

NHS PERFORMANCE REPORT

Purpose

1. To provide information to the Health Scrutiny Committee for an update on progress against health related Local Area Agreement (LAA) targets and Vital Signs indicators. It focuses, in particular, on those areas that are deemed as underperforming.

Recommendations

2. That: the Committee note progress in managing performance towards achieving targets.

Reasons for Recommendations

3. To enable the Scrutiny Committee to carry out its function in relation to the associated Corporate Plan targets and Local Area Agreement (LAA) targets.

Background

4. The report card in appendix 1 provides an overview of progress against Vital Signs and LAA targets. The card shows our performance against Vital Signs targets, and indicates which of these are also LAA targets.
5. The PCT board and its Quality and Performance committee receive this report on a regular basis. The information in this document is based on the report that was sent to the last Quality and Performance committee. The report received by the Committee on the Annual Healthcheck in November indicated that these boards are one of the key mechanisms by which Performance is reviewed and underperformance challenged.
6. In addition the Health and Well-being policy and delivery group, part of the LSP, leads on the delivery of several key LAA targets. The key LAA targets that relate to the Health Scrutiny Committee are:
 - NI 39 - Alcohol harm related admission rates
 - NI 121 - Mortality rate from all circulatory diseases at ages under 75
 - NI 123 - Stopping smoking
7. Further developments will be happening over the coming months too ensure that the reports the PCT board, its sub-committees and Council Scrutiny Committee receive take account of the new World Class Commissioning Strategy and the agreed outcomes. In the future it will indicate how this will impact on the PCT's Annual Healthcheck, this will include more comprehensive benchmarking data.

Performance

LAA Indicators

8. NI 39 – alcohol harm related admission rates

<u>Tolerance</u>	<u>Performance</u>	<u>Target</u>	<u>Latest Performance</u>	<u>Direction of Travel</u>	
				November	December
	2008-09	2009-10			
Smaller is better	1,274	1,237	671.9 (to September) YTD	▼	▼

Commentary

Performance continues to be in excess of target, an action plan has been developed (Appendix 2). Our projected outturn is 1343.8 .

9. NI 121 - mortality rate from all circulatory diseases at ages under 75

<u>Tolerance</u>	<u>Performance</u>	<u>Target</u>	<u>Latest Performance</u>	<u>Direction of Travel</u>	
				November	December
	2008-09	2009-10			
Smaller is better	65.6 (2008)	57 (2009)	Data not available until the end of 2010	n/a	n/a

- An action plan has been developed and is being implemented. Outturn for 2009 is not available until late 2010. Performance in the previous years was 61.53 (2006), 58.14 (2007) and 65.59 (2008). In order to achieve the final LAA target, performance in 2010 needs to be 56.
- Projected performance for this indicator is that outturn will be around 50 by the end of the year.

10. NI 123 - stopping smoking (prevalence rate)

<u>Tolerance</u>	<u>Performance</u>	<u>Target</u>	<u>Latest Performance</u>	<u>Direction of Travel</u>	
				November	December
	2008-09	2009-10			
Bigger is better	823.7	815	231 (to September)	▼	▼

Commentary

Appendix 3 is the action plan that has been developed and is in the process of being implemented. Performance should improve in the final quarter and be closer to target, with further activity planned for 2010 which should lead to achievement of the final LAA target.

Vital Signs/local indicators - area of concern or improvement

11. Appendix 1 provides an overview of performance for each Vital Signs indicator (N.B. Vital signs is the National Health Services key 'indicator set', several of the indicators 'double' as National Indicators in the local authority framework). The following section, where there is seemingly underperformance, outlines the context and where appropriate the improvement plans in place. The information provided is the latest verified information to date.

The level of knowledge and understanding, at all levels, of the waiting time targets e.g. when waiting times are counted, stopped, etc.

12. HC2a - % seen within 48 hours in GUM clinic

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend	Director
% seen within 48 hours in GUM clinic	Nov-09	90%	75.83%	↑	RC

Commentary

Provider and commissioner are still in negotiation with the SHA about reducing the "seen" component of the 48hr. access target. The provider continues to achieve well with the offer component (98%) and is averaging 75% for seen. The main issues are;

- The amount of current resources to meet demand.
- Patient choice (Patients do not want to attend within 48 hours)
- A revised target of 80% has been agreed in principle subject to confirmation from the SHA lead. Extra funding is available from the SHA subject to the sexual health needs assessment which Public Health has recently completed.
- Internal auditors have just completed a piece of work, the results of which could assist the department in further improvement of the seen component.

Improvement Actions

- The SHA will consider the revised target once they have reviewed the Sexual Health Needs Assessment.
- The Sexual Health Needs Assessment has been completed by Public Health and signed off by Public Health.

13. VSA08 - Breast Symptom 2 week

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend	Director
Breast Symptom – 2 week wait	Dec-09	93% - Dec 2009	30.39%	↑	IW

Commentary

National issues remain on how this target is to be achieved. It is recognised that this will be difficult to achieve given the impact on capacity for the previous target of 2 week wait from

referral to first seen. Work is ongoing to improve on all cancer activity monitoring from all providers through the 3 Counties Cancer Network and the cancer reform strategy.

The main issues in the provision of this service locally are

- Hereford Hospitals NHS Trust has capacity issues which have arisen as a result of the change nationally to the 2 week wait target.
- Given the impact of the change in national expectation a service review is needed to ensure compliance with the new national requirements.
- The existing local access policy does not meet the requirements of the new targets.

Initial figures suggest that for the month of December, HHT achieved 90% against the target of 93%. A validation process of the data is currently underway and the results are expected before the end of January.

Improvement Actions

Hereford Hospitals NHS Trust has developed a short term action plan in order to achieve the national target of 93% by December 2009. A draft of the revised local access policy has been completed.

14. VSA14 - Stroke Care

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend	Director
Quality stroke care - +90% of time spent on stroke unit	Dec-09	70% by Mar 2010	40.00%	↑	IW
Quality stroke care - % of people with TIA scanned and treated within 24 hours	Dec-09	45% by Mar 2010	10.64%	↔	IW

Commentary

It was noted in the previous report that a CQUIN incentive has been offered to Hereford Hospitals Trust (HHT) as a financial incentive to meet the DH set target. The Improving Stroke Services Project Group (NHS and HHT) meets regularly to discuss performance. Actions taken to improve performance along the whole stroke pathway include:

- Faster access to TIA clinics to increase the number of people benefiting from early intervention to prevent full stroke.
- Ring-fencing of one bed in the acute stroke unit
- Direct admission of stroke patients to the Acute Stroke Unit from A&E
- Additional investment in stroke rehabilitation, which is now moving to the implementation stage.
- Raising public awareness to encourage faster and more effective response to stroke.

