



Staveley Town Deal A Potential Health & Wellbeing Dividend

Dr Peter Scriven MBChB MRCS MPhil MRCGP
Divisional Director of Royal Primary Care



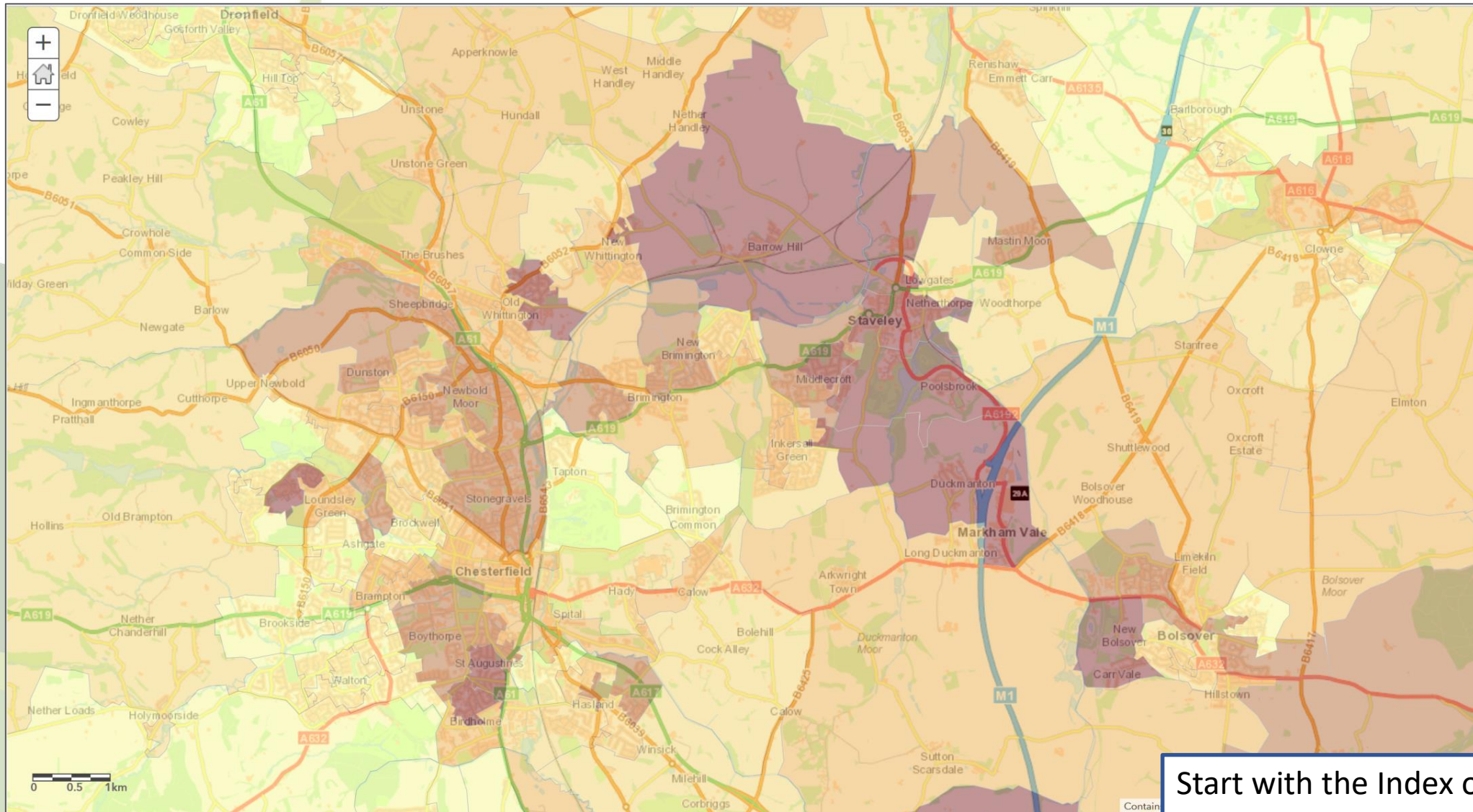
Today's aims

1. To provide a data driven understanding of our Staveley population from a health and wellbeing perspective.
2. To develop an understanding of what health inequalities means.
3. To raise awareness of health care funding.
4. To explore the wider determinants of health and wellbeing.
5. To start discussion on how the Staveley Town Deal can generate a health and wellbeing dividend.



