Public Health England

Protecting and improving the nation's health

Making an impact on the public's health and wellbeing in England: Emerging Approaches and Lessons

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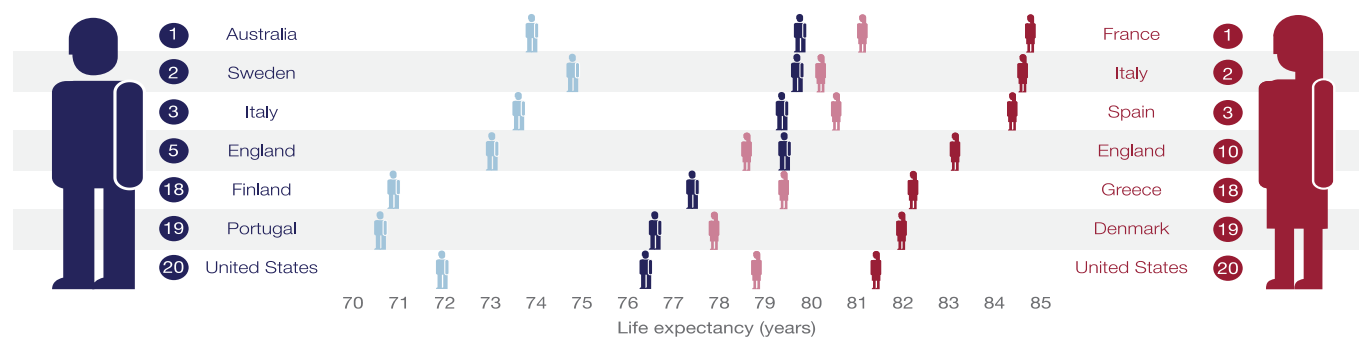
- Envisioning a future for public health

Making an impact on the public's health and wellbeing in England

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Public Health England

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Health and wellbeing in England today. What are the issues?

Life expectancy is increasing

Between 1990-2013, life expectancy in England saw a 5.4 year increase from 75.9 to 81.3 years (one of the biggest increases in EU15+ countries). This is mainly due to falls in the death rate from CVD, stroke, COPD and some cancers.

But what about <u>healthy</u> life expectancy?

- While life expectancy has increased, this hasn't been matched by improvements in levels of ill-health.

- So, as a population we're **living longer but spending more years in ill-health**. For several conditions, although death rates have declined, the overall health burden is increasing. For example:

  - Death rates from **diabetes** fell by 56%, but illness and disability associated with diabetes went up 75%.

  - **Sickness and chronic disability** are now causing a much greater proportion of the burden of disease

  - **Low back and neck pain** is now the leading cause of overall disease burden.

