Improving population health: action learning for health and wellbeing boards

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Key points

- Tackling health inequalities should be seen as the role and responsibility of every health and wellbeing board member and be mainstreamed into everyday working practices and processes.

- The Joint Health and Wellbeing Strategy (JHWS) is a key mechanism to embed a local focus on reducing gaps in local life expectancy.

- Essentially, health and wellbeing boards have a mandate to undertake place-shaping given their responsibilities to develop strategies that integrate services to genuinely meet local community needs and collaborate effectively to improve local population health.

- Place-shaping requires not just the joining up of resources and activities, but also a leadership and influencing role.

Tackling the broader determinants of health to improve local population health is a priority for health and wellbeing boards. There are opportunities for boards to take the lead on addressing health inequalities and the structural, environmental and material barriers that inhibit local communities achieving their potential.

Each health and wellbeing board will face its own specific challenges and opportunities given the particular local context and needs of its local community. Nonetheless, the real examples of place-shaping and reducing health inequalities presented in this paper offer valuable learning of how others have addressed some of the difficult strategic and policy issues involved.

Four key themes provide a useful framework for health and wellbeing boards to use:

- What is it that needs to be achieved?
- Who needs to come on board to make this happen?
- What are the anticipated challenges?
- What does success look like?

At a glance

- **Audience:** This practical guide is aimed at all health and wellbeing board members.

- **Purpose:** To provide practical learning of how other boards are approaching ‘problem briefs’ in relation to improving local health and wellbeing outcomes.

- **Background:** This document was developed by a health and wellbeing board learning set which is part of the National Learning Network (see back cover) and is supported by the Department of Health, NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement.
Reducing the gap in life expectancy – Gateshead

Background
Life expectancy is lower in Gateshead than the national average by 1.8 years for men and 1.6 years for women. There is also a stark gap in life expectancy of more than ten years between the most deprived and least deprived local communities. Addressing the health inequalities that contribute to these markedly different life expectancy rates has been a key concern of health and social care organisations in Gateshead over recent years.

Initial work focused on one of the key policy objectives recommended to tackle health inequalities in the Marmot Review, strengthening the role and impact of ill-health prevention. The public health team, in collaboration with colleagues in other parts of the South Tyneside and Sunderland PCT cluster and primary care organisations, and with support from the Health Inequalities National Support Team, identified and put in place an implementation programme for primary care interventions that would have the most significant positive impact on life expectancy among local communities. A review of the epidemiological evidence, combined with an assessment of local levels of ‘sign-up’, led to eight priority high-impact interventions being identified from an initial list of 26. The priority interventions encompassed:

- NHS health checks for people aged 40 to 70 years

Health inequalities and the Marmot Review

Inequalities in life expectancy remain a fundamental issue of social justice. The Marmot Review was catalytic in highlighting the problem of health inequities in England, providing evidence that the many people who die 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.

The review identified how health inequalities apply at all ages and result from deep-rooted social, economic and cultural determinants, as well as from behaviour and lifestyle factors. It estimated the overall cost of these health inequalities at between £58.5 and £75.5 billion per year, and considered a strategic approach for tackling the issues, including the use of targets.

The review made six key policy recommendations:

- give every child the best start in life (the over-arching priority objective)
- 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 a healthy standard of living for all
- create and develop healthy and sustainable places and communities
- strengthen the role and impact of ill-health prevention.

• consistent treatment of patients with cardiovascular disease
• cardiac rehabilitation (for patients following a cardiovascular event)
• chronic obstructive pulmonary disease (COPD) (people with chronic bronchitis, emphysema, or both)
• diabetes
• atrial fibrillation (abnormal heart rhythm)
• stroke/TIA (mini-stroke)
• cancer early awareness and detection.

How will success be recognised?
Partners agreed three key outcomes against which to measure success in tackling unequal life expectancy:
• the trend of increasing life expectancy will continue to accelerate faster in Gateshead than the average for England, thereby narrowing the gap
• the variation in primary care will decrease in the identified high-impact areas of disease management (health checks, cardiovascular disease treatment and rehabilitation, atrial fibrillation, diabetes, COPD, early detection of cancer and stroke)
• levels of unplanned urgent care will decrease.

There are some early signs of progress. The most recent six-month update of the Director of Public Health Annual Report included the high-impact interventions and noted the local authority’s role in promoting the uptake of health checks and raising awareness of early detection of cancer. The oversight and scrutiny committee has committed to supporting the agenda and agreed a role to hold local organisations accountable for progress. The clinical commissioning group (CCG) incorporated key messages on health inequalities and prevention into its Clear and Credible Plan for authorisation.

Potential challenges
• Substantial local structural change across health and care organisations may threaten continuity in programme delivery.
• During transfer of the public health function to the local authority, it may prove difficult for the NHS to maintain close working links on prevention work with the CCG.

