

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

29 JANUARY 2013

DEVELOPMENT OF PRIORITY ACTION DELIVERY PLANS FOR THE JOINT HEALTH AND WELLBEING STRATEGY FOR MEDWAY

Report from: Dr Alison Barnett, Director of Public Health

Author: Karen Macarthur, Consultant in Public Health

Summary

This report follows from the development of the Medway Joint Health and Wellbeing Strategy 2012-17 (JHWS), which has now been approved by the Cabinet. The Health and Adult Social Care Overview and Scrutiny Committee requested that the delivery plans for the priority actions of the JHWS were seen by the Committee prior to final approval for discussion and comment. These delivery plans are attached as background papers.

1. Budget and policy framework

- 1.1 The Health and Social Care Act 2012 places a duty on Health and Wellbeing Boards to produce a Joint Health and Wellbeing Strategy for their area. The Medway strategy has now been approved and commissioning plans from partner organisations are being scrutinised by the Medway Health and Wellbeing Board to ensure that they are aligned to the strategy. In addition specific delivery plans for one priority action for each strategic theme are being developed in order to allow for more focused partnership action.
- 1.2 Under Chapter 4 – Rules, paragraph 22.2 (c) terms of reference for Health and Adult Social Care Overview and Scrutiny Committee has powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

2. Development of the Medway Joint Health and Wellbeing Strategy priority action delivery plans

- 2.1. The Medway Joint Health and Wellbeing Strategy 2012-17 identifies five strategic themes for health, public health and social care. One priority action was agreed under each theme as a focus for action for 2013/14

2.2. Delivery plans around the priority actions with timescales and lead officers and Board level theme leads are now developing accountabilities. Draft plans are attached for comment by the Committee.

2.3. The delivery plans will be signed off by the Medway Health and Wellbeing Board in March 2013 to be implemented from 1 April 2013

4. Consideration by the Shadow Health and Wellbeing Board –23 October and 4 December 2012

4.1 The Shadow Health and Wellbeing Board considered the first drafts of the delivery plans at its meetings on 23 October and 4 December 2012 and their comments have been taken into account in these further iterations of the delivery plans.

5. Advice and analysis

5.1. A Diversity Impact Assessment for the Joint Health and Wellbeing Strategy is attached as Appendix 6.

6. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Delivery plans not in place	Little progress made in priority areas	Clear timetable for development and implementation identified in plans.	D2
Lack of ownership	Lead organisations will not take ownership of the delivery plans and therefore implementation will not take place	Board members have agreed to take responsibility as theme leads and lead officers from partner organisations are taking responsibility for the delivery plans.	D2

7. Legal and financial implications

7.1. The delivery plans are expected to be resourced within the budget setting arrangements of partners on the Health and Wellbeing Board.

8. Recommendation

8.1. To consider and comment on the draft delivery plans for the priority actions of the Joint Health and Wellbeing Strategy for Medway 2012-17

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Background papers

Joint Health and Wellbeing Strategy for Medway 2012-17 priority action draft delivery plans.