The TIA referrals received at HHT are booked for an appointment in chronological order rather than an ABCD2 of 4 or above (high risk). The majority of patients are seen within a week which complies with the low risk target and is in line with the NICE guideline 68.

Improvement Actions

One area of improvement currently under review is to expand the clinics to cover a seven day service, an evaluation of how other areas with a similar geography are able to achieve this has resulted in the need to find adequate specialist resources to cover the clinic, this has been highlighted to the Business Manager.

15 VSC10 - Delayed Transfers of Care

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend	Director
Number of delayed transfers of care per 100,000 population (aged 18 and over)	Dec-09	30 per wk ave	39.00	↑	SD
Rate of delayed transfers of care per 100,000 population (aged 18 and over)	Dec-09	20.67	27.22	↑	SD

Commentary

Hereford Hospitals Trust is currently underperforming against expectation in terms of the local health economy. This is being addressed with the trust through the Quality Review Forum who has requested a report on why delays are higher than expected.

Community Hospitals and Intermediate Care Facilities

Improvement Actions

The Head of Community Hospitals & Intermediate Care Facilities now receives a weekly update of delayed patients which identifies the length of the delay. It has been agreed that any delays greater than 7 days should be escalated for immediate intervention.

A whole systems review of the delayed transfers of care issue needs to be initiated including the existing policy for 'eviction' with HHT, Adult Social Care and PCT Commissioners to ensure that delayed discharges are minimised, and areas for improvement are identified and managed across the whole care pathway:

- Major Alterations to patients residence
- Re-housing

It is planned to engage with Integrated Commissioning to explore whether interim beds could be used to ensure we maximise safe patient throughput in Community Hospitals.

There has been a significant drop in the length of stay and number of delays since the introduction of the above changes as of 1st December 2009. However it must be noted that recent winter pressures, in the form of adverse weather and closure of wards due to D&V, will have had an impact on early promising figures.

In order to validate the above perception a comparative study of the delay data for a four month period prior to and post the changes and for the period December 08 to March 09 will be undertaken.

15. VSB03 - Cancer Mortality Rate

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend	Director
Cancer Mortality Rate	Feb-10	93 (2007 - 3yr ave.)	102.31 (est. 2009)	↓	AA

Commentary

Performance issues in relation to this indicator have been addressed as part of the Cancer Services report presented to this committee in October.

Improvement Actions

Public Health has developed the Health Improvement Plan which influences lifestyle risks, which includes those factors associated with cancer. The plan is awaiting final sign off which should be completed by the end of January.

16. VSC 17 - % of Adults and older people receiving self-directed support

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend	Director
% of Adults and older people receiving self-directed support who are supported to live independently (aged 18 and over)	Nov-09	20.00%	8.65%	↑	IW

Commentary

This target has been measured differently from previous years and the new measurement is having an impact on current performance. However it should be noted that our current performance is in line with other West Midland authorities.

Improvement Actions

- A Programme Manager has been appointed to drive forward the uptake of services associated with this indicator.
- A robust programme plan is in place.
- A suite of key tasks aligned with improved performance has been developed and will be implemented in 2010/11 e.g.

- A project around external brokerage has been started supported by the Joint Improvement Partnership to increase the level of personal budgets - to report by Q4 2009/10
- The council are currently upgrading the Resource Allocation System in line with other councils, to be completed Q4 2009/10.

18. VSB08 - Teenage conceptions

Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend	Director
Teenage pregnancy	Dec-09	28	35.8 (Jun 2008)	↔	IW

Commentary

The DCSF commissioning support team has been focussing on teenage pregnancy. The National Support Team for teenage pregnancy were due to visit Hereford in December, however this has been postponed until May 2010.

An audit of Sex and Relationships Education (SRE) began in November/December 2009 of the remaining schools, pupil; referral units and further education facilities. This process should be completed by the end of January 2010. Visits to support implementation of action plans are underway. This will prepare schools for compulsory SRE education in 2011.

We have had a number of confirmed pregnancies in a teenage pregnancy hotspot area and are exploring a community development approach to address this issue, starting with the mapping of services.

Improvement Actions

- Visit by National Support Team, planned for May, to assess and review the following:
 - a) Current service delivery and structure
 - b) Review local strategy for teenage pregnancy
 - c) Review governance of current service
 - d) Review the impact of local initiatives – condom scheme
 - e) Assist in development of an action plan to improve performance
- The overarching Relationship & Sex Education policy will be presented to DLT in the next month for ratification. Hereford College of technology has adopted the policy.
- *Methodology to address hotspot areas* – the aim is to take the Teenage Pregnancy Unit's self assessment framework model and develop it to use locally, mapping services to hotspot areas.

APPENDIX 1

Further information on the subject of this report is available from Mike Emery, Head of Business Support, 01432 344344
ext 3757

Performance Dashboard 2009-10

NHS Operating framework	
VSA	Vital Signs Tier 1
VSB	Vital Signs Tier 2
VSC	Vital Signs Tier 3
HC	Healthcare Commission Proposed Indicator (Not included in Vital signs)
DH	Existing Department of Health Commitments (Not included in Healthcare Commission indicators or Vital signs)

Performance rating	
Red	Under-performing & unlikely to achieve
Amber	Under-performing but can achieve with corrective action
Green	On plan & likely to deliver
*	An asterisk in the detailed report column indicates more detail is provided in section 3 of

Trend in performance	
Up	Improved since last measured
Down	Deterioration since last measured
Level	Remained the same
X	Not previously measured

