

Meeting: Well Being Strategic Partnership Board

Date: 8 December 2009

Report Title: Department of Health - National Support Team for Health Inequalities (NSTHI) Visit

Report from: Susan Oti, Acting Joint Director of Public Health

Purpose

To update Board members on the outcome of the visit in October 2009 and to present the draft Health Inequalities Action Plan (Appendix 1) for review and comments.

Background

The National Support Team for Health Inequalities (NSTHI) visited Haringey in October to review what we are doing in relation to reducing adult health inequalities in the borough. They were particularly interested in keeping up the momentum around the national 2010 life expectancy targets against which Haringey is currently on track for both men and women. The team provided detailed feedback at the end of the visit and Cathy Herman, Non Executive Director, NHS Haringey and Cllr. Dilek Dogus, Cabinet Member for Adult Social Care and Well Being thanked them on behalf of the partnership.

The NST held interviews, six workshops and a community engagement focus group to understand the local context and assess barriers to and opportunities for continued progress at a population level. The visit benefited from the input of many individuals within NHS Haringey, the Council, North Middlesex Hospital and the voluntary and community sector. The team congratulated the partners on their commitment and passion for this area; on NHS Haringey's 'visionary' primary care strategy; on the adults' wellbeing arrangements; and on a variety of other aspects of our collective work to make progress on inequalities. Thank you to Board members who either participated in the visit or identified individuals from their organisations.

For those of you who were part of the visit you should have received a copy of the presentation directly from the NSTHI for others it is available from Susan Oti. A draft action plan is attached for members to review and provide comments.

A follow up meeting with senior managers will take place in December and the NSTHI have been invited to the next Haringey Strategic Partnership in January 2010.

There is an agreement in principle from the Well Being Chairs Executive to establish a Healthier Communities Group and this group would have a role in

supporting delivery of the action plan.

Policy implications

The NSTHI identified the following high level recommendations, the detail can be found in the draft plan in the appendix;

1. Undertake further analysis quantifying the number of lives that need to be saved and assessment of the necessary scale and reach of interventions required to reduce mortality rates to sustain progress towards the 2010 mortality targets and address inequalities within Haringey.
2. Develop detailed delivery plans informed by the above analysis, equity audit and social marketing.
3. Develop a culture of data and analysis underpinning all strategic and commissioning decisions, as part of a whole systems approach to addressing health inequalities.
4. Establish clear local clinical and practitioner leadership in Cardiovascular Disease (CVD), Stroke, and Cancer.
5. Continue to focus intensively on improving the quality of primary care across the 3 levels of support, and build a partnership approach to case-finding.
6. Take a partnership approach to the development of commissioning groups relating to the contributing factors to health inequalities and the development of improved patient pathways.
7. NHS Haringey should fully integrate its strategic and operational community engagement work internally and with other partners.
8. Continue the development of the Well-Being Partnership Board and the Haringey Strategic Partnership structures in relation to locality working, engagement of the Voluntary Community Services (VCS) and the broader healthy communities' agenda.
9. Ensure specific initiatives are developed and implemented to embed the 'Health is Everyone's Business' approach including introducing Health Gain Schedules.
10. Speedily recruit a new Joint Director of Public Health.

Legal Implications

None identified.

Financial Implications

All resource needs have not been identified as yet.

Recommendation

Board members to give their comments to help shape the action plan.

For more information contact

Susan Oti
Acting Joint Director of Public Health
NHS Haringey/Haringey Council
Tel: 0208 442 6070
Email: susan.otiti@haringey.nhs.uk

National Support Team Visit – DRAFT Health Inequalities Delivery Plan November 2009- March 2011

High level recommendations

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6. Take a partnership approach to the development of commissioning groups relating to the contributing factors to health inequalities and the development of improved patient pathways.
7. NHS Haringey should fully integrate its strategic and operational community engagement work internally and with other partners.
8. Continue the development of the Well-Being Partnership Board and the Haringey Strategic Partnership structures in relation to locality working, engagement of the Voluntary Community Services (VCS) and the broader healthy communities' agenda.
9. Ensure specific initiatives are developed and implemented to embed the 'Health is Everyone's Business' approach including introducing Health Gain Schedules.
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Priority Improve the vision and strategy					
Key Actions	How do we measure progress	By when	Resources	By whom	Risks
Modelling of the numbers and an alignment to commissioning and operational delivery plans	The Life Expectancy Action Plan (LEAP) to incorporate a greater understanding of the population's health	Dec 2009	Public Health	Public Health Analyst	Limited time to complete
Develop or refresh delivery plans for each of the contributors to health inequalities	All interventions should be systematically applied and appropriately scaled up to target populations. This can be reinforced through the development of a health gain schedule by commissioners to accompany service level agreements for all provider services	March 2010	Public Health	Public Health Strategist	Actions identified may require a re-prioritisation against spend in light of current financial constraints
Consider adding the following to contribute to life expectancy:	All interventions should be systematically applied and	March 2010	Public Health	Public Health Strategist	Actions identified may require a re-prioritisation against

