Outlook

Your Friday three - 3 May 2024

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International Longevity Centre UK

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ILC Friday three

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Reasons for optimism - potential for public health, locally



As the votes are counted in councils across England, we look more closely at the role local government plays in public health. ILC's One hundred not out report emphasises the need to "ensure local authorities have the funding and powers they need to take action to make every place a great place to live a long life." The Health and Social Care Act 2012 represented a significant extension of local government powers and duties relating to public health and presented a unique opportunity to actively promote health and wellbeing within the community.

Many local councils consider the NHS Health Check as key to adult health improvement, since it provides a way of engaging people in early conversations about their health and lifestyle, as well as to identify and refer those at-risk into locally commissioned health improvement and treatment programmes. The check is offered to people aged between 40 and 74; in England around 15 million people are currently eligible for free NHS Health Checks. Research shows the programme is cost effective, prevents illness and has the potential to save hundreds of lives.

According to the Local Government Association (LGA), over the last decade, local councils have invited around 23.5 million eligible people to have a Health Check but just 11 million have taken up the offer. To increase uptake, local authorities have sought to expand the range of providers by offering an NHS Health Check in pharmacies, major retailers and via the voluntary sector. Last year, informed by a pilot in Cornwall, the Department for Health and Social Services announced plans to roll out an NHS Digital Health Check service from this spring, which could also help reduce the burden on providers and increase uptake. Improving uptake is key; the NHS Health Check data heat map shows in 2022/23 just under 3 million people were invited yet only 1.1 million people took up their health checks.

In addition, there are many innovative initiatives up and down the country from health visitor programmes to smoking cessation schemes. Since January this year, the LGA has published a series of reports highlighting best practice case studies including the examples below.

Derbyshire's health visiting services' partnership with Citizens Advice helped address post-pandemic issues families were dealing with beyond the team's direct capacity. Families and staff needing additional support could raise a concern with health visitors or a school nurse and be referred to Citizens Advice from within their homes. Through minimal investment, this approach helped families clear significant debt and access £1.7m in previously unclaimed benefits.

North East Lincolnshire has invested in an Evidence to Impact programme to provide secondary school aged children with the tools to make informed choices around smoking and vaping. The INTENT programme was developed by psychologists at Leeds University. It works out at less than £1 per pupil and has had a significant impact: 25.6% of pupils who received INTENT were less likely to report having ever smoked than those who did not participate in the programme.

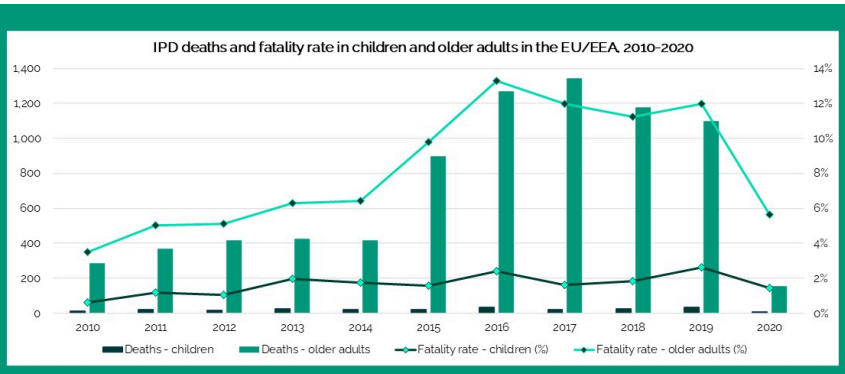
smoked than those who did not participate in the programme.

In Somerset, the SPLASH (Somerset Preschool Lifestyle Activity and Skills for Self Help) programme represents an innovative shift in addressing childhood obesity by focusing on under-fives. It aims to develop family-focused early intervention and prevention strategies, emphasising the importance of mental wellbeing alongside physical health.

While many overstretched local authorities face an uphill battle to meet their minimum legal obligations, such examples illustrate the potential for local government to support the prevention of ill-health. Now we need central government to ensure that they are properly resourced to do so.

REASONS FOR OPTIMISM

Pneumococcal vaccination - strengthening immunisation strategies



In Europe, the average yearly invasive pneumococcal disease (IPD) fatality rate in children is 1.64%, while the average rate in older adults is 6.57%.