Improving Access

NHS Operating framework		Performance rating				Trend in performance		
No.	Target	Reporting Period - YTD	Target	Actual YTD	Projected Outturn	Perf. Trend	Director	Detailed Report
VSA04	18 week waits admitted - NHS-reported waits for elective care	Nov-09	90%	98.5%		Up	IW	
VSA04	18 week waits non-admitted - NHS-reported waits for elective care	Nov-09	95%	99.0%		Level	IW	
VSA04	6 week waits for diagnostic tests	Sep-09	0	5		Up	IW	*
HC1	4 hour maximum A&E wait	As at 3rd Jan 2010 - YTD	98%	98.54%		Up	IW	
DH1	Maximum wait of 13 weeks for outpatient appointment	Nov-09	0	0		Level	IW	
DH2	Maximum wait of 26 weeks for inpatient appointment	Nov-09	0	6		Level	IW	*
DH3	3 month maximum wait for revascularisation	Nov-09	0	0		Level	IW	
HC2a	% seen within 48 hours in GUM clinic	Nov-09	90%	75.83%		Up	RC	*
HC2b	% offered appointment within 48 hours in GUM clinic	Nov-09	98%	98.73%		Up	RC	
HC3a (WCC)	Cancer waits – 2 week maximum wait from urgent GP referral	Oct-09 YTD	93%	92.92%		Up	IW	
HC3b (WCC)	Cancer waits – 1 month maximum wait from diagnosis to treatment	Oct-09 YTD	96%	98.19%		Down	IW	
VSA08 (WCC)	Breast Symptom Two Week Wait	Dec-09 YTD	93% - Dec 2009	30.39%		Up	IW	*
VSA09 (WCC)	Proportion of women aged 47-49 and 71-73 offered screening for breast cancer (36-38 mths)	Jun-09	90% within 36 mths	97.4% within 38 mths		Up	AA	
VSA10 (WCC)	Proportion of men and women aged 70-75 taking part in bowel screening programme	Jan-10	Screening began Sept 2009 - awaiting first report from Regional Hub			Level	AA	
VSA11 (WCC)	31-Day Standard for Subsequent Cancer Treatments (Chemotherapy and Surgery)	Oct-09 YTD	94%	95.76% (Surgery Only)		Up	IW	
VSA12 (WCC)	31-Day Standard for Subsequent Cancer Treatments (Radiotherapy)	Oct-09 YTD	100% - Jan 2010	100%		Up	IW	
VSA13 (WCC)	Extended 62-Day Cancer Treatment Targets	Oct-09 YTD	90%	100%		Up	IW	
HC4	Time to reperfusion following a MI	Nov-09	68%	70.00%		Down	IW	
HC5	Access to crisis services for all patients who need them	Sep-09	272	240		Down	RC	*
HC6	Early Intervention in psychosis	Sep-09	20 New Cases	10		Up	RC	
HC8a	Ambulance Response targets – CAT A calls in 8 mins – West Mids Ambulance Trust	Nov-09	75%	70.4%		Up	IW	*
HC8a	Ambulance Response targets - CAT A calls in 8 mins - (Herefordshire)	Nov-09	75%	71.7%		Down	IW	*
HC8b	Ambulance Response targets – CAT A calls in 19 mins – West Mids Ambulance Trust	Nov-09	95%	97.3%		Level	IW	*
HC8a	Ambulance Response targets - CAT A calls in 19 mins - (Herefordshire)	Nov-09	95%	93.0%		Up	IW	*

		Performance rating			Trend in performance	
No.	Target	Reporting Period - YTD	Target	Actual YTD	Perf. Trend	Director
VSA01	MRSA number of infections - Acute only	Sep-09	12	0	?	SD
VSA03 Comm	Incidence of C. Difficile - Commissioner	Sep-09	171	24	?	SD
VSA07	Practices offering extended opening	Sep-09	54% by Mar 2010	58%	?	IW
VSB18	Access to primary dental services - year-on-year improvements in number of patients accessing NHS dental services	Sep-09	93,551	93,436	?	IW
VSA14 - 01 (WCC)	Quality stroke care - +90% of time spent on stroke unit	Dec-09	70%	40.00%	?	IW
VSA14 - 02 (WCC)	Quality stroke care - % of people with TIA scanned and treated within 24 hours	Dec-09	45%	10.53%	?	IW
VSC10	Number of delayed transfers of care per 100,000 population (aged 18 and over)	Dec-09	30 per wk ave	39.00	?	SD
VSC10.1	Rate of delayed transfers of care per 100,000 population (aged 18 and over)	Dec-09	20.67	27.22	?	SD
MHPI 01	Data quality on ethnic group	Sep-09	85%	100.00%	?	RC
MHPI 02	Care Programme Approach - CPA 7-Day follow up	Sep-09	95%	85.44%	?	RC
MHPI 03 (WCC)	Best Practice in Mental Health Services for People with Learning Disabilities (Green Light Toolkit)	Jan-10	No info available at time of report		?	IW
MHPI 04	Patterns of Care from the Mental Health Minimum Data Set	Sep-09		98.73%	?	RC
MHPI 05	Completeness of Care from the Mental Health Minimum Data Set	Mar-09	98.28%	99.73%	?	RC
MHPI 06	CAMHS Services - protocols in place (1-6)	Jan-10		Yes	?	IW
VSB01-a	All-age all cause mortality (AAACM) rate - males	Mar-09	650	658.2	?	AA
VSB01-b	All-age all cause mortality (AAACM) rate - females	Mar-09	409	428.7	?	AA
VSB02 - LAA - NI 121	CVD Mortality Rate (LAA target - All circulatory diseases under 75)	Mar-09	77 (2007 - 3yr ave.)	61.7	?	AA
VSB03 (WCC)	Cancer Mortality Rate	Feb-10	90 (2008 - 3yr ave.)	102.31 (est. for 2009)	?	AA
VSB05 - LAA - NI 123	Smoking Prevalence (Smoking Quitters)	Oct-09	1220	442	?	AA
VSB06	Early Access for Women to Maternity Services	Sep-09	80%	86.82%	?	IW
VSB08	Teenage pregnancy	Dec-08	28	35.9 (Jan 2009)	?	IW
VSB09 (WCC - LAA NI - 56)	Childhood Obesity	Jan-10 (Sept' 09 measure)	85%	87.15%	?	AA
VSB10 - 1	Immunisation rate for children aged 1 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) - (DTaP/IPV/Hib)	Sep-09	95%	94.16%	?	AA
VSB10 - 2	Immunisation rate for children aged 2 who have been immunised for Pneumococcal infection (PCV) - (PCV)	Sep-09	85%	94.61%	?	AA
VSB10 - 3	Immunisation rate for children aged 2 who have been immunised for Haemophilus influenza type b (Hib), meningitis C (MenC) - (Hib/MenC)	Sep-09	85%	89.89%	?	AA
VSB10 - 4	Immunisation rate for children aged 2 who have been immunised for measles, mumps and rubella (MMR) - (MMR)	Sep-09	89%	88.43%	?	AA
VSB10 - 5	Immunisation rate for children aged 5 who have been immunised for Diphtheria, Tetanus, Polio, Pertussis (DTaP/IPV)	Sep-09	94%	95.42%	?	AA
VSB10 - 6 (WCC)	Immunisation rate for children aged 5 who have been immunised for measles, mumps and rubella (MMR)	Sep-09	88%	86.26%	?	AA
VSB11 - 1	Breastfeeding at 6-8 weeks - Prevalence	Sep-09	52.90%	46.21%	?	RC
VSB11 - 2	Breastfeeding at 6-8 weeks - Coverage	Sep-09	90.10%	80.46%	?	RC
VSB12 - LAA - NI 51	Emotional health and well being and child and adolescent mental health services (CAMHS)	Jan-10		Yes	?	IW
VSB13	Chlamydia Prevalence (Screening)	Nov-09	4956 - 25% of 15 to 24 yr olds	64.09% of 4956	?	RC
VSB14 - LAA - NI 40	Number of Drug Users recorded as being in effective treatment	Jul 08 - Jun 09	530	528	?	IW
VSC02	Proportion of people with depression and/or anxiety disorders who are offered psychological therapies - IAPT Implementation	Jan-10	In shadow form - Programme will commence once completion of 3rd wave		?	IW
VSC15 (WCC)	Proportion of all deaths that occur at home	Mar-09	21% - 2008	20.10%	?	IW
VSC17 - LAA - NI 130	% of Adults and older people receiving self-directed support who are supported to live independently (aged 18 and over)	Nov-09	20%	8.65%	?	IW
VSC26 - LAA - NI - 39	Rate of hospital admissions per 100,000 for alcohol related harm	Jun-09	1237	335.7 estimated	?	IW
VSC27	Patients with diabetes in whom the last HbA1c is 7.5 or less from Quality Outcomes Framework (QOF)	Mar-09	66%	69.13%	?	IW
VSB15 - 1	Self reported experience of patients/users	Mar-09		84.22	?	SD
VSB15 - 2	Self reported experience of patients/users	Mar-09		86.44	?	SD
VSB15 - 3	Self reported experience of patients/users	Mar-09		68.47	?	SD
VSB15 - 4	Self reported experience of patients/users	Mar-09		65.51	?	SD
VSB17	NHS staff survey based measures of job satisfaction	Mar-09	3.55	3.56	?	SD

