Health and Wellbeing - the evolving policy and funding landscape – can we act today for a better tomorrow?

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What am I going to discuss today?

- **What is Public Health? How has it changed with move to Councils.**
- **Priorities and challenges for Public Health in the new world.**
- **How can we close the HWB?**
- **Sustainability and Transformation Plan in support of HWB**
- **What about devolution and inclusive growth? Does the DPH have a role?**
- **Opportunities going forward**

Public Health – challenges and opportunities

What is Public Health?

Challenges Ahead (and behind)

Funding for Public Health

Public Health's role in the prevention agenda

WHAT IS PUBLIC HEALTH?

Public health is everybody"s business. It involves having influence over health and wellbeing, from local health services through to housing, education and transport.

Public health seeks to take action around three key areas:

- Health Protection – action for clean air, water and food, infectious disease control, protection against environmental health hazards, screening, emergency response
- Health Improvement – Wide ranging action to improve health and wellbeing and to reduce health inequalities
- Health Services– Action in service planning and development, strategic development, commissioning support, clinical effectiveness, clinical governance and efficiency – often in support of CCGs

Budgets across the Council and beyond which support delivery of key PH priorities and outcomes

- The **NHS budget** for treatment, prevention and care activities
- **Local authorities' 'ring-fenced' budgets for public health and prevention activities**
- **Local authorities' general budgets** to deliver a range of services including social care and potentially health-enhancing activities (e.g. environmental services) - HIAP approaches
- **Other public sector budgets funding programmes that are potentially health and wellbeing enhancing or that have objectives that potentially support public health outcomes.**

THE"NEW"PUBLIC HEALTH

With the move to Councils, there has been a shift away from a narrow biomedical definition of health to a much broader view that encompasses the social and physical environment as well as individual lifestyles and behaviour.

Localism and IG

Salutogenesis

Health in all policies

Achieving good health outcomes requires healthy communities, not just healthy individuals

Wider Determinants of health

Wellness & resilience

Disparities in health in individuals related to disparities between communities

What are the priorities and challenges

Must dos?

