Prevention Challenges
Val Thomas
Prevention

‘… prevention is cost-effective in both the short and longer term. In addition, investing in public health generates cost-effective health outcomes and can contribute to wider sustainability, with economic, social and environmental benefits.’

World Health Organisation, 2014
What do we mean by Prevention?

- **Primary prevention**: prevent the onset of disease through changing the environment, changing behaviour

- **Secondary prevention**: halt the progression of disease once it is established, early detection and diagnosis

- **Tertiary prevention**: rehabilitation of people with an established disease to minimise disabilities or complications

Public Health Outcomes Framework: Overarching Themes

- Increasing healthy life expectancy

- Reducing differences in life expectancy and healthy life expectancy between communities.
What affects our health?

Source: Dahlgren and Whitehead, 1991

"Health is Everyone's Business"
Contributors to health outcomes

Health Behaviours 30%
- Smoking 10%
- Diet/Exercise 10%
- Alcohol use 5%
- Poor sexual health 5%

Socioeconomic Factors 40%
- Education 10%
- Employment 10%
- Income 10%
- Family/Social Support 5%
- Community Safety 5%

Clinical Care 20%
- Access to care 10%
- Quality of care 10%

Built Environment 10%
- Environmental quality 5%
- Built environment 5%

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute
Prevention matters

For the average local authority with a population of around 350,000 this means that each year around 450 people die prematurely of cancer, 250 people from heart disease and stroke, 100 people from respiratory disease and 50 people from liver disease. (Living Well for Longer DH 2014)
Burden of disease attributable to 20 leading risk factors for both sexes in 2010, as a percentage of UK Disability Adjusted Life Years (Living well for longer DH 2014)
See national County & Unitary Authority comparison table

Show data for

**Overall premature deaths**

Cancer
- Lung cancer (all ages)
- Breast cancer
- Colorectal cancer
Heart disease and stroke
- Heart disease
- Stroke
Lung disease
Liver disease
Injury
Socioeconomic deprivation

Premature mortality outcomes

- worst
- worse than average
- better than average
- best
- data unavailable
Costs of avoidable ill health

The annual cost of obesity

- Cost to wider economy: £27bn
- Obesity medication: £13.3bn
- Cost to NHS: £6.1bn
- Obesity attributed days sickness: 16m
- Social care: £352m

It is estimated that overweight, obesity and related morbidity will cost the NHS £9.7 billion by 2050 with wider costs to society estimated to reach £49.9 billion.

Prescribing for diabetes accounted for 9.3% of the total cost of prescribing in England in 2012-13.

It is estimated that in 2010-11 the cost of direct patient care for those living with type 2 diabetes in the UK was £8.8 billion and the indirect costs were approximately £13 billion.

The number of NHS-commissioned bariatric surgery procedures performed for the management of obesity is increasing rapidly in England.
Costs of avoidable ill health

£11 billion alcohol-related crime
£7 billion lost productivity through unemployment and sickness
£3.5 billion cost to NHS

The annual costs of smoking to wider society

Cost to social care £1.1bn
Cost to NHS £2bn
Lost productivity (including smoking breaks) £7.5bn

Total cost to society £13.8bn
Marmot Fair Society Healthy Lives
1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
Health Inequalities

- There is a social gradient in health – the lower a person's social position, the worse his or her health.

- Health inequalities result from social inequalities. **Action on health inequalities requires action across all the social determinants of health.**

- 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.

- Action taken to reduce health inequalities will benefit society in many ways.

