

# Public Health

*The physical activity offer for  
Hertfordshire as a joint priority*

Jim McManus

Director of Public Health

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# What's in a name?

- “the science and art of preventing disease, prolonging life and promoting, protecting and improving health through the organised efforts of society” *Sir Donald Acheson, 1988*
- “Decency, Freedom from infection, Labour, Dignity”
- *Sir Alfred Hill, President of the Society of Medical Officers of Health, 1866-1903*

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# Implies

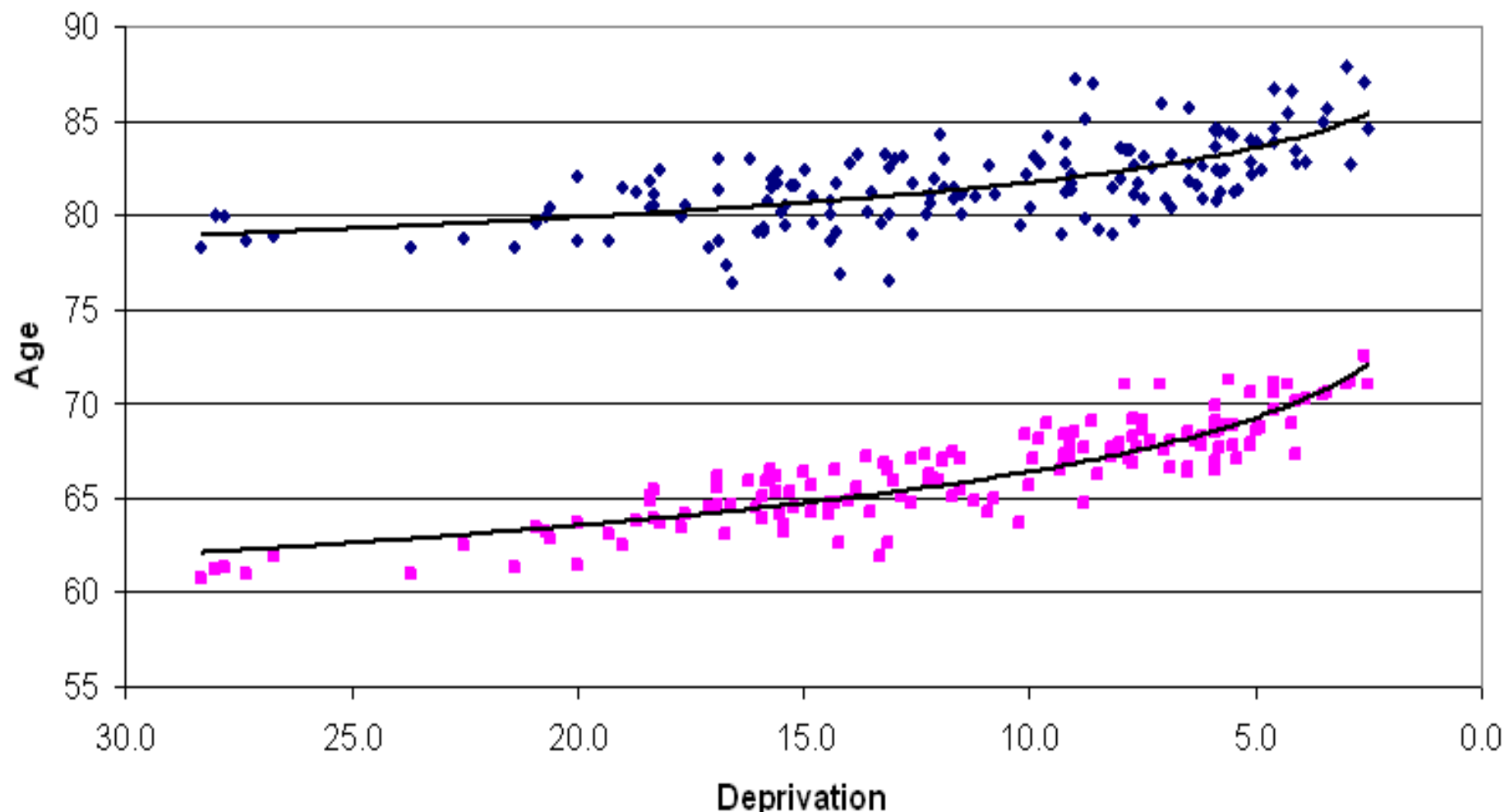
- A strong role for every agency
- A need to rethink what the specialists bits of public health have done and what they do in future
- A need to rethink how we transform ourselves into public health agencies

