

# Economic Growth & Health and Social Care

21<sup>st</sup> February 2020

WORKSHOP

## Suffolk Growth Programme Board

Delivering Growth through Partnership



**NEWANGLIA**  
Local Enterprise Partnership  
for Norfolk and Suffolk



**West Suffolk**  
Council



# AGENDA

<u>Time</u>	<u>Item</u>	<u>Lead</u>
9:30am	Intro & Welcome	Karen Chapman (Partnership Manager, SGPB)
9:40am	Table Discussions	All
10:00am	Feedback	All
10:15am	Setting the scene:	
	- 10:15: Issues & Challenges in Health / Social Care	Richard Watson (Deputy Chief Executive & Director of Strategy and Transformation, Ipswich & East Suffolk, West Suffolk and North East Essex CCGs)
	- 10:25: Issues & challenges in economic growth	Arthur Charvonja (Chief Executive Babergh & Mid Suffolk Councils)
	- 10:35: Making the links	Stuart Keeble (Director of Public Health, Suffolk County Council)
10:45am	Table discussions	All
11:20am	Summary & Next Steps	Karen Chapman

# Welcome & introduction

Karen Chapman – Partnership Manager, Suffolk Growth  
Programme Board

# Table Discussion (1)

9:40am – 10am

What are the top 3 critical links between economic growth & health and social care?

# Feedback

Arthur Charvonia – Chief Executive, Babergh & Mid Suffolk  
District Councils

# Issues & challenges across health & social care

Richard Watson - Deputy Chief Executive and Director of  
Strategy and Transformation, Suffolk and North East Essex CCGs

## What could Suffolk look like in the future?



**A higher number of people with multiple long-term conditions.** As we age, conditions such as heart disease become more common; and some new age-related conditions appear. Many more people will have multiple conditions in Suffolk in 20 years' time – and multi-morbidity is a key driver of cost.



**Those affected by mental health conditions are likely to increase.** Suffolk's overall population is growing, and as many mental health conditions are 'common', the number of people experiencing these types of conditions is likely to increase proportionately. At the same time, prevalence of mental health conditions may also be increasing.



**Increase in the number of people with dementia.** The number of people living with dementia in Suffolk is likely to almost double in the next 20 years; and most of these new cases will be in people aged over 85.

A higher number of overweight or obese residents and low levels of physical activity putting further pressure on services ...



**4.8%** Suffolk working age residents, daily activities limited a lot (2011)



**19.9%** Suffolk children in reception year that are overweight or obese (2018/19)



**30.4%** Suffolk children in year 6 that are overweight or obese (2018/19)



**64.5%** Suffolk adults that are overweight or obese (2017/18)



**23.2%** Suffolk adults that physically **inactive** (2017/18)

## These challenges are compounded by ...

### Health Workforce

- Largest part of system expenditure at £586m with the system spending c.£35m on agency
- Expected need to grow our workforce by 5.53% by 2024
- Ageing workforce
- Challenge recruiting GPs and other key professionals across Suffolk
- Significant health and social care vacancies, with an insufficient supply chain to resolve
- Historical significant reliance on international recruitment, but not sustainable

### Care Market

- Care market nationally is weak, some providers are leaving the market and we have too much provider failure
- There are gaps in the care market now and these will get worse as the need for care increases
- Although the CQC ratings of Suffolk providers are very good, we are still placing care with 'Requiring Improvement' providers
- Recruitment and retention are a problem, the staff are low paid and many are not well trained and supported. Competition from retail and hospitality takes many staff out of care
- Investment in care is low, there are few new entrants to the market and capital investment is mainly in consolidation not new facilities



## What we can do within health and care...

- **Prevent** everything which is possible to prevent
- Develop **new models of health and care** – our current ones will not cope with our ageing population and growth in demand if we deliver care in the way we do now
  - Development of Suffolk and North East Essex Integrated Care System (ICS) and Norfolk and Waveney Sustainability and Transformation Partnership (STP)
  - Ipswich and East Suffolk and West Suffolk Alliances
  - Integrated Locality Teams – health, care and wider services at a local level
- Maximise the **Place Based Needs Assessment** of our population – due April 2020 and will include information on housing, education and poverty so have a rounded picture of our population to better plan

