

**A Matter of Life and Healthy Life
 Director of Public Health Report for Sheffield 2016**

Governing Body meeting

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6 October 2016

Author(s)	Mr Greg Fell, Director of Public Health
Sponsor	Mr Peter Moore, Director of Strategy and Integration
Is your report for Approval / Consideration / Noting	
<p>Noting.</p> <p>Due to the size of the report, it has been included for members in the information pack at item 22k and can also be accessed online at www.sheffield.gov.uk/publichealthreport</p>	
Are there any Resource Implications (including Financial, Staffing etc)?	
N/A	
Audit Requirement	
<u>CCG Objectives</u>	
<p><i>Which of the CCG's objectives does this paper support?</i> To work with Sheffield City Council to continue to reduce health inequalities in Sheffield</p>	
<u>Equality impact assessment</u>	
<p><i>Have you carried out an Equality Impact Assessment and is it attached?</i> No The issues and topics covered by the report relate to all communities in Sheffield although emphasis is placed on those communities most at risk from/vulnerable to poorer health and wellbeing outcomes and on some of the opportunities for improving their health and reducing the health inequalities they experience.</p>	
<u>PPE Activity</u>	
<p><i>How does your paper support involving patients, carers and the public?</i> The report is published and disseminated via a range of media to support ongoing feedback and dialogue on the topics and issues raised. The report is attached as part of the information pack (item 22k) and may be accessed online at www.sheffield.gov.uk/publichealthreport.</p>	
Recommendations	
<p>The Governing Body is asked to note the publication of the report and support the recommendations it makes.</p>	

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1. Introduction / Background

- 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.
- 1.4 A copy of the report is included in the information pack at item 22k. It may also be accessed online at www.sheffield.gov.uk/publichealthreport

2. What this means 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. Implications for the NHS and the Council

- 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.
- 3.3 The report makes the following four recommendations, two of which are addressed specifically to the CCG and the Council:
- i. **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.
 - ii. **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.
 - iii. **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.
 - iv. **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.

4. Recommendations

The Governing Body is asked to note the report and support the recommendations it makes.

Paper prepared by Louise Brewins, Head of Public Health Intelligence

On behalf of Mr Greg Fell, Director of Public Health

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