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Understanding the NCD Challenge
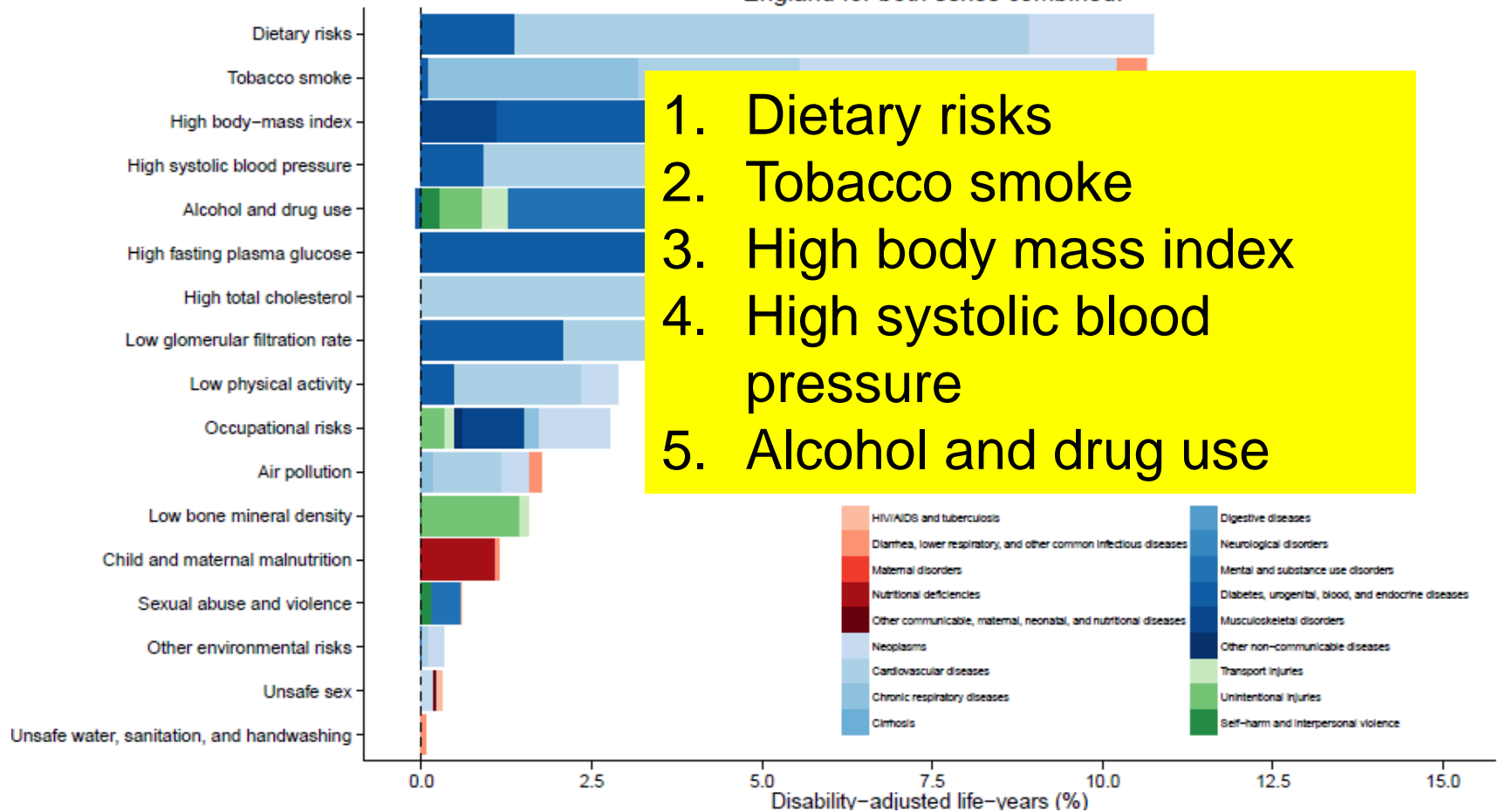## GBD: Leading causes of DALYs 1990 & 2013

Rank 1990	1990 Leading Causes	2013 Leading Causes	Rank 2013
1.0 (1-1)	1 Ischemic heart disease	1 Low back & neck pain	1.1 (1-2)
2.1 (2-3)	2 Low back & neck pain	2 Ischemic heart disease	1.9 (1-2)
2.9 (2-3)	3 Cerebrovascular disease	3 Cerebrovascular disease	3.9 (3-6)
4.0 (4-4)	4 Lung cancer	4 COPD	4.3 (3-7)
5.1 (5-6)	5 COPD	5 Lung cancer	4.9 (3-8)
6.6 (6-8)	6 Falls	6 Alzheimer disease	6.7 (5-10)
8.7 (6-11)	7 Lower respiratory infections	7 Sense organ diseases	6.8 (3-11)
8.9 (6-14)	8 Sense organ diseases	8 Depressive disorders	8.8 (3-14)
9.5 (7-12)	9 Alzheimer disease	9 Falls	9.0 (7-11)
9.7 (5-17)	10 Depressive disorders	10 Skin diseases	9.3 (4-14)

Understanding the NCD Challenge
Leading risk factors driving DALYs 2013

Figure 8a. DALYS attributed to Level 2 risk factors in 2013 for England for both sexes combined.

1. Dietary risks
2. Tobacco smoke
3. High body mass index
4. High systolic blood pressure
5. Alcohol and drug use

Southwark is an exciting and challenging place in which to take on modern public health problems

THE LONDON BOROUGH OF SOUTHWARK

310,000 people – very young and with 55% BME population

- Diverse in terms of culture and socioeconomic outlook: Dulwich, Camberwell, Peckham, London Bridge and Canada Water

- Regenerating rapidly with new office space and housing stock

- Growing with 37,000 more people expected in the next decade

But there are major health and care challenges:

- High levels of population turnover

- London-wide challenges around housing availability, quality and cost

- Hollowing out of the middle: with extremes driving luxury flats vs. social housing and benefits

