

Service improvement review of health inequalities Implementation Update

Background

1. This is the first implementation update of the service improvement review of health inequalities. The report will look at what has been achieved over the last six months, the impact that has been made, and what we will do next.
2. The health inequalities review took place between June 2007 and June 2008. The first part of the review was a scrutiny review, conducted by the Healthier Communities Overview and Scrutiny Committee. In December 2007 the committee identified eight priorities to address health inequalities:
 - Health impact assessment
 - Community-based approach to tackling health inequalities
 - Financial inclusion
 - Smoke free Gateshead
 - Lifestyle
 - Minimise harm from alcohol
 - Mental health and wellbeing
 - Health equity audit
3. The service improvement review took place between January 2008 and June 2008 and developed service improvement plans to take the priorities forward. The plans were agreed for implementation by Cabinet in July 2008.

What has happened in the last six months?

4. **Priority 1 - Health impact assessment** - The process of developing a strategic approach to the use of Health Impact Assessment began with the screening exercise on Vision 2030 which took place in March, and is being taken forward through current discussions within each of the four block Partnerships, and five Area Forums.
5. A database of people who have been trained in Health Impact Assessment at various levels has been set up, as well as one of local applications of the method. Local experience in use of the tool is developing.

6. Discussion about the way in which Health Impact Assessment could inform the Local Development Framework is under way as part of the current consultation exercise 'if you were king or queen of Gateshead', and will influence spatial planning.
7. **Priority 2 - Community-based approach to tackling health inequalities** - The pilot engagement in Bensham and Saltwell has now been completed. 114 people were interviewed on the streets and 234 through community groups. Officers are now writing up the report and lessons learnt.
8. Some of the results have been shared with the Area Forums, with the Health Inequalities review discussed in their September meetings. Some groups have asked the health trainers to come back to help them look at lifestyle changes.
9. Information from the domiciliary staff is setting in train a number of work streams and they are being offered the training "Understanding Health Improvement" to help them with some of their concerns about lifestyles.
10. **Priority 3 - Financial inclusion** - Anne Britton, Head of Economic Development has taken the lead for financial inclusion and an executive group has been established to develop the financial inclusion strategy. Three stakeholder events have been held in March, June and September, to inform organisations about the strategy as well as enable them to contribute to the discussions.
11. The stakeholder meetings have been used to inform, update and show best practice from other areas outside of Gateshead. Presentations ranged from the DWP, South Tyneside Council (Beacon Status), South Tyneside Citizen Advice Bureau (CAB), DRAMA, Debt Rescue And Money Advice Project in Workington, Cumbria, all highlighting the importance of tackling financial inclusion through communication and multi working.
12. From the stakeholder meetings it was agreed that financial inclusion would cover four main themes. These are: Benefit Advice and Financial Access, Housing, Worklessness and Skills, and Debt and Credit. It was agreed that it was essential to have a partnership approach and that the council take the lead to facilitate this, through arranging the quarterly meetings.
13. **Priority 4 - Smoke free Gateshead** - The Department of Health consulted on their proposals for a new Tobacco Control Strategy between June and September 2008. A comprehensive response was sent on behalf of the organisations and partnerships working in Gateshead, and over 1,000 members of the public sent in postcards supporting the concept of "making smoking history for our children".

14. Gateshead's response to the consultation stressed the need to take an uncompromising approach to something that causes so much harm to our communities. It recommends plain packaging for tobacco products, an end to the display of cigarettes in shops, a ban on vending machines, licensing of tobacco sales, a regional squad of customs officers to eliminate sales of smuggled cigarettes within communities and a new emphasis in the medical profession of helping hardened smokers get their nicotine through medicinal nicotine rather than smoking.
15. Working on behalf of the Director of Public Health, HelmePark Ltd have re-established the Smokefree Gateshead Alliance.
16. **Priority 5 - Lifestyle** - Gateshead PCT has provided new investment funds for establishment of a range of lifestyle services as part of a broader Obesity Management (prevention and treatment) model. Since July 2008 we have mainstreamed the *GOAL* exercise on referral scheme, and contracted for new services including a Lifestyle Intervention Service for families, a GP Slimming on Referral programme, and an Obesity and Nutrition Preventative Post to deliver obesity prevention and health information programmes in targeted communities and settings.
17. Based on piloting of Balance It (integrated community weight and nutrition programme) contracts have also been secured to establish outreach community weight and nutrition services in a further 4 areas to ensure access to lifestyle services in wards with lowest life expectancy. An initial mapping of Lifestyle services/initiatives being provided by partners, including the Local Authority, PCT, Foundation Trust and Voluntary and Private sector, has been completed.
18. There will be increased lifestyle service capacity: once fully operational, expected activity levels/numbers accessing new/re-designed services are: **GOAL scheme**; increased activity levels of 1200 per year; **Lifestyle Intervention Service for families**; 1500 client contacts per year; **GP Slimming on Referral programme**; 2500 referrals per year, **'Balance It' programme**; activity levels of 3000 per year, **Obesity and Nutrition post**; 1500 client contacts per year; minimum of 5 health promotion campaigns per year.
19. **Priority 6 - Minimise harm from alcohol** - Following on from a multi agency stakeholder event in April, a strategy group has been established to lead on the development of the alcohol harm reduction strategy. This strategy group is chaired by Alyson Learmonth (Locality Director of Public Health) and the membership has

been revised to incorporate the much wider themes of the emerging strategy, based on the Gateshead Agreement.

