



Making Health Everyone's Business

The interaction with big system research

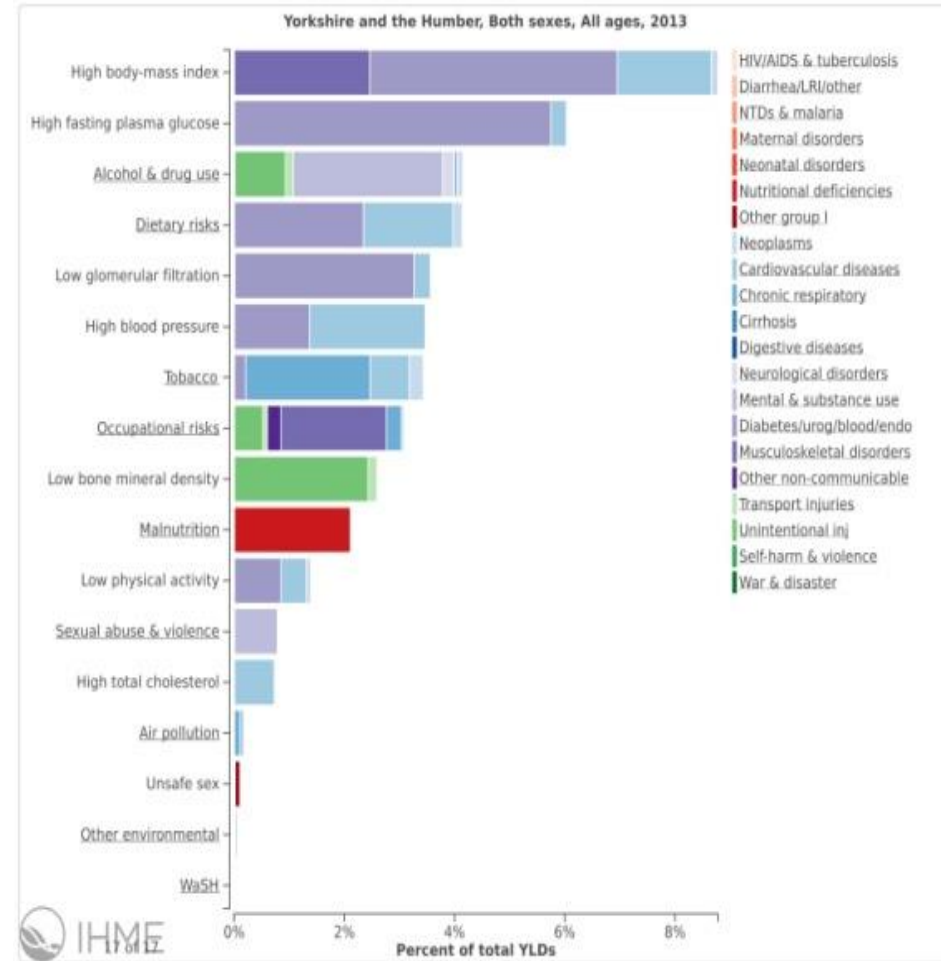
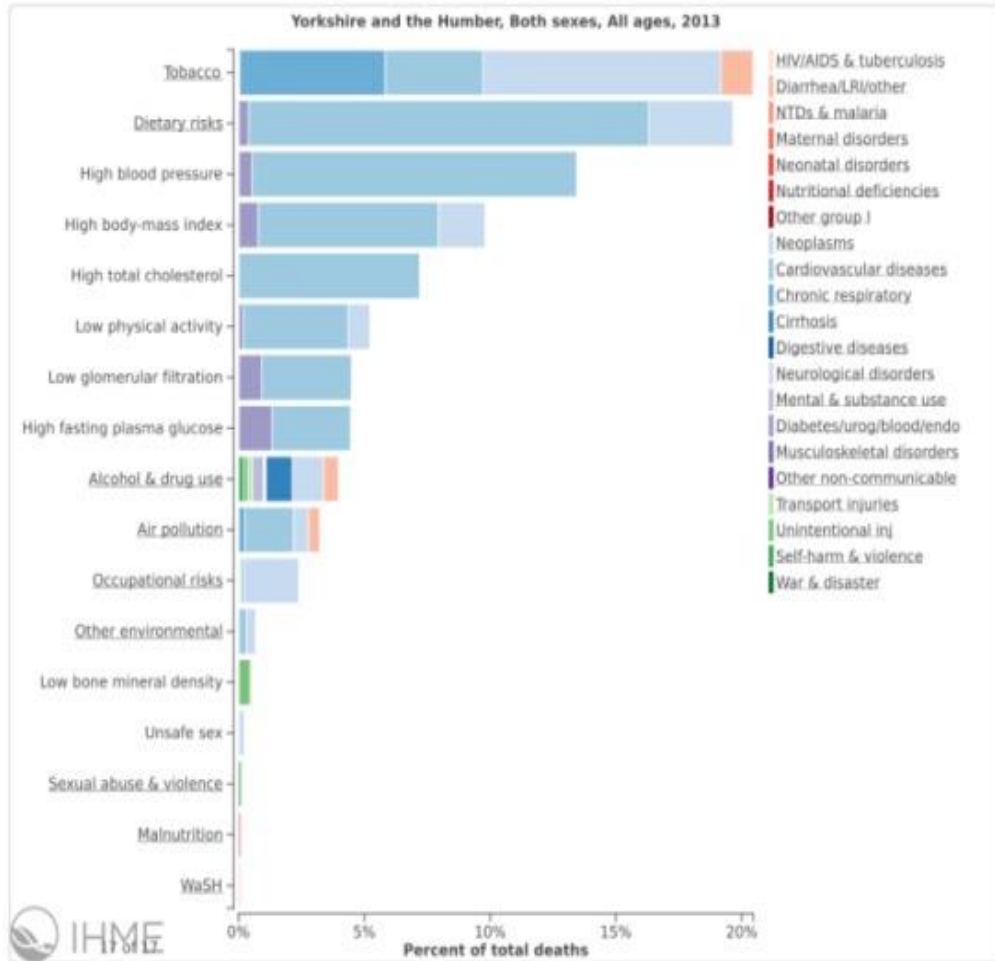
Greg Fell

