BRIEFING NOTE

TO: **Health Scrutiny Panel**
DATE: **23 November 2009**

RE: Visit of the Health Inequalities National Support Team - 7-11 September 2009

Purpose

- To provide the Health Scrutiny Panel with a report on the recent visit to Walsall of the Health Inequalities National Support Team (HINST).

- To highlight recommendations made by the HINST that are of particular relevance to the Panel.

- To seek the support of the Panel in taking the recommendations of the HINST forward.

Context

- The HINST was established around 18 months ago and is tasked with visiting all Spearhead PCT areas; Walsall was one of the final PCT areas to be visited as part of this programme. The HINST does not have an inspectorial remit and is not a "turnaround team".

- The HINST visited Walsall for five days in September. The purpose of the visit was to scrutinise the Borough's strategic approach to addressing health inequalities and to examine work underway in this area. The particular focus of the visit was Walsall's progress towards meeting the 2010 Life Expectancy Public Service Agreement Target.

- The visit was extremely well supported by all partners, with 45 individuals taking part in face to face interviews and more than 100 taking part in seven themed workshops/focus groups:

  - Secondary prevention of cardiovascular disease
  - Acute management of heart attack and stroke
  - Cancer
  - Tobacco control
  - Seasonal excess deaths
  - Infant Mortality
  - Community engagement.

- The HINST team used a diagnostic approach to identify areas for improvement and accelerated working. Core to this approach is the identification of local strengths and examples of good practice and the sharing of best practice from other localities.

Outcomes and HINST Recommendations

- The HINST provided their feedback at the closing plenary session in the form of a PowerPoint presentation (Appendix 1a and 1b).

- The Public Health Department has produced a report summarising the HINST visit and outlining the findings and recommendations is a more accessible format (Appendix 2).

- The findings of the HINST were, for the most part, extremely positive. Partners were commended for:

  - Strong current partnerships, commitment and actions.
  - Common thread prioritising action on health inequalities and closing the gap throughout senior management across the partnerships and throughout all visioning and strategic documents.
  - Impressive Community Engagement arrangements.
  - Work underway on seasonal excess deaths highlighted as best practice.

- Recommendations/endorsements of particular relevance to the Health Scrutiny Panel include:

Raising profile/ awareness of Health Inequalities

1. Develop health inequalities champions across the partnership supported by a programme of leadership development.

2. Develop a structured learning framework, designed initially for Councillors, to raise levels of knowledge and understanding of the health inequalities.

3. Continue work underway to formalise the joint Director of Public Health (DPH) post.

4. Endorsement of the introduction of the Health Inequalities Impact Assessment Tool to ensure partners systematically and routinely consider impact when reviewing capital plans and service development proposals. Appropriate training needed.

5. Endorsement of the Partnership's commitment to undertake a programme of Health Equity Audits to inform future service planning. This should utilise travel time analysis provided by the accession mapping software.

Workforce development

6. Recommend extending principles and practice of partnership and cross team working by providing an organisational development programme to include both senior and middle management, preferably including components of joint activity.

7. Recommend further consideration given to expanding number joint-funded/seconded posts across the partnership: these have shown clear benefits to both organisations and to the delivery of health improvement outcomes.

8. Recommend all provider services make at least tobacco, alcohol and weight management everybody's business. This should involve key screening questions for all frontline staff to use and brief intervention training.

Other

9. Ensure all aspects of good practice are routinely captured, celebrated and promoted to both internal and external audiences: Much of Walsall's 'routine' practice would be identified by HINST as good practice for other Spearhead areas.

10. The public sector, as major employers within Walsall, is in a good position to lead an effective 'Good Citizen' local employment strategy focusing on bringing workless people into employment. Recommend Walsall develop an exemplar programme building on the individual schemes already in place to establish a more comprehensive, systematic and scaled up joint strategy across the public sector.

