Prevention is Better than Cure
– A Public Health Perspective

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The Care Act (2014) places a duty on local authorities to provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will:

(a) contribute towards preventing or delaying the development by adults in its area of needs for care and support;

(b) contribute towards preventing or delaying the development by carers in its area of needs for support;

(c) reduce the needs for care and support of adults in its area;

(d) reduce the needs for support of carers in its area.

This includes identifying “unmet need” – i.e. those people with needs which are not currently being met.

Understanding unmet need will be crucial to developing a longer-term approach to prevention that reflects the true needs of the local population.
Living longer

- **Life expectancy** (LE) has increased steadily in recent decades
- There are now half a million people in their 90s, 2.5 times the number in 1985.
- LE has now reached **79.5 years for men** and **83.1 years for women**
- A baby girl born today has a 1 in 3 chance of living to be a hundred
- **Healthy life expectancy** has remained much lower than LE and has not increased at the same pace as LE
The latest data on Healthy Life Expectancy show it is now 63.4 for men and 64.1 for females. This means 16.1 years of (20% of life) in poor health for men and 19.0 years (or 23%) for women. Healthy Life Expectancy for Women in EoE is falling. These data do not reflect the severity of poor health. Years of life in poor health relates closely to demand for health and social care.
Ill health in our later years

- Although life expectancy continues to increase, we are living longer with long-term & multiple conditions
- An ageing population, with greater risk of chronic health problems, increases the number of people living with disability
- The costs of ill health continue to rise, with impacts on the NHS and LA budgets and the wider economy
- There are marked inequalities across the social gradient - for men in EoE, the gap in healthy life expectancy between most and least well off is 12.4 years
- People in most deprived circumstances experience poorer health in their 40s & 50s and are likely to be in receipt of benefits and not working. Raising the pension age will not reduce costs for this group.
The population is ageing and more than 2/3rds of deaths occur among those over 75.

Since 2001, death rates from heart disease and stroke have halved.

Deaths from dementia and Alzheimer’s have increased by 60% in men and more than doubled in women (due to longevity, population ageing and increased awareness of dementia) - these are the leading cause of deaths in the over 80s for both sexes.
The burden due to CVD

The main causes of poor health include **low back and neck pain**, skin diseases, mental health disorders

Much of this burden is potentially preventable. E.g. 79% of DALYs due to CVD can be associated with potentially modifiable risk factors.

Source: Global Burden of Disease
Prevention works at different levels -

**Primary Prevention:** Universal and targeted actions to prevent ill health before it occurs and promote wellbeing

- Provision of universal access to good quality information
- Support for healthy lifestyles, safer neighbourhoods, reduced social isolation etc

**Secondary Prevention:** Measures to identify and prevent deterioration in those at risk / with disease by intervening early

- Screening and case finding programmes to identify disease early and slow progression
- Provision of housing, benefits and debt advice to those with existing mental health conditions

**Tertiary Prevention:** Measures that delay or minimise the impact of existing health conditions

- Reablement and rehabilitation programmes
- Personalised budgets for those with high level needs
Prevention at a Population Level

Population approach: encourage everyone to change, shifting the entire distribution

Risk reduction approach: move high risk individuals into normal range

Copied from Kristian Wahlbeck, Finnish Association for Mental Health
Wider Determinants of Health

Adapted from Dahlgren and Whitehead 1995
The Link between Health, Wellbeing and Work

Unemployment contributes to poor health, with causal links to decreased lifespan and higher levels of mental health problems.

“Getting people into work is therefore of critical importance in reducing health inequalities.” Sir Michael Marmot 2011

Improving Lives: The Health, Work and Disability Green Paper (October 2016) asks:
What will it take to transform the employment prospects of disabled people and people with long-term health conditions?
# East of England Labour Market Profile

Out-of-work benefit claimants by statistical group (August 2017)

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jobseekers Allowance</td>
<td>30,000</td>
<td>0.8%</td>
</tr>
<tr>
<td>Lone Parents</td>
<td>33,200</td>
<td>0.9%</td>
</tr>
<tr>
<td>Others on Income-Related Benefits</td>
<td>5,200</td>
<td>0.1%</td>
</tr>
<tr>
<td>Employment Support Allowance and Incapacity Benefits</td>
<td>181,050</td>
<td>4.8%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>249,450</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

There are also...

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carers</td>
<td>55,220</td>
<td>1.5%</td>
</tr>
<tr>
<td>Disabled</td>
<td>26,380</td>
<td>0.8%</td>
</tr>
</tbody>
</table>
Employment and Support Allowance
Role of partners in DWP or Housing or Citizens Advice Bureau

...DWP and Housing and Citizens Advice Bureau are regularly in contact (very often at point of crisis) with those we often describe as ‘vulnerable’ or ‘hard to reach’, those that experience the greatest health inequalities...
The NHS ACO Contract is proposed to stipulate the requirement to:

- conduct a **population health needs assessment**
- develop **strategies to improve the health and wellbeing of the population**
- seek to **address underlying health inequalities**

It includes financial and other levers to incentivise prevention.

NHSE guidance envisages New Models of Care using Whole Population Budgets, that can include social care and public health spend.

One of the stated objectives of this is: **better incentivised prevention and wellbeing**

Includes an Improvement Payment Scheme covering eg:

- **Health related quality of life** for people with long term conditions
- **Slope index of inequality in life expectancy** etc
Integration: System Leadership for Better Outcomes – Embedding Prevention

Adult Social Care and Public Health:
Maintaining good health and wellbeing.
Preventing avoidable ill health or injury, including through reablement or intermediate care services and early intervention.

NHS and Public Health:
Preventing ill health and lifestyle diseases and tackling their determinants.

Adult Social Care and NHS:
Supported discharge from NHS to social care. Impact of reablement or intermediate care services on reducing repeat emergency admissions. Supporting carers and involving in care planning.

ASC, NHS and Public Health:
The focus of Joint Strategic Needs Assessment: shared local health and wellbeing issues for joint approaches.
In Conclusion

• Life expectancy is increasing, but:
  • Considerable time is spent living with ill health and disability
  • Healthy life expectancy for EoE women is FALLING = growing ill health & disability

• Gaps in healthy life expectancy exist between population groups, including between men and women, and between more and less deprived communities.

• Prevention works at several levels - to reduce demand on services through prevention, both Universal and Targeted prevention approaches are needed – which requires an integrated approach to prevention across whole care systems.