



SHEFFIELD CITY COUNCIL Full Council

Report of: Director of Public Health

Date: 6th November 2013

Subject: Director of Public Health Report for Sheffield 2013

Author of Report: Jeremy Wight

Summary:

Directors of Public Health have a statutory duty to produce an annual report on the health of the local population. This is the first annual report since the transfer of public health from the NHS to the Council in April 2013. In this year's report we provide an overview of what the Public Health Outcomes Framework is telling us about health in Sheffield and where we need to improve on that. We then describe some of the opportunities we now have to address these public health problems. We also make a number of recommendations for taking up these opportunities.

Recommendations:

To note the information contained in the report.

Background Papers:

The full report can be accessed from www.sheffield.gov.uk/publichealthreport A summary version is also available to download from this website. All councillors have been sent a printed copy of the summary report. In addition, the 'Sheffield Health and Well Being' profiles for each of the 28 electoral wards have been updated. These may be accessed via the DPH report website.

Category of Report: OPEN

Statutory and Council Policy Checklist

Financial Implications
NO Cleared by:
Legal Implications
NO Cleared by:
Equality of Opportunity Implications
NO Cleared by:
Tackling Health Inequalities Implications
YES
Human rights Implications
NO
Environmental and Sustainability implications
NO
Economic impact
NO
Community safety implications
NO
Human resources implications
NO
Property implications
NO
Area(s) affected
All
Relevant Cabinet Portfolio Leader
Cllr Mary Lea
Relevant Scrutiny Committee if decision called in
Health
Is the item a matter which is reserved for approval by the City Council?
NO
Press release
YES

REPORT TITLE: New Opportunities – Sheffield Director of Public Health Report 2013

1.0 SUMMARY

1.1 Directors of Public Health have a statutory duty to produce an annual report on the health of the local population. This is the first annual report since the transfer of public health from the NHS to the Council in April 2013. In this year's report we provide an overview of what the Public Health Outcomes Framework is telling us about health in Sheffield and where we need to improve on that. We then describe some of the new opportunities we now have to address some of these public health problems. We also make a number of recommendations for taking up these opportunities.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

2.1 The health of the people of Sheffield is better than it ever has been. Death rates from the major diseases continue to fall steadily. Life expectancy for men and women has improved again. It is also particularly good to see that the latest analysis of inequality in life expectancy across the City shows a narrowing of the gap for women.

2.2 Health inequalities remain a real concern however, particularly when issues such as how long people can expect to live free of disability or ill health which can limit daily life (rather than simply how long people can expect to live in either good or bad health) are taken into account. There are also a number of public health outcomes where further improvement can and should be made, especially in relation to vulnerable and at risk groups of people.

3.0 OUTCOME AND SUSTAINABILITY

3.1 The report makes eleven key recommendations for taking up a number of opportunities for improving health and reducing health inequalities in Sheffield. Overall the aim is to capitalise on the opportunity we now have to combine public health resources with the wider reach of the Council and thus achieve a shift in focus towards prevention, a shift that is essential if services are to be sustainable.

4.0 MAIN BODY OF THE REPORT

Including Legal, Financial and all other relevant implications (if any)

4.1 The full report may be accessed from www.sheffield.gov.uk/publichealthsheffield A summary version is also available to download from this website. All councillors have been sent a printed copy of the summary report.

4.2 The 'Sheffield Health and Well Being' profiles for each of the 28 electoral

wards have also been updated. These may be accessed via the DPH report website alongside a range of other health and wellbeing ward and neighbourhood based information.

5.0 ALTERNATIVE OPTIONS CONSIDERED

5.1 Not applicable

6.0 REASONS FOR RECOMMENDATIONS

6.1 It is good practice for Director of Public Health reports to contain recommendations aimed at improving the health of the population. This year's report makes eleven such recommendations based on an analysis of the new opportunities that now exist as a result of the transfer of public health leadership to the Council, for addressing public health problems in the City.

7.0 REASONS FOR EXEMPTION (if a Closed report)

7.1 Not applicable

8.0 RECOMMENDATIONS OF THE DIRECTOR OF PUBLIC HEALTH'S REPORT

8.1 The Council should:

Use proposals developed as part of the *Fulfilling Lives: A Better Start* bid to inform focussed investment in the early years and evidence based prevention and early intervention.

8.2 Ensure the Children and Young People's Joint Commissioning Group leads the redesign and commissioning of a universal prevention and early intervention emotional wellbeing and mental health service for children and young people, to commence April 2014.

8.3 Continue to develop a comprehensive sexual health system for the City including targeted action to increase chlamydia screening and access to early HIV testing, and to reduce teenage conceptions. There should be appropriate input from all Portfolios to this work.

8.4 Systematically prioritise initiatives to encourage Sheffield people to 'Move More', making being physically active the norm by building physical activity into their daily life.

8.5 Fully support a citywide programme to reduce the availability and supply of illicit tobacco, which will include targeted enforcement action by Trading Standards.

8.6 Use the Care Homes Well Being Needs Assessment, currently in preparation, to inform commissioning priorities for people who live in care homes and take further steps to address isolation and loneliness by

working with the NHS to build on the community support worker model and the Lowedges, Batemore and Jordanthorpe pilot.

- 8.7 Seek to enhance the resilience and social capital of the most deprived communities in Sheffield by:
- using the skills and experience of Healthy Communities staff in the new locality model
 - increasing the capacity of lay workers and volunteers, by working in collaboration with the Voluntary, Community and Faith sector
 - enhancing the ability of mainstream services to promote community resilience through developing their public health skills.
- 8.8 Through the implementation of the Health and Wellbeing Strategy work programme, *Building mental wellbeing and emotional resilience*, invest in public mental health, and instigate a renewed approach to improving mental wellbeing in the City, building on the actions identified in the draft Mental Wellbeing Strategy for Sheffield.
- 8.9 Use its outreach to raise awareness of, and promote, schemes such as the Fixed Penalty Notice Waiver, and ensure that all parts of the organisation that have an influence on alcohol consumption and related harm, collaborate to address this issue.
- 8.10 Take joint action with health and employment organisations to increase employment opportunities by removing health barriers, especially for those affected by mental health conditions and where appropriate, for the same group, seek to develop employment as a way out of poor health.
- 8.11 Contribute towards improved uptake of the NHS Health Check through:
- encouraging employees to take up their NHS Health Check when they are invited (and to encourage their family members to do likewise)
 - using contracting mechanisms to ensure council contractors are encouraged to support their employees to take up their NHS Health Check invite
 - using existing outreach into disadvantaged communities to encourage the uptake of health checks and so reduce rather than widen health inequalities in the City.

9.0 **RECOMMENDATIONS**

- 9.1 The Council is recommended to note the information contained in this report.

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