APPENDIX 2

Herefordshire Population Health Improvement Business Plan 2010/11

Strategic objective III: Reduce harmful alcohol consumption

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
1.	Promote safe alcohol consumption to Children and Young People									
1.a	Effective PSHE teacher delivered programmes; specialist teacher support to PHSE teachers;	In conjunction with new mandatory PSHE requirements all primary and secondary schools to have good practice PSHE	Sept 2011	DCS	Area Based Grant	Children's Trust		NI 39	WCC 1,2,7, 8,9,10	
1.b	Provision of external resources as part of a teacher delivered programme.	External support to schools to deliver PSHE to be reviewed and co-ordinated and enhanced as necessary	Sept 2011	DPH	Area Based Grant	Children's Trust		NI 39	WCC 1,2,7, 8,9,10	
1.c	Locally enhance national social marketing campaigns targeted at 11 to 17 year olds to increase awareness of the potential harm from alcohol consumption and to promote sensible drinking	Develop and deliver a campaign in all secondary school and sixth form settings	June 2011	DPH Head of Communications	Choosing Health	Children's Trust		NI 39	WCC 1,2,7, 8,9,10	
1.d	Locally enhance national social marketing campaigns targeted at 18 –	Develop and deliver a campaign using	March	DPH	Choosing	Health and		NI 39	WCC 1,2,7,	

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
	30 year olds using local communication channels and local demographic knowledge to increase awareness of the potential harm from alcohol consumption and to promote sensible drinking	communication methods used by young adults, and in places they congregate.	2011	Head of Communications	Health	Wellbeing Partnership			8,9,10	

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
2.	Support people to reduce their alcohol consumption if drinking unsafe amounts of alcohol									
2.1	Support pregnant women to reduce their alcohol consumption if drinking unsafe amounts of alcohol for their baby by:									
2.1a	NHS Herefordshire staff to routinely ASK pregnant women about their weekly alcohol consumption.	All pregnant women asked about alcohol consumption and the answer recorded in the patient record.	March 2011	CEO HHT	Midwifery budget	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,8,9,10	
2.1b	NHS Herefordshire staff to routinely ASSESS the willingness of pregnant women to reduce their alcohol consumption if drinking unsafe amounts.	All pregnant women drinking unsafe amounts of alcohol assessed at booking for willingness to reduce their alcohol consumption and the result recorded in the patient record.	March 2011	CEO HHT	Midwifery budget	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,8,9,10	

2.1c	NHS Herefordshire staff to routinely ADVISE pregnant women drinking unsafe amounts of alcohol of the risks to their baby's health	All pregnant women drinking unsafe amounts of alcohol advised at booking about the risk to their baby's health and the advice given recorded in the patient record.	March 2011	CEO HHT	Midwifery budget	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,8,9,10	
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Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
2.1d	NHS Herefordshire staff to routinely ASSIST pregnant women to reduce their alcohol consumption if drinking unsafe amounts by giving written advice to support them to reduce their consumption	All pregnant women drinking unsafe amounts of alcohol to be offered standardised written advice to support them to reduce their alcohol consumption and the response to the offer recorded in the patient record.	March 2011	CEO HHT	Midwifery budget	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,8,9,10	
2.1e	NHS Herefordshire staff to routinely ARRANGE referral to specialist alcohol treatment services for pregnant women drinking amounts of alcohol likely to harm their baby..	All pregnant women drinking amounts of alcohol likely to harm the baby to be offered a referral to specialist alcohol treatment services and the response to the offer recorded in the patient record.	March 2011	CEO HHT	Midwifery budget	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,8,9,10	