- High levels of mental health problems, cardiorespiratory disease and unhealthy weight, and significant pressures on sexual health services
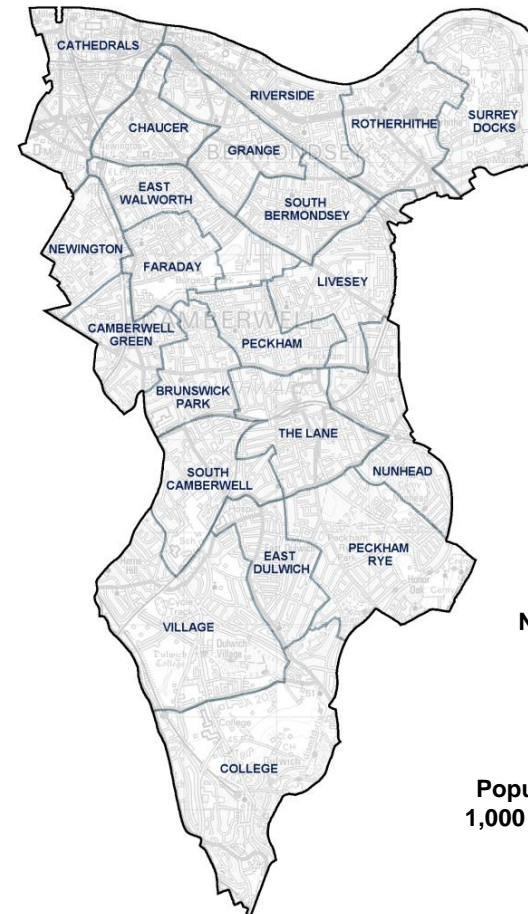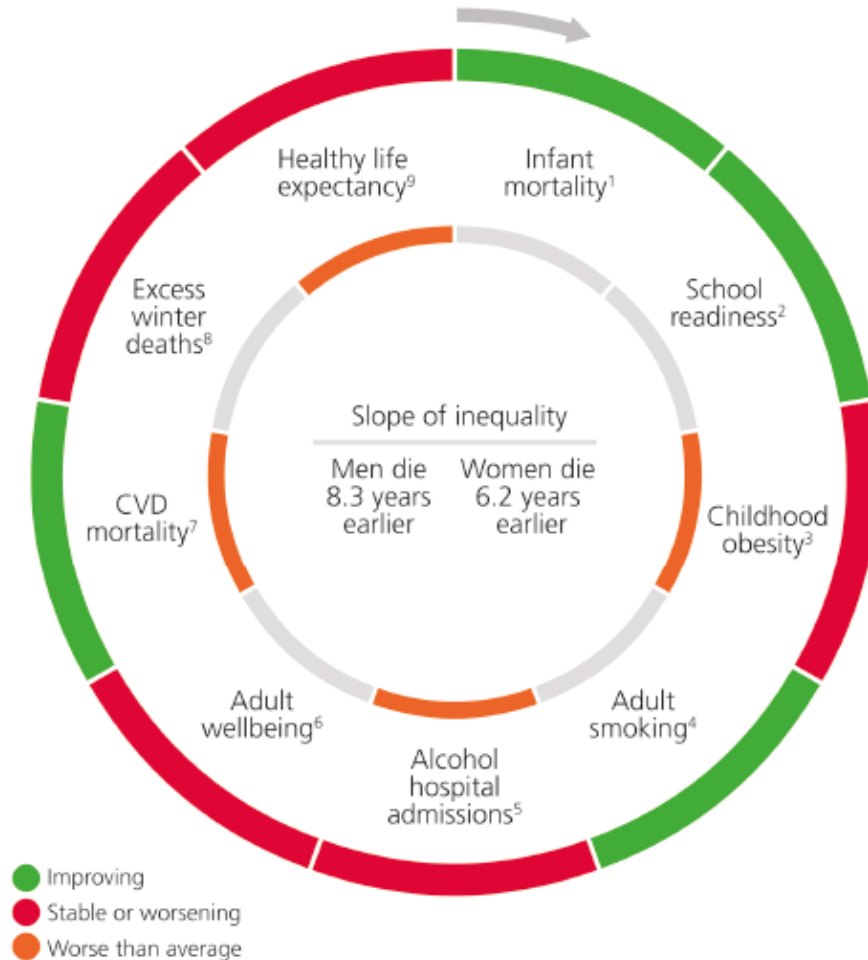
12%
Population increase by 2026

4715
Births in 2016

1148
Deaths in 2016

193
Net migration in 2016

229
Population turn over per 1,000 residents in 2014-15

Southwark Council
southwark.gov.uk

Adding life to years should be our public health ambition

PUBLIC HEALTH INDICATOR DASHBOARD

1 There are 3.2 infant deaths per 1000 live births

2 70.6% of children achieve a good level of developing at 5 years of age.

