

QUARTERLY REPORT:
PROGRAMME FOR RELATIONSHIPS, INTELLIGENCE,
METRICS AND EQUALITY (PRIME)

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Private and confidential

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Quarterly report

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Management Summary

Objectives and purpose

The purpose of this report is to provide the PRIME Strategic Partnering Board and the NHS BEN Trust Board with a progress update of the PRIME programme, for the period Sept '09 – Dec '09. The report assesses progress against plan, describes the outlook for the programme, and programme risks and issues.

PRIME

The establishment of PRIME in July 2008 commenced an ambitious, systematic and comprehensive 3-year programme to develop new relationships with the public, patients and partners of NHS BEN in order to reach out and engage with their diverse communities and tackle health inequalities.

Three key aims have been set for PRIME:

- To gain a rich picture of the trust's communities, neighbourhoods and healthcare settings.
- To pinpoint the greatest health needs of those communities in the eastern half of Birmingham that have not benefited from general improvements in life expectancy and overall health.
- To bring considerable, measurable, lasting improvements to these areas of health.

The development and application of the typologies across the Trust, delivery of the key PPI deliverables, the Smoking 'Quit' social marketing campaign and the Health Inequalities Dashboard are clear outcomes from the programme in this reporting period.

However delayed delivery of reporting against the programme KPI's, and approval of social marketing proposals and Patient & Public Involvement proposals have resulted in a 'Red' RAG status for the programme in this reporting period.

Programme Progress

Key Deliverables

Health Typologies – Ethnographic Research.

- The NHS BEN Health Typologies - a bespoke population segmentation model for health inequalities within NHS BEN - is now used widely across the Trust and within Community Health Services to better inform understanding of population health needs and support decision making activity in relation to healthcare services required.
- Customer Journey Mapping – this project brought to life the x10 respective health typologies by documenting, via a video journal, people's experiences (with full consent) of how they receive information about health and healthcare, their attitudes towards health, and how they feel as they experience healthcare services. In total 20 DVDs have been produced plus an additional 'Health Themes' DVD that are now available for education and information sharing activities.
- In this reporting period around x50 interactive workshops have also been arranged to inform staff across the Trust about the design and application of Health Typologies (including Customer Journey Mapping DVDs) to their service.
- Externally, the Health Typologies are due to be included in the portfolio submission to the JSNA review in January 2010.

Activity in next reporting period

Trust PRIME knowledge sharing event to be scheduled to give staff the opportunity to view all typology material and customer journey mapping films.

Social Marketing Campaigns

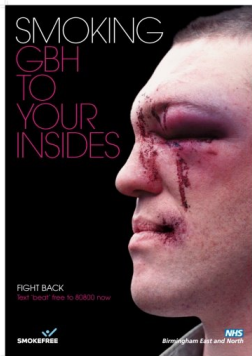
The overall Social Marketing strategic framework for the PRIME programme outlines the proposed social marketing activity for each health theme.

- Infant mortality
- Obesity
- Alcohol
- Smoking
- Mental health

In this reporting period the Smoking 'Quit' campaign was launched at the end of October '09 and concluded on 2/11/09.

Entitled 'Fight Back – take control of your life' this was a high impact and provocative campaign designed to,

... encourage White males (C2DE) 35-55 located in the Red typology areas to consider or reconsider giving up smoking and to increase registrations for the smoking cessation service at participating pharmacies



The campaign visited Shard End, Kingstanding, Tyburn, Stockland Green, Washwood Heath, Hodge Hill, Acocks Green, Erdington and Stechford. These areas are known to suffer some of the highest overall cancer and respiratory mortality rates

Final evaluation and publication of results will be completed by the end of Jan '10.

Early indications of a successful campaign are as follows:

- It became apparent early in the campaign that the volume of client referrals was overwhelming a significant number of pharmacies and referral appointments were timetabled to complement the requirements of clients and pharmacists
- In terms of on-street activity the campaign achieved 1303 contacts which was in the target range of 260-1680 contacts.
- Quarterly Quit dates are running at 64% above the same level last year

	Oct	Nov	(Dec)	Cumulative to end Nov
Total Number of Quit Dates Set	168	275	(0)	443
Total Number of Quit Dates Set - 2008	133	137	(81)	270
Variance	+35	+138	-	+173
% Increase	26.32%	101%	-	+64%

Activity in next reporting period

Smoking 'Quit' final evaluation report to be submitted to the February SPB.

Campaign activity will commence early 2010 for:-

- Infant Mortality
- Smoking 'Extending the reach of the Smoking Cessation Service'
- Changing the Relationship –'The Deal'

Campaign proposals for approval :-

- Mental Wellbeing
- Alcohol (Spasmodic excess)
- Family Obesity

Patient Experience Tracker

Community Health Services Project (commenced Year 1)

- As a consequence of competing service priorities the formal rollout of the Community Health Services project (continuing with the same sites and services as the pilot phase i.e. 18 Health Centres/14 services) lost some momentum during July and August. A September workshop for the service leads enabled the project to be re-established. Subsequent reporting workshops were scheduled in this reporting period.