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
2.2	Support people with an alcohol related admission to hospital to reduce their alcohol consumption by:									
2.2a	NHS Herefordshire staff to routinely ASK patients with an alcohol related admission about their weekly alcohol consumption	Alcohol consumption to be recorded at time of admission for all alcohol related admissions and recorded in the patient record.	March 2011	CEO HHT	Medical and Surgical budgets	Health and wellbeing Partnership		NI 39	WCC 1,2,7, 8,9,10	
2.2b	NHS Herefordshire staff to routinely ASSESS the willingness of patients with an alcohol related admission to reduce their alcohol consumption.	Willingness to reduce alcohol consumption to be assessed before discharge for all alcohol related admissions and recorded in the patient record.	March 2011	CEO HHT	Medical and Surgical budgets	Health and Wellbeing Partnership		NI 39	WCC 1,2,7, 8,9,10	
2.2c	NHS Herefordshire staff to routinely ADVISE patients with an alcohol related admission of the risks to their personal health of their alcohol consumption	Advice on the personal risks to their health from their alcohol consumption to be given before discharge to all patients with an alcohol related admission and the advice recorded in the patient record.	March 2011	CEO HHT	Medical and Surgical budgets	Health and Wellbeing Partnership		NI 39	WCC 1,2,7, 8,9,10	
2.2d	NHS Herefordshire staff to routinely ASSIST patients with an alcohol related admission to reduce their alcohol consumption. by giving written advice to support them to reduce their consumption .	All patients with an alcohol related admission to be offered before discharge standardised written advice to support them to reduce their alcohol consumption and the response to the offer recorded in the patient record.	March 2011	CEO HHT	Medical and Surgical budgets	Health and Wellbeing Partnership		NI 39	WCC 1,2,7, 8,9,10	

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
2.2e	NHS Herefordshire staff to routinely ARRANGE referral for patients with an alcohol related admission to specialist alcohol treatment services.	All patients with an alcohol related admission to be offered a referral to specialist alcohol treatment services and the patient's response recorded in the patient record.	March 2011	CEO HHT	Medical and Surgical budgets	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,8,9,10	
2.2f	All alcohol related admissions to be entered on a database and each patient's follow up and treatment monitored by the alcohol liaison nurse service to prevent readmission	<ul style="list-style-type: none"> • Create a database • Produce a quarterly report on follow up, treatment and readmission rates for alcohol related admissions 	June 2010 July 2010 Oct 2010 Jan 2011 April 2011	CEO HHT CEO HHT	Alcohol + Choosing Health	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,8,9,10	

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
2.3	Enhance the capability and capacity of NHS Herefordshire to provide Identification and Brief Advice and treatment for harmful alcohol consumption									
2.3a	Plan and implement a programme to train NHS Herefordshire frontline staff to undertake systematic Identification and Brief Advice (IBA) about harmful alcohol consumption following the ASK, ASSESS, ADVICE, ASSIST, ARRANGE approach	NHS Herefordshire staff working in primary care, midwifery, surgical and medical services to be offered training.	March 2011	DPH	Choosing Health	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,8,9,10	
2.3b	Identification and Brief Advice following the ASK, ASSESS, ADVICE, ASSIST, ARRANGE approach to be offered to patients newly registering with a General Practice	Records of newly registered patients to contain current weekly alcohol consumption, and if above safe limits a record of willingness to reduce, advice given on risks, and assistance and/or support to quit arranged.	March 2011	Director of Integrated Commissioning	DES	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,8,9,10	
2.3c	Increase the capability and capacity of front line NHS Herefordshire staff to conduct a motivational interview to increase the willingness to reduce their alcohol consumption of a patient drinking above safe limits.	Offer training in motivational interviewing to frontline NHS Herefordshire staff working in primary care, midwifery, surgical and medical services.	March 2011	DPH	Choosing Health	Health and Wellbeing partnership		NI 39	WCC 1,2,7,8,9,10	

2.3d	Provide NHS Herefordshire frontline staff with standardised written information to support patients drinking above safe limits to reduce their alcohol consumption.	Disseminate written patient information to NHS Herefordshire frontline staff	June 2010	DPH	Choosing Health	Health and wellbeing partnership		NI 39	WCC 1,2,7,8,9,10	
2.3e	Carry out a needs assessment and service review for specialist alcohol treatment services in Herefordshire and commission services to provide sufficient capacity, capability and flexibility of access to meet an increase in the number of patients referred by NHS Herefordshire staff.	<ul style="list-style-type: none"> • Complete a needs assessment • Complete a service review • Commission new services as necessary 	Sept 2010	DPH	Choosing Health					
			Sept 2010	Director of Integrated Commissioning	Alcohol + Choosing Health	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,8,9,10	
			Oct 2010	Director of Integrated Commissioning	Alcohol + Choosing Health					

Ref	Actions	Success Measures	Completion Date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
3.0	Protect the public from harm to their health and provide an environment that supports people to drink alcohol safely									
3.a	Carry out test purchases to detect under age alcohol sales and enforce legislation	Safer Herefordshire to advise	March 2011	Director of Environment and Culture	Directorate budget	Children's Trust		NI 39	WCC 1,2,7,8,9,10	
3b	Reduce under age alcohol sales by promoting collaboration to reduce with neighbouring schools by Off Licences and supermarkets, and enforcing legislation in the area of a school as necessary	Safer Herefordshire to advise	March 2011	Director of Environment and Culture	Directorate budget	Children's Trust		NI 39	WCC 1,2,7,8,9,10	
3c	Develop a multiagency action plan to reduce accidents and injuries related to alcohol consumption	Safer Herefordshire to advise	Sept 2010	Director of Environment and Culture	Directorate budget	Safer Herefords hire		NI 39	WCC 1,2,7,8,9,10	
3d	Consider additional licensing requirements if alcohol is to be sold at less than 50 pence per unit of alcoholic strength to require alcohol to be sold in an in store alcohol zone, and to ban promotion of cheap alcohol in doorways	Safer Herefordshire to advise	March 2011	Director of Environment and Culture	Directorate budget	Safer Herefords hire		NI 39	WCC 1,2,7,8,9,10	

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
4.0	Reduce inequalities in rates of harmful alcohol consumption									
4.a	Locally enhance national social marketing campaigns using local communication channels and local demographic knowledge, and by providing events and services in deprived communities to support the campaign.	Develop and run two sequential campaigns in deprived communities in Herefordshire.	September 2010 April 2011	Director of Public Health Head of Communications	Choosing Health	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,8,9,10	
4.b	Enhance the health trainer service to provide community initiatives in deprived communities in Herefordshire as well as individual lifestyle interventions	Develop and run a programme of community initiatives that enhance and support national social marketing campaigns to enhance the impact of the campaigns.	September 2010	Director of Public Health	Choosing Health	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,8,9,10	
4.c	Realise the benefits of the Herefordshire Public Services partnership to increase access to support to reduce their alcohol consumption in deprived communities by using the whole range of facilities owned by Herefordshire Public Services	Increase the number of locations in deprived communities where people can access support to reduce their alcohol consumption	March 2011	Director of Public Health	Choosing Health	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,8,9,10	