3 26.4% of children are obese in their first year of school

4 15.9% of adults smoke

5 There are 594 alcohol-related hospital admissions per 100,000 adults

6 18.5% of adults express high levels of anxiety

7 There are 86 deaths per 100,000 adults from cardiovascular disease

8 Southwark demonstrates an 8% higher rate of death during the winter

9 Healthy life expectancy for men is 58.6 years and for women 59.7 years meaning a quarter of people's lives is spent in poor health.

10 Men and women from the most deprived backgrounds die earlier than those from the most affluent.

Note: The arrow indicate the direction of travelling for a specific indicator and the colours show if that indicator is improving, is stable/worsening and/or is worse than average. The slide to be considered as part of the entire PH indicators dashboard slide deck

What about health inequalities?

- While life expectancy has increased overall, there has been **little, if any, improvement** in inequalities:
  - By 2013, those living in the most deprived areas are only just approaching the levels of life expectancy that less deprived groups enjoyed in 1990.

- More deprived groups are **affected proportionally more by disease risk factors** than less deprived groups. The types of disease and risk factor are roughly the same across all deprivation areas however.

- While the data highlights regional differences in life expectancy and disease burden, **inequalities are actually greater within regions** than between them - so largely related to deprivation not geography.

Understanding the NCD challenge
The wider determinants of health

- While individuals' behaviours do matter (for example, studies show around half of the health inequalities between rich and poor are the result of smoking), the reality is that our health is impacted by a range of wider determinants including:

  - Good start to life
  - employment
  - higher educational attainment
  - safe, supported, connected communities
  - poor housing and homelessness
  - living on a low income
  - social isolation, exclusion and loneliness
  - stigma and discrimination
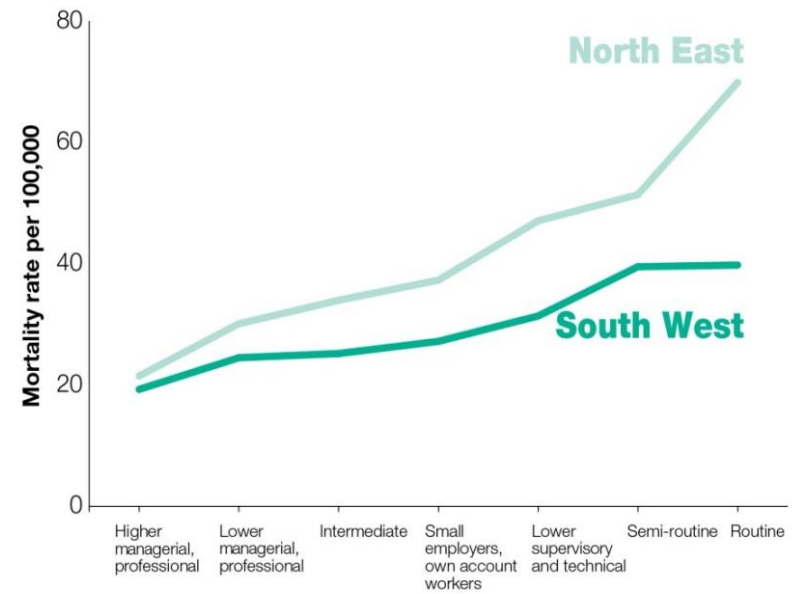
Source: Office for National Statistics[43]

Only one of these two Southwark children born this year will see New Year's Eve into the 22nd century

Educational attainment → **Risk factors and behaviour** → **Healthy life expectancy** + **Life expectancy**

Fewer children eligible for free school meals (FSM) achieve good GCSE grades, affecting their future life opportunities

People from less affluent backgrounds are at much higher risk of facing, and less resilient to, a wide range of risk factors

Is the number of years someone can expect to live in full health - that is without life-limiting disability

Is the average number of years someone's expected to live from a given point in time - such as at birth.

