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A MATTER OF LIFE AND HEALTHY LIFE

Director of Public Health Report
for Sheffield 2016



5 words to remember

- Opportunity
- Value
- Total
- Transforming
- Integration



What is a DPH report?

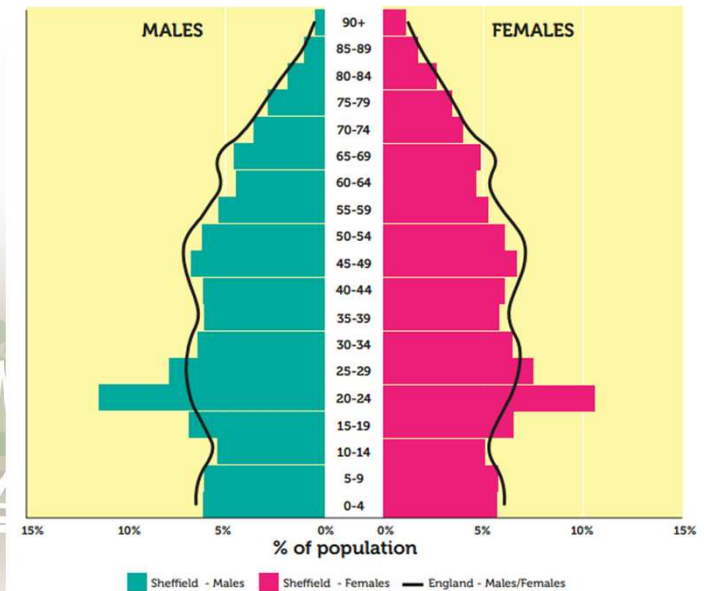
- Forward looking - recommendations
- Opportunity to take stock
- THIS report -
 - Deliberately light on data - there's plenty of it elsewhere
 - Combined with Joint Strategic Needs Assessment
 - The story and narrative is more important



Population

- Growing - birth rate and inward migration
- Expected to grow by 1% per year for next 10 years
- Rate of growth varies in different age groups. This presents some challenges
- Increasingly diverse. 17% BME
- Many peculiarities - 20-24 age group. Student population. High retention
- Future projections are difficult & imprecise.

Figure 1: Population by sex and 5 year age group <http://www.myvue.com/offers-savings/kids-am>



Source: ONS Mid 2015 Population Estimates

Health - living longer or healthier: The metrics that really matter

- 80 and rising, but significant inequalities
- Healthy life expectancy is 60 with significant inequalities
- **5 years of poor health vs 15-20 years before death**
- Not just geography
- This isn't a "health" thing. It's a societal thing.