**Fair Society, Healthy Lives**
Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003

Life expectancy
DFLE
Pension age increase 2026–2046

Source: Office for National Statistics
Equity vs Equality

'Health is Everyone's Business'
Prevention across the Life Course

Areas of action

Sustainable communities and places

Healthy Standard of Living

Early Years  |  Skills Development  |  Employment and Work  |  Prevention

Life Course

Accumulation of positive and negative effects on health and wellbeing

Life course stages

Prenatal  |  Pre-School  |  School  |  Training  |  Employment  |  Retirement  |  Family Building

Source: Marmot (2010) Fair society healthy lives

www.cambridgeshire.gov.uk
Prevention Challenges

- Health and Housing
- Health and Work
- Health Behaviours
- New Communities
Health and Housing

“Our home is not just a dwelling place. It should be a place of comfort, shelter, safety and warmth...it is the main setting for our health throughout our lives.”
Health and Housing

- A **healthy home**: warm, safe, free from hazards
- A **suitable home**: suitable to household size, specific needs of household members eg, disabled people, and to changing needs eg, as they grow up, or age
- A **stable, secure, home** to call your own: without risk of, or actual, homelessness or other threat eg, domestic abuse
- **Healthy communities & neighbourhoods**
Cost of Poor Housing

Cost of poor housing to the NHS

- Excess cold: £848m
- Falls on stairs: £207m
- Falls on the level: £128m
- Falls between levels: £84m
- Fire: £25m
- Collision: £16m
- Falls around baths: £16m
- Damp and mould: £15m
- Hot surfaces: £15m
- Lead: £16m

All hazards: Cost to NHS £1.4bn

Sources: BRE (2015)
Available from https://www.gov.uk/government/collections/housing-for-health
The Housing Contribution

The right home environment is essential to delivering NHS England’s Five Year Forward View, and local authority plans for social care. It can:

- delay and reduce the need for primary care and social care
- prevent hospital admissions
- enable timely discharge from hospital, and prevent re-admissions
- enable rapid recovery from periods of ill health or planned admissions
Health and Health: Lower employment rates for people with illness/disability

Total GB working age employment rate = 74%

**Impairments**
- 12.3% Difficulty in hearing
- 0.3% Difficulty in seeing
- 18.8% Problems with arms or hands
- 15.6% Problems with eyes
- 12.1% Problems with back or neck
- 12.1% Problems with legs or feet

**Long term health conditions**
- 30.8% Mental illness, phobias, panic attacks, nervous disorders (including depression, bad nerves or anxiety)
- 22.9% Progressive illness not included elsewhere
- 22.1% Epilepsy
- 22.1% Severe disfigurement, skin conditions, allergies
- 12.8% Diabetes
- 12.8% Heart, blood pressure, circulation
- 12.8% Other health problems or disabilities

Indicates the percentage difference from total GB working age employment rate (by each health problem)
Work and Health Programme

- Department of Work and Pensions
- Positive effect of work upon health
- Decrease in the number of people in benefits
- Evidence base for workplace health programmes especially mental health and physical activity
Health Behaviours – in later life

Men aged 40 to 60 are:
◆ more likely to be obese
◆ less likely to smoke and less likely to drink alcohol (although most do)
◆ more likely to suffer from a heart condition
◆ more likely to be diabetic
◆ more likely to report suffering from a mental health disorder

Women aged 40 to 60 are:
◆ more likely to be obese;
◆ less likely to smoke and less likely to drink alcohol
◆ more likely to be diabetic
◆ more likely to report suffering from a mental health disorder
Primary prevention later life

- Modification of risk factors in later life is still beneficial for health: chronic degenerative disease and ill health are not inevitable concomitants of ageing.

- A lifecourse approach recognises the impact of earlier exposures to risk factors for health, on-going behavioural choices, and the opportunities for change and support through life-stages.

- Evidence suggests that interventions which focus on encouraging healthy behaviours in 55-75 year olds may be more effective as they may be more ready, interested and intend to change than individuals in older age groups.
Its never too late!

Former smokers, stopped aged 45-54

Former smokers, stopped smoking aged 55-64
New Communities

- Place and space have an impact on health and wellbeing and individual actions to improve lifestyle or health and wellbeing status are likely to be influenced by the environmental and socioeconomic context in which they take place.
- The term “built environment” includes open space, networks and connectivity between areas as well as the physical structures.
- This includes the places where people work, live, play and socialise.

Social Cohesion and New Communities

The Egan Review 2004