A child from the most affluent areas of Southwark

62% achieve 5x GCSEs A* to C overall

16% adult smoking prevalence overall

69% achieve recommended physical activity levels

6% at age 55, are physically limited in their daily activities who possess a degree

Healthy life expectancy **65 years**

Dies 3 March 2102 **85 years old**

Aged 16   Aged 25   Middle-age

Healthy life expectancy **55 years**

A child from the most deprived areas of Southwark

52% achieve 5x GCSEs A* to C eligible for FSM

23% smoking prevalence among manual and routine occupational groups

50% achieve recommended physical activity levels

44% at age 55 are physically limited in their daily activities, who have no qualifications

Dies 13 February 2095 **78 years old**

Reference: Annual Report of the Director of Public Health.

The role of public health

"The activities that ensure conditions in which people can be healthy. These activities include community wide efforts to identify, prevent, and combat threats to the health of the public. "

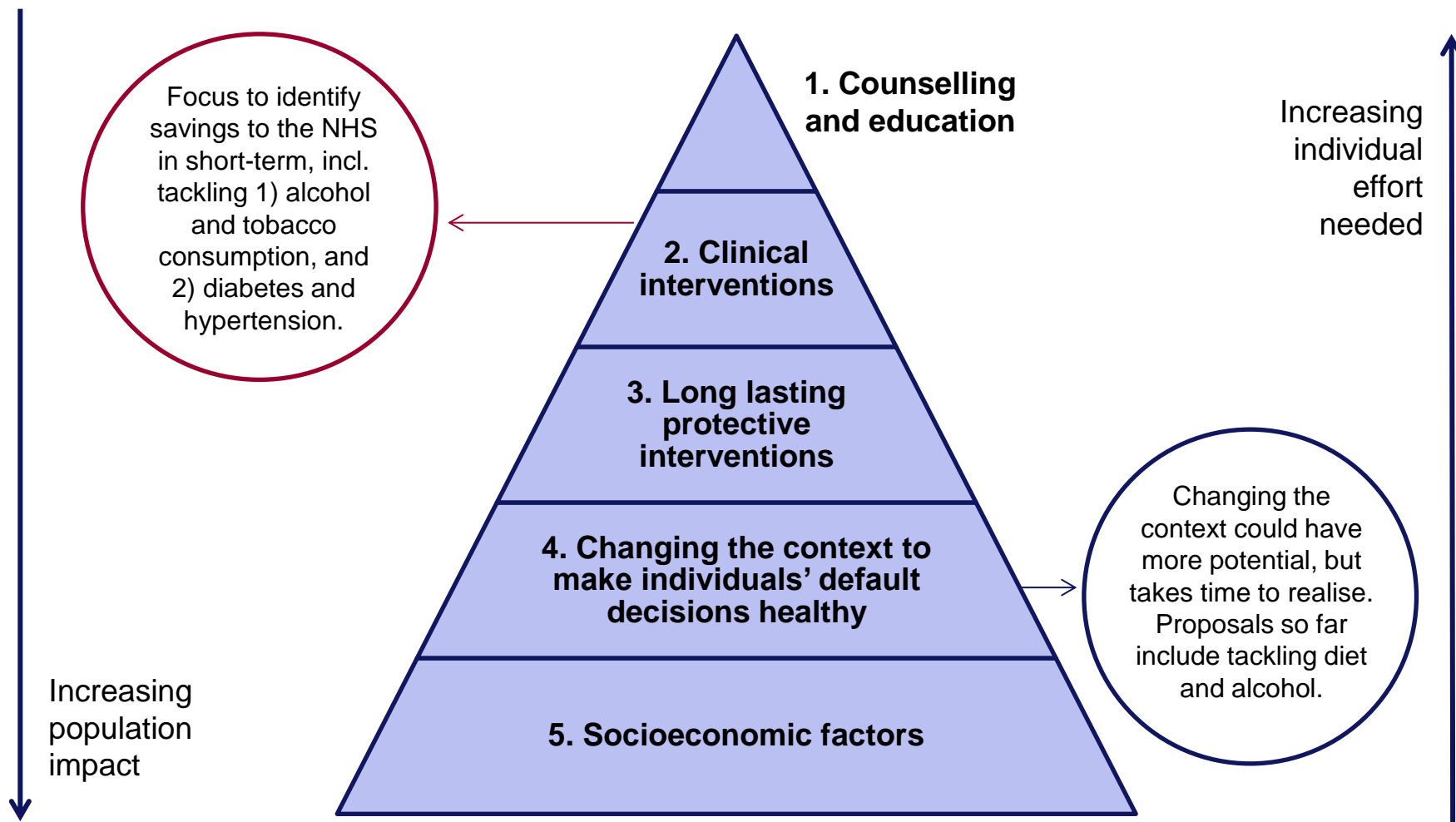- Institute of Medicine Definition of Public Health