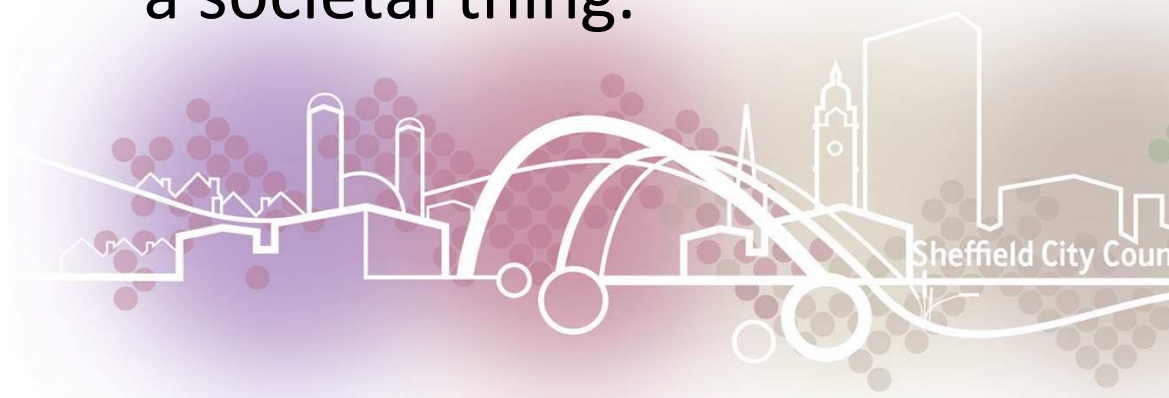
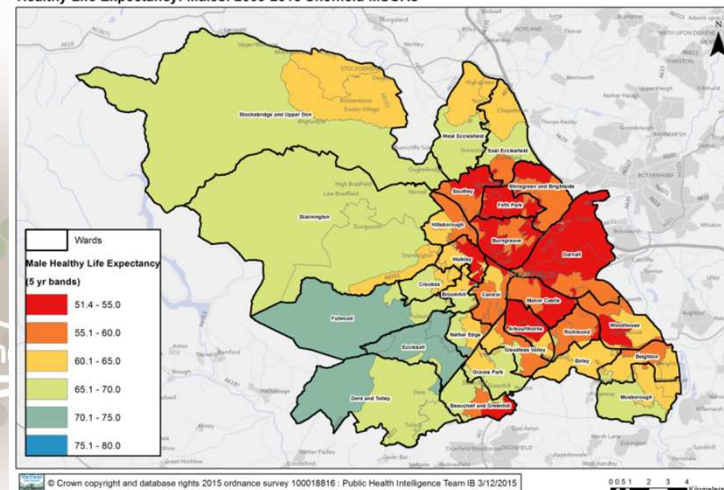
Figure 2: Life expectancy and healthy life expectancy, males and females in Sheffield and England (2012-14)



PHOF Indicator s0.1(i) & 0.1 (ii)

Public Health Intelligence Team, SCC

Healthy Life Expectancy: Males: 2009-2013 Sheffield MSOAs



Death and illness

- A proportion is preventable
- Early death - same picture
- Why this matters:
 - Avoidable suffering
 - Costs of care
 - The right thing to do
 - Productive economy

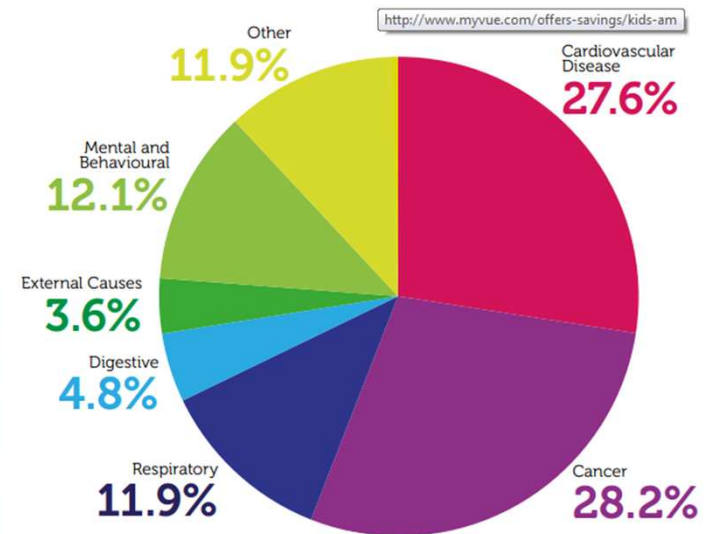


Figure 4: Causes of years lost to disability (YLD)



Source: World Health Organisation Global Burden of Diseases, Injuries and Risk Factor Study 2010
http://www.who.int/healthinfo/global_burden_disease/gbd/en/

