



SHEFFIELD CITY COUNCIL Full Council

Report of: Director of Public Health

Date: 5th October 2016

Subject: “A Matter of Life and Healthy Life” Director of Public Health Report for Sheffield (2016)

Author of Report: Greg Fell

Summary:

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.

It uses intelligence from the updated Joint Strategic Needs Assessment (JSNA) to set out the key issues across the life course (starting well; living well; ageing well) and the main (evidence-based) policies and approaches that could be used to support an upgrade in prevention and capture the economic benefits of improving health and wellbeing.

The main thrust of the report is therefore concerned with how best to optimise use of our existing commitments and change the nature and shape of those commitments over time rather than how to spend new resources. It makes four key recommendations in this regard.

Recommendations:

To note the information contained in the report and support the four specific recommendations it makes.

Background Papers:

The report is attached. The online version may be accessed from www.sheffield.gov.uk/publichealthreport

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 Cleared by: Greg Fell
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 Cate McDonald
Relevant Scrutiny Committee if decision called in
Healthier Communities and Adult Social Care
Is the item a matter which is reserved for approval by the City Council?
NO
Press release
YES

REPORT TITLE: A Matter of Life and Healthy Life: Director of Public Health Report 2016

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 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 It uses intelligence from the updated Joint Strategic Needs Assessment (JSNA) to set out the key issues across the life course (starting well; living well; ageing well) and the main (evidence-based) policies and approaches that could be used to support an upgrade in prevention and capture the economic benefits of improving health and wellbeing.
- 1.3 The main thrust of the report 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. It makes four key recommendations in this regard.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

- 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.

3.0 OUTCOME AND SUSTAINABILITY

- 3.1 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.
- 3.2 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.

4.0 MAIN BODY OF THE REPORT

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

4.1 The report is attached to this paper. It may also be accessed online at www.sheffield.gov.uk/publichealthreport

4.2 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 will continue to become more ethnically diverse. Overall, the City remains 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 the 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.

- 4.3 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.
- 4.4 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).
- 4.5 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.
- 4.6 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.

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 four such recommendations.

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 A number of priorities, actions and approaches are identified in the report that could and are being taken to achieve required improvements in health and wellbeing outcomes over the coming months and years. The

following 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:

- 8.2 **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.
- 8.3 **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.
- 8.4 **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.
- 8.5 **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.
- 9.0 **RECOMMENDATIONS**
- 9.1 The Council is asked to note the information contained in the report and to support the four recommendations it makes, as set out in Section 8.