## BUT this will only take us so far if we do not...

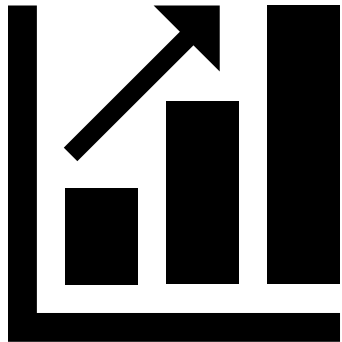
- **Plan better together** across health, care and wider public services
  - Health needs to influence Growth Policy and implementation and vice versa, in areas such as Strategic and Local Plans
- Continue the relentless focus on education and skills with more focus on **social mobility**
- Try to address the fragmentation of **housing policy** – history suggests current approach will not cope with future and the changing demands of our population
- Try to ensure **the benefits of economic growth are shared by all** – high levels of employment are generally protective against inequalities, but we are starting from a low wage base

**For growth to be sustainable it needs to be inclusive of health and well-being and help tackle inequalities and vice versa**

# Issues & challenges in economic growth

Arthur Charvonia - Chief Executive, Babergh & Mid Suffolk District Councils

Strong economy...better health outcomes for residents...both physical and mental health...which leads to greater productivity



# What we know...what we need to know

High quality employment reduces the demand for healthcare

Globally...health expenditure will outpace GDP growth over the next 15 years in almost every OECD country....

UK currently spending c.9.8% of GDP on health care (2018)

US leads at c.17% of GDP

Nationally health budgets ring-fenced, no transfer of funding for preventative action taken by those outside the health sector...can / will this change?

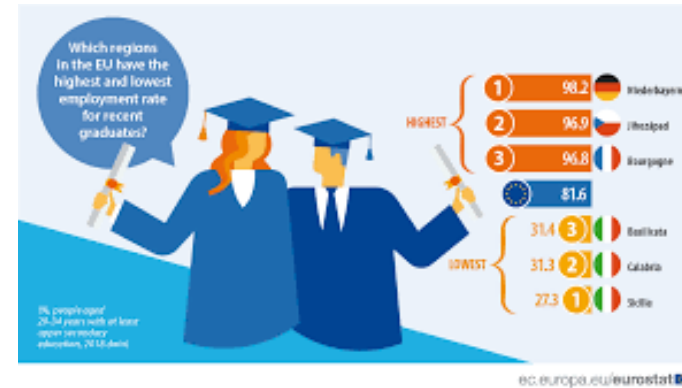
How much do businesses in Suffolk invest in workplace health / employee health & what difference does this make?

What is the role of our voluntary sector?

# Economic conditions in Suffolk



High employment...but low wages  
Currently 89% econ active, forecast drop to 72% by 2037  
Nat'l weekly wage £541  
Suffolk weekly wage £519



Need to improve access to education / training / employment  
Raise aspirations & meet employer needs

Rural, dispersed population  
Better health generally, but pockets of deprivation can be hidden...e.g. 1 in 10 fuel poverty  
Connectivity issues: transport & digital comms  
Housing affordability



Good quality of life indicators e.g. green space, air quality, coast...how do these factors improve health choices leading to greater economic benefit?



# Our business base & employees

- High proportion of smaller firms in Suffolk
  - *Challenges to address staff health / workplace health issues alongside other pressures*
  - *But with a strong survival rate for start ups...so how do we capitalise on our entrepreneurial spirit and encourage businesses to invest in their staff's health?*
- Ageing workforce...what are the implications of an ageing workforce & long term health issues?
  - *employment rates for those with long term health issues c. 10% lower*
- Slightly higher % of people providing unpaid care (relative to England)...and 3 in 5 carers have a long term health condition
  - *45% of young carers (age 16-24) have a long term health condition (30% for non-carers)*
- Our sectors & jobs
  - *40% managerial / professional v. 45% national*
  - *20% process / elementary v. 17% national*
  - *Heavier reliance on:*
    - Agriculture / construction / tourism / social care with factors such as:
      - Temporary / shift work / seasonal / instability of work / outside / low (er) skilled / increased risk of isolation

