



County Durham Primary Care Trust
Darlington Primary Care Trust

Tackling Health Inequalities in County Durham and Darlington

Directorate of Public Health

Delivery Plan 2007/09

Public Health Directorate
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This is the first Delivery Plan published by the Directorate of Public Health for County Durham PCT and for Darlington PCT.

Aims and objectives are set out for 30 key areas of Public Health practice. These key areas have been chosen to reflect the priorities set out in the 2006/07 Annual Report of the Director of Public Health.

Inequalities in health in County Durham and Darlington are persistent and pervasive and this Delivery Plan describes work to tackle and bring about measurable reductions in these inequalities.

The Public Health Directorate is committed to working in **partnership** to address:

- **Inequalities in opportunity** – poverty, family, education, employment and environment (the wider determinants of health)
- **Inequalities in lifestyle choices** – smoking, physical activity, food, drugs, alcohol and sexual activity and
- **Inequalities in access to services** for those who are already ill or who have accrued risk factors for disease (health inequity).

This extensive **partnership** working includes involvement with:

- Local Strategic Partnerships and Sustainable Community Strategies
- Local Area Agreements
- Children and Young People's Plans
- Crime and Disorder Reduction Partnerships

- Neighbourhood Renewal Strategies
- Drug and Alcohol Action Teams
- Teenage Pregnancy Partnerships
- County Durham and Darlington Healthy Schools Programme
- Neighbourhood Management Pathfinder Projects
- Big Lottery Fund

This Delivery Plan aims to complement rather than duplicate the work of these partnerships, all of which have comprehensive strategies and plans in place.

The Delivery Plan is also part of a wider performance management framework including the Directorate's contribution to the monthly scorecard reported to each PCT Board and a bimonthly series of Board reports on key topics.

Whilst recognising that Public Health action will often impact on many facets of personal and community health we have resisted the temptation to cross reference work in the belief that a more succinct document will find greater use.


Progress against the objectives set out in the Delivery Plan will be assessed by accountable officers on a quarterly basis, with remedial action implemented where necessary.

It is also our intention to further develop this Delivery Plan in the summer of 2008, to set out a three year action plan to 2011 to correspond to the two Local Area Agreements and the PCT's Local Delivery Plan.

Dr Tricia Cresswell
Executive Director of Public Health

Anna Lynch
Locality Director of Public Health (County Durham)


Miriam Davidson
Locality Director of Public Health (Darlington)


1 HEALTH INEQUALITY STRATEGY				
Aims				
<ul style="list-style-type: none"> To narrow the gap in life expectancy between County Durham and Darlington and England To narrow the gaps in life expectancy within County Durham and Darlington 				
Objective	Milestones	Accountable Officer		Exception report / risks
1.1 Deliver adult life expectancy inequalities target by initial focus on CVD pathway and targeted interventions for those at greatest need in relation to: <ul style="list-style-type: none"> primary prevention proactive risk factor and case finding fair access to effective treatment for established disease. 	<p>Establish validated CVD risk registers in all GP Practices 31 March 2008</p> <p>Establish practice level reports on primary and secondary prevention 30 September 2008</p> <p>Consolidate equitable access to secondary and tertiary care treatment March 2009</p>	<p>Tricia Cresswell Executive Director of Public Health</p> <p>Gillian O'Neill Choosing Health Manager</p> <p>Louise Unsworth Senior Epidemiologist</p>		
1.2 Ensure health inequalities are central to the Local Delivery Plan 2008/11.	31 March 2008	Tricia Cresswell		
1.3 Respond to recommendations of Health Inequalities National Support Team.	Board Paper 31 March 2008	Tricia Cresswell Anna Lynch Locality Director of Public Health		
1.4 Ensure health equity in relation to access to cancer treatment services.	Health equity audit to commence by 30 September 2008	Louise Unsworth		

2 TOBACCO CONTROL / SMOKING CESSATION

Aims


- To reduce adult smoking rates (from 26% in 2002) to 21% or less by 2010, with a reduction in prevalence among routine manual groups (31% in 2002) to 26% or less
- To achieve the County Durham LAA stretch target of a 3% increase above the LDP targets for quitters at 4-week by 2009
- To achieve the Darlington LAA stretch target of a 4% increase success rate of 4-week quitters from deprived wards and a 4% decrease in women smoking during pregnancy by 2009
- To deliver locality LDP targets on smoking cessation for 4-week quitters and smoking in pregnancy
- To deliver effective tobacco control activity


Objective	Milestones	Accountable Officer		Exception report / risks
2.1 Standardisation of commissioning and the service level agreements for stop smoking service contracts with GPs, pharmacists, dentists and other contractors. Standardisation of access to NRT and other smoking cessation treatments.	31 March 2008	Dianne Woodall Health Improvement Strategy Lead (Tobacco)		
2.2 Develop an action plan to implement Stop Smoking Service HEA recommendation to ensure services are targeted towards vulnerable groups particularly specialist adviser support.	31 March 2008	Shaun Beattie Carole Dudley Darcy Brown Health Improvement Leads (Tobacco Control / Smoking Cessation)		
2.3 Increase referrals and number of quitters from settings: prisons, work places, acute trust / mental health, pregnant smokers. Prisons: achieve 90 quitters per year from a baseline of 72. Workplaces: achieve 100 additional quitters per year, from a baseline of 125. Secondary care: achieve 100 referrals. Mental health: achieve 50 referrals. Pregnancy: achieve 20 additional quitters over and above the baseline of 122.	Quarterly review 31 March 2008 30 June 2008 30 Sept 2008 31 December 2008 31 March 2009	Shaun Beattie Carole Dudley Darcy Brown		
2.4 Develop and deliver a countywide smoking cessation training programme to increase capacity. 60 participants to complete brief intervention training and 50 participants to complete intermediate level training.	31 March 2008	Dianne Woodall Vacant Public Health Training Team Co-ordinator		
2.5 Carry out alliance review using the Fresh Alliance Tool Kit and development of action plans.	Reviews by 31 March 2008 Action plans by 30 June 2008	Dianne Woodall Shaun Beattie Carole Dudley Darcy Brown		

3 INFANT MORTALITY RISK				
Aims				
<ul style="list-style-type: none"> • By 2010 reduce by at least 10% the gap in infant mortality between the routine and manual socio economic group and the population as a whole. • To reduce the percentage of women who smoke during pregnancy from 23% to 15% by the year 2010 (national target). • To achieve the Darlington LAA stretch target and LDP to decrease the percentage of women known to be smoking during pregnancy • To achieve County Durham LAA indicator and locality LDP targets for reducing the percentage of women smoking during pregnancy • Increase number of women using substance misuse treatment services from current 25% level (2006/7) 				
Objective	Milestones	Accountable Officer		Exception report / risks
3.1 Update current obesity strategies and develop local implementation plan to reflect NICE Guidance with pathways of care to support those obese or at risk of obesity.	31 March 2008	Sue Hoare-Leather Health Improvement Strategy Lead (Obesity and Physical Activity) Claire Mathews Gillian O'Neill Liz Moran Choosing Health Managers		
3.2 Support specific action to respond to the findings of the NEPHO study <i>Maternal Obesity and Pregnancy Outcome</i> across the whole pregnancy care pathway.	31 March 2009	Sue Hoare-Leather		
3.3 Development of a County Durham and Darlington smoking and pregnancy steering group (of key strategic leads) to ensure the implementation of DH High Impact Actions to reduce smoking pre-conception, during pregnancy and postpartum.	Action plan developed 31 March 2008	Dianne Woodall Health Improvement Strategy Lead (Tobacco)		
3.4 Identifying the needs and developing a strategic approach for increasing the number of women using drug and alcohol services in County Durham and Darlington.	Action plan to include maternity and early childhood issues 31 March 2008	Darren Archer County Durham DAAT Paul Walsh Darlington DAAT		