Director of Public Health, Sheffield

Greg.fell@sheffield.gov.uk

@felly500

If only we knew what made a difference to population health





Or flipped further upstream



Health ≠ the NHS
Determinants ≠ inequalities.
Inequalities ≠ public health

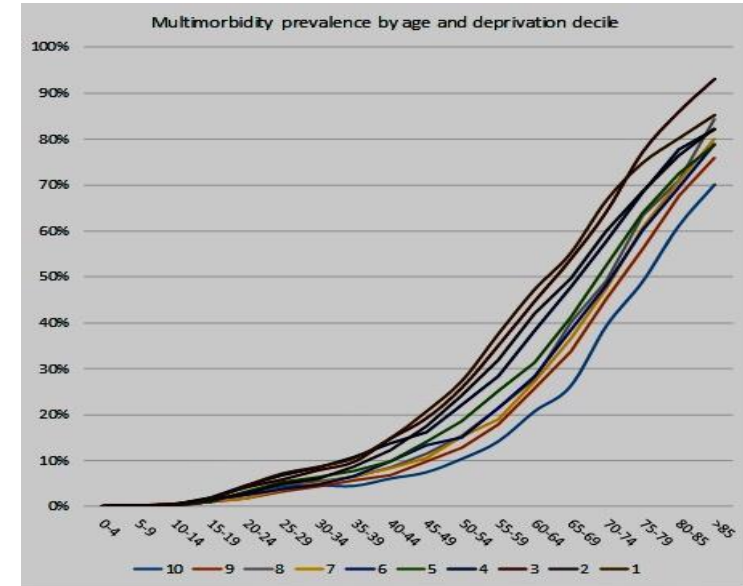
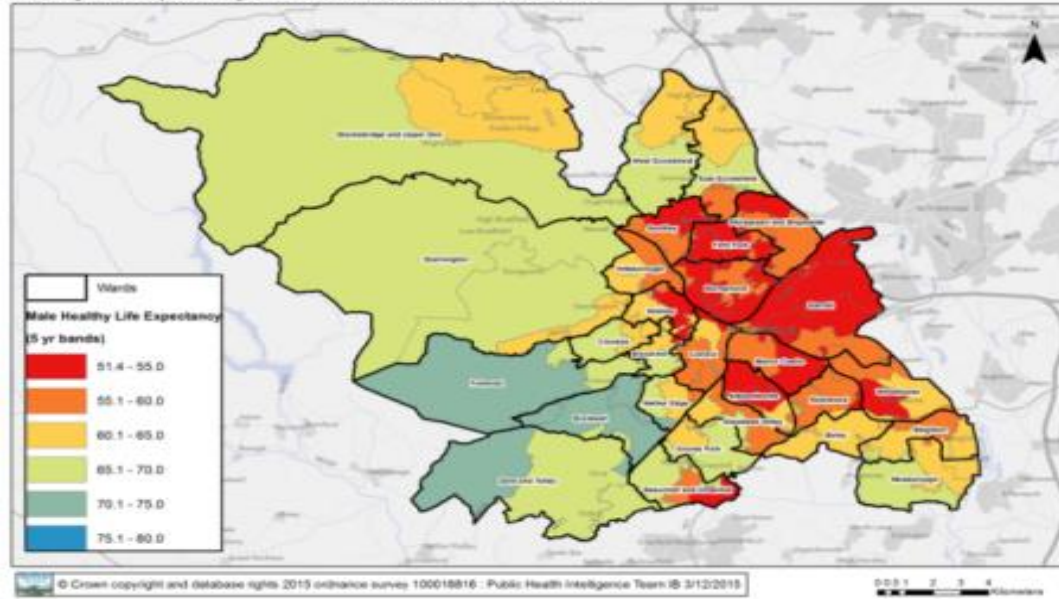


Approach to well being

- Most well being achieved by those who don't have “well being” in job title
- Well being = sum total of income, health, crime, environment, social and economic environment
- The budget for well being = £14bn
- Approach means that macro economics & political ideology more important than epidemiology?

