



Doncaster Council

Doncaster
Health and Wellbeing Board

Date: 10th March 2022

Subject: Director of Public Health Annual Report 2021

Presented by: Dr Rupert Suckling

Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	
Information	x

Implications		Applicable Yes/No
DHW Strategy Areas of Focus	Substance Misuse (Drugs and Alcohol)	X
	Mental Health	x
	Dementia	X
	Obesity	x
	Children and Families	x
Joint Strategic Needs Assessment		x
Finance		
Legal		
Equalities		X
Other Implications (please list)		

How will this contribute to improving health and wellbeing in Doncaster?
<p>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.</p> <p>The 2021 Doncaster Director of Public Health Annual Report is the seventh authored by Dr Rupert Suckling. The report is available on line at https://bit.ly/phreport-2021</p> <p>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.</p>

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
 - o Impacts directly from COVID-19
 - o Long term physical and mental health impacts of COVID-19 infection (long COVID)
 - o Impacts of overwhelmed health services and delays to treatment
 - o Impacts of changes to health services
 - o Impacts of lockdown and other measures
 - o Impacts on particular communities and groups including women, people from ethnic minorities and carers
 - o 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

Recommendations

The Board is asked to:-

NOTE the report and consider how the recommendations can be taken forward in future strategy and delivery plans.