MEDWAY JOINT HEALTH AND WELLBEING STRATEGY DELIVERY PLAN TEMPLATE 2013/14

THEME	Give every child a good start	LEAD HWB MEMBER	Cllr David Wildey
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PRIORITY ACTION	Support mothers to have good physical and emotional health in pregnancy and in the early months of life: Focus on increasing levels of breastfeeding and reducing smoking in pregnancy	LEAD OFFICER	Marilyn Roe
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No.	ACTION	Who responsible	Completion date	Outcome and output measures	Progress to date
1	Support young people in transition/care leavers who are mothers to make the best possible start in their babies lives	Adult commissionng lead	Progress review and lead assigned by April 13	A programme of targeted support and advice available to all care leavers who are mothers	To be reviewed in conjunction with new Partnership Commissioning Team arrangements
2	Develop an evidence based ante-natal and early years programme to be delivered across Medway which meets DH recommendations	Director of Operations MCH/Joint commissioning	Review and amended plan by February 13	A clear programme of ante-natal and early years care delivered to all families by midwifery and other health staff working across the partnership	Take up poor - unable to sustain pilot delivery. To be reviewed via Health Visiting Performance Management Group and via discussion with Midwifery provider and commissioner.
3	Introduce new health visitor requirements expanding the range of professional support and help available to pregnant women and new parents	Director of Operations MCH/Joint commissioning	Mar-15	The annual increase in number of health visitors is achieved. A clear role and programme of activity is identified for the health visitor team by March 12	Foundation years needs assessment completed, service specification and delivery model agreed, local performance monitoring meeting held monthly which includes reporting on actions taken to address any potential recruitment shortfall. As of December 12 recruitment just under planned trajectory
4	Reduce number of women who smoke during pregnancy. Implement Medway Smoking in Pregnancy Action Plan which includes implementing carbon monoxide testing to all patients at 12 week scan and improving on recording methods of smokers at time of booking and delivery. Recruitment of part time post to support specialist smoking in pregnancy delivery to all pregnant smokers	Julia Thomas	Mar-14	Action Plan implemented fully. All patients offered the CO test.	
5	Implement Medway Infant Feeding Strategy key objectives, by achieving full UNICEF UK Baby Friendly Initiative accreditation for women and childrens services in the acute and community services, develop Medway Breastfeeding Network to offer universal support and implement workforce training and development in all maternity and early years settings to increase knowledge of infant feeding	Public Health, Medway Community Healthcare, Medway Foundation Trust, Medway Council	Mar-14	UK Baby Friendly Accreditation. Numbers of mothers accessing Medway Breastfeeding Network and number of professionals trained in infant feeding	

Theme: Enable our older population to live independently and well	Priority action: Improve outcomes for people with dementia and their carers.
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Priority vision: To ensure that our future plans are robust and take account of the impact of increased prevalence of dementia on the health & social care system improving outcomes for people and their carers.

Priority sponsor:	Priority lead:
Health and Well Being Board	Councillor Brake

Main objectives	How will they be achieved?
Increase awareness, early identification and diagnosis of dementia	Realign the early identification and diagnosis pathway to primary care facilitated by the introduction of Mental Health Payment by Results Increase public awareness of dementia and importance of early identification and diagnosis. Improve access to guidance and support for people with dementia and their carers.
Improve outcomes for people with dementia in the community	Ensure there is effective and timely support available that responds to people's needs. A well trained work force that is able to effectively respond to the needs of people with dementia.
Develop Medway as a Dementia Friendly Community	Support and leadership from Health and Well Being Board Project support to deliver improvements in health and social care system Engagement with wider community including local businesses

Communication and engagement
A stakeholder workshop is planned to launch dementia friendly communities initiative People affected by dementia are included on a majority of our working groups to inform the delivery of new service innovations.

Risk management plan	Risk factor	Likelihood	Impact	Mitigating action
1	Inability to recruit care homes to excellence in care project.	Low	High	Good advertising of launch event. Presentation of good examples from first project
2	Training & support does not impact on care homes ability to manage people with dementia	Medium	High	Use of recognised training / commitment of care home staff Ensuring appropriate support via care homes
3	Lack of agreement from all practices across Medway to adhere to the new assessment pathway group	Medium	Medium	GP Dementia Clinical Leads Mitigated by the leadership of CCG Boards
4	GPs may require different modes of training via E-Learning and/or Training packages from Consultants	Medium	Medium	Meetings with all Dementia Clinical Leads to evaluate E Learning programme from RCGP and agree the training programme from Consultants.
5	Failure to engage local businesses and employers in creating dementia friendly communities	Medium	High	Leadership and guidance from Health and Well Being Board Dedicated project resource key activities

Health and well-being priority action: Improve early diagnosis treatment and care for people with dementia in line with increasing population need

NHS outcomes: Domain 2- Enhancing quality of life for people with long term condition
 Estimated diagnosis rate for people with dementia
 A measure of effectiveness of post diagnosis in sustaining independence and improving quality of life