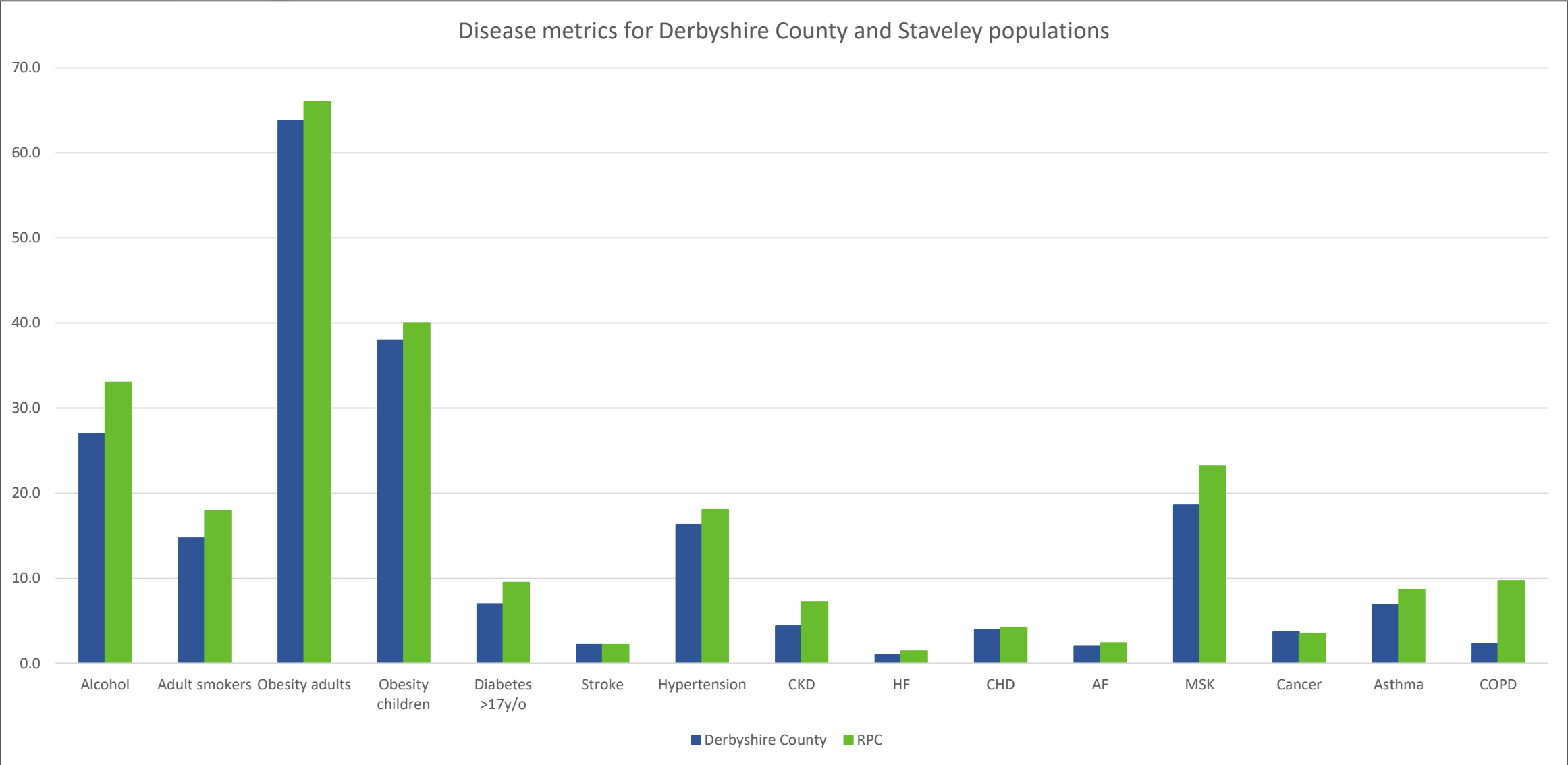


Our Staveley population



Start with the Index of Multiple Deprivations Score (IMD)