- Effective integration of health and social care
- Improving Prevention/treatment ratio
- Address 5YFV & support development of STP
  - Deliver more in community settings
  - Tackle financial pressures
  - Support ageing well
- Outcomes based commissioning models, not historical patterns
- Generating systems leadership
- Align all resources to need & evidence, e.g., JSNA, PHOF
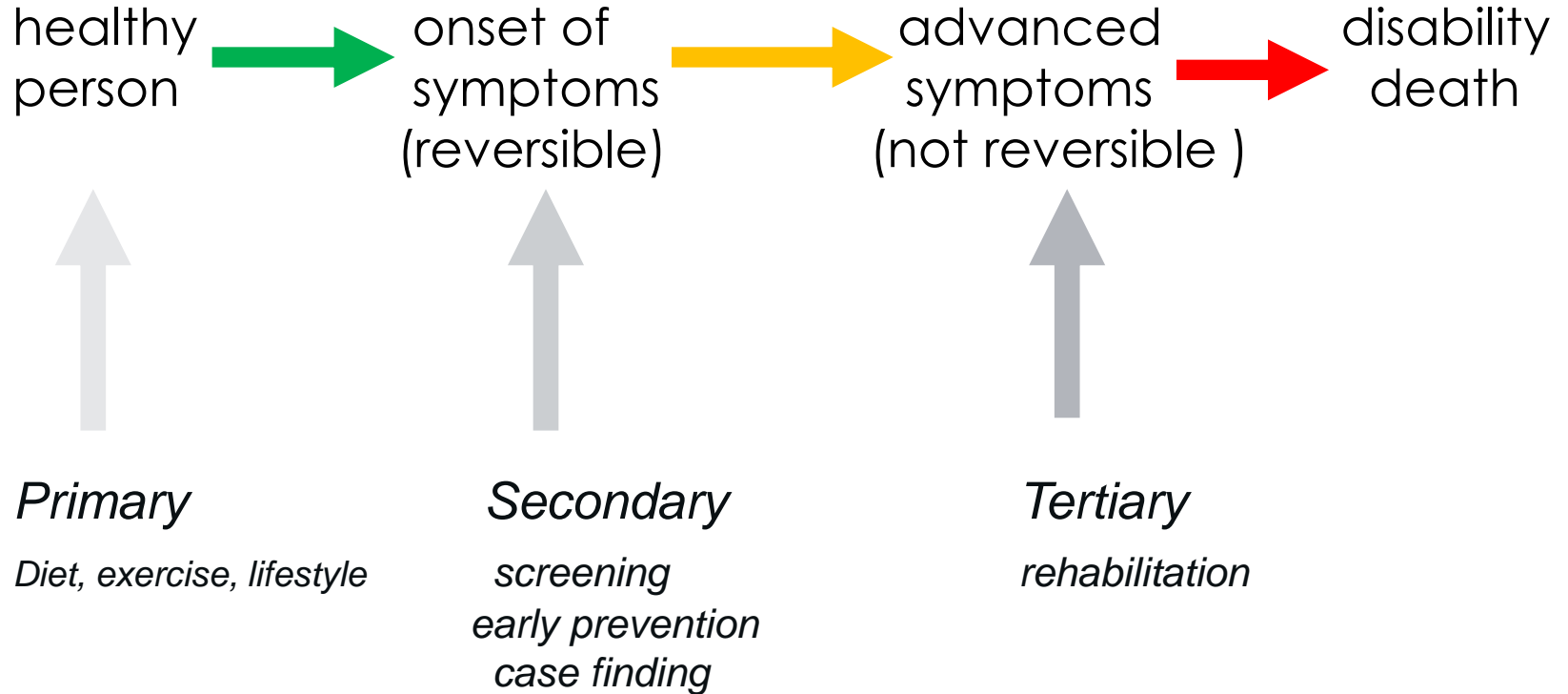- Advances in genomics and drug treatments

Why?

- What we did in the past is no longer sustainable – due to increasing demand and reduced funding
- Money needs to follow need and evidence
- Public Health grant has been cut, so we need other ways to improve HWB.
- Drivers of health care costs (LTCs) can be effectively prevented/managed in new settings (less complex) and by preventing ill-health
- Working upstream can potentially reduce need for expensive treatments or interventions for potentially avoidable conditions – system benefits
- The UK has a growing and ageing "not well" population, creating pressure on services across health and social care.

A little more on funding issues

- King's Fund estimate that rising demand for NHS services will lead to a £30bn funding gap by 2020/21. The government have committed to fund £8bn, with the other £22bn requiring delivery through efficiency savings as set out in the Five Year Forward View.

- The Local Government Association (LGA) project a £15bn funding gap in social care as demand rises against a backdrop of reduced funding.

- Across the UK, commitments to prioritise ill-health prevention and public health are not matched by funding commitments. The initial increase in the public health grant since 2013/14 has been followed by some significant cuts; first, with an in-year cut of 6.2% (£200 million) to the grant for 2015/16, and then with real-terms cuts averaging 3.9% a year until 2020/21 (equating to a 9.6% reduction).

Classical view of prevention

healthy person → onset of symptoms (reversible) → advanced symptoms (not reversible) → disability death

Primary

Diet, exercise, lifestyle

Secondary

screening
early prevention
case finding

Tertiary

rehabilitation

Jason's story – Systems and societal thinking

Why is Jason in the hospital?   Because he has a bad infection in his leg.

But why does he have an   Because he has a cut on his leg and it got infected.
Infection?

But why does he have a cut   Because he was playing in the junk yard next to his
on his leg?   apartment building and there was some sharp,
                                        jagged steel there that he fell on.

But why was he playing in   Because his neighbourhood is kind of run down.
a junk yard?   A lot of kids play there and there is no one to
                                        supervise them.

But why does he live in that   Because his parents can't afford a nicer place to
 neighbourhood?   live.

