

**Meeting:** Well-Being Strategic Partnership Board

**Date:** 10 June 2010

**Report Title:** Comprehensive Overview – Financial Planning/Challenges 2010/11

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### **Purpose**

This discussion paper is intended to summarise some key issues to enable members to start a debate on the future focus of the Board over the next four years.

### **Summary**

The financial and social case for prioritising health and well-being is overwhelming and there is clear information on how investment in health and well being pays economic and social dividends.

In these challenging times the partnership needs to focus on specific priorities such as:

- i) Improving the health expectancy, as well as the life expectancy, of the population
- ii) Focusing on the 'top four' behavioural risk factors with the greatest impact on life expectancy and mental health and wellbeing
- iii) Prevention of the onset of long-term conditions and deterioration, and improvements in quality of life and fulfilment for people with disability.

The delivery systems to achieve this should encompass:

- i) Strengthened partnership working on health and wellbeing
- ii) The need for a new integrated commissioning model for health and wellbeing
- iii) Integrated public sector delivery at a local level
- iv) Continuing improvements in the quality and efficiency of primary care and general practice
- v) Focusing the partnership on prevention

### **Legal/Financial Implications**

The financial implications will need to be identified.

### **Recommendations**

The Well Being Strategic Partnership Board needs to develop a clear understanding of its priorities to ensure it delivers the agenda however the priorities are threatened by the worst financial position the public sector has faced for a long time. This gives the partnership the opportunity to further capitalise on joint working and work closely with communities to support them to take control of their own lives.

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## **Background**

The Well-Being Strategic Partnership Board's aim has been to promote a healthier Haringey by improving well-being and tackling inequalities. By working together we are increasing opportunities to share information, plan services better and target our work more effectively.

The Board's vision is that all people in Haringey have the best possible chance of an enjoyable, long and healthy life. Many factors combine that affect the well-being of individuals and communities. Local residents, statutory, voluntary, community and commercial organisation all have a role to play in improving well-being. This includes access to health and care services; access to appropriate leisure and educational services; access to employment; and, opportunities for a healthier lifestyle.

The public sector has entered very difficult financial times and this will continue for a number of years. The challenge for the partnership is to ensure it focuses on the right priorities to deliver the vision within the 'public purse' available to all partners. In doing this we will need to build on best practices and evidence of what works however at the same time we need to promote innovation and continue to create supportive environment for communities and residents to take responsibility for their own well-being.

## **2. Enabling effective delivery of well-being**

2.1 In these challenging times the partnership needs to focus on specific priorities such as:

*i) Improving the health expectancy, as well as the life expectancy, of the population*

Increasing life expectancy is a Public Service Agreement target, we need to ensure that as life expectancy increases we improve health and wellbeing and at the same time reduce the onset and relapse of long-term illness, reduce inequalities, improve the quality of life years lived, and increase years lived in



ii) *Focusing on the 'top four' behavioural risk factors with the greatest impact on life expectancy and mental health and wellbeing*

Four behavioural risk factors – tobacco use, physical inactivity, excess alcohol consumption and poor diet – are the biggest behavioural contributors to preventable disease. These 'top four' are responsible for 42% of deaths from leading causes and approximately 31% of all disability-adjusted life years.

There is also strong evidence that reducing behavioural risk factors in older people significantly increases both quality and length of life, irrespective of any pre-existing long-term condition. With ageing of the population, it is critical that we have a strong focus on improving health and wellbeing in older people.

In addition to these 'top four', there is strong evidence that improving mental health and wellbeing significantly reduces physical (as well as psychological) ill health. This is why NHS Haringey has invested in an IAPT Service (improving access to psychological therapies).

iii) *Prevention of the onset of long-term conditions and deterioration, and improvements in quality of life and fulfilment for people with disability.*

There are five high-impact groups: circulatory conditions, respiratory conditions, mental health conditions, musculoskeletal conditions and cancers. Behavioural risk factors and health and wellbeing are core to preventing and reducing the severity of long-term conditions. Tackling behavioural risk factors is often seen as an issue among younger, predominantly healthy people, but behavioural factors are also major risk factors in the onset and relapse of, and premature mortality from, long-term conditions such as diabetes, cardiac disease and respiratory disease, and for increased disability from musculoskeletal conditions and mental ill health.

Once again physical activity is a powerful example. Diet and exercise have been found to reduce the relative risk of diabetes by 37%.<sup>i</sup> Unplanned care costs and costs of poor downstream management of long-term conditions are dramatic and have large negative effects on the local health and social care economy. The cost-effectiveness of behaviour change is stark in comparison.

It is, however, vital that a focus on risk factors is complemented by policy to address common underpinning social determinants. Social determinants highlighted in the Marmot Review (see Appendix 1) should be integrated, where pertinent, into long-term conditions policy.

Haringey Council and NHS Haringey has reviewed and revised the Well Being Strategic Framework (Health & Well-Being Plan). It will go out for consultation

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<sup>i</sup> Orozco I j et al. (2008), Exercise or exercise and diet for preventing type 2 diabetes mellitus, *Cochrane Database of Systematic Reviews 2008*, Issue 3.

from 14<sup>th</sup> June for three months with a view to bringing the final paper to the Partnership Board in October.

