

LAA TARGET - ACTION PLAN

LAA Indicator No.	NI 120
Lead Partner Organisation	PCT
Technical Data Expert	Mike Donnison
Indicator Owner (Sign Off)	Peter Barker PCT, Simon Brake, Community Services
Reporting Frequency	

SCS Theme:	<p>Health, well being and independence. People in Coventry will enjoy healthier lives which will contribute towards them living longer in the future and being able to lead independent lives.</p> <p>There will be reduced health inequalities between communities.</p>	SCS Priority:	<p>Promote healthy lifestyles to reduce the number of people who smoke, encourage good nutrition and regular exercise, reduce alcohol consumption and the use of harmful drugs and improve mental health and emotional well-being. Get more children, young people and adults involved in physical activities. Develop and implement an Obesity Strategy that is delivered and coordinated by a range of organisations.</p> <p>Promote and extend the range of ways in which older people and adults with disabilities can have personal choice and control over their health and social care.</p> <p>Increase the independence of older people by reducing the numbers of emergency admissions to hospital and reducing the time they have to spend in hospital if they are admitted.</p> <p>Provide effective drug and alcohol treatment services that result in positive outcomes.</p>
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1: LAA Target

Indicator Definition	Baseline & Year	Target 2008/09	Target 2009/10	Target 2010/11	Success Criteria
All-age all cause mortality rate					
Males per 100,000 (estimates	790 2006/07	732	711	691	

Females per 100,000 (estimates	541 2006/07	518	508	499	
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LAA Target information

The targets for this indicator have been agreed through the Strategic Health Authority and Primary Care Trust target setting process. These targets show a reduced gap between males and females.

2: Equalities and Community Cohesion Implications

Summary of overall negative/ positive impacts on target groups/areas:

The evidence provides a mixed picture of trends of premature death in adults. The average age of death for females across the city is gradually increasing and is currently 78.3 years (2004-2006 three year rolling average). Females from priority neighbourhoods die on average 5.9 years earlier than those from non priority neighbourhoods. For males the average age of death remains fairly static and is currently 72.2 years (2004-2006 three year rolling average) and the gap between the age of death for those in priority neighbourhoods compared to the rest of the city is 5.1 years.

Over the ten year period there has been an increase in mean age of death in all groups, however it is increasing more slowly in the priority neighbourhoods and so the gap is widening. For males the mean age of death is increasing by just under one month per year for the priority neighbourhoods while it is increasing by just over 2 months per year for the rest of the city. For females the PN gain just over half a month per year while the rest of the city gains just less than 2 months per year.

Only the trend in females in the rest of the city group is statistically significant, there is far more variation in yearly mean age of the death in the other plots. However in each year the difference in mean age of death between the 3 groups is statistically significant.

Specific causes for concern that affect the age of death include:

- Death from CHD in people under 75;
- Death from lung cancer;
- There is mixed evidence about whether policies to prevent ill-health are succeeding. Smoking rates are fluctuating, and although they have reduced over the last four years rates are still higher for priority neighbourhoods. Obesity is a concern and there is little evidence that people are taking more exercise. Alcohol related diseases are the most significant early killers of people in Coventry;
- Infant mortality is reducing, but is higher across priority neighbourhoods than the rest of the city;

- Long standing alcohol related illness affects significant numbers of older people; and
- A greater proportion of children and young people in Coventry are affected by obesity than the average across the country.

3: Strategic Summary

Description of key activity or activities that may contribute towards achieving target

Specific issues that need to be addressed include:

- Targeted activity to reduce the gap in health inequalities in Coventry between different neighbourhoods and communities; any specific actions on this??
- Focus upon smoking cessation this is a key risk factor., links to LAA Action Plan NI 123
- Good management of the risk factors associated with CVD
- Reduce levels of obesity and promote healthy lifestyles; links to LAA Action Plan NI 56
- Promote breastfeeding, healthy eating and physical activity, and reduce unhealthy behaviours including drug misuses, alcohol consumption and smoking (including in pregnancy).

4: Delivery Plan – Performance Monitoring of Actions

Ref Nr	Planned Action(s)	Target/ Milestone	Link to Other Plans	Lead Officer	Progress <i>To be completed as part of quarterly monitoring.</i>
1.	Manage the risk factors for cardiovascular disease via the quality and outcomes framework <ul style="list-style-type: none"> - Blood pressure management in CHD/Stroke patients and in hypertension - Cholesterol management in 	??		PCT(named officer??)	

Ref Nr	Planned Action(s)	Target/ Milestone	Link to Other Plans	Lead Officer	Progress <i>To be completed as part of quarterly monitoring.</i>
	stroke/CHD patients				
2.	Redesign of the Stroke Care Pathway to facilitate prompt hospital access for treatment with thrombolytics (clot busters)	Targets?? Dates??		PCT	
3.	Deliver smoking cessation programme as part of world commissioning	Progress reported quarterly through LAA Action Plan NI 123	LAA Action Plan NI 123 World class commissioning	PCT Ruth Tennant	
4.	Deliver programme to reduce the number of deaths due to infant mortality as part of world class commissioning				
5.	Provide incentives to GP's to audit hazardous drinking in their communities and to deliver interventions to people drinking to excess				

5. Performance Indicators

Indicators - Performance Monitoring of Indicators								
Ref Nr	Definition	Baseline	Target 08/09	Q1	Q2	Q3	Q4	Target Met Yes/No
NI 120	All age all cause mortality rate							
	Males per 100,000	790	732					
	Females per 100,000	541	518					
		(2006/07)						
Other indicators that will be used to track progress, including disaggregated measures for target groups.								
	Greater rate of improvement in priority neighbourhoods than the rest of the City. Male Priority neighbourhoods Rest of City Female Priority neighbourhoods Rest of City							
NI 121	Death from circulatory diseases and cancers.							
NI 39	Alcohol related harm							
NI 123 LAA	Stopping Smoking	1034 3 year average 2004-05 – 2006-07	1250					
	Access to a physiotherapist							

Indicators - Performance Monitoring of Indicators								
	within 72 hours of a stroke							
	Infant Mortality							

6: Funding & Planned Spend

Funding & Planned Spend	2008/09	2009/10	2010/11	Total	Comment/Rationale

7: Risk Assessment

Ref No.	Risk	Mitigating action