But why can't his parents   Because his Dad is unemployed and his Mom is
Afford a nicer place to live?   sick.

But why is his Dad   Because he doesn't have much education and he
unemployed ?   can't find a job.

Towards a Healthy future : second report on the health of the Canadians (1999)

Addressing health and wellbeing

The reasons for integration

The Big Player in the game - Health & Wellbeing Board's role

New ways of working – What is happening out there?

Five Year Forward View

Devolution, new models of care, Sustainability and transformation Plan

Systems thinking

Drivers for improving health and wellbeing
"Do the right thing, in the right place, with the right person and at the right time" (Gesunde Kinzigtal)

What are the problems we are trying to solve?
- Separate Health and social care systems which is costly, wasteful and inefficient.
- Older, less well population
- Cuts in social care increasing pressures on health services
- Benefits not distributed equally

Solutions?
Development of social and societal solutions - keeping individuals out of more complex care settings by maintaining health and wellbeing:-
- *Proactive, preventive* care which brings health and social care closer together
- *Person centred care around needs of patient* which is *coordinated* and embedded into day-to-day lives of individuals
- Focus on service and client *outcomes* <u>and</u> best *use of resources*

Some ways of addressing this
- HWBB
- Devolution and local health and wellbeing systems - Devo-Manch – the Northern Powerhouse – holistic needs
- Better care Fund
- 5YFV new models of care/Vanguards
- Scandinavian models
- STP and Five year forward View – NHS view

Live issues
- Transformational change is difficult – communication is key – partners, stakeholders, frontline staff, patients – financial issues – integrated responses

HWBB – a driver for change and systems thinking
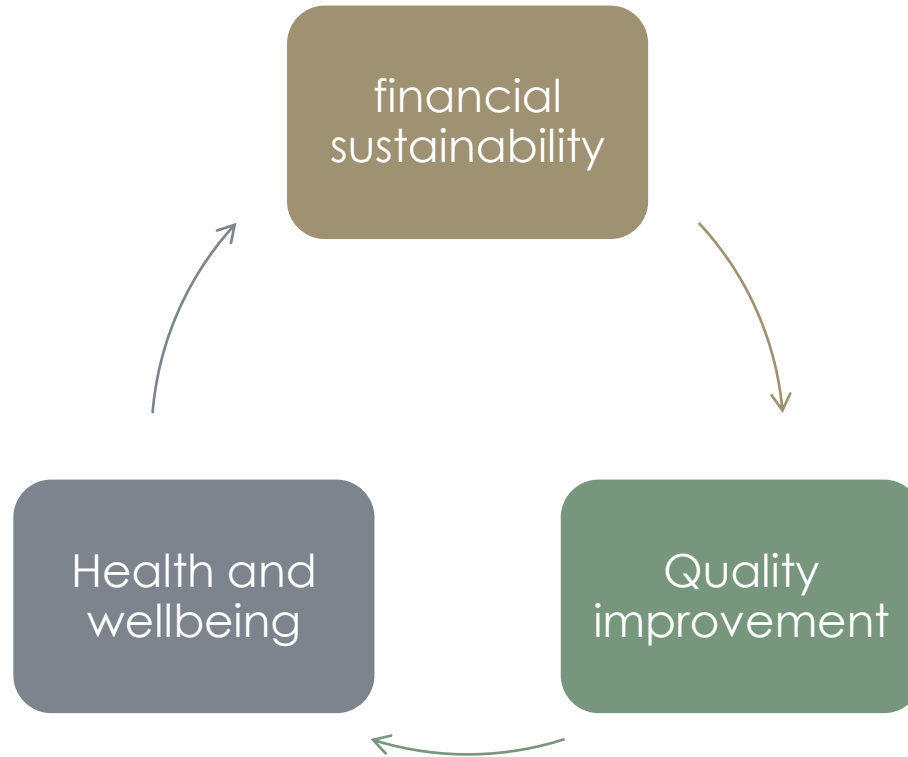
The purpose of Board is to:

- **Take strategic decisions about health and well being to improve outcomes**
- **Develop understanding of local needs of population and setting clear priorities to improve health and wellbeing through a plan called the Joint Health and Wellbeing strategy (JHWS)**
- **Coordinate and integrate health and social services**
- **Oversee CCGs commissioning role and providing commentary to NHSE about performance of CCG**
- **Promote integration and partnership working, including joint commissioning and best use of pooled budgets**
- **Ensuring user views are not only heard but acted upon**

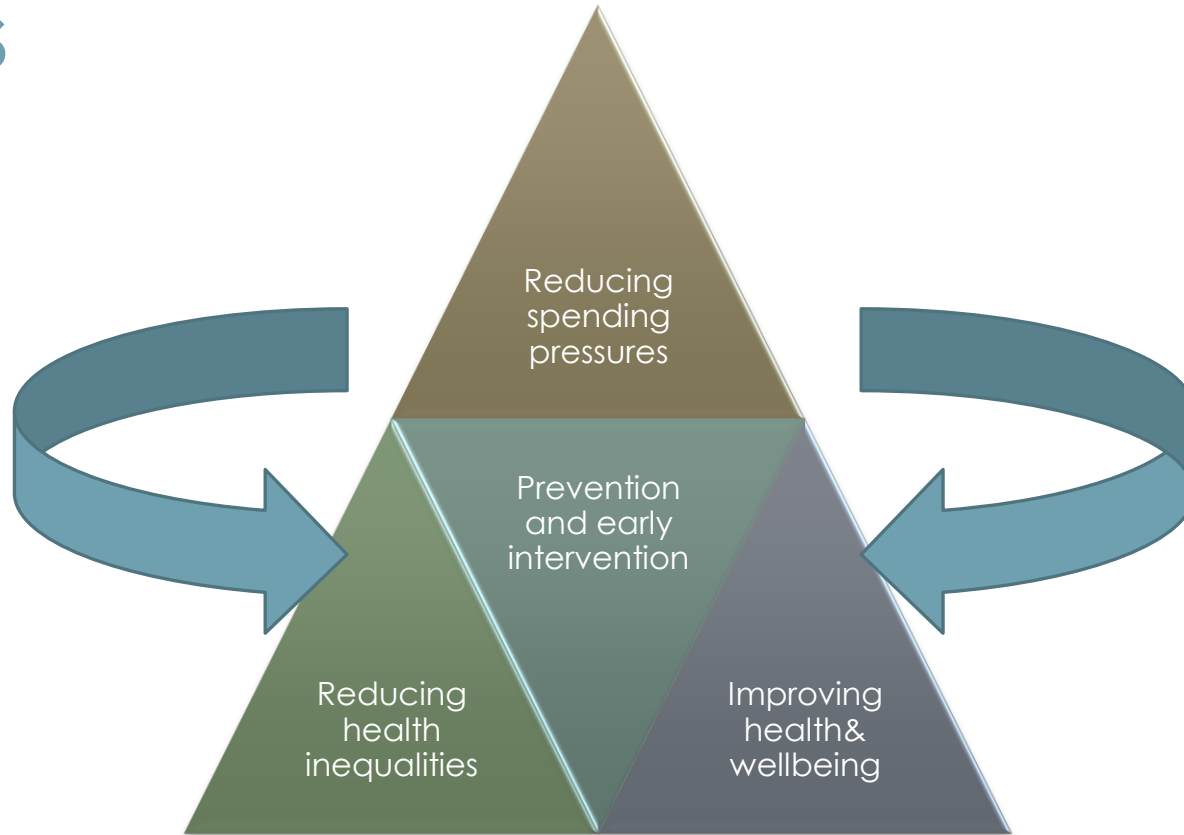# The Sustainability and Transformation Plan

Planning guidance

o **Integration:** Plans for health and social care integration to be in place by 2017 and implemented by 2020. A range of models are supported.

