# Agenda Item 9



# **Report to Policy Committee**

Author/Lead Officer of Report: Greg Fell

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Report of:	Director of Public Health
Report to:	Strategy and Resources Committee
Date of Decision:	May 31 <sup>st</sup>
Subject:	Director of Public Health Report 2023

Has an Equality Impact Assessment (EIA) been undertaken?	Yes		No	x		
If YES, what EIA reference number has it been given? (Insert reference number)						
Has appropriate consultation taken place?	Yes	Х	No			
Has a Climate Impact Assessment (CIA) been undertaken?	Yes		No	X		
Does the report contain confidential or exempt information?	Yes		No	X		

#### Purpose of Report:

To outline for Strategy and Resources Committee the near final version of the 2022 Director of Public Health Report for Sheffield.

#### **Recommendations:**

That Strategy and Resources Policy Committee

1. Notes the 2023 Annual Report of Greg Fell, Director of Public Health, **Sheffield** and the COVID-19 Pandemic. What did we learn?, appended as part of this report.

2. Further notes that in the Annual Report The Director makes specific recommendations as below;

### a) Data saves lives

In advance of another pandemic, we need to have immediate data access permissions that we managed to establish over the course of COVID to avoid any delay in getting the vital data to be able to give information to decision makers what is happening and to direct both policy and operational response.

# b) the scope of planning for pandemics and exercising.

When planning for, exercising for and responding in future pandemics, we need to think about how the whole of the city is impacted, particularly with reference to those with poorest health and every sector has a role in the planning and response. Pandemic planning should include planning for communication infrastructure, maintaining education systems, job retention, economic resilience, community engagement, ensuring robust sick pay policies, systems for distribution of food and medicines. These activities are as important as modelling, stockpiling of PPE and ventilators and NHS resilience.

# c) the response cannot ignore the structural determinants of how infection spreads and poor outcomes.

Planning, preparation, policy and operational response must not ignore the structural determinants of health that amplify and sustain chains of transmission, and thus outcomes.

3. Notes that the Council will publish the finalised report in due course.

#### Background Papers:

(Insert details of any background papers used in the compilation of the report.) **DPH report** 

Lea	Lead Officer to complete:-				
in res indica Policy been	1 I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Liz Gough</i>			
		Legal: David Hollis, Interim General Counsel			
		Equalities & Consultation: Ed Sexton			
		Climate: NA			
	Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.				
2	SLB member who approved submission:	Greg Fell			
3	Committee Chair consulted:	Cllr Hunt			
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Committee by the SLB member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.				

 Lead Officer Name: Greg Fell	Job Title: Director of Public Health	
Date: 22/5/23		

# 1. PROPOSAL

1.1 Directors of Public Health are required to publish an annual public health report. The theme is at the discretion of the DPH. This report focuses on the learning from the city, the most significant emergency of any type since the second world war. The report sets out the broad story of the pandemic and some lessons to emerge from it.

The DPH report is divided into five sections.

The first presents a broad overview of the state of health in Sheffield with reference to data from the OHID Fingertips profiles and the Global Burden of Disease data on morbidity, mortality and risk factors.

The second deals with the run up to the pandemic in early 2020. This covers from preparedness and exercises through to the emergence of the disease in Wuhan and the initial spread.

The third section gives a near term historical and epidemiological overview of the whole of the pandemic. This is the main focus of the report. In many ways the surveillance system we established locally underpinned а lot of the response actions. decisions and communications and cascaded out across multiple agencies. The section sets out the epidemiological intelligence generated during the response to illustrate the flow of the pandemic and the response effort. The section also sets out in detail how we used data and intelligence to maximise vaccination uptake.

The fourth section focusses on some elements of the local response. Given that the response involved pretty much the whole of the city it is arguably impossible to give coverage to all of the aspects of the response.

The final section of the report sets out some of the lessons learned and broad recommendations for future pandemic planning, exercises and response. This is by necessity high level.

### 2. HOW DOES THIS DECISION CONTRIBUTE ?

2.1 The report tries to bring together a wide view of the run up to, the flow of and the learning from the pandemic. This will certainly be relevant to planning for future pandemics, which will certainly happen.

# 3. HAS THERE BEEN ANY CONSULTATION?

3.1 A broad spectrum of those involved in pandemic response have been asked to contribute their throughs and reflections. Many of these have been woven into the text, some have been spotlighted. It should be noted there are still some small sections to be added from stakeholders (&

some minor edits and design work to be done). It is impossible to adequately reflect all of the voices, people or constituencies who were involved in the response to the pandemic.

#### 4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

#### 4.1 <u>Equality Implications</u>

4.1.1 None. The report sets out in detail how the impact of the pandemic was inequitable and planning for future pandemics must take this into account.

#### 4.2 Financial and Commercial Implications

- 4.2.1 No financial implications arising directly from this report.
- 4.3 Legal Implications
- 4.3.1 The Director of Public Health has responsibility for:

• all of their local authority's duties to take steps to improve the health of the people in its area;

• any of the Secretary of State's public health protection or health improvement functions delegated to local authorities;

• exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to the public's health;

• their local authority's role in co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders; and

• other specific public health functions as described in regulations or legislation.

- 4.3.2 Under s73B(5), the director of public health for a local authority must prepare an annual report on the health of the people in the area of the local authority. It is an obligation for the local authority to publish the report.
- 4.4 <u>Climate Implications</u>
- 4.4.1 None
- 4.4 <u>Other Implications</u>
- 4.4.1 None
- 5. ALTERNATIVE OPTIONS CONSIDERED
- 5.1 NA
- 6. **REASONS FOR RECOMMENDATIONS**

6.1 As is traditional in DPH reports, an effort is made to focus on a small number of high level recommendations. There will be another global pandemic. It is impossible to predict when. It is thus important to learn from the covid pandemic. It was, to date, the preeminent emergency of our lifetimes. The learning and reflection exercise has been conducted in various ways both within individual service areas, across organisations in the city as a whole and across South Yorkshire.