

Implementing Strategy to Reduce Health Inequalities in Southwark 2009 - 2020

Introduction

1.1. This paper sets out the plan and process for delivering the Strategy to Reduce Health Inequalities in Southwark. It briefly describes the background to the development of the strategy leading to a focus on five key theme areas. It provides more information about the delivery plans for each of these theme areas. It shows how delivery will be managed and coordinated for each theme and across themes overall. The report considers how delivery will be managed against a background of a more challenging resources situation and how it will be delivered in that context.

Health Inequalities Strategy

2.Aim

2.1. The aim of the strategy is to reduce inequalities in health in Southwark by narrowing the gap between those at greatest risk of poor health outcomes and those who have the best health.

2.12. The specific aim of this strategy is to reduce the life expectancy gap between the most deprived quintile (20%) and the least deprived of the population of Southwark by 20% by 2020.

Key objectives

2.3. The purpose of this strategy is to support Local Strategic Partnership and, in particular, the Health and Wellbeing Partnership to deliver its target of the reduction All Age All Cause Mortality (AAACM). It will help the NHS achieve the target to improve Life Expectancy. It addresses also the new NHS target to narrow the gap in mortality between those living in the parts of the borough experiencing the lowest life expectancy and the parts experiencing the highest.

Strategy Development and Approval

2.4. The strategy has been developed through a process of information analysis, consultation with stakeholders and incorporating the advice of the Dept of Health National Support Team on Health Inequalities. It has been consulted on with a range of stakeholders and partnership groups.

2.5. The strategy has been approved by the

- Council Executive
- PCT Trust Board
- Healthy Southwark Partnership Board.

Key Themes and Approach of Strategy

2.6. The approach of this strategy is to focus on those living in the most deprived quintiles and those most vulnerable to poor health outcomes, taking a

more intensive approach with selected interventions that are likely to have the greatest impact.

2.7. It is designed to complement other key important strategies of council, PCT and partnerships that have significant impact on health either on the determinants or on the delivery of health care of the highest risk individuals.

2.8. Five key Theme Areas were identified with detailed delivery plans developed for each of them. The five theme areas are:

- Diabetes and Heart Disease
- Infant Mortality/Early years
- Cancer
- Lifestyles
- Life Chances

Timeframes for the Strategy Delivery

3.1. The strategy is designed to have an impact over the short, medium and in the long term. However, much of the implementation and delivery is focussed on establishing the delivery plan in the next one to two years.

3.2. The strategy will be reviewed and refreshed in 2012 to ensure ongoing relevance, impact and progress toward outcomes.

3.3. A series of high level monitoring metrics are being developed in conjunction with the performance management team and these will be used to track progress, intermediate markers and longer term outcomes.

Process of Implementation of Strategy

4.1. Delivery of the plan will be coordinated by an overall lead, the Head of Health Improvement, reporting to the Director of Public Health. The coordinator will establish a small implementation group made up of the delivery theme leads. Each delivery theme has a lead named individual who will ensure delivery in association with relevant managers, professionals and/or departments.

4.2. For each theme area there will be an implementation plan based, on current published delivery plans, which will guide the approach. There is much current and existing activity and the implementation plans will build on these. Delivery is not starting from a blank sheet of paper. Hence each will be based on integration with existing and planned activity.

4.3. With specific aspects there will be a need to pilot approaches with a smaller cluster such as delivery of health checks to high risk areas and delivery of enhanced care for heart disease and diabetes in GP practices.

4.4. There will be a number of events in the year to bring together a wider group of theme delivery managers to discuss progress, identify issues and where possible find solutions to shared problems of delivery including resource challenges.

4.5. The Coordination group will collect and collate the monitoring data for all the action areas of the Theme action plans, with monitoring of progress and the development of high level metrics. The high level metrics will be used for reporting to the Health and Wellbeing Board.