4 TACKLING WORKLESSNESS				
Aims				
<ul style="list-style-type: none"> To work with Local Strategic Partnerships and other partner organisations to reduce worklessness 				
Objective	Milestones	Accountable Officer		Exception report / risks
4.1 Evaluate Aim High Routeback programme and identify lessons learnt to develop a countywide primary care vocational rehabilitation programme. The programme should target wards with the highest levels of incapacity benefit claimants and focus on clients where mental health is the primary cause of incapacity and/or a secondary barrier to gaining employment.	31 March 2008	Graeme Greig Partnership and Performance Manager Cynthia Bartley Aim High Routeback Manager		
4.2 Increase uptake of the Mindful Employer charter and Mental Health and Wellbeing in the Workplace resource by (i) County Durham PCT and Darlington PCT and by (ii) Working for Health participating organisations.	(i) 31 March 2008 (ii) 50% of participating organisations 30 June 2008 80% of participating organisations 31 March 2009	Catherine Bleasdale Health Improvement Strategy Lead (Mental Health) Vicky Waterston Health Improvement Strategy Lead (Adult Settings)		
4.3 Implement the Regional Statement of Priorities for Mental Health and Employment with (i) the development of an action plan and (ii) all LSP's to formally endorse the action plan and (iii) include relevant actions in local strategy or by next LSP review.	(i) 31 March 2008 (ii) 30 June 2008 (iii) 31 March 2009	Catherine Bleasdale Vicky Waterson Partnership and Performance Managers		
4.4 Respond to the priorities of the Local Area Agreement, one of which is worklessness, ensuring that the PCT identifies its contribution.	30 June 2008	Anna Lynch Locality DPH Claire Sullivan Public Health Consultant Graeme Greig		
4.5 Develop structural partnerships with voluntary service agencies (CVS) in order to (a) benchmark and develop local targets to indicate where volunteering has facilitated employment and (b) create opportunities for volunteering across the health economy.	31 March 2008 30 June 2008 31 March 2009	Graeme Greig Phil Gover Iain Miller Partnership and Performance Managers		
4.4 Health Trainers (i) implement national monitoring system (ii) engage three third party providers (iii) develop training capacity (iv) develop quality assurance systems for health trainers and service providers (v) pilot the use of accredited awards within the wider public health workforce (vi) implement <i>Skilled for Health</i> work with 4 partners (vii) ensure equitable capacity within PDAs.	(i) 31 March 2008 (ii) 31 March 2009 (iii) 30 June 2008 (iv) 30 September 2008 (v) 30 September 2008 (vi) 30 September 2008 (vii) 31 March 2009	Chris Scorer Public Health Capacity Building and Health Trainers Lead		

5 PRISION HEALTH / OFFENDER PATHWAY				
Aim				
<ul style="list-style-type: none"> Deliver an integrated public health strategy inclusive of offender health 				
Objective	Milestones	Accountable Officer		Exception report / risks
5.1 Undertake a health needs assessment across all four local prisons.	31 March 2008	David Landes Deputy Director of Public Health		
5.2 Review with the Prison Governor the nutritional intake of the prisoners at Deerbolt Young Offenders Institute	31 March 2008	David Landes Julie Dhuny		
5.3 Develop a bid for a postgraduate qualification for NHS staff working with people in the offender management system	31 December 2007	David Landes Tony Walsh Public Health Lead Nurse		
5.4 Establish the health trainer role in one or more prisons in County Durham	30 September 2008	David Landes Vicky Waterston Health Improvement Strategy Lead		
5.5 Offer every new prisoner a course of Hepatitis B immunisation	31 March 2008	David Landes Julie Dhuny		
5.6 Offer all prisoners in high risk groups screening for blood borne viruses	31 March 2008	David Landes Julie Dhuny		
5.7 Offer all prisoners in high risk groups screening for sexually transmitted infection	31 March 2008	David Landes Julie Dhuny Dee Jones		
5.8 Offer all prisoners smoking cessation support	31 December 2008	David Landes Diane Woodall Health Improvement Strategy Lead		
5.9 Develop workplace mental health programme within Frankland Prison – secure Sainsbury Centre support and achieve bronze award. Mental health training provided to three cohorts.	31 March 2008 31 March 2008	David Landes Vicky Waterston Catherine Bleasdale Health Improvement Strategy Lead (Mental Health)		
5.10 Ensure role out of Integrated Drug Treatment System in participating prisons.	31 March 2008	Darren Archer DAAT Unit Manager		

6 DOMESTIC ABUSE				
Aims				
<ul style="list-style-type: none"> To reduce domestic abuse through joint work with Crime and Disorder Reduction Partnerships 				
Objective	Milestones	Accountable Officer		Exception report / risks
6.1 Maintain active membership and involvement with the local Crime and Disorder Reduction Partnerships and the County Community Safety Board, fulfilling the PCT's role as a responsible authority under the Crime and Disorder Act.	Ongoing	Anna Lynch Miriam Davidson Locality DsPH Claire Sullivan Nick Springham Public Health Consultants Phil Gover Partnership and Performance Manager		
6.2 Provide active support to the work of local Domestic Violence Forums	31 March 2008	Partnership and Performance Managers Choosing Health Managers		
6.3 Ensure that domestic abuse is identified as a priority indicator in Local Area Agreement Delivery Plans	31 March 2008	Anna Lynch Miriam Davidson		
6.4 Develop a Domestic Abuse Policy for the PCT in collaboration with Human Resources	30 June 2008	Anna Lynch Locality Director of Public Health Tony Walsh Public Health Lead Nurse		
6.5 Implementation of the DH Domestic Violence Handbook for Health Professionals with two providers of healthcare services.	30 June 2008	Tony Walsh Public Health Lead Nurse		

