Leicester Public Health Partnership

The National Support Team Health Inequalities

Report to the Leicester Partnership Executive Board 1 August 2007

1. Introduction

This paper provides a brief update on the National Support Team for Health Inequalities (NSTHIq) visit to Leicester, 16 and 20 April 2007.

2. Background

Leicester was chosen as a pilot site for the NSTHIq approach to assisting PCT's and partners work to achieve the national PSA target concerned with reducing the gap in life expectancy (or all age all cause mortality) between the quintile of local authorities with the greatest burden – Spearhead Local Authorities - and the national average. The gap between Leicester and England is widening rather that narrowing which means that, in terms of mortality, inequalities in health are worsening. This was seen as an important issue at the LAA Review Meeting with GOEM on 13 July 2007.

From a series of presentations, interviews and workshops, involving a range of stakeholders, the NSTHIq prepared recommendations to the Leicester Health, Local Authority and Voluntary Sector communities on action needed to address the Leicester health inequalities gap over the next three years. These recommendations have been turned into an action plan (attached) which focuses on:

- Cardiovascular disease
- Cancer
- Tobacco control
- Infant mortality
- Preventing seasonal excess deaths

The action plan also includes NSTHIq recommendations relating to

- Targeting, analysis, needs assessment and reporting;
- Partnerships and structures
- Partnership between the LA and PCT
- Support for the Area Committees and Neighbourhood fora
- Partnership with the acute trust
- Partnership with the voluntary sector
- Partnership with the University sector

- Primary care
- NHS links in to community structures
- Community Development

3. Progress

The attached document indicates progress to date and timescales for further action. The NSTHIq has provided assistance with regard to information, analysis and primary care and will be helping further with reviewing community development activities in the city and with training for social marketing. The NSTIq has recently reviewed progress with the PCT and City Council.

The Action Plan has been endorsed by the Joint City Council Directors Board, PCT Corporate Management Team and Senior Police Officers.

Responsibility has been taken by particular partnership groups for elements of the Action Plan : Preventing seasonal excess deaths (Older Person Strategic Implementation Group), Infant Mortality (Children and Young People's Partnership).

The Public Health Partnership – which from September 2007 will be reformed as the Health and Wellbeing Partnership – will make taking forward and performance managing the NST Action Plan its key agenda.

Initial action has focused on finalising the Tobacco Control Action Plan and developing coordinated plans to reduce mortality from cardiovascular disease, both major factors in the gap in life expectancy between Leicester and England.

Key actions with regard to cardiovascular disease include:

- treatment approaches through primary care which impact on risk factors for people who already have cardiovascular disease or who are at high risk of developing cardiovascular disease, particularly the control of blood pressure and cholesterol;
- prevention, particularly reducing smoking, increasing physical activity and improving diet;
- in the above targeting areas and groups at high risk:
    - The Leicester Partnership Priority areas;
    - Adults, particularly men, in the 50-69 age group;
    - Black and minority ethnic groups, particularly from a South Asian background who have a greater likelihood of diabetes and CVD complications;
    - Adults at 'high risk' or living with CVD ('high risk' are those with over 20% risk of CVD over 10 years).
    - informed by segmented analysis of the CVD risk population using Mosaic, from which appropriate social marketing strategies will be developed.

It is intended to have the detailed plan regarding cardiovascular disease and implementation underway by September 2007, reporting to the Health and Wellbeing Partnership on 26 September on this and on progress against other items in the Action Plan overall.

4. Recommendation

The Leicester Partnership Executive Board is asked to endorse the NST Action Plan and to receive a further report on progress later in the year.

Rod Moore
Interim Director of Public Health
Leicester City PCT
25 July 2007.

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Recommendations	**Action Proposed**	**Responsibility**	**Deadline**	**Progress & next steps**
1. Health Inequalities Strategy and Delivery 1.1 We recommend that the PCT and LA utilise the focus on health inequalities to identify and develop a strategic framework and suite of delivery plans for those areas that most contribute to the health inequalities life expectancy gap (e.g. CVD, cancer, tobacco control). These plans would have the following characteristics: – They should be rapidly assembled as working documents – They should be 3 year plans with countdown milestones to 2010 – They should have detailed SMART objectives – They should lay out the specific contributions for the engagement of all parts of the PCT, the LA and other partners such as the Acute Trust e.g. brief interventions could be undertaken by a wide range of staff across the Acute Trust, PCT and LA who visit people's homes, to encourage earlier presentation of cancer and CHD where there are early symptoms and signposting appropriate services. – The individual component parts should have designated leads – There should be clear outcome measures which can be built into commissioning intentions for both secondary and primary care	Action groups will be established in each of 3 areas • Cardiovascular disease • Cancer • Tobacco control Delivery plans will be developed in context of strategic framework for reducing health inequalities gap	Rod Moore Rod Moore Priti Raichura	Progress report to August Board meeting of PCT.	CVD Analysis of the 10 high impact changes for CVD undertaken and discussed with primary care representative group (8 June). CVD and Cancer risk segmented research completed by Dr Foster Intelligence 12 June. Next steps: incorporate into single action plan as working document by end of June 2007. Lead: Rod Moore, Dr Cother Hajat, Dr Mike McHugh Cancer Action Plan being developed in conjunction with the LLR Cancer Network Lead: Dr Hanna Blackledge. Tobacco control Leicester Tobacco Control Coordination Group drawing up three year strategy supported by annual action plans. Working Document by end of June 2007 Lead: Priti Raichura .

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	Develop additional plans for the two other areas considered in the NST visit workshops: • Infant mortality to be taken forward under umbrella of LLR Maternity and Child Health commissioning group; • Excess winter mortality to be taken forward under umbrella of the Leicester Older Persons Strategy Implementation Board;	Oli Newbould Mandy Ashton		Adopted by the children and Young People's Partnership Taken to Older Persons Strategic Implementation Group 7 June 2006 and will be progressed through that group. Timescale to be agreed.
1.2 The framework and suite of delivery plans should be strengthened by the use of the rich data and analysis available in Leicester for needs assessment, drawing out clear recommendations for action based on evidence	Available data to inform needs assessment underpinning above plans	Rod Moore	In line with above timetable	
1.3 The framework and suite of delivery plans needs to be endorsed by the Leicester Partnership, who will play a role in driving delivery and systematically monitoring and performance managing delivery. A performance management framework	Plans considered and approved by the Health and Well Being Partnership and the Leicester City Partnership Executive	Rod Moore	September 2007	

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should be developed to accompany the plans. Progress should be reported regularly to the PCT and LSP Boards.				
1.4 We recommend that current resources within community services are realigned on the basis of need. It is suggested that the areas of work mentioned above are used to initiate this approach.	Clarification needed from NST health inequalities Action plan needed to take work forward	Paul Miller Paul Miller		Clarification provided by NST & relates to recommendation 1.1 above. As part of these plans the distribution and work of PCT community services should be considered to help in the delivery of the plans. e.g. make use of community services to help find and encourage referral of cases that are not accessing the services. Timescale for consideration to be agreed in line with Fitness For Purpose Development Plan.
2. Capacity and Leadership 2.1 To build capacity within the partnership training in public health issues should focus on delivery of outcomes and evaluation as well as concepts and principles	Clarification needed from NST health inequalities	Rod Moore	October 2007	Clarification provided by NST. The recommendation came as a result of something one or two people (probably from provider services) mentioned to us at the interviews. They said that while they had received PH training which had been excellent at giving them an idea of the concepts and principles involved they wanted to know what to do with this training. i.e. there is a need to make PH training more about how to deliver and evaluate specific public health initiatives. To be developed as part of reallocation of responsibilities of PH Directorate and Implementation of Health and Well Being Partnership

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2.2 The PCT needs to have more medical expertise within its structure, in particular to facilitate access to a network of clinical expertise and to ensure there is sufficient capacity for engagement with external practitioners, which is currently limited. This should help with drawing in professional commitment to planning and delivery.	Needs to be considered and action plan developed within the context of the Practice Based Commissioning (PbC) clinical engagement agenda.	Geoff Rowbotham/ Andrew St John	End of May 2007	Clinicians Council established within PCT PEC strengthened and more purposive approach to clinical engagement
2.3 As part of this we would support the current proposal to appoint a Public Health medical consultant to strengthen the Public Health team	Finalise job description and advertise for Consultant in Public Health Medicine	Rod Moore	End May 2007	Post currently advertised following Faculty of Public Health approval
3. Targets: Analysis, Needs Assessment and Reporting 3.1 The wealth of information and analysis needs to be used strategically to drive change. To do this more attention needs to be placed on marketing information in user friendly fashion to meet the needs of a variety of audiences. This should be a priority within Public Health. For example communications in relation to the main contributors of the health inequalities gap. Another example would be communications in relation to the benchmarking of general practice performance e.g. on CVD management which could be presented to practices. The NST could help by identifying good practice elsewhere.	Develop clear forward programme for the next year of communication of health inequalities data to practices and other stakeholders including general public	Rod Moore Sandie Nicholson (supported by Clare Neill)	August 2007 board meeting	Substantial work undertaken within action 1.1 and NST have provided further advice re benchmarking information on CVD management in general practice. Forward programme will include as initial items for communication CVD, Tobacco Control and Cancer and also the DPH Annual Report for 2006 and update of locality health profiles.

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3.2 Further analysis is needed with respect to the large numbers of inward migrants to identify their needs.	Initial health analysis to be undertaken within limits of routinely available data. Assessment and plan to be developed with partners through the Leicester Partnership Information Group (LPIG)	Hanna Blackledge Rod Moore	End April 2007	Initial analysis completed (2 May) will be fed in to briefing being prepared by LPIG bringing together a number of initiatives on estimating population change between census'. Considered at LPIG meeting 12 June. Will be fed into summary of existing work within city council and other organisations.
3.3 There is an opportunity through the Overview and Scrutiny Committee to routinely challenge and monitor actions to address health inequalities.	Action plans (see 1.1) to be presented to OSC once endorsed by PCT and Leicester Partnership	Rod Moore		To be arranged
3.4 We support the health inequalities targets being routinely included in reports to the PCT Board alongside other targets. Milestone indicators should emerge from the strategic framework, which could form part of these reports.	Further refinement of health inequalities monitoring report presented to March board meeting	Simon Freeman Rod Moore	August 2007 board meeting	Further refinements have been made to include health inequalities within PCT performance management reports to Board
4. Partnerships and Structures **The Leicester Partnership** 4.1 There is a need to link the current freestanding Public Health groups e.g. the Tobacco Alliance, into the Leicester Partnership with clear lines of accountability. 4.2 We would support there being senior level Acute provider representation on the Health and Wellbeing Partnership.	• Terms of reference for the Leicester Tobacco Control Coordination Group to be finalised. • Review of current freestanding public health groups and suggested accountabilities to be presented to	Priti Raichura		Terms of Reference drawn up for Leicester Tobacco Control Coordination Group to be presented to first meeting of Health and Wellbeing Partnership.

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	Public Health Partnership/Health and Well Being Partnership • Acute sector membership to be clarified in membership of new Health and Well being partnership	Alison Harding	July 2007 meeting	Has been considered as element in establishment of Health and Well Being Partnership.
4.3 We would support matrix working within and across organisations within a structure where there are clear responsibilities for action and accountability mechanisms identified.	Matrix working within PCT localities to be clarified and agreed	Oli Newbould		Direction of travel established. Plans to be reviewed and formalised. To be arranged.
Partnership between the LA and PCT 4.4 There would be benefits in the LA and PCT exploring the possibility of a joint information and communication structure across the two organisations.	Agenda item for next LCC/PCT director level meetings – preparatory work needed including Leicester Partnership Information/Research Audit.	Simon Freeman, Clare Neil		Leicester Partnership Information/Research Audit commenced May 2007.
4.5 The PCT and LA need to develop their agreement on the joint DPH post with detailed practical negotiations. These negotiations should include: – Formal and informal access to leadership of the council – Clarity about managed staff and resources in both organisations – Full debate with councillors and officers about how the arrangement will work in practice	Finalise arrangements for DPH appointment and advertise	Tim Rideout, Rodney Green		Job description agreed by PCT, Leicester City Council and approved Faculty of Public Health. Advertised from 10 July.

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– Formal agreement on accountability and governance				
The 9 Area Committees and 6 Neighbourhood Fora 4.6 There is a need to ensure that health representation and input to the Area Committees and Neighbourhood Fora is appropriate to the tasks in hand.			Rod Moore	To be considered as part of 4.3. Paper to CMT August 2007
4.7 Social Marketing/Segmentation information should be shared with the Neighbourhood Fora	Produce segmentation analysis by area committee areas	Rod Moore Helen Reeve	End June 2007	Segmented research completed 12 June. Information regarding the Leicester Partnership Priority Areas will be made available asap. Further Mosaic analysis by neighbourhood can be undertaken from July 2007.
4.8 Public Health should ensure that the nine locality Area Committees are enabled to monitor pockets of deprivation outside of the 6 priority areas.	Analysis to establish other pockets of deprivation			Included in item 3.1 above as part of forward programme.
4.9 We would support the development of locality based multidisciplinary teams drawing on personnel from across the PCT, with a focus on commissioning and informed by public health.	See Action 4.3 above	Oli Newbould	May 21 CMT	See item 4.3 above.
Partnership with the Acute Trust 4.10 Public Health should assist the Acute Trust in interpreting their 'Better Healthcare Standards' on Public Health. The Health Inequalities Strategic Framework could form the basis of this. Such joint work could help build bridges and partnership in a similar way to that provided on implementing the smoke free policy in the	Presentation to UHL Clinical Health Strategy day 16 May 2007. Development of joint programme to address 'Better Healthcare Standards' to follow.	Rod Moore	16 May 2007	To be discussed with DPH for Leicester County and Rutland August 2007

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Acute Trust.				
4.11 The PCT needs to give more commitment to the major clinical networks such as cancer and CHD, to ensure that their strategies include public health, primary and community care aspects.	Role of networks and PCT contribution to be considered by targeted health inequalities action groups (see 1.1 above and included in action plans)	Oliver Newbould/Rod Moore	December 2007	LNR Cardiovascular Network and Cancer Network involved in development of NST action plan . Membership being clarified of Diabetes and Stroke groups.
Partnership with the Voluntary Sector 4.12 The Leicester Partnership needs to give support to building the capacity of voluntary sector and enabling them to effectively respond to the contracting process.	Review of current approach and action underway within Leicester City Council and Leicester Partnership.	Keith Murdoch	TBA	Commissioning process under consideration by Leicester Partnership, June 2007.
Partnership with the University Sector 4.13 The new PCT should seek ways to formally and systematically link with the University sector in order to combine the strengths of research and service development towards the common objective of reducing health inequalities.	Consider establishment of PCT/University Sector Liaison Group or other mechanism,	Mandy Ashton/Rod Moore	Ongoing	Leicester University input to CVD and Cancer action plans and links with De Montfort University with monitoring health inequalities programmes. More to be done in systematising these.
5. Primary Care 5.1 Developing a strong primary care sector will be vital for delivery on the Health inequalities targets. There is a need for the PCT to develop an overall strategic approach to primary care development with a clear action plan, with identified leads for actions, milestones and planned measurable outcomes		Oli Newbould	End of June 2007	Primary Care Performance Management Framework finalised.

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5.2 The NST recommends that Leicester looks at developing primary care through utilising good examples and experience from elsewhere: – There are good practice examples from elsewhere of the commissioning of primary care/general medical services e.g. through utilising different contracting routes, including the extensive use of Local Enhanced Service agreements e.g. Tower Hamlets, and review the cost effectiveness of PMS contracts – There are also examples from elsewhere where there has been systematic management of poor performance e.g. Birmingham and systematic review of general practice performance **The NST can facilitate additional advice and support if required**				Practice Based Commissioning Road shows June 2007. Primary Care Performance Management Framework Agreed, (based on Tower Hamlets model)

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5.3 Medicines management offers the potential to combine better outcomes with lower costs but will need more senior backing and support to achieve this. Currently medicines management is not represented on the PEC, and has been unable to have discussions with the LMC. It would be beneficial for medicines management to input into corporate management meetings as appropriate.				To be considered by PCT CMT.
5.4 There has been no work recently on Medicines Utilisation Reviews. This has the potential to have a significant impact on outcomes if targeted and appropriately resourced.	Forward programme of medicine utilisation reviews to be developed and implemented	Susanna Taylor	September 2007	Being taken forward as part of recommendation 1.1
5.5 The NST understands that there is currently a review being undertaken of Practice-Based Commissioning. A key aspect will be more effective engagement of general practitioners. A clear lead for this work needs to be identified with sufficient capacity to accelerate implementation plans. The NST strongly recommends that the focus of PBC is wider than reducing hospital admissions but takes into consideration the need to address health inequalities and the main contributors to Leicester's health inequalities gap	Review of Practice based Commissioning completed and reported to PCT Board. A range of actions agreed and key principles established – including clinical engagement as a key objective. Subsequently, a Clinician Engagement Strategy developed and agreed. Clear leadership established (project		April 2007	Practice Based Commissioning being strongly implemented, with clear leadership and engagement of clinicians. Locality General Managers – Practice Based Commissioning being recruited (July 2007)

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	manager and Director Lead) Monthly PbC activity reports to be produced and monitored			

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6. NHS Links into Community Structures 6.1 Practice-Based Commissioning is not currently geographically-based and therefore there will be difficulties in linking these arrangements into community structures (e.g. the 9 area committees and 6 neighbourhood groups). It would be preferable if this was reconsidered within the review of Practice Based Commissioning.	To be considered in 5.5 above			See 5.5 above.
6.2 We support the fact that public health analysis has been aligned with the community structures but it will be important to ensure that this analysis and information is made easily available and interpreted to the various local area committees and fora, to facilitate local planning and targeted work.	Presentation have been made of relevant sections of DPH annual report to Area Committees and access to data and sections made available on public health website. Forward programme to be developed	Kevin Blanks	End April 2007	To be taken forward in actions 3.1 and 4.8.
6.3 There is a need for the PCT's provider arm to consider the degree to which community health services will be aligned with the community structures. There is also a need to consider how children's services are aligned.	Review in light of agreed approach to PCT working in localities (see 4.9 above)	Paul Miller	Ongoing	See 4.9 above. Being considered as part of the development of provider services.
6.4 It would appear that there is currently limited health representation on and input to the community structures. Currently we understand that the PCT's public health directorate (and the PCT Chair) provides most of the connections from the NHS into the area committees and neighbourhood	Paper about PCT representation on area committees already considered by CMT. Representation to be agreed as part of approach to working in			See 4.3 and 4.6 above

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groups. This could be considerably enhanced through locality management arrangements. There is also a need to consider whether there should be inputs from other PCT staff and the encouragement of independent practitioner involvement.	localities (see 4.6 above)			
7. Community Development 7.1 There is a need for community development work to help address health inequalities. Whilst it is a strength that there are significant resources available across the partnership in different forms, there is a strong need to examine their fitness for purpose.	Recommendation to be considered by Leicester Partnership executive and approach agreed	Tim Rideout/Rod Moore	May 2007	Discussions underway with NST, City Council and PCT regarding the provision of consultant help to undertake the work for 7.1, 7.2 and 7.3. with the intention of having this completed by the end of September 2007. Initial specification for development work to be shared with NST by 22 June 2007 (Rod Moore and Adam Archer).
7.2 The NST recommend that this is looked at as part of the working up a Leicester Partnership-wide community development strategy.	As above			As above
7.3 An important starting point would be to identify the various staff who play a role in community development and also to agree some common objectives across the Partnership for community development, including identification of target communities, how these are linked to current partnership structures and accountability mechanisms, and how the objectives are linked to desired health outcomes and reducing health inequalities. NST may be able to help with this	As above			As above

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8. CHD Secondary Prevention 8.1 Mortality rates are falling but not narrowing the gap on the national rates. Should set stretch targets.	Targets considered as part of LDP	Rod Moore / Simon Freeman Helen Reeve	September 2007	To be considered as part of action 1.1
8.2 Audit early deaths to establish contribution of relatively young Asians	Methodology to be developed and audit conducted			To be undertaken by Hanna Blackledge. Timing to be arranged.
8.3 Develop a programme to address 10 high impact changes	Programme to be developed as part of CVD action plan	Rod Moore		Included in action 1.1. NST advice and assistance sought and received.
8.4 Audit resources to support informed choice/adherence to treatment. Fit with segmentation target groups and Patient and Public Involvement Unit. Link with Medicines Utilisation Review.	Programme to be developed as part of CVD action plan	Rod Moore		To be included in action 1.1.
8.5 GP CHD audits should be produced in user friendly format	Proposals to be fed into CVD action plan group	Andrew St. John		Consideration to targeted audits being given to this as part of action 1.1. NST advice sought.
9. CVD Acute Management 9.1 More communication is needed between primary and secondary care especially between commissioner and providers and sharing of information. In particular a number of audits conducted in secondary care which were not fed back to primary care e.g. ethnic minority data. QOF data has not been shared.	Secondary care providers to be engaged in CVD action group (see 1.1 above)			Action 1.1 has focused so far on Primary Care and CVD registers. The next phase will be linking to Secondary Care.
9.2 We would recommend development of a	Proposals for strategic			

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county/city strategic plan involving acute provider and primary care to set up patient pathways to take into account: – Placing of specialist services in relation to A&E and relationship to each other. Beds in specialist units are being blocked by patients who need to be moved onto different site. Impact also on ambulance protocols – ambulances by-passing appropriate hospital, although it is understood that there are difficulties assessing specific hospital need on route. – The closure of 8 wards and moving rehabilitation into the community. – Mending Hearts and Brains - Hub and Spoke and proposal for neuroscience framework to be taken into account.	plan to be developed			
9.3 Business plans should give serious consideration to the development of a TIA rapid access clinic. Supported discharge for stroke patients and provision of specialist stroke physicians should also be considered.	Review of current arrangements for TIA and proposals for development of service as appropriate	Mike McHugh / Andrew St. John	September 2007	Work underway with UHL regarding TIA and rapid access stroke clinic. Commissioners will be advised of recommendations.
10. Tobacco Control 10.1 Continue development of Leicester Tobacco Control group/alliance and ensure clear linkage to strategic-level partnership structures. NST could act as a sounding board in this work. Ongoing connections with LLR former alliance may be advisable.	Issues 10.1 – 10.3 picked up in Tobacco Control Action Plan (see 1.1)	Rod Moore /Priti Raichura	September Health and Wellbeing Partnership	See item 4.1 above. Continuing relationship with Leicestershire and County strategic arrangements for tobacco control.

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10.2 Further communications opportunities around smoke-free are worth seeking, including after 1 July.				Included in Smoking Cessation Action. Booster advertising campaign planned for autumn and September 2007 increase of age of sale of tobacco to 18 years. NST will provide further support and advice to STOP! Smoking Cessation Service to ensure maximisation of opportunities.
10.3 Systems integration between service providers would furnish further opportunities: – LA/NHS/Voluntary sector community workers / neighbourhood managers could be identifying target groups and/or delivering brief interventions. – Pre-operative cessation ('stop before the op') should be developed to provide consistent benefits, building upon the joint work behind smoke-free UHL. – Midwives – needs to be a clear live pathway to prepare and refer pregnant / post-partum smokers to cessation. – Ensure nature and effectiveness of smoking cessation work delivered via primary care and community pharmacies is understood beyond Public Health.				Included in action plan in relation to item 1.1 above. Lead Priti Raichura Under active consideration by PCT as encouragement to smokers to quit in. Lead Rod Moore consultation September. Support to midwives currently being reviewed. Lead Priti Raichura. September 2007.
10.4 Embedding Social Marketing: – Evaluate impact of current Dr Foster input and explore scope to	Evaluation of social marketing analysis to be completed and	Rod Moore / Priti Raichura	Launch late June	

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inform longer-term use of segmentation. – Mainstream the knowledge of market segments into commissioning/planning of smoking cessation services.	social marketing strategy around tobacco control to be developed and launched just prior to smoking ban			Dr Foster Intelligence providing further recommendations and costing. Link established through NST with National Centre for Social Marketing who will be providing training for PCT and partners September/ October 2007.
11. Infant Mortality 11.1 Midwifery staffing levels are well below national benchmark levels. This should be addressed according to need, specifically to allow targeting and home visiting which is not currently being done.	Maternity Services Strategy Group established as part of an overarching strategy for Secondary Care Services.	Oli Newbould	May 2007	Infant Mortality adopted by Children and Young People's Partnership Items 11.1 – 11.5 to be considered as part of Maternity Services Review.
11.2 Midwifery services need to have a fund for interpreting services.	Review services available and funding mechanisms through strategy group.	Mel Thwaites	March 2008	As above
11.3 We support the need for a separate Children's, Maternity and Young People's Commissioning Board. The board to have a governance role to drive outcomes. – Need to use data effectively to commission services. – More effective use of Children's Centres. This needs to be linked into the LSP children's component.	Need to be assessed through Strategy Group – need to understand links to established partnership boards with SSD partners.	Oliver Newbould	March 2008	As above
11.4 Support the development of a local tariff for Children's and Maternity Services incorporating interpreter services.	To be negotiated through the 2008/9 SLA process	Oliver Newbould	March 2008	As above

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The NST will raise the issue of a possible national adjustment to the tariff for areas such as Leicester, which requires enhanced interpreter services.				
11.5 The PCT review of maternity services should incorporate user involvement. This needs to be taken into account in the proposed Patient and Public Involvement strategy. Further advice is available through the NST.	Agreed.			As above
11.6 The commitment to the Baby Friendly Initiative needs to be extended to include the acute trust and other parts of Leicester (including staff training for encouraging breast feeding initiation).	To be addressed through the Strategy Group.	Oliver Newbould	March 2008	
12. Cancer 12.1 There is a need to develop a Leicester specific commissioner-led strategic framework and action plan for cancer which uses local analysis and considers issues identified by the Network's Improving Outcomes Guidance (IOG) plans and which feeds into the commissioning and procurement process with acute and primary care.	The LNR Cancer Network update the Cancer Network Strategic Development Plan, which would be a comprehensive overview for delivering the cancer contribution of the life expectancy gap. The Cancer Network Commissioning Group be revived to ensure issues within the Cancer Network	Rod Moore/ Hanna Blackledge Rod Moore/ Hanna Blackledge	June	Cancer network commissioning group has had initial meeting Meeting held between network coordinator, DPH and cancer registry director to review issues of mutual concern. Agreed that requests for information and further analysis

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	Strategic Development Plan are implemented through commissioning, where appropriate The Network should approach the Cancer Registry with a view to getting ongoing survival and staging data where this is available.			should be developed though network and regular liaisons meetings between network and registry

