Prevention is better than cure
Achieving wellbeing outcomes through culture and sport

Annual Tourism, Culture and Sport Conference
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Abstract

• Our health and social care system is unsustainable and will buckle under the weight of demand unless we promote healthy choices, prevent sickness and intervene early to minimise the need for costly hospital treatment.

• Thanks to its unique reach into communities, and proven track record promoting mental and physical wellbeing, culture and sport has a powerful role to play in preventing ill health and supporting independence. This workshop will explore how in the context of further reform, culture and sport leaders can influence health and social care commissioners to maximise the preventative contribution of the services they lead.

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Running Order

• **Chair: Mark Allman**, Chair CCLOA, Head of Sport and Active Recreation, Leeds City Council

• Mark Alman - intro

• Justin Varney – presentation, 10 mins max

• Jim McManus – presentation, 10 mins max

• Discussion and Questions
Waves of Avoidable Disease need Waves of Public Health action

Adapted from Davies et al, 2014 http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62341-7/abstract

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The key point

• If, and only if, we think and act like a system, we will get better outcomes for physical and mental health from sport, physical activity and culture

• If, and only if, we act as a system, we can save money for health and social care
The avoidable spend areas in the health system, with poor health/quality of life

Volume of spend

Existing curve

Severity of condition

People with long term mental ill health Whose physical health deteriorates due to Sub-optimal management

Crisis pathways And repeat Admissions, dual diagnoses

Prescribing practice where IAPT or CBT could resolve issues

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Common Mental Health Problems

1 in 5 Females

1 in 8 Males

Aged 18-64, are estimated to have a common mental health problems
Key actions to reduce MH spend curve
Clinical + Lifestyle + Behavioural

Volume of spend

Existing curve

The Achievable

Severity

Optimum physical health (e.g., quitting smoking reduces cost to MH services)

Channel shift: Greater use of online and community groups; less prescribing

Recovery focused care

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## Example order of desired outcomes

### COST OF EXISTING BURDEN OF DISEASE

<table>
<thead>
<tr>
<th>Level</th>
<th>Suggested Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tertiary Prevention</td>
<td>• People with advanced disease cope better and self-manage</td>
</tr>
<tr>
<td>MASSIVE COST</td>
<td>• Lever out efficiencies from reduced activity to pay for the work</td>
</tr>
<tr>
<td>NOW, LITTLE REAL PREVENTION</td>
<td></td>
</tr>
<tr>
<td>UNDERWAY</td>
<td></td>
</tr>
<tr>
<td>Secondary Prevention</td>
<td>• Prevent disability and mental ill-health in people with existing disease</td>
</tr>
<tr>
<td>MAJOR COST TO SYSTEM NOW,</td>
<td>• Screen, refer, make access easy</td>
</tr>
<tr>
<td>LITTLE REAL PREVENTION</td>
<td>• Write it into Care pathways!</td>
</tr>
<tr>
<td>UNDERWAY</td>
<td></td>
</tr>
<tr>
<td>Primary Prevention</td>
<td>• Everyone referred into physical activity</td>
</tr>
</tbody>
</table>
The business case for physical activity stacks up

Exercise:
The miracle cure and the role of the doctor in promoting it

February 2015
The Evidence

• We don’t need any more evidence, we’ve got enough

• What we need is clear, conceptualised action
Priorities and Challenges

Challenges

• Financially unsustainable wave of preventable disease and disability (physical, psychological)
• Closed and parallel systems
• Outcomes

Priorities

• Preventing need for service as strategic system wide priority
• Interventions to restore self-control, physical and psychological balance
## Layering our actions

<table>
<thead>
<tr>
<th>Layer</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic</td>
<td>Get everyone to sign up to and understand a strategic shift to prevention – primary, secondary and tertiary</td>
</tr>
<tr>
<td>Programme Plan</td>
<td>Identify outcomes you want and then prioritise, and identify who and how</td>
</tr>
<tr>
<td>Clinical Roles</td>
<td>Pathways, referrals, Making Every Contact Count (properly with <strong>GOOD</strong> communication skills)</td>
</tr>
<tr>
<td>Leisure Roles</td>
<td>Easy access, skills for self-management, physical activity as default FOR EVERY condition</td>
</tr>
<tr>
<td>Culture Roles</td>
<td>Easy access, menu of options, start with biggest challenge – singing for COPD or social isolation, for example</td>
</tr>
<tr>
<td>Public Health Roles</td>
<td>System advocacy, some funding, monitoring outcomes, JSNA</td>
</tr>
</tbody>
</table>
Key knowledge to be effective

Role of Culture or Sport
Intrapersonal, interpersonal, social

- Population
- Need
- Policy
- Diversity, Equality, Safeguarding
- Service Delivery
- Outcomes
Understand what you’re about to try – a public health mindset. From understanding need to showing you’ve met it.