o **Focus on place and population health – system wide planning based on (1) sustainability and (2) transformation**: Through 5 year STP, local leaders must demonstrate how they will address the "triple aim" of 5YFV

  ▪ **Closing health & wellbeing gap**

  ▪ **Transforming quality of care**

  ▪ **Achieving sustainable finances**.

o **Integrated commissioning**: Drive to more 'strategic' commissioning and blurring between commissioning and provision

"Mind the gaps"

Prevention can help close all the gaps

HWB implications of NHS Planning guidance?

o Emphasis on system-wide NHS planning through STP, developed over Derbyshire "footprint"

o Some emphasis on increasing investment in "addressing the health and wellbeing challenge" through better prevention, increasing wellbeing and increasing focus on early intervention(e.g., early cancer detection, diabetes self management, obesity). But beware business as usual

o Continued development of BCF as mechanism to support integration and reduce rates of hospital admission.

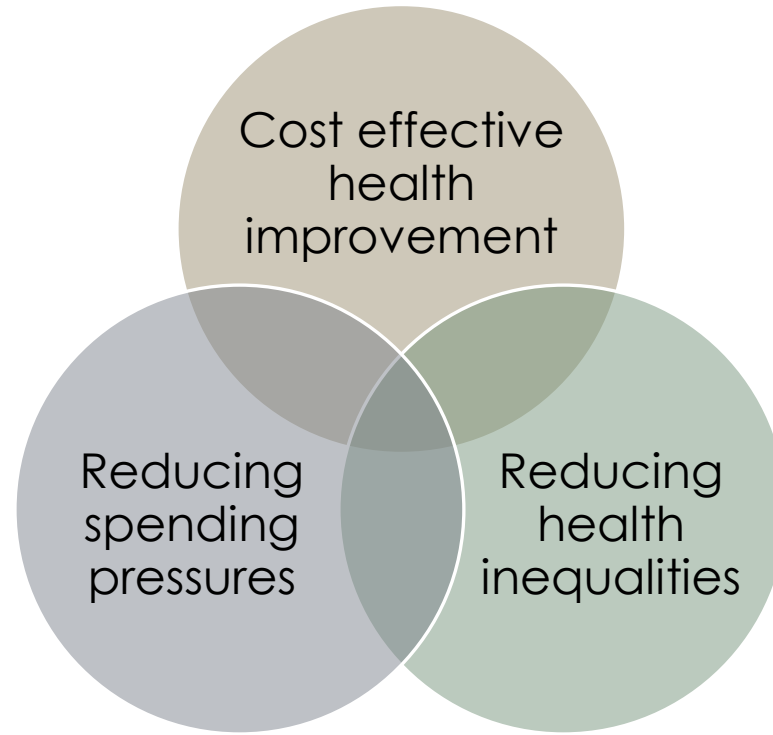o Openness to new approaches to commissioning / contracting/delivery in local areas–ACS.

What are the opportunities in working in systems?

o **STP is a place based plan** – so there could be a significant step towards delivering population health and supporting new models of care/ local delivery that make local sense.

o But must be more emphasis on "**transforming lives"** rather than just transforming services – interaction between place and person

o Opportunity for PH to be involved in shaping & influencing future system

o HWB gap is one of 3 "gaps'': so STPs should demonstrate a radical upgrade in prevention. **Wanless's concerns about increasing burden of avoidable ill health becoming more relevant**.