20. There has been a slight delay in achieving milestones 6.2 and 6.3 (6.2: Lead officer scope the work of drawing in the Health Inequalities review, 6.3: Lead officer bring forward draft proposals for their theme). New officers are now in post to help co-ordinate this piece of work and lead officers have now been identified to continue to progress the strategy.
21. **Priority 8 - Health equity audit** - The initial Health Equity Audit Action Learning Set concludes its work on 3rd October and a report drawing out lessons learnt will be produced by the end of October.

What will happen in the next six months?

22. 55 milestones are due for completion over the next implementation period of October 2008 to March 2009. This section provides a brief update for each priority, with detailed information for each of the milestones outlined in appendix 1.
23. **Priority 1 - Health impact assessment** - The Health impact assessment Steering Group will be established. It will enable the co-ordination and development of Health Impact Assessment as a tool across the Gateshead Strategic Partnership. The Health Impact Assessment approach to different themes will be developed, and progress will be reviewed with identification of future milestones.
24. **Priority 2 - Community-based approach to tackling health inequalities** - The report, which will include lessons learnt, will be completed and shared. This will inform how we approach the next engagements in the five identified Neighbourhood Clusters. The Central Area Forum will consider the full report and it will discuss what future actions it would like to take.
25. **Priority 3 - Financial inclusion** - The draft financial inclusion strategy will be agreed by stakeholders and taken to Cabinet in October, with the final strategy agreed in January 2009.
26. **Priority 4 - Smoke free Gateshead** - Several different pieces of work will be further developed in the next six months. There will be a visit from the Tobacco Control National Support Team who will be visiting in October and presenting recommendations in December 2008. A regional illicit tobacco project is also due to be implemented.

27. **Priority 5 - Lifestyle** - There is a variety of work that will be implemented over the next six months. This includes change management workshops with service managers and service providers, commissioning a range of promotional campaigns, and a final evaluation of the 'Balance It!' scheme.
28. **Priority 6 - Minimise harm from alcohol** - A renewed Alcohol Harm Reduction Strategy, based around the four themes of the Gateshead Agreement, will be produced for consideration by Cabinet and the GSP. A small task group will take forward several milestones, including the training of front line workers and work with supermarkets to introduce sensible pricing strategies.
29. **Priority 8 - Health equity audit** - The Health Equity Audit Action Learning Set Steering Group will be convened. This will enable the co-ordination and development of Health Equity Audit as a tool, for use in both the Council and the PCT, and consideration of the application of the tool to the voluntary and community sectors. This key development will enable progress and impact to be measured systematically in the period January- March 2009, with a forward programme for presentation to Overview and Scrutiny at the next six monthly review.

Is the implementation on target?

30. The majority of the implementation plan is on target with 32% of the milestones completed. However there are 17 milestones which are overdue. (Guide - C = Complete, D = Due for completion within the next 6 monthly implementation, O = Overdue, numbers indicate the year due for completion (not within next 6 monthly implementation update))

Priority 1

C	C	C	C	O	O	O	D	D	D	10
C	C	O	O	D	09	10				

Priority 2

C	C	C	C	C	C	C	C	O	O	TBC	TBC
C	O	D	D	TBC	TBC						

Priority 3

C	C	C	C	D	D	09	09	10	11
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Priority 4

C	C	D	D	D	D	TBC	TBC	TBC
C	C	C	D	10	10	11	11	
C	D	10						
C	O	O	O	D				
C	O	O	09					

Priority 5

C	D	D	D			
C	C	C	D	D	D	09
C	C	D	D			

Priority 6

C	C	O	O	O	D	D	D	D	D	D	D	D	09	09	TBC
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Priority 8

C	C	O	D	D	D	D	D	10
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Service improvement review of health inequalities

Appendix 1

Implementation Plan

**1st Update
(April 2008 - September 2008)**

HEALTH INEQUALITIES REVIEW - IMPLEMENTATION PLAN UPDATE

KEY TO MILESTONES

Complete	Milestone completed	Due	Milestone on target - due for completion during the next six months	Overdue	Milestone not completed, or not expected to be completed, on time	Not yet due for completion	Milestone not due for completion
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COMPLETED PRIORITIES

There are no priorities where the implementation plan has yet been completed.

PROGRESSING PRIORITIES

PRIORITY 1: Health Impact Assessment

Action 1.1:	Develop a strategic approach for the application of Health Impact Assessment throughout Gateshead Strategic Partnership
Impact:	This will maximise the effect that decisions made across the Gateshead Strategic Partnership in relation to both policy and spatial planning on health inequalities

Ref	Milestone	Lead Officer	Target for Completion	Progress
1.1.1	Identify a Lead Officer for each block to co-ordinate HIA work and liaise with HIA core group.	Policy Manager, Chief Executive's Department	July 2008	Gateshead Strategic Partnership Steering Group approved the proposed group in July. Nominations are being sought through the current round of block Partnership meetings.
1.1.2	Identify key members across Council Directorates to take part in the HIA awareness raising events and comprehensive training courses provided through the Healthy Communities Learning Network.	Health Development Manager	Complete	Training attended.
1.1.3	HIA workshop on Vision 2030 for Chairs and representatives of GSP Thematic Groups, facilitated by IMPACT	Director of Public Health	Complete	Workshop held
1.1.4	Report from HIA Vision 2030 workshop discussed by each block (thematic group) and GSP to identify implications for their work programme/ways of working/links between blocks/links with neighbourhood planning.	Policy Manager, Chief Executive's Department	Complete	Report from HIA Vision 2030 workshop discussed by Gateshead Strategic Partnership Steering Group and on the agenda for the four block Partnership meetings in September.

