
STRATEGIC PLANNING FOR HEALTH - CONSULTATIONS

1 SUMMARY

- 1.1 This report outlines two consultation documents that have been received, firstly, from the East of England Strategic Health Authority and, secondly, from South East Essex Primary Care Trust.
- 1.2 Both documents seek the Council's views on priorities and strategic direction for health services. Responses are required by 30 November 2007.
- 1.3 Copies of the full documents have been placed in the Members' Library.

2 BACKGROUND

- 2.1 Both consultation exercises are being undertaken against a backdrop of changes in the health service nationally, regionally and locally.
- 2.2 At both regional and local level, priorities are being considered within the framework of government spending plans, national imperatives (such as reducing hospital acquired infections) and proposals for future delivery of services set out recently by Lord Ara Darzi in the review report "Our NHS, Our Future".
- 2.3 The regional proposals set out in the Strategic Health Authority consultation document "Improving Lives; Saving Lives" deal with the bigger picture and give direction to Primary Care Trusts within the eastern region.
- 2.4 Locally, South East Essex Primary Care Trust (SEEPCT) was created just over a year ago with the key functions of:-
 - Improving health and reducing health inequalities
 - Commissioning safe, high quality services
 - Engaging with local people
 - Maximising the opportunities for achieving value for money and efficiency
- 2.5 Working within the still developing national and regional context, the local consultation document "Delivering Together: Better Health, Better Care, Better Value", sets out more detailed proposals for South East Essex.
- 2.6 Some of the priorities and strategic direction being suggested are more health service focussed, although Members will no doubt have views about these, but it is important to recognise the need for a shared vision for the District for joint working. Local authorities are well placed to play a key role in delivering health improvements for the community – through regulatory services, leisure and community facilities, services to more vulnerable residents and in many other ways.

- 2.7 As the second round of Local Area Agreements is developed and performance indicators agreed, increased joint working and shared responsibility for delivery will become more commonplace. This will be co-ordinated at strategic level through the Local Strategic Partnership and its effectiveness will be assessed through Comprehensive Area Assessment (CAA).

3 REGIONAL HEALTH PRIORITIES

- 3.1 The East of England Strategic Health Authority has set out its overall vision as *"We will be the best health service in England"*. There is also a clear objective of increasing average life expectancy by three months over each of the next three years, including targeting those parts of the region's communities that have lower life expectancy. This objective is badged as adding 5 million years of life to people in the East of England by 2011.
- 3.2 The consultation seeks comments on the vision, objectives and priority areas of work, then on 11 pledges dealing with service access and health improvement. These pledges and suggested responses are set out in Appendix A.

4 LOCAL HEALTH PRIORITIES

- 4.1 Strategic direction and priority setting need to be guided by an analysis of local needs. There is already much information available and further work is in hand, through a Joint Strategic Needs Assessment, being carried out with local authorities. However, some of the key information/trends being used to shape the draft local strategy include:-
- There is a difference of 8 years life expectancy between men in the most deprived wards covered by the PCT, compared to those in the least deprived.
 - Smoking is the single most important cause of ill health and preventable death.
 - Obesity can lead to a reduction in life expectancy of up to 9 years, and cause many serious illnesses.
 - An ageing population means there will be greater demand on health services.
 - Small "pockets" of ethnic minority groups may not be accessing the services they need to stay healthy.
- 4.2 The consultation document envisages that the SEEPCT strategy will have a vision centred on three key objectives:-
- Better health and well being

- Better care
- Better value

And an ambition that:-

People who live in south East Essex will have better health and the gap between those with the best health and those with the worst will reduce. It will be easier for people to stay healthy because they will be given help to live a healthier life.

If people need to use health services they will be able to access safe, high quality services at a suitable and convenient time and place. They will be treated in facilities that are clean, pleasant and modern, by staff that are well trained and helpful.

People suffering from long term conditions will be supported to help them stay well and to prevent or delay deterioration of their health.

