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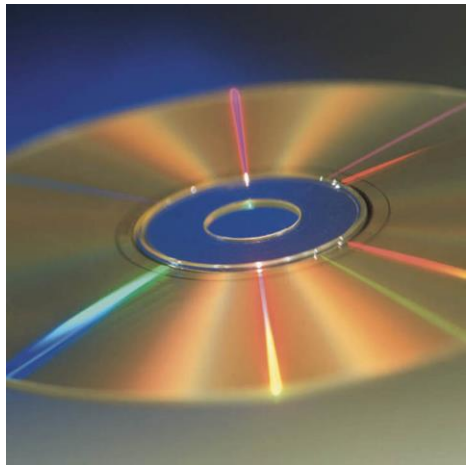
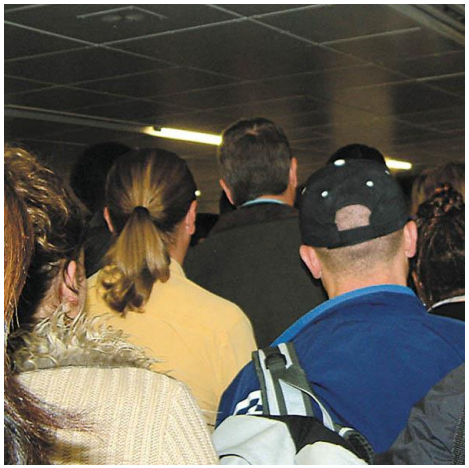
Achieving health in fragmented systems