RAISING AWARENESS									
	Objective	Who	Timeline	Outputs	Outcomes	Performance measure	Performance management	Frequency	RAG
1	To raise public and professional awareness and reduce stigma associated with dementia in order to encourage people to seek a memory assessment.	Partnership Commissioning team	Dec 2013	<p>Deliver a phased public awareness campaign</p> <p>Continue scheduled roll out of the Alzheimers' Bus across Medway to promote awareness raising</p> <p>Continue with 6 monthly media campaign via Medway matters and other local media.</p> <p>Review details on SoE NHS 'Our Health' website and maintain updates from a local perspective</p> <p>Distribute K&M Dementia web posters to all GP practices/Healthy Living Centres and public centred</p>	<p>Medway has community where public and non-specialist professionals talk openly engage in improving outcomes for people with dementia and their carers.</p> <p>Reduction in stigma. Good information is provided on how to seek help and what help and treatment is available;</p>	<p>Random pre and post campaign survey (each sample of 200)</p> <p>No of memory assessments during three week pre and post public awareness campaign</p> <p>Increase in GP Dementia Registers</p>	<p>Baseline diagnosis rate for Medway</p> <p>DEM01-3 by practice and PCT/SHA area</p> <p>K&M Dementiaweb performance report</p>	<p>QOF by practice quarterly</p> <p>Half yearly</p> <p>Quarterly</p>	

				organisation in Medway					
	To make Medway a Dementia Friendly Community	H&WB Board	Mar 2013 May 2013	<p>Organise a stakeholder workshop to find out how people with dementia experience their local environment and what improvement they feel would have a positive impact.</p> <p>Raise awareness of the programme with wide range of stakeholders and invite interested people to sit on the reference group</p> <p>Work with communities, local businesses to raise awareness in order to create a dementia friendly response.</p> <p>Build on co-production, share with Collaborative and reference group to agree best mechanisms for continuous dialogue, involvement and engagement during programme lifetime.</p> <p>Develop</p>	By making it easier for people living with dementia and carers to be out within their communities there will be increased opportunities for social interaction. This will result in a better quality of life.	A quality of life measure used before and after selected projects to determine any shifts in social connectedness, reduction of social isolation and feelings of wellbeing	An attitude questionnaire will be employed before and after to measure any changes in perceptions of stigma and help-seeking behaviour		

			Mar 2014	communication and engagement plan Identification and recruitment of evaluation partner with a view to developing a multi-method perspective including quantitative and qualitative approaches Consider the development of a Dementia Friendly Community Charter Mark – which communities can work towards and be awarded. To create a brand for the project that is recognisable.					
EARLY DIAGNOSIS AND INTERVENTION									
	Objective	Who	Timeline	Outputs	Outcomes	Performance measure	Performance management	Frequency	RAG
	To align mental health practitioners to all primary care practices across Medway to support early recognition and assessment.	Partnership Commissioning team	Mar 2014	Agree and confirm phased alignment of mental health practitioners to primary care across Kent and Medway with KMPT	People are diagnosed at an early stage More people	Reduction in waiting time for diagnosis Increase in dementia diagnosis. No of practices with an aligned MH Practitioner No of	Performance report from KMPT on waiting times for memory clinics Medicines management drug initiation report	Monthly Quarterly	

					benefit from anticholinesterase Inhibitors to slow down progression of dementia	prescriptions for anticholinesterase inhibitors			
	To develop a Primary care based early identification and assessment pathway	Partnership Commissioning team	Jan 2013 – Mar 2014	<p>Establish a project group</p> <p>Develop a skilled workforce within Primary care to identify, diagnose and manage dementia safely at a practice level with funding received through Dementia Challenge fund</p> <p>Procure a structured training programme as part of Dementia Challenge fund</p> <p>Procure an end of life training package for distribution to practices as an in-house a learning resource</p> <p>Test the use of interactive technology to assist memory assessment and evaluate its application to the diagnosis pathway</p> <p>Continue National</p>	<p>An integrated diagnostic pathway with an agreed timely process for assessment and review is in place</p> <p>Medway has a skilled workforce within Primary care to identify, diagnose and manage dementia safely at a practice level</p>	<p>Increase in number of people with confirmed diagnosis recorded on QOF</p> <p>Memory assessment service active in 59 practices</p> <p>No of people identified through assessment in Acute Hospital and referred for formal assessment and diagnosis</p> <p>The % of patients diagnosed with dementia whose care has been reviewed in preceding 15 months (QOF)</p>	DEM01-3 by practice and PCT/SHA area Baseline April 2012 = 1274 on registers	Quarterly	

