



Doncaster Council

Agenda Item No. 9
Date: 15 March 2018

To the Chair and Members of the Health and Wellbeing Board

Director of Public Health Annual Report 2017

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Nigel Ball	All	No

EXECUTIVE SUMMARY

1. The 2017 Doncaster Director of Public Health Annual Report is the third authored by Dr Rupert Suckling and is the fifth since the transfer of the specialist public health function from the NHS to the council in April 2013.

Whereas the 2015 report identified four challenges and then four building blocks for health and wellbeing locally, and the 2016 report demonstrated the impact of the council's public health team this report specifically focuses on the impact the wider council is having on public health.

This report provides updates on progress against the four building blocks for good health and wellbeing as well as sharing a number of real life stories. This report advocates continued focus on the four building blocks but also proposes further work on a fifth building block. These are:

- Give every child the best start in life
- Make good growth our watchword for economic development
- Improve healthy life expectancy through preventing disability
- Tackle unfairness and health inequalities
- Build a Sustainable and Resilient Borough

This report was approved to be published by Doncaster Council on 25th January 2018.

EXEMPT REPORT

2. No

RECOMMENDATIONS

3. The Health and Wellbeing Board is asked to take ACTION on the relevant recommendations.

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 quality.

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 Health and Wellbeing Board's duty to act on the published Director of Public Health 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 the residents is central to developing a thriving and resilient economy. Adopting the principle of 'good growth' and the recommendations in the report will support this outcome. Addressing the building block of a sustainable and resilient borough could also add to this outcome.</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. Addressing the building block on preventing disability will support 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. Adopting the building block of a sustainable and resilient borough could also add to this outcome.</p>
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The health improvement and health protection duties of the council contribute directly to this outcome. Addressing the building block on giving children the best start in life will support this outcome.</p>
	<p>Council services are modern and value for money.</p>	<p>Integrated evidence based partnership work to deliver the 5 building blocks will contribute to this outcome. This will be supported by taking into account the social value act</p>
	<p>Working with our partners we will provide strong leadership and governance.</p>	<p>Making progress on the challenges and then the recommendations highlighted in this report will require partnership working initially through the Children, Young People and Families Board, the Working element of Doncaster Growing Together and the Health and Wellbeing Board.</p>

RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS

10. 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.

FINANCIAL IMPLICATIONS

11. There are no specific financial implications with this report.

HUMAN RESOURCES IMPLICATIONS

12. There are no specific human resource implications with this report.

TECHNOLOGY IMPLICATIONS

13. There are no specific technology implications with this report.

EQUALITY IMPLICATIONS

14. This report continues to identify reducing health inequalities and addressing fairness as one of five building blocks for health and wellbeing. 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.

Last year's report highlighted the importance of identifying issues and solutions to the health perceived and experienced by Black and Minority Ethnic (BME) populations. This report extends the approach further to identify and address differences in health, both perceived and experienced between men and women, with a focus on women's health. Any policy or strategy developed as a 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 2017.

REPORT AUTHOR & CONTRIBUTORS

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