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12.2 The PCT and Network are not able to identify the extent of late presentation or who presents late because neither survival nor staging data is consistently available. The PCT and Acute Trust need access to survival data routinely from the Cancer Registry, analysed down to localities through post code analysis; and the input of clinical staging data needs to be prioritised by the Acute Trust.	The Network make use of the National Lung Cancer audit data and the colorectal cancer audit data to undertake a specific focus on lung cancer and colorectal cancer and late presentation.	Rod Moore/ Hanna Blackledge		Meeting held with Dr Mick Peake , director of National Lung Cancer Audit and agreed to analyze Leicester audit data on geographical and market segmentation basis.
12.3 Once this information is available it is recommended that social marketing techniques are used to target late presenters and also targeting of non-attenders of cancer screening programmes using good practice from elsewhere. **NST may be able to help with this**	A social marketing strategy for late presenters, initially for lung cancer, to be developed by the public health team in Leicester, in conjunction with the Cancer Network.	Rod Moore/ Hanna Blackledge		Dr Peake to organize national meeting around marketing to stimulate earlier presentation of lung cancer. This will be utilised locally. To be arranged
12.4 The PCT and Network should explore the potential to encourage earlier presentation of people with lung cancer symptoms through case finding. The national cancer policy team are pulling together the evidence in relation to this which should prove helpful.	Whilst awaiting national guidance, the views of the local network sites specific group for lung cancer will be canvassed to see if they have any ideas how it can be moved forward. This will be done through the Network.			See 12.2 and 12.3 above
12.5 A significant proportion of cancer	The Leicester Public	Elspeth	July 2007	Discussions underway.

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hospital admissions are admitted through routes other than direct referral from GPs under the 2 week standard arrangement. It is recommended that a local audit is undertaken of these cases, which could identify whether there were any issues that need addressing in relation to effective early diagnosis and referral by GPs of cancer patients.	Health team will work together with the Cancer Network to develop this audit initially using routine available information.	Macdonald/ Rod Moore/ Hanna Blackledge		
12.6 There is difficulty in engaging effectively locally with cancer patients and the public in general around cancer. This needs review and it is recommended that this is considered as part of the overall PCT review of patient and public involvement utilising good practice from elsewhere. The NST may be able to help identify examples of good practice in cancer patient and public involvement.	Considerable work has been done by the Network to develop this area and a user involvement facilitator is due to start work on 10 May.	Rod Moore/ Hanna Blackledge		To be fed in to the PPI consultation and to the Cancer Network.
Preventing Seasonal Excess Deaths 13.1 Need to analyse mortality data to understand the impact of the Warm Homes work.	(See action 1.1 within context of Older Persons Strategic Implementation Board)	Hanna Blackledge		Presented to Older Persons Strategic Implementation Group 7 June 2006 and will be progressed through that group Initial analysis of seasonal excess death trends undertaken.
13.2 Continue to develop the programme for work to improve insulation/heating in the private housing sector both rented and occupied.	Forward action plan to be developed	Ruth Lake		To be taken forward by the Health Through Warmth Steering Group. Considered by Older Persons Strategic Implementation Group.
13.3 There is a perception that the majority	Audit of current	Ruth Lake		To be taken forward by the Health Through

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of vulnerable people are known to the system and receive assessments and interventions. This needs to be tested and the delivery of support and interventions made more systematic.	situation to be undertaken			Warmth Steering Group and SAP
13.4 A communication strategy should be developed and implemented by all relevant agencies delivering simple and consistent messages about keeping warm and consideration for keeping cool.	Communication strategy to be developed and launched	Clair Neil in conjunction with City Council colleagues		To be taken forward by the Health Through Warmth Steering Group and Older Person Strategic Implementation Group.
13.5 The system is characterised by numerous excellent initiatives in terms of both needs assessment and delivery including; An Aerial survey of insulated roofs and the proposed toolkit for assessing the home environment as part of Single Assessment Process (SAP). However, effectiveness could be enhanced by adopting a more integrated approach to the programme.	To be considered as part of forward action plan (see above)	Ruth Lake		Taken forward as part of SAP.