o New opportunities for HWBB(s) to **promote integration of health and care**

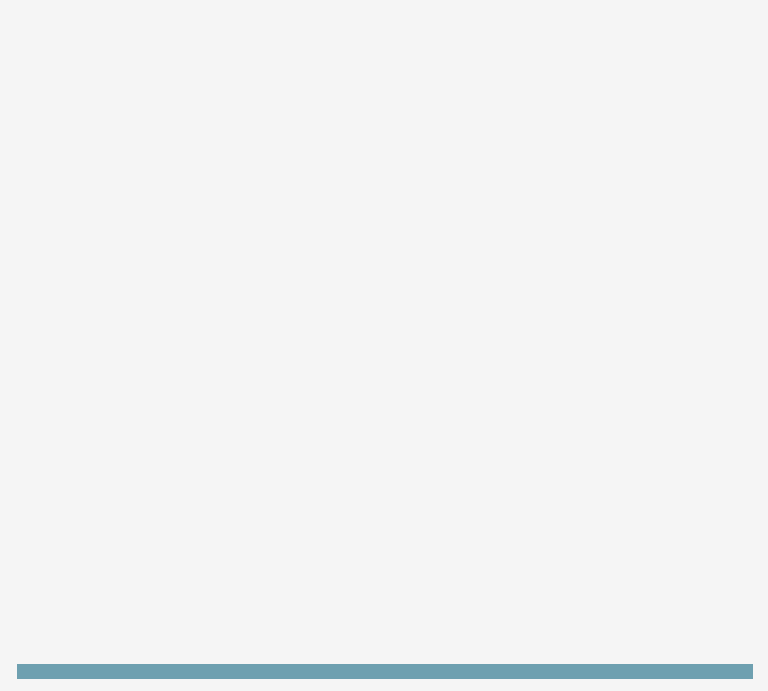o **Public Health expertise can have greater influence to support**

What is the role of the Health and Wellbeing Board?

o Duty to encourage the integration of health and care

o Duty to understand the health and care needs of the local population (JSNA)

o Duty to prepare and publish a plan to meet the health and care needs of the local population (JHWS)

- **But in relation to the STP?**

  ➢ Influence STP development? Health & wellbeing inequalities

  ➢ Help implementation of the STP?

  ➢ Role in oversight of the STP? Critical friend?

  ➢ Provide links and understanding of wider H&WB and wider determinants role in people's health

  ➢ Safe "space" for wider debate and discussion by system leaders.

Identifying best buys in prevention

Cost effective health improvement

Reducing spending pressures

Reducing health inequalities

Devolution and Inclusive growth – health & wellbeing and the role of the DPH

We live in an unequal society

Devolution health & wellbeing benefits

- More able to affect the use of public resources to improve their health and well-being.
- Just the process of getting involved, together with others, in influencing decisions, builds social cohesion which leads to health benefits
- Having influence and control has psychological benefits and reduce the adverse health effects of stress

Why do devolution?

- Devolving powers enables areas to have a bigger impact, more quickly, on the health, wealth and wellbeing

- Allows devolved areas to respond to the needs of local people by using their experience to help change the way we spend the money

- Improves co-ordination of services to tackle some of the major challenges supporting physical, mental and social wellbeing

What does it mean?

- By integrating governance

- By integrating planning: working across CCGs, local authorities and trusts in

- By integrating delivery: by doing best practice at pace and scale

Devolution isn't just about health & social care

The roots of poor health are found across society and the public service – we need to do more than just respond at the point of crisis. This requires integration of not just health and care, but contributing wider public services focussing on health, wealth and wellbeing

