



Public Health
England

The evidence for integration

Care & Repair England, 21 June 2016

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National lead: homes and health

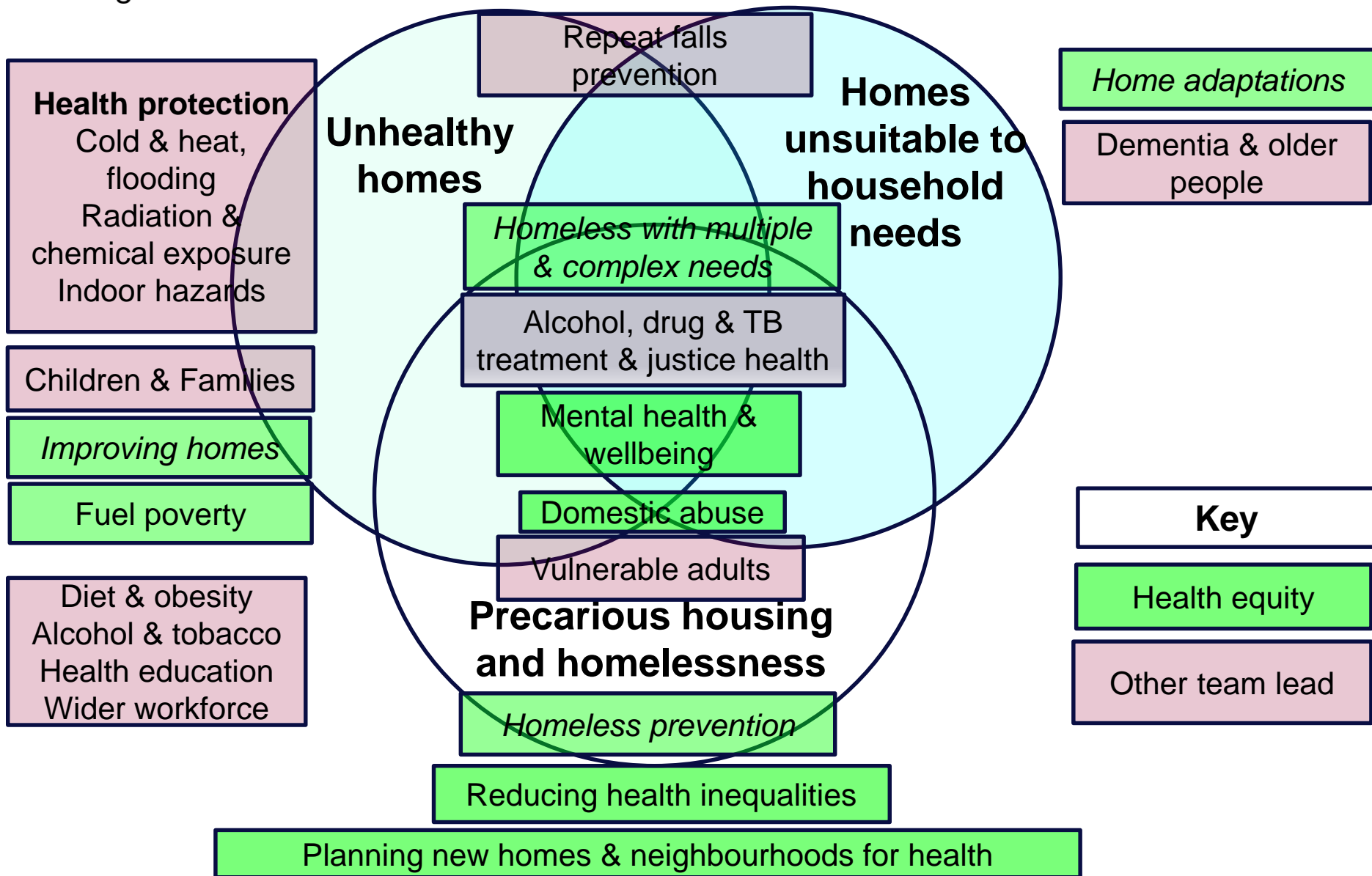


An adventure in health

- A foot in the door...
- What are you trying to do...and how can I help?
 - What is 'good enough' evidence?
 - What presentation do you respond to best?
- Connect 'the' system
 - What does this look like now?
 - Where will we be in 2020?
- Evidence opportunities
- DevoManc as a pioneer?