Reporting arrangements

5.1. The Strategy coordination group will meet on a monthly basis to review progress. Progress will be reported to the Health and Wellbeing Partnership Board. There is programme for review of the delivery plan of the strategy incorporated into the forward work programme of the over the coming year

5.2. There will also be update reports to the Board of NHS Southwark and the Health and Social Care Board.

Implementation Plan

Theme 1: Cardiovascular Disease and Diabetes - Theme Coordinator – Piers Simey

Delivery of Interventions	Actions to establish	Who will do this	Monitored by
Health Checks	Pilot project underway at present with lay health workers, GPs pharmacists	<i>Piers Simey – PCT</i>	Health check steering group. Numbers of health checks completed
Case finding for CVD and Diabetes	Negotiation with practices/ LMC/ Primary care dept to agree approach and delivery	<i>Piers Simey</i>	Practice Focus reports
Improving control of BP and Cholesterol	Negotiation with practices/ LMC/ Primary care dept to agree approach and delivery	<i>Piers Simey</i>	Practice Focus reports

Theme 1 - Current Resource and Mitigation of Resource Pressures

Current resource	Mitigation with resource pressures
Health checks	
Prioritised resource initiative within PCT Commissioning Strategy Plan (PCT)	If there is a pressure on the resource for health checks then very clear targeting will continue
Case finding	
Resourced through enhanced payments though QOF payment scheme (PCT)	Continued funding of this through mainstream primary care funding as incentives exist within existing funding
Improving outcomes for BP and cholesterol:	
Incentive scheme for enhanced outcomes at some practices (PCT)	Any review of resources to primary care will ensure a prioritisation of targeted services to the most deprived areas

Theme 2: Infant Mortality and Early Years – Theme Coordinator – Gillian Holdsworth

Delivery of Interventions	Actions to establish	Who will do this	Monitored by
Early Access to Maternity Care	Already underway with panned telephone line to assist with getting early booking and enhancing capacity of the midwifery services to be able to see women earlier	<i>Gillian Holdsworth</i>	Monitored through the performance data Increasing % women having antenatal care by 12 weeks of pregnancy
Teenage pregnancy	Action already focussing as far as possible on areas and school at highest risk	<i>Teenage pregnancy coordinator</i>	TP Strategy Group
Healthy Weight	See Healthy Lifestyles section		

Theme 2 - Current Resource and Mitigation of Resource Pressures

Current resource	Mitigation with resource pressures
Early Access to Maternity	
This is a prioritised aspect of the commissioning strategy for the PCT plan, so more likely to retain resources when compared with some other areas of the health service delivery	Review provision with view to prioritising high need women
Teenage pregnancy	
Current actions focussed on high risk groups and areas	With any reduction in resources, activities will remain targeted on those at highest risk. Review with other work on schools and joining up with work on healthy weight
Obesity	
See below	

Theme 3 Cancer – Theme Coordinator – Gillian Holdsworth

Delivery of Interventions	Actions to establish	Who will do this	Monitored by
Cervical Screening	Already underway – working with practices to establish better ways of managing lists of those eligible for screening	<i>Gillian Holdsworth</i>	Performance monitoring reports of PCT
Bowel Screening	Already underway	<i>Gillian Holdsworth</i>	Performance reports from London Region QA

Theme 3 - Current Resource and Mitigation of Resource Pressures

Current resource	Mitigation with resource pressures
Cervical Screening	
Current PCT resources for commissioning of this	Overall resources likely to remain committed. Any challenge will result in using a more focused and targeted approach
Bowel Screening	
Current DH resources for commissioning of this	Overall resources likely to remain committed. Any challenge will result in using a more focused and targeted approach

Theme 4 Lifestyles – Theme Coordinator Rosie Dalton-Lucas

Delivery of Interventions	Actions to establish	Who will do this	Monitored by
Smoking cessation in MDQ areas and practices	Increase capacity of outreach and social marketing - underway	<i>Graham Boullier</i>	Quit rates by postcode
Screening & Brief Interventions for alcohol in primary care	Training programme for practices to be completed – more needs to be commissioned Agree incentive for GPs	<i>Graham Boullier</i>	Numbers and professionals trained Claims from practice
Physical Activity and Healthy Eating for Families	Building on existing programmes (MEND). Continue to focus on high risk schools and communities and (re) commission package for delivery either MEND or alternate	<i>Rosie Dalton Lucas</i>	MEND database or alternate if new programme commissioned
Improving HIV detection for MSM and African Communities	Increased testing by GPs in MDQ areas (building on Lambeth model). Negotiate incentive scheme with practices	<i>Rosie Dalton Lucas</i>	Monitor uptake of scheme with practices
Physical activity and Healthy Living Package for people with mental Health problems	Use existing annual health check to signpost to exercise on referral. Establish pathway to exercise and agree key worker role. Increase capacity of exercise on referral	<i>Anamaria Florin</i>	Data from Exercise on referral programme