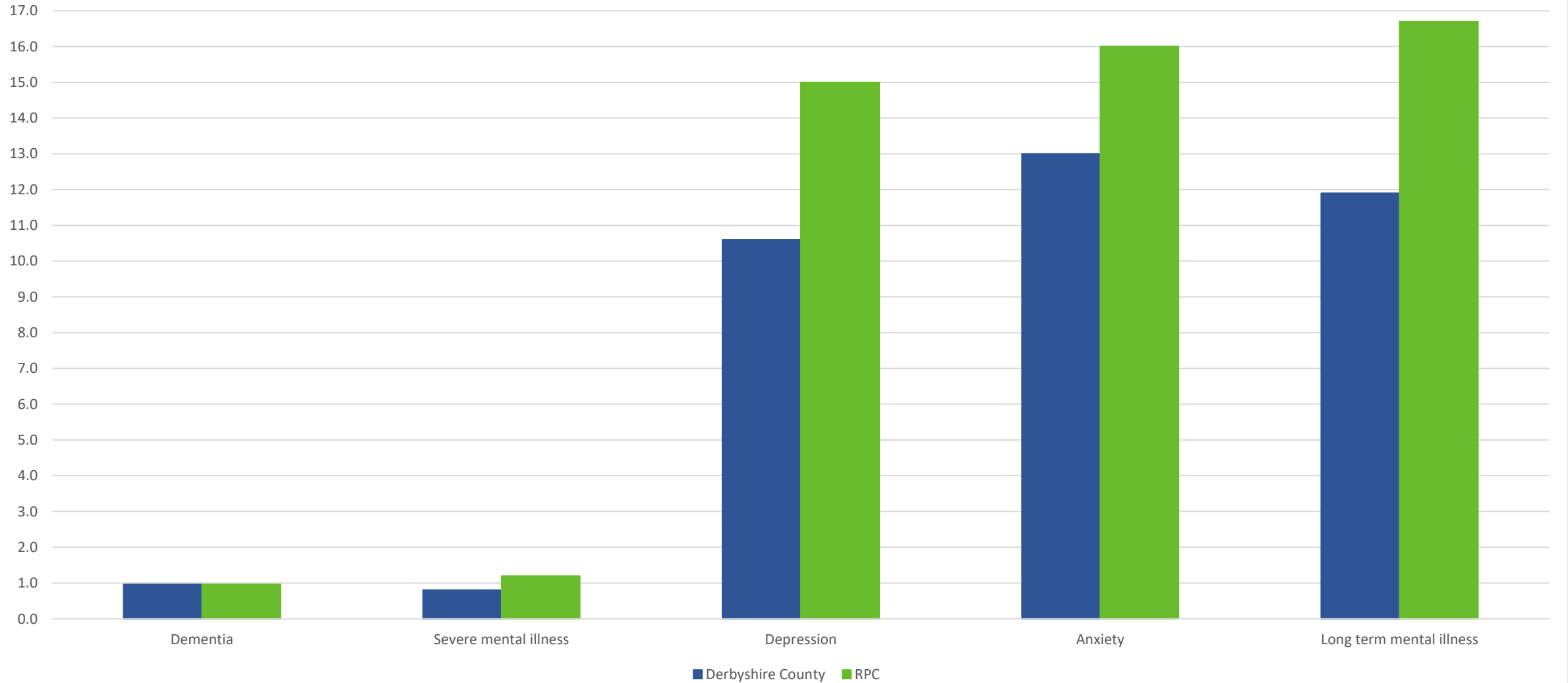
Staveley baseline



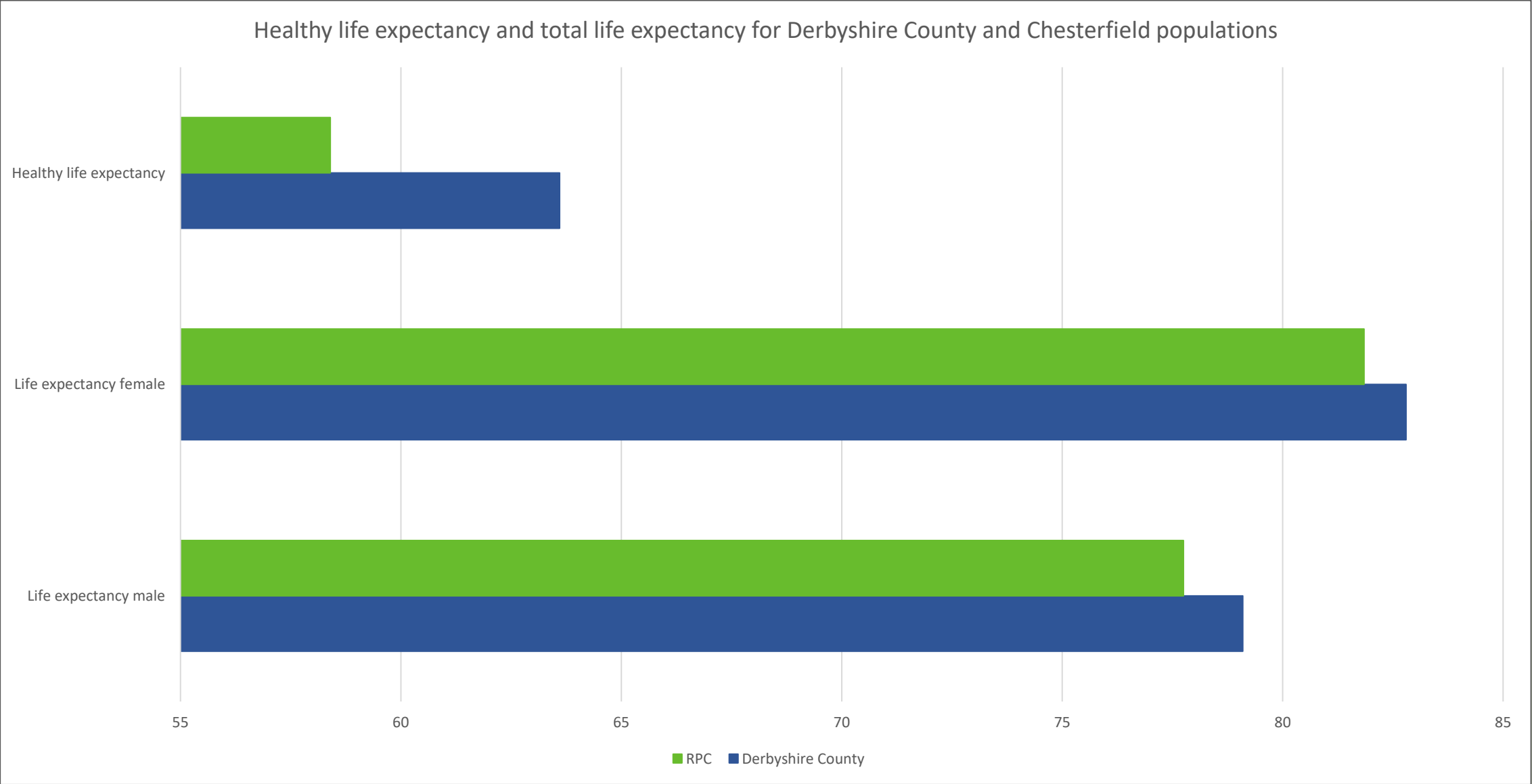
Staveley baseline



Mental health indicators for Derbyshire County and Staveley populations



Staveley baseline