Activity in next reporting period

Evaluation of PET responses (January 2010)

Primary Care project (commenced Year 2)

- 19 GP Practices across 20 Practice sites (Church Road also have a device in their Tile Cross surgery) are participating in this project.
- A Trust Data Review Group (comprising individuals from Healthcare Governance, Commissioning, Localities and, Information) has been formed. Members of the Group will act as 'data messengers' and will deliver PET data and provide support to practices, creating action plans based upon their data.

Activity in next reporting period

Practice Managers will be invited to attend a session scheduled for January 2010 for evaluation of responses, to discuss the development of data and maintain engagement with the project.

Patient and Public Involvement deliverables

The key deliverables are:

- Household Panel - the representative panel that can be consulted on a range of relevant issues now comprises over 1900 representatives in 800 households.
- Community Engagement Database – design and build completed and now actively used by members of the PPI team. The database is currently being hosted by DFI until it can be effectively housed by NHS BEN.
- Engagement Microsite - has been developed insofar as it is functionally able to deliver the elements envisaged from the original specification of the microsite. However, development of content is still required to ensure active usage. In addition, there is requirement to make subsequent site design changes for consistency with the new NHS BEN website (launched Dec '09). The microsite is also currently being hosted by DFI until it can be housed by NHS BEN.
- Deliberative Events – produced in this reporting period - the report providing the analysis from the 30 workshops with seldom heard communities drawn from across the predominately red and blue typology areas across NHS BEN. The materials used in recruitment and the engagement portraits within the report provide a broader understanding of the more disadvantaged communities within NHS BEN whom are considered to lack real engagement with the NHS.

Activity in next reporting period

Proposals for the remainder of Year 2 and Year 3 activity were presented to SPB (December) and will be revised based on SPB recommendations and submitted for approval January 2010

GP MyPractice

Maximising the contribution which GP practices in NHS BEN can make to tackling health inequalities and improving health status in relation to the indicators for the 5 PRIME health priorities remains the focus of GP MyPractice.

Following a review of Year 1 development and taking into consideration wider Trust 'Partnering' activity and organisational development, a revised specification of requirements was undertaken in this reporting period.

Activity in next reporting period

Definition of requirements and a presentation of the functional design of GP MyPractice will be delivered in January 2010.

Health Inequalities dashboard

The Health Inequalities Dashboard has been delivered and is hosted by Dr Foster within a dedicated hosting environment. All service management will be performed by Dr Foster over the duration of the programme. The Inequalities Dashboard provides three levels of reporting:

- Summarised dashboard reporting of Baseline Metrics and Project-based metrics based on assessment against pre-defined values.
- Detailed reporting of the Baseline Metrics against a flexible range of parameters and selection options
- Basic reporting of the Project-based metrics against limited range of parameters and selection options

Activity in next reporting period

Ongoing monitoring of programme performance

Programme KPI's

The programme metrics for PRIME have been defined based on measuring progress in 3 key areas:

- Health areas – these metrics have been defined to clearly demonstrate the impact of the programme in reducing health inequalities within NHS BEN
- Finance – intended to represent the Financial benefit and return on investment of the outcomes of the programme
- Relationships – demonstrate the continuing improvement in relationships between the PCT and its service providers, patients and public.

The following four types of metrics are applied to each health theme:

- Project metrics – indicators recorded before, during and after the social marketing campaigns to indicate the success of the individual campaigns
- Baseline metrics – statistics obtained directly from national and local admissions data to indicate the current health characteristics of the local population
- Survey/Panel – information obtained from surveying the local population, either through dedicated surveys or via the household panel
- Research – additional data obtained from external sources

Activity in next reporting period

The current status of the above metrics for the period July- December 2010 will be submitted to the SPB in January 2010.

Progress against plan

Programme workstream activity is on track with the exception of 3 areas:

1) Social Marketing

- a. Obesity project delayed – creative development requires further work-up

2) GP MyPractice

- a. Definition of Requirements requires approval

3) PPI proposals (project budget)

- a. Project budget proposal requires approval

Status

The overall programme status for this period is 'Red' (in terms of Red, Amber, Green (RAG) reporting) due to delayed progress for the above deliverables.

Partnership

A further Partnership/OD event involving all the key people from both organisations and facilitated by NHS BEN strategic OD partner VISTA was held in September. This event undertook a review of Year 1 of the programme and partnering principles .

Outlook

The programme business case remains valid in the light of progress during this reporting period. The PCT has a budget allocation of £1.89b for the period 2008-2011 (excluding specialist commissioning). The programme costs of £5.8m over the same 3 year period are still justified by the anticipated benefits expected. New value and income derived from knowledge transfer and the development of new products and programmes will be re-invested by the PCT to continue to reduce health inequalities for the local population.