The role of the health and wellbeing board going forward
It is imperative that learning and momentum is not lost in the transition. The health and wellbeing board recognises the need to provide leadership; tackling health inequities is seen as the role and responsibility of every board member. The Joint Health and Wellbeing Strategy (JHWS) is key to embedding a local focus on reducing health inequalities and setting out a strategic programme to address the Marmot Review recommendations. Effective disease management and better health outcomes are crucial to achieving future improvements in quality of life for the local population.

The health and wellbeing board development programme included a session for board members on health inequalities with input from the CCG chair and Marmot Review team. Building on this learning, the board agreed that for health inequalities to be effectively and sustainably reduced, the primary care interventions will need supplementing with a more holistic approach, directed at tackling the wider determinants of health and preventing ill-health. This would involve efforts directed at the early years, life-long education and a minimum living standard, requiring the board to work with a wide range of partners including schools, children’s services, pre- and post-natal care providers, health visitors, adult education, business support, welfare, and third and private sector
Reducing the gap in life expectancy – Luton

Background

Luton agreed a partnership strategy to reduce health inequalities in 2010. The main focus of the strategy is to narrow the gap in life expectancy between local areas with the best and the worst health outcomes, thereby increasing overall life expectancy of the local population. The strategy built on and was directed by earlier strategic work, including the Joint Strategic Needs Assessment (JSNA).

The strategy focuses on tackling health inequalities through:

- empowering individuals and communities
- improving access to services
- addressing lifestyle issues
- addressing the wider determinants of health
- improving quality of life.

It is underpinned by work targeted at particular risk factors, such as smoking, obesity and alcohol; conditions accounting for a significant element of life expectancy, such as heart disease; and wider determinants of health, such as housing.

There is broad recognition that delivery of this strategy requires a coordinated response across local partners; action by the NHS alone will be insufficient. Tackling health inequalities has to be seen as everyone’s business and be mainstreamed into everyday working practices and processes. Action will be needed across all social determinants, including early child development and education, employment and working conditions, housing and neighbourhood conditions, and standards of living.

The Inequalities National Support Team visited Luton in 2011 and provided recommendations to support further development of the strategic work on improving local population life expectancy. Primary care tracing, treating and monitoring people with long-term conditions, known as ‘finding the missing thousands’, was prioritised.

Recent data shows an increase in life expectancy across the local population and a small reduction in the life expectancy gap between men in Luton and nationally, and between local areas with the best and worst life expectancy. In comparison with national rates, overall local life expectancy rates remain low, however, and the gap for women has not decreased.

Tackling health inequalities through the health and wellbeing board

Relatively low life expectancy across the local population and no noticeable reduction in the gap among women has provided an important issue on which the health and wellbeing board can focus attention and demonstrate effectiveness.

An integral part of work undertaken by the board to support development of the Joint Health and Wellbeing Strategy (JHWS) has been agreement of a planning and implementation framework. This links to the refreshed JSNA and Luton's Sustainable Community Strategy (see Figure 1) and builds on earlier partnership work across Luton to improve health and reduce inequalities. One of three priority outcomes included in this framework is to reduce the gap in life expectancy. Transformation tools have been identified to make these priority changes happen, and to help health and wellbeing board members determine whether local commissioning strategies are focusing on the right priorities to achieve reductions in the life expectancy gap.

Further work is underway to determine the structures needed to deliver improvements in life expectancy. The
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• narrow the gap in life expectancy at birth between the five middle-layer super output areas (MSOA) with the lowest and highest life deprivation, to 4.85 years for males and 2.72 years for females by 2015
• narrow the gap in life expectancy between the 20 per cent MSOA areas with the lowest life expectancy and with the highest, to 7.1 years for males and 6.5 years for females by 2015
• increase life expectancy in Luton to 78.9 years for men and 82.0 years for women by 2015.

health and wellbeing board has had a briefing on issues linked to female life expectancy and actions that can be taken to tackle these.

Additionally, one of the GPs from the CCG volunteered to lead on health inequalities and, with support from public health, has given consideration to which are the most effective approaches to use in ‘finding the missing thousands’.

How will progress be recognised?

Target outcomes included in the health inequalities strategy are to:

• narrow the gap in life expectancy at birth between the five middle-layer super output areas (MSOA) with the lowest and highest life deprivation, to 4.85 years for males and 2.72 years for females by 2015
• narrow the gap in life expectancy between the 20 per cent MSOA areas with the lowest life expectancy and with the highest, to 7.1 years for males and 6.5 years for females by 2015
• increase life expectancy in Luton to 78.9 years for men and 82.0 years for women by 2015.

Luton’s Joint Health and Wellbeing Strategy is designed to work towards the long-term vision of the Sustainable Community Strategy through the shorter-term priorities identified through the Joint Strategic Needs Assessment (JSNA). The four key areas of ‘transformation’ and five ‘partnership principles’ will provide a framework for holding service commissioners and service providers to account.
These target outcomes will be reviewed as the JHWS is developed by the local health and wellbeing board. In addition, the board will use the identified transformation tools to determine whether local commissioning plans are in line with the strategy.

