



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

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Report of: Director of Public Health

Report to: Cabinet

Date of Decision: 20th September 2017

Subject: Adding life to years and years to life: Director of Public Health Report for Sheffield, 2017

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? Health and Social Care		
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“The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended).”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:

(Outline the decision being sought or proposal being recommended for approval.)

The Director of Public Health has a statutory duty to produce an annual report on the health of the local population. This year's report sets out the three key strategic messages from the Joint Strategic Needs Assessment (JSNA) and why these are priorities for the City's health and wellbeing in terms of their impact on healthy life expectancy and life expectancy: adverse childhood experiences; mental health (across the life course); and multi-morbidity. The report also makes three recommendations to the Council and the CCG for further research as well as reporting on the progress made with the recommendations from the 2016 report. The report will be presented to full Council on 4th October 2017.

Recommendations:

Cabinet is asked to

- (a) note the contents of the report of the Director of Public Health and the recommendations it makes;
- (b) note that the report will be presented to full Council on 4th October 2017;
and
- (c) agree that the report be published on the Council's website after that date.

Background Papers:

- DPH Report for Sheffield, 2017

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: Andrea Simpson
		Equalities: Greg Fell
<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: 20 th September 2017	

**Adding life to years and years to life:
Director of Public Health Report for Sheffield 2017**

1. PROPOSAL

- 1.1 The Director of Public Health has a statutory duty to produce an annual report on the health of the local population. This year's report, which is attached to this report, sets out the three key strategic messages from the Joint Strategic Needs Assessment (JSNA) and why these are priorities for the City's health and wellbeing in terms of their impact on healthy life expectancy and life expectancy: adverse childhood experiences; mental health (across the life course); and multi-morbidity. The report makes recommendations to the Council and the CCG for further research as well as reporting on the progress made with the recommendations from the 2016 report.
- 1.2 The report considers the ways in which the three priorities identified impact on the overall health and wellbeing of the local population and in particular how this is leading to poorer outcomes in relation to: healthy life expectancy (the amount of time we can expect to live in good health); life expectancy (how long we can expect to live); health inequalities (disproportionate burden of ill health and poor wellbeing for people experiencing deprivation and/or other risk factors); and how these issues place an unsustainable, yet largely preventable, burden on health and social care services in the city.
- 1.3 The report makes the following three recommendations to the Council and the CCG for further research:
- **The Council and the CCG** should request Public Health England to co-ordinate further research on identifying and describing the long term return on investment of tackling ACEs and effective primary and secondary prevention models.
 - **The Council and the CCG** should review the Sheffield strategy and evaluate the city's approach to mental health and wellbeing against the current evidence base for high impact/high value interventions, including the economic case for investment in good mental health.
 - **The Council and the CCG** should commission more in-depth epidemiological analysis of changes in multi morbidity and enhance their approach to healthy ageing, including care of people who have multiple illnesses.
- 1.4 The report will be presented to full Council on 4th October 2017 and will be published on the Public Health page of the council's website after that date.

2. HOW DOES THIS DECISION CONTRIBUTE ?

- 2.1 The report of the Director of Public Health contributes directly to the Council's priority of Better Health and Wellbeing, set out in the Corporate Plan.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 There is no requirement for consultation.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 The report focuses on those groups of the population who are most likely to experience poor health and wellbeing and most likely to benefit from improvement.

4.2 Financial and Commercial Implications

4.2.1 There are no financial or commercial implications arising from this report. If there is a need for any further executive decision consequent from the Director of Public Health's recommendations the implications will be addressed in that executive report.

4.3 Legal Implications

4.3.1 The Health and Social Care Act 2012 made amendments relating to public health, including the requirement that a local authority appoint a Director of Public Health, to the National Health Service Act 2006. Under section 73B of the 2006 Act the Director of Public Health has a duty to prepare an annual report on the health of people in the area and the Council has a duty to publish the report.

4.3.2 There are no other legal implications arising from this report. If there is a need for any further executive decision consequent from the Director of Public Health's recommendations the implications will be addressed in that executive report.

4.4 Other Implications

4.4.1 The report focuses on the key priorities and actions needed to improve the health and wellbeing of the local population.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 The Joint Strategic Needs Assessment (including detailed health needs assessments) and an analysis of our performance against the 159 indicators that make up the national Public Health Outcomes Framework were used to identify the three main priorities for improving health and wellbeing in the local population and these formed the basis of the report accordingly.

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. This year's report includes three such recommendations addressed to the Council and the CCG. This year the recommendations are based on areas for further research.

