









Keynote

# LUCY WIGHTMAN

# What does the Health landscape look like in Essex?

Public Health's role is to contribute to reducing the causes of ill-health, support the improvement of people's health and wellbeing and reduce inequalities in access and outcomes to services and support. This is done through:

- Health protection. Includes responses to infectious diseases and environmental hazards
- Health improvement. Addressing the root causes of physical AND mental ill-health through prevention, education and supporting healthy lifestyles
- Healthcare Public Health: Ensuring health services are cost and clinically effective, efficient and accessible

Public Health is only one part of a large Essex health landscape, and this landscape is slightly unique when compared to other counties. Where most counties might have 1 Integrated Care System (ICS), we have 3 ICSs covering Essex, they are:



Mid and South Essex, Hertfordshire and West Essex, and Suffolk and North East Essex

The ICSs were formalised in 2022 following the passage of the 2022 Health and Care Act. These are partnerships that bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas.



### Integrated care systems (ICSs)

Key planning and partnership bodies from July 2022

### **NHS England**

Performance manages and supports the NHS bodies working with and through the ICS

### **Care Quality Commission**

Independently reviews and rates the ICS

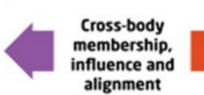
### Statutory ICS

### Integrated care board (ICB)

Membership: independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trusts, local authorities, general practice; an individual with expertise and knowledge of mental illness

Role: allocates NHS budget and commissions services; produces five-year system plan for health services

Influence



### Integrated care partnership (ICP)

Membership: representatives from local authorities, ICB, Healthwatch and other partners

Role: planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services



	Partnership and delivery structures	
Geographical footprint	Name	Participating organisations
System Usually covers a population of 1-2 million	Provider collaboratives	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
Place Usually covers a population of 250-500,000	Health and wellbeing boards	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level
	Place-based partnerships	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Neighbourhood Usually covers a population of 30-50,000	Primary care networks	General practice, community pharmacy, dentistry, opticians



# Background to the purpose of the ICS and why they are needed now

### The Purpose:

- Improving outcomes in population health and health care
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development

### The 'Why' now:

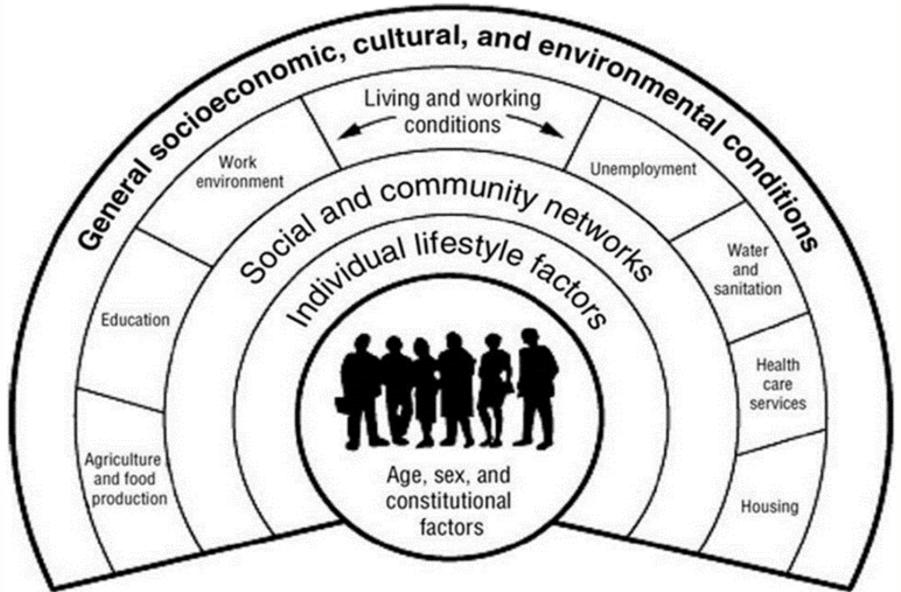
- NHS set up for different patient groups/ needs
- Increasing life expectancy and case complexity
- Fragmented care
- Access challenges
- Ageing estate
- Workforce challenges
- Impact of wider determinants of health not recognised/considered in design and delivery
- Growing inequalities



### Wider determinants of health

The health system can be complex to navigate but the ICS formation provides an ideal opportunity to focus on prevention and early intervention of ill-health.

Public leisure plays an important role in the prevention and early intervention space, especially when we consider the wider determinants of health. However, they are also an important (and underappreciated) community asset...





# The opportunities within public leisure - case study 1

### **Reconnect Model**

Colchester, Tendring, Clacton and Basildon leisure centres have 'Sport for Confidence' Occupational Therapists based within leisure centres to support the delivery of inclusive based activity sessions. This has encouraged individuals living with disabilities and/or long term health conditions to access leisure activities when they may not have done this previously.

For Basildon Sporting Village, this model has demonstrated the need to be fully inclusive as a leisure centre and enabled them to gain funding to install a Pool Pod.









# The opportunities within public leisure - case study 2

# Free health checks within leisure centres

Provide CIC can train leisure staff members and provide kits to centres to carry out health checks for individuals coming to the centre. Each eligible test carried out results in £22 given back to the centre. How have centres utilised this?



By using the free health check as part of gym membership/ induction process



Promoted free health check days as a way of increasing sign up to memberships



Connected with local GP's and community groups so that promotion of the centre and checks are combined



# The opportunities within public leisure - case study 3

# Community Hubs in leisure centres

The Waltham Abbey Community Hub is a one-stop shop for residents to access a wide range of services for help and advice.

Community organisations such as Citizens Advice, Department for Work and Pensions, EPUT (MH services & Employability) and Local Authority teams are hosted for drop ins every Tuesday. Individuals can book appointments and/or turn up to receive advice. This has helped to introduce the centre as a place of support.





## Why public leisure matters

- Public sector leisure facilities and services can help the health and social care system focus on reducing health inequalities, and maximise prevention by enabling people to stay healthy therefore moderating demand on services
- More generally, the public leisure sector has begun to demonstrate the critical **preventative** role it can play across a range of health conditions including diabetes, cancer and mental wellbeing
- Physical activity can also support secondary prevention for people with different acute and complex needs and most importantly, it can play a role in **rehabilitation and recovery**, which further alleviates pressures across the system
- We can (and must) **evolve** the sector, transitioning from traditional leisure services into an active **wider wellbeing offer**
- Co-location of leisure centres with/in community hubs are vital in areas of deprivation where improved access to, and joined up thinking between services, can significantly reduce demand and provide more tailored and effective support
- An effective active wellbeing service can provide frontline provision aimed at narrowing health inequalities between people and places especially when combined with a wider place-based agenda