Figure 3: Main causes of death in Sheffield (all ages) 2012-2014

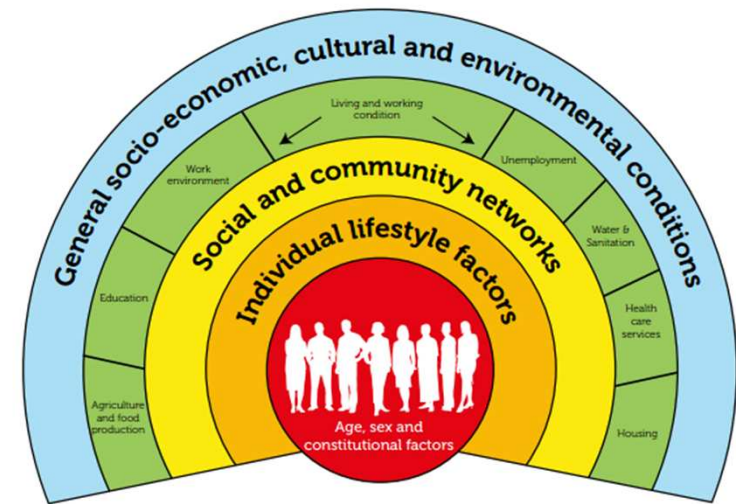


Source: Public Health England Segment Tool

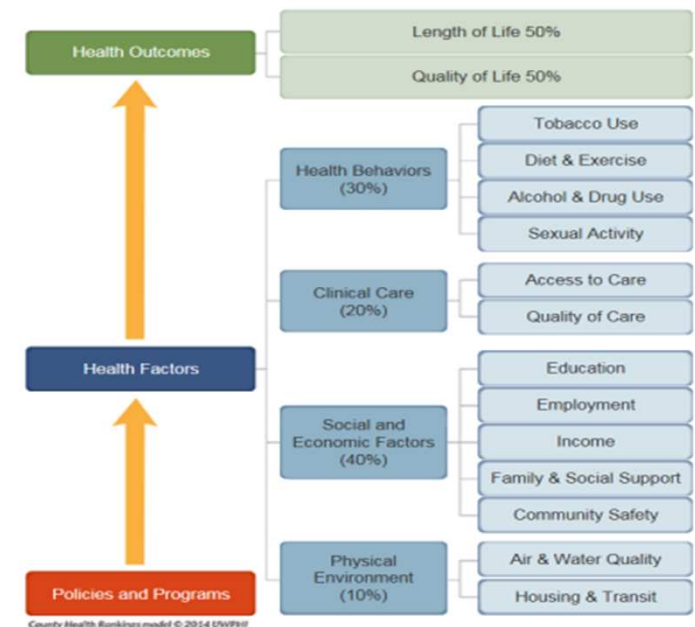
Causes of "health"

- 'Care' is a small contributor to 'health'
- SCC can and does make a significant impact
- The totality of the City's activities may have a material impact on health
- Some immediate, some downstream
- Some direct, some indirect.

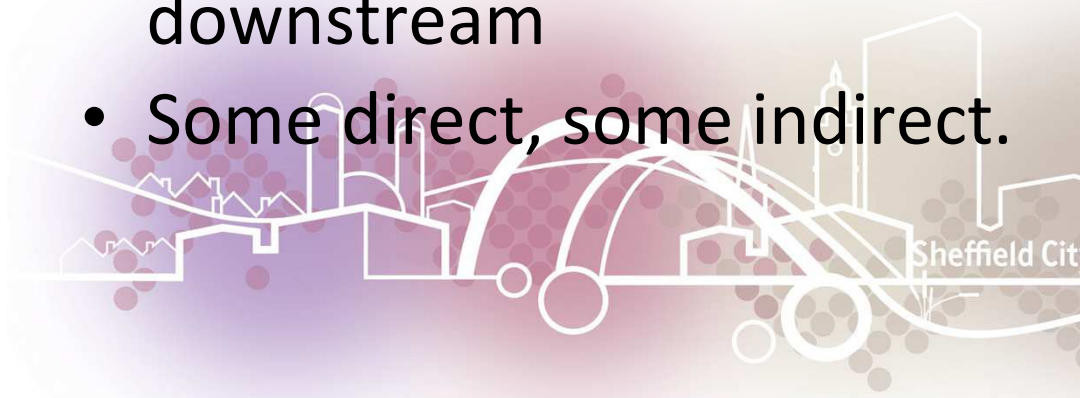
Figure 8: The determinants of health



Source: Dahlgren, G. and Whitehead, M. (1991)
<http://www.esrc.ac.uk/about-us/50-years-of-esrc/50-achievements/the-dahlgren-whitehead-rainbow/>



County Health Rankings model © 2014 UWFSH
<http://www.countyhealthrankings.org/Our-Approach>



Upgrading prevention

- It's the right thing to do
- Social justice
- Future care costs
- Investment in the health of the population is just that – an investment in infrastructure
- Set the tone, the backdrop and the narrative
- Specific interventions – policy context, environment, life chances, lifestyles, care and support.