7 CAPACITY BUILDING / KNOWLEDGE MANAGEMENT / HEALTH INTELLIGENCE				
Aims				
<ul style="list-style-type: none"> Improved skills within the public health directorate and wider NHS and public health workforce and more efficient ways of working with access to knowledge and intelligence for all who need it (National Library for Health: North East Alliance Library Strategy 2007 – 2012 / National Service Framework for NHS Knowledge Services) 				
Objective	Milestones	Accountable Officer		Exception report / risks
7.1 Develop an integrated training function - focusing initially on priority areas: tobacco control and stop smoking services / obesity and physical activity / substance misuse / sexual health / mental health promotion.	Mapping and training needs 31 March 2008 Team operational 31 March 2008	Tony Walsh Public Health Nurse Lead		
7.2 Strengthen professional leadership in public health amongst the nursing community and build capacity in the wider public health workforce with the development of a capacity building plan.	Workforce plan 31 March 2008 Capacity building plan and health trainers programmes further developed 31 March 2008	Tony Walsh Public Health Nurse Lead Chris Scorer Public Health Capacity Building		
7.3 Develop a more integrated knowledge service, ensuring that high quality resources, the best evidence, current awareness and knowledge are easily accessible across County Durham and Tees Valley through the most efficient use of technology.	Review current knowledge services and present recommendations 31 March 2008	Gordon Watson Knowledge Manager Linda Snowdon Library Services Manager		
7.4 Work with: North East Public Health Observatory on developing the National Library for Public Health / National Public Health Language / with the NLH on the Technical Design Authority Group - implementation of relevant technical standards in Health Promotion Access Catalogue.	NLPH soft launch 31 December 2007 TDAG in HPAC development plan 30 September 2008	Gordon Watson Knowledge Manager		
7.5 Contribute to a range of information reports including Joint Strategic Needs Assessments for County Durham and Darlington / LAA development and updates / CHD inequalities report / CDPR reports / childhood obesity reporting.	JSNA reports 31 March 2008.	Louise Unsworth Senior Epidemiologist		
7.6 Establish information needs of Practice Based Commissioning groups and set up a Primary Care Mortality Database to support needs assessment	31 March 2008	Louise Unsworth		
7.7 Ensure one cycle of Health Equity Audit completed	31 March 2008	Louise Unsworth		


8 DENTAL HEALTH

Aims

- Narrow the gap by 10% between the caries experience amongst five year olds in the 25% of wards with the worst dental health and the 25% of wards with the best dental health by 2015
- Ensure that all children aged 0-10 living in the 25% most deprived wards have access to an evidenced based oral health improvement programme delivered by a primary care dental practitioner by 2010
- Ensure that the parents of all children aged 0-10 living in the 25% most deprived wards will be personally invited for regular dental care for their child in a general dental practice by 2010
- Commission a range of evidence based preventive programmes for children delivered by general dental practitioners and to ensure that 75% of all children living in the 25% most deprived wards will receive a preventive dental episode with a primary care dental practitioner on at least a yearly basis by 2010
- To ensure that every member of the population of County Durham PCT and Darlington PCT will be able to access NHS dental services that are able to meet all the various needs of the diverse population
- To ensure that, wherever possible, specialist dental services will be delivered in the community. To establish a primary care minor oral surgery service in County Durham in the community by 2008, and commission a specialist outreach orthodontic service for the Southern and Eastern communities by 2009.

Objective	Milestones	Accountable Officer		Exception report / risks
8.1 Complete and publish an Oral Health Strategy for County Durham PCT and Darlington PCT.	31 March 2008	David Landes Deputy DPH		
8.2 Undertake an evaluation of the effectiveness of the fluoride milk scheme in County Durham.	31 March 2008	Sandra Whiston Specialist Registrar		
8.3 Support the commissioning of a new orthodontic service in the North of Durham.	31 December 2007	David Landes Christine Jardine Dental Public Health Adviser		
8.4 Support the Directorate of Commissioning and Market Development in the allocation of capital funds for the development of primary dental care.	31 December 2007	David Landes		
8.5 Establish a project to facilitate the uptake of dental care amongst the residents of Easington - with particular reference to children.	30 June 2008	David Landes		
8.6 Support the PCT to take forward Government policy to end restrictive and child only contracts. Invest the resources released where they can address high levels of dental need and inequalities in access to dental care for children.	31 December 2007	David Landes		
8.7 Complete a paper based feasibility study to identify the potential of the use of a primary care fluoride varnish program as a preventative measure.	31 March 2008	Sandra Whiston		

9 SEXUAL HEALTH				
Aims				
<ul style="list-style-type: none"> • 100% access to GUM within 48 hours by 2008 • 15% uptake of chlamydia screening by young people (<25s) by March 2008 • Reduction in gonorrhoea • Access to abortion services within 21 days 				
Objective	Milestones	Accountable Officer		Exception report / risks
9.1 Develop 3-year Sexual Health and HIV Strategy (including Teenage Pregnancy) for County Durham and Darlington through review of CASH services, chlamydia screening, access to GUM, development of level 2 services, termination of pregnancy pathways, HIV and tackling inequalities including LGBT issues.	31 March 2008	Lynn Wilson Health Improvement Strategy Lead (Sexual Health) Donna Thorne Teenage Pregnancy and Sexual Health Co-ordinator		
9.2 Achieve 100% access to GUM	31 March 2008	Lynn Wilson		
9.3 Ensure continued decrease in gonorrhoea diagnoses	31 March 2008	Lynn Wilson		
9.4 Ensure robust commissioning of HIV prevention, treatment and care, with pathways in place for PEP/SE.	31 March 2008	Lynn Wilson		
9.5 To develop accessible and appropriate workforce development plan (including a plan of accredited training) to provide universal, targeted and specialist educational opportunities.	31 March 2008	Lynn Wilson Donna Thorne Alison Morgan Sexual Health Trainer Jean Mather CASH Consultant		
9.6 Ensure patient and public involvement is inherent throughout sexual health service planning and delivery with a plan signed off by the PPI Forum.	31 March 2008	Lynn Wilson Donna Thorne Maureen Sullivan CASH Business Manager Alison Wardropper GUM Consultant		
9.7 Modernise the chlamydia screening programme's service model using the principles of lean thinking to meet the dynamic needs of extended sexual health services. Achieve high volume (6,000 tests per annum) screening within the CASH service.	Review and plan 31 December 2007 Implement new service model 31 March 2008 1,500 screens in Q4 31 March 2008	Lynn Wilson Debra Chalmers Chlamydia Screening Programme Manager Maureen Sullivan		
9.8 Tackle health inequalities in primary care by implementing a universal partner notification system.	Pathway and training in place 31 March 2008	Lynn Wilson Debra Chalmers		
9.9 Review delivery of EOHC scheme.	31 March 2008	Lynn Wilson		

10 TEENAGE PREGNANCY				
Aim				
<ul style="list-style-type: none"> To reduce conceptions to women aged 15-17 by 55% by 2010 				
Objective	Milestones	Accountable Officer		Exception report / risks
10.1 Reduce teenage conceptions in County Durham and Darlington as described by the relevant trajectories.	31 March 2008 31 March 2009	Lynn Wilson Health Improvement Strategy Lead (Sexual Health) Donna Thorne Teenage Pregnancy and Sexual Health Coordinator		
10.2 Develop young people's outreach CASH support services in each of the education clusters identified as <i>hotspots</i> .	2 by 31 March 2008 4 by 30 September 2008 6 by 31 March 2009 (2 per PDA)	Lynn Wilson Maureen Sullivan CASH Business Manager		
10.3 Implement NICE guidance to achieve 15% uptake of Long Acting Reversible Contraception in vulnerable groups.	Darlington and Dales PDA 31 March 2008 East and North PDAs 31 March 2009	Lynn Wilson Maureen Sullivan		
10.4 Appoint <i>You're Welcome Coordinator</i> and develop, monitor and evaluate (with young people) quality standards within targeted GP practices.	15 by 31 December 2008 18 by 31 March 2009	Lynn Wilson Dawn Phillips Health Improvement Lead (Sexual Health)		
10.5 To reconfigure, target, promote and performance manage County Durham and Darlington C-Card service and develop evidence based domiciliary care.	31 March 2009	Lynn Wilson		
10.6 Improve provision of and access for children and young people to quality sex and relationships education through delivery of training and dissemination of good practice	3 training programmes delivered by 31 March 2009	Wendy Bagnall Health Improvement Leads (Sexual Health / Teenage Pregnancy)		
10.7 Achieve better health outcomes for young parents and young parents to be via health equity audit.	31 March 2009	Donna Thorne Lynn Wilson		

