Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee 12th April 2017

Report of: Greg Fell

Subject: PUBLIC HEALTH STRATEGY

Author of Report: Greg Fell, Director of Public Health

Summary:

Sheffield CC Cabinet have agreed a Public Health Strategy, which aims to describe the ambition of SCC to redress the 25 year difference in healthy life expectancy through the totality of SCC's functions (not just the Public Health Grant). A key feature of the strategy is focused on the concept of Health in All Policies, which considers how to maximise the health gain from policies and service areas that are not traditionally considered as "health" related. The acid test of adoption of a principle of Health in All Policies will be that all areas of decision making and resource commitment systematically consider health and wellbeing outcomes, and inequalities, across all decision making processes. To truly deliver a Health in All Policies approach it will be necessary to change the way the organization thinks and does its business. The Committee are asked to consider how the Council can best develop this approach.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	**x**
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	

The Scrutiny Committee is being asked to:

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- Give consideration to where energy should be focused first – i.e. of the 10 areas set out in section 3 of the strategy (section 2.1 of this paper), where are there obvious opportunities to focus energy first? Are there other areas we should be looking at too?

- Consider how best to ask other cabinet members or directors to Scrutiny to describe how they are improving health and wellbeing in all SCC processes and policy areas. This may involve working through each portfolio in turn.
- Consider how other scrutiny committees can ask questions about health and wellbeing in their existing processes.

Background Papers:
Sheffield City Council Public Health Strategy

Category of Report: OPEN

Report of the Director of Public Health

Public Health Strategy

1. Introduction/Context

1.1 SCC Cabinet have agreed a Public Health Strategy. The original ask of the Leader of the Council and Chief Executive was to describe what SCC as a "public health organization" would look like, to transform 'public health' from an NHS facing model to a local government facing one, and to set out a strategy that described the ambition of SCC to redress the 25 year difference in healthy life expectancy through the totality of SCC's functions (not just the PH Grant). The strategy is now agreed and published. Some further work will be done to turn this into a public facing document.

1.2 The approach **taken in the strategy** is, deliberately, tipped away from an NHS centric model of public health, though that model still has significant merit. This is an effort to redress the balance in approach to "public health", while being mindful of the large gravitational pull of the NHS and the potential in terms of the staff that work in it. We have, however, made a concerted effect to shift the balance of the discussion and narrative on health away from the NHS and more towards other issues.

1.3 A key feature of the strategy is focused on the concept of Health in All Policies. Health in All Policies is a mechanism to 1) make explicit, and **2) increase** (*rather than describe the current*), the health gain from policies and service areas that are not traditionally considered as "health" related. One of the aims is to ensure the health and inequalities impact is on the balance sheet in a visible and tangible way. In this way we will challenge the way the existing resources are committed. The point of such approaches is using such frameworks to **challenge existing** resource commitments **and do better** with a view to delivering more health return with them than is currently the case. Many of the processes in place will continue to happen; the challenge and opportunity is to maximise the wellbeing generated by those processes above what might have otherwise been the case.

1.4 In this way we can seek to create health & wellbeing, something at least as sensible and as practical as simply avoiding disease.

2. Starting point for implementing

2.1 There is no intention to write a detailed action plan. A detailed action plan may actually be a barrier to success as opportunism is likely to be the winning strategy. Implementing Health in All Policies will take many forms. There isn't a single idea or policy option that will achieve the goal. The specific 10 areas highlighted in the strategy are one place to start, and focused on obvious opportunities, easy wins – in

terms of where health gains can be made with limited changes to existing arrangements, and areas with significant gain potential. These are listed below:

1. **Best Start** – pre birth to primary school education. The first 1001 days.
2. comprehensive **work and health** strategy
3. potential for **sustainable economic growth** to improve better health outcomes and redresses inequalities.
4. the **City for All Ages Strategy** and refresh our approach to healthy ageing.
5. optimise the health & wellbeing opportunities around **land use planning; population density and mix, transport planning including active travel** by adopting a healthy town framework.
6. development of an **Air Quality** Strategy for Sheffield.
7. support the **NHS with the reform and transformation** agenda as articulated in the Sheffield Place Based Plan.
8. review and redevelop the **Sheffield strategy for open space and green space,** bringing together our approach to the **Outdoor City, parks, Move More** and other agendas
9. maximise the health and wellbeing opportunities through our **housing strategy**, and development in the housing sector more broadly.
10. develop a strategy for **mental wellbeing,** building on, and complementing the Mental Health Strategy.

