



Author/Lead Officer of Report: Greg Fell,
Director of Public Health

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Report of: Greg Fell

Report to: Cabinet Member for Health, Care and Independent Living

Date of Decision: 21st September 2016

Subject: A Matter of Life and Healthy Life - Director of Public Health Report for Sheffield, 2016

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? Director of Public Health Office (CEX)		
Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, what EIA reference number has it been given? <i>(Insert reference number)</i>		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		
<p><i>“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”</i></p>		

Purpose of Report:

Directors of Public Health have a statutory duty to produce an annual report on the health of the local population and to make recommendations as to how local health may be improved. This year's report makes four such recommendations, three of which are addressed to the Council (among others). The report is due to be presented to full Council on 5th October 2016 and Cabinet is asked to seek any clarification on the topics, issues and recommendations raised in it.

Recommendations:

1. **The Health and Wellbeing Board** should take forward a series of learning events / appreciative enquiry on different approaches to health and wellbeing to explore what optimising "health and wellbeing" could look like in a number of key policy areas.
2. **The Council and other stakeholders**, as part of Public Sector Reform, should consider a healthy population and minimising health inequalities as a core infrastructure investment for a prosperous economy.
3. **The Council and the CCG** should explore the development of a 'Heart of Sheffield' structural model to coordinate and shape a policy approach to improving living well options (such as increasing physical activity and reducing smoking) in the City.
4. **The Council and the CCG** should develop a joint neighbourhood delivery system with a broad model of primary care as the main delivery mechanism for services.

Background Papers:

A copy of the report is attached. Please note: the report and related information will not be published on our website until 6th October 2016 after it has been considered by full Council on 5th October.

Lead Officer to complete:-		
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: N/A
		Legal: N/A
		Equalities: N/A
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	EMT member who approved submission:	John Mothersole
3	Cabinet Member consulted:	Cate McDonald
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 Decision Maker by the EMT 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: 12 th September 2016	

1. PROPOSAL

- 1.1 Directors of Public Health have a statutory duty to produce an annual report on the health of the local population. This year's report focuses on how we can maximise improvements in health and wellbeing and reductions in health inequalities by capturing the impact of work across the whole of the Council and its partners rather than focusing solely on the Public Health Grant or health and social care services.
- 1.2 The report is attached. It will be published as an interactive PDF on our website on 6th October 2016 following full Council on 5th October 2016, alongside other related information. All members and other relevant stakeholders will be emailed a copy of the report and link to the website.
- 1.3 The Sheffield JSNA is in the process of being updated and the following four key themes have been drawn from this programme of work to support development of the report:
- **Population** – projections updated based on ONS Mid 2014 estimates and latest profile (mid 2015) to show how Sheffield's population is changing and how it compares with elsewhere. Demonstrates that the population growth we have been experiencing for the last few years is slowing down and will continue to do so for the next few years although Sheffield is likely to continue to become more ethnically diverse. Overall, the City remains demographically similar to most other major cities in the UK
 - **Headlines** – life expectancy and healthy life expectancy, mortality and morbidity indicators have all been updated with the latest figures to help identify the key health improvement challenges facing the City, the extent of health inequalities (and whether they are improving or not) and how Sheffield compares with the rest of the country as well as other major cities. This analysis shows that overall we must focus on improving Healthy Life Expectancy, especially for women
 - **Life course** indicators covering starting well, living well and ageing well have been analysed to help prioritise the specific aspects of health and wellbeing we need to focus on, the level of improvement we need to make and whether there are groups in the population we need to target our efforts on. Mental health, smoking, physical activity, diet and alcohol consumption feature across the entire life course as priorities for action
 - **Ward and neighbourhood** health and wellbeing quilts have been produced to summarise, at a glance, the geographical variation in health and wellbeing in Sheffield. These serve to reinforce the message that children and adults in the poorest parts of the City experience the greatest burden of ill health, disability and early death.

All the latest JSNA data topics will be uploaded to our Open Data platform. The ward and neighbourhood health and wellbeing tools will also be updated. This work is due for completion by December 2016.

- 1.4 The first main section of the report (What the JSNA is telling us) focuses on the main health and wellbeing headlines for Sheffield. The key messages from this section are: Sheffield's population continues to grow, albeit very slowly; healthy life expectancy is a major challenge for the City and we have more preventable deaths per head than England as a whole; and health inequalities continue to blight our City. This is what is driving health and social costs rather than ageing per se.
- 1.5 The second section looks in detail at the case for prevention. In particular it promotes developing the economic case for improving health and reducing health inequalities as the key way forward as well as setting out some of the key elements of the local NHS sustainability and transformation plan for Sheffield (Shaping Sheffield).
- 1.6 The third section sets out the key health and wellbeing priorities across the life course – starting well, living well and ageing well including identifying the areas where we need to improve and the broader policy and service interventions that we should and are taking to improve healthy life expectancy as well as longer life.
- 1.7 The report concludes by advocating for a broad, policy-based approach that seeks to maximise the health “dividend” or return on the work of both the Council and wider economy of Sheffield. The main thrust is therefore concerned with how best to optimise the use of our existing commitments and change the nature and shape of those commitments over time rather than how to spend new resources. In doing so it makes four recommendations as to how we might start to take that forward.

