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Foreword


Accidents are a major cause of death and injury. Accidents are strongly related to deprivation and therefore are a major cause of health inequalities.

Despite being called accidents, these are not random, chance events. To some extent accidents are predictable and preventable.

The local strategy is based on evidence of what works. This includes the highly successful ACAP project which is lead by the main author of this strategy, Julie Carman.

A successful strategy depends on the enthusiastic commitment of all partner agencies. Monitoring of this strategy is necessary to demonstrate that progress is being made.

I look forward to a co-ordinated collaborative approach amongst all involved statutory and non-statutory organisations in East Lancashire and the public, in order to achieve the desired reduction in serious injury and deaths from accidents by 2010.

Dr Ellis Friedman, Director of Public Health
East Lancs Teaching Primary Care Trust, February 2008

1. Acknowledgements

Julie Carman, the Manager of the East Lancashire Accidents Prevention (ACAP) Service has developed this Strategy and Action Plan with assistance from Dr Ellis Friedman, Director of Public Health and Tim Mansfield Head of Multi Agency Service Development.

1.2 The Health Key Priority Groups from the Local Strategic Partnerships in Burnley, Pendle, Rossendale, Hyndburn and Ribble Valley have also had significant input into this document as have the members of the Burnley, Pendle and Rossendale S.A.F.E. (Safety Awareness For Everyone) Network.

1.3 The early development and consultation was carried out in 2005/06 with Burnley, Pendle and Rossendale but this Strategy includes input from Hyndburn and Ribble Valley.
2. Introduction and Background

2.1 The Action on Children’s Accident Project (ACAP) Team has been delivering accident prevention initiatives across Burnley, Pendle and Rossendale since Autumn 2001 aimed at reducing childhood accidents with a particular focus on the under fives.

2.2 Recognising that other organisations in addition to health have an interest in and a target to reduce childhood injuries the BPR S.A.F.E. Network was set up in July 2002.

2.3 Significant success in reducing the number of local children's accidents has led to a desire to work closely with others to reduce unintentional injury across all ages and the need for a development strategy to direct this aim.

2.4 In 2005 a member of the ACAP Team was seconded to the Falls Prevention Collaborative for 1 year and on her return work on Falls Prevention has been incorporated into the ACAP Teams remit.

3. Why are Accidents Important?

3.1 Unintentional childhood accidents are a leading cause of childhood mortality in the United Kingdom. (Towner 2002). They put more children in hospital than any other cause. Indeed, accidental injury is the main cause of death for children beyond infancy. Although absolute rates have fallen by 25% over the last forty years, death rates from other causes fell by 75%, so injuries represent a growing proportion of death among children and young people. (Blair et al, 2004).

3.2 Older people are at risk of death or disability due to an accident, most commonly a fall. Following a fall there is often a loss of independence and confidence among older people, which can diminish their quality of life.

3.3 The term accident can encourage a fatalistic view that an accidental incident is uncontrollable, unexpected and a random event. However, research shows there are strong trends in accidents. The term unintentional injury is now more often used to reinforce the belief that accidents can be predicted and therefore prevented.

The term accident has been used within this document as it is the one most currently identified by Government policy, partner agencies, local practitioners and the general public.

3.4 Accidents in the home

There are 2.7 million home accidents each year requiring hospital treatment of which 477,500 are children under five. There were 4,308 deaths due to home accidents in 2002 of which 2,373 were males and 1,935 were females. 1,702 were over the age of 75. 1,200 people over 75 die each year as a result of a fall at home. 120 children under 15 die at home as a result of a home accident.

Estimated cost to the UK in lost education lost working time and hospital treatment is £25 billion each year.

3.5 Accidents on the road

Every year, around 3,500 people are killed on British roads and around 40,000 are seriously injured. In total, there are over 300,000 road casualties, in around 240,000 accidents, and about fifteen times that number of accidents not resulting in an injury. This represents a serious economic burden and the direct costs are thought to be around 3 billion pounds each year.

