

Self- Management....Who Benefits?

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Format

- Response through a public health lens
- The role of physiotherapists in a shift towards preventative healthcare



Who benefits?.....

We all benefit!



Health is a vital resource for our

country







Being productive



A virtuous circle



Building a strong society

81% of Britons believe that Government should prioritise creating the greatest happiness, not the greatest wealth



Public Health he costs of neglecting health across the life England course are huge, for government and society



Starting with school

here is an association between lack of physical activity and poor school performance



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Affecting productivity

£14b per year lost

through sick days - the main reasons are musculoskeletal and emotional wellbeing



to job

develops clinical depression within 6 months of losing their job. Once depression has developed, finding a job is even harder

One in seven men

Public expenditure on social care for older people to rise to £12.7b by 2022 (an **increase of 37%** from £9.3b in 2010) to keep pace with

expected demographic pressures



Health and social care costs



We know what the fundamental causes of ill-health are...

- Health and wellbeing are the work of a lifetime
- They do not happen by chance
- Health must be promoted all through life

The building blocks of good health

Good education

Safe Environment Sense of purpose

Individual behaviours

Strong community

Decent housing

Meaningful work

Adequate income



...and they align with the immediate causes of ill health...



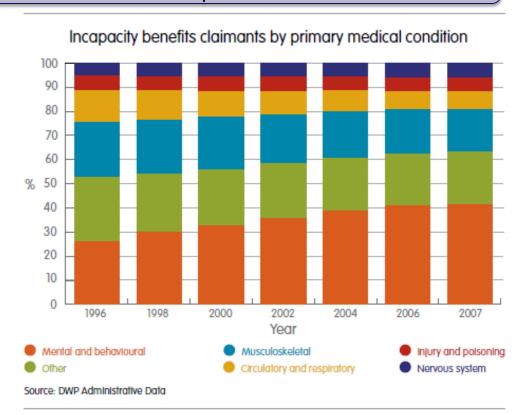
Top 10 contributors to years of life lived with disability



...which contribute to the main forms of disability...

The main forms of disability map exactly to incapacity benefits – mental illness and musculoskeletal come out on top

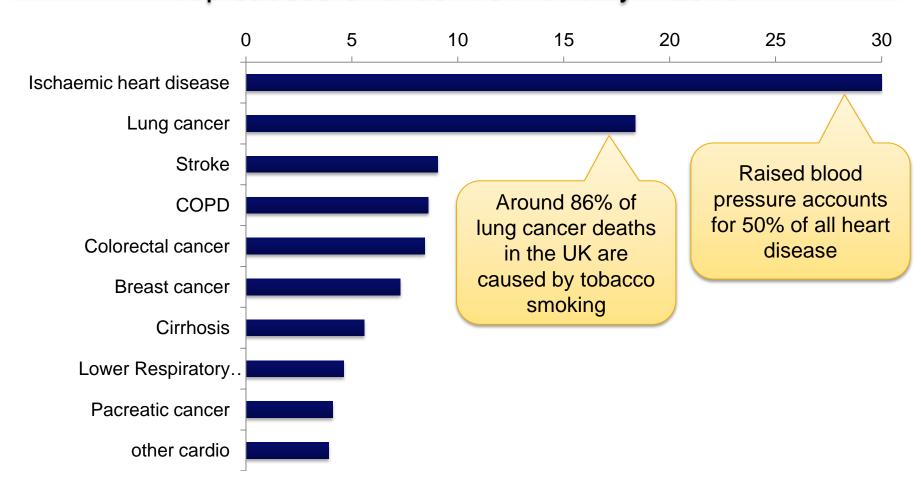
- Musculoskeletal disorders
- Mental illness
- 3. Diabetes
- 4. Chronic respiratory diseases
- 5. Neurological disorders
- 6. Unintentional injuries
- 7. Cardiovascular disorders
- 8. Cancer





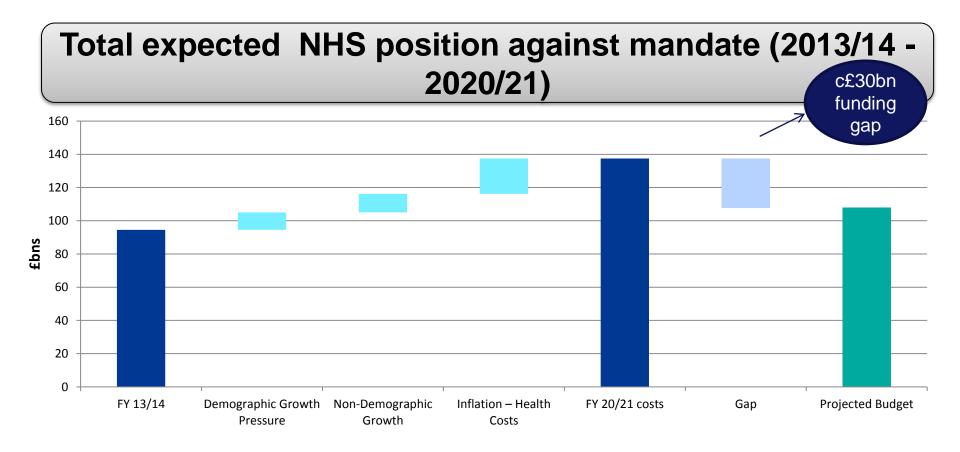
...and the major killers.

