

26th January, 2017

To the Chair and Members of the Council

Director of Public Health Annual Report 2016

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Pat Knight	All	No

EXECUTIVE SUMMARY

1. The 2016 Doncaster Director of Public Health (DPH) Annual Report is the second authored by Dr Rupert Suckling and is the fourth since the transfer of the specialist public health function from the NHS to the council in April 2013.

The Annual Report describes the health of Doncaster people using the 2016 health profile produced by Public Health England and compares health in 2016 with health in 2011 and 2015. The report supports the four challenges for the council and partners identified last year:

- Improving children’s health and wellbeing
- Making the link between education, work and health
- Increasing healthy life expectancy and reducing preventable health conditions
- Reducing inequalities in health between and within Doncaster communities

The report provides an update on progress on last year’s recommendations as well as more detail on activity undertaken by the public health team and partners across the life course.

EXEMPT REPORT

2. No

RECOMMENDATIONS

3. Council is asked to NOTE and PUBLISH the report.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The publication of this report demonstrates the council’s commitment to its leadership duties with regard to health improvement, health protection and health and social care public health.

BACKGROUND

5. The Director of Public Health (DPH) has a statutory duty to write a report on the health of the local population and the authority has a duty to publish it (section 73B (5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act). The content and structure of the report is something to be decided locally.

OPTIONS CONSIDERED

6. No other options considered.

REASONS FOR RECOMMENDED OPTION

7. The recommendation fulfils the council's duty to publish the DPH annual report.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 8.

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none">• <i>Mayoral Priority: Creating Jobs and Housing</i>• <i>Mayoral Priority: Be a strong voice for our veterans</i>• <i>Mayoral Priority: Protecting Doncaster's vital services</i>	<p>The health and wellbeing of residents is central to developing a thriving and resilient economy.</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none">• <i>Mayoral Priority: Safeguarding our Communities</i>• <i>Mayoral Priority: Bringing down the cost of living</i>	<p>The health improvement and health protection duties of the council contribute directly to this outcome</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none">• <i>Mayoral Priority: Creating Jobs and Housing</i>• <i>Mayoral Priority: Safeguarding our Communities</i>• <i>Mayoral Priority: Bringing down the cost of living</i>	<p>The health improvement and health protection duties of the council contribute directly to this outcome</p>

	All families thrive. <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	The health improvement and health protection duties of the council contribute directly to this outcome
	Council services are modern and value for money.	Integrated evidence-based partnership work to address the four challenges will contribute to this outcome
	Working with our partners we will provide strong leadership and governance.	Making progress on the challenges and then recommendations highlighted in this report will require partnership working, strong leadership and governance

RISKS AND ASSUMPTIONS

9. There are no specific risks associated with this report.

LEGAL IMPLICATIONS

10. The Director of Public Health has a duty to produce an annual report and the council has a duty to publish it (section 73B (5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act).

FINANCIAL IMPLICATIONS

11. Nil.

HUMAN RESOURCES IMPLICATIONS

12. Nil.

TECHNOLOGY IMPLICATIONS

13. Nil.

EQUALITY IMPLICATIONS

14. This report identifies reducing health inequalities as one of four local challenges. Health varies across the Borough and is associated with deprivation, with those living in the most affluent parts of the Borough perceiving, experiencing and having better health than those living in the less affluent parts of the Borough.

Ethnicity impacts both on how people perceive their own health and the health that they experience. Addressing these issues may require different approaches in different ethnic groups. The outcome of the Black and Minority Ethnic (BME) health needs assessment is expected in January 2017 and this should then be used to support service planning and development.

Any policy or strategy response to this report will require the local public bodies to demonstrate 'due regard' under section 149 of the Equality Act 2010: the Public Sector Equality Duty (PSED).

CONSULTATION

15. No formal consultation has taken place to contribute to this report.

BACKGROUND PAPERS

16. Director of Public Health Annual Report 2016

REPORT AUTHOR & CONTRIBUTORS

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