EPH
EUROPEAN PUBLIC HEALTH CONFERENCE

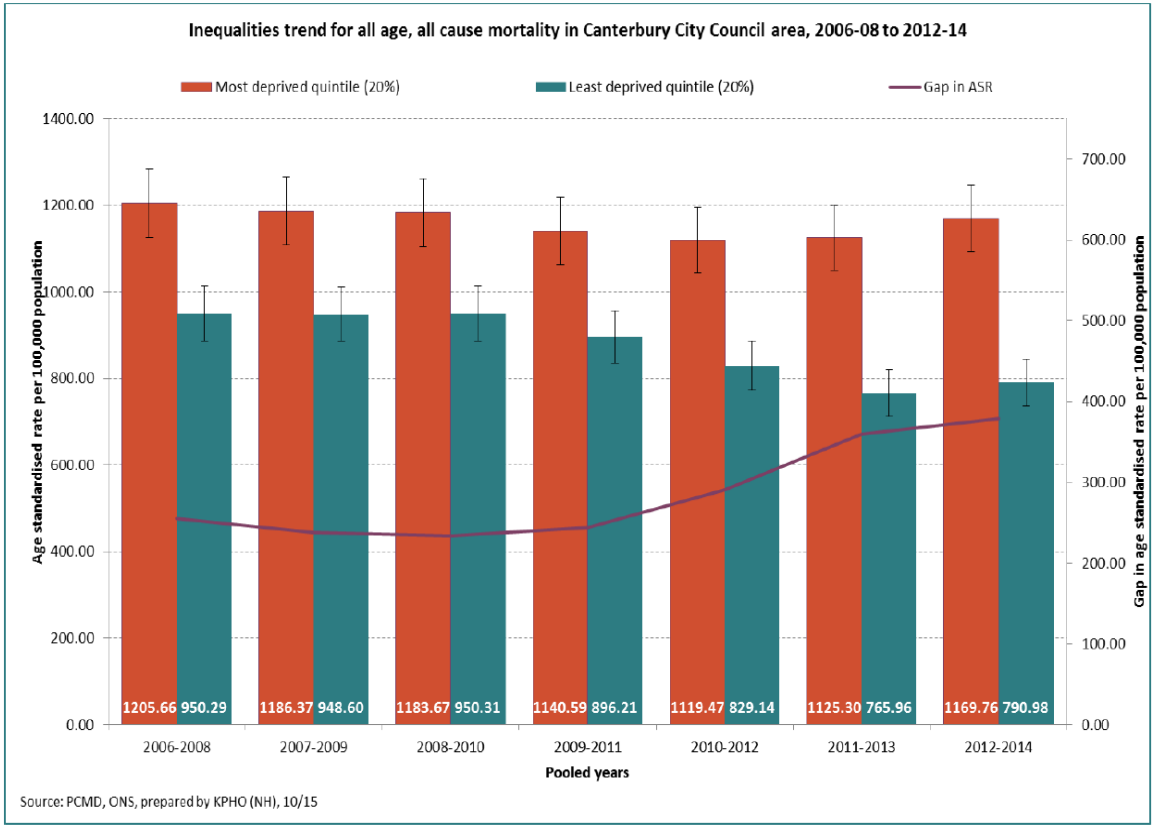
Professor Stephen Peckham


The panel

- **Herwig Ostermann**: Director of the Austrian Public Health Institute, Gesundheit Österreich
- **Tit Albreht**: Head of Centre, Senior Researcher/Policy Adviser. National Institute of Public Health of Slovenia
- **Josef Probst**: General Manager, Association of Austrian Social Security Institutions
- **Claudia Stein**: Director of the Division of Information, Evidence, Research and Innovation, WHO Europe

Inequalities in Canterbury



- In the period 2002-2010 Canterbury had the highest excess winter death ratio in the County.
- Pollution in Canterbury cause ill health and death: over 100 lives lost and over 1000 years of life lost

Gap in life expectancy

Urban development and health

- Cities characterised by low residential density, low employment density and low ‘connectivity’ are associated with less walking and cycling and more car travel.
- Urban sprawl can result in long commutes, a lack of access to fresh food, and isolating, car-oriented communities. The frequency of chronic medical conditions such as asthma, diabetes, hypertension and cancer increases with sprawl.
- People living in sprawl areas are more likely to be overweight and obese.
- Sprawl is also associated with lower social capital, stress and mental ill health.
- Long-distance commuting raises employee absenteeism and reduces productivity.

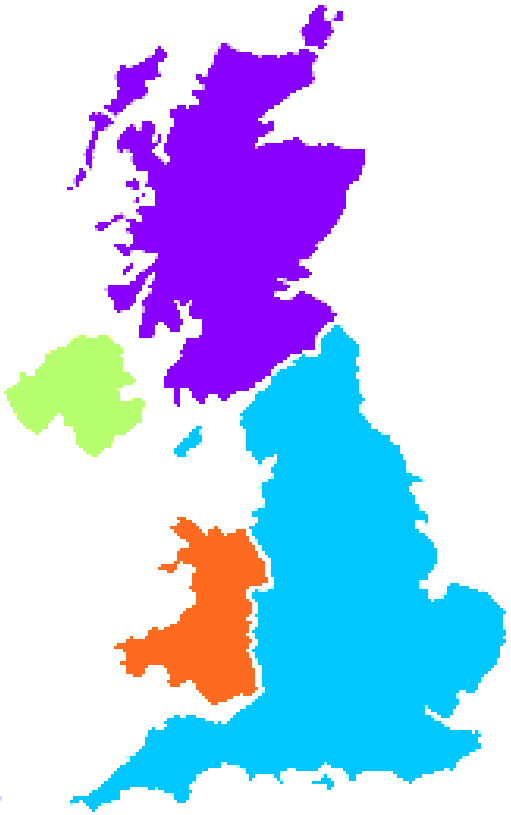
A Health in All Approach

- A Health in All Policies (HiAP) approach is strongly advocated by WHO and is being adopted worldwide.
- "An approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity."

WHO, 2013

Health in All in the UK

- England - Public Health England is working with the Association of Directors of Public Health and the Local Government Association (LGA) to support local directors of Public Health and local government to adopt health and health equity in all policies.
- Northern Ireland – Institute for Public Health supports undertaking of Health Impact Assessments across the public sector
- Scotland – developing a supportive cultural and policy environment through partnerships which aligns with the public health agenda.
- Wales - The Well-being of Future Generations (Wales) Act came into force on 1st April 2016 and places a duty on public bodies to think in a more sustainable and long-term way.