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
5.0	Advocate for action and prioritisation of resources to reduce harmful alcohol consumption									
5.a	Raise awareness of the risk of brain damage to the baby if a mother drinks unsafe amounts of alcohol while pregnant.	Promote the message through the DPH Annual Report, corporate plans and at corporate events, and the democratic process	April 2011	Director of Public Health Head of Communications	Choosing Health	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,8,9,10	
5.b	Raise awareness of the cost to public services in Herefordshire of the rapidly increasing number of hospital attendances and admissions as a consequence of harmful alcohol consumption.	Promote the message through the DPH Annual Report, corporate plans and at corporate events, and the democratic process	April 2011	Director of Public Health Head of Communications	Choosing Health	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,8,9,10	
5.c	Raise awareness of the cost to the economy in Herefordshire of sick leave from work due to the health consequences of harmful alcohol	Promote the message through the DPH Annual Report, corporate plans and at corporate events, and the	April 2011	Director of Public Health	Choosing Health	Health and Wellbeing Partnership		NI 39	WCC 1,2,7,	

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
	consumption	democratic process		Head of Communications		p			8,9,10	
5.d	Advocate for licensing requirements to be strengthened to ban promotion of cheap alcohol in store doorways	Advocate through the DPH Annual Report, corporate plans and at corporate events, and the democratic process	April 2011	Director of Public Health CEO PCT/HCC CEO HHT	Choosing Health	Health and Wellbeing Partnership		NI 39	WCC 1,2,7, 8,9,10	

APPENDIX 3

Herefordshire Population Health Improvement Plan 2010/11

Strategic objective I: Reduce Smoking Prevalence.

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
1.	Prevent Children and Young People starting to smoke by:									
1.a	Effective PSHE teacher delivered programmes; specialist teacher support to PHSE teachers;	In conjunction with new mandatory PSHE requirements all primary and secondary schools to have good practice PSHE	Sept 2011	DCS	Area Based Grant	Children's Trust		NI 123	WCC 1,2,6, 8,9	
								NI 121		
1.b	Provision of external resources as part of a teacher delivered programme.	External support to schools to deliver PSHE to be reviewed and co-ordinated and enhanced as necessary	Sept 2011	DPH	Area Based Grant	Children's Trust		NI 123	WCC 1,2,6, 8,9	
								NI 121		
1.c	All schools to be smoke free premises	Identify and support all schools that are not yet smoke free premises to become smoke	Sept 2011	DCS	Directorate budget	Children's Trust		NI 123	WCC 1,2,6, 8,9	

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
		free						NI 121		
1.d	Provide evidence based smoking prevention interventions in school settings	Complete pilot of peer support smoking prevention programme in secondary schools	July 2011	DPH	Choosing Health	Children's Trust		NI 123 NI 121	WCC 1,2,6, 8,9	
1.e	Run a social marketing campaign targeting young people 11-17 to prevent them starting to smoke	Locally enhance national Smokefree campaign and deliver in all secondary school and sixth form settings	July 2011	DPH	Choosing Health	Children's Trust		NI 123 NI 121	WCC 1,2,6, 8,9	

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
2.	Support Smokers to Quit									
2.1	Support pregnant smokers to quit by:									
2.1a	NHS Herefordshire staff to routinely ASK pregnant women if they smoke, ASSESS their willingness to quit, ADVISE of the risks of smoking in pregnancy, ASSIST smokers to quit and ARRANGE smoking cessation support for pregnant women who smoke.	All pregnant women offered CO test at booking by midwives trained to take a Carbon Monoxide (CO) reading, and the result recorded in the patient record.	March 2011	CEO HHT	Midwifery budget	Health and Wellbeing Partnership		NI 123	WCC 1,2,6,8,9	
								NI 121		
2.1b	NHS Herefordshire staff to routinely ASSESS the willingness of pregnant smokers to quit	All pregnant smokers assessed at booking for willingness and the result recorded in the patient record.	March 2011	CEO HHT	Midwifery budget	Health and Wellbeing Partnership		NI 123	WCC 1,2,6,8,9	
								NI 121		

2.1c	NHS Herefordshire staff to routinely ADVISE pregnant smokers of the risks to their baby's health of them smoking	All pregnant smokers advised about the risk to their baby's health and the advice given recorded in the patient record.	March 2011	CEO HHT	Midwifery budget	Health and Wellbeing Partnership		NI 123 NI 121	WCC 1,2,6, 8,9	
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Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
2.1d	NHS Herefordshire staff to routinely ASSIST pregnant smokers to quit including written advice on increasing the chances of quitting, signposting to NRT and signposting to Stop Smoking Herefordshire or other smoking cessation support	All pregnant smokers to be offered standardised assistance to quit and the response to the offer recorded in the patient record.	March 2011	CEO HHT	Midwifery budget	Health and Wellbeing Partnership		NI 123 NI 121	WCC 1,2,6,8,9	
2.1e	NHS Herefordshire staff to routinely ARRANGE referral to smoking cessation services for pregnant smokers seeking support to quit.	All pregnant smokers to be offered a referral to smoking cessation services and the response to the offer recorded in the patient record.	March 2011	CEO HHT	Midwifery budget	Health and Wellbeing Partnership		NI 123 NI 121	WCC 1,2,6,8,9	

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
2.2	Support smokers on elective surgery waiting lists to “Stop Before the Op by”:									
2.2a	NHS Herefordshire staff to routinely ASK patients if they smoke at the time of entry on a surgical waiting list.	Smoking status to be recorded for all patients at time of entry on to an elective surgery waiting list	March 2011	CEO HHT	Surgical budgets	Health and wellbeing Partnership		NI 123	WCC 1,2,6, 8,9	
								NI 121		
2.2b	NHS Herefordshire staff to routinely ASSESS the willingness of smokers to quit at the time of entry on a surgical waiting list.	Willingness to quit to be recorded in all patient records of smokers at time of entry on a surgical waiting list	March 2011	CEO HHT	Surgical budgets	Health and Wellbeing Partnership		NI 123	WCC 1,2,6, 8,9	
								NI 121		
2.2c	NHS Herefordshire staff to routinely ADVISE smokers at the time of entry on a surgical waiting list of the additional individual risks of their operation due to their smoking	Advice given about additional risks of smoking to be recorded in all patient records of smokers at time of entry on a surgical waiting list	March 2011	CEO HHT	Surgical budgets	Health and Wellbeing Partnership		NI 123	WCC 1,2,6, 8,9	
								NI 121		