11 CHILDHOOD OBESITY				
Aims				
<ul style="list-style-type: none"> Reverse the rising tide of obesity and overweight in the population, by enabling everyone to achieve and maintain a healthy weight with initial focus on children. By 2020 aim to reduce the proportion of overweight and obese children to 2000 levels in the context of a broader strategy to tackle obesity in the whole population. Collate local childhood obesity data to inform planning and performance management Increase breast feeding initiation and continuation rates Promote healthy lifestyles by improving the nutrition of children and young people in County Durham and Darlington 				
Objective	Milestones	Accountable Officer		Exception report / risks
11.1 Respond to the recommendations arising from the visit of the Obesity National Support Team. Launch and co-ordinate a strategic obesity group (with terms of reference including adult obesity).	31 March 2008	Sue Hoare-Leather Health Improvement Strategic Lead (Obesity)		
11.2 Update current obesity strategies (adults too) and locally develop an implementation plan to reflect NICE Guidance. Develop a pathway of care that incorporates prevention, treatment and rehabilitation. Launch pathways of care at a conference for all partners.	31 March 2008 Conference by 30 June 2008	Sue Hoare-Leather Claire Mathews Gillian O'Neill Liz Moran Choosing Health Managers		
11.3 Utilise childhood surveillance data to measure levels of childhood obesity and plan services.	30 September 2008	Sue Hoare-Leather Choosing Health Managers		
11.4 Work with healthy schools, school nurses and colleagues from other agencies to plan and deliver enhanced physical activity programmes, weight management and family support programmes. Establish baseline percentage of children who have school dinners.	3 by 31 March 2008 6 by 30 September 2008 30 June 2008	Sue Hoare-Leather Claire Mathews Gillian O'Neill Liz Moran Wendy Bagnall		
11.5 Support update and implementation of breast feeding strategy with Fresh Start Strategy Group. Standardise breast feeding advice and guidance by increasing UNICEF training sessions by 6 (2 per PDA). Support the phased approach to adopting <i>baby friendly standard</i> across PDA areas. Monitor breast feeding prevalence at 6 – 8weeks	31 March 2008 3 by 31 March 2008 6 by 30 September 2008 1 by 31 March 2008 3 by 31 December 2008 31 December 2008	Sue Hoare-Leather		
11.6 Update healthy eating guidelines to reflect current best and evidence based practice for 0-5 years. Roll out 6 training sessions to specialist frontline staff.	31 March 2008 2 by 30 September 2008 6 by 31 March 2009	Sue Hoare-Leather Gerardine O'Connor Health Improvement Lead (Obesity - Food and Health)		


11.7 Co-ordinate implementation of Big Lottery regional weaning programme (including recruitment of cascade trainers).	31 March 2008	Gillian O'Neill Choosing Health Manager		
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12 ADULT OBESITY				
Aims				
<ul style="list-style-type: none"> To contribute towards reducing health inequalities by 10% by 2010 focusing on life expectancy To contribute to LAA target in County Durham to reduce adults registered as obese on GP registers from 35.2% in 2004/05 to 28.5% by 2008/09 				
Objective	Milestones	Accountable Officer		Exception report / risks
12.1 Improve BMI monitoring through QOF data collection. Provide integrated specialist obesity management service via sessional clinics (2 per PDA).	2 by 30 September 2008 4 by 31 December 2008 6 by 31 March 2009	Sue Hoare-Leather PBC Groups		
12.2 Commission weight management programs and associated staff training	6 by 31 March 2008 9 by 30 September 2008	Sue Hoare-Leather Jackie Deacon Dean Trainer Dave Allen		
12.3 Launch central weight management service monitoring system	30 September 2008	Sue Hoare-Leather		
12.4 Development of an updated evidence based food and health action plan – including a review of nutritional guidelines for residential and care homes.	30 September 2008	Sue Hoare-Leather Liz Moran Gillian O'Neill Claire Matthews Gerardine O'Connor Health Improvement Lead (Obesity - Food and Health)		
12.5 Commission the update / rewrite of the County Durham and Darlington Physical Activity Strategy.	30 September 2008	Claire Mathews Choosing Health Manager		
12.6 Conduct a comprehensive review of Exercise Referral Schemes operating in County Durham and Darlington - identifying key recommendations.	31 March 2008	Claire Mathews Choosing Health Manager		
12.7 Support the roll out of Community Sport Networks (CSN) and their associated action plans. Support the submission of CSN Community Investment Funding (CIF) proposals in each of the districts across County Durham and Darlington.	Action plans by 31 March 2008 Second stage CIF bids by 31 March 2008	Claire Mathews Liz Moran Gillian O'Neill Choosing Health Managers		

13 ALCOHOL MISUSE AND SUBSTANCE MISUSE – DARLINGTON DAAT

Aims


- Implementation of the National Drugs Strategy – to enable people with drug problems to overcome and live healthy crime free lives
- Increase number of individuals accessing specialist drug treatment to 625 by March 2009 (LDP target 457 and stretch target 600 for 2006/07)
- Increase retention of adults in specialist drug treatment to 83% by March 2009
- Reduce the harm that drugs cause to communities and to reduce the supply of illegal drugs on our streets
- Reduce the proportion of young people frequently using drugs and alcohol
- Implement Darlington Alcohol Harm Reduction Strategy and Models of Care - Alcohol Misuse (reduce hospital admissions for alcohol related illness by 10% by 2010)
- To ensure a high quality, effective treatment journey is experienced by substance misusers through the Care Coordination Process (95% to have a care plan)

Objective	Milestones	Accountable Officer		Exception report / risks
13.1 Develop and implement annual Adult Drug Treatment Plans.	31 March 2008	Paul Walsh Acting DAAT Unit Manager		
13.2 Implement County Durham and Darlington Harm Reduction Strategy.	30 June 2008	Tricia Cresswell Executive DPH		
13.3 Promote and support the development of workplace drug and alcohol policies.	31 March 2008	Paul Walsh		
13.4 Promote, encourage and facilitate the sharing of information and intelligence for the purposes of reducing supply.	30 June 2008	Paul Walsh		
13.5 Review the delivery of drug and alcohol education in schools via Healthy Schools initiative.	30 June 2008	Paul Walsh		
13.6 Facilitate universal screening using Children's Assessment Framework.	30 September 2008	Paul Walsh		
13.7 Support the delivery of tier-2 interventions via development of targeted integrated youth support.	30 June 2008	Paul Walsh		
13.8 Develop and implement annual Young People Substance Misuse Treatment Plans.	31 March 2008	Paul Walsh		
13.9 Support the delivery of Hidden Harm agenda.	31 March 2008	Paul Walsh		
13.10 Update the Darlington Alcohol Harm Reduction Strategy 2005/08.	31 March 2009	Paul Walsh		
13.11 Facilitate screening and brief interventions for alcohol misuse	31 March 2009	Paul Walsh		
13.12 Develop and deliver community based structured alcohol treatment.	Service report by 31 March 2008	Paul Walsh		

