

Changes in Healthcare and the Impact on Rural Communities

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Healthy Lives, Healthy People – The Public Health White Paper

- To protect the public; and to improve the healthy life expectancy of the population, improving the health of the poorest, fastest.
 - To seek to prevent harm and reduce the risks of poor health, by early and effective interventions
 - To strengthen responsibility – in individuals, families, communities, business and government – for our health by working together to promote positive actions to improve health
 - To do what works, on the basis of evaluation and evidence, focussed on outcomes; recognising the influence of the wider determinants of health

Key principles

- To establish a clear national strategy and world-class public health infrastructure of health protection and for supporting health improvement
- Locally-led strategies which link across communities and government, seeing health and well-being as integral to civic and social responsibility
- Partnership, reaching across government, business and the voluntary sector, to create integrated, joined-up strategies
- Positively supporting the adoption of healthy lifestyles and supporting self-esteem and confidence
- Actively adapting the environment to make healthier outcomes easier to achieve, reducing potential harm and encouraging healthy choices, especially at key moments in one's life

Significant changes for Public Health

- Establishment of Public Health England
- Development of Public Health Outcomes Framework
- Responsibility for delivery of health improvement to shift to top tier Local Authorities
- Joint appointment of Directors of Public Health between PHE and LAs
- Establishment of Health and Well Being Boards

Public Health England

- will provide strategic leadership and vision for the protection and improvement of the nation's health
- operational independence as an executive agency of the Department of Health
- a publicly appointed non-executive chair, with a board having a majority of non-executive members

Public Health outcomes framework

- Improving the wider determinants of health
- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

The new commissioning landscape

- Health & Wellbeing Boards – Essex, Southend and Thurrock
- NHS Commissioning Board – Essex Local Area Team (LAT)
- Clinical Commissioning Groups – seven in Essex
- Commissioning Support Services – Essex Commissioning Support Unit (CSU)

Clinical Commissioning Groups

- Locally based therefore increased involvement and knowledge of local issues
- Patient and Public Engagement Strategy ensuring robust processes are in place for consultation

Health & Well Being Boards

- Act as the system leader & support NCB in holding the CCGs to account
- Membership includes local commissioners across the NHS, public health and social care, elected representatives, and representatives of Health Watch
- Shadow Essex HWB Board established January 2012
- Refreshed Joint Strategic Needs Assessment
- Public Health staff co located within County Council from April 2012
- On track to become statutory operational in April 2013

Local Public Health Functions

- Commission services and interventions for health improvement according to local priorities identified through the Joint Strategic Needs Assessment (JSNA) and local engagement
- Support and advise local authority colleagues on the health impact of their policies
- Support and advise Clinical Commissioning Groups (CCGs) on public health issues
- Work in partnership with District/Borough/City Councils and other stakeholders, including the third sector, to deliver local priorities

Health & Well Being Board

“ By 2018 residents and local communities in Essex will have greater choice, control, and responsibility for health and wellbeing services. Life expectancy overall will have increased and the inequalities within and between our communities will have reduced. Every child and adult will be given more opportunities to enjoy better health and well being”

Essex Joint Health & Wellbeing Strategy



Framework for Implementation

- **Starting & Developing well** – ensuring every child in Essex has the best start in life
- **Living & Working well**- ensuring that residents make better lifestyle choices and residents have the opportunities needed to enjoy a healthy life.
- **Ageing well** - ensuring that older people remain as independent for as long as possible.