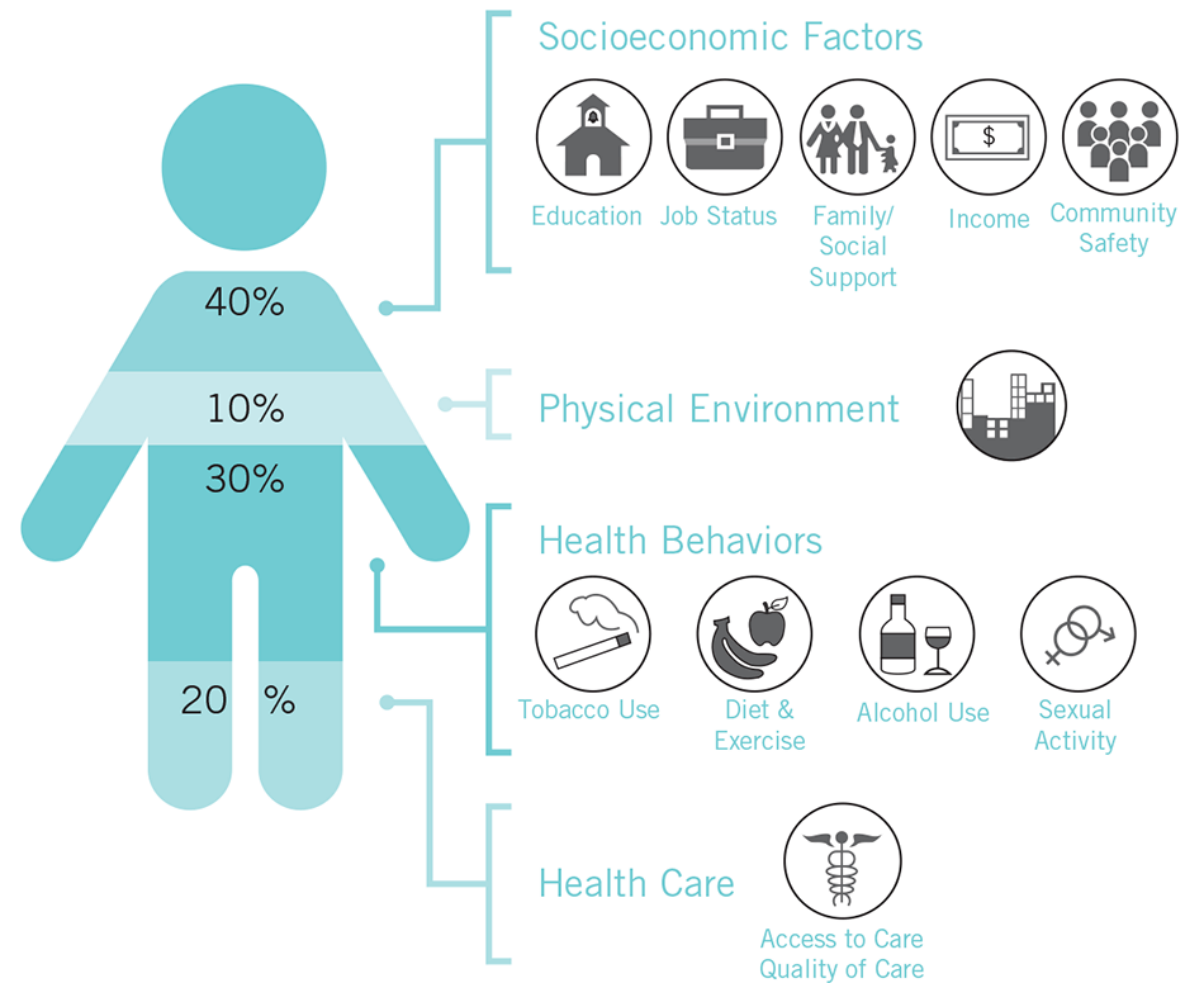
# Making the links

Stuart Keeble – Director of Public Health



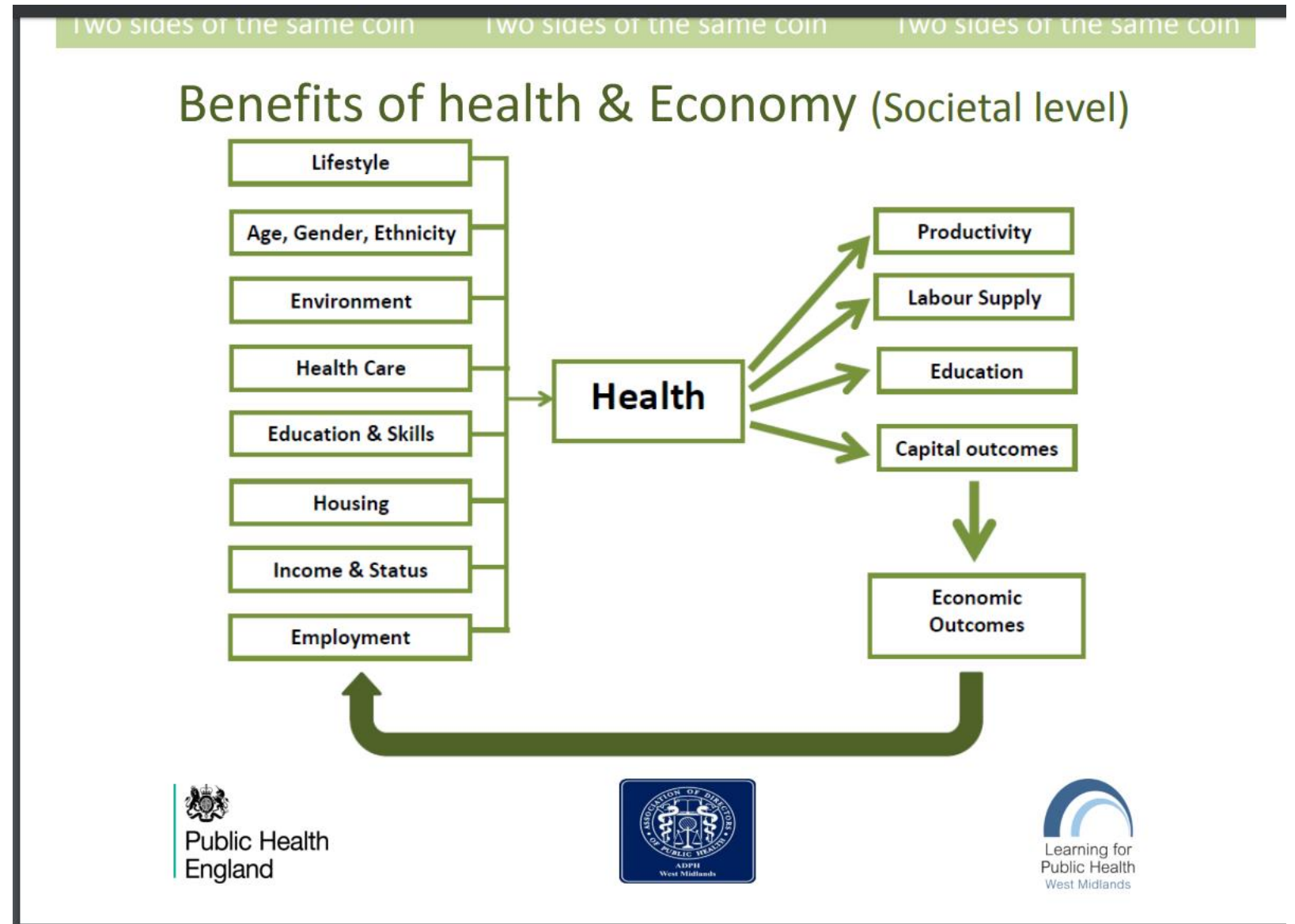
# NHS ≠ Health and Wellbeing

## What Goes Into Your Health?



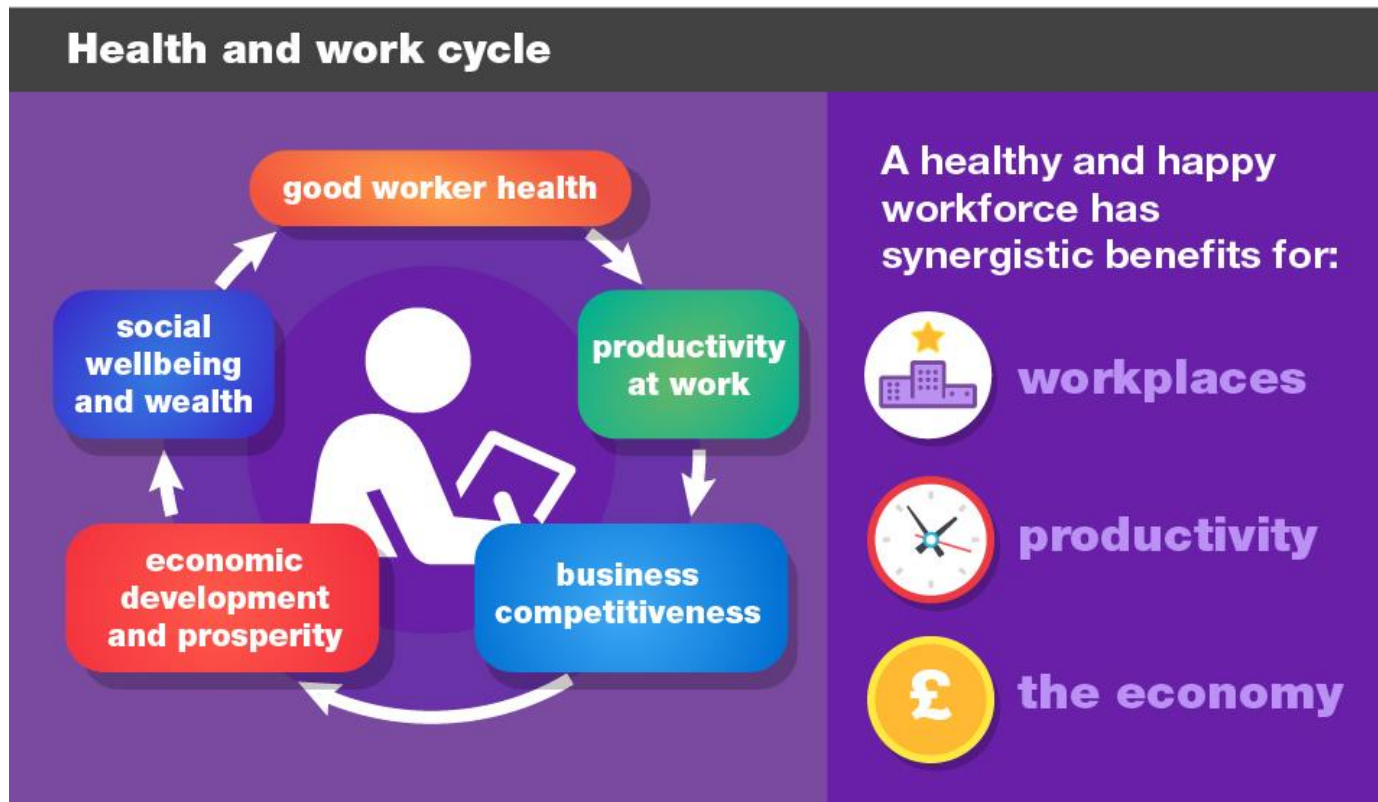
Source: Institute for Clinical Systems Improvement. Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Health and  
the  
economy  
are  
inextricably  
linked



[https://www.lfphwm.org.uk/library/library/doc\\_download/1037-workshop-3-what-s-good-for-health-can-also-be-good-for-business](https://www.lfphwm.org.uk/library/library/doc_download/1037-workshop-3-what-s-good-for-health-can-also-be-good-for-business)

