

## LAA TARGET - ACTION PLAN

<b>LAA Indicator No.</b>	<b>NI 123</b>
<b>Lead Partner Organisation</b>	Primary Care Trust
<b>Technical Data Expert</b>	Mike Donnison
<b>Indicator Owner (Sign Off)</b>	Caron Grainger PCT
<b>Reporting Frequency</b>	

<b>SCS Theme:</b>	People of Coventry living longer, healthier, independent lives	<b>SCS Priority:</b>	<p><b>SCS Outcomes:</b></p> <p>People in Coventry will enjoy healthier lives which will contribute towards them living longer in the future and being able to lead independent lives. There will be reduced health inequalities between communities.</p> <p><b>SCS Short term priorities:</b></p> <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.</p>
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### 1: LAA Target

Indicator Description	Baseline & Year	Target 2008/09	Target 2009/10	Target 2010/11	Success Criteria
16+ current smoking rate	1034 3 year average (per 100,000 pop.) 2004/05 – 2006/07	1115 per 100,000 (n=2650)	1124 per 100,000 (2678)	1132 per 100,000 (2705)	Attainment of quit targets (at 4 weeks)

## **LAA Target information**

The service currently treats around 5% of the local population of smokers each year in line with Department of Health guidance. Given the large number of people who have been through the service, there is a need to focus effort on target groups where smoking rates remain comparatively high (routine & manual workers) and on groups which require more targeted interventions (pregnant women, mental health service users and hospital in-patients).

The LAA targets have been set through the Strategic Health Authority and Primary Care Trust target setting process. However, as part of the PCT's World Class Commissioning plans, the PCT will be setting more ambitious stretch targets for the service over the period 2009-2013.

Following a national review, the service is being reconfigured to improve the links between tobacco control policies and activities and stop smoking services.

## **2: Equalities and Community Cohesion Implications**

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

Smoking prevalence is highest in deprived communities. Progress against :PSA targets to reduce smoking in routine and manual workers has been slower than in other population groups. Recent policy guidance from the Department of Health (NHS Stop Smoking Services: services and monitoring guidance – October 2007/8) emphasizes the need to refocus efforts on this group as well as on other more specialised groups such as pregnant smokers, BME groups with high smoking rates and vulnerable groups including mental health service users and pre-operative patients. Plans to develop the service over the next 5 years will aim to increase the level of support provided to these groups.

The service is currently delivered through a central facility and Coventry & Warwickshire Hospital site with out-reach clinics provided across the city. As part of plans to redevelop the service, the provision of outreach services will be reviewed to ensure that they are reaching populations with the greatest need.

### 3: Strategic Summary

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

Because of the high profile nature of this target, the PCT has agreed a business case to increase funding for Tobacco Control and Stop Smoking Services by £239,238 in 2008/9. This funding is to support initiatives to:

- Reconfigure current provision to develop services within the current centralised service based at Coventry & Warwickshire and to expand services offered in other settings (GP, pharmacy, mental health UHCW, midwifery, workplaces & education facilities) and to provide secure funding for the post of Tobacco Control Coordinator (jointly funded by the City Council & PCT)
- Develop social marketing campaigns to better understand the needs of potential services users and to support social marketing activities to promote stop smoking services
- Set up a free telephone quit line
- Expand the range of stop smoking products that are offered to smokers
- Expanding a pharmacy scheme which was piloted in 2007/8
- Commissioning a bespoke database to improve intelligence gathering

Extra investment is planned to support a second phase of activity to be carried out over the period 2009/2013. This will include:

- Further increase service capacity to meet additional throughput
- Provision on-site smoking services for GPs in high prevalence areas
- Expand the provision of brief intervention training for all healthcare & other relevant workforces
- Further development of services for pre-operative & in-patients at UHCW
- Development pro-active referral pathway for COPD patients
- Implementation of a new service model for all pregnant women
- Implementation of workplace outreach programme/ school & youth programme
- Development & implementation segmented social marketing campaign aimed at pregnant women, routine & manual workers & young people, building on results of social marketing campaign

### 4: Delivery Plan – Performance Monitoring of Actions (Phase 1)

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	Service reconfiguration	Reconfiguration	LDP business case	Ruth Tennant/	Management of

Ref Nr	Planned Action(s)	Target/ Milestone	Link to Other Plans	Lead Officer	Progress <i>To be completed as part of quarterly monitoring.</i>
		complete by March 2009		Natalie Hinsley/Josie Spencer	change proposal is being worked on and finalised with Coventry Community Health services and HR with proposed new structure. To be communicated to staff second week in December.
2	Recruitment of Tobacco Control Coordinator	By February 2009	LDP business case	John Bodie	Job description and person specification has been agreed between CPCT and CCC. The post is being regraded through council pay scheme and recruitment will occur via Council
3	Development of Freephone line	Operational by December 2008	LDP business case	Natalie Hinsley	Freephone number is installed since beginning of November. Launch to occur from 4 <sup>th</sup> December with publicity and new service resources
4	Implementation of new data collection system	By January 2009	LDP business case	Natalie Hinsley	Database demonstrations to be conducted by end of November. Determine

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					appropriate system to order and install December to implement from January
5	Initial marketing campaign	By January 2009	LDP business case	RT/NH/ Comms. PCT	New resources to promote the service and new freephone number have been ordered to be distributed by beginning of December. Service has adopted smokefree branding.
6	Review & expansion of pharmacy scheme	By March 2009	LDP business case	NH/ Mark Galloway	Regular meetings with Medicines management and Tobacco Control & Stop Smoking services manager. Offer update training to pharmacists in January 2009 and training to additional pharmacists by March 2009.
7	Social marketing campaign	By March 2009	LDP business case	RT/ PCT comms.	Tobacco Control & Stop Smoking services manager and Head of Communications and Engagement to work

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					on plan of engagement in December & January 2009.
8	Expansion of range of pharmacy products offered	By March 2009	LDP business case	NH/RT	As part of reconfiguration of service and retraining of staff will allow service to develop and offer wider choice of products through appropriate methods.

## 5. Performance Indicators

Indicators - Performance Monitoring of Indicators								
Ref No.	Description	Baseline	Target 08/09	Q1	Q2	Q3	Q4	Target Met Yes/No
NI 123	16+ current smoking rate	1034 (rate) 3 year average 2004/05 – 2006/07	1115 per 100,000 (n=2650)	437				
Other indicators that will be used to track progress, including disaggregated measures for target groups.								
	Number of pregnant women setting a quit date & % quit at 4 weeks			18				

Indicators - Performance Monitoring of Indicators								
	Greater rate of improvement in priority neighbourhoods as compared to the rest of the City							

## 6: Funding & Planned Spend

Funding & Planned Spend	2008/09	2009/10	2010/11	Total	Comment/Rationale
Total programme costs	826,184	826,682	827,157	2,480,023	

## 7: Risk Assessment

Ref No.	Risk	Mitigating action
1.	Poor uptake of services	Social marketing campaign & targeted promotion to key population groups
2.	Difficulties getting staff in partner organisations (e.g employers, UHCW etc) to 'own' stop smoking	Shared goals agreed with all relevant partners, targeted support to partners, including training, provided from core service.
3	Target is not met	Individual targets to be set for specific population groups/ service providers with appropriate monitoring framework.