Potential challenges

The gap in female life expectancy in Luton has not been improving and there are a wide range of issues contributing to this gap. It will be important for the health and wellbeing board to ensure a hard-hitting strategic plan is put in place to tackle this issue, effectively encompassing every local community of women.

Primary care has not yet been fully integrated into local partnership arrangements for addressing health inequalities. The CCG-led work on ‘finding the missing thousands’ will facilitate this process, but needs to be more closely incorporated into the structures and processes of the health and wellbeing board.

On-going governance arrangements for the health and wellbeing board are not yet clear. The shadow health and wellbeing board began with a very small structure of only statutory members, and a wider virtual network kept informed and involved on development of the JHWS. These arrangements are being reviewed with consideration being given to the make-up of sub-groups that will deliver the JHWS, to ensure all relevant stakeholders are involved. For more information, contact gerry.taylor@luton-pct.nhs.uk

Place shaping to create health and wellbeing – Gateshead

Background

Over the last four years there has been an active programme of health impact assessment (HIA) in Gateshead. The local authority, NHS and local partners engaged in the work are keen it should continue through the transition in local structures and become embedded in the thinking and actions of the health and wellbeing board. Steps have been taken to build the understanding, support and structures needed to allow the work to continue.

These include agreement on the terms of reference for a high-level group chaired by the Group Director Economic Development and Enterprise that incorporate the health inequalities work of the previous HIA Steering Group. In addition, a series of seminars for local authority representatives, supported by the University of Durham, were held to consider the evidence underpinning place shaping ideas. These covered the impact on health and wellbeing of landscape, the built environment, workplaces, climate change and access to services. The board also undertook a development session on place shaping to create health and wellbeing.

Making progress

Board members working on preparation of the JHWS recognise that current approaches being taken locally to reduce health inequalities will not in themselves secure the step changes needed to achieve sustainable success over the next ten to 20 years. The wider determinants of health linked to issues such as employment, education, social wellbeing and housing, that have an impact on an individual’s ability to achieve their full potential, also need to be tackled.

Place-shaping is seen to have an important role in this context. Board members are keen to take a longer-term view that will ensure the environment where local people live, planning and related policies,

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transport accessed, food eaten and local society are all supportive of positive health and wellbeing. This longer-term approach will incorporate spatial planning, investment in health, and cultural change and work in a cumulative way in association with more short and medium-term health and wellbeing interventions. It is acknowledged that the multi-organisational and multi-sector buy-in needed for such an ambitious strategy will be difficult to achieve, yet given budgetary pressures it is considered essential to share resources and use levers outside the health and care services if there are to be effective and sustainable reductions in local health inequities.

- Sustaining an innovative and visionary strategic approach during times of economic recession and reduced budgets
- Changing traditional ways of working within long-standing functions such as planning and regulations
- Incorporating a public health focus into the work of people, including elected members, unfamiliar with thinking this way
- Sustaining real, meaningful change that will radically alter local cultural beliefs and expectations in relation to health and wellbeing.

Measuring success

An important measure of progress will be the inclusion of health and wellbeing impacts as core elements in the Local Development Framework, economic regeneration strategies, transport plans, financial inclusion plans, trading standards and open space planning in Gateshead.

Place-shaping

Many interventions and services aimed at increasing sustainable development have ignored the importance of place, causing fragmentation in terms of policy formulation and implementation. Since health and wellbeing are determined by multiple and inter-linked factors any such uncoordinated approaches ultimately jeopardise efforts to improve health and wellbeing outcomes.

‘Place-shaping’ is a valuable concept for use by health and wellbeing boards being based on “local players collectively using their influence, powers, creativity and abilities to create attractive, prosperous and safe communities, places where people want to live, work and do business”*. It requires not just the joining-up of resources and activities, but also a leadership and influencing role to ensure the efforts of all agencies are focused on the outcomes of greatest importance to local people. A fundamental principle underpinning place-shaping is the idea that every place should have an identity and a function. It recognises that people live and work in communities and places, not sectors or categories.

Health and wellbeing boards provide a sense of place, bringing together the key health and social care commissioners with local Healthwatch. Essentially the boards have a mandate to undertake place-shaping, given their responsibilities to develop strategies that integrate services to genuinely meet the needs of the local community, and to collaborate effectively across local public, private and third sectors to improve local population health.

* www.futurecommunities.net/why/place-shaping-0
This document was developed as part of the National Learning Network for health and wellbeing boards, a programme funded by the Department of Health and supported by the NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement. Each health and wellbeing board learning set has focused on a theme that early implementers have said is of most interest and importance.

It aims to provide health and wellbeing board members with an accessible and helpful resource and does not necessarily showcase best practice but represents key learning on the issues. For further information, or to comment, please email hwb@nhsconfed.org

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