Theme 4 - Current Resource and Mitigation of Resource Pressures

Current resource	Mitigation with resource pressures
Smoking cessation	
Current mainstream smoking cessation funding and Staying Healthy budget in CSP	Focussed use of existing smoking cessation resources and increase the cost effectiveness of service
Alcohol interventions	
Part of Staying Healthy budget in PCT CSP	Difficult to deliver without refocusing investment in this area
Healthy weight, Physical activity and families	
Part of Staying Healthy budget in PCT CSP	Difficult to deliver without resources

Improving detection of HIV	
Part of Staying Healthy budget in PCT CSP	Explore use of current HIV health promotion budget to focus on this aspect
Healthy Living for People with mental health disorders	
Part of Staying Healthy budget in PCT CSP	Possibly make better use of WNF money active living tem of council

Theme 5 Life Chances – Alex Trouton

Delivery of Interventions	Actions to establish	Who will do this	Monitored by
Increase uptake of free school meals	Underway through admissions to primary schools	<i>Glenn Garcia Admissions and Free School Meals</i>	FSM data
Access to employment for care leavers	Underway through LAC and After care services with Job Centre Plus	<i>Graham Sutton</i>	LAA DWP/Job Centre Plus Simon Boyle
NEETs increase employment	Underway with Connexions	<i>Beverly Parchment</i>	LAA DWP/Job Centre Plus Simon Boyle
Youth Offenders increase employment	Underway with Job Centre Plus and New deal	<i>Beverly Parchment</i>	LAA DWP/Job Centre Plus Simon Boyle
New Jobs in Southwark	Apprenticeships New Jobs Partnership	<i>Andy Scott Economic Development and Strategic Partnerships</i>	Ann Cochrane Apprenticeship Scheme Carol Quamina Economic Development and Strategic Partnerships
Jobs NHS Local recruitment	Underway with New Jobs Partnership	<i>Andy Scott PCT/HR Lynn Demeda</i>	Economic Development and Strategic Partnerships
Improving Access to IAPT	Underway with BME Communities Further work on geographical targeting	<i>Gwen Kennedy PCT Caroline Banks _ Ingeus</i>	DWP /Job Centre Plus
Benefits advice	This is under review and potential restructure	<i>David Pateson PCT</i>	Delivery may be hampered
Improving energy efficiency in all homes	Government Schemes Warm Front & Cold Busters already being implemented Energy Companies strategic target on carbon reduction	<i>Bob Fiddik Energy Strategy Manager Housing and Sustainable Services</i>	Jessica Binks Energy Strategy Officer Housing and Sustainable Services

Theme 5 - Current Resource and Mitigation of Resource Pressures

Current resource	Mitigation with resource pressures
Uptake of free school meals	
Families in receipt of income support & benefits	Linked to the Benefits system eligibility
Employment for care leavers	
DWP Funding , Pathways and Flexible New Deal	External bidding opportunities e.g. LDA/Future Jobs Fund
NEETS and employment	
DWP Funding through JCP programmes	External bidding opportunities e.g. LDA/ Future Jobs Fund
Employment and youth offenders	
DWP Funding through JCP programmes	External bidding opportunities e.g. LDA/ Future Jobs Fund
New jobs in Southwark including NHS	
Future Jobs Fund	Future Jobs Fund bidding rounds Collaboration with Council Services and JCP on new interventions e.g. New Estates Advisor programmes
Access to IAPT	
PCT and DWP funding through Work Directions	Review of mental health budgets to re-orientate funding
Benefits Advice	
DWP/ Benefits Agency through Primary Care	Outcome of review may reduce access
Improving Energy efficiency	
Joint funding with Council Strategy from CLG, LDA and Energy Companies	Possible reduction in Governments Schemes. Energy companies have to reach carbon reduction targets