11. Recommend the Stronger Communities Partnership reviews the effectiveness of the recently agreed Walsall Voluntary and Community Sector Strategy to ensure (a) effectiveness of Infrastructure Support Organisations (ISOs) and coordinating bodies/forums (b) adequate and appropriate Walsall specific networks/infrastructures and (c) identification of the best way to support and strengthen BME VCFS organisations, in particular asylum and refugee communities VCFS bodies.

Next steps

- An action plan is being developed to ensure that the recommendations of the NST are implemented and a follow up visit will take place in the next few months. Representatives from the Strategic Health Authority and Government Office West Midlands will be invited to this meeting.

Recommendations

- The Health Scrutiny Panel is requested to note this report.

- The Health Scrutiny Panel is requested to give its support to the work underway to take forward the recommendations of the HINST. This work will be overseen by the Health Inequalities and Wellbeing Board of the Walsall Partnership.

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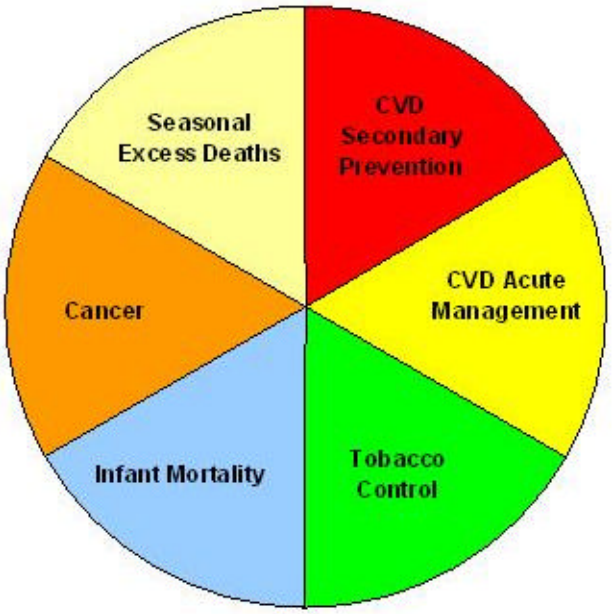
Appendix 1a and 1b – HINST feedback slides (prepared by HINST)

Appendix 2 – HINST Visit Report (prepared by the Public Health Department, NHS Walsall)

WALSALL HEALTH INEQUALITIES

NATIONAL SUPPORT TEAM VISIT



FEEDBACK REPORT

SEPTEMBER 2009

Visit to Walsall of the Health Inequalities National Support Team (HINST), 7-11 September 2009

Feedback Report

1. Introduction – purpose of visit

The Health Inequalities National Support Team focuses on the National Public Health Service Agreements aimed at reducing the gap in life expectancy and mortality from the major killers between the 20% of local authorities with the greatest burden and the national average. The diagnostic work of the HINST seeks to identify local strengths as a basis for recommendations determined during the visit, which will help to reduce the inequality gaps.

HINST aims to provide support to the NHS and their local partners to achieve local public health priorities. This is done in three ways:

- Identifying and offering tailored intensive support to those health economies across England who are facing the greatest challenge in achieving their local public health priorities.
- Identifying, developing and disseminating good practice, relevant evidence and guidance to support the regional tier and the less challenged local areas to improve delivery.
- Feeding back information and intelligence to policy colleagues at the centre to enable evidence based policy making.

HINST is not part of an inspection service, regulator, or "turnaround team". They have produced a final report for the benefit of PCTs, Trusts and other local partners. A return visit is planned, to discuss with Chief Executives and other key individuals, whether further practical support can be offered.