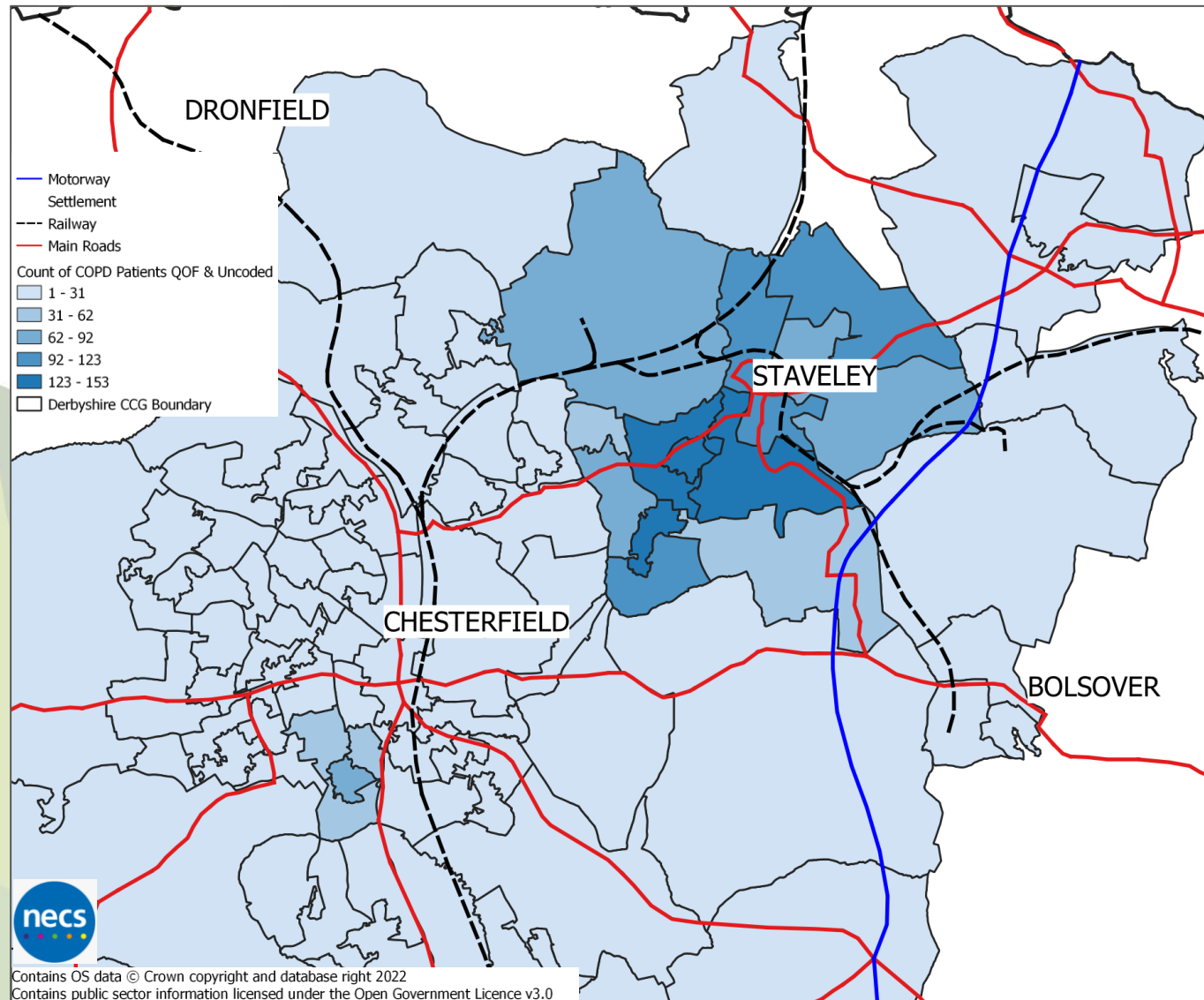
Our Staveley population

In all key indices of physical and mental health the Staveley population fares worse than the County average.

Many of these conditions represent the eventual outcome of consistently poor lifestyle choices compounded by the effects of deprivation.

In summary our population live shorter lives characterised by an earlier onset of mental and physical ill health.

Which translates into...



