

Gloucester Healthy City Partnership Action Plan 2009-2010

1. ACCESSIBLE, HEALTHY AND SAFE HOUSING	County/Local Actions	Key People	Resources	Timescale	Monitoring Outcomes	Progress	Gaps	LAA priority/Target areas	Links to Strategies/Task Group work
WHAT DO WE NEED TO DO? <ul style="list-style-type: none"> Strengthen the relationship between housing, health and social care. Develop a multi sector strategy for Housing in Gloucestershire. Engage and involve other independent sector providers in the planning processes. Engage with existing service users and those likely to use services in the future to ensure that services delivered meet their needs and aspirations. 									

2. ACTIVE AND HEALTHY AGEING	County/Local Actions	Key People	Resources	Timescale	Monitoring Outcomes	Progress	Gaps	LAA priority/Target areas	Links to Strategies/Task Group work
WHAT DO WE NEED TO DO? <ul style="list-style-type: none"> Raise awareness and understanding of the Joint Commissioning Strategy for Older People. Older people's advocacy groups like GOPA and the proposed older people's forum can help with awareness. Enable older people to remain actively engaged in socially valued and useful activity, whether paid or unpaid. There are proven links between activity and physical/mental health. Empower and enable older people to make decisions and choices around their health and wellbeing. Action plans should be based on the Older People's Needs Assessment and Joint Commissioning Strategy, and should consider wellbeing in the third age in a holistic way. Be more inclusive of employers in developing strategies. 	Introduce weekly activity sessions to include (Wii and Wii Fit) to each GCH Sheltered Housing Scheme.	Caroline Henley, Gloucester City Council; Terry Elcock, Gloucester City Homes	Gloucester City Council; Gloucester City Homes; NHS Gloucestershire	2009-10	GHCP reporting process	Sites identified for delivery.	Remaining funding to be sourced.	LI 18 LI 120	GHCWP
	Establish and evaluate the Fresh Start 4 Life Programme for over 50s.	Chitra Ramaswamy, NHS Gloucestershire; Sue Cunningham, GL Communities	NHS Gloucestershire; GL Communities	2009	GHCP reporting process	Evaluation showed programme to be a success – it will now continue through voluntary contributions of those taking part.	-	LI 18 LI 120	GHCWP
	Explore the possibility of the new GL Communities contract containing an element of delivery around active, healthy ageing.	Elizabeth Steyert, NHS Gloucestershire	NHS Gloucestershire; GL Communities	2009	Quarterly reports to NHS Gloucestershire	Meeting to take place with GL Communities in June to finalise contract.	Contract to be finalised.	LI 18 LI 120	GHCWP

3. REDUCE OBESITY	County/Local Actions	Key People	Resources	Timescale	Monitoring Outcomes	Progress	Gaps	LAA priority/Target Areas	Links to Strategies/Task Group work
WHAT DO WE NEED TO DO? <ul style="list-style-type: none"> • Improve County data collection especially in adults where no current data exists. • Continue to engage with all partners to ensure obesity prevention is on everyone's agenda. • Develop and implement targeted interventions for key groups. • Provide opportunities that support long term behaviour change. • Use social marketing techniques to target health promoting messages and to disseminate information about accessing support. • Focus on health promoting messages and activities for children and families. • Focus on health promoting messages and activities within the workplace. 	Develop 'Trim Trails'.	Caroline Henley, Gloucester City Council	Gloucester City Council; Three Bridges Community Partnership; Moreland Community Partnership; Matson and Robinswood Community Partnership; Barnwood Community Partnership; Groundwork Community Spaces	2009-10	GHCP reporting process.	Already well established in a number of Gloucester Parks.	Resident awareness.	NI 8 NI 120	GHCWP; Gloucestershire Obesity Strategy
	Expand and promote 'Fresh Start' Exercise Referral Programme.	Caroline Henley, Gloucester City Council	Gloucester City Council; NHS Gloucestershire; Aspire Sports and Cultural Trust; University of Gloucestershire; Living and Learning Centre	2009-10	GHCP reporting process.	Investigating future links with Vascular Risk Assessments for 40 – 74 years.	-	NI 8 NI 120	GHCWP; Gloucestershire Obesity Strategy; Vascular Risk Assessment working group
	Living and Learning Centre to deliver the following programmes: <ul style="list-style-type: none"> - Play Fit - Family Fun and Fitness - Get Fit 4 Success - Baby Bounce - Back 2 Basics 	Pat Bailey, Gloucester City Council; Zaheera Nanabawa, Living and Learning Centre	Living and Learning Centre; Gloucester City Council; SHAPE teams Extended Services	Ongoing	Steering group monthly meeting and annual report.	Continuing funding during 2009/10.	Migration of SLA to contract during 2009.	NI 8 NI 57	GHCWP; Gloucestershire Obesity Strategy
	Development of programmes to be delivered by GL Communities.	Elizabeth Steyert, NHS Gloucestershire	GL Communities; NHS Gloucestershire	2010	Quarterly reports to NHS Gloucestershire.	Funding agreed.	Contract to be finalised.	NI 8 NI 120 Possibly NI 53	GHCWP; Gloucestershire Obesity Strategy