2. The visit to Walsall

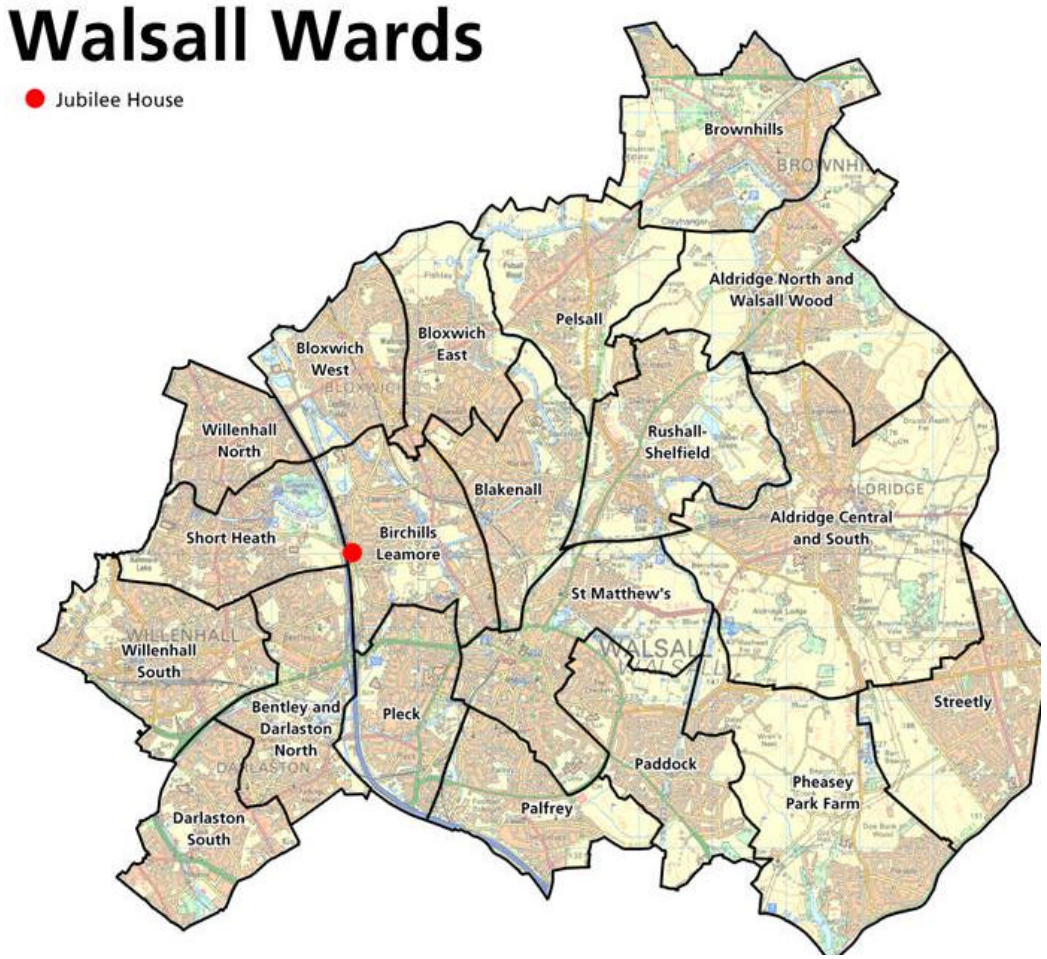
The visit took place over a 5 day period between the 7th and 11th September 2009. The format of the visit was as follows:

- **One-to-one stakeholder discussions**

There were 28 interviews that took place over the 2 days that included a total of 45 individuals across agencies in Walsall that are working towards reducing Health Inequalities. The interviews explored the overall strategic approach of key stakeholders with regard to the health inequalities agenda in Walsall. This phase was scheduled over 2 days.

- **Tour of Walsall**

On the evening of Monday 7 September the HINST were taken on a tour of Walsall by Denise McLellan, Dr. Sam Ramaiah and Dr. Barbara Watt, to give the team a feel for the diversity and range of the neighbourhoods in the borough and the changes/ regeneration taking place in the built environment.



- **Opening plenary: Overview of Walsall**

On day two of the visit, during the opening plenary, introductory presentations were made to the team. Denise McLellan outlined a brief demographic profile of Walsall including the pattern of deprivation across the borough, income and unemployment, educational achievement, fuel poverty and finally life expectancy variation across wards and the arrangements that had been put in place to tackle health inequalities. Dr Sam Ramaiah detailed the work that had been done on analysing the life expectancy gap including relative mortality rates across the borough for circulatory disease, cancer, excess winter deaths and infant mortality, together with the actions being undertaken to address these. Dr Ramaiah concluded by emphasising that Walsall was up to the challenges presented by health inequalities pointing to the progress already achieved in relation to 'Our Healthier Nation' target areas. Clive

Wright, Director of Walsall Strategic Partnership, outlined partnership working in Walsall in relation to Walsall's Sustainable Community Strategy, Walsall's Local Area Agreement, and the Comprehensive Area Assessment.