1.1.5	Database of skills in HIA established (consisting of people trained in health impact assessment skills at each of the three levels screening, scoping and appraisal).	Health Development Manager	Complete	Database established.
1.1.6	HIA Steering Group established	Director of Public Health	July 2008	Identification of lead officers not yet complete, see 1.1.1. The establishment of the Group will enable the co-ordination and development of Health Impact Assessment as a tool across the Gateshead Strategic Partnership
1.1.7	GSP members agree how each organisation will include HIA as part of their work, and identify further training and development needs, including those of the voluntary sector, as part of a two year strategic approach to building capacity	Director of Public Health	September 2008	GSP members are taking part in use of Integrated Regional Framework appraisal of the PCT Annual Operating Plan on 8 th October. Paper under preparation for next GSP steering group, once HIA Steering Group is convened.
1.1.8	Review progress with developing and applying Health Impact Assessment through Older People Partnership	Service Manager Commissioning Older People	January 2009	Consultant appointed, work under way.
1.1.9	Review progress in applying HIA to population groups, areas, mental health, at a screening and scoping level	Director of Public Health	March 2009	
1.1.10	Review of process by Health Impact Assessment Steering Group and identification of milestones for 2009 - 2010	Director of Public Health	March 2009	
1.1.11	Review of process by Health Impact Assessment Steering Group and identification of milestones for 2010 - 2011	Director of Public Health	March 2010	

Action 1.2:	Develop a strategic framework for integrating Health Impact Assessment into Gateshead Council planning and decision making, and through partnership work
Impact:	This will maximise the way that decisions made by Gateshead Council in relation to both policy and spatial planning have on health inequalities

Ref	Milestone	Lead Officer	Target for Completion	Progress
1.2.1	Develop options paper.	Director of Public Health	Complete	Options paper prepared and on agenda for Active and Healthy Gateshead October 24 th .
1.2.2	Council agrees the way in which HIA will be integrated into decisions about spatial planning and policy development	Director of Public Health	September 2008	Discussions under way about the way HIA will link into the LDF, which will be finalised following current consultation exercise. Practical examples of HIA applied to Town Centre and Blaydon Primary Care Centre.
1.2.3	Review progress on the 10 recommendations of the Health Impact Assessment final report for Gateshead International Stadium Development, in order to assess progress, identify appropriate next steps, and evaluate the value of the process.	Health Improvement Practitioner Generic Adults	June 2008	Consultant under recruitment to conduct this exercise.
1.2.4	Conduct an HIA on at least one neighbourhood plan in each of the five Neighbourhood Management Areas	Area Coordinator	October 2009	
1.2.5	Town Centre HIA screening completed	Area Action Plans Manager	Complete	Report available.
1.2.6	Review strategic framework in the light of the first 6 months experience and refresh	Director of Public Health	March 2009	
1.2.7	Review strategic framework and refresh	Director of Public Health	March 2010	

PRIORITY 2: A community-based approach to tackling health inequalities

Action 2.1:	To have developed in the Central Area Forum area a community-based approach to tackling health inequalities and determinants of health with residents and front line workers, to be piloted in the Bensham/Saltwell neighbourhood planning area applying the OSC Review Recommendations on the ground.
Impact:	This will lead to changes in: engagement, resource-sharing, use of frontline staff to maximise effectiveness, development of skills in the community, improved health-related behaviour/ outcomes (including mental health issues such as stress) and a plan to roll out learning to other deprived neighbourhoods

Ref	Milestone	Lead Officer	Target for Completion	Progress
2.1.1	Plan the engagement and recruit partners for a sub group to take this forward for Bensham-Saltwell cluster.	Health Development Manager	Complete	A small working group was formed to plan and carry out the engagement.
2.1.2	Carry out the street engagement for 4 weeks	Health Development Manager	Complete	The main survey areas were Saltwell Road, Coatsworth road and Brinkburn Avenue. 114 people were interviewed.
2.1.3	Carry out the group engagement for 4 weeks. We will visit and engage with existing groups in the area where they are willing to engage. This information will be provided by the Community Network and the Neighbourhood officers.	Health Development Manager	Complete	234 people were consulted through various community groups.
2.1.4	Engage with service providers in the area as to their view of health inequalities and ways to change them. Types of providers are GPs, Pharmacists, Schools, Housing Staff, Domiciliary Care Workers, Community centre and Children centre staff, Leisure and Library staff, District Nurses and Health Visitors.	Health Development Manager	Complete	This was not completed on the original scale that we had envisaged due to available resources. This forms important learning for future engagements. The engagement with some services did prove very valuable.