	Continuation and development of StreetGames Gloucester	Morgana Lovell, Gloucester City Council	Gloucester City Council Sports Development (lead) In partnership with: Youth Support Service; GL Communities; Gloucestershire Constabulary; Extended Services Team; Resident and Neighbourhood groups; Onside; Gloucester SSP; NHS Gloucestershire; Aspire Sports and Cultural Trust	2009-10	GHCP reporting process.	Plans developing for a StreetGames South West Festival to be held in July at Oxstall's Tennis Centre.	-	NI 57	GHCWP; CYPSP; Gloucestershire Obesity Strategy
	Develop healthy eating initiatives.	-	Gloucestershire Food Vision; NHS Gloucestershire	2009	GHCP reporting process.	Gerry O'Brien attended the last GHCP meeting and briefed members on current and future activity in Gloucester.	This has been a gap in the GHCP action plan in previous years – plans to be developed over 2009 to address need by engaging key stakeholders.	NI 120	GHCWP; Gloucestershire Obesity Strategy
	Develop a healthy eating training program for community volunteers/ leaders and other working with the community like coaches, walk leaders etc to link in with the countywide obesity strategy	Chitra Ramaswamy, NHS Gloucestershire	Gloucestershire Food Vision; NHS Gloucestershire	2009-10	GHCP reporting process.	Work has begun to link key stakeholders.	Funding.	NI 120 NI 8	GHCWP; Gloucestershire Obesity Strategy

	Develop the 'Walk It-Bike It-Jog It' scheme.	Caroline Henley, Gloucester City Council	Gloucester City Council, Gloucestershire County Council, GHURC	2009	GHCP reporting process.	Health Walk routes have been mapped and evaluated and training of volunteer walk leaders has begun.	-	NI 120 NI 8	GHCWP; Gloucestershire Obesity Strategy
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4. REDUCE ALCOHOL HARM	County/Local Actions	Key People	Resources	Timescale	Monitoring Outcomes	Progress	Gaps	LAA priority/Target Areas	Links to Strategies/Task Group work
<p>WHAT DO WE NEED TO DO?</p> <ul style="list-style-type: none"> Refresh current Alcohol Strategy to address points raised in needs assessments. Develop the County Alcohol Strategy to cover 2009 – 12 to meet the points identified in the needs assessment and makes progress against the 10 year aspirations including. Working to change the drinking culture of the county. Making sure that the population of Gloucestershire has access to accurate information about alcohol use. The provision of support for front line staff working in a variety of settings. Targeted and linked treatment interventions to where the biggest need is identified e.g. focusing on areas of deprivation and social exclusion. The continued recognition by schools that they should aim to meet the minimum Healthy Schools criteria. Partnership wide ownership of the agenda to include workplaces, housing, young people etc. Pressure to bear on decision makers at a national level to have an impact on price, supply and consumption. 	Work with the <i>Crime and Disorder Reduction Partnership (CDRP)</i> to encourage reduction of alcohol consumption.	Pat Dabbs, Gloucester City Council	GHCP; CDRP	Ongoing	GHCP and CDRP reporting processes.	Two representatives sit on both the GHCP and CDRP for cross-fertilisation of ideas.	-	NI 39	GHCWP; Gloucestershire Alcohol Strategy 2009-12
	'Last Orders' play and workshop delivered in schools.	Pat Dabbs, Gloucester City Council	GHCP; CDRP	2009	GHCP and CDRP reporting processes.	Funding identified and programme ready to be delivered in 2009.	-	NI 39	GHCWP; Gloucestershire Alcohol Strategy 2009-12
	Implementation of 'Don't Buy 4U18s' Campaign.	Pat Dabbs, Gloucester City Council	GHCP; CDRP	2009	GHCP and CDRP reporting processes.	Campaign materials produced.	Planning for rollout.	NI 39	GHCWP; Gloucestershire Alcohol Strategy 2009-12
	Delivery of seasonal anti-binge drinking campaigns.	Pat Dabbs, Gloucester City Council	GHCP; CDRP	2009-10	GHCP and CDRP reporting processes.	-	Planning for Christmas and New Year campaign.	NI 39	GHCWP; Gloucestershire Alcohol Strategy 2009-12
	Provision of proof of age cards to young people	Pat Dabbs, Gloucester City Council	GHCP; CDRP	2009-10	GHCP and CDRP reporting processes.	-	-	NI 39	GHCWP; Gloucestershire Alcohol Strategy 2009-12