Risk review

No high risks currently identified. Programme risks are indicated in Appendix 1

Issues

Social Marketing activity, addressed above (Progress against plan section).

Abnormal events affecting performance

There have been no abnormal events e.g. exceptions, delay events, arising outside the control of the programme which have caused deviations in programme performance.

Progress against plan – Sept '09 – Dec '09

Deliverable	Activity July – Dec '09	Planned activity Jan '10 – April '10	Progress against plan
Health Typologies/Ethnographic Research	x20 Customer Journey Mapping DVDs completed (x2 for each of the 10 typologies) plus summary Health Themes DVD	Completed	On track
Population Health Manager	Population Health Manager - Training delivered to Commissioning teams. Provider Services – formal rollout. Rebase activity Sept '09. Primary care – x20 devices deployed in x19 GP Practices	Review usage (org-wide) and ongoing support requirements	On track
Patient Experience Tracker		Plan Year 3 implementation	On track
Social Marketing Smoking campaign - Quit	Campaign launched Oct '09	Quitters - monitoring	On track
Social Marketing Infant Mortality	Campaign design	Campaign delivery (subject to approval)	On track
Social Marketing Obesity	Campaign design	Campaign delivery (subject to approval)	Delayed
Social Marketing Alcohol	Campaign design	Campaign delivery (subject to approval)	On track
Social Marketing Mental Wellbeing	Service recommendation (to be approved)	Implementation (subject to approval)	Delayed
Changing the Relationship	Research completed. Strategy designed	Promotion activity (subject to approval)	On track
PPI - Household Panel	Delivered	Implementation (subject to approval)	Delayed
PPI - Community Engagement database	Delivered	Implementation (subject to approval)	Delayed
PPI – Engagement workshops	Completed. Engagement toolkit produced Year 2/3 proposals for approval	Implementation (subject to approval)	Delayed
PPI – Engagement Microsite	Designed Year 2/3 proposals for approval	Implementation (subject to approval)	Delayed
GP MyPractice	Review of requirements. Revised specification	Design and build	On track
Digital Technologies Health Inequalities dashboard	Delivered	Ongoing management/data update/reporting	On track

Appendix 1

Programme Risks

Risk	Impact	Likelihood	Mitigating Action	Responsibility
Slippage of programme delivery timescales against plan	Programme delay or failure	Possible	Ensure that respective projects are aligned with and delivered against programme plan and timescales.	Programme Manager Workstream Leads Programme Board
Lack of support from independent healthcare partners	Opportunity for enhanced partnership working and information sharing reduced	Possible	Ensure that PCT-wide communication of the programme objectives + benefits is maintained to provide the context for the local delivery of PRIME activity. 12/12/08 - Programme Comms & Engagement Group established as part of Prog. Management workstream to control and support comms related objectives and activity 27/3/09 - Communication Plan & Engagement plan for prioritising stakeholders + activity to be completed. 18/5/09 - Completed	Executive Team Programme Board Comms & Engagement Group
Lack of support and engagement from staff	Opportunity for awareness raising and staff commitment reduced	Unlikely	Ensure that PCT-wide communication of the programme objectives + benefits is maintained to provide the context for the local delivery of PRIME activity. 12/12/08 - Programme Comms & Engagement Group established as part of Prog. Management workstream to control and support comms related objectives and activity 27/3/09 - Communication Plan & Engagement plan for prioritising stakeholders + activity to be completed. 18/5/09 - Completed	Executive Team Programme Board Comms & Engagement Group
Not all communications channelled through the correct team – too many points of contact	Uncoordinated approach with incorrect or confusing messages	Unlikely	Correct channels for approval and co-ordination to be clearly set out and communicated. 12/12/08 - Programme Comms & Engagement Group established as part of Prog. Management workstream to control and support comms related objectives and activity 27/3/09 - Communication Plan & Engagement plan for prioritising stakeholders + activity to be completed. 18/5/09 -	Programme Manager Head of Communications & Involvement Workstream Leads
Resources do not become available to participate in communication networks/teams	Opportunity for co-ordination and the sharing of good practice are reduced	Unlikely	Use and develop a range of alternative network opportunities e.g. telephone conferences; comms newsletter; email network; extranet comms site 18/5/09 In progress	Programme Manager Workstream Leads
Adverse media interest e.g. with regard to cost	Negative communication coverage and misrepresentation of key messages	Unlikely	Anticipate media interest + maintain a source of generic material which provides the PRIME context with local developments and headlines programme achievements. 12/12/08 - Programme Comms & Engagement Group established as part of Prog. Management workstream to control and support comms related objectives and activity 27/3/09 - Communication Plan & Engagement plan for prioritising stakeholders + activity to be completed. 18/5/09 - Completed	Programme Manager Head of Communications & Involvement

About this document

Document Preparation

Version	Date	Author(s)	Role	Summary of Changes
0.1	8/1/10	C Staples / L Pritchard	Programme Manager/Programme Director	First draft

Document Review

Id	Date	Reviewer	Organisation	Comment