2.1.5	During the group engagement identify any issues where service providers and groups can be usefully pulled together to discuss services and perhaps how they could change. Arrange to bring them together	Health Development Manager	Complete	No immediate issues were identified, however wider issues were identified. These will be taken up with services once the report is completed.
2.1.6	Action and review the results of any meetings	Health Development Manager	Complete	See milestone above
2.1.7	Steering group meet to produce recommendations for future health engagements in the clusters. This will include any useful tools or approaches and any information produced in the pilot.	Health Development Manager	July 2008	Due to capacity issues the report has not yet been completed. It is proposed that the completion date for this milestone is changed to October 2008.
2.1.8	Summarise what has been learnt and any changes and feedback at the community festival at Brighton Road School.	Health Development Manager	Complete	The festival was attended, with feedback given and a number of people discussing their own health e.g. 6 people were signed up with a health trainer to give up smoking.
2.1.9	Feedback in any way agreed with groups and individuals.	Health Development Manager	July 2008	Feedback to groups will take place once the report has been completed (see 2.1.7). Any individual actions agreed are already being followed up.
2.1.10	Take results to Area Forum for information and where appropriate action by the Area Forum and its partners.	Health lead, Area Forum	Complete	We have consulted with the Area Forums about the Health Inequalities review and shared some of the preliminary findings from the engagement. We hope to go back to the Central Area Forum to deliver the more detailed findings, possibly in December. Two Area Forums have expressed an interest in one of their neighbourhood planning clusters being next.

2.1.11	Set a review for the actions.	Health lead, Area Forum	As decided by Area Forum	Once the Area Forums have agreed actions we can set dates for review.
2.1.12	Review actions from Area Forum	Health lead, Area Forum	As decided by Area Forum	Once the Area Forums have agreed actions we can set dates for review.

Action 2.2:	Roll out learning and engage people on their health and engage services in the agreed neighbourhood clusters.
Impact:	Changes identified in action 2.1 will be implemented in the identified clusters

Ref	Milestone	Lead Officer	Target for Completion	Progress
2.2.1	Discuss the Neighbourhood plans, process and timetable to see what is achievable, the resources available.	Health Development Manager	Complete	The process has started with the engagement part being rolled out from January 2009.
2.2.2	Take the learning from the Bensham and Saltwell cluster and apply and adapt to the above. This will be a series of recommendations and any useful tools/information that had been developed.	Health Development Manager/workin g group	August 2008	Although learning has already been achieved we need to present this in a systematic way and this will follow from the final report in October.
2.2.3	Co-ordinate the inclusion of Health engagement into appropriate neighbourhood plans using the lessons learnt from the pilot. This will be done in negotiation with the relevant neighbourhood officers.	Health Development Manager	As appropriate to the agreed timetable for each cluster	Neighbourhood officers are aware of the clusters we have chosen. They are keen to include the health engagement as part of their engagement.

2.2.4	Co-ordinate resources, mainly people, to carry out the health engagement.	Health Development Manager	As appropriate to the agreed timetable for each cluster	We are still agreeing the rolling timetable time table for each area. This will be achieved by November. We can then identify appropriate people in each area.
2.2.5	Gather and share responses in each of the areas and take to the appropriate area forum to action and review.	Health Lead, Area Forums	As appropriate to the agreed timetable for each cluster	
2.2.6	Reflect and evaluate the intervention in each cluster once each one is completed. Share this information to help with the next one.	Health Development Manager	As appropriate to the agreed timetable for each cluster	

PRIORITY 3: Financial inclusion

Action 3:	Develop a multi agency financial inclusion strategy
Impact:	Over time the actions falling from the financial inclusion strategy will impact on household incomes and levels of indebtedness. This will result in both adults and children having improved quality of life and impact upon life chances.

Ref	Milestone	Lead Officer	Target for Completion	Progress
3.1	Establish a lead for financial inclusion	Head of Economic Development	Complete	Anne Britton lead
3.2	Select executive group to develop financial inclusion strategy	Head of Economic Development	Complete	Four workstream leaders identified to support strategy
3.3	Stakeholder engagement meetings to confirm key themes (Quarterly)	Head of Economic Development	Complete	Workstreams confirmed by stakeholders
3.4	Identify base line information which will impact financial inclusion	Head of Economic Development	Complete	Collate information from stakeholders, local, regional and national statistics
3.5	Draft Financial inclusion strategy to stakeholders meeting and cabinet	Head of Economic Development	October 2008	Draft strategy will be taken to OSC on 14 th October 2008 and Cabinet on 21 st October 2008.
3.6	Final strategy agreed	Head of Economic Development	January 2009	Final strategy agreed by stakeholders and Cabinet
3.7	Development of implementation plan	Head of Economic Development	April 2009	

3.8	Implementation plan agreed	Head of Economic Development	June 2009	
3.9	Review Progress	Head of Economic Development	April 2010	
3.10	Implementation plan delivered	Head of Economic Development	March 2011	

PRIORITY 4: Smoke free Gateshead

Action 4.1:	Young people
Impact:	<p>Young people will be much more aware of the subliminal techniques used to get them to start smoking, and will be more resistant to starting as a result.</p> <p>They will be exposed to fewer influences that infer that smoking is attractive in any way.</p> <p>If they are too young to legitimately buy tobacco, they will not be able to buy it.</p> <p>The cumulative result will be that they will either not start smoking, or will start at a later age when they are less likely to develop full blown addiction before making their first quit attempt.</p>