Infectious diseases Seasonal excess deaths COPD	appropriately scaled up to target populations. This can be reinforced through the development of a health gain schedule by commissioners to accompany service level agreements for all provider services				expenditure in light of current financial constraints
Develop a joint communications strategy	Information is produced in a user friendly 'marketing' format for a range of audiences including seldom heard groups, staff and independent contractor clinicians		Communications Team	NHS Haringey and LBH	Limited time to complete

Priority Leadership					
Key Actions	How do we measure progress	By when	Resources	By whom	Risks
Establish clear local clinical and practitioner leadership in CVD, Stroke, and Cancer	An effective link into the HSP, the two locality commissioning teams, the PBC Collaboratives and the Clinical Executive Committee	Jan 2010	PBC Collaboratives	Clinical Directors	Clinical Directors unable to identify clinicians
Re establish the Equality and Diversity group as a sub group of the Commissioning Committee	A high level of leadership of the Equality and Diversity agenda	Dec 2009	NHS Haringey	Director of Professional Standards	
Continued commitment and senior leadership to the health inequalities agenda	Speedy recruitment to the vacant JDPH post to avoid any loss of leadership momentum	Dec 2009	NHS Haringey and LBH	Chief Executives	Unable to recruit to the vacant post

Priority Partnerships: structures and processes					
Key Actions	How do we measure progress	By when	Resources	By whom	Risks
Increase the focus on how the Borough wide HSP thematic Boards and area assemblies link with the locality and PBC Collaboratives structures	Work plans demonstrate the links. Encourage shadowing, mentoring, joint training.	Ongoing		Chairs of Thematic Boards and Clinical Directors	Clinical Directors and Thematic Boards may not have the capacity
Consider where healthy communities sits so it is influential and better aligned with the wider	A new Healthy Communities Group	Jan 2010	NHS Haringey, LBH and VCS	Assistant Director of Recreation	

social determinants of health agenda				Services and Associate Director of Public Health	
NHS Haringey commissioners to capitalise on the more developed contracting experience in Haringey Council	Improved commissioning for health outcomes	Ongoing	NHS Haringey	NHS Haringey commissioners	
Carry out a joint building review	Identify suitable premises for joint services	March 2010	NHS Haringey and LBH	Director of Urban Environment and Associate Director of Strategic Finance	
Pooled resource allocation to be geared to targeted outcomes in relation to health inequalities	Mainstream activity rather than fund short term projects	Ongoing	NHS Haringey and LBH	NHS Haringey and LBH commissioners	Financial position constraint progress
Review existing commissioning groups to maximise addressing the contributing factors of health inequalities e.g. CVD, Cancer	These groups would ensure the development of improved patient pathways, in the context of the outcomes of the work of 'Healthcare for London'	March 2010	NHS Haringey and LBH	NHS Haringey and LBH commissioners	
Develop a 'Health is Everyone's Business' approach to build public health capacity	Develop training on 'effective 'brief interventions'. Develop a programme targeted at commissioners and policy makers	March 2010	Public health	JDPH	Targeted personnel not able to attend the training

Priority Data					
Key Actions	How do we measure progress	By when	Resources	By whom	Risks
The recruitment of additional public health analytical capacity with an emphasis on health economics	Public Health Analyst recruited	Dec 2009	Public Health	Consultant in Public Health	Unable to recruit due to the calibre of applicants
More detailed analysis undertaken to understand current mortality trends and population health needs	Identification of key factors driving this improvement and to understand if improving trends are occurring throughout the	Jan 2010	Public Health	Public Health Analyst	Delays due to other work priorities