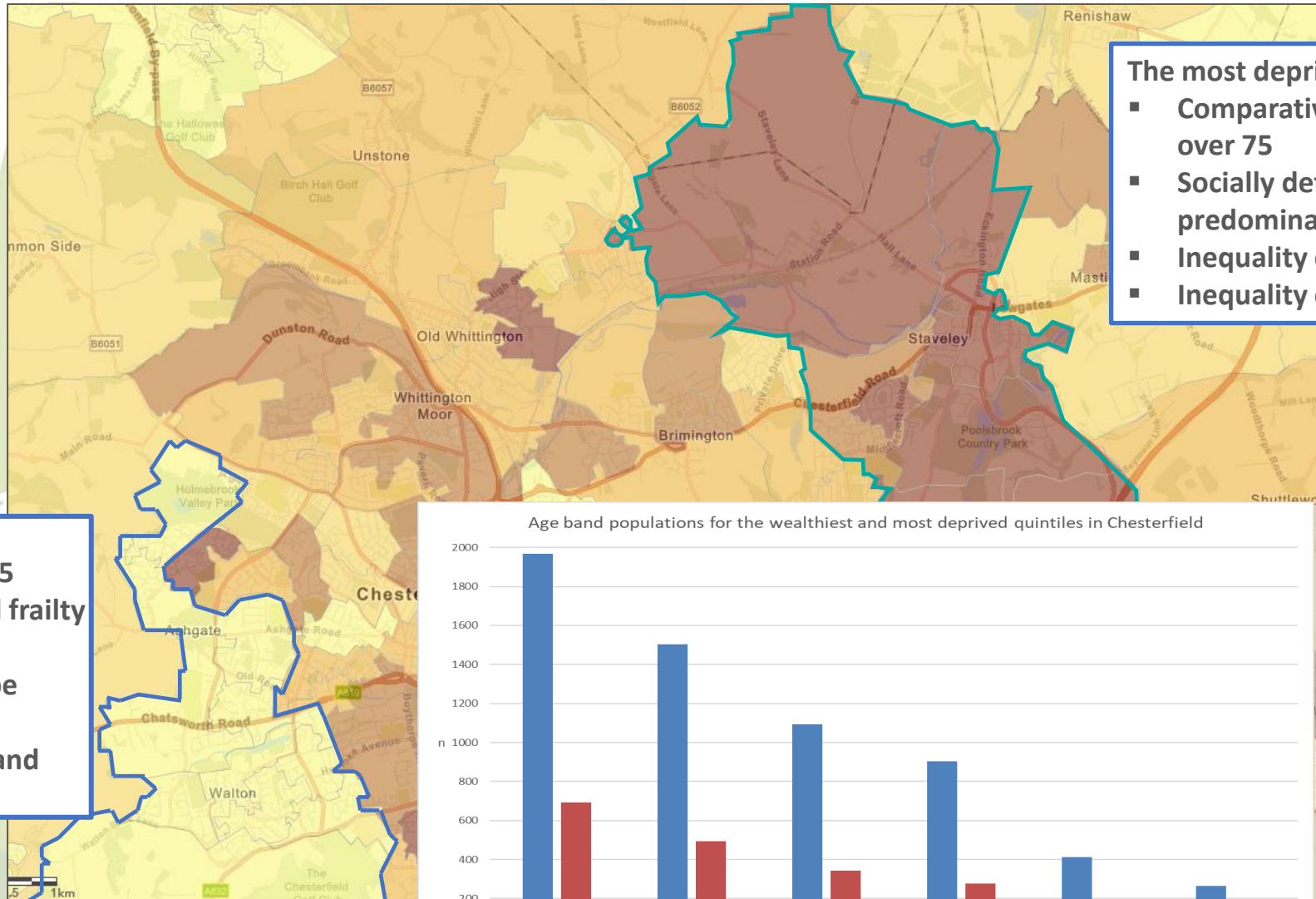
**Chronic Obstructive
Pulmonary Disease (COPD).**

**A significant socially
determined disease**

**Long term debilitating
health impact**

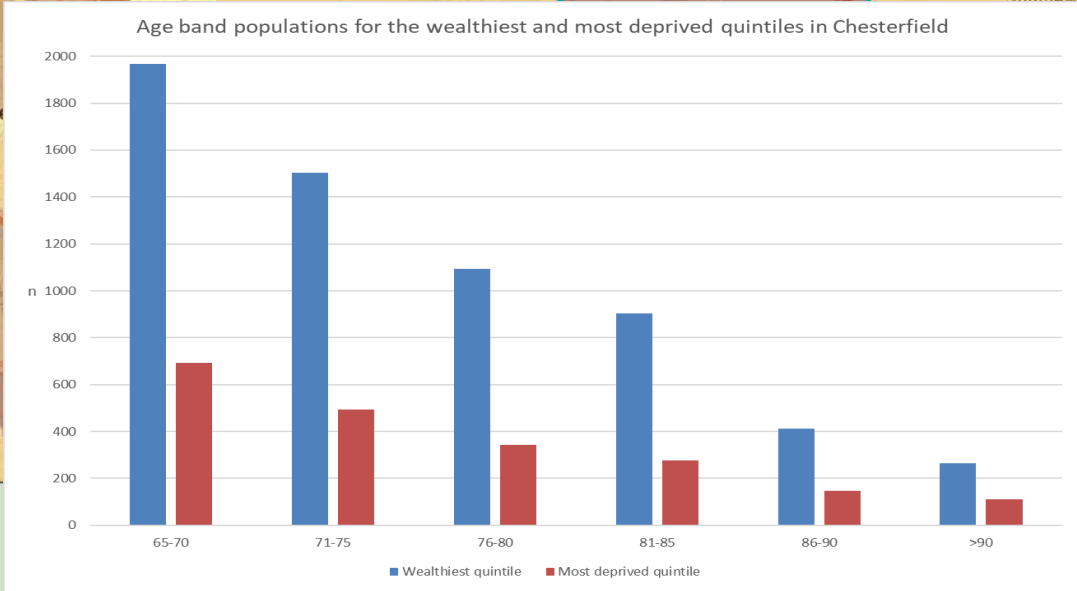


Health inequalities



- The most deprived quintile:**
- Comparatively few people over 75
 - Socially determined diseases predominate
 - Inequality of services
 - Inequality of informed choices