Ann Goodwin the head of HINST (a team of 8) provided a detailed overview of their work and outlined the purpose of the visit. They outlined the 'Christmas Tree' diagnostic, which demonstrates how to systematically address health inequalities, that forms the basis of their framework/visit. All the main stakeholders across partner agencies in the borough were represented at this event

- **Workshops to address major component programmes**

There were six workshops that were facilitated by the HINST; groups consisted of approximately 15 - 20 participants, who used as a diagnostic approach to assess how the major programmes are systematically addressing health improvement and health inequalities. The workshop groups were:

- Cardiovascular disease secondary prevention
- Acute management of heart attack and stroke
- Cancer
- Tobacco control
- Seasonal excess deaths
- Infant Mortality.

- **Community engagement focus group**

The aim of the focus group was to understand the work being done in Walsall, the partnership working, and extent of health improvement within that work agenda. The focus group, which was our largest group provided the HINST with a full picture of community engagement activity, including health involvement and improvement.

- **Final plenary feedback of findings**

The closing plenary on Friday 11th September was well attended with over 60 delegates from agencies across Walsall with an interest in reducing Health Inequalities. HINST feedback was in the form of a presentation report detailing their findings, which included strategic actions, strengths identified, exemplar practice, and areas for further development from the workshops with some key recommendations. This feedback has been summarised and forms the core of this report.

3. Main Messages from HINST

- **Context**

  - Strong current partnerships, commitment and actions.
  - Common thread prioritising action on health inequalities and closing the gap throughout senior management across the partnerships and throughout all visioning and strategic documents.
  - Impressive Community Engagement arrangements.

- **Priorities for action**

  - Need to recognise that Walsall can make a difference and focus on 2010.
  - Need to model the scale of the challenge and the number of lives saved which are required to meet the targets.
  - Identify interventions which will achieve this.
  - Manage the OD required to enable middle managers and frontline staff across partners organisations to deliver this.

- **Further strengthening engagement**

  - Major review of the Voluntary Community And Faith Sector (VCFS) in Walsall together with a focus on Communities of Identity and Interest and the six equalities communities.
  - Use segmentation tools (within the social marketing approach), combined with purposeful engagement with communities (e.g. via Third Sector) with appropriate system and scale. This will contribute to better understanding of the population, more effective interventions and better take-up and use of relevant services.

- **Need to develop a strategic quality improvement approach to primary care**

  - Remove the variability in performance.
  - 'Raise the bar' on expected minimum standards.
  - Move towards a more collaborative business model for the delivery of primary care services, which addresses the issues posed by the high number of single handed practitioners.

- **In order to reduce excess mortality in the short-term, and to take advantage of Walsall's strong partnership processes:**

  - Identify a manageable set of key work-streams likely to deliver real gains in Health Inequalities within the 2010 target timeframe.
  - Use senior leadership to set the agenda to drive these as crucial starting points.
  - Feed the awareness of needs and wants arising out of the extensive community engagement processes underway into the developing joint commissioning process.
  - Deploy the partnerships at middle management level to see that the required initiatives are delivered, maintained, and evaluated.

4. Strategic Recommendations from HINST

- Clarify how the strategy will be delivered, particularly with regards to achieving gains within the short-term necessary to meet the 2010 life expectancy targets.

- Use an analytical approach to modelling the overall numbers of deaths required to hit the 2010 Spearhead target

- Develop short term delivery plans for the major contributors to the life expectancy gap including:
  - Hypertension
  - Coronary Heart Disease and Stroke
  - Diabetes
  - Cancer
  - Alcohol
  - Seasonal Excess Deaths
  - COPD
  - Tobacco Control

- Provide analysis focussing on the 2010 life expectancy target, evidencing how Walsall's 2010 life expectancy target relates to the 'all age all cause' (AAACM) mortality rate targets in the LAA and WCC Strategic Plan; the trajectories required to reach the AAACM targets needs to equate to the service improvement required in life expectancy to reach the 2010 target.

