov.uk

1. Executive Summary

- 1.1 This paper presents the annual report of the Director of Public Health for consideration by the Health and Wellbeing Board

2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board is invited to consider the attached report and the three key messages on physical activity:
- Physical activity is good for both your mental and physical health and wellbeing;
 - Any physical activity is better than none; and
 - Simple, daily physical activity as part of everyday life is what we should aim for.
- 2.2 The Health and Wellbeing Board is invited to consider how the report and key messages can be used to support interventions to promote higher physical activity levels in Westminster

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 and reducing health inequalities;
 - Promotes action for better health through measuring progress towards health targets and
 - Assists with planning and monitoring of local programmes and services that impact on health over time
- 3.2 For the 2015-16 report the APHR has focussed on the theme of physical activity, and particularly the importance of physical activity to those segments of the population who are physically inactive.
- 3.3 This themed report affords an opportunity to use the APHR not only to deliver information on the state of population health but as a call to action, and to promote interventions that can increase levels of physical activity in our communities.
- 3.4 Physical inactivity presents a major public health issue as there is strong evidence that shows that physical inactivity and sedentary behaviour increases the risk of over 20 chronic conditions such as heart disease, type 2 diabetes, breast and colon cancers, mental health and musculoskeletal conditions. Research also shows a three year difference in life expectancy between people who are inactive and people who are minimally active.
- 3.5 According to the latest data 62% of adults (16+) in Westminster are classed as physically active, higher than the rate for England (57%). However, 26.5% of adults (aged 16+) in Westminster are inactive (less than 30 minutes per week of moderate physical activity). Participation in high quality PE and sports among children in Westminster (75%) is lower than London (83.3%) and England (86%).
- 3.6 Physical inactivity and sedentary behaviour presents an enormous and growing burden to society. The costs to the broader health and social care system are significant and there is a considerable impact on the economy as well as other public services. The costs of physical inactivity include:

- causes 11% of chronic heart disease, 19% of colon cancer, 18% of breast cancer, 13% of type 2 diabetes, and 17% of premature deaths
- in Westminster the estimated costs to the health service attributable to physical inactivity is £6,270,360
- across the three Boroughs the local economy loses £84million each year due to sickness absence, and associated costs

3.7 Trends from the Active People's Survey (APS) indicate that physical activity levels in adults in Westminster are on the increase, with approximately a 5% increase in active people since 2012. However, this does not include children and national evidence indicates an increase in the number of 5-15 year olds who do not meet recommended levels of physical activity.

3.8 In addition, evidence from the Physical Activity JSNA tells us that there is variation and inequalities in terms of physical activity levels, with BME groups, women, people with long term conditions and people living in more deprived areas often having lower participation rates.

3.9 In Westminster the ActiveCommunities programme will address these inequalities by promoting physical activity in less traditional settings and environments to inactive population groups and communities. The project will build a network of Physical Activity Champions who will maximise use of local assets and opportunities to engage with communities. ActiveCommunities is a joint venture between Sport, Leisure & Wellbeing, Public Health and the Health Improvement Team, to increase participation and achieve better social, health and wellbeing outcomes for residents and visitors to the City of Westminster.

3.10 Being active is good for our health and wellbeing, need not cost anything and is engaging. The APHR promotes a number of key messages around physical activity:

- physical activity is good for both your mental and physical health and wellbeing;
- any physical activity is better than none; and
- simple, daily physical activity as part of everyday life is what we should aim for.

3.11 The key messages in the APHR are consistent with the focus on the prevention agenda outlined in recent national strategy, including the Care Act 2014 and the NHS Five Year Forward View. It is aligned with the Public Health England framework to embed physical activity into daily life *Everybody Active, Every Day*. Locally, it supports the Westminster City Council's priority programme to tackle

childhood obesity, the Cycling Strategy and can inform a number of strategies currently in development – the Walking Strategy, Open Spaces Strategy and Active Westminster Strategy.

- 3.12 At the time of writing the Annual Public Health Report is due to be published on the WCC website on 1 July 2016. The next phase of the implementation will be to continue work with the Westminster Sports Unit, the Westminster City Council Communications Team and other key stakeholders, including Central London and West London Clinical Commissioning Groups to identify how the key messages from the APHR can be aligned with and support existing and future campaigns to promote physical activity levels in our communities.

4. Legal Implications

- 4.1 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)

5. Financial Implications

Not applicable

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

Colin Brodie, Public Health Knowledge Manager

Email: cbrodie@westminster.gov.uk

Telephone: 02076414632

APPENDICES:

'Sitting is the new Smoking': Report of the Director of Public Health 2015-16