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# Life expectancy and disability free life expectancy in Hertfordshire



Index of Multiple Deprivation (higher number = high deprivation)

◆ Life expectancy    ■ Disability free life expectancy

Sources: ONS, 2006-10; ONS 1999-2003; DCLG, 2010

# The Opportunity for Herts

- The conditions for everyone to be healthy
  - Reduce and manage risk factors for non communicable disease
  - Heighten protective factors and reduce vulnerability factors to mental ill-health
  - Maintain joint, cardiovascular and musculo-skeletal integrity across lifecourse
- Universal and targeted physical activity offer with pathways to support are a key part of doing thi

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# Role of Physical Activity

- It is NOT the answer to obesity, it is part of AN answer
- It is important in and of itself as a health-giving and health-protecting exercise (*vascular, endocrine, musculo-skeletal, cognitive, emotional and immune benefits*)
- Second nature self-propelled transport
- Link up to behavioural pathways in prevention
- Balances pharmacological pathways in prevention of non communicable disease
- Supports self care in non communicable disease
- Supports rehabilitation
- Mental health resilience and coping

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# Seven Principles for a commissioning approach

1. Commission for the whole person's lived experience (housing, volunteering, leisure, transport,)
2. See Potentials not Problems, assets as well as needs
3. Transformation of current system through staged redesign to preventive and early intervention
4. Subsidiarity and Access
5. Co-production
6. Behavioural Sciences
7. Pathwayed

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# Healthier Herts: A Public Health Strategy for Hertfordshire

## Consultation Draft



**OUR PURPOSE**  
to work together to improve the health and wellbeing of the people of Hertfordshire, based on best practice and best evidence

**OUR VISION:**  
A Healthy, Happy Hertfordshire: **everyone in Hertfordshire is born healthy, and lives full, healthy and happy lives. We compare well with England and every area in Hertfordshire compares well against Hertfordshire**

**The Public Health Outcomes Framework (the national PHOF will Help us measure Our success)**

**WHAT WE WILL ACHIEVE WORKING FOR AND WITH OUR RESIDENTS**  
(our strategic priorities: what we achieve for our County)

- Priority 1:** Our Population lives Longer, Healthier Lives
- Priority 2:** Our Population Starts Life Healthy and Stays Healthy
- Priority 3:** We narrow the gap in life expectancy and health between most and least healthy
- Priority 4:** We protect our communities from harm (chemical, biological, radiological and environmental)

**HOW WE WILL WORK TOGETHER**  
(our strategic priorities: how we do it for our County)

**Priority 5:** We understand what's needed and we do what works

**Priority 6:** We make public health everybody's business and work together

**Building Blocks For the Public Health Family**

- Strong Leadership
- Capable, Skilled People
- Co-production with citizens
- Effective Partnerships
- Evidence and Knowledge Driven
- Plan and Deliver for Localism
- Whole System Approaches

