

Assessing the opportunities to commission a **Natural Health Service**.



Proposal to

Why is there a need for this project

There is now a large body of evidence to support the promotion of the natural environment for physical activity and mental wellbeing and the provision of programmes of activity in natural surroundings as effective in helping to improve public health. Guidance from NICE and from NHS provide policy support, often taken up at local level.

A wide range of organisations promote physical activity in the natural environment and there are lots of examples of programmes such as BTCV's Green Gym and Forest Schools, that support people to improve their health and wellbeing through involvement in the natural environment.

But, despite this seeming perfect combination of support and provision we do not as yet seem to have moved away from pilots and short term projects. Programmes come and go and there is limited coordination between the potential providers of programmes. Neither is there a coordinated promotion programme to the health service commissioners from environmental organisations.

A new approach is needed that will

- Develop a consortium of programme deliverers to develop a joint approach to health service commissioners.
- Enable providers to meet the strict criteria that will be set by commissioning bodies.
- Take a businesslike approach to provision of health and wellbeing services to the health sector.
- Target the new commissioners of services - Commissioning boards, GP consortia and local authority public health teams.

This work will take the areas described above that deal with commissioning, namely assisting with developing a proposal in a format that addresses the needs of the new commissioning bodies and ensuring that the consortium meets the strict criteria for these bodies. It will also critically appraise the products that are being offered by the consortium of organizations developing this approach.

Vision

Establish a sound basis for delivery of public health improvements through the development, marketing and delivery of “Natural Health Service” products developed by a consortium of environment and community focused organisations

Aims of the work funded by CHAMPS

To assist in the development of a robust business case that can be used by the consortium to approach or bid to health commissioning bodies to deliver Natural Health Service products.

What is the Natural Health service?

In this consortium project a service can cover a wide range of activities – and they are predominately activities. It could be “Green Gym”, Walking for Health, Forest Schools or Horticulture Therapy, or any of a range of other activities that have been developed by members of the consortium. The activity will vary according to the availability of resources in a specific area and also the presence of an organization in that area.

The activities all share a common goal, improve health and well being by encouraging more active lifestyles in the natural environment.

As is set out below, there is compelling evidence to support our proposal that this offers an effective, sustainable and relatively lower cost way to improve public health and wellbeing.

We are focused on products that specifically support increased activity to achieve better health and wellbeing including, healthy weight, assist in recovery from CHD and improve the mental health of communities.

Background

There is now a wealth of evidence to support improved working between the health and environment sectors to deliver better health outcomes and improved quality of life. The evidence base has been gathered and presented in many documents and publications and it is not our intention to repeat the excellent work that has already been undertaken. Our starting point is to assume that the point is proven and the case made and that the objective is to assist in enabling more widespread joint working.

However, there are two particularly pertinent policy drivers that need to be mentioned in support of this proposal – the need to reduce health inequalities and the restructuring of the public health service to create Public Health England.

In February 2010, Sir Michael Marmot published his long awaited report 'Fair Society, Healthy Lives'. This report, which has received cross party support, is critical to the Coalition Government's current thinking on the delivery of public health in England from 2011 and beyond. Health inequalities are costly to the whole of society and considerably reduce the life opportunities of many people in England. These health inequalities have widened in recent years despite efforts to the contrary and now a new approach is proposed that ensures that many sectors including the environment play their part to close the gap.

'Inequalities are a matter of life and death, of health and sickness, of well-being and misery. The fact that in England today people in different social circumstances experience avoidable differences in health, well-being and length of life is, quite simply, unfair. Creating a fairer society is fundamental to improving the health of the whole population and ensuring a fairer distribution of good health.'

'Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work and age. So close is the link between particular social and economic features of society and the distribution of health among the population, that the magnitude of health inequalities is a good marker of progress towards creating a fairer society. Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society.'

The report goes on to identify six policy objectives, one of which is to 'create and develop healthy and sustainable places and communities'. A further policy recommendation suggests that improving the availability of good quality open and green spaces across the social gradient alongside improving active travel (for example walking and cycling) and the integration of the planning, transport, housing, environmental and health systems can help to reduce health inequalities.

The Public Health White Paper (November 2010) outlines 'a radical shift in the way in which public health challenges are tackled'. The strategy for public health in England responds to the Marmot Report and aims to 'help people to live longer, healthier and more fulfilling lives; and to improve the health of the poorest fastest'. 'Local government and local communities will be at the heart of improving health and wellbeing for their populations and tackling health inequalities'. Health and wellbeing throughout life is vital and part of this will be to ensure

'active ageing is the norm rather than the exception'. 'Protecting green spaces and launching physical activity initiatives' will be part of this. 'We will protect and promote community ownership of green spaces and improve access to land so that people can grow their own food'.

There will be a new public health system with strong local and national leadership. Local health improvement functions, which includes peoples' lifestyles, will be transferred to local government, with ring-fenced funding allocated to local government from April 2013.

