

**To the Chair and Members of the
HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY PANEL**

**DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2014 (INCLUDING HEALTH
IMPROVEMENT FRAMEWORK)**

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Pat Knight - Member for Health and Adult Social Care	All	No

EXECUTIVE SUMMARY

1. The 2014 Doncaster Director of Public Health 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. The Director of Public Health Annual Report 2014 (including an outline of the Health Improvement Framework) is attached in Appendix A.

EXEMPT REPORT

3. The report is not exempt.

RECOMMENDATIONS

4. That the Panel consider and comment on the: -
 - a. information included within the attached Director of Public Health Annual Report 2014
 - b. the opportunities and challenges posed by the new public health duties relating to health improvement and what the council and partners are doing and might do to meet these effectively

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.

REASONS FOR RECOMMENDED OPTION

8. Not applicable

IMPACT ON THE COUNCIL'S KEY PRIORITIES

9.

	Priority	Implications
	<p>We will support a strong economy where businesses can locate, grow and employ local people.</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 strong economy</p>
	<p>We will help people to 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>We will make Doncaster a better place to live, with cleaner, more sustainable communities.</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>
	<p>We will support all families to 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</p>

	We will deliver modern value for money services.	Integrated, evidence-based partnership work promoted by the proposed health improvement framework will contribute to this outcome.
	We will provide strong leadership and governance, working in partnership.	The proposed health improvement framework supported by the Health and Wellbeing Board will deliver leadership, governance and partnership working on this agenda.

RISKS AND ASSUMPTIONS

10. There are no risks associated with this report.

LEGAL IMPLICATIONS

11. 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

12. There are no direct financial implications associated with this report.

HUMAN RESOURCES IMPLICATIONS

13. There are no human resource implications associated with this report.

EQUALITY IMPLICATIONS

14. 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.

CONSULTATION

15. This report has significant implications in terms of the following:

Procurement		Crime & Disorder	
Human Resources		Human Rights & Equalities	X
Buildings, Land and Occupiers		Environment & Sustainability	
ICT		Capital Programme	

BACKGROUND PAPERS

16. Director of Public Health Annual Report 2014

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