				<p>CQIN for rapid specialist assessment for people admitted as emergency admissions presenting with cognitive impairment assessment in Acute Hospitals</p> <p>Procure and roll out End of Life training package for Clinicians from NCPC</p>					
IMPROVED COMMUNITY SUPPORT FOR ALL									
	Objective	Who	Timeline	Outputs	Outcomes	Performance measure	Performance management	Frequency	RAG
	Standardisation of care quality for people with dementia in registered homes for people with dementia	Partnership Commissioning team	Dec 2013	<p>Establish a Dementia Forum in Medway</p> <p>Develop enhanced service specification for care homes utilising the dementia toolkit</p> <p>Recruit/ Select care homes to Excellence in Care project</p> <p>Extend contract with Bradford University for new cohort of care homes</p> <p>Newcastle model training programme</p>	<p>Care Home providers in Medway have the required skills to manage the different presentations of dementia.</p> <p>Admissions to acute hospitals for dementia related care are reduced.</p> <p>People with dementia in long term care receive the dedicated</p>	<p>Reduction in emergency admissions from care homes (HES data)</p> <p>Reduction in LOS (HES data)</p> <p>Care home and patient survey on quality of life measures</p> <p>Community Geriatrician KPIs or Advance Care plans and reduction in</p>	<p>Analysis of training needs survey carried out by Medway Council, NHS Medway & Medway College of Adult Social Care set as baseline Dec 2012.</p> <p>MMFT performance report</p>	<p>Quarterly</p> <p>Monthly</p>	

				<p>procured and rolled out</p> <p>Enhance support to care homes from community teams</p> <p>Expand the Community Geriatrician project to cover further care homes Begin leadership programme for Excellence in Care Project.</p> <p>Identify evaluation partner (University)</p>	<p>support to remain in their home and improved quality of life.</p> <p>Care home environments are conducive to facilitate improved living</p>	<p>antipsychotic prescribing</p> <p>Reduction in number of safe guarding alerts for individual care homes</p>	<p>Number of completed training programmes</p> <p>Interim evaluation report</p> <p>Final evaluation report</p>	<p>Six monthly</p> <p>Project end</p>	
	<p>Ensure people with dementia are supported through the long term condition integrated model of care is established with active case management</p>	<p>Medway Partnership Commissioning</p>	<p>Dec 2013</p>	<p>Promotion and delivery of accredited training programme which raises primary care and social care providers awareness of dementia, pathways and available services</p> <p>Develop training plan for intermediate care teams and community mental health teams for older people (CMHTOPs). CMHTOPs will receive training in the Newcastle model.</p> <p>Enhance Community Integrated Teams to include Mental Health</p>	<p>All community care providers have the skills to manage dementia</p> <p>Consistency in care planning between health and social care</p> <p>Reduction in people with dementia and their carers entering the care system in crisis</p> <p>Reduction in emergency attendances at A&E and admissions to</p>	<p>Report on caseloads of MH Practitioner Link Nurses and in conjunction with GP dementia registers</p> <p>MCH contract performance monitoring</p> <p>Report on Social Care packages via Care Director</p> <p>Community contracts</p>	<p>KMPT performance report</p> <p>As per current MCH satisfaction surveys/ Meridian data</p> <p>In house visibility of activity via Care Director</p> <p>Care Director and</p>	<p>Quarterly</p> <p>Monthly</p> <p>Monthly</p>	