Responding to the challenge
Confidence in public health's USP and value add

1. Monitor the **health status** of the community.
2. Investigate and **diagnose health problems** and hazards.
3. Inform and **educate people** regarding health issues.
4. Mobilize **partnerships** to solve community problems.
5. Support **policies and plans** to achieve health goals.
6. Enforce **laws and regulations** to protect health and safety.
7. Link people to needed **personal health services**.
8. Ensure a skilled, competent **public health workforce**.
9. Evaluate **effectiveness, accessibility and quality** of health services.
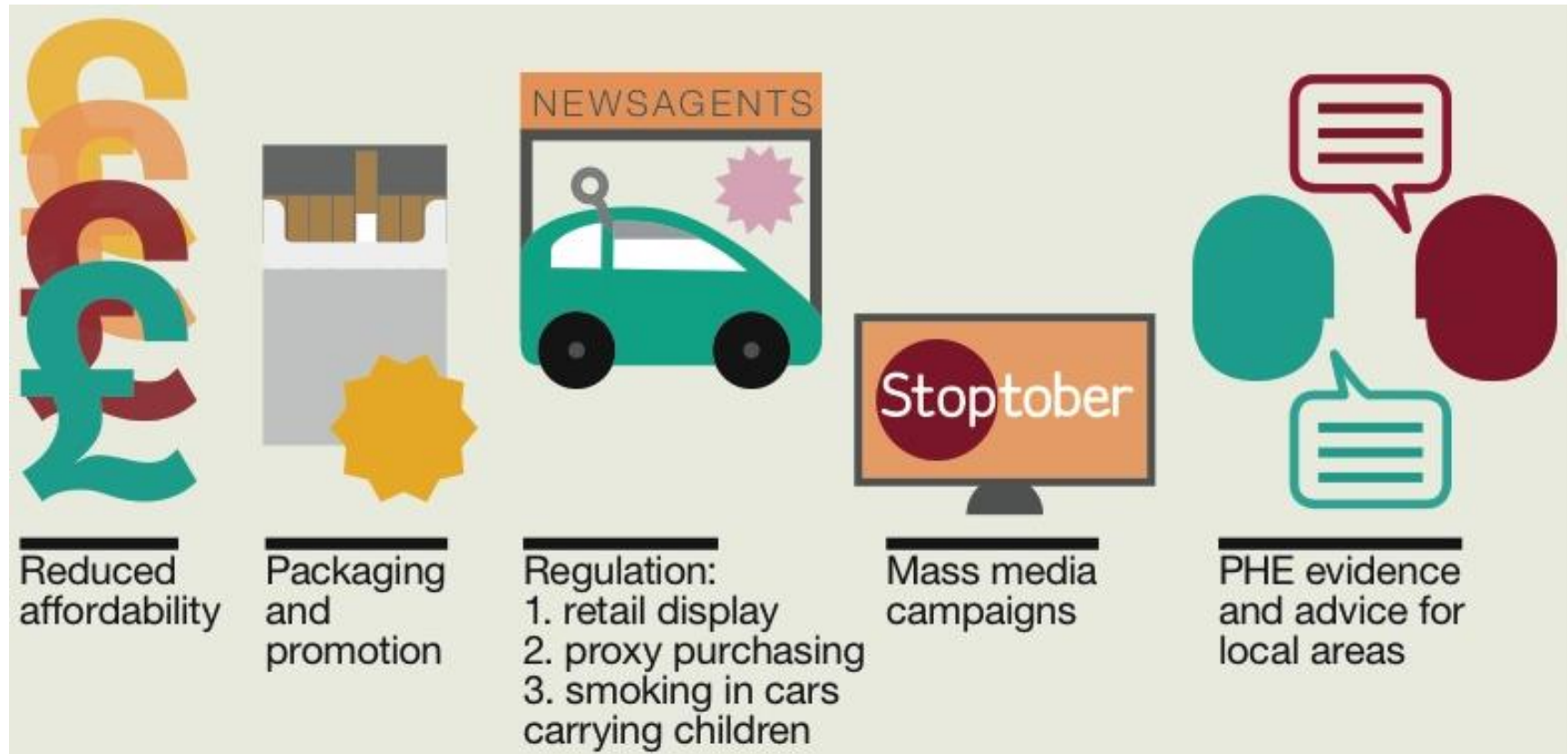10. **Research** and apply innovative solutions.

