#### PLYMOUTH CITY COUNCIL

**Subject:** Director of Public Health Annual Report 2018

**Committee:** Health and Wellbeing Board

**Date:** 4<sup>th</sup> October 2018

Cabinet Member: lan Tuffin

**CMT Member:** Ruth Harrell, Director of Public Health

Author: Claire Turbutt, Advanced Public Health Practitioner

**Contact details:** 01752 304568

Ref:

**Key Decision:** No

Part:

### Purpose of the report:

Each year the Director of Public Health has a duty to publish an independent report on a topic of their choosing. This year's report is a review of year three of the Thrive Plymouth programme. Thrive Plymouth is the Council's 10-year programme to improve health and wellbeing and reduce health inequalities in the city. Each year of the campaign has a different focus. Year three (which ran from October 2016 to October 2017) focused on the localisation of the national 'One You' campaign within Plymouth. One You is the national Public Health England (PHE) campaign to re-engage 40 to 60 year olds with their health.

### **Corporate Plan:**

The annual report will support the corporate plan in the following ways:

Pioneering: The report highlights how year three of the Thrive Plymouth programme encouraged

innovative solutions to address the health inequalities in the city.

Growing: The report shows how the population have been encouraged make positive choices to

improve their health and wellbeing. In the longer term this will lead to improved

health outcomes across and a more resilient population.

Caring: The resources that supported the national PHE One You campaign gave the local

Public Health Team the opportunity to secure engagement across the city, allowing residents, organisations and institutions to re-engage with their own health and make

the best possible choices about their health.

Confident: Plymouth City Council was recognised nationally for its success in promoting the One

You campaign locally as well as its promotion of the supporting tools and apps.

# Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land:

None - The report has been produced by the Public Health Team in order to fulfil the mandated requirement to produce such reports.

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Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:									
None									
Equality and Diversity:									
Has an Equality Impact Assessment been undertaken? No									
Recommendations and Reasons for recommended action:									
I. Our Joint Local Plan commits us to making healthy growth a priority for our city and creating environments in our city where the healthy choice is the easy choice. We should therefore plan for health impact assessment to be considered in all our developments and strategies.									
2. We should use targeted media to reach those who have not engaged with One You so far and fin out what will get them engaged.									
3. We should make the most of our natural environment through low cost and fun activities that wi improve health outcomes.									
4. We need to increase the low cost/free options for improving health and wellbeing within the city, making it easier for everyone to engage with activities on their doorstep.									
Reasons:									
I. Utilising the health impact assessment approach to development and strategic planning allows us tidentify potential avenues for added social value that are missed if health impact is only considered a the end of the process when most decisions have already been made.									
2. Public Health England has produced a wide range of well researched marketing materials. It makes sense to use these to target out population.									
3. The green and blue spaces in the city already contribute towards improved health amongst our population. By making access easier for those who do not have direct access we can spread these benefits through the community.									
4. A significant barrier to activity for many people is financial. By increasing the low cost/free options for physical activity/social interaction/community engagement, we will be helping those on low incomes to take advantage of the health benefits inherent.									
Alternative options considered and rejected: Not applicable									

None

**Published work / information:** 

## **Background papers:**

Title	Part I	Part II	Exemption Paragraph Number							
			I	2	3	4	5	6	7	
DPH Annual Report 2018	I									

## Sign off:

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Originating SMT Member: Ruth Harrell

Has the Cabinet Member(s) agreed the content of the report? Yes / No

N/A (this is an independent report of the Director of Public Health). Leader and the Cabinet member for public health have been briefed.