2.2 Obviously where opportunities naturally arise on account of external or internal events we will take them. We will also seek to engineer opportunities. 'Policy windows' may only be open for a short time. They may revolve on an unexpected crisis, budget process, and community demands.

2.3 Gaining traction on the way that large resource commitments influence long term wellbeing and inequality outcomes, in the face of immediate demand led pressures, and reconsideration of core statutory duties is the key resource challenge.

2.4 There is a need to ensure the right machinery to make change happen. Arguably that may become a little bureaucratic but without machinery the strategy may never get beyond bold words. Eight ideas to develop implementation where it may be possible to demonstrate progress through a Health in All Policies approach are set out below:

- **Build health impact assessment into planning processes and developments in a practical way**, based on best practice. Linked to this, develop common monitoring and evaluation tools.
- **Ownership** – it only matters if others share the vision and general approach. Ownership of a large group of stakeholders matters. Persistence and presence across all parts of the organization will be needed.
- **There may be merit in reconsidering the question of the purpose of "commissioning" in some areas,** including what outcomes we want to achieve and whether there are more strategic uses of resources to get those outcomes.
- **Be clear about expectations** - should key policy or service areas set and publish health and wellbeing objectives, take reasonable steps to meet objectives, and write an annual statement in which if we don't meet objectives we state why.
- **In some areas it may be necessary to change how success is measured in big systems, how Return On Investment is considered and what lessons can be learned from elsewhere in the world** or other relevant sectors. An example of this might be reconsidering how "success" is measured in transport policy, and the incorporation of health impact into economic success measures and evaluation models. A second example would be the consideration of the long term health impact of economic policies. The RSA Inclusive Growth report (among others) has noted that a healthy population is core to economic productivity, but is often missing from calculations.
- **Engaging citizens in this agenda is important, and we could do better.** We need to think through how we can better engage individuals in the factors that influence their health. Health is NOT solely the product of our own choices. But as individuals, we can influence these decisions as voters, consumers, employees and shareholders if we understand the problem. How can we equip citizens to be just as (or perhaps more?) prepared to lobby their politicians over the levels of nitrous oxides on their local streets or the lack of street level activity in their housing estates, as the closure of an A&E?
- **Supporting community based co-design to define and solve "problems". Starting with the problems as defined by communities themselves, rather than the problem as perceived by the authorities.** The five a day message will have little traction in a food desert: improving access to health services for depression and anxiety is necessary but if for instance, the root cause of

people's anxiety is lack of housing security, a pill or talking therapies isn't going to solve it.

- **Aligning wider policies with improving health**. There is consensus that the decisions that influence job supply, housing quality, or our ability to lead active lives are going to have more impact on our health than whether we fund a new treatment or build a new hospital.

3 What does this mean for the people of Sheffield?

3.1 Success only happens if the approach is institutionalized. The acid test of adoption of a principle of Health in All Policies will be that all areas of decision making and resource commitment systematically consider health and wellbeing outcomes, and inequalities, across all decision making processes. To truly deliver a Health in All Policies approach it will be necessary to change the way the organization thinks and does its business.

3.2 For example, the expectation would be that transport policy and investments in this area will deliver health gain (and vice versa) and that should be led from within that part of the council.

3.3 Using this example further: developing a win/win approach is important. Success should be defined as both "how can health support successful transport policy" AND "how can transport policy deliver health outcomes". The language used may be important: the use of "health" language usually defaults to health care services, so we could consider using "wellbeing instead" as that is an outcome that is universally accepted.

3.4 It is of note that Government have attempted this in the past with a Cabinet Office led approach to health policy, over time this defaulted to a DH led approach. Similar was seen in South Australia where "better health" was a prime concern of the Premier. Similarly here we should be mindful that the responsibility is organisational, not solely the DPH.

3.5 Similarly the work of the planning or licensing committee should consider the possible health gain, or loss, associated with decision making. In this way "health" becomes business as usual for the council. This is a long term project and the difficulty shouldn't be under estimated. Success involves changing cultures, standard operating procedures for a city and challenging the status quo. There are obviously trade-offs and compromises are always necessary.

4. Recommendation

The committee is asked to:

- Give consideration to where energy should be focused first – i.e. of the 10 areas set out in section 3 of the strategy (section 2.1 of this paper), where are there obvious opportunities to focus energy first? Are there other areas we should be looking at too?
- Consider how best to ask other cabinet members or directors to Scrutiny to describe how they are improving health and wellbeing in all SCC processes and policy areas. This may involve working through each portfolio in turn.
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