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Responding to the challenge
Confidence in selecting and combining interventions

1. Counselling and education

Focus to identify savings to the NHS in short-term, incl. tackling 1) alcohol and tobacco consumption, and 2) diabetes and hypertension.

2. Clinical interventions

3. Long lasting protective interventions

4. Changing the context to make individuals' default decisions healthy

5. Socioeconomic factors

Changing the context could have more potential, but takes time to realise. Proposals so far include tackling diet and alcohol.

Increasing individual effort needed

Increasing population impact

Responding to the challenge
Confidence in our advocacy for multi-level interventions

Reduced affordability

Packaging and promotion

Regulation:
1. retail display
2. proxy purchasing
3. smoking in cars carrying children

Mass media campaigns

PHE evidence and advice for local areas

Our priorities for public health action

Emerging priorities for Southwark Public Health

Priority	Area for action
1	**Social Regeneration:** Making urban regeneration work for all communities
2	**Better Care for All:** Supporting the creation of sustainable, high quality, and effective local health and social care systems
3	**Improving Health Outcomes:** Improving health, wellbeing and tackling inequalities for all of Southwark's residents
4	**Making health everyone's business:** Developing and expanding a health in all policies approach in Southwark
5	**Investing in our staff:** Making the Southwark the best place to work for our staff and partners

Our strategic priorities are supported by 3 core values: (1) Tackling inequalities (2) Promoting effective partnerships (3) using data and evidence to inform practice and policies

Opportunities and enablers for improving health and wellbeing

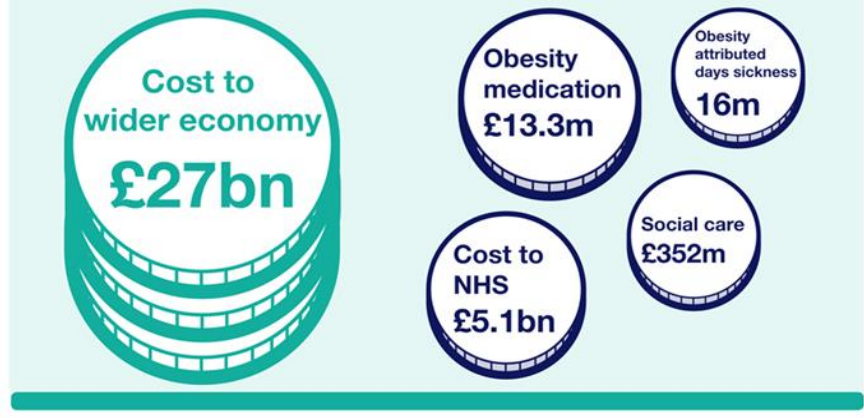# The Five Year Forward View (5YFV)
Calls for a radical upgrade in prevention

- A whole systems approach to tackling rising **obesity** rates

- Diabetes Prevention Programme – an intervention to improve the health of patients at imminent risk of developing **type 2 diabetes**

- Population **behavioural change** through engaging and activating patients to manage their own health

- **Housing and health** – ensuring the right home environment to promote health and wellbeing across the life course

- Tackling health related **worklessness** – work as a clinical outcome that benefits patients

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Responding to the challenge
Whole-system approaches to tackling obesity

The annual cost of obesity

Cost to wider economy £27bn

Obesity medication £13.3m

Obesity attributed days sickness 16m

Cost to NHS £5.1bn

Social care £352m

We need a broad range of actions across a wide range of players:

- Reformulation of food and drink
- Fiscal measures to reduce unhealthy food consumption
- Restrictions on advertising and promotions
- Enhanced planning powers
- Government Procurement Standards for food in public sector organisations
- Access to weight management services
- Public campaigns to support healthier choices
- Promotion of activity (as part of healthier lifestyle)
- Leadership to tackle the new social norms
- A wide coalition with industry and opinion formers

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Responding to the challenge
Housing and health

- Health begins at home

- The right home environment is essential to health and wellbeing, throughout life.