What do you want to do?





What's 'good enough' evidence?



Acknowledgement: Jonathan Breckon, Director, Alliance for Useful Evidence



Public health system & our place

National government

Responsible for national strategy, legislation and policy on the public's health and other decisions that influence the wider determinants of health

Local government

Responsible for improving the health of people in their area, addressing the full range of factors determining good health and developing healthy and sustainable communities

The NHS

Responsible for supporting patients to live more healthily as well as delivering health improvement interventions such as NHS Health Checks and support to stop smoking. The NHS also delivers specific public health services such as vaccinations and screening. A radical upgrade in prevention is to be reflected in the new place-based plans

Public Health England

- protects the country from threats to health, including outbreaks of infectious diseases and environmental hazards, in the UK and abroad
- improves the public's health and wellbeing
- improves population health through sustainable health and care services
- builds capacity and capability of the public health system

Through:

- application of evidence into practice, and influencing public health policy
- a place-based approach that engages local communities, building on their assets and addressing the wider determinants of health, including the built and natural environment
- a life course approach, promoting a holistic view of an individual's total health and wellbeing needs at every stage of life, seeing public health as one system for improving health and wellbeing

THE PUBLIC

Make choices around their lives and health, and are affected, informed and influenced by their physical and social environment. Supported by local and national government, the NHS, businesses, the voluntary and community sector and directly by PHE through its behaviour change and social marketing campaigns

Voluntary and community sector

Influences the public's health by providing people with volunteering opportunities, employment, goods, services and information. Provides advocacy for specific public health concerns

Industry

Influences the public's health by providing people with employment, goods, services and information

Global public health

Collaborating internationally to identify and address threats to health

Scientific and academic community

Apply scientific knowledge, methods and advanced technology to the prevention of disease and protection of the population against threats to health



Local challenge in commissioning

Commissioners

Single, upper tier, met boroughs:

- Adult social care
- Children and families
- Public health, incl. DAAT

Housing essential but not primary purpose - other public body:

- Health organisations eg, CSU, CCGs, GPs, hospitals/Trusts
- Criminal justice bodies eg, NOMS, NPS, CRCs, PCCs, YOT
- Immigration ie, NASS

Service delivery

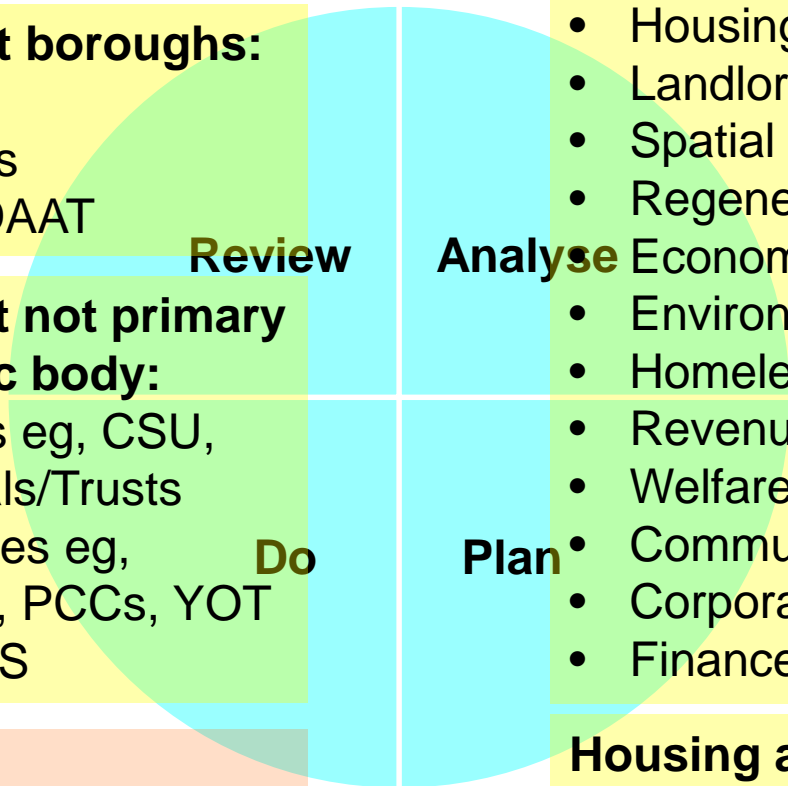
- 'In house' LA
- External organisations
 - Procured by public body
 - Funded by charitable source
 - Funded by customers