Ref	Milestone	Lead Officer	Target for Completion	Progress
4.1.1	Mainstream smoking as a substance misuse issue in all young people's partnerships and services	Children's Lead for Commissioning Gateshead PCT	Complete	Smoking to be integrated into the Positive Pathways Board
4.1.2	Lobby the Department of Health about the need to stop point of sale advertising and display of tobacco products	EHTS Manager	Complete	Completed as part of response to Tobacco Control Strategy consultation.
4.1.3	Work with relevant partners, including Gateshead Youth Council, to establish a youth advocacy approach to reducing the number of young people smoking	TBC	TBC	The Lead and Target for completion should be known by November 2008
4.1.4	Develop a requirement for use in all contracting of staff or services that the staff or voluntary workers will not smoke with or in front of young people using their service	TBC	TBC	The Lead and Target for completion should be known by January 2009

4.1.5	Develop a requirement for use in all contracting of staff or services that a proportion of the staff or voluntary workers will undergo training in delivering brief advice	Health Improvement Practitioner: Smoking Gateshead PCT	March 2009	This is on target for completion
4.1.6	Investigate the use of the 'Truth' play developed in Newcastle with year 10 pupils in Gateshead	Health Improvement Practitioner: Children Gateshead PCT / Healthy Schools Lead	December 2008	This is on target for completion. Fresh Smokefree North East will fund the play.
4.1.7	Participate in the pilot for Youth Advocacy programmes in the North East to inform mainstream activity	TBC	March 2009	This is on target for completion
4.1.8	Develop the involvement of a number of young people in emerging youth advocacy work on smoking and tobacco control	TBC	TBC	The Lead and Target for completion should be known by January 2009
4.1.9	Continue to expand the Smoke free schools award to ensure all schools achieve either silver or gold smoke free school status	Health Improvement Practitioner: Children Gateshead PCT	March 2009	This is on target for completion

Action 4.2:	Helping people to stop smoking
Impact:	An increase in the numbers of people accessing NHS Stop Smoking Services and successfully quitting at 4 weeks, including those from neighbourhoods with high levels of deprivation and key target groups. Smoking prevalence should follow a downward trend.

Ref	Milestone	Lead Officer	Target for Completion	Progress
4.2.1	Build links between the Stop Smoking Service and the Tyne and Wear Fire and Rescue Service to maximise beneficial cross referral of clients between services.	EHTS Manager	Complete	Brief intervention training delivered to Fire Officers conducting home fire safety checks
4.2.2	Write to every employer in Gateshead to promote the workplace stop smoking service.	DPH/Public Health Lead	Complete	Completed by Stop Smoking Service.
4.2.3	80% of frontline LA staff and PCT staff trained in brief intervention	DPH/Public Health Lead	March 2011	
4.2.4	Review the resources devoted to this priority	DPH/Public Health Lead/EHTS Manager	Complete	A bid has been made for funding for a Council officer to deal with underage sales of tobacco and other products.
4.2.5	Implement the recommendations of the Tobacco Control National Support Team	DPH/Public Health Lead	March 2009	National Support Team visiting in October 2008
4.2.6	Demonstrate an upward trend in the Smoking quitters per 100,000 population aged 16 and over from the 04/05 to 06/07 baseline and year on year.	Public Health Lead	March 2011	
4.2.7	400 community and voluntary sector staff trained in brief intervention	DPH/Public Health Lead	March 2010	

4.2.8	Continue and develop the work already undertaken through Children's Centres to reduce smoking during pregnancy	Acute Trust/ Children's Lead for Commissioning Gateshead PCT	March 2010	
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Action 4.3:	Protecting people from second-hand smoke
Impact:	There is evidence from Scotland that their own Smoke free laws have resulted in greater voluntary restrictions in the home, leading to a reduction in exposure to second hand smoke there.

Ref	Milestone	Lead Officer	Target for Completion	Progress
4.3.1	Maintain the capacity to carry out enforcement in relation to the Smoke free part of the Health Act 2006 by bidding for ongoing funding in 2009/10	EHTS Manager	Complete	Bid submitted to Department of Health for funding in September 2008.
4.3.2	Provide ongoing support to local businesses for Smoke free through NHS Stop Smoking Services and workplace health, including the development of smoke free workplace policies	TBC	December 2008	This is on target for completion
4.3.3	Develop work in children's centres on advising parent of the dangers of smoking around children	Children's Lead for Commissioning Gateshead PCT	March 2010	

Action 4.4:	Reducing the harm caused to communities by tobacco addiction
Impact:	Smoking prevalence should follow a downward trend.

Ref	Milestone	Lead Officer	Target for Completion	Progress
4.4.1	Lobby the government for the adoption of a measure of Tobacco poverty	EHTS Manager	Complete	Completed as part of response to Tobacco Control Strategy consultation.
4.4.2	Inform the public about the emerging problem of counterfeit cigarettes.	EHTS Manager	May 2008	We have made a successful bid for a regional illicit tobacco project, but still await the funding from Department of Health - due December 2008
4.4.3	Reduce the quantity of smuggled or counterfeit tobacco products sold from social housing	EHTS Manager	December 2008	Although we expect some progress to be made by December, this is a long term action and will only reach full effectiveness when eviction becomes the norm for convicted occupants.
4.4.4	Development of local intelligence about the supply and distribution of illicit tobacco products.	EHTS Manager	September 2008	We have made a successful bid for a regional illicit tobacco project, but still await the funding from Department of Health to implement this.
4.4.5	Targeted action evident in response to local intelligence about the supply and distribution of illicit tobacco products.	EHTS Manager	September 2008	We have made a successful bid for a regional illicit tobacco project, but still await the funding from Department of Health to implement this.