- Key features of a home in which to start, live and age well:
  - Warm and affordable to heat
  - Free from hazards, safe from harm
  - Enables movement around the home and is accessible
  - Promotes a sense of security and stability
  - Support available if needed

A Memorandum of Understanding (MoU) to support joint action on improving health through the home

Responding to the challenge
Work and health

- Good **work is good for health**; being out of work is bad for health

- 28% of the working age population have a **health condition or disability** and 40% (4.5m people) of those are not in employment

- The NHS directly employs around 1.2 million people in England.

- **Staff health and wellbeing** has a direct impact on patient outcomes as well as sickness absence and agency costs.

- PHE is working with NHS England and 12 NHS providers, including CCGs and the GP federation, to develop a response:
  - Using the Workplace Wellbeing Charter as the road map for implementing NICE guidance
  - Rolling out NHS Health Checks for NHS Staff through NHS Occupational Health
  - Tackling the food and physical activity environment across NHS settings

Responding to the challenge
Place based approaches for improving health

- By integrating health, local government, housing and other services across a geographic area, it is possible to **reengineer the system to secure better outcomes** and become sustainable for the future.

- There has been ongoing policy focus on trying to integrate commissioning and provision of health and care services through a variety of initiatives such as:
  - Better Care Fund (BCF); Co-commissioning of primary medical care and specialised services
  - Accountable care organisations/ systems

- Overlaid and joined up with these initiatives, devolution provides further opportunity to deliver services and support joined-up around people's needs.

Public Health England

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Public Health: Past, Present and Future

Public Health: Past, Present and Future

Achievements of the 20th century:

- Vaccinations
- Improved sanitation
- Fewer deaths from heart disease and stroke
- Healthier mothers and babies
- Reduction in tobacco use

Emerging threats of the 21st century:

- Chronic diseases
- H1N1
- New and re-emerging infectious diseases
- Natural disasters
- Climate change

Public Health is everyone's business
Different actions for different outcomes

- **Prevention.** By 2020/21 we will have seen a move to a more concerted focus on prevention and improving healthier life expectancy for all.

- **Devolution.** We will have grasped the opportunities that devolution and a move to a place based focus presents and mitigated any risks.

- **Integration.** Action will be being taken at all levels from the local to the national. There will be recognition that no one level working alone will solve the major public health issues present in our communities and that national and local government have different but complementary roles to play.

Public Health is everyone's business
Different actions for different outcomes

- ## Empowerment. Individuals and communities will be being supported in taking action to remain healthy using an asset based approach. Health protection safeguards will remain in place and the population will continue to have access to high quality screening and immunisation services.

- ## Leadership. Both nationally and locally there will to be effective systems leadership, co-production and action across the public sector, working with and for communities, in tandem with the third and private sectors.

- ## Culture. A new culture will be developing with system leaders behaving and working together in ways that ensure place based action is supported and being nurtured.

What does this mean in practice?
PUBLIC HEALTH IS EVERYONE'S BUSINESS

- Schools
- Employers
- Town planners
- Housing
- Social services
- Blue light services
- Parks
- Leisure services
- Transport
- Community groups and local charities
- Environmental Health

Southwark
Council
southwark.gov.uk

What does this mean in practice?

OUTCOMES BASED COMMISSIONING

A system that incentivises and **rewards hospital-based activity**

Where contracts are allocated against specific care pathways that may neglect those with **multiple morbidities**

A system that's **remote to patients** involving multiple providers operating across unintuitive geographies

Where conditions are treated and there's no explicit reward for **prevention or self-management**

Providers will **work together** and patients shouldn't even notice institutional boundaries

Accountable systems of care promote **good physical health alongside positive wellbeing**

Where the financials reward organisations for **preventing disease** rather than treating it

And where services are **local and sensitive** to areas to which patients instinctively relate.

Conclusions

- Although the prevention challenge is immense, it is achievable, taking a **population and life course approach**

- Implementing those interventions requires local health, care and community partners to work well together and put the achievement of **outcomes for local communities** as the major purpose that binds them together.

- Aligning the **shared ambitions** with local proposals from Health and Wellbeing boards and devolution/combined authorities.

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