

MEDWAY JOINT HEALTH AND WELLBEING STRATEGY DELIVERY PLAN TEMPLATE 2014/15

THEME		3:PREVENT EARLY DEATH AND INCREASE HEALTHY YEARS OF LIFE		LEAD HWB MEMBER		Peter Green/Cllr Wicks
PRIORITY ACTION		Reduce death rates from cancer (bowel, breast and lung). Focus on improving prevention, awareness and increasing early diagnosis.		LEAD OFFICER		Julia Duke-MacRae
No.	ACTION	Who responsible	Completion date	Outputs and measures	Contributing toward national outcome indicators	Progress reporting plus RAG
1	Liaise with health improvement intervention programmes (smoking cessation, physical activity, weight management and nutrition programmes and alcohol project programmes) in raising awareness of risk factors for cancer. Ensure local campaigns within Healthier Medway align with national campaigns	RG/PL	Feb-15	No. responding to advice on lifestyle behaviour changes re: diet, physical activity, smoking through the health improvement services.	15	Numbers engaging with the three referral services within the Health Improvement Advice Centre were steady for Q1 14-15. Stop Smoking - 739 referrals into the service Tipping the Balance - 205 referrals into the service Exercise Referral - 439 referrals into the service. Alcohol : 88 staff have received the RSPH accredited IBA training. Joint CCG & LA comms meeting took place on 19 Sept to discuss campaign activities. A cancer awareness draft communications strategy has been produced.
2	Identify and collate a list of DNA's for bowel and breast screening for each GP practice through Audit Plus and/or in collaboration with Breast & Bowel screening units to recall patients and encourage attendance at screening programme.	LM/PC	Jul-Aug 14	Produce a list of DNA by GP practice		Southern Screening Hub contacted and discussion over data requirements initiated. Awaiting delivery of data by third week in September. Also work going on at CCG to see if data can be extracted from Audit plus
3	MOSAIC segmentation of DNA's to examine and apply best communication methods based on previous findings from Cancer Awareness Measure and behavioural insight studies.	PC/PHIT	Sep-14	DNA postcodes collated. Communication methods identified		Southern Screening Hub contacted and discussion over data requirements initiated. Awaiting delivery of data by third week in September.

No.	ACTION	Who responsible	Completion date	Outputs and measures	Contributing toward national outcome indicators	Progress reporting plus RAG
4	Promote cancer prevention services within primary care. Run Cancer screening session on the GP educational event- invite Prof Stephen Holloran. Invite GPs to provide feedback on patients' experience of screening programme	PG/JDM	Nov-14	GP supportive of cancer screening programmes and willingness to encourage uptake of screening programme		Professor Halloran invited to present at GP monthly 14 October 2014.
5	Identify GP practices with low uptake or who have expressed interest to send endorsement letter with screening invitation or following a notification list to validate patients within the practice in Collaboration with Prof Holloran.	PC/PHIT/LM	Nov-14	Interested GP practices identified and endorsement letter produced		Professor Halloran invited to present at GP monthly 14 October 2014, interested practices to be identified afterwards.
6	Increase public awareness of early cancer signs and symptoms (breast, bowel and lung) in line with national campaigns- tailored to different audiences using various media. Collaborating with community leaders from BME groups, voluntary groups (Age concern). Collaborating with Outreach NHS Health Checks programme	PL/HH	Mar-15	Be clear on cancer (bowel, lung and breast) symptom campaign including women over 70 breast cancer campaign sustained throughout the year. Cancer symptoms and screening programmes promoted inside the Health Checks mobile van	14	S4H approached and have agreed to to promote cancer symptoms and screening inside mobile van
7	Utilise Macmillan trainer to offer a training package to equip health trainers and volunteers with key cancer awareness message to work with the public, supporting, encouraging people to attend screening programmes when invited and to seek help quickly when there are concerns.Targeting specific groups	PC/LM	Mar-15	Increase in uptake of cancer screening programmes	14	Awaiting data to identify relevant groups and also response from Macmillan trainer to undertake training
8	Produce practice level data on uptake of breast, bowel cancer screening programme and share with primary care	PHIT/MJ	Aug 14 - May 15	Practice level data on breast, bowel cancer screening produced annually		Practice level data for 2013/14 for breast and bowel cancer screening have been produced and shared with practices.
9	Monitoring uptake and outcomes of bowel and breast cancer screening programme to identify areas of concern for further targeted actions to achieve maximum uptake	JDM/PHIT	Aug 2014- March 2015	Areas with low cancer screening uptake identified and targeted	16,17	Initial discussions had with PHE on how we take this forward. There needs to be data set on uptake, screen detected vs emergency (route to diagnosis) at CCG level linked to cancer staging data
10	Monitoring cancer survival and staging for breast, lung and bowel cancer,	PHIT	March 2015	Produce data for Mortality Working group	18,19,20,21	Bowel and lung cancer staging analysis completed. Breast cancer staging still an issue. Work has began with the Clinical Lead (Delilah Hassanally) at MFT to interpret the breast cancer staging data
11	Evaluate impact of interventions after 12 months	PHIT/LM	Apr-15	Cancer Report produced		Evaluation will be undertaken in March 2015

Key

Reference plan for priority three				NB. QOF data annual	
Code	No.	Outcomes framework	Text	Data source	Frequency
14	1.4vii (4.5i)	NHS (PH)	Under 75 mortality rate from cancer	ONS	annual
15	2.14	PH	Smoking prevalance 18+	Integrated household survey	annual
16	2.20i	PH	Percentage of eligible women who were adequately breast-screened	PHE	yearly
17	2.20ii	PH	Percentage of eligible women who were adequately cervical-screened	PHE	yearly
18	1.4i	NHS	One year survival from colorectal cancer	PHE	annual
19	1.4iii	NHS	One year survival from breast cancer	PHE	annual
20	1.4v	NHS	One year survival from lung cancer	PHE	annual
21	2.19	PH	Patients with cancer diagnosed at stage 1 and 2 as a proportion of cancers diagnosed	PHE	annual

KEY	
RG	Richard Griffith
PL	Phil Lewis
LM	Lisa Marshall
PC	Peder Clark
PHIT	PH Intelligence Team
HS	Hollie Snelson
PG	Pete Green
JDM	Julia Duke-MacRae