The best start is the best value

- Development at 22m is excellent predictor of outcomes at 26y
- Not only "health" interventions but the totality of emotional, social and environmental issues
- Some excellent practice
- Some areas for attention
 - Poverty
 - Maternal smoking and helping those that do stop to stay stopped
 - Obesity
 - Dental health
 - Teenage pregnancy - success story everywhere. Keep going



Living well

- Premature mortality is falling – good news
- Inequality & not falling as fast as England
- No single thing - environments, life chances, life styles, primary care
- Need to make the healthy choice the easiest and default choice
- Four things to press on:
 - Employment
 - Neighbourhoods
 - Move more and active travel, smoking
 - Self care



Ageing well

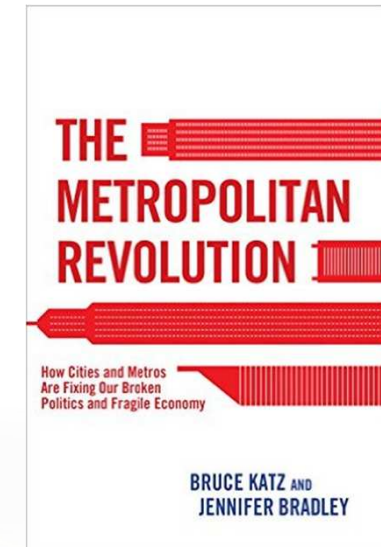
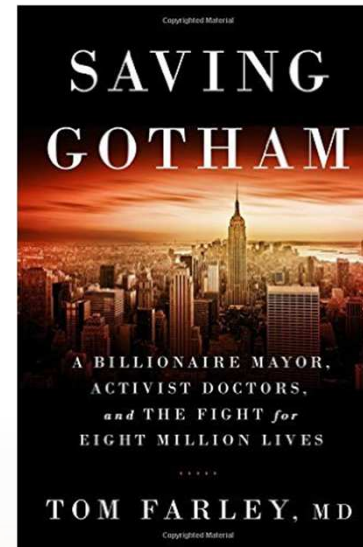
- Starts in childhood
- It is not an "ageing thing" - it's a complex interaction of genes, environment, choices we make
- **The ageing population is not the cause of ever increasing care costs.**



The dividend

Health is needed for:

- Prosperous economy
- Social justice
- Two way relationship



The scope of "public health"

- The things we do in the £34m grant
- The £1.4bn of SCC
- The totality of Sheffield
- The totality of what Sheffield does and the choices we make affect the outcomes we get
- The critical challenge is to increase HLE and challenge inequalities.



Recommendations

1. Appreciative enquiry - what does cutting edge look like in different aspects of health and well being.
2. Rethink health from something that is seen as a cost to something that is seen as an investment in infrastructure.
3. The heart of Sheffield - healthy lifestyles.
4. Neighbourhood model of services. Not just services, but addressing citizen engagement and power.



It will only happen if we make it happen

- Life chances
- Life styles
- Social and built environment
- Neighbourhood and primary care



Back to my 5 words

- **Opportunity** - healthy population is an investment not a cost. Times are hard, this is an opportunity
- **Value** - prevention gives more value, need to change focus
- **The total** - “public health” is not “the DPH” but the total sum of activities across Sheffield
- **Transforming** – moving from an old model of “public health” so something fit for the future
- **Integration** – current model works well. It presents great potential.

More Information

You can view or download the report from the following website:

<https://www.sheffield.gov.uk/caresupport/health/director-of-publichealth-report.html>

You can also use this link to view a progress report on last year's DPH report, explore data about health and wellbeing in Sheffield's wards and neighbourhoods and feedback comments.



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