- **What population?**
- **What issue/need?** (Needs Assessment)
- **What outcomes do we want?** (Strategy)
- **Interventions fit best?** (Prioritising, Planning)
- **How do we know it’s working?** (Evaluation)

- **Where are we?** Intelligence, JSNA
- **Where do we want to be?**
- **How do we get there?**
- **Are we there yet?**
CLOA in Herts: alignment & communication

CHALLENGES – at start

• Join up – primary care & physical activity
• Inactivity & avoidable disability/disease widespread
• Variable pathways
• Many players
• Need for delivery!

RESULTS

• Loosely connected network turned into organised partnership
• Shared vision
• More understanding across sectors
• Shared action plan
• New and mainstream £
The Framework – the case in one place

• **4 key strategic principles**
  – Get the message out
  – Design physical activity back into everyday lives
  – Make physical activity a lifelong habit (focus inactive people)
  – Prove success - evaluation

• **In our 10 Districts/Boroughs**
  – Physical activity plans developing
  – £2m PH spending, much on PA

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Health & Physical Activity Working Group - To take responsibility for developing a sustainable framework for increasing physical activity opportunities and participation by Hertfordshire residents, via links with healthcare
Health & Physical Activity Working Group

- 5 meetings to date
- Multi-agency representation
  - GPs, CCGs, NHS Trusts, Districts, County Council, Leisure Centres, Herts Sports Partnership, Pharmacy
- Working through key issues
  - Exercise on referral; Rehab; Older people; exercise within NHS Trusts; central information in one place
- Seizing/creating opportunities
- Health & Physical Activity Action Plan

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Strategic Principles for Hertfordshire’s Health & Physical Activity Action Plan

• **SP1**: Identify, support and connect physical activity advocates (especially clinicians)

• **SP2**: Deliver community wide inspirational hooks/campaigns

• **SP3**: Implement effective practice linked to healthcare

• **SP4**: Build on initiatives that address barriers & improve access at scale

• **SP5**: Provide training and support for promoting physical activity by healthcare professionals

• **SP6**: Provide information on one website for Herts

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Men’s Weight Management

• “Shape Up” with Watford FC
  – Male focused, to increase uptake, following evidence
  – Good results –
    • 3361 donuts “lost” by first cohort
    • 206 men started, $\frac{3}{4}$ complete
    • Half of completers benefit significantly
  – Potential for external funding

CONTACT US FOR MORE INFORMATION:

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01923 496391 andrew.garlick@watfordfc.com
Accessibility Issues..Linking Culture, Sport, Mental Health and Disability

Culture

• Arts and Culture JSNA
• Small projects clustering around GP surgeries
• Patient Navigators in GP clusters to help people get into these
• Year of Mental Health
• Culture of Wellbeing Conference and working group

Sport and Physical Activity

• Disability sports plans
• Specific advocates to help people with long term conditions into phys activity
• Physical Health Plan for people with MH problems
• Years of...to change culture

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Work on Arts/Culture and wellbeing starting

Culture

- Conference 2015 on Arts and Wellbeing
  - Working Group
  - Evaluation Workshop Planned
  - Lifestyle and Legacy Partnership

- Arts and Culture JSNA

- Small projects clustering around GP surgeries

- Patient Navigators in GP clusters to help people get into these

- Year of Mental Health
Hertfordshire Lifestyle and Legacy Partnership

- brings together shared objectives in the areas of public health, sport, recreation, culture and volunteering.

- Spurs strategic and operational level actions

http://www.hertsdirect.org/your-council/hcc/partnerwork/olympiclegacy /

www.hertsdirect.org
Some further resources

Physical Activity/Sport
- Session for elected members leadership essentials
- Commissioning Physical Activity Workshop
- Physical Activity Framework
  - [http://www.hertsdirect.org/docs/pdf/h/hertsPASF.pdf](http://www.hertsdirect.org/docs/pdf/h/hertsPASF.pdf)

Culture
- Culture JSNA outline and strategy statement
  - [http://jsna.hertslis.org/top/healthdemo/artsleis/](http://jsna.hertslis.org/top/healthdemo/artsleis/)
- Culture and health conference resources

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Thank you

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• Public Health Pages
• www.hertsdirect.org/healthinherts

• JSNA
• http://jsna.hertslis.org/

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