Achieving Better Public Health for the People of Essex

DRAFT Commissioning Intentions

1 Introduction

Our Public Health vision for Essex is for the people of Essex to enjoy long, healthy, disease free lives and for this to be possible wherever they live and whoever they are.

There is a clear understanding that Public Health is everybody's business and working in partnership with all commissioners, wider stakeholders and the communities of Essex is seen as the most effective way of delivering against the outcomes nationally and locally. We recognise the identified and agreed public health priorities within the communities of Essex and this document provides the platform from which we will seek to secure improvements.

Additionally public health commissioning intentions will be fully integrated with those relating to SCF and AHCW with the recognition of the need for a joined up approach. Further, the intentions produced across ECC will be fully integrated with those of our CCG partners.

2. Strategic Context around how we will use the resources entrusted to us.

The strategic context around agreeing optimal use of public health resources includes the Essex Health and Wellbeing Strategy, the Essex County Council Corporate Plan, the National Public Health Outcomes Framework, centrally mandated areas for public health action and locally assessed needs.

Additionally we need to optimally use the resources with partners to deliver improved productivity and outcomes that support partners' agendas.

Essex Health and Wellbeing Board

The Essex Health and Wellbeing Board have identified its own priorities which will support a prioritisation of effort and resource allocation. These priorities are:

i) Starting and developing well: ensuring every child in Essex has the best start in life.
ii) Living and working well: ensuring that residents make better lifestyle choices and residents have the opportunities needed to enjoy a healthy life.
iii) Ageing well: ensuring that older people remain as independent for as long as possible.

The Essex County Council Corporate Plan

The Essex County Council Corporate Plan contains the following priorities specifically relating to the development and delivery of effective Public Health services:

i) Improving Public Health and Wellbeing

ii) Protecting and Safeguarding vulnerable people

In addition to the above the additional priorities within the Corporate Plan will both be impacted upon and contribute to the above:

- Enabling every individual to achieve their ambitions by supporting a world class education and skills offer in the County

- Securing the highways, infrastructure and environment to enable businesses to grow

- Giving people a greater say and a greater role in building safer and stronger communities.

The National Public Health Outcome Framework

The National Public Health Outcome Framework requires local areas to focus on increasing life expectancy and reducing health inequalities. This can be achieved by addressing a range of indicators framed across four key domains:

i) Improving the Wider Determinants of Health – Improvements against the wider factors that affect health and wellbeing and health inequalities

ii) Health Improvement – People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

iii) Health Protection – The population's health is protected from major incidents and other threats, while reducing health inequalities

iv) Healthcare Public Health and Preventing Premature Mortality – Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Mandatory Areas for LA Public Health

Guidance provided by the Department of Health and the draft Conditions of Grant for the Public Health ring-fenced allocation outline those areas that will be the responsibility of the Local Authority as Public Health transfers. It also outlines a number of areas where Local Authorities are mandated to deliver. These are defined as prescribed functions:

i) Sexual health services – STI Testing and treatment

ii) Sexual health services – Contraception

iii) NHS Health Check programme

iv) Local Authority role in Health Protection

v) Public Health advice to the NHS

vi) National Child Measurement Programme

Health Need in Essex

The following is a summary of the key findings from the Essex Joint Strategic Needs Assessment (JSNA):

