

Learnings from the HSJ Summit 2018 Interactive Discussion Groups

Session Theme: Prevention and Health Inequalities

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Key Questions Posed

- How can we facilitate easier access to wider prevention and public health services to improve health outcomes in a local area?
- What role should the workplace play in preventing ill health and tackling health inequalities?

Outcomes and Learnings

- The 5YFV didn't really deliver on prevention- not much has changed- the 10 year plan must be bolder- needs to have big aspirations
- Pressures from industry are unhelpful when thinking about public health and policy- e.g sugary drinks industry
- **Health inequality challenges and suggestions**
 - The real causes of disease and mortality/health inequalities are psychosocial
 - Need to look at the **wider determinants** of health
 - We need to consider **asset based approaches** to reducing health inequalities
 - We need to understand the world that people live in and understand the barriers to better health
 - Support for people with **dementia post diagnosis** is a major cause of inequality
- **Engagement challenges and suggestions**
 - **Engagement** with patients and the public needs to be **cross sector and collaborative**
 - We need to go to the public and **ask them** why they aren't interested in improving their own health- how do they get the information they need and how can we adapt to meet their needs? (noted that when asked the public felt *(it was also stated that 70% of respondents (general public)) thought that funding should be spent on the treatment end of the spectrum rather than prevention as a priority – so if this is the belief how do we inform the public what is truly meant by prevention and the benefits of focusing on prevention, but at the same time obviously needing to focus on treatment as you need both and as prevention strategies start to have a positive impact the number of 'treatments' needed will also be impacted*)

positively or need to happen later on in life cycle or when they are needed an individual is in a better place to react to treatment than previously)

- Needs to build **trust and relationships** at a local level in order to deliver effective prevention approaches and community services
- **Co-produce services** with communities- see them as equal partners?
- **Funding challenges and suggestions**
 - Local authorities are strapped for cash- we need **ring fenced public health funding**
 - We need pump primed funding
 - **This requires clever outcomes-based commissioning**
 - Look to devolve budgets
- **System working challenges and suggestions**
 - Access to services isn't the issue
 - We must be careful not to overwhelm the voluntary sector
 - We should learn a lot from other sectors- e.g housing and how they wrap services around vulnerable and excluded individuals and communities
- **Potential solutions**
 - Hull CCG Health and Wellbeing Board now have an Office of the H&WBB who have taken on delivery and responsibility for this agenda
 - NICE producing regional resources with PHE
 - Increase navigational support for service users to co-ordinate access and awareness
 - NHS currently has no legal mandate at national level - but we can do things at a local level
 - There is a role for both education and legislation (rules based public health e.g sugar tax and minimum alcohol pricing)
- **What does the system need?**
 - To look at ingrained behaviours and behaviour change approaches in addition to more targeted/social marketing approaches
 - To embrace different types of leadership
 - Real integration to make this work
 - A national debate – what are the responsibilities of people/citizens regarding their own health?
 - A mandate to act - ALL policy needs to be public health driven
- **Questions for the future**
 - What policy options are being considered around legislation and enforcement?
 - How can we re-enforce this with education and personal responsibility?