



SHEFFIELD CITY COUNCIL Full Council

Report of: Director of Public Health

Date: 3rd January 2018

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

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 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 Sheffield Clinical Commissioning Group (CCG) for further research as well as reporting on the progress made with the recommendations from the 2016 DPH report.

Recommendations:

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

Background Papers:

The report is attached. The online version may be accessed from <https://www.sheffield.gov.uk/home/public-health/director-public-health>

The JSNA open data resource may be accessed from <https://data.sheffield.gov.uk/stories/s/fs4w-cygv>

Category of Report: OPEN

Statutory and Council Policy Checklist

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

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 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.
- 1.2 The report uses intelligence from the JSNA (available as an open data online resource <https://data.sheffield.gov.uk/stories/s/fs4w-cygv>) to describe how and why (i) adverse childhood experiences, (ii) mental health (across the life course) and (iii) multi-morbidity are so important in terms of their impact on healthy life expectancy, life expectancy, health inequalities and use of health and social care services in Sheffield.
- 1.3 The main thrust of the report is therefore concerned with how best to respond to these issues in terms of the available evidence, taking into account what is already happening in Sheffield, and the opportunities for maximising health and wellbeing outcomes accordingly. A number of priorities for action are identified for each area alongside three recommendations for further research.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

- 2.1 Our analysis for the JSNA shows that life expectancy for men in Sheffield reduced over the latest period analysed from 78.8 years in 2012-14 to 78.7 years in 2013-15 and remained static for women. Both are significantly worse than the national average and for the Yorkshire and Humber region. This trend mirrors recently published national figures which show a slowing down of average year on year gains in life expectancy for England, especially from 2010 onwards.
- 2.2 A similar picture emerges when we look at how long we can expect to live in good health (healthy life expectancy) although the decline is sharper for women in Sheffield than it is for men. The unequal distribution of poor health and wellbeing (health inequalities) also remains. These factors are the main drivers of the unsustainable yet largely preventable growth in demand for health and social care services in the City.
- 2.3 The report considers a number of evidence based policies, initiatives and approaches within each of the three priority areas, focused on the social and commercial determinants of health that overall, would help to "add life to years" (improve healthy life expectancy) and "years to life" (improve life expectancy).

3.0 OUTCOME AND SUSTAINABILITY

- 3.1 In the context of continuing economic austerity and reducing resources, we need to focus our efforts on where we can make the most difference

or have the greatest impact on outcome and on 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 The report recommends maximising the return on investment in relation to adverse childhood experiences, mental health (across the life course) and multi-morbidity as the key means by which to improve health and wellbeing outcomes in Sheffield with the key focus being on prevention and early intervention.

4.0 MAIN BODY OF THE REPORT

- 4.1 The report is attached to this paper. It may also be accessed online at <https://www.sheffield.gov.uk/home/public-health/director-public-health>
- 4.2 The Sheffield JSNA has been updated and this has included publishing the main information as an open data online resource available from <https://data.sheffield.gov.uk/stories/s/fs4w-cygv> . As part of this process, more in-depth analysis was undertaken to help identify where we could and should focus our efforts in terms of the factors that have greatest impact on health and wellbeing outcomes in the population. This included a more detailed analysis of the 159 indicators included in the Public Health Outcomes Framework.
- 4.3 The first main section of the report focuses on ‘**adverse childhood experiences**’ and how, during the early years of a child’s development, such experiences can have an adverse and lasting impact on chronic ill health (physical & mental), unhealthy behaviours, use of health and social care services (and wider public services) and future life chances (such as educational attainment, employment and crime).
- 4.4 The second section looks in detail at why good **mental wellbeing** across the life course is so vitally important to overall health and wellbeing at every stage of life. It underpins how we respond to and cope with life’s challenges. The report suggests that good mental wellbeing is the most valuable asset we can possess and as such, should be given parity of esteem with physical health.
- 4.5 The third and final section of the report considers the impact of the rise in the number of people with more than one long term condition (such as coronary heart disease or serious mental illness), known as **multi-morbidity**. We are beginning to see both an increase in multi morbidity and at earlier onset. This means we are developing more severe ill health earlier in our lives. There is good evidence to suggest that if we can shift the multi morbidity curve downwards we can expect to make significant reductions on pressures on health and social care services at the same time as improving health.

4.6 As well as identifying various priorities for action over the coming 12 months, the report makes three recommendations to the Council and the CCG for further research.

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 three such recommendations (see section 8 below).

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 priority actions are identified in the report that could and are being taken forward to achieve required improvements in health and wellbeing outcomes over the coming months and years. In addition, the following three recommendations are made for further research.

- The **Council and the CCG** should request Public Health England to co-ordinate further research into identifying and describing the long term return on investment and effectiveness of models for preventing ACEs
- The **Council and the CCG** should review the Sheffield mental health strategy and evaluate the city's approach to mental health and wellbeing against the current evidence base for high impact/high value interventions, including developing 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 ways to enhance Sheffield's approach to healthy ageing, including care of people who have multiple illnesses

9.0 RECOMMENDATIONS

9.1 The Council is asked to note the information contained in the report and to support the three recommendations it makes.

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