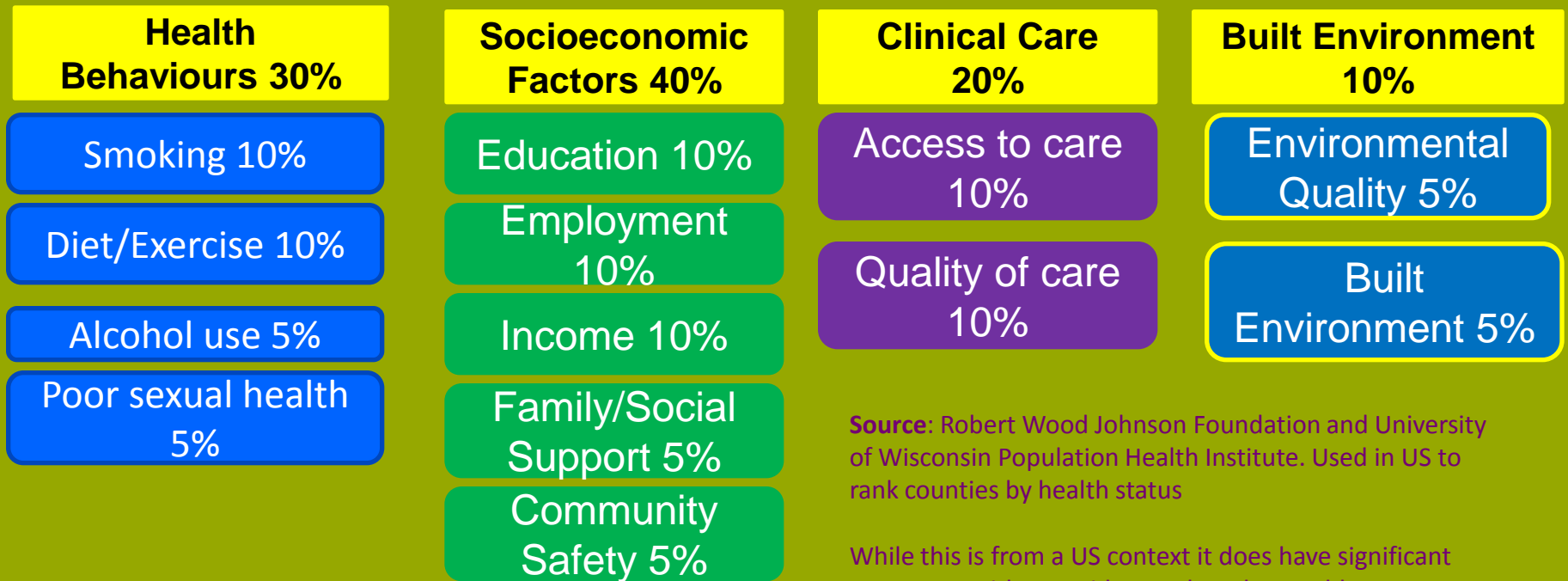
Making better use of behavioural sciences at individual, interpersonal, community and service levels



# Conceptualising wider determinants



Contributors to overall health outcomes



**Source:** Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

While this is from a US context it does have significant resonance with UK Evidence, though I would want to increase the contribution of housing to health outcomes from a UK perspective.