Action 4.5:	Developing infrastructure, skills and capacity at a local level
Impact:	Overall smoking prevalence will be reduced on an annual basis

Ref	Milestone	Lead Officer	Target for Completion	Progress
4.5.1	Review the Smoke Free Gateshead Action Plan with the aim of delivering on the tobacco control agenda and providing support to NHS Stop Smoking Services	Public Health Lead	June 2008	Work on this was delayed to September to allow the Alliance to create a response to the Tobacco Control consultation, and should be complete in October 2008.
4.5.2	Re-establish Smoke Free Gateshead Alliance	EHTS Manager/Public Health Lead	Complete	Group reconvened by HelmePark Ltd working on behalf of DPH.
4.5.3	Develop and implement an action plan in response to the recommendations and findings of the Tobacco Control National Support Team Visit in June.	EHTS Manager/Public Health Lead	September 2008	The visit has been deferred by the Support Team until October 2008
4.5.4	Incorporate the actions arising from this plan into an annual Smoke Free Gateshead action plan and monitor progress through that group, reporting headline performance to the Public Health Partnership	EHTS Manager/Public Health Lead	April 2009	

PRIORITY 5: Lifestyle

Action 5.1:	Establish an integrated 'whole system' for delivery of lifestyle interventions through service redesign
Impact:	Lifestyle interventions will be targeted at groups who are most in need the Borough, and will be designed to overcome the barriers to making changes, which are often experienced by disadvantaged communities such as low income, access problems, cultural barriers

Ref	Milestone	Lead Officer	Target for Completion	Progress
5.1.1	Map current provision of adult obesity prevention and support services (lifestyle), including community-led and private sector provision.	Health Improvement Practitioner, PCT	Complete	Initial mapping of current provision of prevention and support services completed. Consultation event with frontline staff currently being extended from the initial proposal, to ensure coverage across all sectors. The mapping exercise has consulted with stakeholders across the Local Authority, PCT, Foundation Trust and Voluntary and Private sector at all levels, and has included a focus on workforce development needs. A number of service leads and frontline staff have been engaged in the process. The final report is to be produced in early October.
5.1.2	Provide change management training for identified lead officers and key Lifestyle Service Managers.	Head of Sport and Leisure	December 2008	Change Management training provided for key Lifestyle Service Managers and lead officers representing Adult and Children's Services in Gateshead Council and Gateshead PCT.

5.1.3	<p>Run Lifestyle Services and Support Change Management Workshops with existing service providers from all sectors</p> <ul style="list-style-type: none"> Review and agree the role of key service providers/staff groups; e.g. Goal, Dietetics including Community Nutrition Assistants, Health Trainers, Community Health Team, Physical Activity Motivators, Healthy Community Collaborative etc. Develop and implement whole system referral and care pathways 	Public Health Specialist, PCT	March 2009	Multi-agency Obesity Change Management Group (previously Lifestyle Service Improvement Group) established. Currently reviewing/agreeing roles and referral pathways for newly established, re-designed services e.g. Community Weight Management Service, Goal etc. Change Management Workshops to engage other key service providers scheduled for October 2008 - March 2009.
5.1.4	Undertake HIA and engage service users/targeted groups in planned provision as part of design process	Health Improvement Practitioner, Community Action, PCT	March 2009	Milestone on target - due for completion during the next six months.

Action 5.2:	Increase provision of evidence-based lifestyle interventions across Gateshead, and for targeted communities and groups based on need
Impact:	Increased investment will ensure greater availability of lifestyle services and support for those most in need, and as part of a broader Obesity Management (prevention and treatment) model will in the longer term help halt rising obesity levels.

Ref	Milestone	Lead Officer	Target for Completion	Progress
5.2.1	Mainstream the GOAL (Exercise on Referral) practitioner posts to maintain current programme capacity.	Head of Sport and Leisure	Complete	Funding secured from Gateshead Primary Care Trust to mainstream GOAL practitioner posts. Service Level agreements currently being signed off.

5.2.2	Establish an Obesity and Nutrition Preventative Post to deliver obesity prevention and health information programmes in targeted areas and settings based on local needs.	Health Improvement Practitioner, PCT	Complete	Gateshead PCT has provided new investment funds for establishment of an Obesity and Nutrition Preventative post. Following tendering process, contract awarded to Sport and Leisure, Gateshead Council. Contracts signed September 2008. Currently recruiting into post.
5.2.3	Commission a range of promotional campaigns to increase awareness of what constitutes a healthy diet in order to improve dietary intakes, purchase behaviour and consumption delivered in targeted communities, using social marketing techniques	Health Improvement Practitioner, PCT	December 2008	Social marketing work has begun in relation to high risk patient pathways for CVD and making the links to appropriate lifestyle interventions for these patients. Some of the interim findings in October will be used to inform the social marketing approach in Gateshead for nutrition and health behaviour for the target groups. Local campaign linked into regional and national campaigns being developed for launch pre-Christmas.
5.2.4	Evaluate and expand 'Balance It' (pilot integrated community weight and nutrition programme) or alternative models into a further 4 areas to improve access to lifestyle services in wards with lowest life expectancy	Health Improvement Practitioner, PCT	March 2009	Based on piloting of Balance It (integrated community weight and nutrition programme) contracts have also been secured to establish outreach community weight and nutrition services in a further 4 areas to ensure access to lifestyle services in wards with lowest life expectancy. Final Balance It! evaluation to be conducted in March 2009,