3.6 Accidents at work

There were 220 workers killed at work in 2004/5 in Great Britain. 361 members of the public were also fatally injured at places of work, around two thirds of which were acts of suicide or trespass on the railways.

150,559 other injuries to employees were reported in 2004/5, of which 30,213 were major injuries. Major injuries are defined as fractures, amputations and other injuries leading to resuscitation or 24 hour admittance to hospital.

The Labour Force Survey suggested 363,000 reportable injuries occurred which suggests a degree of under-reporting of injuries of about 44%.

7 million working days were lost in 2004/5 due to workplace injury. Over a third of major injuries were caused by slipping and tripping, while two fifths of minor injuries were caused by handling, lifting or carrying.

The Revitalising Health & Safety target for 2004/5 is to reduce the incidence rate of fatal and major injury by 5% from 1999/2000. The available sources indicate no clear trend since the base year in this rate. The target has therefore not been met.

4.1 The recently published “Better Safe than Sorry” (2007) Report made the following recommendations for PCTs and Local Councils:

- Make maximum use of the financial flexibilities open to them, including using Section 31 (1998 Health Act) to pool resources and consider the appointment of jointly funded posts to support and sustain prevention strategies.
- Review their existing partnership arrangements, particularly those which have been affected by the restructure of the NHS in the areas of organisation, leadership, membership and delivery.
- Develop joint strategic plans and action plans aimed at preventing unintentional injury, ensuring regular review and monitoring of outcomes. These plans should ensure that resources are directed towards sustainable evidence-based strategies, that avoid duplication of work and that they are directed at reducing inequalities.
- Regularly review and develop a clear understanding of the rates and types of unintentional injury in their local area, to enable actions and resources to be directed accordingly.
- Determine what sources of local data are available and, where possible, record and share data across the NHS and local government.
- Influence LSP’s to strengthen the focus on unintentional injury in local communities.
- Use local children’s trust arrangements, such as children and young people strategic partnerships or LSCBs as a vehicle to oversee and ensure delivery of prevention strategies. Where appropriate to include the prevention of unintentional injury in LAA’s.
- Familiarise themselves and local practitioners with the evidence base detailing what works (as outlined in the Accidental Injury Task Force) and target strategies for preventing unintentional injury accordingly.

4.2 The Public Health White Paper “Choosing Health” (2004) puts the emphasis on prevention:

The three key principles are:
- Informed choice for all
- Personalisation of support to make healthy choices
- Working in partnership to make health everyone’s business

4.3 The second Wanless Report stated:

“Public health is concerned with improving the health of the population, not just treating the diseases (injuries) of individual patients”

“The responsibility for Public Health lies with a range on individuals and organisations.

Partnerships are the key to the delivery of strategies aimed at preventing unintentional injury and require cooperation at local level.
5. Injuries and Health Inequalities

5.1 Tackling health inequalities is one of the six key priorities of the Public Health White Paper and it is recognised that people want services that connect with their lives.

By using a multi agency supportive approach across the locality children and people of all ages will be encouraged and empowered to lead healthier lives and suffer fewer injuries.

The Health Development Agency document “Children and Families – Study on unintentional injuries (HDA 2005) highlights the fact that children from poor families are five times more likely to die from unintentional injuries.

Professor Elizabeth Towner, author of the HDA Report said” The fact that children from poorer families are at greater risk from unintentional injuries must be addressed. We need to work to develop an environment in which every child in this Country, irrespective of social circumstances, is equally well protected from injury and death.

5.2 “Saving Lives: Our Healthier Nation” (1999) set out the Governments Health Strategy for the next 10years. It bought an increased focus on the promotion of health and the prevention of ill health. Accidents are one of the four key priorities for action.

