LEICESTER CITY PRIMARY CARE TRUST

BOARD MEETING
27 March 2008

National Support Team (NST) for Health Inequalities (HIq)
Second Follow Up Visit to Leicester 26 February 2008

Contextual Background

1. NST visit to Leicester in April 2008 was in the first 6 months of the PCTs existence when work was focused on PCT structure, financial issues, work with the acute trust etc. The PCT has now completed financial turnaround and some additional resources have been identified to concentrate on HIq and to plan for 08/09.

Capacity and Capability in Public Health

2. This is a real problem for Leicester. Have tried to recruit a new Director of Public Health (DPH) and a Public Health consultant and not yet succeeded. Hoping to interview and appoint on April 4 to DPH role.

Update

3. **Partnerships and structures –** Health and Wellbeing partnership is now well structured, more high level and strategic with Tim Rideout as Chair.

4. **Performance managing the HIq plan –** there has been lots of good work going on with the Action plan but the Performance Management will be vital, particularly in ensuring management buy in. Health Inequalities Performance Management Group has been set up which will work through a Performance Management Framework from April 1. Workstream groups have been set up – Tobacco control, Infant mortality, Cardiovascular Disease (CVD), excess seasonal deaths and cancer, though not all are firmly established. Need to expand the CVD to a vascular group, to include Coronary Heart Disease, stroke and diabetes and ensure extra capacity in Public Health to work with stroke.

5. The East Midlands Cancer Network is being reviewed. The Healthy Communities Collaborative work that is planned in Leicester will tie in with the Cancer group and action plan.

Primary Care Performance

6. Leicester have produced practice profiles, which look at need, interventions and outcomes for CVD and circulated to GPs. Also included guidelines on management of CVD.

7. Need extra capacity for effective discussion at practice level. Professional Executive Committee (PEC) GPs are doing some of this but Leicester is

looking for a locum on secondment to support and manage this work with practices.

8. Ascertainment of practices includes validation of registers of over 20% risk. Leicester want to ensure this validation is included in contracts and Quality Outcomes Framework (QOF), but if not possible, there is money set aside in operational plan to ensure there is an improvement in management of people on the registers.

Diabetes

9. Although this was not included in NST recommendations it is a huge issue for Leicester with a specific problem around Type 2 in South Asian communities. (there are 3,000 diagnoses a year of diabetes in Leicester).

10. There is an urgent need to address the problem, beyond what is already happening with the screening work (see CVD below) and self-management courses (DESMOND and Project DIL). This work is patchy and needs to be extended and systematised.

11. Leicester is undertaking new projects in partnership with Derby City PCT – in 2 wards initially. The project looks at issue of access for diabetes and education building on best practice in ward-community dialogue. Leicester would be happy to share the product of this work, a toolkit, with the NST for dissemination.

12. Funding is included in the draft PCT Operational Plan for diabetes including extension of DESMOND courses and consideration of a Locally Enhanced Service for screening.

13. NST will run a workshop for Leicester to help identify gaps and a way forward.

14. Chris Bentley of the NST noted that although ensuring blood sugar control is in place is important, it is also necessary to look at blood pressure and cholesterol levels, which are more important for diabetics as they are at 20% greater risk of CVD.

15. It was noted that there are local issues around access to podiatry and retinal screening. This will need to be addressed through pathways and can be looked at as part of the diabetes workshop.

16. Diabetes lead is leaving. It will be important to capture her work.

CVD – Targeted CVD prevention

17. CVD risk assessment scheme has been set up in Community Pharmacies – offers 3 levels of intervention, lifestyle advice, activities to reduce risk

and referral to GPs. Intend to assess 3,000 in areas of high BME and high deprivation.

18. Other details of work carried out in this area of CVD prevention, as included in the Operational Plan for 08/09, are described in the paper.

19. *Capacity and resources* for this work have been secured and interim support in place to assist with the specification and commissioning of the lifestyle change programmes

Stroke

20. Moving forward on this and have used the next stage review process at a community level. Interim PH resource to consolidate this work

Cancer

21. Work going on to look at current patterns, and Healthy Communities Collaborative is starting in May. Plan still in development with interim resource to do so.

Tobacco Control

22. Tobacco Control Coordinating Group now established with an aim of reducing smoking prevalence.

23. The meeting held with Andy Graham from the Tobacco Control NST was helpful in distinguishing that it is prevalence that is important, not 4 week quitters.

24. Smoking Cessation will be concentrating on Routine and Manual groups and also working with secondary care.

25. Discussion regarding the use of Councillors as ambassadors.

Infant Mortality

26. PCT supporting Children's and Young People's Partnership to take this work forward.

27. NST noted that it will be important to focus on early booking and the level of service provided (which may not be a focus for the C& YP Partnership.) 'Maternity Matters' does not address health inequalities. Eastern European immigrants are at particular risk through not presenting for antenatal care.

28. Leicester is producing a Matrix of all vital signs to pick up all interdependencies and cross cutting relationships. This should pick up early presentation and breastfeeding.

29. Other issues that need to be considered were discussed, including cultural issues for BME groups such as consanguinity in the growing Muslim population and gender discrimination in Hindu and Sikh populations.

Seasonal Excess Deaths

30. The Older Peoples Strategic Implementation Group is now more systematic in approach and it is looking at joining up health and social care to improve targeting and coordinate activity and referral systems. Also it is using this data to monitor outcomes.

31. NST noted the importance of getting the range of referrals from frontline staff (immunisation, affordable warmth etc) and also coordinating so that trusted staff are talking to older people e.g. about warmth, rather that strangers.

32. Referrals can be made more systematic through the use of a **Health Gain schedule**, which ensures that frontline staff are commissioned to carry out brief interventions. The NST will send through an example of a Health Gain contract drawn up with an acute trust.

33. Leicester are training all primary care staff in looking for cold damp homes. However the assessment process needs to be more systematic.

Community Development Strategic Review

34. This work, funded by the NST is ongoing, jointly with the PCT and City Council. Questionnaire and analysis currently in progress. NST has agreed additional time with the consultant. Part of the product will be a framework for performance management of Community Development against strategic objectives, which will be used by the NST to disseminate to other areas.

Social Marketing

35. NST provided training and social marketing projects are ongoing. A social marketing board has been formed and a workgroup is looking at white males in the west of Leicester and South Asian men and their access to smoking cessation services. Hope to extend this work to address diabetes.

36. Issues around understanding and use of social marketing. There is a danger of leaping to conclusions in order to try and hit targets rather than using qualitative research to redesign the way in which services are provided. To address this Leicester have brought in an expert consultant to support and develop the social marketing approach among staff.

37. Leicester are now starting to use a customer focused approach and are understanding the need to change the front end in order to scale up.

38. The Communications, Marketing and PPI Directorate will take the lead on this work – with a board level Director.

Recommendations

39. Chris Bentley, NST, congratulated Leicester on the huge amount of development going on, despite limited capacity, and recommended a few new ideas that the NST has picked up since their Leicester visit.

Primary Care Development

40. **Before anything else – getting the QOF right is vital.**

41. Leicester has a Primary Care Development Plan. A balanced scorecard is in place and running well and work is going on to address underdoctoredness and procurement of three new practices.

42. To avoid a fragmented approach NST suggested refocusing on this and NST will provide their recommendations with these notes.

43. The recommendations include four interventions for Primary Care
    a. Remove poor performing practices that are never going to succeed. The NST can put Leicester in touch with Primary Care Contracting who can give advice and support in this.
    b. Develop the poorest performing practices – be more challenging around QOF and use a multidisciplinary group to visit practices (include clinical governance, medicines management, Primary Care Contracting, Lay person)
    c. Performance develop – may involve commissioning staff to give support but important to distinguish between this as a mechanism to cover up poor performance and as a development/recovery plan. It is important that secondary care also have ownership of the QOF - pathways can then become driven by outcomes.

44. There is a role for Practise Based Commissioning clusters to provide peer support and address clinical quality issues together.

45. NST will look at running a workshop with Primary Care Directorate and PEC GPs to enable a shared understanding of this approach to Primary Care Development.

46. Leicester and NST will now produce a summary of the meeting for the board and share this with partners.

National Support Team for Health Inequalities (NSTHIq)
Second Follow up visit to Leicester - Meeting of 26 February 2008

Present

NST	Leicester
Chris Bentley – Team Leader Chris Burton – Ass Delivery Manager	Tim Rideout – PCT CE Rod Moore – Acting DPH Adam Archer- Leicester CC (Community) Cllr Mrs Manjula Sood Hugh Evans - Leicester CC (Housing & Adult services) Ruth Lake - Leicester CC (Housing & Adult services) Philip Parkinson Chair of PCT and Leicester Partnership

The document – Health Inequalities Update, which referred to the Action, Plan produced after the NST visit, was tabled.
Tim Rideout welcomed the NST and expressed gratitude for the work the NST have done with Leicester, which has led to great benefits, particularly in the areas of Life expectancy.
The document and discussion reflected the progress made in Leicester, based on the recommendations made by the NSTHIq during their visit in April 2007, to address inequalities in health in Leicester. The actions below were agreed including those requiring continued support from the NST.
Further detailed notes of the discussions at the meeting are attached.

ACTIONS

	Action	Lead
1	Health and Wellbeing Partnership is now more high level and strategic. Now needs to agree the Health Inequalities plans and embed these in the partnership, through the Performance Management framework which being completed, and the HIq Performance Management Group. This will summarise progress and be shared with the Board and partners.	Leicester
2	More work to be done by Leicester with Practices to improve CVD. Looking to appoint a clinical lead for this work	Leicester
3	NST to run a diagnostic workshop around Diabetes, to help identify gaps and the best way forward to address diabetes in a systematic and scaled up way. This should include looking pathways to ensure equitable access to podiatry and retinal screening	NST

4	Leicester to share the Ward-Community Dialogue Toolkit which is being developed to address low level access and education around diabetes in one part of the city, when this work in conjunction with Derby City, is complete.	Leicester
5	There is a need to expand the CVD project group to become a vascular group and include stroke and diabetes and ensure PH capacity to lead this work	Leicester
6	Infant Mortality – ensure the need for early presentation and the cultural issues are addressed through the Children's and Young People's Partnership. PH input required	Leicester
7	Health Gain Schedule – commission to ensure all frontline staff carry out appropriate brief interventions. NST will provide an example	NST
8	Ongoing Work on the Community Development Review and production of a framework for ensuring a better understanding of fit between strategic intentions and community development performance.	Leicester/ NST
9	Primary Care Development This work is already in progress in Leicester, but this was identified at the meeting as critical to make a difference to the 2010 life expectancy target. It will need to be systematic to ensure consistent quality of primary care, reflected in QOF results that 'raise the bar' for everyone. NST can provide the following: 1. Summary slides of the recommended approach to improve Primary Care 2. Contact Primary Care Contracting to get in touch to advise and support on the removal of poor practices 3. Provide a template and instructions for producing a taxonomy of practices to compare like with like 4. Provide a template and instructions for reducing exemptions in QOF using an exponential scale of incentives 5. Run a workshop for the Primary Care Directorate and PEC GPs on an approach to Primary Care Development	NST
10	Leicester and NST will now produce a summary of the meeting for the board and share this with partners.	Leicester/ NST