Top causes of under 75 mortality – 2010





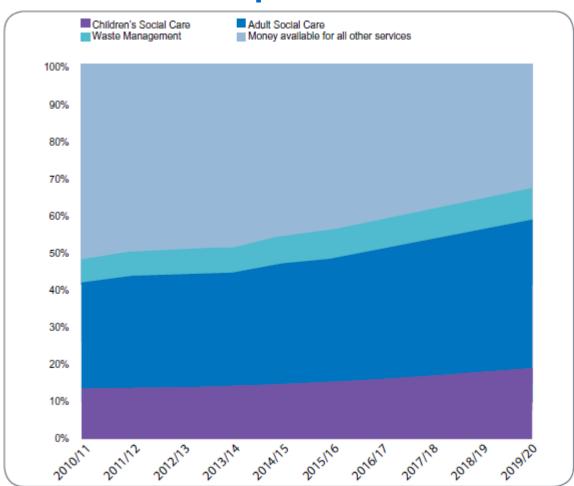
Pressures on health spending are set to increase... challenging the NHS



 To bridge this gap productivity improvements would need to be c.3.5% annually between 13/14 and 20/21



Local Authorities may struggle to provide basic services



Within 10 years, adult social care and children's services will account for 50% of council budgets



Other services e.g. transport, fire safety will be squeezed

Source: LGA – Funding outlook for councils from 2010-11 to 2019-20



But we can change this if we work collectively

Contributors to health outcomes

Health Behaviours 30%

Smoking 10%

Diet/Exercise 10%

Alcohol use 5%

Poor sexual health 5%

Socioeconomic Factors 40%

Education 10%

Employment 10%

Income 10%

Family/Social Support 5%

Community Safety 5%

Clinical Care 20%

Access to care 10%

Quality of care 10%

Built Environment 10%

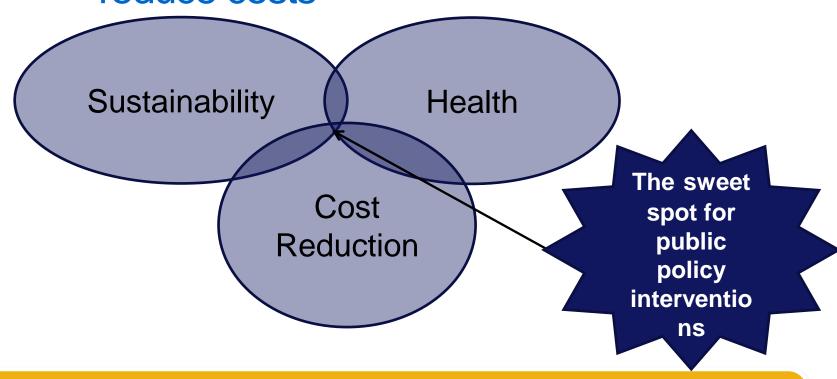
5%
Environmental
Quality

Built Environment 5%

We have to concentrate action on all fronts



We know there are interventions which improve health, are sustainable, and reduce costs



We also know of interventions which deliver return on investment within 5 years – what's stopping us from implementing them?

For example... effective interventions



Yakutsk, Russia is the coldest permanently inhabited town in the world. Winter temperatures regularly reach -45°C.

They have no excess winter deaths.

So why we have did 31,100 excess winter deaths in the UK in 2012/13? (1)

An Investment of £251m to reduce domestic impacts of excess cold could deliver savings of £859m within year in terms of reduced health costs (2)

Better insulation saves costs (for the taxpayer and consumer), improves health, and increases sustainability. It also delivers immediately.

Getting just one more child to walk to school could pay back the equivalent of <u>£768</u> in health benefits to individuals, savings in NHS costs, productivity gains and reduction in air pollution and congestion (3)





Physiotherapy works – Occupational Health

- Sickness absence costs the UK around £15 billion annually in lost economic output
 - £13 billion is spent on health related state benefits
 - In the NHS almost 40% of staff sickness absence is due to musculoskeletal conditions



York Teaching Hospital NHS Foundation Trust were losing £3.7million/year in sickness absence in 2008

Investing £160k in a occupational health team inc physiotherapists resulted in annual savings of £1.2 million



Physiotherapists have a huge contribution to make to public health

- Over 52,000 members of CSP
- Over 1.3 million contacts per week
- working across NHS, social care, education, private and voluntary sectors
- working across the life course in a wide range of specialities



You have the potential to add to virtually every public health priority



Physiotherapists are well placed to be public health practitioners

You routinely incorporate questioning around healthy lifestyles and wellbeing within your assessments.

Many of you have skills in motivational interviewing and cognitive behavioural therapy.

Many of your interventions are geared towards encouraging patient's to change behaviours.

You have a good understanding of the implications of poor health and lifestyle choices.



So what needs to change

Practitioners need to talk about their public health role, evaluate it and think about how to do more

Service planners and commissioners need to consider how to get public health value from their current contracts

Public health commissioners could consider where physiotherapists should be part of commissioning plans

Educators need to ask if their curriculum includes proper attention to public health and prepares the workforce for a wider role.

Researchers need to ask if they can publish more on the potential impact of physiotherapists on public health.



Thank-you

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