2. HOW DOES THIS DECISION CONTRIBUTE ?

- 2.1 Although life expectancy (for both men and women) continues to improve in Sheffield, healthy life expectancy (how long we can expect to live in good health) is static, significantly worse than the national average and other core cities and the gap between the worst and best off is wide.
- 2.2 It is the high and unequal distribution of poor health and disability in our population that is driving demand for costly health and social care services, widening inequalities and potentially impacting adversely on our broader aims and aspirations for our City.
- 2.3 The report considers a number of evidence based policies, initiatives and approaches, focused on the social and commercial determinants of health that would help to prevent or reduce poor health in Sheffield, especially in vulnerable groups of people.
- 2.4 In the context of continuing economic austerity and reducing resources, the report is concerned with how best to optimise the use of our existing

commitments and change the nature and shape of those commitments over time rather than how to spend new resources.

2.5 It suggests that only by maximising the health return on investment of this wider spend will we improve the trajectory of health and wellbeing outcomes in Sheffield. Nevertheless, it acknowledges that where new resources are available they should be focused on what will make most progress on narrowing the health inequalities gap. New resources, as and where they are available, should be focused on where the need is greatest.

2.6 A number of priorities, actions and approaches are identified that could and are being taken to achieve required improvements in health and wellbeing outcomes over the coming months and years. Specifically four priorities are recommended for early adoption (i.e. within the next 6 to 12 months) given that they focus on the key strategic themes that underpin the change in thinking and approach to public health proposed within the report.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 The Council is not obliged to consult on the report although feedback and dialogue is facilitated following publication.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 N/A

4.2 Financial and Commercial Implications

4.2.1 N/A

4.3 Legal Implications

4.3.1 N/A

4.4 Other Implications

4.4.1 This is the Director of Public Health report for 2016. Directors of Public Health have a statutory duty to produce an annual report on the health of the local population.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 N/A

6. REASONS FOR RECOMMENDATIONS

6.1 It is good practice for DPH reports to contain recommendations aimed at

improving the health of the local population, addressed to a number of partners and stakeholders as required.

- 6.2 In addition it should also report on progress made on the recommendations from the previous year's report. Appendix A to this paper provides a progress report on the three DPH report recommendations from 2015.

Appendix A: Progress on recommendations from the DPH report 2015

Each year the Director of Public Health Report makes a set of recommendations for improving health and tackling health inequalities within the local population. Here we summarise the progress made on the recommendations from last year's report.

<p>The Council should establish a local baseline measure of wellbeing for the City and use this to track change over time and variation across the different communities in Sheffield.</p>	<p>The Council should provide products which assist residents to reduce the cost of their home energy and the amount they use.</p>	<p>The Health and Wellbeing Board should ensure schools in Sheffield give all children the opportunity to participate in appropriate exercise.</p>
<p>For the last 10 years the Every Child Matters Survey has been used to track change and variation in the emotional wellbeing of children and young people in Sheffield and this continued with the launch of the 2016 survey in September¹. For adults, we continue to use the four wellbeing indicators included in the Public Health Outcomes Framework to track change over time and to support comparison with the national average². In terms of mapping variation across the population we use the 'mood and anxiety' indicator from the Index of Multiple Deprivation (2015)³ as well as estimated prevalence of common mental health problems, produced by Public Health England⁴.</p>	<p>A business case for a Local Energy Company is in development in partnership with neighbouring authorities who have similar ambitions. £400,000 NEA funding secured to improve heating in properties where health is affected by the cold home. A SCC Housing Services workshop to be held in the autumn (2016) to look at how the range of fuel poverty/cold home support projects could be better coordinated to provide greater protection for the most vulnerable. A SCC 'Warm, Healthy Homes Unit' is being set up to deliver NICE Guidance on cold related illness.</p>	<p>Approximately 95% of schools in Sheffield are now signed up to the School Sport Partnership model. This means that schools are prioritising the investment of their school sports premium to focus on quality, competition and opportunities for pupils to be involved in physical activity.</p>

¹ <https://www.sheffield.gov.uk/education/about-us/plans-partnerships/pupil-and-parent-voice/every-child-matters-survey.html>

² The four indicators measure self-reported feelings of satisfaction with life and whether life is worthwhile, and levels of happiness and anxiety in people aged 16 years and over who responded to an annual population survey <http://www.phoutcomes.info/public-health-outcomes-framework#page/0/gid/1000042/pat/6/par/E12000004/ati/102/are/E06000015>

³ This information is included in our neighbourhood and ward health and wellbeing analyses which can be downloaded from the following link: <https://www.sheffield.gov.uk/caresupport/health/director-of-public-health-report.html>

⁴ <http://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders>