



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Greg Fell
Director of Public Health, Sheffield City Council

Date: 23rd June 2022

Subject: Developing a New City Strategy: Putting wellbeing at the heart of Sheffield's future

Author of Report: Diana Buckley, Director of Economic Development and Culture and Jen Rickard, Economic Policy Officer
(jennifer.rickard@sheffield.gov.uk)

Summary:

This report sets out plans for a new City Strategy for Sheffield, which will seek to address the key challenges and opportunities facing the city, including inequalities. It summarises some initial findings from the strategy's evidence base that relate to health inequalities and outlines how partners can be involved in the strategy's development.

Questions for the Health and Wellbeing Board:

- How does the Health and Wellbeing Board want to be involved in the process?
- How do individual partners on the Board wish to be involved?
- What future policies and strategies overseen by the Board could align with the City Strategy?
- Are there subjects or themes the Board would like to explore further at future meetings?

Recommendations for the Health and Wellbeing Board:

That the Health and Wellbeing Board are recommended to:

- Note the findings of the interim Economic Evidence Base and the strong links it makes between Sheffield's health and economic, social and environmental factors.
- Note the process for developing a new City Strategy and the opportunities for the Board and partners to be involved.
- Note the role the future City Strategy will play in collaborative working and the opportunity to align new plans and strategies to the City Strategy.

Background Papers:

- Sheffield Economic Evidence Base: A draft report for the Health and Wellbeing Board (Appendix 1)

Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

The City Strategy will support the delivery of all the ambitions within the Health and Wellbeing Strategy and it is expected that one of the overall indicators of success for the work will be to reduce health inequalities.

Who has contributed to this paper?

Jen Rickard, Economic Policy Officer, Sheffield City Council

Dan Spicer, Policy and Improvement Officer, Sheffield City Council

Diana Buckley, Director of Economic Development and Culture, Sheffield City Council

Greg Fell, Director of Public Health, Sheffield City Council

DEVELOPING A NEW CITY STRATEGY: PUTTING WELLBEING AT THE HEART OF SHEFFIELD'S FUTURE

1.0 SUMMARY

1.1 This report sets out plans for a new City Strategy for Sheffield, which will seek to address the key challenges and opportunities facing the city, including inequalities. It summarises some initial findings from the strategy's evidence base that relate to health inequalities and outlines how partners can be involved in the strategy's development.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 The link between health and social, economic and environmental factors has been well established. These factors, known as the wider determinants of health, include education, skills, income, employment, the built and natural environment and communities.¹

2.2 Put simply, the link between health outcomes and the social inequalities that occur because of the wider determinants is strong and persistent. Addressing the wider determinants of health will help improve health inequalities as well as overall health.

2.3 However, tackling the causes of social inequality are complex: issues affecting an individual can overlap, inter-relate and occur over a long period of time. Furthermore, many issues cut across different organisations and sectors. Concerted, systematic action is needed across multiple fronts to address the causes of health inequalities.²

2.4 The development of a new City Strategy for Sheffield presents an opportunity to place health and wellbeing at the heart of the city's future. The strategy will provide a coherent long-term framework for partnership working and facilitate more joined up working between partners across a range of policy areas, including those that affect health inequalities.

3.0 THE NEED FOR A NEW CITY STRATEGY

3.1 The relationship between health and social inequalities is well evidenced. The UK's recent experience of the COVID-19 pandemic exemplifies the systematic relationship between health and socio-economic factors: people in the poorest areas of the UK were four times more likely to die of COVID-19. Some groups including young people, disabled people, women, ethnic minority communities and care home residents were disproportionately affected by the virus itself or the knock-on social and economic impacts as the country responded to the pandemic.³

¹ Public Health England, [Health Profile for England 2021 \(phe.org.uk\)](https://www.phe.org.uk)

² Kings Fund, 2020, What are health inequalities? [Available here.](#)

³ Health Foundation, 2021, '[Unequal pandemic, fairer recovery - The Health Foundation](#)

- 3.2 In addition to inequalities, Sheffield is also seeking to address other fundamental and complex challenges which require whole-place solutions. These include:
- Climate change and sustainable growth
 - Poverty and inequality
 - Digitisation, automation and what this means for business, employment, public services and communities
 - Inclusion and tackling discrimination
- 3.3 Tackling these challenges goes beyond one organisation. Sheffield has established partnerships to facilitate joint working across organisational boundaries to try to address these issues including the City Partnership Board and the Health and Wellbeing Board. What is missing is a single, coherent framework that articulates the city's challenges and sets out a vision for the future of Sheffield.
- 3.4 In November 2021, Sheffield City Partnership agreed that partners needed to come together to develop a 'city strategy' which will both enable the city, and empower others, to address these challenges and opportunities. It was agreed that this strategy would incorporate an inclusive economic framework which reflects the new economic context looking at the economy in its widest sense by including wellbeing, health inequalities and environmental sustainability.
- 3.5 The city's experience of the pandemic has opened up a renewed desire for whole-place collaboration: both in terms of the impacts felt from COVID-19 but also the new collaborations and partnerships formed as part of the city's response.
- 3.6 Since the last City Strategy in 2010, the city has changed significantly and so has the way people think about the relationship between people, place and the economy. Instead of economic models which focus on traditional measures such as Gross value Added (GVA) and numbers of jobs and office take-up, approaches such as [community wealth building](#) and the [wellbeing economy](#) place people at the centre of the economy, and take a wider view of the connections that economic activity has to people's health, wellbeing, equality and the environment. The connections between economic growth, social and environmental needs can be illustrated by the [United Nation's Sustainable Development Goals](#) which links poverty, inequality and climate change with decent work and economic growth.

4.0 HOW WOULD A CITY STRATEGY CONNECT TO OTHER STRATEGIC AND POLICY ANNOUNCEMENTS?

- 4.1 Since the City Strategy and Inclusive Economic Framework were agreed in November last year, there have been further economic strategic and policy announcements, which we would seek to align with the City Strategy work.
- 4.2 Sheffield was announced as one of the first Levelling Up regeneration pilots and is working closely with the Department for Levelling Up, Housing and Communities

(DLUHC) and Homes England to identify workstreams that will deliver against the Levelling Up Missions set out in the Government's [Levelling Up White Paper](#). The regeneration pilot is a catalyst for enabling core workstreams to be brought forward to accelerate progress and input into the developing City Strategy.

- 4.3 Of the twelve missions outlined in the White Paper, one mission relates to health inequalities with the aim that by 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by five years. There is a clear link between this mission and the aims of the Joint Health & Wellbeing Strategy: the Board's approach to leading this, and refreshing the Strategy in due course, will be central to Sheffield's work on this mission and a key part of Levelling Up as defined by the Government.
- 4.4 Another mission focuses on wellbeing, stating that by 2030, well-being will have improved in every area of the UK, with the gap between top performing and other areas closing. The scale and breadth of the Levelling Up Missions, ranging from health, education and skills to crime, housing and transport reflect the importance of a whole-place approach to addressing inequalities, where the sum of the factors are greater than the individual parts.
- 4.5 At a regional level, South Yorkshire Mayoral Combined Authority's (SYMCA) key strategy is its [Strategic Economic Plan](#) (SEP), which was developed in collaboration with the four South Yorkshire local authorities including Sheffield City Council. The South Yorkshire Renewal Fund will support the delivery of the ambitions within the SEP. To access this funding, Sheffield City Council need to develop a Place Based Plan setting out investment priorities for the city. Tying together the City Strategy with propositions and potential interventions could unlock significant investment for Sheffield.
- 4.6 There is an opportunity to align these programmes with the City Strategy, creating a single story that strategic partners and businesses can articulate about the city's needs, opportunities, and priorities.

5.0 THE PROPOSED PROCESS TO DEVELOP THE CITY STRATEGY

- 5.1 The approach to developing the City Strategy is underpinned by three principles:
- 1) That it will bring together new ways of thinking to address cross-cutting and complex issues
 - 2) That it will be partner owned, with input and decisions being made by stakeholders throughout the process.
 - 3) That it will be city owned, engaging with communities so that they are at the heart of the process and the final strategy.
- 5.2 The process for developing the strategy can be seen in three phases: evidence and engagement; Strategic development; and consultation and testing.

5.3 Evidence and Engagement: Evidence gathering for the City Strategy forms the foundation for the work. There are two key strands to this that are already underway, one of which focuses specifically on the city's economy:

5.3.1 The *Sheffield Economic Evidence Base*, forms a key part of the evidence base for the City Strategy. This assessment brings together data and evidence from various sources to understand the challenges and opportunities facing Sheffield's economy including, but not limited to, the impacts of COVID. It is also helping to reframe what is regarded as 'the economy' from a policy perspective including health, inclusion, inequalities and climate change. Partners across the city are involved in the steering and working groups overseeing the study. The work is expected to complete by the end of June. An interim report on the findings of this work is appended to this Board report.

5.3.2 *The Community Voice and Insight Commission* will be delivered by the voluntary sector across Sheffield. Conversations will be delivered in communities, using places, methods and approaches which work for them. The aim is to reach a diverse range of people, targeting people who we have not heard from often. It aims to engage people in talking and thinking about the future of Sheffield, testing out and gathering insights around the high-level priorities and identifying shared goals

5.4 Strategic Development

The next phase of development will involve synthesising evidence with ongoing partner engagement and integrating key findings into a draft set of missions and policy and spatial priorities. Themed stakeholder workshops will inform this stage. The workshops will include Sheffield City Partnership Board organisations, community groups, informal networks and wider stakeholders. LACs will also receive an update at their meetings during this phase.

5.5 Consultation and Testing

Building on the community voice and insight work and the relationships which have been formed around this, we will be able to engage around a publicly available draft strategy from November onwards. This will provide an opportunity for a broad range of people to feedback views on the City Strategy.

5.6 Following the consultation stage, it is anticipated that city partners will endorse the new strategy before the end of March 2023.

6 GOVERNANCE

6.1 In terms of governance, the Sheffield City Partnership Board will oversee the delivery of the City Strategy but each of the partners involved will own the strategy and be accountable for the high-level commitments within it. This means future partner strategies and plans will need to support the ambitions set out in the City Strategy.

6.2 The City Partnership Board agreed at their meeting of the 13th May 2022 that a Task and Finish group would be established to oversee the development of the City Strategy. This group would be made up of senior representatives from city partners (not just organisations that are part of the City Partnership Board). It was agreed that Angela

Foulkes, Chief Executive and principal of The Sheffield College would be the chair of the Task and Finish Group.

6.3A reference group will also be established to facilitate wider engagement across the city on the development of the City Strategy.

7 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?

7.1 An interim report of the economic evidence base, appended to this report, sets out some of the economic challenges Sheffield faces. It identifies three over-arching themes for these challenges: Sheffield's productivity challenge; Sheffield's economic and social inequalities; and reducing emission through a just transition. It highlights the importance of addressing the wider determinants of health to both improve health, wellbeing and prosperity at both an individual and city level. For example:

- There are clear links between health and deprivation and these inequalities are widening, with citizens in the most deprived areas having shorter lives, fewer years in good health and higher rates of preventable mortality compared to the least deprived areas.
- During the Covid-19 pandemic, the impacts of child poverty were intensified due to school and nursery closures. The attainment gap between the most and least disadvantaged pupils grew during the pandemic, with the most deprived students less likely to have access to digital devices, the internet, and a quiet place to work at home. This gap in education attainment will serve to maintain existing inequalities and potentially limit future social mobility.⁴
- There was relatively significant drop in happiness levels in Sheffield during the pandemic, greater than the fall nationally and across the Core Cities
- Long-term unemployment negatively impacts people's mental and physical health as does 'bad' work – employment, which is insecure, low-paid, poor quality or stressful. People from marginalised groups are more likely to be unemployed or employed in 'bad' work therefore at greater risk of poor mental and physical health.⁵
- Within Sheffield's economically inactive population, 27% are inactive due to sickness and disability. This shows the impact poor health and disability has on people's work opportunities, which of course in turn widens economic inequalities.
- Inactivity varies between ethnic groups (the Pakistani/Bangladeshi community have the highest proportion of economically inactive residents at 27%) however the biggest gap remains between men and women (17.2% and 22.8% respectively). Intersectional inequalities compound these disparities, with ethnic minority women having the highest levels of economic inactivity (26%) and white men having the lowest levels (16%).

⁴ Ofqual. (2021). Learning during the pandemic: review of research from England. [Available here](#)

⁵ Marmot, M. (2020). Health Equity in England: The Marmot Review ten years on. [Available here](#)

7.2 The report reflects on these findings and suggests policy implications for the city to consider as part of its City Strategy. These policy implications emphasise the importance of an inclusive and sustainable economy for Sheffield's future: an economy which has more good job and work opportunities and more people able to participate in the economy.

8 QUESTIONS FOR THE BOARD

8.1 This report has outlined the process for developing the new City Strategy, including: partner involvement in themed workshops; involvement in the task and finish group and reference group; and partner commitment to the missions set out in the strategy.

8.1.1 How does the Health and Wellbeing Board want to be involved in the process?

8.1.2 How do individual partners on the Board wish to be involved?

8.1.3 What future policies and strategies overseen by the Board could align with the City Strategy?

8.2 This report, supported by the new Economic Evidence Base for Sheffield, has highlighted the inextricable links between health and wider social, economic and environmental factors.

8.2.1 Are there subjects or themes the Board would like to explore further at future meetings?

9 RECOMMENDATIONS

9.1 That the Health and Wellbeing Board are recommended to:

9.1.1 Note the findings of the interim Economic Evidence Base and the strong links it makes between Sheffield's health and economic, social and environmental factors.

9.1.2 Note the process for developing a new City Strategy and the opportunities for the Board and partners to be involved.

9.1.3 Note the role the future City Strategy will play in collaborative working and the opportunity to align new plans and strategies to the City Strategy