A ‘win-win’ approach in England?

- The passing of statutory responsibility for local health passing to local government in 2013 provides an opportunity to:
  - support economic, social and environmental wellbeing
  - across multiple services, programmes and policy areas
  - in collaboration with partner agencies and sectors.
  - But 152 local government public health departments, a national public health agency, 212 local NHS commissioners…….

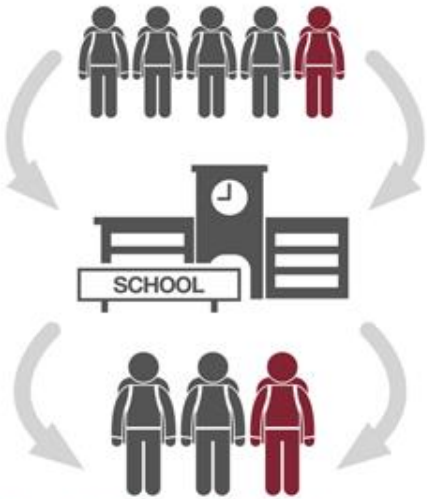
- **A Health in All Policies approach:**
  - supports populations in living better, for longer
  - contributes to the achievement of local priorities
  - helps overcome local challenges
  - allows more efficient outcome-driven commissioning
  - helps manage reduced budgets as pressures on local government increase
  - supports the integration of local services
  - adds value to cross-departmental and cross-sectoral working

But it can't be seen in isolation!

Obesity

THE ISSUE

one in five children in England are overweight or obese when they **begin primary school**



one in three children in England are overweight or obese when they **leave primary school**

Obesity **disproportionately affects** families who are more deprived, older age groups, some black and minority ethnic groups and disabled people.

WHY IT MATTERS

£27billion
estimated cost of obesity to the UK economy

£6 billion
estimated costs of obesity and related conditions to the NHS in the UK

Obesity in adults increases the risk of **many health conditions including** cardiovascular disease, type 2 diabetes, certain cancers and musculoskeletal conditions and poor mental health.

Obese children have poor emotional health outcomes and are more likely to get a **chronic disease later in life.**

