

## **Transforming Health and Wellbeing: the Role of Resilience A Discussion Paper - Summary**

### **Introduction**

The current social and economic climate could result in risks to the health of the population. Equally, however, the changing context alongside the structural changes that are taking place in relation to local government and NHS responsibilities provide a unique opportunity to address the underlying issues of Sunderland's poor health record in a new way.

This paper provides a summary of the journey we have had in the City in relation to improving health together with identifying a new approach which is made possible by a more local approach to leadership. This approach builds on and adds to a number of approaches including complexity theory, building community resilience and an asset-based approach.

### **Population health and wellbeing: the journey so far**

Since the middle of the nineteenth century there has been sustained involvement of the state in health and wellbeing. This has moved from early concerns with sanitation and the control of communicable disease in emerging towns and cities to the development of vaccination and immunisation and child and maternal health at the beginning of the twentieth century. Until the 1970s the dominant paradigm related to the opportunities of medicine as a science to improve the health of the population leading to the development of the NHS and the movement of the specialist public health workforce in 1974. The increasing dominance of chronic diseases and poor mental wellbeing, however, has highlighted the limitations of the medical model and so more recently there has been a focus on the impact of individuals' circumstances and subsequent choices on their health throughout the life course – often referred to as the wider determinants of health.

### **Health and wellbeing as an outcome of a complex system**

The dominance of chronic disease (e.g. coronary heart disease, cancer and mental ill health) on the health of the population has meant that many of the old approaches of controlling and treating disease and addressing risk factors in a fragmented way are increasingly ineffective for many in supporting them to achieve best health outcomes. There is a growing body of literature that relates the new science of complexity to health systems. This approach recognises that the multiplicity of factors that affect people's health and the choices that they make cannot be easily predicted and often appears to be irrational. In reality, however, there is a clear rationale for people's choices based on their values and the environment in which the system is operating.

Many of the less formal elements of a complex system, which often tend to have the greatest influence on choices and outcomes, work because of people's underlying values or working principles and the assets available to them. Working with people in a way that takes account of these values allows goals to be achieved in a way that "command-and control" processes can't. There is also an added benefit. By working with individuals, families and communities in this way their resilience is increased. This will lead to improvements in health and a greater capacity to deal with change in a more positive way.

This approach also recognises that the outcomes of a particular intervention cannot always be predicted, even if there is full engagement. It is therefore critical that in addition to engaging with users and communities throughout the process the outcomes are evaluated and interventions either built upon or abandoned, depending on the outcome. In this way assets within the community are grown.

### **Opportunities moving forward**

The focus of much of the guidance in relation to the transition of public health to local authorities has been in relation to commissioned services and supporting functions undertaken in partnership to deliver on a range of health programmes. This is entirely sensible as it ensures that during the process of transition, services continue to be delivered safely and the improvements in health that we have seen are maintained. There is, however, the risk that the opportunity for transformation will be lost. Opportunities for transformation based on a community resilience model include: -

- The major changes that are taking place economically and socially which mean that previous ways become "unfixed";
- The new powers of local authorities;
- The ability of the council to use its skills, influence and opportunities for engagement in relation to its place-shaping role, linked to more locally focused governance arrangements (e.g. embedded in the changing Area structures);
- The movement of the specialist public health workforce into the council and the opportunities to exploit the full range of public health competencies as well as recognition of the contribution of other partners;
- The potential for more integrated service delivery based on a community resilience model.

### **Next Steps and Recommendation**

The Council has drafted a Community Resilience Plan as its response to urgent pressures in relation to welfare reforms and the current economic climate. At this stage it is a Council document, but it is recognised that building strong and resilient communities in Sunderland will require an integrated and multi-agency approach. The process of engagement and consultation with partners is expected to begin in the upcoming months.

It is recommended that the Health and Wellbeing Board identify a development session in the near future to further consider how this approach can be taken forward.

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