	borough, or are concentrated within particular areas or population groups.				
Obtain a more detailed understanding of the variable health needs across different population groups using geo demographic data (e.g. MOSAIC data) to inform the targeting of interventions	Geo demographic data produced	Feb 2010	NHS Haringey and LBH	Analysts	Delays due to other work priorities
Establish a whole systems approach to sharing public health intelligence	Public health intelligence regularly presented to a wide range of audiences including commissioners, Non Executive Directors and Councillors	Ongoing	Public Health	Public Health Analyst	Delays due to other work priorities
The LEAP to quantify the number of lives that need to be saved to sustain progress towards 2010 mortality targets and address inequalities within Haringey	Translation of mortality targets into absolute numbers and a cost benefit analysis of interventions	March 2010	Public Health	Public Health Analyst	Delays due to other work priorities
Formalise links between NHS Haringey's and Haringey Council's information teams to facilitate improved data sharing	Closer working with agreed outcomes	Feb 2010	NHS Haringey and LBH	Analysts	Delays due to other work priorities
Partners need to work together to develop targeted awareness	Increased communication programmes to benefit those most at risk of premature illness	Ongoing	Communications Team	NHS Haringey and LBH	Delays due to other work priorities

Priority Frontline services					
Key Actions	How do we measure progress	By when	Resources	By whom	Risks
The achievement of the 2010 health inequalities targets is dependent on effective Primary Care	Key deliverables in the Primary Care Strategy identified, implemented and realised in the short term	March 2011	East and West Commissioning teams	Deputy Director of Primary Care	Delays due to other work priorities
NHS Haringey to continue to improve GP performance and quality of care through a co-ordinated approach using clinical governance, medicines management, primary care	target indicator dashboards produced and shared with GPs. Undertake a review of the resource base from which practices are working. Use of QOF clinical outcomes	Ongoing	NHS Haringey	Associate Director of Performance and Director of Professional Standards	

commissioning, prescribing support and lay/patient input.	data and information during practice visits.				
'Raise the bar' for all practices	Regular monitoring and reporting of Local Enhanced Services. Regular production of good quality, well presented information at practice level on important delivery areas e.g. CVD, diabetes. Medicines management to continue to work with practices to ensure efficient prescribing	Ongoing	NHS Haringey	Deputy Director of Primary Care and Head of Medicines Management	
Implement the NHS Health Checks programme	Identified significant numbers of high risk patients who have been missing from registers Modelling checked to ensure sufficient numbers identified to impact on the PSA target Pathways for established disease reviewed to ensure a comprehensive approach Multi disciplinary workforce identified and supported	Ongoing	NHS Haringey	Associate Director of Public Health	Financial resources not sufficient
Assess the feasibility of a move towards Fair Share allocation of primary care funding so that practices in areas of greatest need have funding calibrated to need	Feasibility completed and considered by Commissioning Teams.	April 2010	NHS Haringey	Deputy Director of Primary Care	
The review of services being undertaken by NHS Haringey's Provider service to consider good joint working through multi disciplinary teams aligned to the locality hubs and designed according to need.	Review completed and recommendations considered	March 2010	NHS Haringey's Provider service	Director of Operations	
Consider extending the model of utilising Community Matron Assistants to all 4 PBC Collaboratives.	Community Matron Assistants in all 4 PBC Collaboratives	April 2010	NHS Haringey	Commissioners	Financial resources not sufficient
Assess the feasibility of adopting a Health Gain Schedule for all	Health Gain Schedule introduced and performance managed	April 2010	NHS Haringey	Associate Director of	

provider services, making tobacco, alcohol and weight management everybody's business. Haringey Council commissioners to consider the Health Gain Schedule with respect to their providers				Public Health	
Focus on vulnerable older people, using a systematic and scaled up approach to reduce excess winter deaths	Evaluate the Neighbourhood Well Being Network in Central Collaborative	December 2010	Community Provider Service and Adult Social Services	Associate Director of Operations	

Priority Community engagement					
Key Actions	How do we measure progress	By when	Resources	By whom	Risks
The HSP Community Engagement Framework to be discussed and adapted by NHS Haringey to include the User Payment Policy	Formally adopted by NHS Haringey Board;	March 2010	NHS Haringey	Associate Director of Communications and Stakeholder Engagement	
Develop a Communications Plan that includes a 'You Said - We Did' approach to feeding back to communities.	Communications Plan implemented and monitored	March 2011	NHS Haringey	Associate Director of Communications and Stakeholder Engagement	
Develop a strategic plan using a social capital approach with the 3 rd sector	Plan implemented and monitored	March 2011	LBH	Director of Urban Environment	