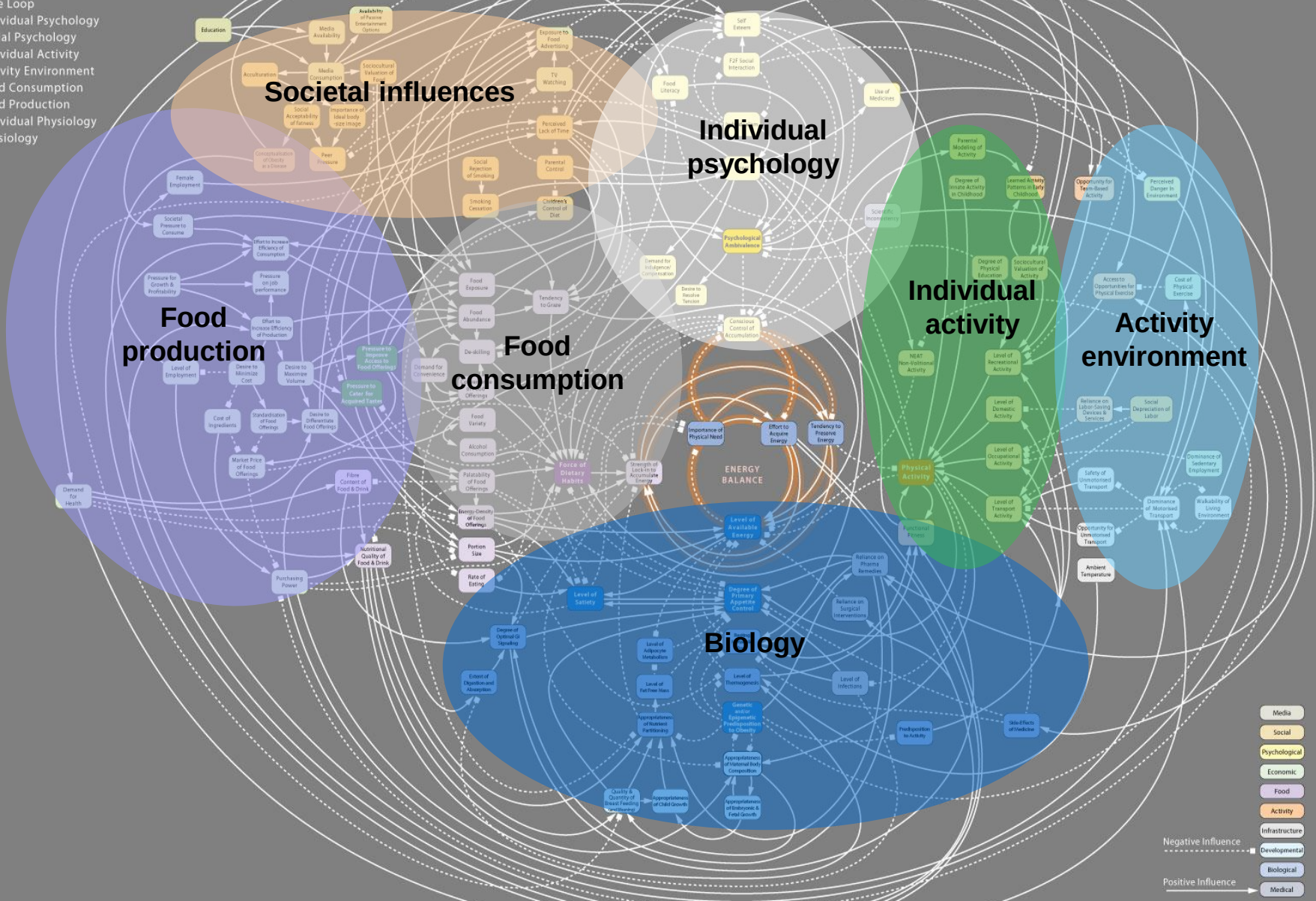
TACKLING LACK OF ACCESS

Public bodies and local partners can:

- Promote and maximise opportunities for **cross departmental working** in councils to deliver joined up action to tackle obesity
- Councils and CCGs can support local population to achieve healthier weight. They can **co-commission** evidence based and effective weight management and healthier catering services that are easily accessible
- **Promote the provision** of healthier food and drink across a range of settings using various tools e.g. Government Buying Standards for Food and Catering Services, Healthier and More Sustainable Catering guidance, Eatwell Guide and 5 A Day