A specific target was set for reducing death rates and serious injury by 2010:

“To reduce the death rate from accidents by at least one fifth and to reduce the rate of serious injury by at least one tenth by 2010 – saving up to 12,000 lives in total” (DOH, 1999)

5.3 The DETR has set casualty reduction targets for 2010 in its National Road Safety Strategy

• 40% reduction in the number of people killed or seriously injured in road accidents
• 50% reduction in the number of children killed or seriously injured
• 10% reduction in the slight casualty rate
6. Housing Act 2004

6.1 The Housing Act 2004 introduces from the 6th April 2006 the Housing Health & Safety Rating System (HHSRS) which will replace the current “fitness standard”

The HHSRS is a new approach to the evaluation of the potential risk to health and safety from any deficiencies identified in dwellings. The system is a founded on a logical evaluation of both the likelihood of an occurrence that could cause harm, and the probable severity of the outcomes of such an occurrence.

Its underlying principal is that:

“any residential premises should provide a safe and healthily environment for any potential occupier or visitor” (ODPM 2004 p4)

6.2 The system has been developed to allow assessment of all the main potential housing related hazards.

There are 29 hazards in total which are divided between four requirements:

• Physiological. e.g. damp and mould growth, excess cold and heat, pollutants
• Psychological. e.g. entry by intruders, light, space
• Protection against infection. e.g. domestic hygiene, food safety
• Protection against accidents e.g. falls. Electric shocks, fire, collision, cuts and strains.

The system is evidence based, supported by extensive reviews of literature and detailed analyses of statistical data regarding the impact of housing conditions on health.

Reference


7. Links to Other Strategies

7.1.1 This document will also take into account the aims of other national and local strategies and initiatives:

• National Service Framework for Older People (DOH. 2001)
• National Service Framework for Children (DES & DOH 2004)
• Every Child Matters
• Healthy Schools Standards (DES & DOH 1997)
• The Lancashire Partnership for Road Safety Strategy (www.safe2travel.co.uk)
• Sure Start (Dept. for Education and Skills 1999)
• Children’s Centre Initiatives (Dept. for Education and Skills 2003)
• Community Safety Strategy (Lancashire Combined Fire Authority 2005)
• Drugs and Alcohol Strategy- currently being developed by the PCT
• The Elevate Pathfinder Programme (www.elevate-eastlancs.co.uk)
8. Scientific Literature on what works

8a.1 Accidental Injury and Children

Unintentional injury is a major cause of avoidable ill health, injury and death. For children aged between one and fourteen, it is the leading cause of death. Evidence for effectiveness of interventions for reducing injury and changing behaviour has been assessed by Towner and Dowswell (2001) in the three main environments where child accidents occur:

- On the Road
- In the Home
- During Leisure Pursuits
8a.2 On the road

There is good evidence for:
- 20mph zones (leading to injury reduction and behaviour change)
- Cycle helmet education campaigns (leading to behaviour change)
- Child Restraint Loan Schemes (leading to behaviour change)
- Child restraint legislation (leading to behaviour change)

There is reasonable evidence for:
- Area wide urban safety measures (leading to injury reduction)
- Education aimed at parents about pedestrian injuries (leading to behaviour change)
- Cycle training (leading to behaviour change)
- Cycle Helmet legislation (leading to injury reduction)
- Child restraint education campaigns (leading to behaviour change)
- Seat belt education campaigns (leading to behaviour change)
- Child restraint legislation (leading to injury reduction)

8a.3 In the home

Significant fatalities and injuries occur, in or near the home. In descending order these occur through:
- Suffocation and foreign bodies (ingestion or aspiration of foods/non-foods, toys or parts of toys or other “unknown” substances)
- Fire and flames
- Drowning and submersion
- Falls
- Poisoning

There is good evidence for:
- Smoke detector programmes (leading to injury reduction and behaviour change)
- Poisoning - child resistant packaging (leading to injury reduction)

There is reasonable evidence for:
- Product design (leading to injury reduction)
- General safety devices (leading to injury reduction)
- Window bars (leading to behaviour change)
- Parent education on hazard reduction (leading to behaviour change)

8a.4 At leisure

There is no good or reasonable evidence of effective intervention, although there is some evidence for interventions targeted at drowning, and play and leisure injuries. (Towner and Dowswell 2001)

8b. Accidental injury in older people

8b.1 “Over 50% of accidental injury deaths, and over 60% of serious accidental injury, occur in people aged 65 and over” (Cryer, 2001)

Rates of accidental injury that result in hospitalisation or death are higher for older people compared to all other age groups. (Cryer, 2001)

Almost half occur in the home, a quarter on the street/ out and about and a fifth in residential institutions. (Cryer, 2001).

