It Ain’t Easy

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Health
Care

Behaviours, Social Factors & the Environment
Sick

Physiological Changes
- Obesity
- Raised Blood Pressure
- Raised Glucose
- Raised Lipids

Behavioral Risk Factors
- Smoking
- Poor Diet
- Insufficient Exercise
- Excessive Alcohol

Social & Environmental Risk Factors
- Economic Insecurity
- Poor Housing
- Poor Education
- Unsafe Areas
- Poor Access to Food
Integrate!

Find ways to work together more effectively
Low-intensity, home-based, environmental interventions for people with asthma decrease the cost of health care utilization.

Greater reductions are realized when services are targeted toward people with more poorly controlled asthma.

Public payers should consider expanding coverage, at least for patients with poorly controlled asthma or who may be at risk for poor asthma control, to include services that address triggers in the home environment.
Landlords were helped to get grants or borrow money to upgrade their buildings.

Once in the building, the goal is to work with them to make other improvements, like adopting integrated pest management and ‘green cleaning’.

Part of the aim is to show that upstream investments can produce returns of better health and lower health care costs.
Integrated care in Northern Ireland, Scotland and Wales
Lessons for England

- Northern Ireland integrated since 1973
- Scotland integrated since 2004
- Wales since 2009
- Lack of well-designed studies and evaluations of the impact of integrated care
- Comparison difficult as data collected differently in all the three nations
Northern Ireland

• Little systematic evidence that integrated health and social care has demonstrated measurable improvements for the population

• Lengthy period of policy inactivity both before and after the creation of the Northern Ireland Assembly

• Social care was taken out of local authorities because of concerns about their capabilities rather than as a positive intention to promote integrated care
Scotland

• Have made the greatest progress
• Organisational stability, political consensus, commitment of successive ministers & a series of integration-promoting policies
• 16 national outcomes and 50 national indicators and targets
• A ‘Single Outcomes Agreement’ between the government and community planning partnerships
• BUT arrangements for joint working between the NHS and local authorities centred on community health partnerships are not working
• Health boards have struggled to bring about any significant shift in resources from hospitals to the community
Wales

• Early stages

• It has been difficult so far to shift resources within local health boards from hospitals to the community, let alone from health to social care

• Barriers
  • Lack of alignment between local health boards and local authorities
  • Different funding streams
  • Long-standing professional loyalties

• Despite a strong political commitment

• No single outcomes and performance management framework
Lessons Learned

• Formidable challenges in realising benefits of integrated structures
• Hard to exaggerate the power of hospitals
• Structural change will do little unless politicians are prepared to manage unpopularity
• The NHS in England *outperforms* the NHS in the rest of the United Kingdom in some measures
• Structural integration is only one factor among many in facilitating the development of integrated care
• Needs to be a willingness to challenge professional, cultural and behavioural barriers to integrated care
Journal of the American College of Cardiology

November 2017
DOI: 10.1016/j.jacc.2017.11.006

A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines


Accepted Manuscript
Community-Defined Health?

• Community’s definition of health
• Work, not theory
• Willing to share their struggles
12 Principles

• Inclusive, participatory and responsive process
• Professor Len Syme
• Risk factors account for less than 50% of disease and death
• The rest is ‘sense of control’
• Requires agency
• Fostered through a inclusive, participatory and responsive process
1. The need to create mutually accountable partnerships between institutions and communities

2. The need for new ways of thinking about how to understand, measure, and communicate value

3. The need for capital to be invested in ways designed to explore and nurture new ways of working
Lessons Learned

• Don’t assume who’s learning and who’s teaching
• Discussing health = discussing systems of oppression
• Discussing systems of oppression is ‘triggering’
• Need to create an infrastructure for collaboration
• And it needs to enable learning and iteration
• The term ‘community’ is potentially ‘othering’
• Discussion needs to go further than community benefits or CSR
• Same 12 Principles
• CBOs and public health know them already
• Health care needs to change
• Framework for reconceiving its relationships with communities
• Bring strategic purpose
Figure 2

Leading global causes of burden of disease, 2004 and 2030

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<thead>
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<th>2004 Disease or Injury</th>
<th>As % of total DALYs</th>
<th>Rank</th>
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<tbody>
<tr>
<td>Lower respiratory infections</td>
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<tr>
<td>Diarrhoeal diseases</td>
<td>4.8</td>
<td>2</td>
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<tr>
<td>Unipolar depressive disorders</td>
<td>4.3</td>
<td>3</td>
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<tr>
<td>Ischaemic heart disease</td>
<td>4.1</td>
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<td>HIV/AIDS</td>
<td>3.8</td>
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<tr>
<td>Cerebrovascular disease</td>
<td>3.1</td>
<td>6</td>
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<tr>
<td>Prematurity and low birth weight</td>
<td>2.9</td>
<td>7</td>
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<tr>
<td>Birth asphyxia and birth trauma</td>
<td>2.7</td>
<td>8</td>
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<tr>
<td>Road traffic accidents</td>
<td>2.7</td>
<td>9</td>
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<tr>
<td>Neonatal infections and other</td>
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<td>10</td>
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<tr>
<td>COPD</td>
<td>2.0</td>
<td>13</td>
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<td>Refractive errors</td>
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<td>14</td>
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<tr>
<td>Hearing loss, adult onset</td>
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<td>15</td>
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<tr>
<td>Diabetes mellitus</td>
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What the system thinks it is doing

Problem-defined group + Risk assessment + Intervention = Outcome

...and what it actually does

Risk assessment + Intervention + Outcome = Problem-defined group
Bringing Purpose to Community Engagement

A Tool for Reconceiving Health Care's Relationship with Communities
To Conclude...

• Yes, we need to integrate health and social
• Quick, small wins are possible (asthma and housing)
• Shifting resources is about changing power dynamics
• Communities need to have a voice (agency)
• Disease has changed and so should our approach to health
• It’s not remotely easy, but we have to persevere

Thanks for listening