				<p>expertise</p> <p>Introduce the Dementia Buddy Scheme in MMFT</p> <p>Continue with the CQIN to improve environments in Acute and Community Hospital and introduce the Butterfly/Forget-me-knot schemes</p> <p>Ensure care providers sign up to the Dementia Action Alliance</p>	<p>Acute Hospital</p> <p>Improved satisfaction rates specifically for patients with dementia</p> <p>Reduced Length of stay for people admitted to hospital</p> <p>People with dementia receive care in an environment that is conducive to recovery and they receive support to expedite discharge to home</p>	<p>monitoring (Medway Council)</p> <p>Report on CQIN KPIs to MCG</p> <p>Activity monitoring and reporting through Dementia Challenge</p>	<p>performance reporting</p> <p>MCG CQIN reporting</p> <p>Social care performance reports.</p>	<p>Monthly</p> <p>Monthly</p>	
	Provide support for carers from early identification, diagnosis and throughout duration of care	Medway Council NHS Medway	March 2013	<p>Promote the current commissioned dementia café and peer support groups</p> <p>Expand the number of peer support groups and dementia cafes to ensure adequate provision as diagnosis rates increase</p> <p>Increase the provision</p>	<p>Carers understand dementia and the progression of the disease and can better cope to the changing situation</p> <p>Carers know who to contact and where to go for support</p> <p>Carers are able to</p>	<p>Performance report Alzheimers' Society</p> <p>Dementia Support Services contract KPIs</p> <p>Activity and</p>	<p>Medway Council Contract performance monitoring</p> <p>Medway</p>	<p>Monthly</p> <p>Monthly</p> <p>Monthly</p>	

				<p>of respite facilities/breaks to respond to crisis and carer breakdown</p> <p>Establish carers education programmes at point of diagnosis</p> <p>Extend personalisation to cover carers to provide flexibility to purchase care of choice</p> <p>Roll out Carers support payments for flexible short breaks</p> <p>Align Admiral Nurses to the new Primary Care early identification and assessment pathway</p>	<p>learn from their peers and share their stories to reduce isolation</p> <p>Carers are able to purchase the appropriate care from a provider of choice and at a time that suits their needs</p>	<p>expenditure report as part of Community contracts performance monitoring</p> <p>Number of personal budgets provided (baseline Jan 2013)</p> <p>Mental health PbR roll out or Cluster 18 Assessment pathway</p>	carers Centre contract performance report	and annual report	
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MEDWAY JOINT HEALTH AND WELLBEING STRATEGY DELIVERY PLAN TEMPLATE 2013/14

THEME	3: PREVENT EARLY DEATH AND INCREASE HEALTHY YEARS OF LIFE	LEAD HWB MEMBER	Dr Peter Green
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PRIORITY ACTION	3. Reduce death rates from cardiovascular disease	LEAD OFFICER	Simon Truett
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No.	ACTION	Who responsible	Completion date	Outcome and output measures	Progress to date
1	Smoking - the objective is to increase the recorded smoking status for smoking habits recorded for the population of Medway and reduce the % of people who smoke through the use of prompts in the GP IT system and recording patient history.. Collaborative working with Stop Smoking Service	Peter Green	Ongoing - with milestones to be set and % agreed	% recorded status increased - Current coverage (Sept 2012) 20.8%. Ascertain status via audit lists of patients without smoking status; . Links with Theme 4 &5	
2	Healthchecks - Software development for Primary Care to identify patients who are eligible for NHS healthchecks. The system records advice given thus avoiding duplication. Working with software development to develop programme to risk stratify patients registered with GP.	Peter Green	Ongoing - with milestones to be set and % agreed	increase % eligible patients invited to screening through Identifying those with a high risk of heart disease (ref risk stratification). Currently 3rd in the country in terms of % of eligible patients invited to screening. Links with	
3	Familial Hypercholesterolaemia - Software available in Primary Care helps identify an increased number of patients on the register who receive treatment. working with Heart UK/Sanofi to provide additional support to Primary Care screening. Deploy Dutch family history of FH screening tool which allows greater level of association, risk and FH.	Peter Green	Ongoing - with milestones to be set and % agreed	Receive read codes from Connecting for health to enable the information to be collected in Primary Care. - Current timescale 6 months to	
4	Targetted risk assessments of IHD based on population screening via the GP data base.	Peter Green	Ongoing	See note 2 'Healthchecks'	
5	Diabetes detection and management - Continued use of the Audit deployed (Oct 2012) in order to access patients. This involves oral glucose tolerance test to be undertaken. Medway is the only CCG in the UK which has deployed an audit. Audit has identified capacity issues to undertake the test. All Practices looking to undertake and support testing (ongoing).	Peter Green	Ongoing - with milestones to be set and % agreed	practices to undertake the oral glucose tolerance test and therefore improve management of diabetes, better patient experience and outcomes.	