2.2 The delivery systems to achieve this could encompass:

*i) Strengthened partnership working on health and wellbeing*

Poor health and wellbeing costs a great deal through medical and social care costs, reduced productivity in the workplace, increased incapacity benefits, and many other calls on public services and community support. Our most deprived communities experience the poorest health and wellbeing, therefore systematically targeting approaches, through our partnerships, on the geographical areas and population groups at greatest need is crucial in reducing inequalities. Good health and wellbeing is an essential foundation for a prosperous and flourishing borough. It enables individuals and families to contribute fully to their communities, and underpins higher levels of motivation, aspiration and achievement. It improves the efficiency and productivity of the labour force – critical to ensuring economic recovery. The council and the local NHS have improving health and well-being within their core business there is scope for the third sector to be proactive in determining the health and well-being services they can deliver in partnership with local communities and neighbourhoods.

*ii) The need for a new integrated commissioning model for health and wellbeing*

This needs to identify explicitly how we will commission jointly to deliver improved health and wellbeing, building on our Joint Strategic Needs Assessment. The council and NHS Haringey are currently exploring options to step up joint commissioning. This will avoid service duplication, ensure efficient use of resources and ultimately improve outcomes for Haringey residents.

*iii) Integrated public sector delivery at a local level*

Integrated commissioning will drive better integration of delivery at a local level for the benefit of residents. There are many examples across Haringey for example; Haringey Community Services and Haringey Council are delivering a pilot programme targeting those residents over 75 years old living in their own homes. They are jointly offering an assessment to people who are not known to either service to maximise the older person's income, review their medicines and assess if they need any home adaptations. NHS Haringey, the council and Haringey Community Services have made good progress over the last to reduce the 'length of stay' in hospital, enable discharge from hospital in a timely fashions and support residents in their own home.

Total Place is the next big step to redesign how we do things and by doing so, improve the quality of life for our communities. Total Place looks at how a 'whole area' approach to public services can lead to better services at less

cost. It seeks to identify and avoid overlap and duplication between organisations – delivering a step change in both service improvement and efficiency at the local level. The Haringey Strategic Partnership Performance Management Group has agreed to a scoping of a Total Place initiative.

There is potential for local public services to share certain ‘back room’ functions to improve efficiency.

**Question to consider**

What further services can we share across the partnership to improve efficiency and control costs?

*iv) Continuing improvements in the quality and efficiency of primary care and general practice*

While health and wellbeing requires action across the whole partnership, the role of general practice and community pharmacists is fundamental to prevention at an individual and community level. It is acknowledged that general practice’s unique role and access to the population can allow for improved case management, self-care and coherence with other local professionals.

Systematic approaches to early intervention on risk factors and to secondary prevention to support improved wellbeing in people with long-term conditions is vital. The role of general practice in targeted case finding and proactive management of major long-term conditions is essential. The current GP contract does support this activity through the Quality and Outcomes Framework however it does have limitations and the new Coalition Government’s announcement to review and renegotiate a new GP contract is an essential element to providing the supportive environments for people to take control of their own lives. This, and improved support for self-care, has the potential to save considerable health and financial cost by bringing about a reduction in complications and emergency admissions. The development of polysystems will bring care closer to home for Haringey residents and provide the early intervention and on-going support.

*v) Focusing the partnership on prevention*

There is a commitment across the local NHS to improve health and to be engaged in prevention, as well as treatment. However, there is still a gap between this commitment and the practical reality of NHS performance and delivery. The same can be said for other partners.

With the recent publication ‘The Coalition: our programme for government’ the government believes that we need action to promote public health through an ambitious strategy to prevent ill-health which harnesses innovative techniques to help people take responsibility for their own health.

**Question to consider**

Is this our well-being agenda?

These changes to delivery systems across the partnership will significantly reduce barriers to the ability of front-line organisations to improve health and wellbeing.

**3. Conclusion**

The Well Being Strategic Partnership Board needs to develop a clear understanding of its priorities to ensure it delivers the agenda however the priorities are threatened by the worst financial position the public sector has faced for a long time. This gives the partnership the opportunity to further capitalise on joint working and work closely with communities to support them to take control of their own lives.

## **Appendix 1. The Marmot Review**

In November 2008, Professor Sir Michael Marmot was asked by the Secretary of State for Health, to chair an independent review to develop the most effective evidence-based strategies for reducing health inequalities in England from 2010, addressing the social determinants of health inequalities.

### **Key messages from the Marmot Review were:**

- Reducing health inequalities is a matter of fairness and social justice. In England, the many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life.
- There is a social gradient in health – the lower a person’s social position, the worse his or her health. Action should focus on reducing the gradient in health.
- Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.
- Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.
- Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.
- Economic growth is not the most important measure of our country’s success. The fair distribution of health, well-being and sustainability are important social goals. Tackling social inequalities in health and tackling climate change must go together.
- Reducing health inequalities will require action on six policy objectives:
  - Give every child the best start in life
  - Enable all children young people and adults to maximise their capabilities and have control over their lives
  - Create fair employment and good work for all
  - Ensure healthy standard of living for all
  - Create and develop healthy and sustainable places and communities
  - Strengthen the role and impact of ill-health prevention
- Delivering these policy objectives will require action by central and local government, the NHS, the third and private sectors and community groups. National policies will not work without effective local

delivery systems focused on health equity in all policies.

- Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.