

**To the Chair and Members of the  
COUNCIL**

**Director of Public Health Annual Report 2014**

**EXECUTIVE SUMMARY**

1. The 2014 Doncaster DPH Annual Report is the second since the transfer of the specialist public health function from the NHS to the Council in April 2013.
2. The Annual Report reflects on feedback from the Local Government Association independent health and wellbeing peer review in Doncaster in November 2013; focuses on the opportunities and challenges posed by the new public health duties related to health improvement and what the council and partners are doing and might do to meet these effectively. The report also describes progress against recommendations made in last year's annual report and makes recommendations for decision makers locally which it is hoped will contribute to the improvement of health and wellbeing in Doncaster.

**EXEMPT REPORT**

3. No

**RECOMMENDATIONS**

4. Council is asked to NOTE the report.

**WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

5. 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**

6. 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**

7. No other options were considered.

## IMPACT ON THE COUNCIL'S KEY PRIORITIES

8.

	<b>Priority</b>	<b>Implications</b>
	<p>We will support a strong economy where businesses can locate, grow and employ local people.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Be a strong voice for our veterans</i></li> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	<p>The health and wellbeing of residents is central to developing a strong economy</p>
	<p>We will help people to live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>	<p>The health improvement and health protection duties of the council contribute directly to this outcome</p>
	<p>We will make Doncaster a better place to live, with cleaner, more sustainable communities.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>	<p>The health improvement and health protection duties of the council contribute directly to this outcome</p>
	<p>We will support all families to thrive.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	<p>The health improvement and health protection duties of the council contribute directly to this outcome</p>
	<p>We will deliver modern value for money services.</p>	<p>Integrated, evidence-based partnership work promoted by the proposed health improvement framework will contribute to this outcome.</p>
	<p>We will provide strong leadership and governance, working in partnership.</p>	<p>The proposed health improvement framework supported by the Health and Wellbeing Board will deliver leadership, governance and partnership working on this agenda.</p>

## **RISKS AND ASSUMPTIONS**

9. There are no risks associated with this report.

## **LEGAL IMPLICATIONS**

10. The DPH 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.

## **EQUALITY IMPLICATIONS**

13. Due regard will be taken in the conversations led by the Health and Wellbeing Board to develop the Health Improvement Framework to ensure that the Equality Duty is considered helping to make Doncaster society fairer by tackling discrimination and providing equality of opportunity for all.
14. As the Health Improvement Framework is developed, it is essential that the Council considers its duties under section 149 Equality Act 2010; the Public Sector Equality Duty (PSED). The PSED obliges public authorities, when exercising their functions, to have 'due regard' to the need to:-
  - a. Eliminate discrimination, harassment and victimization and other conduct which the Act prohibits;
  - b. Advance equality of opportunity;
  - c. Foster good relations between people who share relevant protected characteristics and those who do not; and
  - d. The relevant protected characteristics under the Equality Act are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Clearly it is age and disability which are most relevant in taking the decision on the future of the residential care homes.
15. Case law has established the following requirements for the PSED to be exercised lawfully:-
  - The equality duties are an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation;

- The relevant duty is on the decision maker personally. What matters is what he or she took into account and what he or she knew. The decision maker cannot be taken to know what his or her officials know or what may have been in the minds of officials in proffering their advice;
- It is important to record the steps taken by the decision maker in seeking to meet the statutory requirements in order to demonstrate that the duty has been discharged;
- The decision-maker must assess the risk and extent of any adverse impact and the ways in which such risk may be eliminated before the adoption of a proposed policy. It is not sufficient for due regard to be a “rear-guard action” following a concluded decision;
- In order to be able to discharge the duty the decision-maker must have information about the potential or actual equality impact of a decision. This information will often be gained in part through consultation;
- The duty must be exercised in substance, with rigour, and with an open mind. It is not a question of ticking boxes; while there is no duty to make express reference to the regard paid to the relevant duty, reference to it and to the relevant criteria reduces the scope for argument;
- General regard to issues of equality is not the same as having specific regard, by way of conscious approach to the statutory criteria;
- Officers reporting to decision makers, on matters material to the discharge of the duty, must not merely tell the Minister/decision maker what he/she wants to hear but they have to be “rigorous” in both enquiring and reporting to them;
- Although it is for the court to review whether a decision-maker has complied with the PSED, it is for the decision-maker to decide how much weight should be given to the various factors informing the decision, including how much weight should be given to the PSED itself; and
- The duty is a continuing one, it will be necessary for decision-makers to have due regard again at the time at which any decisions are taken.

## **CONSULTATION**

16. There has been no consultation involved in the production of this report.

## **BACKGROUND PAPERS**

17. Director of Public Health Annual Report 2014

## **REPORT AUTHOR & CONTRIBUTORS**

Dr Tony Baxter, Director of Public Health  
01302 734007      tony.baxter@doncaster.gov.uk