5. REDUCE SMOKING PREVALENCE	County/Local Actions	Key People	Resources	Timescale	Monitoring Outcomes	Progress	Gaps	LAA priority/Target Areas	Links to Strategies/Task Group work
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<p>WHAT DO WE NEED TO DO?</p> <ul style="list-style-type: none"> • Develop a comprehensive Gloucestershire Tobacco Control Strategy. • Continue to engage with all partners to ensure tobacco control is on everyone's agenda. • Prioritise delivering a reduction in smoking prevalence among routine and manual workers. • Prioritise activities protecting children from second hand smoke. • Prioritise reducing the uptake of tobacco use and smoking prevalence in children and young people. • Use data from the pupil on-line survey to inform approaches to preventing uptake of smoking by children and young people. • Focus on health promoting messages and activities in schools and colleges. • Develop on the role of voluntary and community sector outreach workers to engage with vulnerable groups and people from deprived areas. • Develop the role of Health Trainers (initially in inner city Gloucester) to deliver 'grass roots' support in conjunction with community and voluntary organisations. • Use social marketing techniques to target health promoting messages and to dis-seminate information about accessing support. • Continue to offer training to key people who come into contact with smokers, to ensure referrals to GSAS 	<p>Develop tobacco control initiatives in Gloucester working with Gloucestershire Smoking Advice Service (GSAS) and make stringer links with existing activity.</p>	<p>Kate Gegg, Elizabeth Steyert and Kirsty-Hulme Jones, NHS Gloucesters hire</p>	<p>GSAS , NHS Gloucestershire; GL Communities; Living and Learning Centre</p>	<p>2009</p>	<p>GHCP and LSP reporting process.</p>	<p>Kate and Kirtsy attended the last GHCP meeting and briefed members on current and future activity in Gloucester.</p>	<p>This has been a gap in the GHCP action plan in previous years – Elizabeth Steyert to meet with the GSAS Team to develop plans.</p>	<p>LI 14 LI 17</p>	<p>GHCWP</p>
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6. IMPROVED SEXUAL HEALTH	County/Local Actions	Key People	Resources	Timescale	Monitoring Outcomes	Progress	Gaps	LAA priority/Target Areas	Links to Strategies/Task Group work
<p>WHAT DO WE NEED TO DO?</p> <ul style="list-style-type: none"> • PCT Sexual Health Services leading by example through innovative practice, service models and training. • Improve communicated information to the public for making healthier choices in relation to sexual health. • Develop common data collection systems on sexual health issues from all providers in real-time. • Develop patient feedback and involvement mechanisms which inform service development and improve patient satisfaction. • Involve other organisations and providers in prevention and awareness programmes. • Continue to be able to offer 100% GUM appointments within 48hours and to maximise the number of people seen within 48 hours. • Achieve the annual target for screening 15-24 yr olds for Chlamydia. 	<p>Improve sexual health awareness in GL1 area via the working subgroup, SHIG (Sexual Health Implementation Group), acting to implement recommendations from GL1 sexual health research.</p>	<p>Paul Hopkins, NHS Gloucesters hire</p>	<p>NHS Gloucesters hire, Living and Learning Centre</p>	<p>Ongoing</p>	<p>GHCP reporting process</p>	<p>-</p>	<p>-</p>	<p>Chlamydia Screening Target 09/10 – 25% of 15-24yrs (17,745) countywide.</p>	<p>GHCWP; Gloucestershire Sexual Health Strategy</p>