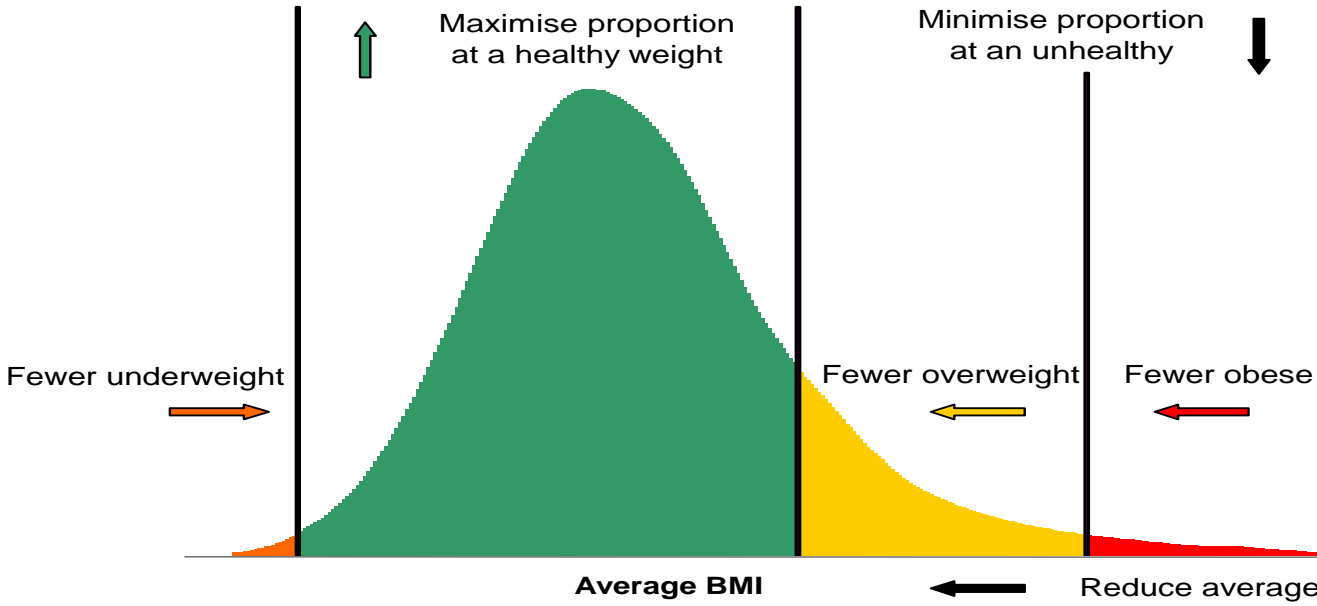
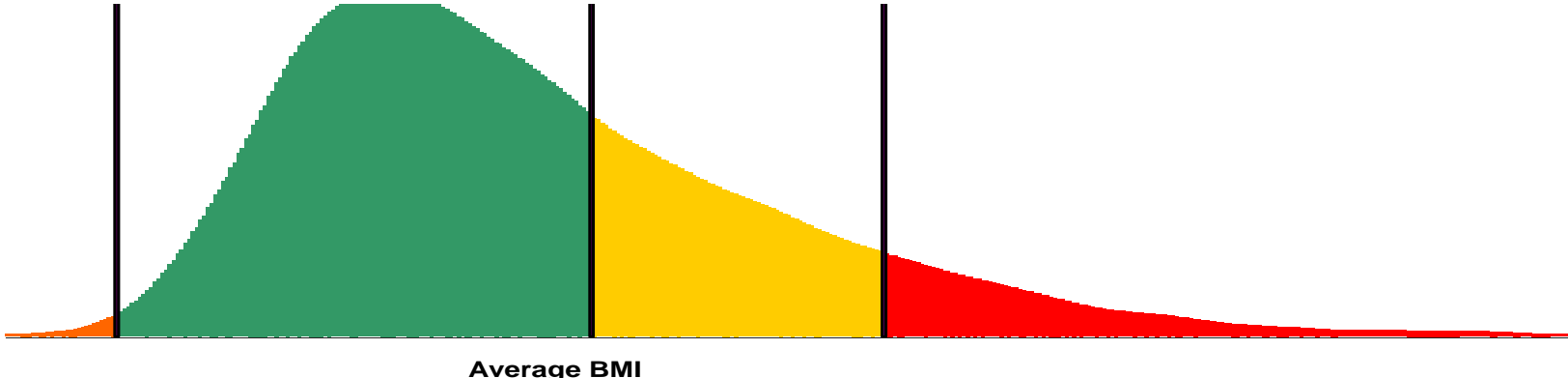
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# a new approach is needed, focus on shifting weight distribution in the population

- Underweight
- Healthy weight
- Overweight
- Obese



Make more people a healthy weight, not just fewer people obese

# Systems thinking on wider determinants

## Getting everyone on the same systems page

**The wider determinants of Health and Local Government functions  
(Must adopt a Lifecourse approach!)**

**The Lives people lead and whether LA functions help or hinder healthy lifestyles (*policy, service quality, access, behavioural economics, behavioural sciences*)**

**The services people access such as primary care  
(*high quality, easy access, good follow up, behavioural and lifestyle pathways wrap around*)**

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# People Centred Public Health

- Every service understands and owns a public health role
- We skill and motivate people to self-manage their health and wellbeing
- We focus on the person and co-ordinate around them
- Physical, Social, Psychological and Spiritual are all part of the dynamics of health
- Mindset of staff,volunteers, carers and users

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## A Lifecourse approach

- Conception to death
- Protective and vulnerability factors (e.g. obesogenic or energy balanced environment)
- Healthy outcome in one age is cumulative impact of earlier ages
- Poor outcome in one age may be risk factor for another (low birth weight and CVD)
- Early investment, early prevention (lifetime mental ill health and under 13s)
- Data, Evidence, Implementation key

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# Phasing and Layering across public health