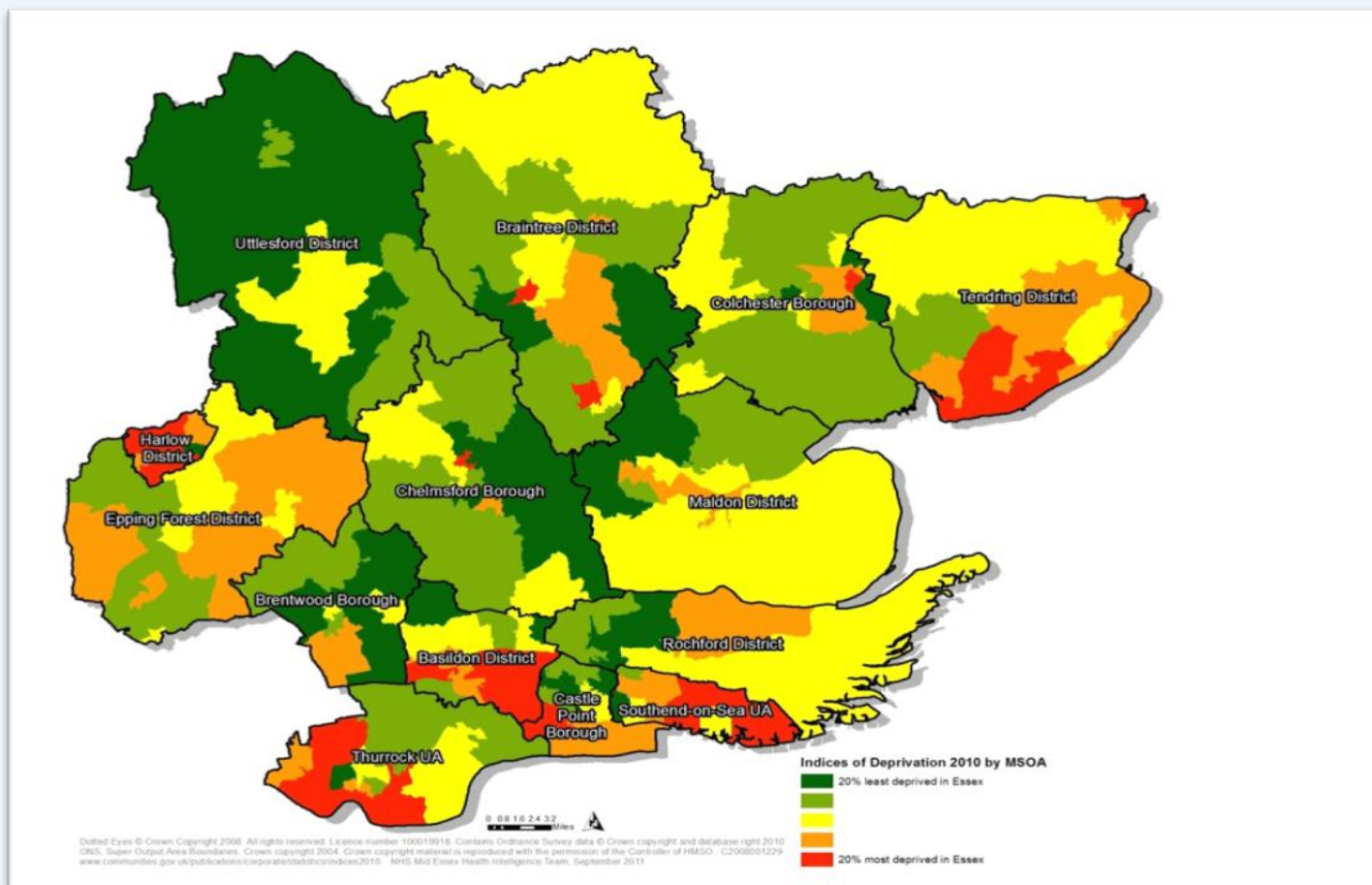
Strategic Objectives

- promote a shift from acute services to the prevention of ill health, to primary health care, and to community-based provision;
- support investment in early intervention and the prevention of risks to health and wellbeing to deliver long-term improvements in overall health and wellbeing;
- support individuals in exercising personal choice and control, and influence over the commissioning of relevant services;
- enable local communities to influence and direct local priorities for better health and wellbeing strengthening their resilience and using community assets to reduce demand;
- promote integration across the health and social care systems to ensure that services are planned and commissioned in an integrated way where it is beneficial to do so
- ensure resources are allocated consistent with the needs within and between the communities in Essex; and
- support individuals in making informed lifestyle choices and promoting the importance of individuals taking responsibility for their own health and wellbeing.

Underpinning themes

- Tackling health inequalities and the wider determinants of health and wellbeing
- Transforming services: developing the health and social care system
- Empowering local communities and community assets
- Prevention and effective interventions
- Safeguarding

Inequality in Essex



Common Themes in rural health

- Rural residents generally have poorer health outcomes associated with mental health, accidental injury and coronary heart disease
- There is evidence of a decline in access to services associated with increasing distance from medical care
- Rural patients have to overcome more barriers to access services than urban residents (e.g. transport) and have lower expectations of services.
- Improvement of access to health services is generally mediated through the extension of the roles of rural practitioners and use of technology such as telecare
- Substantial role played by the voluntary sector to improve access to health services in rural areas

Institute of Rural Health www.rural-health.ac.uk

Common themes in rural health

- Patients presenting at a later stage in the disease process
- Decreasing uptake of service with increasing distance from service – a phenomenon known as distance decay
- Delivery of services to greatly increased populations during the summer for in tourist areas, which impacts particularly on minor injury and accident and emergency services
- Out-migration of the working age population and increasing levels of in-migration of older people, which can increase the burden on existing services.

www.ruralhealthgoodpractice.org.uk

Opportunities

- Better local engagement through Clinical Commissioning Groups and system wide approach
- Greater accountability for decision making through Health & Well Being Board
- Use of Joint Strategic Needs Assessment to inform commissioning decisions
- Improved partnership and opportunities for integrated working

Partnership and Integrated working

- Village Agents
- Virtual Wards
- Reach Out
- Health Champions

Thank you!
Questions?

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