The evidence base relating to accidents in older people is organised around falls, road traffic accidents and domestic fires.

8b.2 Falls

**Single intervention prevention** - some evidence for home exercise programmes to reduce falls for women in the community.

**Multi-faceted interventions** - based on falls risk factor assessment and intervention in at risk older people has reduced falls. Need to target intrinsic and environmental factors for individual patients)

**Home assessment and surveillance** - can reduce falls in frail older people

**Residential Institutions** - assessment after a fall and implementing preventative measures can decrease falls.

**Hip protectors** - can reduce fractures in nursing homes and selected high-risk people (acceptability remains a problem).

**Osteoporosis** - a number of interventions have proved successful in postmenopausal women.

Including:
- Medication e.g. Biphosphates, Alendronate, Calcitonin and Calcium and Vitamin D supplements
- Physical activity
- Stopping smoking (current evidence is weak)

“How’s your femur, Beryl?”
8b.3 On the road

General
There are a wide range of general road policies that contribute to reducing accidents in the elderly:
• Avoid alcohol before driving
• Random Breath testing
• Seat belt use
• Speed limit enforcement
• Area wide traffic management schemes

Older pedestrians
The risk can be reduced for older pedestrians and disabled people by:
• Traffic calming
• Low speed limits
• Pedestrian areas
• Pedestrian crossing design
• Reducing kerb heights
• Audible signals
• Stippled stones at crossing

Car occupants
Interventions beneficial for older car occupants include:
• Use of automatic transmission cars (prior to cognitive decline)
• Designing signals and road making for the more limited capabilities of older drivers
• Replacing junctions with roundabouts
• Provision of right turn lanes
• Identifying and correcting health and physical problems (visions, medication review, joint stiffness)
• Encouraging two yearly eye tests
• Advice on tiredness, alcohol and medicines

8b.4 Domestic fires
Smoke Alarms — strong evidence that use of smoke alarms reduces burn injuries. Hard wired or batteries with a ten year lifetime are most effective.

Electric Blankets — there is weak evidence that replacing electric blankets over ten years old prevents electric blanket fires.

Clothing Fires — there is weak evidence that using electric rather that a gas hob reduces clothing fires.

Community Interventions — evidence from small-scale community intervention, using before and after methods and surveys provides evidence that community based interventions can be effective at reducing fire related injury.
9. The Development Process

9.1 A draft Strategy discussion document was prepared and in 2005 this document was presented at the Health Key Priority Groups of all three LSP meetings and members were asked if they were willing to support this developing strategy. A number of representatives came forward and agreed to be part of a future action plan group to take this forward.

10. What We Have Locally – Examples of Good Practice

10.1 ACAP

The Action on Children’s Accident project, (ACAP) which commenced almost six years ago has had a very positive effect and reduced A&E attendance by local children under five years of age significantly in Burnley and Pendle. This is felt to be due to the targeted Home Safety Equipment Scheme being offered in disadvantaged areas and also the work of the Multi Agency Safety Network Group which is providing accident prevention advice for all ages across the whole local population via Events and regular articles via the local media; radio stations and local press.

National legislation, which ensures child resistant packaging for medicines and household chemicals, is contributing to a reduction in poisonings in children.

The Home Safety Equipment Scheme is now provided to eligible families across East Lancs, based on families living in the wards that are within the most deprived 25% in the country.

10.2 Falls

The continuing work of the Falls Collaborative Groups, lead by the ACAP in Burnley, Pendle and Rossendale has also led to a reduction in Ambulance calls outs as a result of a fall. The work is based on the principle of “community action” – in which ideas are tested under the PDSA methodology: Plan, Do, Study, Act – these are “do-able” small chunks of work which are not too off putting to tackle.