- By 2031, Essex will have to absorb an extra 324,000 residents.
- Essex has an increasing older population especially in Tendring, Castle Point and Maldon.
- There is an upward trend in life expectancy in Essex, but there is a gap of 2.8yrs in male and 1.9yrs in female life expectancy in the most deprived areas.
- Projections show a falling working age population in Essex.
- There is a projected annual increase in obesity rates (adult by 2%; children by 0.5). Overall levels of physical activity are poor.
- A 1% annual reduction in smoking prevalence is predicted, but there will be an increasing concentration of smokers in our younger population and in lower income groups.
- 21% of adults in Essex drink alcohol to the extent it is putting their health at risk (below England rates)
- There are an estimated 4500 Opiate and/or Crack Users (OCUs) in Essex (Glasgow estimate: Confidence Interval 2250 to 7821) the average cost per year to public sector resources of each of these individuals is £34,000 (Health, Crime, Worklessness and Accommodation).
- The rate of acute STIs varies between districts in Essex, with Harlow (1003 per 1000) and Colchester (860) having rates higher than England (779) in 2010.
- There has been a decrease in conception rate for those under 18 years in Essex between 1998/2000 and 2007/09; Basildon, Harlow, and Tendring have high rates.
- There are 8,700 people with dementia registered with GPs in Essex; this is expected to double by 2030.
- Some parts of the county have a significant and growing proportion of people with learning disabilities.
- There is a substantial and growing proportion of the population who have physical and/or sensory impairment.
- Parts of Essex have significant deprivation including parts of Tendring, Harlow and Basildon; the county has the most deprived area in England (part of Jaywick in Tendring).
- Essex has poor attainment levels at age 5 and a GCSE-level attainment below the national average with a marked difference between the best and worst districts.

- Adult-level qualifications and skills base are generally lower in Essex particularly in disadvantaged communities. The number of young people in Essex not in education, employment or training (**NEET**) is higher than national and regional averages.

- It is estimated that in 2010 over 35000 females aged 16 to 59 years may have been the victim of domestic abuse. Over half of the 9248 children identified as in need in Essex in March 2011 had abuse or neglect as the primary reason.

- Crime rates have been decreasing from 67 per 1000 in 2007 to 60 per 1000 in 2010/11; the latest position is lower than the national average (75 per 1000). There has been a 32% decrease in the rate of youths receiving their first reprimand, warning or conviction over the past 10 years.

- The percentage of people feeling safe after dark in Essex increased significantly between the 2008 and the 2010 from 56% to 65%. However, provisional results in 2012 indicate that the percentage feeling safe after dark has dropped down to 58%.

- The issue of most concern for young people in Essex is about feeling safe, particularly bullying but also personal safety, road safety and racism.

- Children Looked After are more likely to have mental health problems, misuse alcohol or drugs, become a teenage mother, have a statement of special educational need, lower educational attainment, cautioned or convicted of an offense, or end up as a rough sleeper.

- Despite the relative affluence of Essex, nearly 16% of children (around 51000) live in poverty. On average, pupils on free school meals have lower educational attainment than all pupils, and the gap tends to increase with age.

- Fuel poverty is particularly an issue in rural areas, for instance the north of Uttlesford and Braintree districts and the east of Rochford and Maldon.

- Essex has slightly below national average rates of people accepted as homeless and in priority need.

- Across Essex, mortality rates have steadily improved over the last ten years (from 662 per 100000 to 491 in 2009).

3 Principles and Approach

Our approach to commissioning is driven by the Vision and Strategic Approach developed for public health in Essex. The vision was initially developed through a sounding board of officers from ECC, CCGs, District, Borough and City Councils, and was further developed with member input. The Strategic Approach has been developed through a Members Reference Group chaired by the cabinet member for Health and Wellbeing.

In developing our strategic approach to public health, work with a member's reference group has enabled us to tease out a number of key principles that will underline the approach. These are:-

- We recognise a broad definition of health and public health interventions
- Our approach will be locality focussed and led
- Addressing health inequalities is a priority
- We will commission what evidence tells us is needed locally and what works

4. Delivering the Approach

- Everyone and every organisation has a role in improving health

Locally it is identified that, where possible (and within the DH guidance in relation to pooling of resources), allocations are used not just to improve public health but to improve the effectiveness/ efficiency of the whole health and social care system through preventing and/or reducing demand on publicly funded services across the County. This will require close working with all Local Authority, Public Health England and NHS colleagues and other key stakeholders.

To support our work to deliver these priorities, we want to build a new partnership with public bodies, Essex citizens, private businesses, civil society and local communities: a partnership based on the long term interests of Essex residents and our shared responsibility for improving health and reducing inequalities. We want to see citizens play an active role in their communities – responsible, engaged and empowered; using services over which they have control and helping to shape the communities in which they live. We all have apart to play if we are to deliver on the public health agenda.

- Promoting local decision making

Recognition of the complex nature of the population of Essex and its diverse communities is key to ensuring that the needs of local populations and communities are appropriately met.

