



Doncaster Council

Report

Date: 20th January 2022

To the Chair and Members of the Council
Director of Public Health Annual Report 2021

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

EXECUTIVE SUMMARY

1. The 2021 Doncaster Director of Public Health Annual Report is the seventh authored by Dr Rupert Suckling.

This report describes the course of the global COVID-19 pandemic in Doncaster in 2021 and includes a rapid assessment of the state of health in Doncaster in 2021. The report also demonstrates how the public health grant is used locally. Finally the report points to the need to implement the new borough strategy Doncaster Delivering Together.

There are a number of lessons that continue to be learnt from the COVID - 19 pandemic including

- Doncaster people, families, communities, businesses, groups and institutions have all still pulled together really well. In the second year of the pandemic, the numbers of people able to volunteer has reduced as people return to work, although many have found ways of continuing.
- The importance of 'Key workers' was reinforced during the first national lockdown, but abuse and aggression to key workers has increased as the pandemic as continued.
- Not everyone was impacted equally or is still being impacted equally. Existing inequalities, poverty and social exclusion were highlighted and the following impacts were felt differently locally
 - Impacts directly from COVID-19
 - Long term physical and mental health impacts of COVID-19 infection (long COVID)

- Impacts of overwhelmed health services and delays to treatment
 - Impacts of changes to health services
 - Impacts of lockdown and other measures
 - Impacts on particular communities and groups including women, people from ethnic minorities and carers
 - Ongoing impacts on accessing health and care services due to the initial disruption and now increased demand on health and care services (especially people with diabetes, or suffering with poor mental health, self-harm or depression).
- Many of the working practices that the health and care system developed at the start of the pandemic have continued, but workforce shortages and staff 'burnout' are bigger challenges for the system now than money.
 - National decision makers are still too remote and lack the local knowledge needed for many decisions including the implementation and relaxation of lockdowns, supporting local schools and the return of elite sporting events.
 - Pandemic preparation should still not be neglected. This includes better understanding of how local people live their lives, investment in health protection, establishing clear, agile, system leadership and supporting better data to aid management as well as increasing transparency. Local surveillance, responding to new threats (or variants), communication that avoids polarisation and politicisation, and planning on how to support people through 'infodemics' of overwhelming amounts of information all need review. This could involve health and media literacy, fact checking websites, critically looking at media sources and reviewing the role of the curriculum.
 - Health and the economy are still intrinsically linked and the best way to address the pandemic is good for both health and the economy.

The report concludes with six recommendations for Team Doncaster and partners:

- Continue to recognise, celebrate and support the roles of 'Key workers', local people, groups, institutions, businesses and communities in the way Doncaster works
- Maintain sufficient local capacity and capability to respond to and learn from the continued COVID-19 pandemic
- Implement Doncaster Delivering Together, including updating and publishing a set of Impact Assessments to continue to guide and shape local recovery and renewal

- Secure long term locality working including asset based, community centred approaches to improve health and wellbeing working with and for communities, in the present and for future generations
- Revitalise approaches to health inequalities, poverty and social exclusion taking into account the new Geneva Charter for Wellbeing and establish a Fairness & Wellbeing Commission
- Develop new relationships with the Office of Health Improvement and the UK Health Security Agency, the successor bodies to Public Health England and establish a new method for assurance of local public health services

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 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 council's duty to publish the Director of Public Health annual report.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

8.

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>Good health and wellbeing is a contributor to increased productivity. Equally good quality work contributes to good health and wellbeing.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>All these wider determinants of health improve health and wellbeing. Combining universal and targeted investment could reduce health inequalities.</p>
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>Good health and wellbeing is a contributor to improved learning outcomes. Equally good learning outcomes contribute to good health and wellbeing.</p>

	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>Universal and targeted prevention approaches can improve health and reduce burdens on health and care services.</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	<p>A more connected council could support better health and wellbeing in Doncaster people and improved health and wellbeing in the workforce could increase the effectiveness of the council.</p>

RISKS AND ASSUMPTIONS

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

LEGAL IMPLICATIONS [Officer Initials SRF... Date...23.12.21.....]

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 National Health Service Act 2006, inserted by section 31 of the Health & Social Care Act 2012). The content and structure of the report is something to be decided locally.

FINANCIAL IMPLICATIONS [Officer Initials HR Date 22/12/21]

11. There are no specific financial implications arising from this report.

HUMAN RESOURCES IMPLICATIONS [Officer Initials EL Date 06/01/2022]

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

TECHNOLOGY IMPLICATIONS [Officer Initials PW Date 21/12/21]

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

HEALTH IMPLICATIONS [Officer Initials.....RS.....Date ...21/12/2021.....]

14. There are no additional health implications in this report.

EQUALITY IMPLICATIONS [Officer Initials...RS..... Date...21/12/2021.....]

15. 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.

CONSULTATION

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

BACKGROUND PAPERS

17. Director of Public Health Annual Report 2021.

REPORT AUTHOR & CONTRIBUTORS

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