- 4.3 In a similar way to the regional strategy consultation pledges, the SEEPCT consultation document proposes a number of commitments to the community. It then suggests a series of delivery targets for the coming year and longer term ambitions.
- 4.4 These are set out in Appendix B to this report, with suggested responses.

5 DISCUSSION

- 5.1 Much of what is contained in both documents states what might be expected of a forward looking health service, for example, a commitment to excellent, accessible services that provide value for money. Much of the prioritisation, for example, in targeting heart disease, strokes and cancer is driven by the national agenda but is, nevertheless, important locally. It is questionable what added value the proposed regional strategy provides over and above those set out at national level and the local plans of the Primary Care Trust.
- 5.2 As stated earlier, over the next few years the Council and its partners, including the health service, will be working increasingly closer together on shared priorities and we will be judged on how effectively this operates.
- 5.3 The strategies and priorities that emerge from these consultations will directly influence the allocation of resources from the health sector. As a District, Rochford is relatively affluent but it is important that some local issues, including ensuring easy and equal access to health services, and longstanding commitments to improve service provision are not forgotten.

6 RISK IMPLICATIONS

- 6.1 It is important to ensure there is a synergy between health service priorities, those of the Council and other partners.

- 6.2 There is a risk that the needs of this District's residents may not be seen as equal to those in other areas within the region and the PCT boundary.
- 6.3 A shared vision and effective partnership delivery will be essential to improve health in the District and to secure good CAA assessments.

7 RECOMMENDATION

- 7.1 It is proposed that the Board **RESOLVES**

That, subject to Members' comments, the suggestions in the report be used as the basis of the responses to the East of England Strategic Health Authority and South East Essex Primary Care Trust.

Graham Woolhouse

Corporate Director (External Services)

Background Papers:-

Letter from SEEPCT Chief Executive, 10 October 2007

South East Essex PCT "Better Health, Better, Care, Better Value"

East of England Strategic Health Authority "Improving Lives, Saving Lives".

For further information please contact Graham Woolhouse on:-

Tel:- 01702 546366 Extn 3006

E-Mail:- graham.woolhouse@rochford.gov.uk

If you would like this report in large print, braille or another language please contact 01702 546366.

**EAST OF ENGLAND STRATEGIC HEALTH AUTHORITY – “IMPROVING LIVES;
SAVING LIVES”**

Our Vision

We will provide the best health service in England

Suggested Response

The Council supports this vision statement, but is concerned that there are not clear links to other strategic regional strategies, nor shared timeframes. We are surprised that the importance of the Thames Gateway South Essex growth area does not feature. Overall, we question what value this regional strategy will add to national priorities and local PCT level strategy.

Our Objective

We will add 5 million years of life to people in the east of England by 2011.

Suggested Response

This is a laudable objective, but the way it is presented means little to individuals. We believe it would be more helpful to explain that the objective is to add three months to life expectancy each year for the next three years.

Areas of Work

Our pledges are divided into three clear areas of work, designed to address the full range of what we as an NHS can do, but also to ensure we are reflecting the needs and desires of those we serve

Those three areas are:-

- Delivering a better patient experience
- Improving people's health
- Reducing unfairness in health

Suggested Response

The Council supports the first two points, but some people will deliberately choose lifestyles that potentially harm their health. We believe that guidance, opportunities and services should be available to help people make informed choice.

Pledge 1

We will deliver year on year improvements in patient satisfaction.

Pledge 2

We will extend quicker access to our services.

Pledge 3

We will make it easier to see a GP at a more convenient time.

Pledge 4

We will ensure NHS Dentistry is available to all who want it.

Suggested Responses

The Council supports all these pledges. Patient satisfaction is one valuable measure of success, but some patients, particularly the elderly and those with learning difficulties or mental health problems, may be unable to effectively articulate their views and appropriate help/advocacy must be available.

Easy access to services is important to patients and it is important that all areas have equality of access, and that resources and investment are not skewed to those areas that have higher deprivation scores. Many areas of this District are rural and have poor public transport links which presents difficulties for those without a car.

Pledge 5

We will ensure fewer people suffer from, or die from, heart disease, stroke and cancer.