7. BETTER ACCESS TO SERVICES FOR ALL	County/Local Actions	Key People	Resources	Timescale	Monitoring Outcomes	Progress	Gaps	LAA priority/Target Areas	Links to Strategies/Task Group work
<p>WHAT DO WE NEED TO DO?</p> <ul style="list-style-type: none"> Form a Strategic Intelligence Board to develop a coordinated approach with partners to develop local research in order to understand the access needs of the population, and resource mapping. This will include a Health rep, LINKS, MAIDeN, District Councils, Transport and the Vol Sector. Access to health services should include the needs of staff and visitors as well as patients. Accessibility planning needs to involve other local partners tackling the related problems of access to work, shops, learning and other facilities. Develop migrant workers 'local welcome packs' in each district. Extend the Care Closer to Home approach with the independent and voluntary sector, piloting new ways of delivering services locally. Ensure websites talk to each other. <p>Take every opportunity to establish info points – Post Offices, Libraries, Internet points, Council Offices etc. Including PALS and GOPA Forums.</p> <ul style="list-style-type: none"> Ensure citizen involvement in planning and monitoring. 	<p>Develop the 'Health Trainers' Initiative.</p>	<p>Ian Preston, Health Trainer Co-ordinator, NHS Gloucesters hire</p>	<p>NHS Gloucesters hire</p>	<p>Ongoing</p>	<p>-</p>	<p>Four Health Trainers have now been employed in Gloucester.</p>	<p>Training to take place June - October 2009 before work with the community can commence.</p>	<p>NI 8 NI 120 LI 14 LI 17</p>	<p>GHCWP; Gloucestershire Obesity Strategy</p>
	<p>Establish 'Pacesetters' self-help project for the Bangladeshi community with type 2 diabetes.</p>	<p>Elizabeth Steyert, NHS Gloucesters hire</p>	<p>NHS Gloucesters hire; Rikenel Surgery; Bartongate Surgery</p>	<p>2009-10</p>	<p>Monthly reporting to Strategic Health Authority and local Pacesetters Project Team.</p>	<p>Project plans developed and long term project support officer identified.</p>	<p>Identification of Specialist Diabetes Nurse for Programme delivery.</p>	<p>NI 120</p>	<p>Pacesetters Project Team; Equality and Diversity work stream</p>
	<p>Roll-out of 'Citizens Advice Bureau' programme to further GP surgeries.</p>	<p>Hazel Millar, NHS Gloucesters hire</p>	<p>Citizens Advice Bureau; NHS Gloucesters hire; participating GP practices</p>	<p>2009-10</p>	<p>-</p>	<p>Programme already well established and proving a success in three Gloucester practices.</p>	<p>-</p>	<p>-</p>	<p>GHCWP</p>
	<p>Homeless Needs Assessment (countywide project, however, Gloucester has significant homelessness services that will be reviewed).</p>	<p>Elizabeth Steyert, NHS Gloucesters hire</p>	<p>NHS Gloucesters hire</p>	<p>2009</p>	<p>-</p>	<p>Outside consultancy for conducting qualitative interviews with homeless people and stakeholders identified through tender process. Identification of epidemiological data sources underway.</p>	<p>Contract with consultancy to be finalised.</p>	<p>NI 120</p>	<p>-</p>

	Delivery of healthy living sessions at the Vaughn Centre by the Homeless Health Team.	Debbie Woodfine, Vaughn Centre	Vaughn Centre; GHCP; NHS Gloucesters hire	2009	GHCP reporting process.	Programme funding provided through GHCP small grants applications	-	NI 120	-
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8. HEALTHIER WORKPLACE	County/Local Actions	Key People	Resources	Timescale	Monitoring Outcomes	Progress	Gaps	LAA priority/Target Areas	Links to Strategies/Task Group work
WHAT DO WE NEED TO DO? Develop a Gloucestershire workplace health strategy addressing issues of recruitment, prevention and management of work-related illness, and health promotion. The strategy needs to be developed in partnership between and reflect the needs of the public sector, private sector and voluntary and community organisations. Specific issues to be addressed include: <ul style="list-style-type: none"> The NHS and other public sector bodies leading by example, Mechanisms locally for identifying and sharing good practice, Working with employees to identify their needs and solutions, Provision of support to public and private organisations, Supporting individuals with complex needs to return to work, Training for General Practitioners in occupational health. 	Badging of businesses as 'health promoting business' to link in with countywide obesity strategy	Chitra Ramaswamy, NHS Gloucesters hire	GHCP	2009 -10	GHCP reporting process.	Work has begun to link key stakeholders.	Identification of funding.	NI 120 NI 39 LI 17 NI 8	GHCWP; Gloucestershire Alcohol Strategy 2009 -12; Gloucestershire Obesity Strategy
	Develop Healthy Workplace Policy for Gloucester City Council and subsequently develop best practice toolkit.	Caroline Henley, Gloucester City Council	Gloucester City Council	2009 - 10	GHCP reporting process.	Toolkits from other organisations identified as a basis for development.	-	NI 120 NI 39 LI 17 NI 8	GHCWP; Gloucestershire Alcohol Strategy 2009 -12; Gloucestershire Obesity Strategy