14 ALCOHOL MISUSE AND SUBSTANCE MISUSE – COUNTY DURHAM DAAT				
Aims				
<ul style="list-style-type: none"> To ensure that 80% of all primary care staff are delivering Brief Intervention Screening Tool for alcohol misuse by 2010 To reduce hospital admissions for alcohol related illnesses by 10% by 2010 To commission an alcohol treatment service accessible to every community within County Durham by 2010 To increase the number of people in treatment for substance misuse issues to 1900 (1750 target figure in 2006/07) To retain 83% of people in substance misuse treatment (78% target in 2006/07) To ensure that 95% of people in substance misuse treatment have a care plan 				
Objective	Milestones	Accountable Officer		Exception report / risks
14.1 To commission services to address alcohol treatment based on local needs and addressing regional priorities (commissioned services will address the needs of adults and young people).	Full alcohol service delivery 30 June 2008	Darren Archer DAAT Unit Manager		
14.2 Implement the Brief Intervention Screening Tool ensuring appropriate resources to facilitate delivery in primary care.	Screening tool established in 6 general practices by 31 March 2008	Darren Archer		
14.3 Commission and performance manage services to meet performance targets agreed with NTA - 475 people in treatment each quarter (1900 by March 2007); 83% retained in treatment for 12 weeks; 95% of people in treatment have care plans.	30 June 2008	Darren Archer		
14.4 Develop a service review process that culminates in all services commissioned by the DAAT having an agreed SLA.	All SLAs in place by 31 March 2008	Darren Archer		
14.5 Develop an offender pathway for people identified as having substance misuse issues.	Agree local DIP targets by 31 December 2007 Pathway developed by 31 March 2008	Darren Archer		

15 MENTAL HEALTH IMPROVEMENT				
Aims				
<ul style="list-style-type: none"> • Improve mental health and well being of vulnerable groups • Improve the social inclusions of individuals who have experienced mental health problems • Tackle stigma and discrimination through improved educational and awareness in relation to mental health 				
Objective	Milestones	Accountable Officer		Exception report / risks
15.1 Develop new Mental Health Improvement Strategy for County Durham and Darlington and secure ownership from Local Strategic Partnerships.	Initial draft by 31 December 2007 Sign off by 31 March 2008 Review by 31 March 2009	Catherine Bleasdale Health Improvement Strategy Lead (Mental Health) Community and Setting Health Improvement Leads		
15.2 Significantly increase capacity of generic frontline staff to respond to mental health and well being through professional development training and mentoring programmes.	Identify key staff by 31 December 2007 3 training cohorts delivered 31 December 2008 5 by 31 March 2009	Catherine Bleasdale		
15.3 Roll out training in Mental Health First Aid and Mental Health and Employment training programme within key settings. Trainer in post by 31 March 2008.	50% of working for health participants 30 June 2008 50% of sport and leisure facilities (MHFA ONLY) 30 September 2008 Part of induction for all PCT line managers 31 March 2009	Catherine Bleasdale Vicky Waterston Health Improvement Strategic Lead (Adult Settings)		
15.4 Ensure relevant Service Level Agreements with provider services (health - particularly primary care, social care and specialist mental health) contain appropriate requirements linked to mental health and wellbeing. Services to be identified by 31 March 2008.	Indicators developed for inclusion in next round of reviews 31 March 2008 Review inclusion and impact 31 March 2009	Catherine Bleasdale Partnership and Performance Managers Choosing Health Managers		
15.5 Improve early stepped care opportunities for individuals with common mental health problems - ensuring coordinated social prescribing programmes are available in all priority wards.	31 March 2009	Catherine Bleasdale Partnership and Performance Managers Choosing Health Managers		

16 EMERGENCY PLANNING				
Aims:				
<ul style="list-style-type: none"> • Work with partner organisations to ensure preparedness and resilience for the population of County Durham and Darlington • Ensure the organisation undertakes planning at all levels to mitigate the effects of Pandemic Influenza or an Avian Flu incident • Ensure the organisation has an up to date Business Continuity Plan 				
Objective	Milestones	Accountable Officer		Exception report / risks
16.1 Increase collaborative working with partner organisations including the Health Protection Agency, Civil Contingencies Unit and the Local Resilience Forum (LRF), to fulfill the PCT's requirements under the Civil Contingencies Act 2004. Active representation at the LRF and associated working groups over the next 18 months with meetings attended by either the DPH or Head of Emergency Planning.	31 March 2008 31 March 2009	Judith Youll Head of Emergency Planning Tricia Cresswell Director of Public Health		
16.2 Develop, deliver and participate in multi agency training, exercises, debriefs and cascading of information as identified in the community risk register. Ensure PCT staff (especially Directors and managers on call) are aware of their role in a major incident / emergency event.	31 March 2009 30 June 2008	Judith Youll		
16.3 Review and rewrite the Pandemic Flu plan across the PCTs in line with national guidance; ensuring plans dovetail with those of partner agencies and include guidance on Avian Influenza. Test the plan with partner agencies following updated guidance from the Department of Health.	31 March 2008 31 March 2009	Judith Youll		
16.4 Review and rewrite the Business Continuity Plan (BCP) for the PCTs, ensuring the organisation can maintain its core business in the event of an emergency / major incident. Ensure all functions are risk assessed. Ensure Business Continuity Management (BCM) is embedded into the organisation and owned by Directorates. Work with colleagues such as GPs, dentists and pharmacists to ensure they have BCPs in place. Work with other Directorates to ensure that BCM is built into all provider contracts.	31 March 2008 31 March 2008 31 March 2008 31 December 2008 30 June 2008	Judith Youll		

17 INFECTION CONTROL				
Aim				
<ul style="list-style-type: none"> Assist and guide all healthcare staff working with County Durham PCT and with Darlington PCT in the prevention, control and treatment of infection in patients and staff 				
Objective	Milestones	Accountable Officer		Exception report / risks
17.1 To control and prevent infection throughout County Durham PCT and Darlington PCT and HMPs within County Durham – providing assurance of this to the Boards.	Annual Report 30 June 2008	Jean Armstrong Lead Infection Control Nurse		
17.2 Assist in securing delivery of the healthcare associated infection control agenda, specifically sustainable reduction of MRSA bacteraemia and Clostridium difficile isolates.	5% reduction in C diff achieved by 31 March 2008 15 or fewer cases of MRSA bacteraemia achieved by 31 March 2008	Jean Armstrong		
17.3 Assist in continuing to monitor the implementation of the health economy action plan through regular communications with County Durham and Darlington Foundation NHS Trust Infection Control Team.	Action plan implemented 31 December 2007	Jean Armstrong		
17.4 Produce and update as appropriate infection control policies and monitor their implementation through audit.	Policy review by 31 December 2008 Audit calendar achieved 31 March 2008	Jean Armstrong		
17.5 Provide mandatory education and training in infection control for all staff in order to reduce risk and ensure safe and effective infection control measures are understood.	Infection control part of mandatory training for all staff 30 June 2008	Jean Armstrong		
17.6 Participate in the prevention, surveillance / investigation of healthcare associated infections and infectious diseases within the three community hospitals, three hospices and prisons.	Continuous surveillance and investigation with outbreaks reported in Annual Report 30 June 2008	Jean Armstrong		