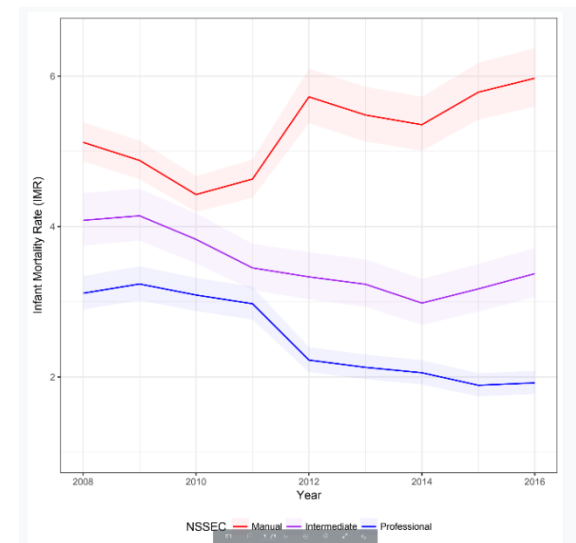
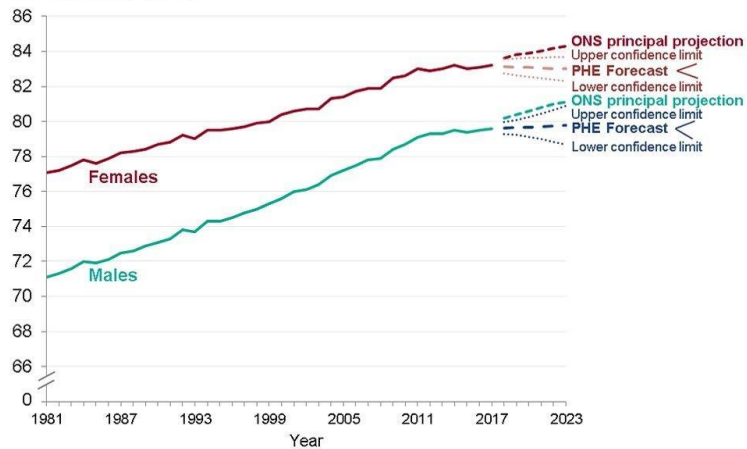
The four most important pictures in health policy

Healthy Life Expectancy: Males: 2009-2013 Sheffield MSOAs



<https://www.bmj.com/content/360/bmj.k1090/rr-2>
https://www.dropbox.com/s/ro703io2d9h6qth/IMR_2016_NSSEC.pdf?dl=0

Life expectancy (years)





Public Health in Local Government in England in 2019

1. Transform PH, from NHS facing to LG facing
2. PH is NOT the PH Grant, but totality of the city activities
3. Stat Duty = to improve health of pop, not to provide some PH services
4. Job = influence the futures that don't yet exist
5. Metric = the gap in h life expectancy
6. Work with and for communities

.....Oh..... And “write a strategy”

We have a population health strategy



- Early Years and School/Life Readiness
- Inclusion in Education
- Post 16 Destinations
- Living & Working Well
- Work, employment and volunteering
- Housing and neighbourhoods
- Transport
- Multi-morbidity
- Loneliness and isolation
- End of life



Issues to consider from a research perspective (1)

- Locate the narrative out of “health”
- ACEs and Inclusive Growth are not “in” (explicitly) our stated strategy
- Weight given to “evidence” (for whom, what type, of what)
- Single discrete intervention vs sprawling social change, over a long period.
- External events, esp political.
- Different constituencies “routes into” an issue. Language and framing (UBI?)
- What are the boundaries of “public health”. When does it become “social policy”. Does this matter?



Issues to consider (2)

- “Being there” matters – when, where and how are the “big decisions” made
- Embedded researchers
 - understand organisational cultures across each of the academic partners and constituencies + the practice partners
 - Rapidly capitalise on links and opportunities
 - Credibility in multiple camps
- (Perceptions of the) certainty of modelling vs expectations of the policy forming / implementing process.
- We are nowhere near our peak collective understanding of the potential power of what we have.