We will ensure the Joint Strategic Needs Assessment (JSNA) is informed by citizen's views, reflects locally identified needs and takes account of the assets across the county. It will also inform the Joint Health and Well Being Strategy for Essex.

- Achieve seamless commissioning and delivery of services to all

Every Essex resident will benefit from public health services being commissioned and delivered in a seamless manner to meet local needs. We will be clear and consistent in communicating public health messages and signposting public health information and services.

Consideration will need to be given, in the short term, to the position of existing contracts, the possibility of transfer obligations and legal position with regard to current arrangements. A review of current service provision in terms of the contribution to the agreed Outcomes will be required and the future developments proposed must look to optimise efficiency in line with the agreed priority outcomes.

5. Implications for how we work

The above principles and approach govern how we will commission. We will therefore look to commission as follows:

- Based on a clear assessment of need
- Ensure delivery of centrally mandated services
- Ensure services are designed and provided to achieve improvements against the priorities identified in the Health and Wellbeing Strategy, PH Outcomes Framework and other key strategic documents as they relate to Public Health
- Ensure that efficiency and effectiveness are key and that opportunities to co-design, co-deliver and jointly commission are explored and implemented where appropriate
- Deliver in line with and build on an evidence based approach to service delivery

We will need to align our intentions with a wide range of partners within a wide public health system in order to secure optimal improvement in outcomes.

These include:-

- ECC Adult, Community, Health and Well-being
- ECC Schools, Children and Families
- ECC Environment, Sustainability and Highways
- Clinical Commissioning Group's
- National Commissioning Board
- District Councils, Borough Councils, City
- Police, Crime Commissioner
- Probation
- Public Health England
- Voluntary and Community sector

Broadly when considering the Commissioning Dashboard as used by SCF, the role were most public health will be commissioned is in the Universal level. This reflects the population approach that is central to public health. This does not mean a "one size fits all" approach to commissioning and additional resources and different mechanisms will be required to deliver outcomes to different groups. This will require more investment in service targeting hard to reach and deprived groups, as per the "proportionate universalism" described in Marmot. It will also allow local delivery solutions to be developed. Additionally there will be some specific services for excluded groups, such as Reach Out that better match to the "Additional" part of the dashboard.

The public health ethos and strategic approach has a national alignment with the Prevention and Early Interventions agenda that is increasingly central to partners thinking. Interventions that reduce future service needs and demands will be prioritised.

6. Level of Resources & Considerations

We will need to commission across Essex where this leads to optimal economies of scale. We will need to commission with partners and other stakeholders at a local level where this makes more sense. We will need to identify common goals with partners and agree win-wins as well as

jointly commission. However, most of our commissioning will be reliant on the level of resources that we will be entrusted with and the constraints we will face in regards to contracting.

Working with the PCTs, we have completed the review of the contractual commitments associated with health improvement for which Essex County Council will become responsible from April 2013. The total public health commissioning spend is in excess of £40m and is split as follows:

Commissioned Public Health Services (2012-13)	£000
Sexual health Services	10,495
Drug & Alcohol Services	9,915
Children 5-19 - School Health Services	5,594
Tobacco Control & Smoking Cessation	2,921
Nutrition, Obesity and Physical activity	2,802
NHS Healthchecks Programme	2,594
Voluntary Sector Grants	2,243
Health Improvement & wellbeing	1,773
Health trainers	1,087
Breastfeeding support	662
Health Intelligence & Information	493
Emergency Preparedness & Infectious Diseases	170
TOTAL	40,749

We currently spend over half (c. £26m) of our public health allocations against sexual health services (including treatment and health promotion), on a wide range of drug and alcohol services and on school health services (including for childhood immunization, health protection issues, height and weight measurement, health promotion). We will need to have a programme of service reviews in place to ensure they are fit for purpose and can be remodeled to contribute to a significant improvement in defined outcomes.

Contracting Liability: A large proportion (93%) of these commitments is as part of a block contract or as service lines in a number of contracts. The lack of clarity around the issue of liability for these contracts is inhibiting our planning in defining our public health commissioning intentions and our considerations in regards to contract novation. We are waiting for DH guidance on this issue to help progress the negotiation with local CCGs as joint commissioners.