This type of approach has a strong known to work evidence base (Easterbrook et al-HDA 2002). Initiatives being carried out by the local volunteer groups include: raising awareness of medication review, exercise, footwear and foot care, eyesight checks and environmental adaptations. The aim is to spread, adapt ideas that have an impact to multiple settings and work towards future sustainability.

Falls prevention initiatives and assessments are carried out in Hyndburn and Ribble Valley led by staff at Accrington Community Hospital, and Clitheroe Community Hospital.

10.3 Smoke alarms

The local Fire and Rescue Service have increased the use and fitting of 10 year smoke alarms in local homes by increasing awareness, targeted initiatives and links to other agencies. Ten year smoke alarms are provided and fitted to homes visited by the ACAP team along with advice on putting together an escape plan and advice around the correct storage of smoking materials; matches and lighters.

General safety devices, fireguards, safety gates and cupboard locks are also provided and fitted by this initiative. Parents are advised on how to use these items safely and correctly in addition to being given general hazard reduction advice for example around burns and scalds due to hot drinks.

10.4 Smoke free homes

A Smoke Free Homes initiative is being launched across the locality and this will enhance the work carried out by the Fire and Rescue Teams and ACAP.

10.5 Road safety

The local area has a number of road safety initiatives in place including many twenty mile per hour zones, traffic calming, pedestrian areas and improved crossing design. Local police officers along with the Lancashire Partnership for Road Safety Team carry out a number of initiatives each year to increase awareness of the use of seat belts and child restraints. The Lancashire County Council Road Safety Team provides advice and information packs to teachers in schools, which can be used to educate children and parents on road safety and cycle safety.
This graph shows that as the number of Home Safety Equipment Scheme (HSES) visits has increased, attendance at Burnley General Hospital Accident and Emergency Department, by children under five years of age following an accident, has fallen.

This has occurred most significantly in the Sure Start areas, where the HSES intervention has taken place but there has also been a decrease in the general population.
11b. Ambulance Call Outs Following A Fall

The Blue line shows the “Hot Spot” areas where the falls initiatives have taken place. The ambulance call out for falls in these areas has remained steady as the trend line shows.

The red line is the ambulance call out for falls in the non intervention areas, where no initiatives have taken place. This shows that call outs for falls have continued to rise in non intervention areas.

Although intervention areas have not shown a decrease, by remaining steady and not increasing as in other non intervention areas, it shows a positive impact on falls reduction.

Burnley Pendle & Rossendale Ambulance Falls Data Comparison

Mar 05-Feb 06
11.c Local progress against national targets

11.c.1 The East Lancs Teaching PCT’s drive to tackle the challenge of reducing health inequalities, launched at the Health Summit in October 2007 brought together senior managers and directors from health and partner organisations. Partner organisations have committed to working with the PCT to address health inequalities in East Lancashire in the next few years. Attendees signed the following Statement of Intent:

“We care deeply about improving the health and well-being of the people of East Lancashire and are committed to making a difference. Working in partnership, we will reduce health inequalities by making measurable improvements and by raising aspirations in our local communities."

11.c.2 Attendance at A&E Department by children under the age of years 5 has fallen by approx. 21% overall which is in line with the Saving Lives: Our Healthier Nation Target set for 2010. (Source: David, Lamb, East Lancs Public Health Resource Information Centre)

11.c.3 Road Accidents: Children 0 - 15 years

Pennine Road Policing figures show:
In Pendle there is an overall reduction of 24%
In Burnley an overall reduction of 44%
In Rossendale an overall reduction of 39%
In Ribble Valley an overall reduction of 42%
In Hyndburn an overall reduction of 17%

12. Local Strategy:
Challenges and Opportunities

A number of recommended initiatives and interventions are already taking place or currently being developed across the area and local data shows a decrease in attendance at local accident and emergency department due to an accidental injury for young children and ambulance call outs for falls in the intervention areas. However, smart partnership working will give us an opportunity to build on this and ensure appropriate evidence based injury prevention services are available across the whole of East Lancashire

The figures in brackets link back to chapter 8 and show local progress against national targets.