18 NATIONAL HEALTHY SCHOOL STATUS (NHSS)

Aims

- Support children and young people in developing healthy behaviours
- Raise the achievement of children and young people
- Reduce health inequalities
- Promote social inclusion

Targets


- 95% of primary schools to be validated to NHSS by December 2009 (County Durham LAA stretch target)
- 100% of all schools to be validated to NHSS by March 2009 (Darlington LAA stretch target)
- 75% of all schools to be validated to NHSS by December 2009 (National HSP target)
- 100% of all schools to be participating in HSP by December 2009 (National HSP target)


Objective	Milestones	Accountable Officer		Exception report / risks
<p>1.1 Increase the number of schools achieving validation to NHSS by:</p> <p>33 (27%) North PDA 32 (34%) East PDA 21 (36%) Darlington & Dales PDA – Dales 28 (72%) Darlington & Dales PDA – Darlington</p> <p>Note i - percentage increase from progress to target measured at 2 October 2007</p> <p>Note ii - delivery in Darlington is through LAA product hosted by partner Children Services, Darlington Borough Council</p>	<p>59% Durham 51% Darlington by 31 March 2008</p> <p>65% by 31 December 2008</p> <p>69% Durham 85% Darlington by 31 March 2009</p> <p>Note: % of all schools</p>	<p>Wendy Bagnall HSP Manager / Health Improvement Strategy Lead (Children and Young People)</p> <p>Health Improvement Leads Communities and Settings (Children and Young People)</p>		
<p>1.2 Increase by 40 the number of County Durham schools actively participating in the HSP (7 North PDA / 20 East PDA / 13 Darlington and Dales PDA – Dales)</p> <p>Increase by 11 the number of Darlington schools actively participating in the HSP (refer to note ii above)</p>	<p>85% by 31 March 2008</p> <p>90% by 31 December 2008</p> <p>95% Durham 100% Darlington by 31 March 2009</p> <p>Note: % of all schools</p>	<p>Wendy Bagnall Health Improvement Leads Communities and Settings (Children and Young People)</p>		

19 PARTNERSHIP DEVELOPMENT / NHS AS A CORPORATE CITIZEN – SUSTAINABLE DEVELOPMENT

Aims

- To ensure that the County Durham and Darlington public health is an active member of local partnerships / networks to enable it to influence decisions in relation to prioritising health targets e.g. developing effective partnership arrangements with Local Authorities, Local Strategic Partnerships, third sector organisations, voluntary and community groups
- To fulfill the PCTs' statutory obligations in relation to membership of partnership groups e.g. Crime Disorder Reduction Partnership, Local Strategic Partnership and Local Area Agreement
- To tackle inequalities in health by advocating that the PCT take action in relation to the sustainable development agenda.
- To advocate for the use of the PCTs' corporate powers and resources in ways that benefit rather than damage the social, economic and environmental conditions in which we live.

Objective	Milestones	Accountable Officer		Exception report / risks
19.1 The Public Health Team for County Durham and Darlington fully engaged in all 8 LSPs / both LAAs / CDRPs / NMPs and other relevant networks in the area.	31 March 2008 and ongoing thereafter	Claire Sullivan Nick Springham Public Health Consultants Ken Ross Head of Health Improvement		
19.2 To sign a Climate Change pledge as an LSP partner.	31 December 2007	Anna Lynch Locality Director of Public Health		
19.3 To take forward, in partnership with the Integrated Governance Team, the completion of an audit of sustainable development measures. Use of the baseline information to inform the development of an action plan.	30 September 2008	Tim Wright Public Health Projects Manager Integrated Governance Team		
19.4 To submit to the PCT Boards a discussion paper outlining the positive contribution that being a good corporate citizen will have in relation to improving health and tackling health inequalities in County Durham and Darlington.	Paper to Public Health SMT 31 March 2008 Joint paper to County Durham and Darlington PCT Boards 30 June 2008	Tim Wright Tim Wright Integrated Governance Team		
19.5 To assist in the development of an action plan based on the results of the self assessment model which incorporates transport, procurement, facilities management, employment skills, community engagement and new buildings.	31 December 2008	Tim Wright		

20 ADULT SETTINGS				
Aims				
<ul style="list-style-type: none"> To improve health and reduce health inequalities among vulnerable groups - utilising a settings approach. To target identified settings and encourage a whole systems organisational approach to health improvement. 				
Objective	Milestones	Accountable Officer		Exception report / risks
20.1 Review and clarify local delivery mechanisms for heartbeat award scheme and ensure this is integral to health improvement activity within settings.	31 March 2008	Vicky Waterson Health Improvement Strategy Lead (Adult Settings) Sue Hoare-Leather Health Improvement Strategy Lead (Obesity) Choosing Health Managers		
20.2 Develop a consistent approach to health at work programmes across County Durham and Darlington and ensure this is in line with national and regional strategic direction for workplace health.	31 March 2008	Vicky Waterson Choosing Health Managers Health Improvement Leads (Communities and Settings)		
20.3 Implement initiatives to promote staff health (including the workplace health award) within 2 prisons and / or criminal justice settings.	30 September 2008	Vicky Waterson Choosing Health Managers Health Improvement Leads (Communities and Settings)		
20.4 Ensure County Durham PCT and Darlington PCT implement workplace programmes to reduce obesity	31 March 2008	Vicky Waterson Sue Hoare-Leather Choosing Health Managers		

21 TRANSPORT AND ACCESS				
Aims				
<ul style="list-style-type: none"> To improve access to primary and secondary healthcare facilities To increase the uptake of opportunities for walking and cycling 				
Objective	Milestones	Accountable Officer		Exception report / risks
21.1 To integrate the accessibility checklist into the PCTs' estates business planning process.	31 December 2007	Tim Wright Public Health Projects Manager Ian Rooney Head of Estates.		
21.2 To identify five suitable primary care schemes per year where access improvements can be funded via the LTP2 Access to Health budget (County Durham only).	Number of schemes is dependent on feedback from contractors. Aim for 2 schemes by 31 March 2008 5 schemes by 31 March 2009	Tim Wright		
21.3 To produce a report on the findings from the Dales Integrated Transport work. To disseminate the findings to the Transport for Health group and the commissioning review of PTS.	31 March 2008	Tim Wright Phil Gover Partnership and Performance Manager		
21.4 To develop a travel plan for County Durham and Darlington PCTs.	30 June 2008	Tim Wright		
21.5 To build the capacity of community transport operators to provide a wider range of options for communities to access healthcare services.	31 December 2008	Tim Wright		
21.6 To increase the number of patients referred to walking for health schemes to 2,400 by 2008/09 (LTP2 <i>non reportable target</i> for County Durham).	31 March 2009	Jacqui Deakin Dave Allan Dean Trainer Health Improvement Leads		
21.7 Continue participation in and apply lessons from Darlington Local Motion programme. Continue to increase the coverage of the walking for health scheme in Darlington – to include all priority wards.	30 September 2008	Ken Ross Head of Health Improvement Tim Wright		




