1. **Purpose of this Paper**
To inform the HWB of the content of Director of Public Health’s annual report, ‘Living Well for Longer – The Case for Prevention’.

2. **Executive Summary**
The annual report sets out a clear ‘case for prevention’ and ‘early intervention’ to prevent avoidable death and disability. It aims to strengthen and mobilise collective effort across the city and create healthier, more productive, resilient and sustainable communities.

3. **Legal Context**
The Health and Social Care Act 2012 sets out a requirement for Directors of Public Health to produce an annual independent report on the health of their local population and for their local authority to publish the report. The purpose of these reports is to raise awareness and understanding of local health issues, highlight any areas of concern and make recommendations for change.

4. **Content of the Director of Public Health Annual Report**
Section one of the report sets out the overall health of people in Bristol by looking at life expectancy (how long people can expect to live) and healthy life expectancy (how long people can expect to live in good health). It describes the differences in health experience between different groups and considers the main diseases and lifestyle behaviours, which cause early death and disability and contribute to the inequalities in health that we observe today.

Section two describes the main factors which influence our health and wellbeing across the life course. It describes the relative impact of modifiable health determinants including social and economic factors (such as education,
employment, income, family and social support), health behaviours (lifestyles), clinical care and the physical (built) environment.

Section three introduces the 4:4:48 ‘prevention model’. This model describes the four modifiable lifestyle behaviours that contribute towards the four main diseases, which contribute to nearly half of all early death in the city. It details what we know about these in Bristol and how the clustering of these behaviours impact on inequalities in health.

Section four brings together evidence of the costs of unhealthy lifestyle behaviours to individuals and the wider community and what we can do to address these behaviours and where to target resources to get the best ‘return on investment’.

Finally, the report set out clear recommendations for the council and its key stakeholders (including the community) on how we can reduce inequalities in health across Bristol and help prevent early death and disease as set out below:

1. The Director of Public Health works through the Bristol Health and Wellbeing Board and other stakeholders to make health everyone’s business to tackle socio-economic determinants of poor health and modifiable unhealthy lifestyle behaviours (including smoking and tobacco, alcohol, diet and physical activity).

2. To develop a citywide public health strategic framework the implement the 4:4:48 prevention model and puts ‘Health in All Policies’

3. The Health and Wellbeing Board oversees an audit of current prevention and early intervention programmes against the evidence based interventions set out in this report and identifies any gaps.

4. The Bristol Children and Families Partnership Board seeks to strengthen cost effective public health programmes aimed at children and their families to give them a better and healthier start in life (specifically targeting those who experience the greatest disadvantage).

5. The Bristol City Council Public Health Team coordinates the roll out of a ‘Making Every Contact Count’ training programme for multidisciplinary front line staff to improve health and wellbeing.

6. The Director of Public Health works with the emerging Mayor’s City Office, other city partnerships, the Bristol, North Somerset and South Gloucestershire Sustainability Transformation Plan and the West of England devolution deal to find ways to strengthen and consolidate public health resources and efforts to reduce health inequalities, preventable death and disease.

5. **Key risks and Opportunities**
This annual report offers opportunities for the HWB member organisations to adopt the relevant recommendations and agree concerted action to address
health inequalities through implementing prevention interventions and taking joint public health action.

6. Implications (Financial and Legal if appropriate)
None

7. Conclusions
The 4:4:48 prevention model identifies the four modifiable lifestyle behaviors that contribute to the four main diseases that cause nearly half the cases of early death. These lifestyles are a major contributor to health inequalities in Bristol. These lifestyles can be addressed using cost effective public health interventions.

8. Recommendations

- The HWB discuss how the report and its recommendations can be supported by the HWB workplan and strategic direction.
- Members of the board consider how the recommendations can be supported by their own organisations.