Pneumococcal disease has a significant economic impact: the economic burden of pneumococcal pneumonia will increase by $2.5 billion (USD) each year from 2004 to 2040, due to healthcare costs alone. In reality, the wider negative effect on productivity, unpaid care and volunteering means a much bigger cost to society.

In March, MSD and the ILC organised a hybrid pneumococcal vaccination roundtable alongside the 13th Meeting of the International Society of Pneumonia & Pneumococcal Diseases (ISPPD-13). Experts on the panel and in the audience discussed the best strategies to improve pneumococcal vaccination for adults through strengthening immunisation programmes and policies.

The roundtable panel, chaired by Mark Chataway from Finn Partners, included:

- Arunima Himawan, Senior Health Policy and Research Manager, ILC-UK
- Dr Sipho Dlamini, Associate Professor of Medicine, University of Cape Town
- Lois Privor-Dumm, Senior Research Associate, Johns Hopkins Bloomberg School of Public Health
- Dr Michael Moore, Distinguished Fellow, The George Institute and Adjunct Professor, University of Canberra

Some fascinating discussion points and results came from the roundtable. It was found that a lack of investment in prevention, compounded by poor long-term policy planning, have meant pneumococcal vaccination has fallen off the radar. Policymakers and politicians often have a short-term focus: upfront investment in adult vaccination usually needs to be quite high and whilst the returns are multiplicative, they can take a while to reflect.

One of the challenges with demonstrating the long-term benefits of pneumococcal vaccination to policymakers is a lack of robust data. We need better data to understand uptake, and to demonstrate to policymakers that immunisation is a worthwhile investment of their public funds.

It was also noted that there's a widespread perception the pneumococcal vaccine is for children only, even though older adults are most at risk of pneumococcal disease. Not only that, but inequities across income and ethnicity permeate pneumococcal vaccination coverage. In the USA, pneumococcal vaccine coverage is significantly lower for Black, Hispanic and Asian Americans compared to White people, with an 18 to 24 percentage point difference. A similar inequality can be seen between Black African and Black Caribbean populations in the UK.

As this year's World Immunisation Week comes to a close, we've summarised the key findings from the roundtable and made key recommendations to improve uptake of pneumococcal vaccination for adults, in our new blog here and via the button below.

It’s imperative we create a lifecourse approach to immunisation, encouraging individuals to vaccinate, democratise access to immunisation and collect data to inform national strategies. To better understand pneumococcal vaccination across Europe, ILC has developed an online interactive atlas that showcases coverage and recommendations in 42 European countries. Vist the atlas here.

READ MORE

77th World Health Assembly - ILC events in Geneva on 28 May 2024



Alongside the 77th World Health Assembly on Tuesday 28 May 2024 we're holding two events at the Geneva Press Club in Geneva, Switzerland

Global launch of the Healthy Ageing and Prevention Index 2nd wave

Time: 12:00pm – 1:30pm CEST (followed by networking)

Following the launch of the Healthy Ageing and Prevention Index last year, ILC-UK will be launching the second version of the Index, allowing people to track progress and give new insights into what needs to be done to keep populations healthier for longer.

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Expert roundtable discussion – Mental Health Matters: What are the policy priorities for the WHO?

Time: 3:00pm (for 3:30pm start) – 5:00pm CEST

ILC will be hosting an expert roundtable discussion on mental health across the globe. As part of the Mental health matters project, ILC will be convening experts to discuss:

- The social and economic costs and implications of acute mental health conditions for individuals, their support network and the wider economy.
- The current services and care provisions for those with acute mental health conditions and how to best democratise access as our needs change.
- The barriers and stigma surrounding mental health and the differences across generations and the life course.

Speakers for this event include:

- Dr Natasha Azzopardi-Muscat, Director of the Division of Country Health Policies and Systems, WHO Regional Office for Europe
- Prof Tsuyoshi Akiyama, President, World Federation of Mental Health
- Dr Meenakshi Jhala, Academic Physician and Honorary Clinical Researcher, Imperial College London
- Tiago Horta Reis da Silva, Lecturer in Nursing Education AEP, King's College London

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