22 HOUSING				
Aim				
<ul style="list-style-type: none"> To ensure the PCT works with partner organisations on health related housing issues 				
Objective	Milestones	Accountable Officer		Exception report / risks
22.1 Ensure PCT participation in monthly County Durham Housing and Neighbourhood Group – highlighting PCT related issues with relevant lead officers to action.	31 March 2008 31 March 2009	Anna Lynch Locality Director of Public Health		
22.2 Ensure PCT participation in Darlington Housing and Minority Group – with particular focus on housing and migrant communities.	31 March 2008 31 March 2009	Ken Ross Head of Health Improvement		
22.3 Promote a multi agency campaign that: (i) improves energy consumption amongst the most vulnerable members of Co Durham (ii) develop a social marketing campaign to raise awareness and gather intelligence (iii) develop new and existing data sets (iv) establish a common referral process for support (v) establish a crisis fund to support emergency developments (vi) establish new opportunities for joint workforce training.	31 March 2008 31 March 2009	Anna Lynch Phil Gover Partnership and Performance Manager Tim Wright Public Health Projects Officer		
22.4 Collaborate within Local Strategic Partnerships in County Durham and Darlington, so as to reduce the incidence of homelessness.	31 March 2008 31 March 2009	Anna Lynch Miriam Davidson Locality Director of Public Health Phil Gover Tim Wright		
22.5 Collaborate with Local Strategic Partnerships and the DAATs across both Durham and Darlington, so as to reduce the incidence of homelessness amongst substance mis-users.	31 March 2008 31 March 2009	Anna Lynch Miriam Davidson Paul Walsh Darlington DAAT Darren Archer County Durham DAAT Phil Gover Tim Wright		
22.6 Ensure active involvement in the partnerships established to reduce fuel poverty / provide for warmer homes	30 June 2008	Tim Wright Public Health Projects Officer		


23 IMMUNISATION AND VACCINATION

Immunisation remains one of the most effective measures to protect the population from infectious diseases. The two PCTs and HPA will work together to encourage uptake in groups or areas with low uptake.




Targets for uptake are:


- 95% childhood immunisations
- 70% influenza for over 65s


Objective	Milestones	Accountable Officer	  	Exception report / risks
23.1 Develop sub groups of the Immunisation and Vaccination Committee to ensure the two PCTs meet immunisation commitments (a) influenza and pneumo steering group (b) vaccination and immunisation training sub group (c) childhood immunisations sub group.	31 March 2008	Tony Walsh Public Health Lead Nurse		
23.2 Clarify and agree roles within both PCTs in relation to immunisation and vaccination.	31 March 2008	Tony Walsh		
23.3 Develop a whole system approach to the roll out of childhood and adult immunisation programmes across County Durham PCT and Darlington PCT.	30 September 2008	Tony Walsh		
23.4 Develop immunisation strategy for County Durham PCT and Darlington PCT.	30 September 2008	Tony Walsh		
23.5 Develop an annual work programme for the roll out of immunisation and vaccination programmes.	31 March 2008	Tony Walsh		
23.6 Support the development of plans for the roll out of HPV vaccine due to commence September 2008.	30 September 2008	Tony Walsh		
23.7 Ensure that County Durham PCT and Darlington PCT meet their targets in relation to uptake of: (a) 95% childhood immunisations (b) 70% influenza for over 65s.	Ongoing	Tony Walsh		

24 ACCIDENT PREVENTION				
Aim:				
<ul style="list-style-type: none"> To reduce the incidence of accidents in the home and in the community. 				
Objective	Milestones	Accountable Officer		Exception report / risks
24.1 To collaborate with Crime and Disorder Reduction Partnership members so as to reduce the number of fires and accidents in the community.	Annual audit of activity 31 March 2008	Phil Gover Partnership and Performance Manager		
24.2 To collaborate with County Durham and Darlington Casualty Reduction Forum to reduce the number of motor, road, alcohol and highway based accidents.	Annual audit of activity 31 March 2008	Phil Gover		
24.3 Establish a county multi-agency Accident Prevention Partnership Group that focuses upon Accident Prevention in the home (to include the development of a county wide falls prevention plan).	31 March 2008	Phil Gover		
24.4 Establish a joint investment fund that promotes and develops accident prevention in the home.	31 October 2008	Phil Gover		
24.5 Access suicide prevention data to ensure that any trends in undetermined injury / accidents are highlighted and acted upon. Public Health Senior Management Team to receive regular reports on progress against the 9 key actions in <i>Suicide Audit in Primary Care</i> .	Complete suicide audit by 31 March 2008 Suicide action plans - to include points linked to accidents - to be drafted by 30 September 2008	Catherine Bleasdale Health Improvement Strategy Lead (Mental Health) to ascertain performance information from Denise Colmer Tees Esk and Wear Valleys NHS Trust		


25 NHS CANCER SCREENING / CANCER INFORMATION				
Aims:				
<ul style="list-style-type: none"> To increase access to and reduce inequalities in uptake of breast, cervical and bowel cancer screening programmes To develop and expand access to cancer information and support across County Durham and Darlington 				
Objective	Milestones	Accountable Officer		Exception report / risks
25.1 Deliver more equitable access to cancer information across the County by extending outreach programmes to wards within deprived areas, men, people with learning disabilities and with health literacy issues and to younger adults (under 35).	30 September 2008	Nick Springham Public Health Consultant Gillian O'Neill Choosing Health Manager		
25.2 Complete the investigation of untoward incidents in the cervical screening program and ensure that the lessons learned are disseminated to all practices.	31 March 2008	David Landes Deputy Director of Public Health Hilton Dixon Medical Director Tricia Cresswell Director of Public Health		
25.3 Develop a health promotion program to improve the uptake of cervical screening in County Durham and Darlington.	31 March 2008	David Landes		
25.4 Commission a colposcopy service for women prisoners in Low Newton Prison.	31 March 2008	David Landes		
25.5 Ensure that 65.0% of women (aged 53-64 years old) who are eligible are screened for breast cancer.	31 March 2008	Nick Springham Public Health Consultant		
25.6 Ensure that a breast cancer screening programme is accessible to women aged 65-70 years old.	31 March 2008	Nick Springham		
25.7 Contribute to the implementation (with appropriate communication / promotion) of the second wave bowel cancer screening programme across County Durham and Darlington.	31 March 2008	Lee Mack Strategic Performance Lead		
25.8 Monitor uptake of the bowel cancer screening programme to assess the programme's contribution to reducing health inequalities.	30 September 2008	Lee Mack		

26 PEOPLE WITH DISABILITIES				
Aims				
<ul style="list-style-type: none"> To reduce health inequalities of those with disabilities To improve access to health services for people with disabilities To decrease discrimination experienced by people with disabilities - especially those from ethnic minorities 				
Objective	Milestones	Accountable Officer	  	Exception report / risks
26.1 Commission a pilot framework (initially in Darlington) for the Management of Health for People with Learning Disabilities in Primary Care via a Locally Enhanced Service.	Draft framework produced 31 March 2008 Framework agreed 30 June 2008	Ken Ross Head of Health Improvement		
26.2 Support partners in piloting an infrastructure to support anyone with a learning disability to have a health action plan in primary care.	Draft template health action plans agreed 31 March 2008 Patient held Health Action Plans offered to all patients with learning disability 30 September 2008	Ken Ross		
26.3 Ensure that GP registers are up to date and accurate with respect to those with identified disabilities.	Audit of GP registers and Read code usage 31 March 2008 All registers accurate and representative of registered populations 30 June 2008	Ken Ross		
26.4 Ensure that every person with a disability is able to register with a GP and other primary care services.	Audit provider registers for <i>missing</i> individuals 31 March 2008 All individuals with registered disability on a GP list 31 December 2008	Ken Ross		