Suggested Response

The Council supports efforts being directed to prevent and treat these conditions, but questions what can be achieved by a strategy that only covers the next three years. Stability and longer term planning are required to achieve significant improvements in health

Pledge 6

We will aim to make healthcare system the safest in England.

Suggested Response

It is imperative that trust is restored in the safety of the healthcare system. Patients have a right to expect clean and safe healthcare facilities and that they will not be exposed to risks of infection when undergoing treatment.

Pledge 7

We will improve the lives of those with long term illnesses.

Suggested Response

The Council supports this, particularly the inclusion of mental illness as a priority area.

Pledge 8

We will halve the difference in life expectancy between the poorest of our communities and the rest of the east of England.

Suggested Response

We support this aim, but the pledge should be clear by when this will be achieved.

Pledge 9

We will ensure healthcare is available to marginalised groups and “looked after children” as it is to the rest of us.

Suggested Response

The Council believes that all those who have a right to receive healthcare should be properly provided for.

Pledge 10

We will cut the number of smokers by 140,000.

Pledge 11

We will halt the rise in obese children and then seek to reduce it.

Suggested Response

The Council supports the provision of advice and services that help people to give up smoking and adopt healthy eating and lifestyles.

The pledges should be clear by when they will be achieved. The supporting document “Delivering our pledges” quotes a figure of 150,000 for the cut in smokers and there needs to be consistency.

A Two way Street

There should be certain responsibilities on individuals as part of the continuing development of NHS services. We think these should be:-

- Parents should seek to ensure their children have a healthy diet and exercise regularly;
- Smokers should seek support from NHS stop smoking services;
- Individuals should eat healthily and exercise regularly;
- Individuals should think about the NHS service they need, be it GP, pharmacist or A&E before dialling 999;
- NHS staff should be able to work free from the fear of physical or verbal attack;
- If you make an appointment for an NHS service you should use it, or cancel with enough time for others to be offered your slot;
- Those prescribed medicines should follow the complete course.

Suggested Response

The Council agrees that there are obligations on service users not to abuse staff or waste resources. However, a careful balance needs to be struck between encouraging people to adopt healthy lifestyles and forcing them to do so.

Our Wider Responsibilities

We propose to:-

- Be leaders in the NHS nationally by promoting sustainability and fighting climate change;
- Seek to ensure that we source food and other services as locally as possible.
- Work with staff and their representatives to prioritise their health as part of our commitment to the general health of the east of England.

Suggested Response

The Council supports these aims.

SOUTH EAST ESSEX PRIMARY CARE TRUST – “BETTER HEALTH, BETTER CARE, BETTER VALUE”

BETTER HEALTH AND WELL BEING

We will:

- Improve health so we can increase life expectancy and the number of “disease free” years of life
- Reduce premature deaths from stroke and heart disease by 40% and from cancer by 20% (based on “Saving Lives” 1999 baseline) by 2010 and put more effort into preventing these conditions by helping people live a healthier life
- Reduce the health gap between those in our population that have the best health and those who have the poorest by improving the health and healthcare delivered to marginalised groups within our communities

In the coming year we will:

- Work with local authorities to carry out joint strategic needs assessments
- Invest in commissioning health trainers who will help individuals develop personal health plans and offer them practical support, for example, on improving diet and increasing exercise
- Make plans for investment in programmes that will help individuals develop personal health plans and offer them practical support, for example, on improving diet and increasing exercise
- Continue to work with our partners through LSPs on the delivery of LAAs that we know will help to address the key determinants of health
- Begin to refocus our resources; developing a costed plan to target the most deprived communities in order to reduce the health gap between those with the best health and those with the poorest
- Work with projects based in the third sector to work beyond the traditional boundaries and develop training programmes for people who have better access to marginalised groups
- Begin to address identified needs for a range of health and well being indicators for children’s services and child and adolescent mental health services

- Have developed a plan to engage with our local population on key health messages on looking after their own health and making best use of prevention services

Our longer term ambitions are:

- Have higher levels of resources to help people stay healthy in the areas that need it most
- Have developed excellent prevention services for older people and reduced the number of older people that need to go into hospital
- Reduce the stigma associated with mental health conditions by making services more accessible and culturally acceptable for all groups of people in our communities and have encouraged mental health promotion into the policies of our own and our partner organisations.