9. IMPROVED EMOTIONAL HEALTH AND WELLBEING	County/Local Actions	Key People	Resources	Timescale	Monitoring Outcomes	Progress	Gaps	LAA priority/Target Areas	Links to Strategies/Task Group work
WHAT DO WE NEED TO DO? <ul style="list-style-type: none"> Complete work on mental health promotion and social inclusion strategies. Action planning and/or investment to achieve identified improvements. 	Develop Green Gym initiatives.	Caroline Henley, Gloucester City Council	Gloucester City Council; Three Bridges Community Partnership; Moreland Community Partnership; Matson and Robinswood Community Partnership; Barnwood Community Partnership; Groundwork	2009	GHCP reporting process.	Development of local Green Gym co-ordination groups.	-	NI 120 NI 8	GHCWP; Gloucestershire Obesity Strategy

			Community Spaces						
	Establish network of older people's groups that contribute to feelings of security and physical and mental well being.	Chitra Ramaswamy, NHS Gloucestershire; Zaheera Nanabawa, Living and Learning Centre	Gloucester City Council; Luncheon Clubs; NHS Gloucestershire; County Council; GAVCA; Living and Learning Centre	2009-11	GHCP reporting process.	Event held at GL1 May 09 to begin process.	Keeping momentum after initial event.	NI 120 NI 139 LI 18	GHCWP; Gloucestershire Obesity Strategy

10. PUTTING PEOPLE FIRST – TRANSFORMING SOCIAL CARE	County/Local Actions	Key People	Resources	Timescale	Monitoring Outcomes	Progress	Gaps	LAA priority/Target Areas	Links to Strategies/Task Group work
<p>WHAT DO WE NEED TO DO? Putting People First Transformation Programme between 2008-2011 and beyond, to include:</p> <ul style="list-style-type: none"> • Reviewing the approach to information giving, advice, advocacy, support and assessment and piloting new services where there are identified gaps. • Introducing a system of personal budgets, together with improving and aligning Com-missioning approaches to reflect the changes. • Through effective commissioning, promoting high quality, affordable provision that will support people's ability to remain living at home where that is their choice. • Ensuring that staff, providers, partners, service users and carers are well informed about, trained and supported through, the significant changes in culture and practice required to transform social care. • Refreshing the Care at Home and other relevant strategies, including those for different service user groups, to ensure they are properly aligned to Putting People First. • Progressing the modernisation programme for day services to ensure a greater range of community based activities (and opportunities for work where appropriate) are available and that any barriers to accessing them are addressed e.g transport. • Planning to meet the needs arising from demographic changes, particularly in relation to older people with dementia, disabled children in transition to adulthood and carers. 	Explore the possibility of developing a standardised, multi-agency / lay person referral form to support provision of information via GUIDE and PALS to vulnerable people who are living in the community.	Toni Drinian, Gloucester City Council	Gloucester City Council; GHCP; GUIDE / PALS, NHS Gloucestershire.	2009-10	GHCP reporting process.	Initial plans discussed between key stakeholders.	Funding.	NI 120 NI 136 NI 139 NI 141 LI 18	GHCWP

HEALTH INEQUALITIES	County/Local Actions	Key People	Resources	Timescale	Monitoring Outcomes	Progress	Gaps	LAA priority/Target Areas	Links to Strategies/Task Group work
	Continue the 'Health Action Group.'	Chitra Ramaswamy, NHS Gloucestershire hire	NHS Gloucestershire; Gloucester City Council; Living and Learning Centre; community partners	Ongoing	GHCP reporting process.	-	Membership and meetings need to be revitalised after a period of inactivity, however, members are keen for the group to re-establish itself.		
	Pilot <i>Vascular Risk Assessments Screening Programme</i> for those aged between 40 and 74 who have not already been diagnosed with heart disease, stroke, diabetes or kidney disease	Elizabeth Steyert, NHS Gloucestershire hire	NHS Gloucestershire; participating GP practices	-	-	Working group working to develop template.	-	NI 120	GHCWP; Gloucestershire Alcohol Strategy 2009 -12; Gloucestershire Obesity Strategy; Vascular Risk Assessment working group