2.2d	NHS Herefordshire staff to routinely ASSIST smokers to quit at the time of entry on a surgical waiting list including written advice on increasing the chances of quitting, signposting to NRT and signposting to Stop Smoking Herefordshire or other smoking cessation support	All smokers to be offered standardised assistance to quit at time of entry on a surgical waiting list and the response to the offer recorded in the patient record.	March 2011	CEO HHT	Surgical budgets	Health and Wellbeing Partnership		NI 123 NI 121	WCC 1,2,6, 8,9	
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Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
2.2e	NHS Herefordshire staff to routinely ARRANGE referral to smoking cessation services for smokers seeking support to quit while on a surgical waiting list	All smokers to be offered a referral to smoking cessation services at time of entry on a surgical waiting list and patient's response recorded in the patient record.	March 2011	CEO HHT	Surgical budgets	Health and Wellbeing Partnership	NI 123 NI 121	WCC 1,2,6,8,9		
2.2f	Surgical referral letters from General Practitioners to routinely include the patient's current smoking status, their willingness to quit, ADVISE given about additional risks, ASSISTANCE to quit given, and smoking cessation support ARRANGED.	All surgical referral letters to contain current smoking status, willingness to quit, advise given on risks, and assistance and/or support to quit arranged.	March 2011	Director Integrated Commissioning	GMS	Health and wellbeing Partnership	NI 123 NI 121	WCC 1,2,6,8,9		

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
2.3	Support smokers with chronic disease to quit:									
2.3a	NHS Herefordshire staff to routinely ASK patients with chronic disease if they smoke	85% of patient records of patients attending Chest, Diabetic & Cardiac OPD clinics to include current smoking status	March 2011	CEO HHT	Surgical budgets	Health and wellbeing Partnership		NI 123	WCC 1,2,6, 8,9	
								NI 121		
2.3b	NHS Herefordshire staff to routinely ASSESS the willingness of smokers with chronic disease to quit	85% of patient records of smokers attending chest, cardiac, and diabetic OPD clinics to contain a record the patient's willingness to attempt to quit	March 2011	CEO HHT	Surgical budgets	Health and Wellbeing Partnership		NI 123	WCC 1,2,6, 8,9	
								NI 121		
2.3c	NHS Herefordshire staff to routinely ADVISE smokers with chronic disease of the individual risks to their health from smoking	85% of patient records of patients attending chest, cardiac & diabetic OPD clinics to contain a record of advice given about the individual risks to their health from smoking.	March 2011	CEO HHT	Surgical budgets	Health and Wellbeing Partnership		NI 123	WCC 1,2,6, 8,9	
								NI 121		

2.3d	NHS Herefordshire staff to routinely ASSIST smokers with chronic disease to quit including written advice on increasing the chances of quitting, signposting to NRT and signposting to Stop Smoking Herefordshire or other smoking cessation support	85% of smokers attending chest, cardiac, & diabetic OPD clinics to be offered standardised assistance to quit and a record of the assistance given recorded in the patient record.	March 2011	CEO HHT	Surgical budgets	Health and Wellbeing Partnership		NI 123 NI 121	WCC 1,2,6,8,9	
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Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
2.3e	NHS Herefordshire staff to routinely ARRANGE referral to smoking cessation services for smokers with chronic disease seeking support to quit.	85% of smokers attending chest, cardiac, and diabetic OPD clinics to be offered a referral to smoking cessation support services and a record of the offer made in the patient record.	March 2011	CEO HHT	Surgical budgets	Health and Wellbeing Partnership		NI 123 NI 121	WCC 1,2,6, 8,9	
2.3f	General Practice chronic disease registers to routinely include the patient's current smoking status, ASSESSMENT of their willingness to quit, ADVISE given about individual risks from smoking, ASSISTANCE to quit given, and smoking cessation support ARRANGED.	95% of records of patients on QOF chronic disease registers.	March 2011	Director Integrated Commissioning	QOF	Health and wellbeing Partnership		NI 123 NI 121	WCC 1,2,6, 8,9	

Ref	Actions	Success Measures	Completion Date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
2.4	Enhance the capability and capacity of NHS Herefordshire to provide smoking cessation support services:									
2.4a	Plan and implement a programme to train NHS Herefordshire frontline staff to undertake systematic brief intervention with smokers following the ASK, ASSESS, ADVICE, ASSIST, ARRANGE approach	NHS Herefordshire staff working in primary care, midwifery, surgical, Diabetic, Cardiac, and Chest services offered training.	March 2011	DPH	Choosing Health	Health and Wellbeing Partnership		NI 123 NI121	WCC 1,2,6, 8,9	
2.4b	Increase the capability and capacity of front line NHS Herefordshire staff to conduct a motivational interview with a smoker to increase their willingness to quit.	Provide training in motivational interviewing to frontline NHS Herefordshire staff	March 2011	DPH	Choosing Health	Health and Wellbeing partnership		NI 123 NI 121	WCC 1,2,6, 8,9	
2.4c	Provide NHS Herefordshire frontline staff with standardised written information for patients on how to increase the chances of successfully quitting, how to access Nicotine Replacement Therapy and how to access the Stop Smoking Herefordshire service for specialist support	Disseminate written patient information to NHS Herefordshire frontline staff	June 2010	DPH	Choosing Health	Health and wellbeing partnership		NI 123 NI 121	WCC 1,2,6, 8,9	

Ref	Actions	Success Measures	Completion Date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
2.4d	Enhance the capacity and access to smoking cessation services in Herefordshire and ensure sufficient capacity and flexibility to meet an increase in the number of smokers self referred and referred by NHS Herefordshire staff.	<ul style="list-style-type: none"> Introduce a revised LES with primary care initiate a service in Hereford County Hospital initiate a range of new services out of office hours initiate a workplace service 	April 2010	DPH	Smoking Cessation budget	Health and Wellbeing Partnership		NI 123	WCC 1,2,6,8,9	
			April 2010					NI		
			Sept 2010					121		
			Sept 2010							