27 INWARD MIGRANTS / ASYLUM SEEKING FAMILIES / TRAVELLING FAMILIES				
Aims				
<ul style="list-style-type: none"> To reduce health inequalities of those who are not permanent residents To improve access to health services for those who are not permanent residents To decrease discrimination of those people who are not permanent residents especially those who are from ethnic minorities 				
Objective	Milestones	Accountable Officer		Exception report / risks
27.1 Establish a County Durham and Darlington Multi Agency Steering Group to scope, plan and implant appropriate collaborative action.	31 March 2008	Phil Gover Partnership and Performance Manager		
27.2 Undertake an audit of composition and distribution of migrant, asylum seeking and traveling communities within County Durham and Darlington.	Undertake an audit with partner agencies 31 March 2008	Ken Ross Head of Health Improvement		
27.3 Undertake health needs assessment (HNA) to identify key health issues for migrant, asylum seeking and traveling communities in partnership with Black and Minority Ethnic Community Development Workers (CDW).	Draft health needs assessment agreed 31 March 2008 HNA undertaken with one identified community 30 September 2008	Ken Ross Catherine Bleasdale Health Improvement Strategy Lead (Mental Health)		
27.4 Ensure information provided is appropriate in content and presentation.	First information package developed to target issues identified in HNA 31 December 2008	Ken Ross		
27.5 Ensure that every person from migrant, asylum seeking and traveling communities is able to register with a GP and other primary care services.	All individuals have access to appropriate primary care services 31 December 2008	Ken Ross		
27.6 Ensure effective joint working is taking place between public health and the BME Community Development Worker Team for Mental Health to achieve the above objectives.	Public health senior management team to receive CDW action plan 31 March 2008 Joint objectives and working relationships to be agreed 31 March 2008	Ken Ross Catherine Bleasdale		

28 SAFEGUARDING CHILDREN				
Aims <ul style="list-style-type: none"> To ensure the PCT complies with Core Standard 2 To ensure the PCT meets the requirements of Section 11 of the Children Act 2004 To ensure delivery of the safeguarding children function To ensure the PCT meets its responsibilities with regard to children in the looked after system 				
Objective	Milestones	Accountable Officer		Exception report / risks
28.1 To maintain a robust system for safeguarding children across the health economy in County Durham and Darlington.	Ongoing	Diane Richardson Designated Nurse for Safeguarding Children		
28.2 To complete the update of the NHS Safeguarding Children Procedures to ensure they comply with Working Together 2006 and the new Local Safeguarding Children's Board procedures.	Draft completed 31 December 2007 Consultation process completed 31 March 2008 Procedures launched 30 June 2008	Diane Richardson		
28.3 To provide a comprehensive programme of Safeguarding Children training for all health staff	Training strategy updated 31 December 2007 Training folders completed and launched 31 March 2008	Diane Richardson		
28.4 To ensure there is a system in place to meet the health needs of Looked After Children.	Ongoing	Diane Richardson		
28.5 To develop a post for providing health care to young people who are leaving the care system and to support them when they have left care.	Business case completed and submitted 31 December 2007	Diane Richardson		

29 CHILDREN AND YOUNG PEOPLE				
Aims <ul style="list-style-type: none"> To improve the health and well-being of all children and young people To reduce health inequalities To deliver in partnership the Every Child Matters agenda To support children and young people in developing healthy behaviours 				
Objective	Milestones	Accountable Officer		Exception report / risks
29.1 Ensure the needs of children and young people are reflected in the PCTs' corporate plans	LDP 2008/11 31 December 2007	Tricia Cresswell Exec Director of Public Health		
29.2 Ensure PCT corporate representation in emerging Children's Trust arrangements in County Durham and Darlington	Attendance at: Children's Trust Board Local Safeguarding Board	Tricia Cresswell Miriam Davidson Locality Director of Public Health		
29.3 Ensure progress on services for children and young people with disability (including learning disability) in County Durham and Darlington	Implementation of children's therapy review 31 March 2008 Development of home care team for children with severe disability 30 June 2008	Tricia Cresswell		
29.4 Develop links with PCT provider Children's Services and Sure Start Children's Centres (County Durham and Darlington) to develop healthy setting standards and award programme	31 March 2009	Wendy Bagnall HSP Manager / Health Improvement Strategy Lead (Children and Young People)		
29.5 To develop infrastructure in Further Education establishments to support development of Health Improvement Strategy (model of good practice Derwentside College Health Promotion Strategy 2007 – 2010)	3 colleges (1 per PDA) to be engaged 31 March 2008 Health Improvement Strategies to be developed 31 March 2009	Vicky Waterson Health Improvement Strategy Lead (Adult Settings) Wendy Bagnall Health Improvement Leads: Communities and Settings (Children and Young People)		
29.6 Further develop and roll-out the Healthy Youth Work Standard (HYWS) in partnership with Durham County Council Youth Service (baseline November 2007 – 12 Durham centres / projects accredited). To establish partnership with Darlington Borough Council Youth Service to develop the HYWS.	20 Durham centres / projects to be accredited by 31 March 2008 31 March 2009	Wendy Bagnall Vicky Waterson Health Improvement Leads: Communities and Settings (Children and Young People)		

30 OLDER PEOPLE				
Aim				
<ul style="list-style-type: none"> To improve the health and well being of Older People via Choice, Access and Participation 				
Objective	Milestones	Accountable Officer		Exception report / risks
30.1 Ensure participation by relevant stakeholders within the County Durham Health and Wellbeing Partnership.	Review of group membership 31 March 2008	Anna Lynch Locality Director of Public Health		
30.2 Work with partners to complete an Older People's Strategy for Darlington and agree an Action Plan for delivery.	Presentation of draft to HISIG 31 December 2007 Launch of strategy and review of progress 31 March 2008	Miriam Davidson Locality Director of Public Health		
30.3 Establish food and health activities and information that focuses upon health improvement amongst older people (web and community based, generation sensitive, accessible and providing practical advice and educational content).	Development of county and PDA Food and Health Task Groups 31 March 2008	Choosing Health Managers Gordon Watson Public Health Knowledge Manager		
30.4 Establish physical activity and health focused activities and information that focus upon health improvement amongst older people (web and community based, generation sensitive, accessible and providing practical advice and educational content).	Development of county and PDA Food and Health Task Groups 31 March 2008	Choosing Health Managers Gordon Watson		
30.5 Establish additional smoking cessation services that specifically target post 55's within the community, home and residential environment.	31 October 2008	Dianne Woodall Health Improvement Strategy Lead Choosing Health Managers		
30.6 Support the development of carers' organisations, and ensure that public health is associated with this distinct community group	Establish or refresh existing association with key local organisations 31 March 2008	Partnership and Performance Managers Choosing Health Managers Health Improvement Leads (Communities and Settings)		

Version 1 (18 December 2007)

Editor: Lee Mack Strategic Performance Lead