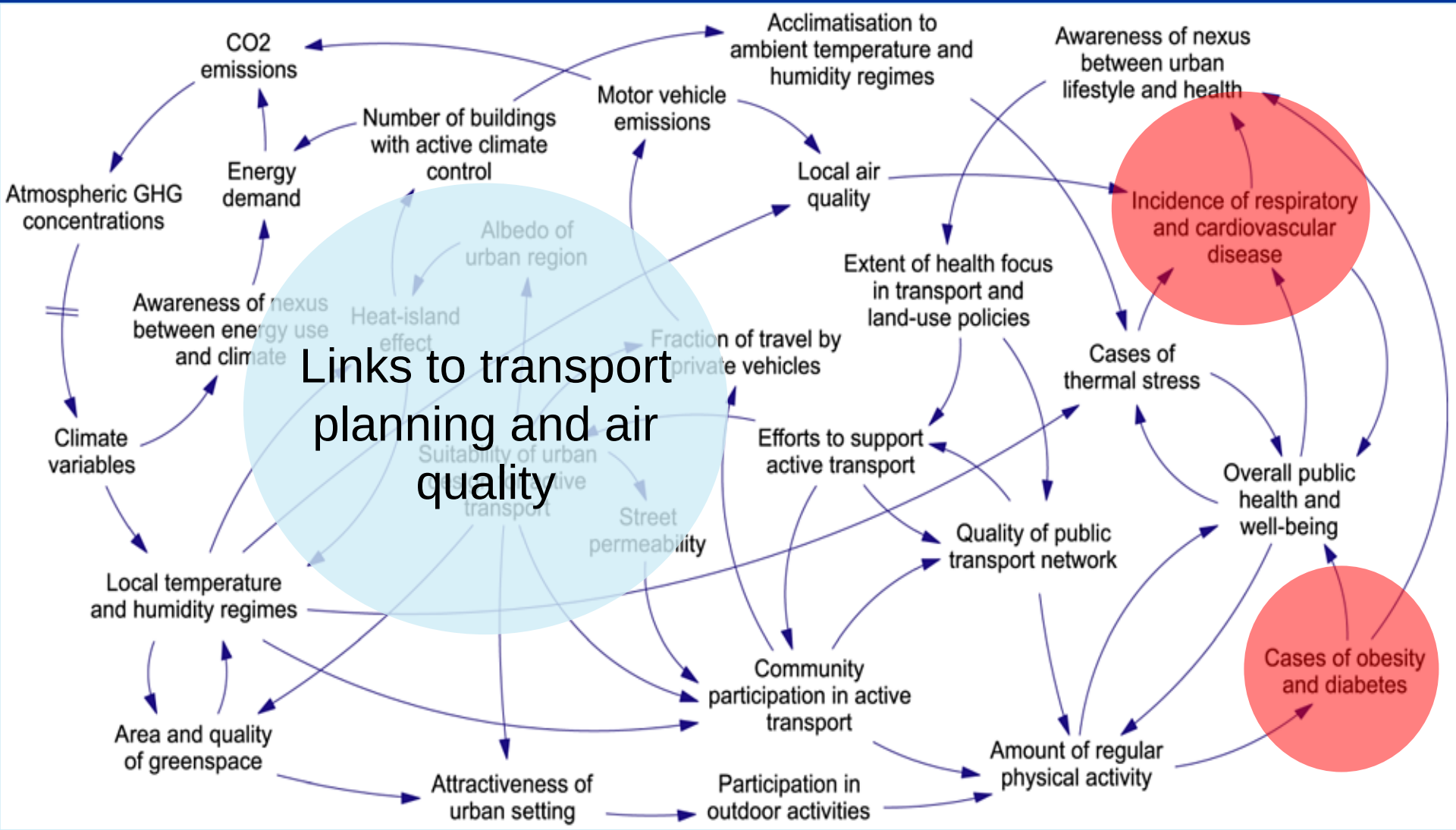
shift Obesity System Influence Diagram

Full Map
Clusters
Core Loop
Individual Psychology
Social Psychology
Individual Activity
Activity Environment
Food Consumption
Food Production
Individual Physiology
Physiology