Priority Secondary prevention of cardiovascular disease (CVD)					
Key Actions	How do we measure progress	By when	Resources	By whom	Risks
A more in-depth analysis of practice performance on individual QOF indicator to tailor action to improve practice performance.	Data shared with PBC Collaboratives	Ongoing	Public Health	Associate Director of Public Health	

Share expected and actual prevalence numbers with collaboratives	Improved patient management	Feb 2009	Public Health	Associate Director of Public Health	
Identify a CVD Champion	Greater sharing of good practice between organisations. CVD issues highlighted and given a consistent message across the health economy	Jan 2010	Public Health	Associate Director of Public Health	
Establish a Local Implementation Team (LIT) for CVD	LIT monitoring NSF implementation and linking with the NCL Cardiac and Stroke Network Board	Feb 2010	Public Health	Associate Director of Public Health	
Undertake Equality Impact Assessments on CVD plans and policies	Equality Impact Assessment completed and shared with the LIT to inform future planning	June 2010	Public Health	Associate Director of Public Health	
The Well-Being Partnership Board to monitor the CVD LIT	Six monthly reports received by the Well-Being Partnership Board	Ongoing	Public Health	Associate Director of Public Health	
NHS Health Checks implementation (see page 7)					
Targeted CVD risk awareness campaigns planned	Plans jointly developed and implemented targeting those most at risk	Ongoing	NHS Haringey and Haringey Council	Associate Director of Public Health	

Priority CVD acute management					
Key Actions	How do we measure progress	By when	Resources	By whom	Risks
Establish a Local Implementation Team (LIT) for CVD ensure strong links with the North Central London Cardiac and Stroke Network (see secondary prevention of CVD)	LIT monitoring NSF implementation and linking with the NCL Cardiac and Stroke Network Board	Feb 2010	Public Health	Associate Director of Public Health	
Increase the profile of stroke services	Reduction in stroke mortality and morbidity	Ongoing	NHS Haringey	Stroke Care Coordinator	

Undertake audits to enable a greater understanding of hotspots in the community and access to services	An understanding of; late presentation to services both MI and stroke GP practice referral patterns to Trans Ischaemic Attacks (TIA) clinics	Ongoing	Public Health	Associate Director of Public Health	
Review the delivery of cardiac rehabilitation across the borough	Identify inequity of provision and gaps in service	June 2010	Public Health	Associate Director of Public Health	
Monitor the development of stroke services at North Middlesex Hospital as it develops its specialist acute stroke unit (part of the Healthcare for London development).	North Middlesex Hospital meets the standards in the stroke Strategy		NHS Haringey	Director of Commissioning/West team	

Priority Tobacco control					
Key Actions	How do we measure progress	By when	Resources	By whom	Risks
See Tobacco Control Strategy and Action Plan	Implementation of the strategy	March 2012	NHS Haringey and LBH	Tobacco Control Alliance	
Smoking cessation care pathway reviewed and updated	Good access to the most appropriate service for all	Jan 2010	NHS Haringey	Tobacco Control Commissioner	Unable to recruit to the vacant post

Priority Cancer					
Key Actions	How do we measure progress	By when	Resources	By whom	Risks
Establish a LIT for Cancer	LIT monitoring the Cancer Plan implementation and linking with the NCL Cancer Network Board	Feb 2010	Public Health	Associate Director of Public Health	
Identify a Cancer Champion	Greater sharing of good practice between organisations. Cancer issues highlighted and given a consistent message across the health economy	Feb 2010	Public Health	Associate Director of Public Health	
Strengthen the links between NHS Haringey and the cancer registry	Sharing of data and information to improve services	Feb 2010			

Closer working with primary care to improve early detection/referral	Increase screening uptake	Ongoing	Public Health	Consultant in Public Health	
Increase engagement in the national audit of primary care of newly diagnosed cancer	Increase engagement from 4 GPs	Ongoing	Public Health	Associate Director of Public Health	
Integrate recommendations from Social Marketing into commissioning	Increase screening uptake	Ongoing	Public Health	Consultant in Public Health	
Strengthen public awareness around early symptoms, screening (see Communications Plan in Community Engagement section)					
The health promotion capacity with community services needs to be expanded	Community nurses proactively promoting screening programmes	Ongoing	Public Health	Consultant in Public Health	
Assess the feasibility of a network wide approach to non-NICE drugs assessments	Cancer Network Board to consider	March 2010	Public Health	Associate Director of Public Health	
The learning from the Healthy Communities Collaborative is extended to other wards		March 2010	Public Health	Associate Director of Public Health	
Identify the gaps in community liaison nursing capacity, psychological support and in advice on welfare issues for cancer patients	Gaps identified and addressed	July 2010	NHS Haringey	Commissioners	
Sustainable measures identified to capture and use cancer data at a more local level	Data includes: staging data 1- and 5-year survival data with benchmarking Benchmarking of rates of surgery Data to identify late presentation by locality/ethnicity/tumour type Improved data on bowel screening uptake and follow up of positives	July 2010	Public Health	Public Health Analyst	Delays due to other work priorities