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
2.5	Support NHS Herefordshire and Herefordshire Council employees who smoke to quit:									
2.5a	All NHS Herefordshire and Herefordshire Council premises to be smoke free at all times.	Identify and support any NHS Herefordshire and Herefordshire Council premises not yet smoke free to become smoke free	April 2011	Deputy Chief Executive	Directorate budget	Health and wellbeing partnership		NI 123	WCC 1,2,6,8,9	
								NI 121		
2.5b	Run a social marketing campaign targeting NHS Herefordshire and Herefordshire Council staff, including contractors, to promote the benefits of quitting smoking and to raise awareness of services available to support smokers to quit	Develop campaign and deliver to all NHS Herefordshire and Herefordshire Council staff	Sept 2011	DPH	Choosing Health	Health and Wellbeing Partnership		NI 123	WCC 1,2,6,8,9	
								NI 121		
2.5c	Offer paid time to attend workplace smoking cessation services to NHS Herefordshire and Herefordshire Council staff, subject to status as a smoker who has quit being confirmed on attendance.	Communicate offer to all staff	Sept 2011	CEO PCT/HCC/HHT	All Directorate Budgets	Health and Wellbeing Partnership		NI 123	WCC 1,2,6,8,9	
								NI 121		

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
2.5d	Provide workplace smoking cessation services for NHS Herefordshire and Herefordshire Council staff	Initiate workplace smoking cessation service in NHS Herefordshire and Herefordshire Council premises	Sept 2011	DPH	Smoking Cessation	Health and Wellbeing Partnership		NI 123	WCC 1,2,6,8,9	
								NI 121		
3.0	Protect the public from harm to their health and provide an environment that supports people not to smoke									
3.a	Carry out test purchases to detect under age tobacco sales and enforce legislation	Safer Herefordshire to advise	March 2011	Director of Environment and Culture	Directorate budget	Children's Trust		NI 123	WCC 1,2,6,8,9	
								NI 121		
3b	Make it difficult for young people to start to smoke, and easier to choose not to smoke, by promoting voluntary collaboration with neighbouring schools by tobacconists and supermarkets, and enforcing legislation in the area of a	Safer Herefordshire to advise	March 2011	Director of Environment and Culture	Directorate budget	Children's Trust		NI 123	WCC 1,2,6,8,9	

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
	school as necessary							NI 121		
3.c	Raise public awareness of the dangers of buying contraband tobacco products	Safer Herefordshire to advise	March 2011	Director of Environment and Culture	Area Based Grant	Safer Herefords hire		NI 123 NI 121	WCC 1,2,6, 8,9	
3.d	Detect contraband tobacco sales and enforce legislation	Safer Herefordshire to advise	March 2011	Director of Environment and Culture	Directorate budget	Safer Herefords hire		NI 123 NI 121	WCC 1,2,6, 8,9	
3e	Form a Tobacco Control Alliance for Herefordshire	Develop Terms of Reference, Membership and a business plan for 2010/11	September 2010	Director of Environment and Culture	Directorate budget	Safer Herefords hire		NI 123 NI 121	WCC 1,2,6, 8,9	

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
4.0	Reduce inequalities in smoking rates									
4.b	Locally enhance national Smokefree campaigns using local communication channels and local demographic knowledge, and by providing events and services in deprived communities to support the campaign.	Develop and run two sequential campaigns in deprived communities in Herefordshire.	September 2010 April 2011	Director of Public Health Head of Communications	Choosing Health	Health and Wellbeing Partnership		NI 123	WCC 1,2,6,8,9	
								NI 121		
4.c	Enhance the health trainer service to provide community initiatives in deprived communities in Herefordshire as well as individual lifestyle interventions	Develop and run a programme of community initiatives that enhance and support national Smokefree campaigns to enhance the impact of the campaigns.	September 2010	Director of Public Health	Choosing Health	Health and Wellbeing Partnership		NI 123	WCC 1,2,6,8,9	
								NI 121		
4.d	Realise the benefits of the Herefordshire Public Services partnership to increase access to smoking cessation services in deprived communities by using the whole range of facilities owned by Herefordshire Public Services	Increase the number of locations in deprived communities where smokers can access smoking cessation services	March 2011	Director of Public Health	Smoking Cessation	Health and Wellbeing Partnership		NI 123	WCC 1,2,6,8,9	
								NI 121		

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
5.0	Advocate for action and prioritisation of resources to reduce smoking as the biggest preventable cause of premature death in Herefordshire									
5.a	Raise awareness that smoking remains the biggest preventable cause of premature death in Herefordshire	Promote the message through the DPH Annual Report, corporate plans and at corporate events, and the democratic process	April 2011	Director of Public Health Head of Communications	Choosing Health	Health and Wellbeing Partnership		NI 123 NI 121	WCC 1,2,6,8,9	
5.b	Raise awareness of the increased risk of a baby dying before one year old if they live in homes where adults smoke	Promote the message through the DPH Annual Report, corporate plans and at corporate events, and the democratic process	April 2011	Director of Public Health Head of Communications	Choosing Health	Health and Wellbeing Partnership		NI 123 NI 121	WCC 1,2,6,8,9	

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
5.c	Raise awareness of the cost to public services in Herefordshire of the health consequences of smoking	Promote the message through the DPH Annual Report, corporate plans and at corporate events, and the democratic process	April 2011	Director of Public Health Head of Communications	Choosing Health	Health and Wellbeing Partnership		NI 123 NI 121	WCC 1,2,6,8,9	
5.d	Raise awareness of the cost to the economy in Herefordshire of sick leave from work due to the health consequences of smoking	Promote the message through the DPH Annual Report, corporate plans and at corporate events, and the democratic process	April 2011	Director of Public Health Head of Communications	Choosing Health	Health and Wellbeing Partnership		NI 123 NI 121	WCC 1,2,6,8,9	
6.0	Early identification and treatment of Cancer and Coronary Heart Disease									
6.a	Provide high-quality screening services	As per PCT Commissioning	March	Director of Integrated	As per PCT Financial	Health and Wellbeing		NI	WCC	

Ref	Actions	Success Measures	Completion date	Lead Director	Budget	Reports to	Progress Update [RAG]	Targets		
								LAA	WCC	Other
	in accordance with national guidance	Strategy 2010/11	2011	Commissioning	Plan	Partnership		123 NI 121	1,2,6,8,9	
6.b	Provide evidence based effective treatment including chemotherapy and radiotherapy, aspirin and statins	As per PCT Commissioning Strategy 2010/11	March 2011	Director of Integrated Commissioning	As per PCT Financial Plan	Health and Wellbeing Partnership		NI 123 NI 121	WCC 1,2,6,8,9	
6.c	Introduce an NHS Health Checks (known as vascular checks) screening programme to identify people at high risk of CHD	Offer an NHS Health Check to 20% of the population age 40 to 74 years	March 2011	Director of Integrated Commissioning	As per PCT Financial Plan	Health and Wellbeing Partnership		NI 123 NI 121	WCC 1,2,6,8,9	