- The wealthiest quintile:**
- 3x more people over 75
 - Diseases of ageing and frailty predominate
 - Family more likely to be remote
 - Inequality of services and access



Funding and health inequalities

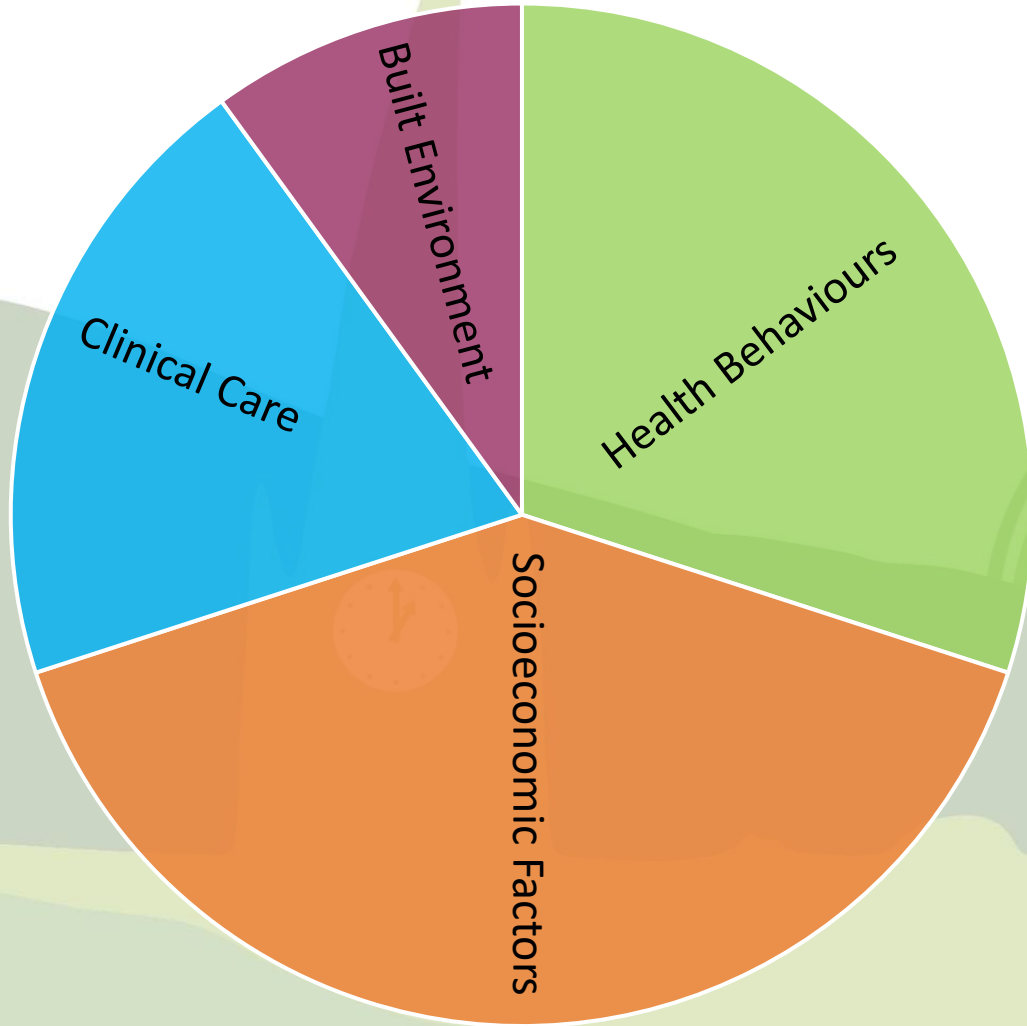


	Practice A	Practice B	Practice C	Practice D
£ per registered patient	158.34	168.27	158.82	237.18
£ per weighted patient	141.84	164.93	158.56	223.97

NHS Digital Payments to Primary Care 2018/19

- The current primary care funding mechanism fails to put funding where its needed.
- The Carr-Hill formula weights for rurality and increase over mean baseline of over 70 year olds
- If a population is definitively non rural and has an earlier onset of ill health and shorter life expectancy the formula financially disadvantages an atypical practice.
- We find ourselves trying to provide more frequent and complex care with less funding than other practices in the area.