5.2.5	Establish a Lifestyle Intervention Service for families providing advice, signposting, referral and support into Lifestyle Interventions	Children's Lead for Commissioning, PCT	Complete	Gateshead PCT has provided new investment funds for establishment of a Lifestyle Intervention Service for families. Following tendering process, contract awarded to Gateshead Council. Contracts signed September 2008. Recruitment in process.
5.2.6	Establish a Lifestyle Support Service for people with mental health problems - providing physical health checks, referral and support into Lifestyle Interventions.	Public Health Practitioner, PCT	October 2008	Currently commissioning Lifestyle Support Service (comprising Nurse post to undertake physical health checks with individuals on SMI register and develop referral into Lifestyle Services.
5.2.7	Commission community groups to research needs amongst those groups currently not accessing services, identified through existing evidence, e.g. BME population	Health Improvement Practitioner, Community Action, PCT	April 2009	Milestone on target - due for completion during the next six months.

Action 5.3:	Build capability and capacity for delivering lifestyle interventions within communities, leading to an increase in community led lifestyle initiatives.
Impact:	Increase in community members engaged in the design, delivery and monitoring of lifestyle interventions is more likely to lead to sustained lifestyle change and longer term improvements in health

Ref	Milestone	Lead Officer	Target for Completion	Progress
5.3.1	Map current provision of community-led lifestyle interventions by area forum with a view to build on existing capacity and identify areas for further capacity building.	Health Improvement Practitioner, Community Action, PCT	Complete	Current provision of community-led lifestyle interventions mapped by Area Forum for physical activity, nutrition, and obesity interventions as part of 5.1.1.
5.3.2	Provide training on health improvement e.g. Introduction to Health Improvement (RIPH), Brief Intervention training to community workers/community members. Engage with community workers/groups to address specific capability issues identified through mapping. (5.1.1)	Health Development Manager	March 2009	Introduction to Health Improvement (RIPH) - service specification developed and contract awarded to service provider (Health Works). Scheduled training commences October 2008. Training will be provided for 120-200 community workers/community members who have contact with public working in disadvantaged areas, with a focus on our 5 priority areas Brief Intervention Training - service specification developed, currently seeking service provider from Community and Voluntary sector.

5.3.3	Explore potential for developing social enterprise models for delivery of lifestyle interventions as part of Lifestyle Services re-design and expansion	Health Development Manager	Complete	Exploratory discussions have taken place with Social Enterprise Development Officers in Local Authority and individual interventions e.g. Healthy Community Collaborative. Further exploratory work with voluntary and community sector to identify interest in developing social enterprises is planned to begin October 2008.
5.3.4	Develop a network for all frontline workers involved in obesity to share information/ and role development.	Head of Sport and Leisure	December 2008	Currently in planning stage as part of Change Management programme. Milestone on target - due for completion by December 2008.

PRIORITY 6: Minimise harm from alcohol

Action 6:	Review the Alcohol Harm Reduction Strategy for the borough and implement the revised strategy
Impact:	<p>Reductions in alcohol harm related hospital admission rates for chronic liver disease</p> <p>Reductions in assaults with injury related to alcohol misuse</p> <p>Improved mortality rates in the poorest communities</p> <p>Improvements in perceptions in relation to anti social behaviour linked to alcohol misuse</p>

Ref	Milestone	Lead Officer	Target for Completion	Progress
6.1	Identify officer leads for each theme of the LAA to progress plans for the revised Alcohol Harm Reduction Strategy	Chair of the Alcohol Harm Reduction Strategy Working Group	Complete	Leads have been identified as follows: -Children and Young People: Caroline Saxon/Harry Mathews -Safer/Stronger: Chief Inspector D Anderson/Ruth Gaul -Healthier Communities and Adult Health and Well Being: Christine Jordan/Mark Watson -Economy, Skills, Housing and Transport: Peter Wright
6.2	Lead officers scope the work drawing on the Health Inequalities review, the evidence base and the 3 rd April stakeholder event	Lead officers	June 2008	Delay in officers coming into post mean this milestone has not yet been completed.
6.3	Lead officer bring forward draft proposals for their theme	Lead officers	September 2008	Delay in officers coming into post mean this milestone has not yet been completed.
6.4	Finalise a renewed Alcohol Harm Reduction Strategy for the borough, organised around the 4 key themes of the Local Area Agreement for consideration by the GSP and Cabinet	Community Safety Manager	October 2008	As a result of milestones 6.2 and 6.3 being delayed, propose that this milestone is rescheduled for completion in January 2009.

Children and Young People:

6.5	Education/Awareness raising programme starting at a young age to try and reduce the attractiveness of binge drinking to children and young people	Area manager (West)	October 2008	A range of interventions from informal discussions in youth club sessions to planned group work in conjunction with NECA. Also, peer education initiatives.
6.6	Awareness raising marketing campaign targeted at young people	Area manager (West)	October 2008	Young people produced posters highlighting dangers of alcohol. Invited police to participate in a campaign at youth sessions. Am a Bovered campaign on drink spiking dangers etc. Included poster campaign. Social Norms project at Hookergate - Outcomes posters/Pin badges on positive messages.
6.7	Education/ publicity programme to help prevent parents buying alcohol for their children and understanding the problems associated with supplying alcohol to young teenagers. <ul style="list-style-type: none"> • Training programmes for workers who work with children and young people. • Identifying funding/resources in order to provide children and young people with positive alternative activities including peer education programmes. 	Area manager (West)	October 2008	Citizenship programme in youth sessions involved peer education. Detached Youth Workers working on streets with young people around alcohol issues. Identified funding to purchase a Mobile Youth facility that can be used to promote sensible drinking and warn about dangers of excessive drinking etc. Funding also identified to employ Detached Youth Workers on Friday and Saturday nights to focus on alcohol and young people.
Safer, Stronger Communities and Culture:				
6.8	Development of evidenced based criteria for the implementation of alcohol bans within the borough	Community Safety Manager	Complete	Draft Alcohol Problem Profile of the borough produced. Draft criteria to support the implementation of further alcohol bans are now subject to consultation process with Northumbria Police.

