

HEALTH PROTECTION ACTION PLAN (UPDATED NOVEMBER 2018)

Vision	Strategies	Measurable Outcomes	Actions	Accountable person	Timescale	Assurance to DCC HWB	
Work in partnership to protect and promote the health, wellbeing and quality of life for children and adults.	Implement and QA of Screening Programmes	<ul style="list-style-type: none"> NHS England achieving its targets across all screening programmes particularly focusing on increasing equitable uptake Assurance that all screening programmes are being run in line with quality standards 	<ul style="list-style-type: none"> Undertaking targeted work with young women in the county to improve uptake of cervical screening particularly at practices with poor uptake Working with LMS to encourage early booking of pregnant women to ensure sufficient opportunity for antenatal screening to be undertaken Working with DES services to extend clinic times to improve uptake amongst working age adults, particularly those of lower socio-economic status Working with the Newcastle breast screening provider to run additional clinics in order to improve attainment of the 36-month round length KPI Working with CDDFT to resolve IT issues that have led to an inability to report performance data for the most recent period Working with cervical screening services to ensure that staff shortages leading to prolonged sample turnaround time do not impact on sample viability 	Rachel Chapman NHSE	Quarterly reporting via Screening and Immunisation Oversight Group to the health protection assurance and development group	<ul style="list-style-type: none"> Reports from each screening programme board NHS England's Inequalities action plan QA reports on local screening programmes Public Health contracts containing the promotion of screening 	Communication
	Implement and QA of Immunisation Programmes	<ul style="list-style-type: none"> Improved Childhood immunization rates of MMR, Hib/Men C, PCV and DTaP-IPV Improved teenage vaccination rates for Men ACWY and Td/IPV Improved influenza vaccine coverage Improve shingles vaccination rates 	<ul style="list-style-type: none"> Working to improve vaccination rates at low uptake GP surgeries in particular for vulnerable/ marginalised groups Working on specific issues such as translatable consent forms and problems with waiting list administration Working with schools and providers to ensure improved rates of vaccination amongst adolescents Focusing on improved influenza vaccination rates for >65s, clinical risk groups, and GPs/ independent providers Engaging in national campaigns to improve shingles vaccination rates which are reducing across the UK 	Rachel Chapman, NHSE	Quarterly reporting via Screening and Immunisation Oversight Group to the health protection assurance and development group	<ul style="list-style-type: none"> Reports from PHOG NHS England's Inequalities action plan Reports on local immunisation programmes Public Health contracts containing the promotion of immunisation 	
	Prevention and management of outbreaks and communicable disease (HCAI's, TB HIV STI's)	<ul style="list-style-type: none"> Maintain CCG targets in HCAI and Anti Microbial Resistance (AMR) Ensure quality standards are met in relation to management of outbreaks and incidents Work towards achieving a reduction in rates of sexually transmitted infections 	<ul style="list-style-type: none"> Working with the infection control team to provide support with regards emerging work on E. coli bloodstream infections Supporting the infection control team with emerging work on domiciliary providers and the care home self-audit programme due to constraints within the teams capacity Clarifying arrangements in relation to contacts in local authority and provider organisations in the event of an outbreak or incident out of hours Working with commissioners to ensure plans are in place for delivery of vaccines/testing and medicines in the event of an outbreak of infectious disease at a care home, school or nursery e.g. flu, pneumococcal and meningococcal disease Linking with the NE sexual health group to understand whether NE strategy sufficient or whether something bespoke is required for Durham 	Gail Watkin, DDES CCG Public health Deb Wilson PHE Michelle Baldwin	Quarterly reporting to the health protection assurance and development group	<ul style="list-style-type: none"> Infection Control Team minutes Outbreak Reports Surveillance Reports (PHE) PHE Annual Report Minutes of TB Forum, HCAI Group and Health Protection group Infection Control Team report 	
	Strategic regulation interventions	<ul style="list-style-type: none"> Reduce access and availability to age restricted products to children and young people Reduce housing health and safety risks Reduce anti-social behaviour and nuisance Better business compliance with safety standards Improve air, land and water quality 	<ul style="list-style-type: none"> Work with the environmental health team to deliver health improvement interventions alongside their statutory duties e.g. housing improvement, falls reduction, fuel poverty, alcohol harm reduction, smoking cessation and illicit substance control Add value to the work already being undertaken by community action teams and the better business for all initiative Work in partnership to support the air quality action plan via the technical working and steering groups that are already in place Support contribution to outbreak control situations 	Joanne Waller	Quarterly reporting to the health protection assurance and development group	<ul style="list-style-type: none"> Air Quality Strategy Contaminated Land Strategy Food Safety Plan Food Hygiene Plan Statutory returns/national regulations Annual enforcement programme Licensing and enforcement policies Disease contingency plans 	
	Implementation of robust preparedness and response to incidents and emergencies	<ul style="list-style-type: none"> Working in partnership to provide assurance of robustness of multi-agency EPRR plans Assurance of recovery following on from an incident or outbreak 	<ul style="list-style-type: none"> Work with the CCU to ensure plans for mass casualty and excess deaths are appropriately updated Ensure everyone on EMT rota understands functions of public health and when they should be alerted to an incident. Delineate lines of communication to be used in the event of an outbreak or incident – particularly out of hours Improving communication between local authority and PHE to ensure that incidents with a potential health impact are shared between organisations early Work with CCU on recovery plans particularly ensuring appropriate representation at recovery co-ordination group 	Kevin Edworthy	Quarterly reporting to the health protection assurance and development group	<ul style="list-style-type: none"> Emergency Plans Business Continuity Plans PHE Annual Report LRF and LHRP Minutes Reports from Exercises 	
	Robust surveillance and monitoring systems						