Monitoring Information: We will have robust contract monitoring systems in place. However, our ability to manage performance effectively will depend on whether we would be in a position to negotiate the setting of performance metrics with key providers, where the NHS will be the lead commissioner through the Clinical Commissioning Groups. Timely reporting will be vital to ensure we can challenge poor performance effectively.

7. Commissioning Intentions

We will use the resource to commission:-

Centrally mandated “must do’s”:-,

- **Health Checks** -The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. This will be a priority area for investment and will include, among other things, better ascertainment and management of high blood pressure. This reduces risks of stroke, heart attacks and vascular forms of dementia and could play a role in attenuating somewhat the rise in demand for care due to dementia. This could potentially avert the need to spend several million across the system over the next five years

- **National Child Measurement Programme (NCMP)** – ensuring that the national targets for measuring height and weight in children aged 4 – 5 and 10 -11 years old are achieved thus providing robust surveillance data that will inform the development of strategies to tackle childhood obesity. We will commission this linked to wider considerations around the future of school health services working jointly with SCF colleagues.

- **Sexual Health services** – ensuring that statutory requirements for the provision of sexual health services are met in order to achieve a reduction in the prevalence of chlamydia among 15 – 24 year olds. As discussed below, we will work with SCF and other partners to develop a value for money service

Interventions that deliver system Productivity:-

- **Atrial Fibrillation Management** – AF is the cause of about 1 in 7 strokes. The risks of AF related stroke are reduced with good management and can reduce hospital admissions, deaths and disability. There are clear NICE guidance on how we can better manage people with AF to stop strokes and we need to consider how to deliver this gain locally. Across Essex, management is below recommended levels. Increased efforts on management will be a cost pressure but has the potential to further reduce social & personal care costs. A NET saving of over £2 million over the next five years is possible across the economy through this initiative. Work to achieve this will require a joined up approach with the NCB and CCGs.

- **Smoking Cessation services** -. Smoking is the biggest preventable cause of ill health, disease and death in this country, and the single most important lifestyle factor affecting health inequalities. Society productivity gains are accrued through the commissioning of a comprehensive tobacco control strategy including quit support for smokers. We will work closely with SCF and AHCW commissioners to bring the MECC (making every contact count) approach to this and other areas.

- **Reach Out** - a community engagement model that acts as a bridge between deprived communities and local support services, addressing the wider determinants of health that contribute to Health Inequalities and improved well-being, including income maximisation, debt, housing, health and social care, employment & family parenting

issues. The pilot has saved over a million pounds to public services in two years. The initiative will be part of broader work across ECC to improve customer access.

- **Senior Health Checks** - Extension of the NHS Health Checks programme to patients aged 75 to 84. This programme is particularly relevant to our ageing population and if patients are optimally treated as a result of diagnoses of cardiovascular-related conditions, the potential for significant savings to both Health and Social Care can be realised. A Net saving of over 2 million is achievable across the system using this initiative over the next five years.

- **Falls prevention** – ensuring the provision of services that reduce the risk of falling, with a particular focus on reducing the number of hip fractures in the over 65s. This would involve joint commissioning between health, AHCW and public health. In addition to preventing falls and hip fractures, there is a modest saving to the economy from this approach.

- **Virtual Wards** – holistic, multi-agency support to enable people with multiple needs and/or at high risk of hospital admission to remain in their own homes. The pilot of this programme showed reduction in inappropriate hospital admissions, and savings to social care through provision of more appropriate packages, targeted referral to the voluntary sector and facilitating earlier social care intervention.

Priority Outcomes from JHWBS and JSNA:-

These areas are issues for Essex signaled in the JSNA. Addressing them will require close working between a range of partners and an integrated approach to commissioning.

- **Improved development age 5** – This is an area of particular focus for Essex and will be driven by SCF with a focus on parenting support, Children's' Centres, and Preschool and nursery provision. This will include work with the NCB and CCGs around how to get best value from the expanding health visitor capacity.