# Being in work is good for us



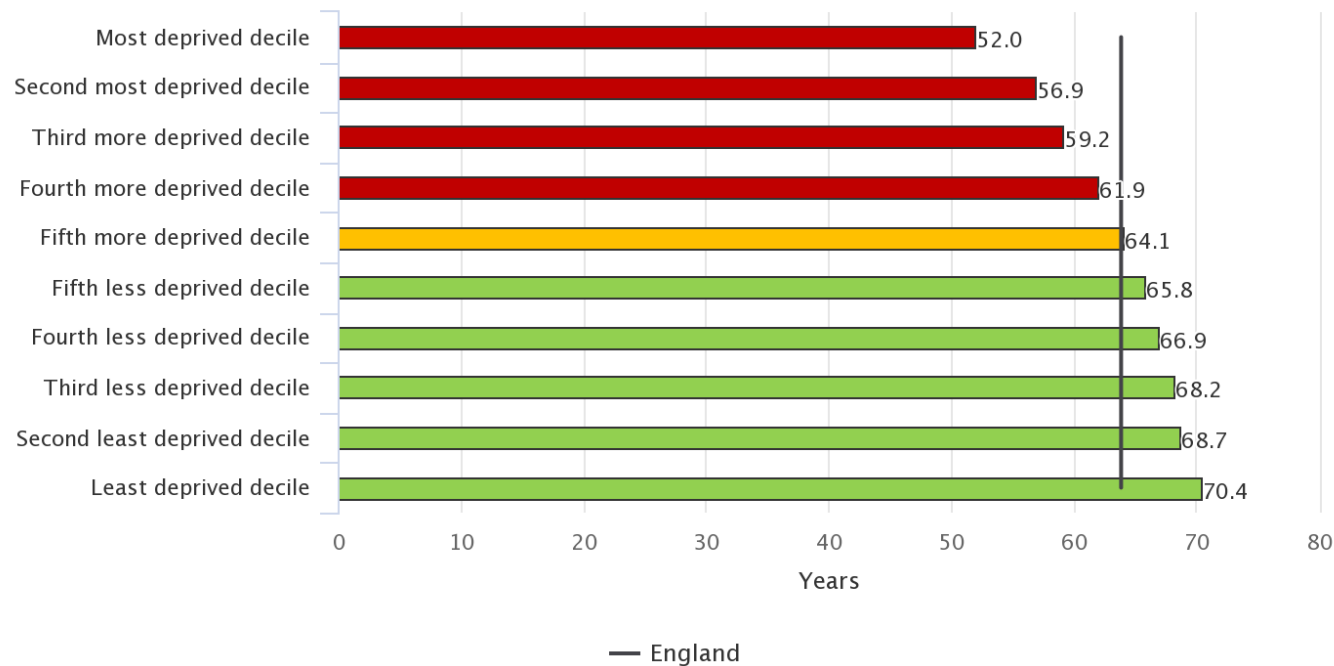
## However.....

A bad job may have same impact on health and wellbeing as being unemployed

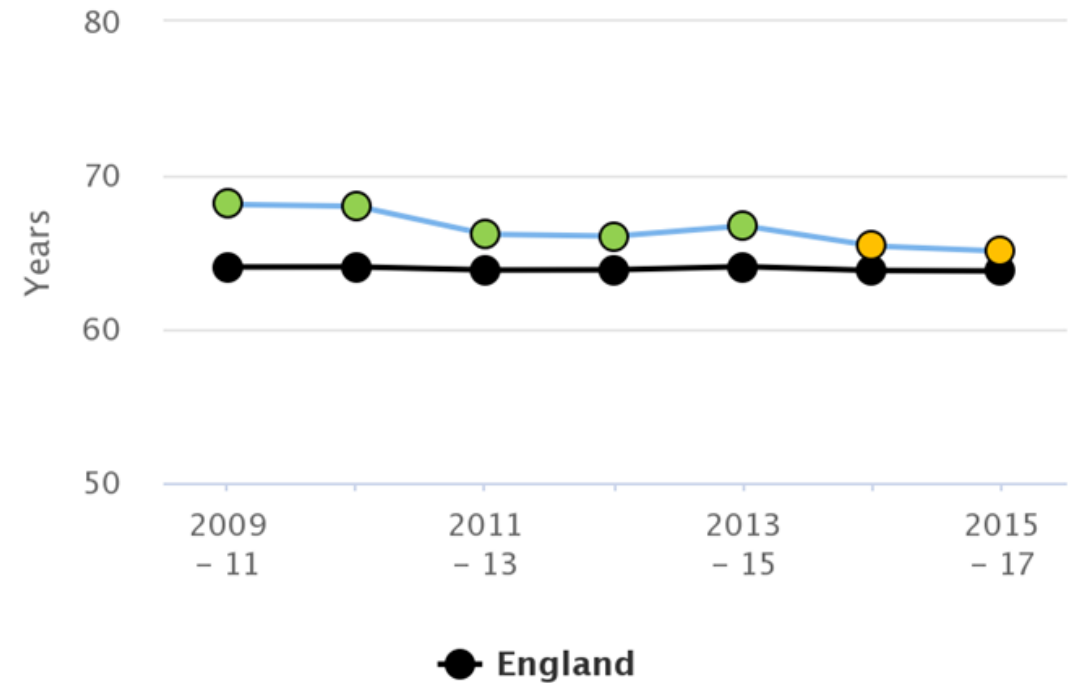
<https://www.ncbi.nlm.nih.gov/pubmed/29024973>

# Is it time to change the narrative around an ageing population?

0.1i – Healthy life expectancy at birth (Female) (2015 – 17) – England LSOA11 deprivation deciles in England (IMD2015)



0.1i – Healthy life expectancy at birth (Female) for Suffolk



**Ageing and health in later life not fixed – what are the opportunities?**

**Yet**  
economic  
and social  
policy often  
viewed  
separately.



# Similar challenges – different lens

What are our goals?

