

## Policy Overview: The ‘Fully Engaged’ Scenario

---

### 1. Introduction

---

- 1.1 This paper provides an outline of the key elements of a ‘fully engaged’ scenario as described in the Wanless Report (April 2002) “Securing Our Future Health: Taking A Long-Term View” and provides an interpretation of the scenario in terms of current policy and practice.

*"We are not tinkers who merely patch and mend what is broken... we must be watchmen, guardians of the life and the health of our generation, so that stronger and more able generations may come after"*

*Dr Elizabeth Blackwell (1821-1910), The First Woman Doctor*

### 2. The ‘Fully Engaged’ Scenario

---

- 2.1 The Wanless Report (April 2002) set out an assessment of the resources required to provide high-quality health services in the future (2022). The report illustrated the considerable difference in expected cost depending upon how well our health services became more productive and how well people became fully engaged with their own health.
- 2.2 It identified that resources were needed not only to satisfy short term objectives, particularly access to service, but also to invest in improving supply, by building the capacity of the workforce, improving information technology support and renewing premises, and to invest in reducing demand by enhancing the promotion of good health and disease prevention.
- 2.3 Current national policy for health and wellbeing aspires to achieve the ‘fully engaged’ scenario, as defined by Wanless, whereby:
- “levels of public engagement in relation to their health are high: life expectancy increases beyond current forecasts, health status improves dramatically and people are confident in the health system and demand high quality care. The health service is responsive with high rates of technology uptake, particularly in relation to disease prevention. Use of resources is more efficient.”  
(Wanless 2002 p35)
- 2.4 A key element of the fully engaged scenario is a dramatic improvement in public health with a sharp decline in key risk factors such as smoking and obesity as people take more care of their own health.
- 2.5 Wanless followed up the original report with a further review, “Securing Good Health for the Whole Population” (February 2004) which focused particularly on prevention and the wider determinants of health in England. This review identified

the need to improve needs assessment and monitoring and reporting, increase the availability of advice and information, establish principles for public health expenditure decisions, set more ambitious objectives and increase the skills and capacity of the public health workforce.

- 2.6 Another review in 2007 identified slower progress than had been anticipated in relation to workforce development, information technology support and premises improvements.

---

### **3. What may a 'Fully Engaged' Scenario involve?**

---

- 3.1 Table 1 presents one possible view. It is by no means definitive or exhaustive in its detail but it does though reflect the objective identified by Wanless that,

“Our health services must evolve from dealing with acute problems through more effective control of chronic conditions to promoting the maintenance of good health.”

- 3.2 'The way ahead five years of improvement' Health and Social Care in Devon 2008 - 2013 (Devon Primary Care Trust /Devon County Council 2008) will be a key strategy as Devon moves towards the fully engaged scenario.

**Ian Tearle**  
**HEAD OF HEALTH POLICY**

**Table 1: A 'Fully Engaged' Scenario**

Strategy		
<b>Choosing Health White Paper</b> (November 2004) <b>Tackling Health Inequalities A Progress Report</b> (June 2008)		<b>The Operating Framework high quality care for all 2009/10</b>
<b>Priority targets:</b> Reducing inequalities; Smoking Cessation, Obesity reduction, Sensible drinking, Mental health, Sexual health and Workforce development		<b>Priority targets;</b> reducing death and illness from major diseases, reducing emergencies and waiting times, delivering best practice set out in National Service Frameworks (NSFs), supporting vulnerable children and adults and people with limiting long term conditions (LLTC)
<b>Key principles;</b> <ul style="list-style-type: none"> <li>▪ Needs led - identifying priorities</li> <li>▪ Evidence based interventions</li> <li>▪ Partnerships and networks across agencies and communities</li> <li>▪ Evaluation</li> </ul>		<b>Key principles;</b> <ul style="list-style-type: none"> <li>▪ Patient involvement and patient centred care</li> <li>▪ Patient led commissioning; increased choice, personalised care</li> <li>▪ High quality service provision; specialist centres</li> <li>▪ Individualised health promotion and disease prevention</li> <li>▪ Integrated health and social care</li> <li>▪ Private sector involvement</li> <li>▪ Increased clinical governance</li> </ul>
<b>Key strategies:</b> County and District Level Sustainable Communities Strategies		<b>Supporting strategies:</b> Information Communication Technology, Workforce, Capital, Clinical Governance, Financial and Demand forecasting
Policy into Practice		
Healthy Communities	Keeping Well	Primary, Community, Secondary and Tertiary Care
<b>Addressing the social economic and environmental determinants of health:</b>	<b>Supporting people to make healthy lifestyle choices:</b>	<b>High quality disease prevention, treatment and health and social care provided by skilled staff, supported by the latest technology working in safe and appropriate environments:</b>
<ul style="list-style-type: none"> <li>▪ Employment</li> <li>▪ Education</li> <li>▪ Environment: air and water</li> <li>▪ Housing</li> <li>▪ Transport</li> <li>▪ Social Networks</li> </ul>	<ul style="list-style-type: none"> <li>▪ Smoking</li> <li>▪ Healthy Eating</li> <li>▪ Physical Activity</li> <li>▪ Emotional Wellbeing</li> <li>▪ Sexual Health</li> <li>▪ Substance Misuse</li> <li>▪ Accidental Injury</li> </ul>	<ul style="list-style-type: none"> <li>▪ Robust practice based and strategic commissioning procedures</li> <li>▪ Specialist acute centres e.g. cardiac, cancer and trauma</li> <li>▪ Early identification and intervention in the primary care setting</li> <li>▪ Development of primary care expertise to deliver some services previously provided in secondary care</li> <li>▪ Enhanced roles for nurses</li> <li>▪ Community based diagnostic provision</li> <li>▪ Innovative approaches to elective work e.g. cold surgery factories</li> </ul>
Developed through Local Strategic Partnerships by Community Planning and target setting within and Local Area Agreements	Developed by wider workforce within NHS and partners e.g. Local Authority, Police, Fire, Vol. Sector in key settings: schools, workplaces and communities	Delivered by utilising and enhancing locality resources and expertise to ensure services are delivered as close to people's homes as possible, that acute hospital stays are minimised and when necessary patients can return to be supported safely within their own locality as soon as possible.
Performance Management		
Whilst partner organisations will have their own specific performance frameworks <b>Comprehensive Area Assessment</b> will provide an assessment as to the extent to which partners working together have impacted on the needs of local people and their communities.		