- Translate the AAACM rates required to meet the 2010 life expectancy target into the indicative number of 'lives to be saved' to provide an indication of the scale of the challenge.

- Develop the joint communication strategy, which should include an information plan to support the Health Inequalities Strategy and delivery plans.

- Ensure Information is made available in user friendly, 'marketing' formats for a wide range of audiences including seldom heard groups and to staff.

- Provide appropriate training for the Health Inequalities Impact Assessment tool kit to ensure that partners systematically and routinely consider the impact on health and health inequalities when reviewing capital plans and service development proposals.

- Develop a structured learning framework, designed initially for Councillors, to raise levels of knowledge and understanding of the determinants of inequalities in general, and health inequalities in particular and actions to alleviate them, including sharing and celebrating good practice across Walsall. This should be a joint initiative between the LA and the PCT.

    - This work could then be used as the basis of a joint Cabinet and NHS Walsall Board event which could explore the opportunities for collaborative working and ongoing working relationships.
    - A similar programme could be developed for GPs to expand their understanding of a population approach to health improvement.

- Develop health inequalities champions across the partnership, supported by a programme of leadership development. This is particularly important for primary care clinicians given their potential contribution to the achievement of the 2010 health inequalities targets.

- Ensure the extensive information that exists in Public Health is made more accessible to a wide range of audiences, who will routinely need to use this to make day to day decisions and inform commissioning priorities.

- Further enhance the health promoting and public health role of the Acute Trust by using their excellent facilities and expertise in communication, training and education for patients, visitors and other hospital users (the co-terminosity of the PCT, WMBC and the Acute Trust further strengthens this opportunity).

- Extend the principles and practice of partnership and cross team working by providing an organisational development programme to include both senior and middle management, preferably including components of joint activity.

- Walsall Analysts Group (WAG) to develop a joint information and analysis work programme across the partnership to avoid duplication of effort between information teams and to align health intelligence work with strategic priorities. This would:

- Help ensure that the Joint Strategic Needs Assessment is a useful, live, working resource.
- Enhance the ability to develop and maintain health, social care, housing and community safety profiles at ward level as has been proposed, and enable profiles to be developed at neighbourhood level.
- Provide a focus for negotiation of partnership agreements on data sharing.

- Recruit a dedicated prescribing analytical support person to strengthen the Medicines Management team.

- Systematise and scale the application of interventions through the development of a Health Gain Schedule for all provider services, making at least tobacco, alcohol and weight management everybody's business. This should involve:

    - key screening questions for all frontline staff to use
    - brief intervention training and updates
    - referral pathways
    - an activity monitoring system

- 'Raise the bar' on expected minimum standards, within primary care

- Ensure disproportionate effort and resources are given to achieve the same outcomes for the 30% who fail to access services.

- The Stronger Communities Partnership reviews the effectiveness of the recently agreed Walsall Voluntary and Community Sector Strategy to ensure:

    - The effectiveness of Infrastructure Support Organisations (ISOs) and coordinating bodies/forums in relation to their role in supporting and enabling partnership working across the VCFS and between the VCFS and the Walsall Partnership.
    - Adequate and appropriate Walsall specific networks/infrastructures to enable 'representation' of the VCFS within partnership structures and joint working.
    - The identification of the best way to support and strengthen BME VCFS organisations, and in particular asylum and refugee communities VCFS bodies.

- Establish a short term working group, reporting to the appropriate partnership forum/level of the Walsall Partnership, to map what work is already going on (and where there are gaps) across partners in relation to systematic mechanisms for engagement with the 7 equalities communities, and to look at where joint working/investment could strengthen engagement with the 7 equalities communities. This working group could also usefully play the same role in relation to wider Communities of Interest and Identity (CoII).

- Use the fundamental principles encapsulated by 'Social Marketing' to deepen understanding of local populations' needs and wants and use these to enhance intelligence-led commissioning on an on-going basis.

- Build upon existing segmentation analysis by overlaying this onto neighbourhood profiles to augment understanding of preferences and probable responses of different segments of the population.

5. Workshops – Strengths/ Good Practice and Recommendations from Workshop Sessions

5.1 Secondary Prevention of CVD

Strengths and Good Practice

- The CVD death rate in Walsall is reducing and the gap is closing between the Walsall rate and national average. Actions are set out in the PCT operating Plan and WCC Strategic Plan to continue the downward trajectory.

- A mature CVD LIT with a wide membership and associated work plan together with a strong team working ethos across partners, supporting joint actions to address premature CVD mortality.

- An excellent and well regarded cardiac rehab service providing high quality services for a range of patient groups.

- Excellent information materials for patients from BME communities to support self-management of their condition.

- Use of CDR Intell software and the LES (Local Enhanced Service) for CVD risk encourages a pro-active approach to:

    - Develop registers of patients at high risk of CVD
    - Achieve register prevalence rates in line with modelled expected rates
    - Undertake assessments of high risk patients and managing those patients.

- Very good medicines management programme:

    - Walsall has one of the highest rates of generic statin prescribing
    - Uses data from Keele University around combining and sharing data on prescribing costs and QOF outcomes by practice to systematically drive up quality in key therapeutic areas
    - Regular audits of practice prescribing and routine feedback to improve prescribing practise.

Recommendations

- Consider raising expected standards on clinical outcomes beyond those in the national QOF.

- Review local incentives to raise the ceiling of achievement on targets (eg extra payments to reduce exemptions or lack of progress beyond national targets).

- Build on work already undertaken around reducing 'exception reporting by developing a strong and vigorously implemented 'exceptions strategy.

- Review the capacity and skill mix of the Primary Care workforce committed to the register management process.

- Develop further the existing CVD action plan in order to clearly articulate the activities, metrics, costs and volumes/ activities and health outcomes attributable to specific actions.

- Review services to ensure access to 24 hr blood pressure monitoring for all patients.

- Ensure appropriate resource materials are in place to support self-management for people with learning disabilities.

- Ensure there is a realistic assessment of the size of the CVD problem among ethnic minority groups by stratifying the extent of need among the specific groups.

- Strengthen LA and User membership in the CVD LIT.

- Collect, share and use data more strategically to drive change by:

    - Improving data capture to support a range of proposed CVD Health Equity audits to inform service planning
    - Audit of CVD deaths linked back to practice specific data about the patient
    - Producing comprehensive practice profiles
    - Developing practice specific 'dashboards' bringing together a range of measures of care related to major conditions into one A4 page and allowing benchmarking of practice performance.

5.2. Acute Management of CVD

Strengths and Good Practice

- CVD under 75 mortality rates are falling and are on track to meet the Spearhead target.
- Arrangements for leadership , coordination, planning and delivery of CVD programmes are clear, straightforward, comprehensive and effective.
- Delivery of stroke services appears to be truly integrated on a multidisciplinary and multisectoral basis.
- Well structured and organised Dysrhythmia service.
- Well established arrangements to manage Heart attack and 'Hyperacute' stroke, and no apparent local inequalities in access; stroke thrombolysis rates above the national average.
- Exemplary arrangements for PPI.

Recommendations

Primary Care appears to be the area offering the greatest potential for improvements, through:

- Exploring mechanisms to bring more system in to support and performance manage practices regarding the management of BP and cholesterol in people on CHD registers, and blood sugar, BP and cholesterol management for those with diabetes.
- Audit practices to examine the variability in detection and management of atrial fibrillation and referral of possible TIA.
- Review all-age CVD mortality rates to ensure over 75 mortality is being addressed so as to contribute to life expectancy targets.
- HINST can signpost Walsall to those PCTs which have had some success in addressing the problem of patients who do not attend for assessment following invitation.

- Use Mosaic or other social marketing segmentation software to audit which major local groupings are actually represented in Patient and Public Involvement arrangements.

- Ensure there is a clinical lead with dedicated and costed time working to the CVD LIT.

- Ensure that the Local Authority is represented on the LIT and the Stroke Strategic Group.

5.3. Cancer

Strengths and Good Practice

- Library of information and intelligence about cancer services, organisations, policies and guidance to help LIT set priorities and direction.

- Full partner in Pan Birmingham Cancer Network, influencing network priorities and benefiting from the networks excellent information and other resources.

- Acute Trust committed to improving access to cancer services and improving their screening services.

- Commitment of the local health economy evident in the turnout at the cancer workshop.

- Cancer LIT enthusiastic and engaged, with full and active participation from key organisations and individuals.

- Strong relationship between organisations at strategic level.
- Many examples of effective practice, including evaluations of effectiveness.

- Cancer Reform Strategy targets up to date.

Recommendations

- The LIT should develop a higher profile and voice within Walsall, exercising leadership, setting direction and prioritising goals.

- Review the library of intelligence and guidance material to agree the key messages in each resource.

- Undertake a Walsall Cancer Equity Audit. (Much of the information needed is already collated).

- Use the intelligence and messages distilled by the LIT and findings of the Cancer Equity Audit to encourage public engagement and ownership of the cancer inequalities agenda.

- Increase the reporting of success and celebration of achievement.

- Systemise the dissemination of examples of good practice on cancer early detection, awareness and prevention.

- Ensure there is regular performance reporting of internal PCT inequalities and progress in tackling them, to strategic partners, boards, and the public.

- Develop greater partnership working of individuals and teams at operational and tactical level, to complement the excellent engagement at strategic level. In particular, this engagement must include general practitioners.

- Attendees of the HINST visit cancer workshop on September 8th and other appropriate key players should continue the positive problem solving discussion started at the workshop.

5.4. Tobacco Control

Strengths and Good Practice

- Long Walsall history of commitment to the Tobacco Control (TC) agenda, of 'pushing the envelope' on TC issues and of undertaking innovative activity.

- Walsall Stop Smoking Service (SSS) has shown commendable commitment and ability to carry out business as usual despite significant capacity issues – e.g. achievement of Vital Signs target.

- Demonstrable commitment to the infant mortality agenda through a programme which systematically addresses smoking through CO monitoring and opt-out referral of all pregnant women.

- Good smoke free legislation compliance overall and impressive initiative has been shown in tackling difficult areas– e.g. taxis/ vehicles.

- Good working links to the Black Country TC Alliance and to the West Midlands TC Network – particularly in Environmental Health (EH) and Trading Standards (TS)

- Good examples of community engagement with target groups, e.g. BME, pregnancy & Routine/Manual workers.

- A Swine Flu contingency plan provides protection of key workers.

Recommendations

- Develop a comprehensive strategic approach to TC: a shift in emphasis to smoking prevalence reduction, as well as the clinical indicator (4-week quits) is required.

- Use the new national Tobacco Strategy (due out this autumn) as a springboard, to, better define the TC Alliance long-term aims, objectives and expected outcomes in reaching this vision, and strategically align itself as an important contributor to the health inequalities agenda.

- A prioritised action plan for the tobacco strategy should be developed and implemented. This will need ownership by the partnership and clearer accountability to the Health Inequalities and Wellbeing Board. TC should be managed and coordinated by a dedicated TC Alliance coordinator.

- Commissioners should ensure wider accessibility of local services, including evening and weekend availability of specialist stop smoking support.

- The PCT should better exploit all opportunities to work with existing and potential partners, making stopping smoking everybody's business by building it into all front-line staff contracts (PCT, LA, MH Trust, Acute Trust, 3rd sector), devolving targets, developing Health Gain Schedules and modelling outcomes.

5.5. Excess Seasonal Deaths

Strengths/ Good Practice

- Good information and intelligence supports the AW and vulnerable peoples agenda e.g. mapping Excess Winter Deaths (EWD) at Ward level, good knowledge of housing stock including 'hard to treat' properties.