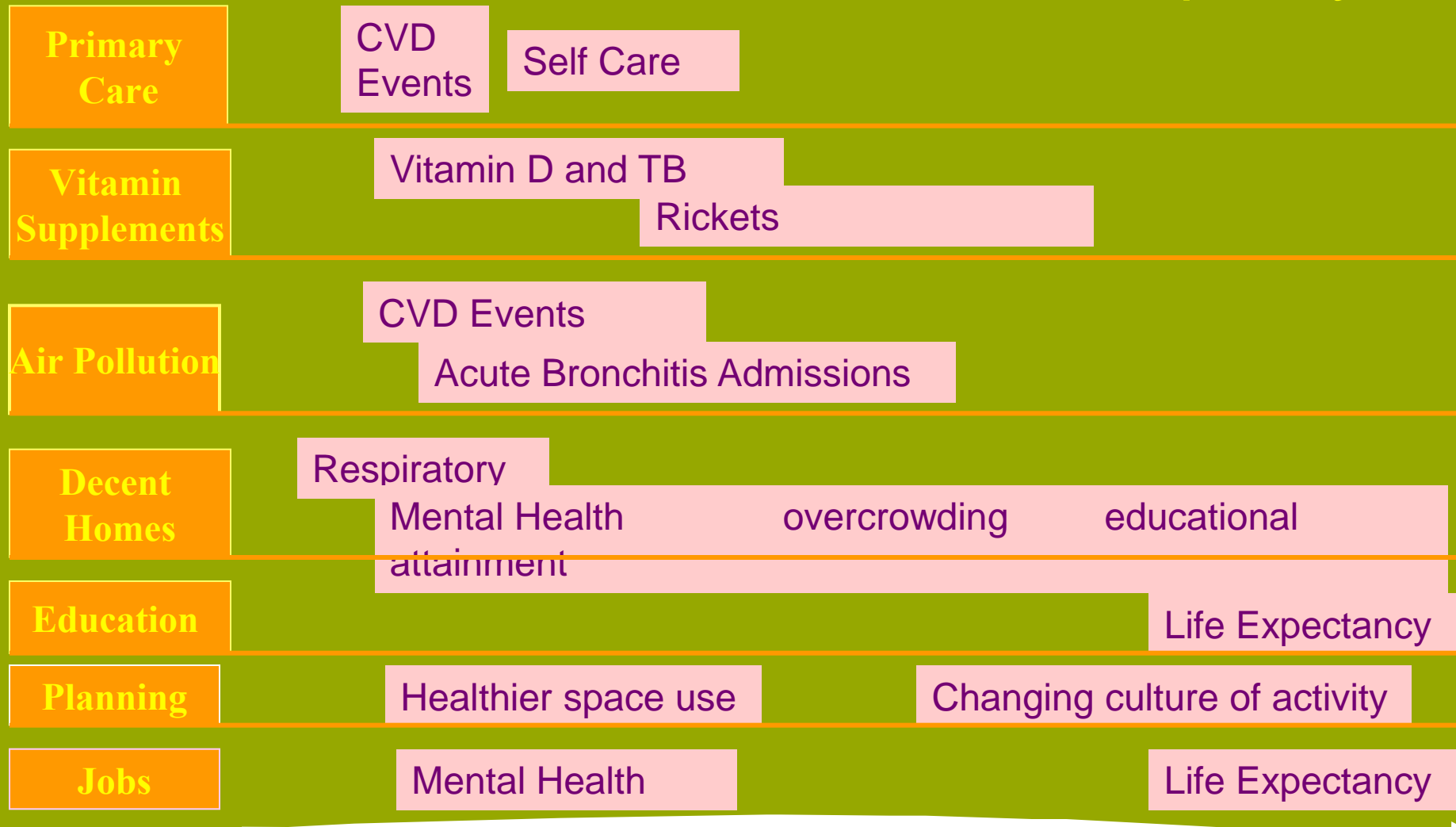
- Think through what we can do short term
- Start work on the medium term
- Set the policy framework for the long term
- Build this understanding among partners
- Get started and realise
- County, District, Parish, NHS, Business and Community Sector working together

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# Timeframes of impact/yield



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Years



## What it means for sport and physical activity

- Regular physical activity available for ALL as routine part of life
- Physical activity providers as part of public health pathway
- Making every contact count
- Physical Activity Plus +
- Sport from entrant to elite – social norms reinforcing activity and health

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## What it means for NHS Services, for example

- Preventive services in every patient pathway
- Preventive services in clinical services link up to community services (referral for leisure and behavioural interventions)
- Making Every Contact Count
- Commissioning for self-management in chronic disease

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## Physical Activity Plus+

- Referral from GPs and services
- Physical activity more widely on referral
- Staff have health goal assessment, motivation and behaviour change skills
- Inclusion of people who face barriers to access (cost, disability, etc)

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## What it means for physical activity agencies