Demand reduction

Increased productivity/output

Improved health and wellbeing



# Table Discussion (2)

What can we do in our own organisations to improve productivity through improved health & well-being?

What can we as a Suffolk public sector system learn from each other and do to create the environment for improving economic growth and individual's health & well-being?

How do health & care as an economic sector work together to deliver the service needed and feed into the wider economic growth of Suffolk?

What can we do?











Create greater parity between investment in our **social infrastructure** (our residents) and **physical infrastructure**?

But also see our investment in **physical infrastructure through a social lens**



# Use our position as local 'anchors' to improve the lives of residents

## A FRAMEWORK FOR CULTIVATING LOCAL INCLUSIVE GROWTH IN PRACTICE

	 REGULATE	 INCENTIVISE	 SHAPE	 FACILITATE
 EMPLOYERS	Leverage Contracts	Business Support	Employment Charters	Seek Input on Training and Education
 CITIZENS	Training Clauses	Graduate Retention Schemes	Reskilling Schemes	Communities Taking the Lead
 PARTNERS	Procurement Processes	Foster Inclusive Practice	Remodel Transport Systems	Bringing Stakeholders Together
 PLACES	Planning Policies	Environmental Sustainability	Reviving Spaces	Asset Transfer

[http://www.nlgn.org.uk/public/wp-content/uploads/Cultivating-Local-Inclusive-Growth\\_Final.pdf](http://www.nlgn.org.uk/public/wp-content/uploads/Cultivating-Local-Inclusive-Growth_Final.pdf)

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



**Purchasing more locally and for social benefit**  
In England alone, the NHS spends £27bn every year on goods and services.



**Using buildings and spaces to support communities**  
The NHS occupies 8,253 sites across England on 6,500 hectares of land.



**Working more closely with local partners**  
The NHS can learn from others, spread good ideas and model civic responsibility.



**Reducing its environmental impact**  
The NHS is responsible for 40% of the public sector's carbon footprint.



**Widening access to quality work**  
The NHS is the UK's biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

References available at [www.health.org.uk/anchor-institutions](http://www.health.org.uk/anchor-institutions)

# Drive 'inclusive growth'

Make  
Suffolk a  
more  
productive  
and better  
place to  
work?

## A 'Good Workplace' : a healthy culture

- Visible senior leadership
- Board-level or equivalent engagement
- Capable people-centred managers throughout the organisation ...
- ... knowing their staff and the dimension of the challenge.

**These  
are the  
essential  
enablers**

**Then think of ....**



Source: Dame Carol Black – Improving workplace health summit – Nov 19)

# The right kind of jobs and inclusive training opportunities

Good employment opportunities, rather than low-skilled career limiting jobs

Education and skills development are not just for young people!