What determines health?



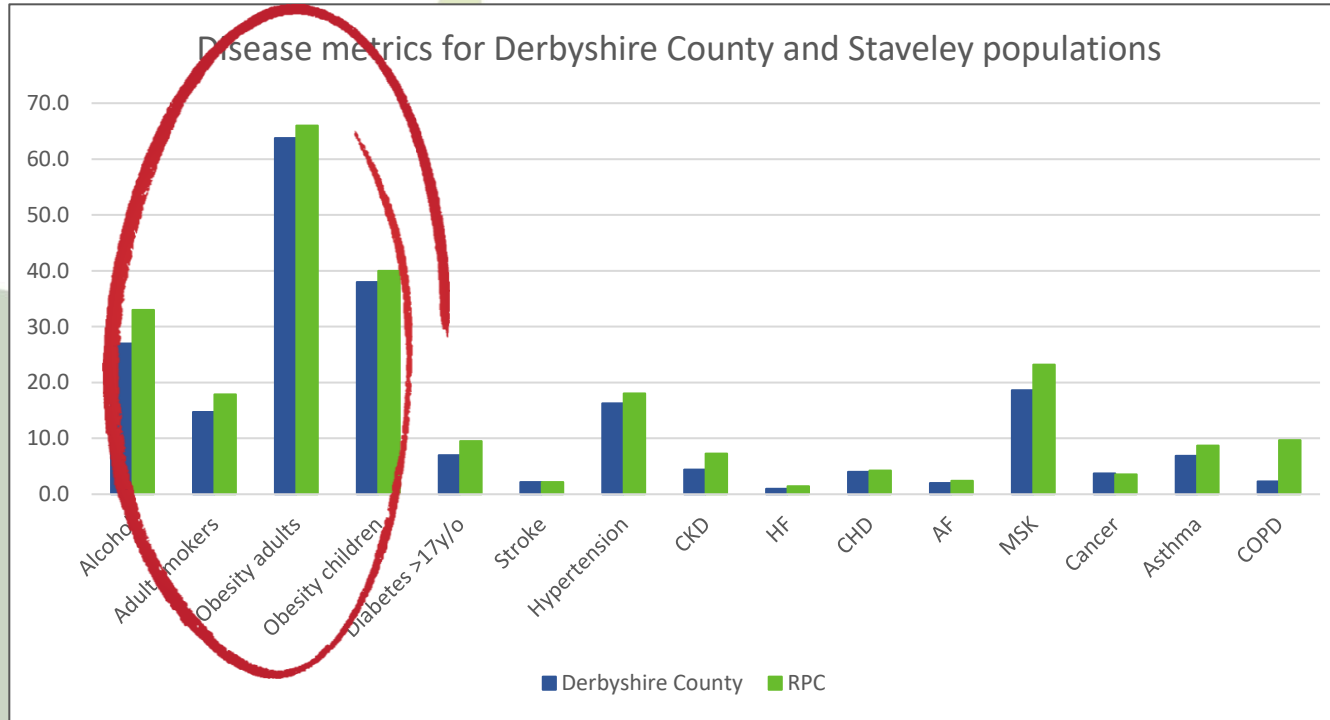
JUCD data suggests the major determinants of health are:

- Socioeconomic factors
- Health behaviours
- Built environment

Staveley Town Deal has the potential to positively influence **all** the determinants of health and wellbeing



The positive cascade



If we can reduce obesity rates by Year 3 through positive lifestyle choices in conjunction with reducing alcohol consumption and smoking.

At year 5 hypertension rates will fall.

Subsequently kidney disease, stroke, coronary heart disease and long term musculoskeletal disorder rates will fall.

Tackling the fundamental cause results in a positive health cascade

This is playing for the long game. If we, collectively as a Nation, don't get on top of socially determined disease the economic consequences are potentially catastrophic.



Discussion

Should we be looking to measure the impact of the Staveley Town Deal on health and wellbeing?

Is there an opportunity to drive health and wellbeing improvements via Staveley Town Deal?

Has health care provision been adequately thought about when planning 7000 new homes?

Is the financing of healthcare fair to the Staveley population?