12.1 A settings approach

Some interventions may be more effective if they are provided to a whole group of the population for example via a settings approach. The Healthy Schools Standard (DES 1997) includes a standard on keeping safe and more work could be done in Schools around accident prevention to enable schools to achieve that standard. However, as there is a severe shortage of school nurses in our area and much of their time is spent on child protection work this will be difficult to deliver.

12.2 Increased usage of other safety items

• Low cost Child restraints schemes are being piloted in the Burnley area. (Funding source is Burnley NRF therefore can only be used in Burnley) – (8a.2)
• Cycle helmet legislation – Stricter legislation enforcement by the police may help local initiatives. The wearing of helmets may be increased by raising awareness of their value in schools. The increased interest in cycling locally, including the area hosting a number of national Events should provide opportunities to increase the awareness of the use of helmets and make the wearing of them desirable to the younger generation, the national cyclists who compete always wear and promote protective headgear. – (8a.2)
• Window bars – the new health housing standard rating being put into place under the Elevate Pathfinder programme and local Housing providers may provide opportunities for increasing awareness of window bars and locks.-(8a.3) This will need careful cooperation and consultation if it is not to clash with the Fire and Rescue services agenda.
• Thermostatic valves on bath taps – the introduction of this legislation combined with the local Elevate Pathfinder programme may enable local councils to fund this initiative and provide more universal opportunities for the fitting of these valves in new build and renovated properties and increase local knowledge and understanding of the benefits.

12.3 General opportunities

• Liaise with statutory, commercial and voluntary agencies
• Improve data collection and analysis
• Attract additional funding and explore new sources
• Disseminate information to empower other agencies
• Provide multi agency training opportunities
• Increase media coverage of the positive action that can be taken to reduce accidents by building positive strong relationships with local radio and press personnel and seeking out opportunities.
• Provide advice and information to accidents prevention to voluntary agencies, GP surgeries and local pharmacies and dentists.
12.4 Home accidents

• Promote the importance of parenting skills – (8a.3)
• Continue ACAP in some way and in additional/different areas or discontinue ACAP but mainstream learning points into health visiting Team (8a.3)
• In twelve months time, evaluate falls initiative and mainstream learning points into District Nurse and Care and Repair Team. – (8b.2)
• Increase multi agency work to ensure consistent messages and continuing high profile of actions that can be taken to reduce home accidents.
• More work in “settings” for example; schools, help the aged groups, toddler groups and Children’s Centres.
• Work closely with Elevate Pathfinder programme to ensure recommended actions are included in any new build and renovated properties as part of this renewal programme and provide accident prevention checklists in all new tenant/owner welcome packs. (8a.3)

12.5 Fire Safety

• Increase smoke alarm coverage and awareness of the need for a Fire safety plan. (8a.3)
• Collate multi agency data on who has a ten-year smoke alarm and identify areas for targeting in the future.

12.6 Road Safety

• Increase education on seat belt, child restraint and cycle helmet use and enforce. -(8a.2)
• Encourage safer driving practices; in particular in the reduction of speed, drink driving and seat belt and child car restraint use. -(8a.2)
• Raise public awareness of the heightened risk of accidents when alcohol or other drugs are taken when driving. -(8b.3)
• Promote safer cycling. -(8a.2)


The annual action plan for 2008/2009 which accompanies this strategy will be used as a monitoring tool against the anticipated outcomes. The action plan will be monitored via the multi agency SAFE network group Action plans for 09/10 and 10/11 will be developed and monitored annually by this group to address local priorities.
“East Lancs Primary Care Trust, brilliantly demonstrates the excellent thinking and application that helps reduce health inequalities on the ground”

Dept. of Health, Health Inequalities Unit. Oct 2007