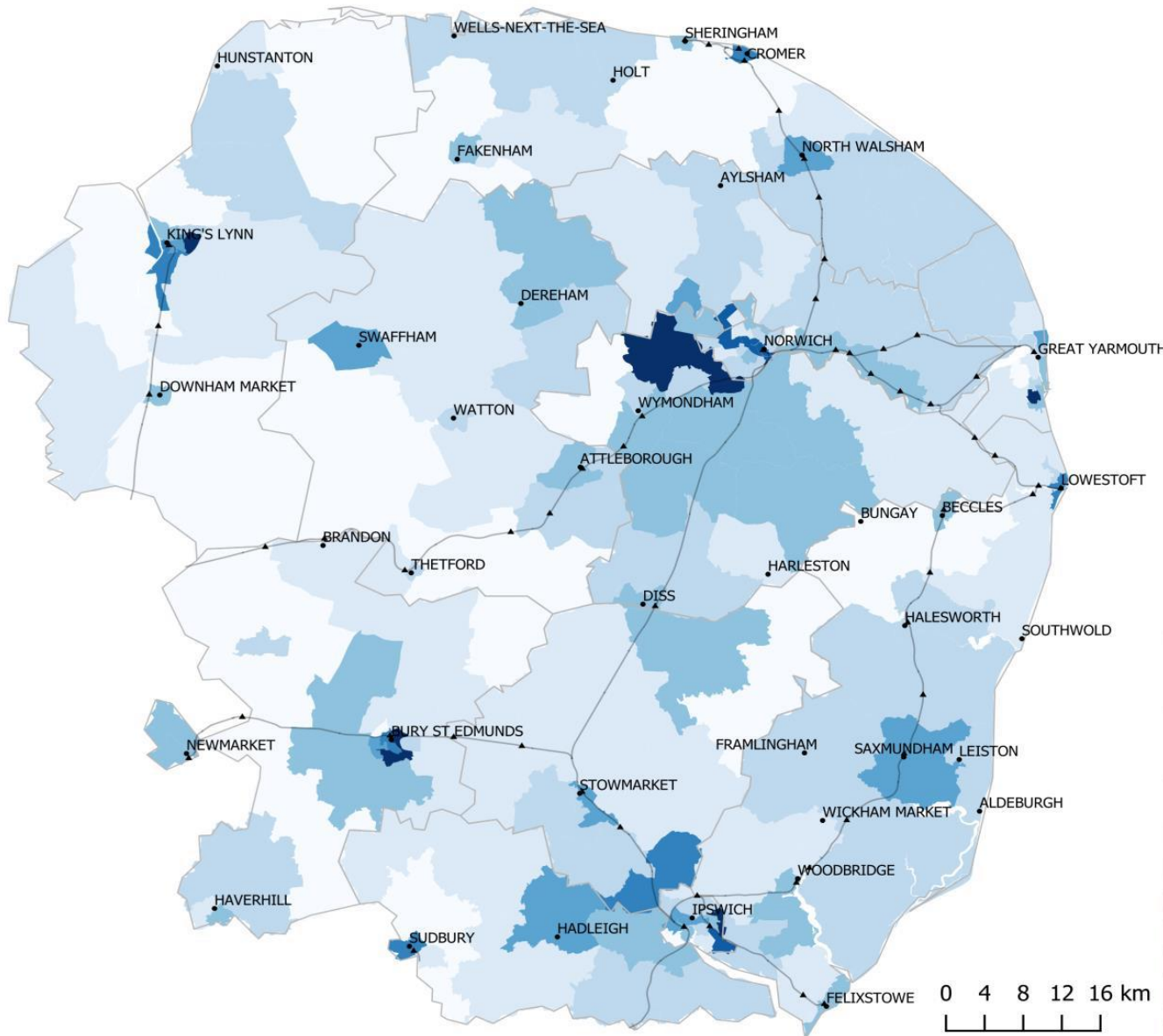
With the workforce staying in employment longer, and a person having on average 11 different jobs during their career, there is a need for a skilled workforce and lifelong learning.

# Summary

1. Health and the economy inextricable linked – how do we better align economic and social policy in Suffolk.
2. What more could we be doing as local anchors institutions?
3. How do we support Suffolk to be great place to work with the best managers?
4. How do we encourage/enable the right kind of work and opportunities for life long learning?
5. Can we shift our view on ageing population – how do we build on the opportunities?

# Potential extra slides

## Employment in Health & Social Care (Suffolk & Norfolk)



**Key:** darker shading = greater concentration of jobs

### Total employment

94,500 staff (13% of total workforce), growth of 1.6% 2016 – 18

### Total businesses

2,310 businesses (3.7% of total) decline of 7% 2016-18)

### Clusters

Ipswich East: 6,000 staff

Bury St Edmunds: 5,500 staff

### Large employers

- NHS (various locations)
- Seckford Foundation (Woodbridge)
- Stowcare (Stowmarket)
- Headway (Ipswich, Bury St Edmunds)
- Cardinal Healthcare (Ipswich)
- Cephass Care (Ipswich)
- Age UK (Ipswich)

# Employment & staff

- Health & social care systems employ c. 1 in every 10 people (more than ever before)
- BUT current vacancy rates in NHS & adult social care stand at 9% (across UK) AND are rising (what will the impact of Brexit do to this figure?)
- How strong are the businesses in this sector?
- Who are the employees and staff within these organisations?
  - Are they well-paid?
  - Do they have job security?
  - Are they well trained?
  - Can new people enter the sector?



# Suffolk's health & care sector