6.9	Increase enforcement on local traders who continue to sell alcohol to young people	EHTS Manager	TBC	Work ongoing
Healthier Communities and Adult Health and Well Being:				
6.10	Increase screening and brief interventions to increase current capacity and provide interventions for 20% of the population - 6236 hazardous drinkers.	Head of Substance Misuse, Commissioning and Reform	October 2008	Newcastle university research project on screening and brief intervention (SBI) underway in Gateshead GP practices and the A&E dept to identify the most effective screening tool/intervention. Results due early 2009. Established Links with regional alcohol office as they are developing a regional approach to SBIs. Workforce taskforce to identify workforce training needs on alcohol. Brief Intervention training specification going out to tender Sept 2008.
6.11	Training a range of front line workers across partner agencies, in screening and brief intervention to support the above.	Head of Substance Misuse, Commissioning and Reform	December 2008	Workforce taskforce established to assess the workforce training needs around alcohol and developing a training skills escalator. Brief Intervention training specification going out to tender in Sept 2008. Linking with PCT workforce group.
6.12	Providing incentive for GPs, pharmacists and other independent contractors to carry out opportunistic screening and brief intervention of clients.	Head of Substance Misuse, Commissioning and Reform	October 2008	Developing a Local Enhanced Service (LES) for Independent contractors which will include undertaking brief interventions.

6.13	Increase capacity and investment for providing treatment at tier 3 (community based interventions) to provide treatment for 20% of the population in need - 1,722 harmful and moderately dependent drinkers	Head of Substance Misuse, Commissioning and Reform	October 2008	JAC (Joint Adult Commissioning Group) groups responsible for developing alcohol commissioning plans outlining their needs around the treatment services. Alcohol commissioning officers appointed. Stakeholder events with key professionals, GPs, carers delivered to consult on commissioning plans. Research project covering treatment effectiveness in a variety of environments e.g. A&E, criminal justice Proposal going out to local universities to expand turning point liaison service across SOTW. South Tyneside up to speed, expand Sunderland and consolidate Gateshead project.
6.14	Investment in tier 3 community detox based on 20% of those in need annually	Head of Substance Misuse, Commissioning and Reform	October 2008	Shared care task group to be established
Economy, Skills, Housing and Transport:				
6.15	Increase multi agency training to licensees	EHTS Manager	January 2009	A small steering group will develop this area of work.
6.16	Work with Supermarkets to introduce sensible pricing strategies.	EHTS Manager	January 2009	A small steering group will develop this area of work.

PRIORITY 8: Health Equity Audit

Action 8:	Use Health Equity Audit systematically as a tool for service development
Impact:	This will maximise the way that decisions made by all members of Gateshead Strategic Partnership have on reducing inequalities in health

Ref	Milestone	Lead Officer	Target for Completion	Progress
8.1	Maintain contact with members of the Health Equity Audit Action Learning Set in order to give advice, support and encouragement (meetings 4 th March, 15 th April, 13 th May, 10 th June, 15 th July and one to be set in September.)	Director of Public Health	Complete	Final Action Learning Set meeting 3 rd October.
8.2	Convene the Health Equity Audit Steering Group, and prepare a strategy to embed the approach into PCT and Council commissioning and delivery	Director of Public Health	July 2008	Membership currently being finalised. This will enable the co-ordination and development of Health Equity Audit as a tool, for use in both the Council and the PCT, and consideration of the application of the tool to the voluntary and community sectors.
8.3	Assess the impact of the equity audits conducted (both through the Action Learning Set and independently) and review the value of the Action Learning Set approach, with the North East Change Centre facilitator.	Director of Public Health	Complete	Report will follow within two weeks of final action learning set meeting.
8.4	Disseminate learning about service change using Health Equity Audit. Both from local and national examples	Director of Public Health	November 2008	Plan for dissemination will be on the agenda for Health Equity Audit Steering Group.

8.5	Plan further application of health equity audit methods, including resource implications	Strategy Group and PCT Central Management Team	December 2008	Extended application of Health Equity audit will be agreed by the Health Equity Audit Steering Group.
8.6	PCT include Health Equity Audit data collection and analysis requirements in commissioning services, and offers training including the voluntary sector as part of marketplace development	PCT Chief Operating Officer	March 2009	Needs assessment of voluntary sector requirements to build capacity under way.
8.7	Overview and Scrutiny Committees for Healthier Communities and Children and Young People include Health Equity Audit as part of their annual programme of work 2009-10	Members	March 2009	
8.8	Review progress and set milestones for plans for 2009-10	Director of Public Health	January 2009	
8.9	Review progress and set milestones for plans for 2009-10	Director of Public Health	January 2010	