Local housing authority:

- Housing strategy
- Landlord services (not all)
- Spatial planning
- Regeneration
- Economic growth
- Environmental health
- Homelessness
- Revenue collection
- Welfare
- Community safety
- Corporate planning
- Finance/asset management

Housing as primary purpose:

- Social landlords
- Private landlords/lettings agents
- Developers & builders
- Housing support & improvement
- Information, advice & guidance





Clarity about what this looks like?

Health, care & other institutional settings

People

People leaving a health, care or other institutional setting move on to a healthy home environment

People who become ill, face crisis or other life change manage their health & wellbeing at home

People with long term conditions are able to manage their health at home

Everyone's home promotes good health & prevents ill-health

Healthy homes and neighbourhoods

Integrated 'health and wealth' services

Information, advice, support in PIE

Support from people with lived experience

Interventions

End of life support at home

Hospital discharge, prison resettlement etc,

Step down, specialist & supported housing

Crisis response: homeless

Housing support/tenancy sustainment

Homeless prevention

Making every contact count

Healthy communities and health equity



The role of evidence in policy

Policy Skills & Knowledge Framework

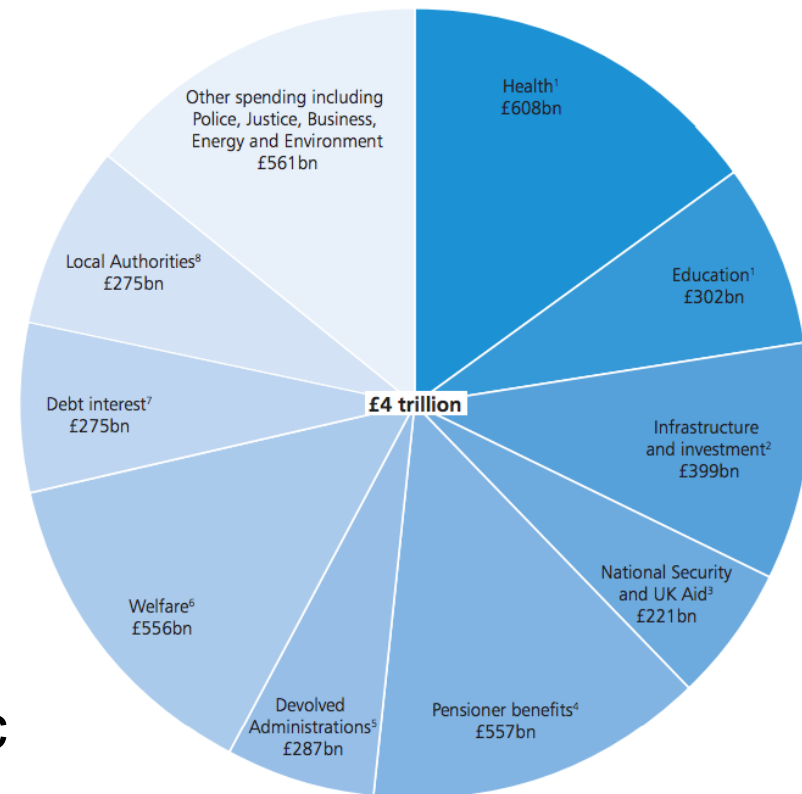




What does the future hold?

By 2020 economic & national security

- Returned to surplus
- Higher wages, lower welfare
- More people able to pay to meet their own needs
- Devolution to rebalance the economy
- Integrated health and social care
- Self sufficient local government
- Reformed and modernised public services





DevoManc as a pioneer?

- Vision to greatest & fastest possible improvement to health & wellbeing of 2.8m people in GM
- £6bn health & social care agreement
 - Public health memorandum includes housing
- History of collaboration
 - Existing forums an opportunity to share
 - 'Home' in locality plans and strategic plan
- GM Health and Social Care Partnership
 - Many organisations – integrated leadership
 - 'More people to stay well & live at home'
 - Principle to be innovative, use international evidence and proven best practice to shape services





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