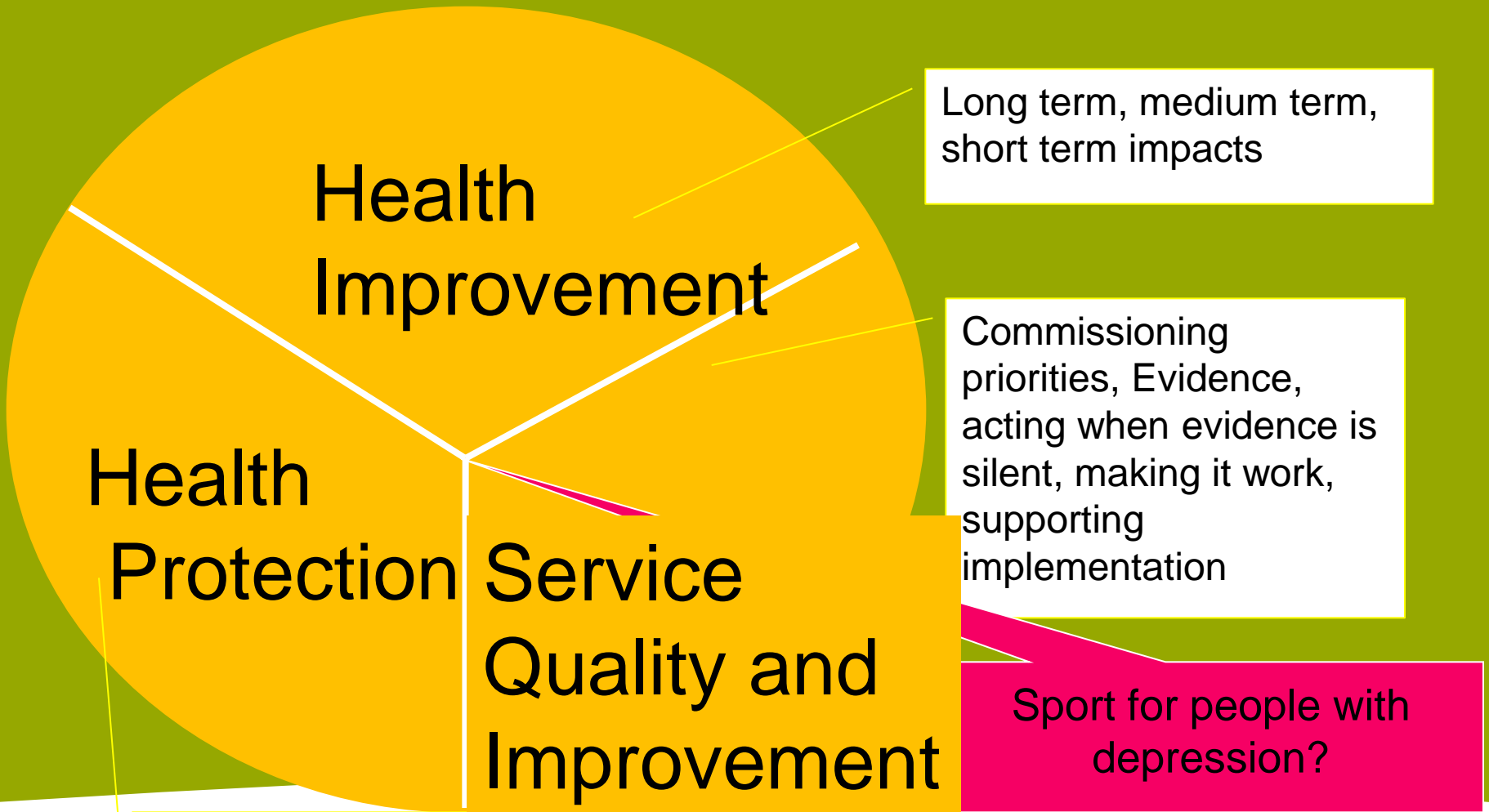
- Mainstream an ethos of public health in your service
- Co-design public health services with public health commissioners
- Embed public health skills across your services
- Build resilience in users and communities
- Motivate people to self-manage
- Become health promoting in all you do

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Let's assume you run a sports centre.....



HER

Ensuring we have the right frameworks in place

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Thank you!

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- [Jim.mcmanus@hertfordshire.gov.uk](mailto:Jim.mcmanus@hertfordshire.gov.uk)

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