- Walsall's Affordable Warmth Action Group (AWAG) meets regularly and is responsible for reviewing the Affordable Warmth Strategy's (AWS) Action Plan and monitoring progress.

- The AWS has undergone an Equality Impact Assessment and the action plan has had a positive impact on improving referrals from BME communities.

- The AWS links well into the wider Strategic Agenda.

- Walsall's Health & Housing Strategy - good example of partnership commitment demonstrating close partnership working between health, social care and housing agencies in order to improve health and wellbeing of the local people and address inequalities.

- A Landlord Accreditation Scheme has been established which offers information, training and advice to help landlords improve the energy efficiency of their properties.

- NHS Walsall has developed the 'Life Channel' project with GP practices, with the first campaign promoting Fuel poverty issues.

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- Walsall's commitment to the Single Assessment Process (SAP), which provides a patient held record (Yellow Folder), is well received by patients and frontline staff.

- The Health Trainers programme has specialist provision for older people, including those who are housebound.

- Walsall has many good examples of user involvement in service developments and service redesign. For example Supporting Peoples 'Peer Assessor Programme' and a 'Big Brother Diary Room'.

- The Walsall Welfare Rights Service focuses on maximising benefits, and includes a health and quality of life assessment.

Recommendations

- Adapt a 'list of lists', building on lists prepared for emergency planning purposes, to ensure a systematic, industrially scaled approach is achieved to improve care of the most vulnerable people in Walsall.

- Ensure patients are pro-actively and systematically offered and supported to take up the following interventions:

    - Assessed for AW interventions
    - Provided with regular flu and pneumococcal vaccine
    - Given an annual Medicines Utilisation Review (MUR) and follow up support for adherence to therapy.
    - Assessed and supported to prevent falls.
    - Given a personal health promotion plan.
    - Provided with a personal crisis contingency plan.
    - Assessed for telecare/ telehealth.

- Undertake mapping of services currently provided to support the frail elderly, particularly those related to SED, to build on current local good practice and where appropriate roll out across the borough.

- Recruit a Medicines Review Pharmacist, who will improve access to MUR's including providing a service to house bound patients.

- Further develop and implement the 'frail elderly care pathway'.

- The AWAG and HTW should build on good practice and encourage referrals from frontline staff, supported by the development of an 'Affordable Warmth Champion' scheme.

5.6. Infant Mortality

Strengths and Good Practice

- Infant mortality is clearly a local priority. The Infant Mortality Steering Group has a wide membership across local partners and is well placed to drive forward action.

- Excellent analysis of infant mortality trends based on a review of infant deaths from 2001-2006.

- Well established local teenage pregnancy strategy.

- A willingness to adopt innovative practice and pilot new programmes, such as the Family Nurse Partnership; the BME Shared Leadership Scheme; recruitment of paid peer support workers to increase breastfeeding rates.

Recommendations

- Build on the existing good work and translate the strategy and action plan into systematic delivery that meets the needs of all pregnant women and others.

- Undertake further analysis of the action plan interventions in order to quantify the necessary scale and reach of these interventions if they are to have an impact on mortality rates. This would build on the analysis undertaken as part of the review of infant deaths from 2001-06 and the further analysis should be reflected in the targets and trajectories within the IM action plan.

- Undertake equity audits to obtain a clearer picture of the characteristics of those not currently accessing services appropriately. This would inform targeting of resources.

- Audit current care pathways and referrals to specialist services to ensure the needs of all vulnerable mothers are met.

- Undertake more training and interventions aimed at improving maternal nutrition before, during and after pregnancy.

- Develop a more systematic approach within primary care on improving pre-conceptional care e.g. increasing the use of folic acid.

- Routinely share the Acute Trust data (sent to the PI) with the Public Health intelligence Team to facilitate more real time performance monitoring.

- Share data currently provided by the Acute Trust to the regional Perinatal Institute routinely with the Public Health Intelligence Team to permit more real time performance monitoring.