No.	ACTION	Who responsible	Completion date	Outcome and output measures	Progress to date
6	CKD detection and management - Patients with CKD Stage 3 and above have premature cardiac mortality. Therefore detection and better management lead to better outcomes. Aim to improve recorded prevalence; we have provided audits and prompts over and above QOF requirements for these patients.	Peter Green	Ongoing - with milestones to be set and % agreed	Improved recording and detection rates to above required QOF standards.	
7	Obesity - increase the recorded BMI status in primary care; reduce % of obese population. Childhood version being developed early 2013. Prompts introduced in GP I.T. software to capture patient data.	Peter Green	Ongoing - with milestones to be set and % agreed	Baseline to 1/10/12 ≥16yo 52.9% of BMI status recorded with 31.4% obese. March 14 % increase in recording to be agreed. Links with Theme 5	
8	Activity - Increase uptake of GP referred exercise programme for % of population identified in Primary Care (Obesity).	Peter Green		baseline to be established with % increase to be agreed	
9	Public awareness campaign - Improve public knowledge and understanding of how to respond to a collapsed patient.	To be discussed - Partnership working		Better public understanding of response needed	
10	Cardiac rehabilitation : Objective in 2012/13 was to review provision of services in Medway to assess whether fit for the future. 13/14 will focus on implementing recommendations of review to ensure optimal service provision.	Simon Truett	Mar-14	Outputs: full review to be completed and agreed by long Term Conditions Programme Management Group	Full review completed, report identifies that services are broadly fit for purpose but that some work on ensuring service spec matches activity (including eligible patients and nature of programme reflecting emerging best practice). PLanned for completion
11	AF prevalence and management - objective is to record increased prevalence; increased benefit to patients being on appropriate meds. Raise awareness within the community; educate population to check own pulse "Pulse check"; Launch of PACT campaign in January 2013.	Peter Green	Mar-14	Launch of PACT campaign in January 2013 - with ongoing campaign activity through 2014	

MEDWAY JOINT HEALTH AND WELLBEING STRATEGY DELIVERY PLAN TEMPLATE 2013/14

THEME	Theme 4. Improve physical and mental health and wellbeing	LEAD HWB MEMBER	Cllr Andrew Mackness
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PRIORITY ACTION	Priority Action 4: Promote healthy eating and physical activity	LEAD OFFICER	Sally-Ann Ironmonger
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No.	ACTION	Who responsible	Completion date	Outcome and output measures	Progress to date
1	Planning- Develop and maintain a cross departmental partnership to raise awareness of areas of mutual interest between planning, licensing, elected members and health. An agreed action plan will be created, following an initial scoping event on 21st January 2013	Public Health and Council Planning and Licensing department	Mar-14	specific measures will be created from the initial event.	
2	Healthy Eating- Provide education sessions to teach new cookery skills and increase confidence in cooking healthy recipes. Delivering workshops within schools, areas with high deprivation and specifically targeting adults at high risk of developing type two diabetes	Health Improvement team	Apr-13	Deliver x programmes and to x number people	
3	Training and awareness - Develop a range of training programmes for decision makers, partners and community members to promote healthy eating and physical activity. The range of programmes will include topics such as; weight management, Health Champions and Infant Feeding (specifically for maternity services staff).	Public Health, H&WB board members, maternity services, community members and health professionals	Mar-14	Number of training programmes developed. Number of key decision makers, maternity staff, community members and health professionals trained.	