Priority Seasonal excess deaths (SEDs)					
Key Actions	How do we measure progress	By when	Resources	By whom	Risks
Audit data in relation to seasonal excess deaths	Audit completed and delivery plan developed to be implemented by a multi agency group	March 2010	Public Health	Public Health Analyst	Delays due to other work priorities
Focus on vulnerable older people, using a systematic and scaled up approach to reduce excess winter deaths	Evaluate the Neighbourhood Well Being Network in Central Collaborative	December 2010	Community Provider Service and Adult Social Services	Associate Director of Operations	
Incorporate 'seasonal excess deaths' into the terms of reference of the Older People's Partnership Board		Ongoing	HSP	Older People's Partnership Board	
Propose investment in a specialist officer post to prepare bids for potential grants available from range of sources that could help housing and health	The quality and number of bid applications increases	Jan 2010	NHS Haringey and LBH	Older People's Partnership Board	Financial resources not sufficient
Consider extending the model of utilising Community Matron Assistants to all 4 PBC Collaboratives.	Community Matron Assistants in all 4 PBC Collaboratives.	April 2010	NHS Haringey	Commissioners	Financial resources not sufficient
Community Pharmacists to be brought more pro-actively into multi-disciplinary partnership initiatives to target SEDs.	Community Pharmacists actively engaged in the Older People's Partnership Board	Ongoing	NHS Haringey	Head of Medicines Management	
Consideration be given to including temperature sensors as part of Telehealth and Telecare packages	temperature sensors part of Telehealth and Telecare packages	March 2010	NHS Haringey and LBH	Commissioners	Financial resources not sufficient
Consideration is given to the expansion of the Carers Card with active promotion.		March 2010	Carers Partnership Board	Commissioners	
Older people visiting relatives/friends in residential and nursing homes could be an important (and accessible) group to target regarding 'Affordable	The 'Affordable Warmth' implementation group plan a promotional campaign	March 2010	LBH	'Affordable Warmth' implementation group	

Warmth' and other key prevention measures					
Consider including the main local energy providers in the 'Affordable Warmth' implementation group	Local energy providers members of the 'Affordable Warmth' implementation group	March 2010	LBH	'Affordable Warmth' implementation group	

Priority Alcohol harm reduction					
Key Actions	How do we measure progress	By when	Resources	By whom	Risks
Review membership of the Alcohol Harm Reduction Strategy Group	Clear senior leadership with alcohol champion identified. Appropriate people contributing to the strategy group	Dec 2009	DAAT	Marion Morris	
Review GP registers to enable targeted screening to those who drink harmfully and hazardously	Pilot sites for NHS Health Checks evaluated	March 2010	NHS Haringey DAAT	Vanessa Bogle and Linda Somerville	
Alcohol Liaison Nurses at NNUH to work to Identified and agreed defined outcomes	Defined outcomes monitored	Jan 2010	DAAT	Sarah Hart	
Alcohol identification and brief advise (IBA) centrally co-ordinated	E learning tool used to support NHS Health Checks	Jan 2010	DAAT	Sarah Hart	
A scaling up of supported self management materials for identified' at risk' populations	Information integrated into the NHS Health Checks resource pack for primary care	March 2010	NHS Haringey DAAT	Vanessa Bogle and Linda Somerville	
Review the Alcohol Service treatment pathway Use the RUSH model to identify numbers Monitor the Alcohol Treatment Requirements (ATRs) following Magistrates training	'Bottlenecks' eliminated Increase the number of ATRs	March 2010	DAAT/HAGA	Marion Morris and Linda Somerville	No additional money
Ensure the appropriate actions related to Licensing Act 2003 within the strategy are implemented and monitored	Regularly evaluate the training programme	Ongoing for the life of the strategy	DAAT	Alcohol Strategy Group	
Ensure a coordinated approach to updating data on a regular basis to inform needs assessment,	Data updated regularly and stored in a central depository	Ongoing	DAAT and Public Health	DAAT Data Officer and Public Health	

commissioning and performance Management				Analyst	
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