'Directors of Public Health will be the strategic leaders for public health and health inequalities in local communities, working in partnership with the local NHS and across the public, private and voluntary sectors'. These people will be based within upper-tier and unitary local authorities. A National Health Service Commissioning Board will be set up and public health will be part of this Board's mandate, with public health support for NHS commissioning nationally and locally. There will be stronger incentives for GPs so that they play an active role in public health. Also it is proposed to create local statutory health and wellbeing boards to support collaboration across the NHS and local authorities in order to meet communities' needs as effectively as possible.

'The Department of Health has also proposed a new role for local government to encourage coherent commissioning strategies, promoting the development of integrated and joined up commissioning plans across the NHS, social care, public health and other local partners. Ultimately this should deliver better health and wellbeing outcomes, better quality of care and better value for money with fewer overlaps or gaps in provision and different services working sensibly together'.

There is clear recognition that the environment we live in impacts on our health and our life chances. *'Improving the environment in which people live can make healthy lifestyles easier. When the immediate environment is unattractive, it is difficult to make physical activity and contact with nature part of everyday life. Unsafe and hostile urban areas that lack green spaces and are dominated by traffic can discourage activity. Lower socioeconomic groups and those living in the more deprived areas experience greatest environmental burdens'.*

Overall there is greater emphasis on preventative measures in public health in line with comments received from public consultation.

The new local authority Public Health Service will, therefore, be critical for the success of our proposal. Each LA will have to develop a Public Health Strategy and we have an opportunity to try and get a consistent message into these strategies to support commissioning of the Natural Health Service programmes.

What are the issues?

- Providing specific and appropriate information to GP Consortia and the other NHS commissioners about the services that can be provided in specific areas, at what cost and with what benefits and linking this to the information portals. This links to the renewed focus on public health and the new arrangements for commissioning services.

- Ensuring the necessary information handling and clinical protocols etc. within consortium partners to satisfy commissioners. (see Governance below)
- How does Natural Health Service help GP's achieve the QUAFF points needed (not sure that this is correct way to put it)
- Explore the link to Health Trainers and their link/role within commissioning.
- Creating a consortium that can provide natural health services to a consistent, excellent standard, with an effective message to the NHS, whilst retaining the distinctiveness of the agencies involved. This links to the opening up of service provision by the NHS to private and third sector organizations.

Governance

- There are at least 3 key governance issues to tackle
 - **Information** - This relates to how information is gathered and stored by organisations - Key Drivers
 - Ethical – First do no harm
 - Legal – You have a legal requirement
 - Regulatory – The Care Quality Commission (CQC) requires it
 - Financial – You can lose your CQC registration or be fined up to £500,000 by the ICO
 - **Corporate** - How are the members of the consortium constituted, how is the consortium constituted if it is to be a “bidder”
 - **Clinical governance**

‘A framework through which NHS organizations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.’ *Class Service: Quality in the A First Class Service: Quality in the new NHS. Department of Health, 1998*

The consortium will need to consider how we measure against these requirements either individually or collectively. Alternatively we will also explore the opportunities of working within an existing partnership or organisation that already works with the NHS and fully understands the requirements and processes needed to address these and other governance issues..

Existing Activity

As described in the introduction there is currently a disparate array of good projects being delivered often on short term project budgets,

But we have not come across any existing activity that this work and the approach being taken is replicating nor undermining.

The health sector is undergoing a major change in structures and commissioning practices and whilst this makes it difficult to get definitive answers about how commissioning will operate in the future, it does provide an opportunity.

There is a time limited opportunity to draw on the experience of green infrastructure partners in this field, whilst current projects and programmes are underway.

Objectives and outputs

This work funded by CHAMPS will take forward the thinking described in the sections above.

It will enable the consortium to engage effectively with commissioning bodies in the knowledge that the business plan and the objectives of the consortium are fully in line with the commissioning process and that the products being offered are likely to be of value to the commissioning bodies.

The work has three strands described in the table below. These three strands will form part of a business plan that will be produced by the consortium by September 2012.

Objective	Output	Format	Project Manager	Process
Work with the consortium to establish that it has the necessary governance in place or guide it to work with established health care providers who can provide the structures.	Recommended course of action for the development of structures that are compliant with commissioning agency demands.	Report		Work commissioned
Critical appraisal of the products being offered by the consortium. NHS format Categorisation of Natural Health Service products. Benchmarking against other non environmental products.	Product sheets that set out the clear clinical benefits, cost, availability, comparisons and any key issues to address etc.	A series of product sheets as PDF files		Work commissioned
Translation of the Natural Health Service proposals into a format that is compliant with the NHS commissioning process.	Natural Health Service commissioning response – specific response to commissioning guidance in a format that can slot into the Natural Health Service business plan.	Report		Work commissioned

Timescale

Milestone	Date	Comments
Approval	By 7 th March	From CHaMPS
Commissioned work	By 17 th March	By Mersey Forest Team
Inception meeting	April 2012	With Mersey Forest and CHaMPS

IF Group	April 2012	
Draft reports	June 2012	
IF Group	July 2012	
Final Report	30 th August 2012	Approved by CHaMPS and IF Group
NaHS Business Plan	30 th September 2012	With clear process in place to enter into commissioning processes

Project Management

The Mersey Forest team will be the project manager and report to CHaMPS on each Milestone with progress, issues, opportunities and any changes necessary to the project plan in the light of findings from the work.