No.	ACTION	Who responsible	Completion date	Outcome and output measures	Progress to date
4	Mapping - Map local assets that could support a community wide approach to combating obesity. Gathering local residents views to identify their priorities to help them achieve a healthier diet and increase physical activity levels	Social Regeneration team and Public Health (SHW team and Data Analyst team)	Oct-13	Partner engagement event, local mapping tool and local people engagement programme	
5	Promote Active Medway and "Sport for All" - identify a wide range of community activity providers that hold sufficient qualifications and insurance promoting these to all residents of Medway.	Health Improvement Team, Sport Development team and Community Sports network	Dec-13	Usage rates of ABM website, Active Medway pages. Awareness of local clubs. Club survey and attendance rates	
6	Early years- commission an agency to support nurseries and preschools to implement Department for Education guidance on food procurement and support them to improve access to healthy food	Early years settings and Public Health	Mar-14	Number of nurseries and preschools that have been visited and the actions that come from it	

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THEME	Reduce Health Inequalities	LEAD HWB MEMBER	Cllr Vince Maple
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PRIORITY ACTION	Improve Uptake of NHS Health Checks in the most disadvantage areas	LEAD OFFICER	Dr Julia Duke-MacRae
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No.	ACTION	Who responsible	Completion date	Outcome and output measures	Progress to date
1	Establish a task group to oversee, monitor programme and ensure that work developed/done in the community setting is standardised and aligned with work in primary care.	JDM	Feb-13		
2	Patient list of DNA's and non responders available at each GP practice via Audit Plus for Public Health administration role to recall patients and offer GP or Outreach appointment.	JDM/ Kerri-anne	Feb-April 13	Public Health role established and list available	
3	Collate postcodes of DNAs and declined and use MOSAIC segmentation to look at best communication methods	Mark Chambers	Feb-13	Communication methods identified	Currently being completed
4	Raise public awareness of CVD risk factors, benefits of Health checks and people's right to a free check utilising social marketing principle	Kerri-Anne	Dec-Mar 13	Uptake of programme	

No.	ACTION	Who responsible	Completion date	Outcome and output measures	Progress to date
5	Revision of current of the NHS Health Check communication strategy for the public which considers all methods available	Laura Patrick and Kerri-Anne	Feb-13	Prepare marketing and comms plan with Comms Team	Currently being completed
6	Launch health checks campaign	Kerri-Anne	Feb-May 13	Campaign launched	
7	increase (health/social) professional awareness of NHS Health Checks programme and signposting into improvement services via the GP monthly meeting which will support adoption of healthier lifestyles	Kerri-Anne	Apr-13	Information materials distributed and uptake to improvement services	Being arranged
8	Develop service specification for a provider to deliver health checks in various non-NHS community settings* for DNAs and declined as well as other hard to reach groups, not likely to use NHS services	Kerri-Anne	Nov-12	Service specification completed	Working in conjunction with the Kent and Medway procurement department
9	Commission a provider to deliver health checks in the community-targeting DNAs, decliners and hard to reach groups	Procurement team JDM	Mar -May 13	Provider appointed	Procurement project plan developed with timeframe for contract to commence 1st April 2013
10	Implementation and quarterly review of the NHS Health checks outreach programme	Kerri Anne	April 2013-March 2016	Health checks delivered	
11	yearly evaluation of all components of the NHS health check programme and five yearly review March 2015	Kerri Anne	2015	Report produced	

*community settings such as: workplace (esp manual workers), pubs, public parks, wk in centres, town halls, football grounds, public libraries, supermarkets, mental health centres

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Diversity Impact Assessment: Screening Form