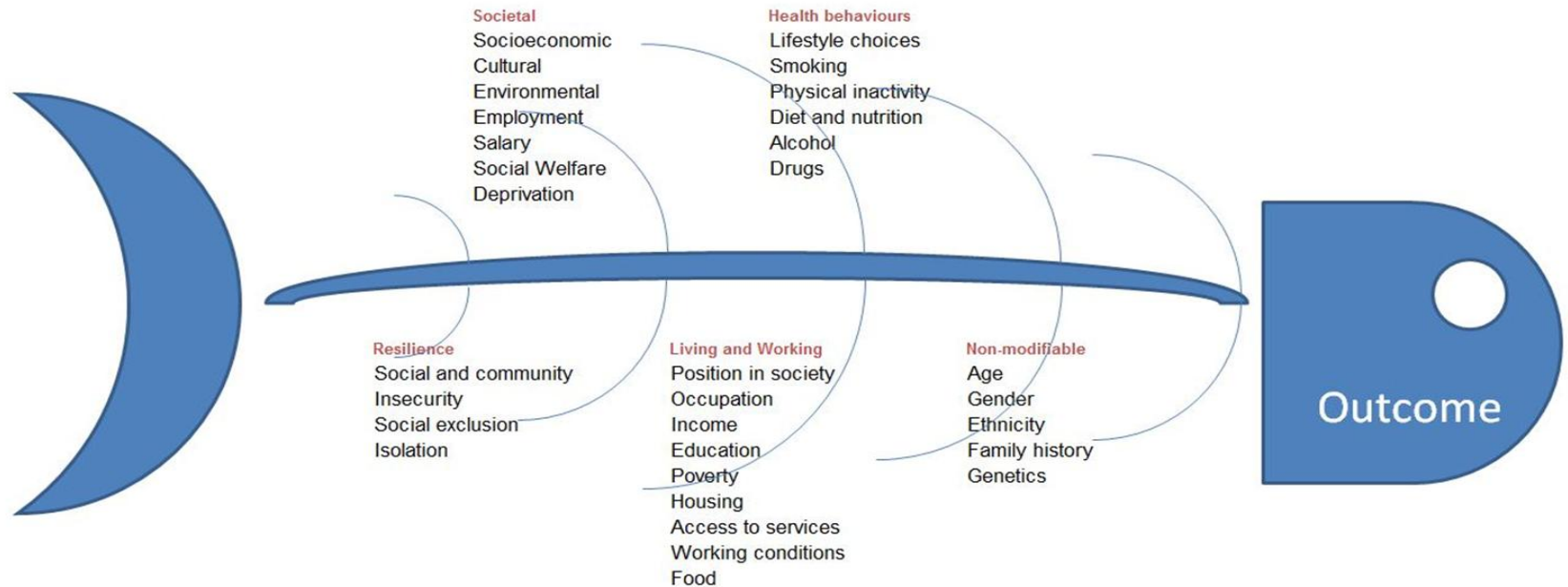| Worklessness & Low Skills	Children & Young People	Crime & Offending	Health & Social Care
Long-term JSA claimants	**Child in Need Status (CIN) / known to Children's Social Care**	**Repeat offenders**	**Mental Health (including mild to moderate)**
ESA claimants (WRAG)	**Child not school ready**	**Family member in prison**	**Alcohol Misuse**
'Low pay no pay' cycles	**Low school attendance & exclusions**	**Anti-social behaviour**	**Drug Misuse**
• **Working Tax Credit claimants**		**Youth Offending**	
• **Low skill levels (vocational or academic)**	**Young parents**	**Domestic Abuse**	**Chronic Ill-health (including long-term illness / disability)**
• **Insecure employment**	**Missing from home**	**Organised Crime**	
NEET (Young People)	Compounding factors:	Compounding factors:	Compounding factors:
Compounding factors:	• Repeat involvement with social care	• Lost accommodation	• Unhealthy lifestyle
• Lone parents with children 0-4	• LAC with risk of offending	• Dependent on service	• Social isolation
• Poor literacy and numeracy	• Poor parenting skills	• Vulnerability to sexual exploitation	• Relationship breakdown / loss or bereavement
• Poor social skills	• SEN	• Missing from home	• Obesity
• Low aspirations	• Frequent school moves	• Violent crime	• Repeat self-harm
• Living alone	• Single parents		• Living alone
			• Adult learning difficulties

What is inclusive growth?

- Economic growth that creates opportunities for all segments of society and distributes the dividends of increased prosperity fairly across society in both monetary and non- monetary terms (OECD 2015)
- Enabling as many people to contribute and benefit from growth (RSA 2017)

The Marmot Indicators 2015 revealed that the percentage of households in England not achieving a 'minimum income for healthy living' has increased year on year, from 19.1% in 2008/09 to just under a quarter (24.4%) in 2012/13

How are we going to do it?