- **Higher Levels of Physical Activity** – working in partnership with other stakeholders including SCF, ESH and districts and Boroughs to develop programmes that increase participation in physical activity thus increasing the proportion of adults and children engaging in regular exercise

- **Reduced Hospital Admissions due to Alcohol Misuse**- In line with structures and processes that exist to commission substance misuse services across the county the Essex Drug and Alcohol Action Team are developing a specific commissioning intentions proposal to submit to the Integrated Substance Misuse Commissioning Group (ISMCG). Proposed provision is in line with Department of Health and National Treatment Agency guidance in relation to a recovery focussed system of provision and is influenced and informed by a local needs assessment and public consultation exercise recently completed. The proposal is to commission a county wide integrated substance misuse recovery pathway with specific alcohol related elements to ensure effective coverage

and accessibility of provision. We need to work with CCGs to ensure that the DH specified initiatives around alcohol that deliver savings to the NHS are fully implemented.

- **Increased Breast feeding** – in consort with SCF and with CCGs commissioning community based breastfeeding support services that enable women to make informed choices about breastfeeding and support them to maintain breastfeeding thus increasing the proportion of babies who are breastfed at 6 – 8 weeks of age.

- **Reduction in Teenage pregnancy** – Working closely with SCF and CCG colleagues ensuring that appropriate sexual health services are commissioned to reduce the risk of teenage pregnancy, including the provision of robust sex and relationships education as well as working in partnership with key agencies to support young parents

- **Reduced Levels of Obesity** – commissioning evidence based services that provide a range of weight management interventions and support the reduction of obesity among the population again working closely with SCF colleagues around Healthy Schools.

- **Reduced Drug misuse** - the intention would be to continue the current commissioning activity in relation to the delivery of drug treatment services. Services deliver in line with the national drug strategy aim of Building Recovery in Communities and services are developed to deliver against the key outcomes identified within the Public Health Outcome Framework. (See also Alcohol services above). In addition EDAAT will explore opportunities to work with the developing Offender Related Health commissioning agenda (NHS NCB) and the FUTURE Police and Crime Commissioner to look to ensure the delivery of effective criminal justice services in both prison and community settings in relation to reducing re-offending.

- **Improving Mental Health –** There are several areas of mental health that are important to address. Emotional wellbeing in children and young people is a priority with low numbers of Essex children saying they have someone to talk to and high numbers using alcohol. Work with SCF focussed in schools and the community supported by improved CAMHS will be key. In adults, focus would include work to Increased Employment in people with mental health issues. This is a key issue around inequalities and we need to work with AHCW as well as leads for economic regeneration to ensure this high risk group have access to employment opportunity.

- **Reduced Pressure on Carers**– working in partnership with AHCW, SCF and CCGs to develop the Essex Carers Strategy and ensure that appropriate support is in place to maintain carers own health and well being.

- **Reductions in Excess Seasonal Mortality-** Work with AHCW, districts and boroughs and a wide range of providers to reduce avoidable excess seasonal mortality through a range

of initiatives including optimal use of Warm Home payments to target those most in need.

- **Reduction in Social isolation** – Work with AHCW and other partners to commission a pilot of volunteer Community Navigators to offer time-limited 'coaching' to people to reduce social isolation through engagement with community groups.

Service Redesign:-

The development of an Essex public health resource affords us the opportunity to redesign services to deliver optimal outcomes and value for money. In 2013/14 we will begin a process of detailed review of these services with a view to recommissioning in 2014. We will start with those services that consume the highest proportion of our resource.

- **Sexual health services** – Working with SCF colleagues and CCGs we will review current sexual health pathways to ensure that provision remains fit for purpose taking into account the recommendations of the new National Sexual Health Strategy which is due to be published imminently

- **School health services** –Working with SCF colleagues we will consider the best use of resource committed in this area. Healthy schools is a proven programme taking a holistic view of Health Improvement. It deploys an early intervention strategy by focussing on individual and environmental vulnerabilities plus family and society influences. Public Health priorities will be further supported by the development of an Essex Wide School Nursing Specification. The work will also consider the optimal approach to safeguarding.

There is much overlap in these areas e.g. health checks are a must do but also deliver improved productivity; Smoking Cessation delivers productivity but is also a Priority in the JHWB strategy.