Directorate	Public Health Directorate		
Business Support	Joint Health and Wellbeing Strategy		
Officer responsible for assessment		Date of assessment	New or existing?
Karen Macarthur: Consultant in Public Health		August 2012	New
Defining what is being assessed			
1. Briefly describe the purpose and objectives		<p>This Diversity Impact Assessment Screening looks at the impact of the new Medway Joint Health and Wellbeing Strategy 2012-17</p> <p>The Joint Health and Wellbeing Strategy is a requirement under the Health and Social Care Act 2012. It is being overseen and developed by the Health and Wellbeing Board whose core membership includes the local authority, Medway Commissioning Group and the local HealthWatch.</p> <p>There was a stakeholder event held with approximately 80 delegates from statutory and voluntary organisation across Medway. In addition an online consultation was on the Medway Council website and open to the public.</p>	
2. Who is intended to benefit, and in what way?		<p>The Joint Health and Wellbeing strategy aims to improve the health and wellbeing of the population in Medway. There are five strategic themes</p> <ol style="list-style-type: none"> 1. Give every child a good start 2. Enable our older population to live independently and well 3. Prevent early death and increase years of healthy life 4. Improve physical and mental health and wellbeing 5. Reduce health inequalities <p>So there is a focus on children and older people as well as looking to reduce the health inequalities associated with different socio-economic status.</p> <p>Each year under these themes priority actions will be identified to support the themes.</p>	
3. What outcomes are wanted?		Improve health and wellbeing and reduce health inequalities.	
4. What factors/forces could contribute/detract from the outcomes?		Contribute Good partnership working Adequate resources available	Detract Cuts in budgets or resources could adversely affect outcomes

5. Who are the main stakeholders?	Medway Council, NHS, other statutory and voluntary providers.
6. Who implements this and who is responsible?	Medway Health and Wellbeing Board

Assessing impact		
7. Are there concerns that there <u>could</u> be a differential impact due to <i>racial/ethnic groups</i> ?	NO	The strategy itself at present does not have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen
What evidence exists for this?		
8. Are there concerns that there <u>could</u> be a differential impact due to <i>disability</i> ?	NO	. The strategy itself at present does not have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen
What evidence exists for this?		
9. Are there concerns that there <u>could</u> be a differential impact due to <i>gender</i> ?	NO	The strategy itself at present does not have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen
What evidence exists for this?		
310. Are there concerns		. The strategy itself at present does not

there <u>could</u> be a differential impact due to <i>sexual orientation</i> ?	NO	have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen
What evidence exists for this?		
11. Are there concerns there <u>could</u> be a have a differential impact due to <i>religion or belief</i> ?	NO	The strategy itself at present does not have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen
What evidence exists for this?		
12. Are there concerns there <u>could</u> be a differential impact due to people's <i>age</i> ?	YES	The strategic themes do focus on older people and early years children but this is considered appropriate to the level of need
What evidence exists for this?		
13. Are there concerns that there <u>could</u> be a differential impact due to <i>being trans-gendered or transsexual</i> ?	NO	. The strategy itself at present does not have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen
What evidence exists for this?		
14. Are there any <i>other</i> groups that would find it difficult to access/make use of the function (e.g. speakers of other languages; people with caring responsibilities or dependants; those with an offending past; or people living in rural areas)?	NO	The strategy itself at present does not have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen If yes, which group(s)?
What evidence exists for this?		

15. Are there concerns there <u>could</u> be a have a differential impact due to <i>multiple discriminations</i> (e.g. disability <u>and</u> age)?	YES	The strategy itself at present does not have a detailed delivery plan so does not commit any resources or changes in service at this point so is not in itself discriminatory. in order to prevent any possible differential impact any delivery plan would have to consider potential impact on and access by this group to any new services to ensure that this did not happen
	NO	
What evidence exists for this?		

Conclusions & recommendation		
16. Could the differential impacts identified in questions 7-15 amount to there being the potential for adverse impact?	NO	Brief statement of main issue
17. Can the adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or another reason?		N/A
Recommendation to proceed to a full impact assessment? NO		
	This function/ policy/ service change complies with the requirements of the legislation and there is evidence to show this is the case.	
...	What is required to ensure this complies with the requirements of the legislation? (see DIA Guidance Notes)?	Ensure any delivery plans or actions agreed as part of the strategy would not be discriminatory for any of the equality strands..
YES	Give details of key person responsible and target date for carrying out full impact assessment (see DIA Guidance Notes)	

		Officer responsible

Signed (completing officer/service manager)	Date	
Karen Macarthur	24th Aug 2012	
Signed (service manager/Assistant Director)	Date	

NB: Remember to list the evidence (i.e. documents and data sources) used