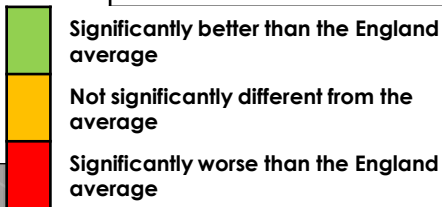Consider the factors relating to the health and wellbeing gap:

What could devolution, IG and greater localism lead to – a role for DPH?

- Lead and support IG to ensure those communities most in need benefit from economic development
- Commission early help service for people at risk of losing work through ill health
- Promote a different narrative and conversation about welfare support as a strategic investment in economic growth for those least able to engage with that growth
- Support local services such as welfare support, advice, time banks, third sector, and food banks
- Link these services to health services for people with MH issues or LTCs
- Hyper-local organisations and using community assets and skills

Premature mortality

	England	Derby	Allestree	Arboretum
Life expectancy at birth - males	78.9	78.0	**83.3**	**72.5**
Life expectancy at birth - females	82.8	82.2	**89.7**	**77.6**
Deaths from all causes <75s (SMR)	100	97.0	**63.4**	**185.3**
Deaths from cancer <75s (SMR)	100	106.2	**67.9**	**120.6**
Deaths from circulatory disease <75s (SMR)	100	115.5	**64.7**	**208.7**
Deaths from heart disease <75s (SMR)	100	127.0	**70.1**	**226.1**

Significantly better than the England average

Not significantly different from the average

Significantly worse than the England average

Wider determinants and wellbeing

	England	Derby	Allestree	Arboretum
Child poverty (%)	21.8	26.6	**4.5**	**40.1**
Overcrowding (%)	8.7	7.3	**1.4**	**20.8**
Pensioners living alone (%)	31.5	33.0	**30.2**	**39.4**
Child development at age 5 (%)	63.5	55.7	**78.7**	**39.4**
Long-term unemployment (Rate/ 1,000 wking age pop)	10.1	12.7	**2.2**	**30.8**
General health – bad/ very bad (%)	5.5	5.9	**3.7**	**7.8**
Limiting long-term illness or disability (%)	17.6	18.7	**19.0**	**19.9**

Significantly better than the England average

Not significantly different from the average

Significantly worse than the England average

Source: Public Health England – Local Health

The opportunities for HWB in the system

What are the opportunities for HWB?

- ❏ *Given the challenges in the system, "smarter and together" has to be the new mantra*

- ❏ **Use New Stakeholder landscapes**: New power bases are appearing and stakeholder landscape is rapidly changing (Devolution, STP). To be effective an agile approach is required focusing on listening and quick insights.

- ❏ **Place making –** Inclusion of health leads to place based commissioning and decision-making. New Localism agenda. Close to people as possible.

- ❏ **Connecting information and people** – The new reality is about collaboration, communication and engagement by sharing information & potential solutions.

- ❏ **More than medicine**: Narrow medical perspectives of biomedical success less relevant in this new world and more emphasis placed on social, ethical and economic perspectives, SROI, and success criteria which are more broadly defined or more personalised. Improved access to appropriate medication which shows positive SROI and real world outcomes vital – e.g. independence, reducing isolation in older people -   Therapies must support out of hospital, integration and broader societal goals e.g., PAUSE and LARC. Invest in wellbeing, disinvest in some health services

- ❏ **Whose values, whose outcomes?: Value links to?** Or a person's lifestyle. Or keeps people out of hospitals. **Outcomes are important.** The question might "whose" and which ones?

- ❏ **Helping people make informed choices – increasing agency**: Makes people healthier. Support for people centred approaches, agency and self care encouraging informed adherence and choices. Approaches taking a broader viewpoint and supports the life they want.

- ❏ **Partnerships, Partnerships, Partnerships**: Assist in building stronger partnership and systems thinking. Show how co-design can improve care. Support based on your skills, experience and resources,. Co-destiny.

- ❏ **Sustainability is vital:** Demonstrate savings and best outcomes possible by following expert guidance and promoting effective integrated community based models.

Any Questions?