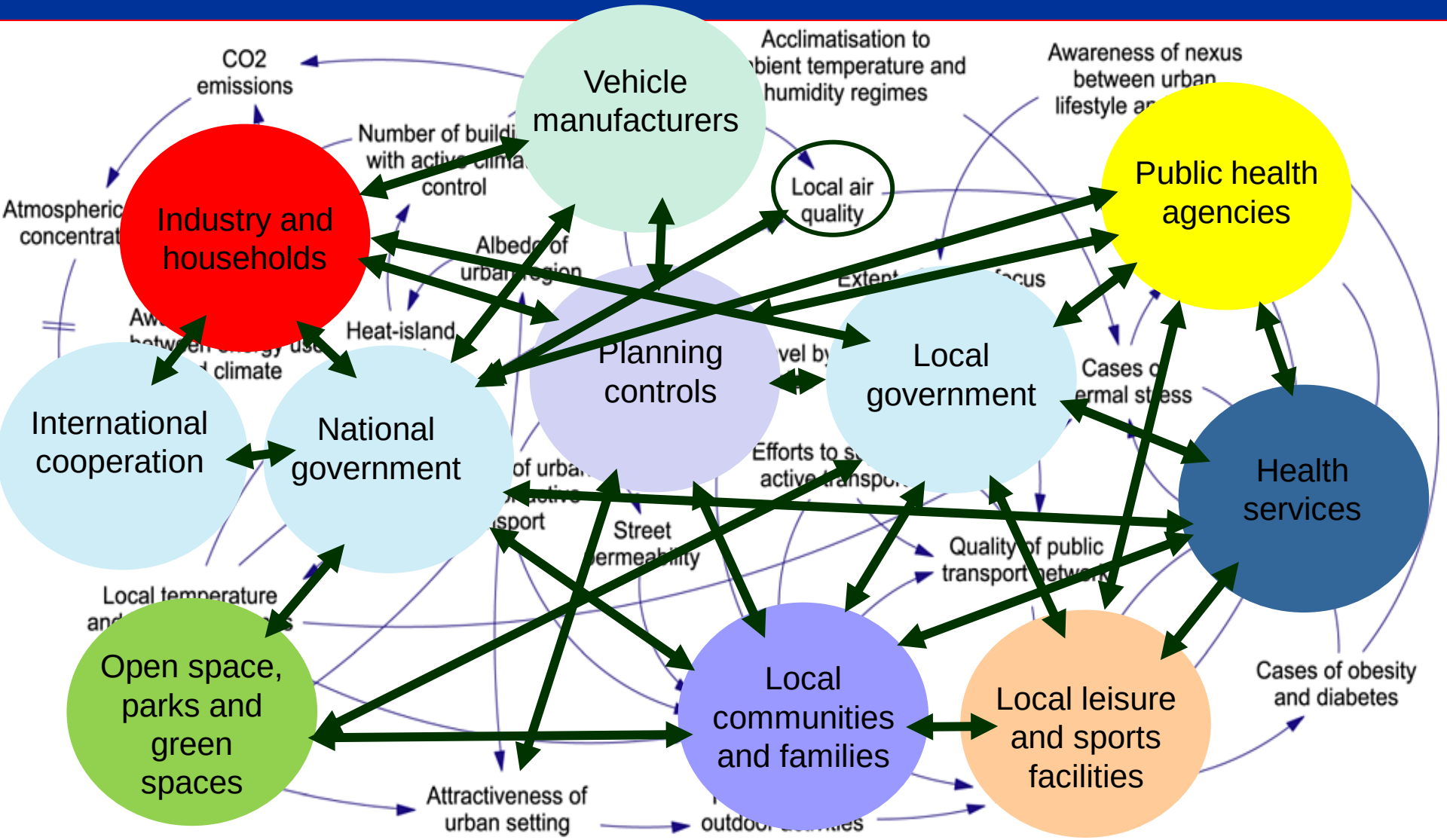


shift clarity in complexity

The inter-connectedness of public health



Fragmented responsibilities for taking action



HiA pathway is not an easy one …….

Conditions which reinforce and sustain a Health in All approach

- A supportive political context with legal backing
- Development of policy proposals across sectors with an ability to seize policy-making opportunities
- Processes for inter-sectorial communication and implementation, resources (such as joint budgeting or delegated financing)
- The technical skills and governance structures to implement policy decisions and evaluate their impacts on health and its determinants

How can we to implement Health in All?

- In the same way that the causes of poor health and wellbeing are complex the solutions are complex and fragmented
- Inter-sectoral action in itself is a political choice as you really need a strong and firm political commitment for this.
- Key questions for this session are:
  1. How can you maximise common themes and balance conflicting interests to achieve both your and others' goals? What approaches have been tried?
  2. How have or how can you embed health, health equity and sustainability considerations into decision making processes for the long term?