Suggested Response

The Council welcomes the commitment to continuing and expanding joint working to address the causes of ill health and to develop an environment in which healthy lifestyles are easier to choose.

However, delivering significant improvements in health requires long term planning and stability. It is not clear from this document what the timeframe for the strategy will be. It is critical that there are cross-references between the strategy, the local and County Sustainable Community Strategies and the Local Development Framework and that these work together to deliver agreed outcomes. Equal weight needs to be given to the linkages with Essex strategies as to those for Southend.

BETTER CARE

We will:

- Commission a range of services that offer choices for patients and users that are the safest in England and treat people with dignity and respect
- Improve patient satisfaction year on year
- Continue to improve the lives of those who suffer with long-term conditions
- Commission services that offer high quality evidence based treatment to people suffering from mental health problems and dementia
- Ensure our patients receive excellent palliative and end of life care
- Ensure our patients receive top quality community based provision

In the coming year we will:

- Support and enable our provider services to create an organisation that can function independently
- Carry out a review of primary care access and service provision that is delivered to our most deprived communities, develop plans to tackle any inequalities in access to services and begin implementation
- Fully develop practice based commissioning through clinical leads and increase joint commissioning with social care so commissioning decisions focus on achieving the best outcomes for patients who have both health and social care needs
- Continue to develop LIFT schemes to reprovide primary care services in safe, modern premises that are fit for purpose and work with our local authority partners to maximise the potential for using estate to best purpose
- Develop a clear and comprehensive new specification for quality of services we commission. Where service providers are unable to respond to these we will tender for services to meet these specifications
- Ensure the local health system reduces hospital acquired infection rates
- Implement strategic improvements in maternity care
- Continue working across organisational boundaries with primary, community and acute care providers and local authorities to agree care pathways for long term conditions and unscheduled care.

Our longer term ambitions are:

- Have services that are delivered in a joined up manner, integrate across organisations and offer control and choice to individuals
- Ensure that patient safety is clearly embedded within our contractual arrangements for quality
- Have developed new ways of working that maximise the involvement of service users to fully embrace patient centred care
- Have established separate provider services

Suggested Response

It is not clear why there are differences between the proposed levels of service for mental health/dementia, palliative/end of life and community based provision. The Council suggests that the PCT should be aiming for excellence in all these service areas.

We are concerned that the review of primary care access and service provision should not just be focussed on the most deprived communities, which are often selected using the Index of Multiple Deprivation or similar. The Council believes there should be equity in access to services and healthcare facilities for all residents. Issues such as rural isolation with poor public transport links and areas where the population has grown without a commensurate improvement in primary care services need to be addressed in the review, including the development of a Primary Care Centre in Rayleigh, which has been under discussion for several years.

BETTER VALUE

We will:

- Make primary care provision more accessible and focused on the needs of individuals and communities
- Make it easier for people that need urgent care to access the closest and most suitable care for their needs when they need it
- Put an end to waiting lists as we know them by 2009 and ensure that care can be better accessed closer to people's homes
- We will continue to deliver or surpass all national targets

In the coming year we will:

- Be on target to achieve the national 18 week and all key access targets
- Identify where primary care access is inadequate and commission services to meet the needs of specific local communities
- Only commission care from GP practices offering longer, more flexible opening times that offer better access to patients
- Improve patient access and awareness of urgent care services close to people's homes to reduce the demand on Accident and Emergency
- Review joint commissioning with local authorities and develop plans to strengthen and extend joint commissioning arrangements.

Our longer term ambitions are:

- Have pathways of treatment for patient where professionals work across boundaries and avoid the need for any patient to go into hospital unnecessarily
- Ensure there are no perceived waits for hospital care

- Have improved early intervention services for mental health conditions

Suggested Response

The Council supports these.