

NORTH EAST ESSEX PCT
Annual Public Health Report
Progress on 2007-08

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CONCLUSIONS & RECOMMENDATIONS

Inequalities

There are marked levels of inequalities in health across the population we serve, both related to geography and social groups. We should focus PCT efforts as well as partnership working with statutory and non-statutory partners in these areas.

Differences in life expectancy in deprived populations will be addressed in the short term through risk reduction in high risk groups, through targeted lifestyle modification in the short to medium term and through improving educational and employment opportunities in the longer term. The PCT will roll out its pilot work with GP partners and the local population in deprived areas to achieve these gains in line with the “Commissioning Framework for Health and Wellbeing”

Pilot developed further over year and rolled out

Addressing life expectancy differences in people with a learning difficulty (LD) will be aided by a new locally enhanced service (LES) aimed at supporting practices to address general health issues optimally in this population working closely with LD services.

LES introduced addressing CVD risk in this group

We recognise people with mental health problems as a high risk group and will address their general health needs through the project in deprived areas above. We will improve access to work and return to employment using the new “Stepped Care” model of services.

Stepped care model in place with return to employment as hot aim

We will work with the non-statutory sector to address the health needs of people who are homeless and people who abuse substances. To this effect and to ensure local carers are well supported in their roles, the PCT will increase substantially its funding to non-statutory agencies.

Funding level to new statutory sector increased in 2008/09

Key Diseases

To address heart disease in the population more generally we will improve access to cardiac rehabilitation and fund a LES to encourage optimal primary prevention in primary care.

LES introduced, will evolve into vascular checks being introduced nationally

We will improve care of people with diabetes in our most deprived area through an initiative to improve systematic care and patient engagement with services. We will improve access to pulmonary rehabilitation as well as focussed smoking cessation services to people with COPD.

Speciality diabetes nurse introduced in west Clacton/ Jaywick. Capacity of COPD team increased to meet NICE recommendations.

Social and Economic Factors

We will continue to develop and use a needs based approach in determining the use of resources locally including around primary care infrastructure and adopt policies to mitigate the effects of new housing developments on health and health services.

Needs based use of resources in place. New health centre opening to meet housing growth around Colchester Northern approaches.

We will work in partnership with County and District colleagues to ensure a broad approach to addressing health issues through supporting communities and looking for opportunities to improve educational attainment and adult learning as well as employment opportunities.

Ongoing work with LSPs, Tendring, PSP in Colchester and with Essex LAA

The PCT will continue to work with partners in improving the quality of local housing, support an increase in affordable housing in new developments and have firm commitments in place to address in own carbon footprint.

PCT have adapted sustainable travel plan

The PCT will work with colleagues on the Crime and Disorder Reduction Partnership to help address our shared agenda in reducing crime and the consequences of crime. We will in particular introduce interventions to reduce excess alcohol use and improve access to more effective drug treatment programmes.

Pilot of new initiatives implemented around alcohol reduction in Primary Care.

Lifestyle Choices

Supporting people to make healthier choices is crucial. We will improve access to health promotion information and advice, including targeted workplace initiatives and public places, and supporting improved access to recreational activities which encourage people to exercise.

Funded free swimming, MEND programme and Health Trainers.

Smoking cessation and tobacco control will remain a key priority. We will set ourselves more challenging targets and will focus on deprived populations and high risk groups.

Target agreed and delivered at highest level in region

We will work on a range of initiatives, together with local partners, to reduce obesity and improve exercise uptake working across the whole population but with specific focus on deprived areas.

Range of initiatives introduced

We will continue to roll out Chlamydia Screening and work with partners to ascertain how best to hit challenging targets. We will introduce a sexual health service based around community pharmacists to further improve our prevention work.

Chlamydia target achieved, service in pharmacies in place

We will endeavour to tackle the culture of binge-drinking and mitigate its effects. This will include interventions aimed at schools and Primary Care together with support for the Colchester SOS Bus and extensive media campaigning.

SOS bus supported and in place

Children and Young People

Teenage pregnancy continues to be a key issue. We will work with partners to optimise access to appropriate advice and education including emergency contraception, more effective sex and relationship education (SRE) in schools and better engagement through community development.

More work required as rates increasing

We will work with Acute Trust colleagues to secure further improvement in breast feeding rates recognising its key link to improved health. We will also focus on sustaining breastfeeding for a longer period of time, delaying the introduction of other food sources likely to contribute to excessive weight gain.

More work required. Achieved ascertainment target but levels of sustained breast feeding are poor.

We will continue to work hard to reduce levels of smoking in pregnancy. These remain unacceptably high locally and have not been easy to address.

Range of initiatives led to us achieving target

Immunisation and vaccination including MMR are a key local issue with relatively poor uptake. We will employ a new Co-ordinator for immunisation who will work with community colleagues, media and the public to improve rates of uptake to prevent these serious but avoidable diseases.

New coordinator in post, some in year improvement. Strong partnership initiating with County Council but more work needed.

Childhood obesity is the key future health issue and we will continue to roll out and expand on a range of initiatives, working closely with local partners to address this critical issue.

Further initiatives put in place but more work needed to reverse rising levels of obesity

The PCT will continue to work closely with partners to ensure that more support is available to Looked After Children to help improve their educational attainment and health outcomes. Through the Health Schools programme, we will aim to reduce the risk that bullying poses to emotional health.

Work in place with partners but much more needs to be done

Older People

As the population we serve gets older we need to ensure we can with partners help people to remain as independent as possible. We will work with Essex County Council in developing and implementing a prevention strategy.

ECC strategy developed and in place

Falls in older people remain a key cause of avoidable death and disability. We will work with partners to ensure local falls services are best able to meet the needs of the population locally.

Falls service unified but more development needed

We will expand pulmonary services for people with COPD to allow better access and will continue to review the need for further expansion. We will ensure improved access to smoking cessation services for this group of patients.

Expanded service to meet NICE targets in place

We will develop a local stroke strategy to optimise prevention and care for people with or at risk of stroke. We will then start to implement changes.

Require more joined up Stroke strategy, more work needed in this area.

Healthcare Associated Infection

We will work with Essex Rivers to implement screening for MRSA for elective in-patients in 2008/09. This will be followed by screening for emergency cases.

Elective screening in place and high risk emergency screening

We will ensure wide use of appropriate care bundles to reduce the likelihood of MRSA infection.

Care bundles in place, target achieved for HCAs

We will focus on rationalising antibiotic use in the community with media campaigns and incentive schemes for GPs to try and reduce *C.Diff.* infections in the community.

Lowest community C. Diff level in region achieved with improved antibiotic use