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Foreword

Over the last twenty years there have been significant improvements in life expectancy both locally and nationally. However, despite these improvements marked inequalities in health still exist. We know that these inequalities are related to gender, ethnicity and perhaps most importantly of all income. People from more disadvantaged backgrounds are much more likely to experience poorer health, greater disabilities and die younger.

There are significant variations in life expectancy across Walsall. The gap between worst and best wards is 11.1 years for men and 8.8 years for women. A man living in Streetly, on average, can expect to live into his 80s whilst his counterpart in St Mathews is unlikely to reach his 70s.

This situation cannot be tolerated and rightly the government has set challenging targets to reduce inequalities and improve life expectancy by 2010. Walsall Borough Strategic Partnership recognises the vital role it has in leading action to increase life expectancy and reduce health inequalities locally.

The Life Expectancy report and this action plan marks an important stage in Walsall's efforts to tackle health inequalities locally. It provides detailed actions to be taken over the short-term to deliver the 2010 health inequalities targets. It is acknowledged that key issues relating to poverty, educational standards and crime and safety are not included in this action plan. Addressing these areas, where the impact will be delivered in the medium to long term, will be highlighted in Walsall's forthcoming Health Inequalities strategy.



Bruce Gilbert,
Chair, Walsall Borough Strategic Partnership.

Executive Summary

Introduction

It is well recognised that significant differences in health outcomes exist across society. There are several variables which affect inequalities including gender, ethnicity, and perhaps most importantly socio-economic status. Those from disadvantaged backgrounds are more likely to have poorer health, greater disabilities and shorter lives than those from more affluent backgrounds.

The government has made the reduction of such inequalities a major public health goal. It has set a target to reduce inequalities in health outcome by 10% by 2010 as measured by life expectancy and infant mortality.

*Reducing the gap in life expectancy by at least 10% between Walsall and the national rate means **increasing Walsall life expectancy from 74 to no less than 76.9 years for men and from 79.6 to no less than 81.1 for women.***

*Reducing the gap in infant mortality by 10% between Walsall and the National rate means, **reducing the Walsall rate from 7.1 per 1000 to no more than 5.7 per 1000 by 2010.***

Life Expectancy Report

Walsall Strategic Borough Partnership commissioned Public Management Associates, an independent consultancy, to determine the short term high impact actions which would deliver the health inequalities target by 2010 for Walsall.

Following extensive data analysis, review of the evidence base, an audit of ward based service provision and consultation with local stakeholders they concluded that:

- There are significant variations in infant mortality and life expectancy across Walsall. Male life expectancy is further from target (2.5 years for the borough as a whole) than female life expectancy (1.3 years for the borough as a whole). The gap between worst and best wards is 11.1 years for men and 8.8 years for women.
- The top five indicators correlating to life expectancy for both males and females in Walsall were income, health, employment, education, access to own transport and aspects of crime and safety.
- In the short-term (next 3 years) greatest impact will be achieved by reducing infant deaths by increasing breastfeeding rates, reducing smoking in pregnancy and reducing teenage conceptions. In addition, reducing early deaths in the older population by managing long term conditions, preventing falls and reducing smoking rates will be equally important.
- Action should be ward based.

Executive Summary

Action Plan

This action plan details the short-term high impact actions needed in the next three years to take Walsall to target and improve life expectancy and reduce inequalities.

It acknowledges that the focus in this plan is on several key areas:

- Smoking cessation
- Child and maternal health
- Teenage pregnancy
- Falls prevention
- Management of long term conditions
- Housing
- Accident prevention

This is not to ignore the vital impact of reducing poverty, tackling crime and safety, improving education and increasing employment opportunities to tackling health inequalities. Rather this action plan is the first phase of a broader health inequalities strategy and action plan which in the fullness of time will describe Walsall's action across all of these important areas.

The action plan outlines action to be targeted at priority wards. Since the original report was compiled Walsall MBC, Walsall tPCT and the Walsall Borough Strategic Partnership have reviewed and developed their commissioning, delivery and community engagement approaches and structures. A key development in health services has been the development of practice-based commissioning groups. These groups, led by local clinicians, in conjunction with Walsall tPCT, have responsibility for commissioning local services to improve health.

Walsall Council has launched nine local neighbourhood partnerships (LNP) aimed at engaging local communities in decision making around local issues. Both practice-based commissioning groups and local neighbourhood partnerships will have an important role to play in tackling health inequalities and delivering increased life expectancy in Walsall.

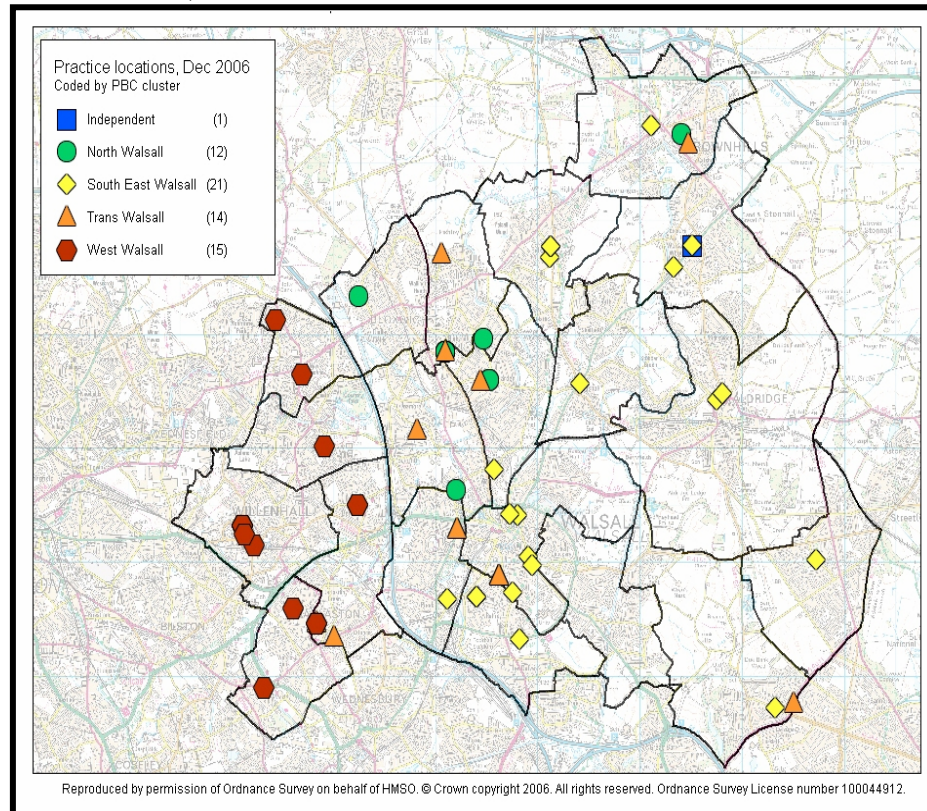
The maps on page 4 show the current configuration of practice-based commissioning groups in Walsall. The matrix on page 5 details priority action areas for each local neighbourhood partnership. Appendix 1 beginning on page 16 details the data collation and performance monitoring arrangements for each target.

Walsall Maps

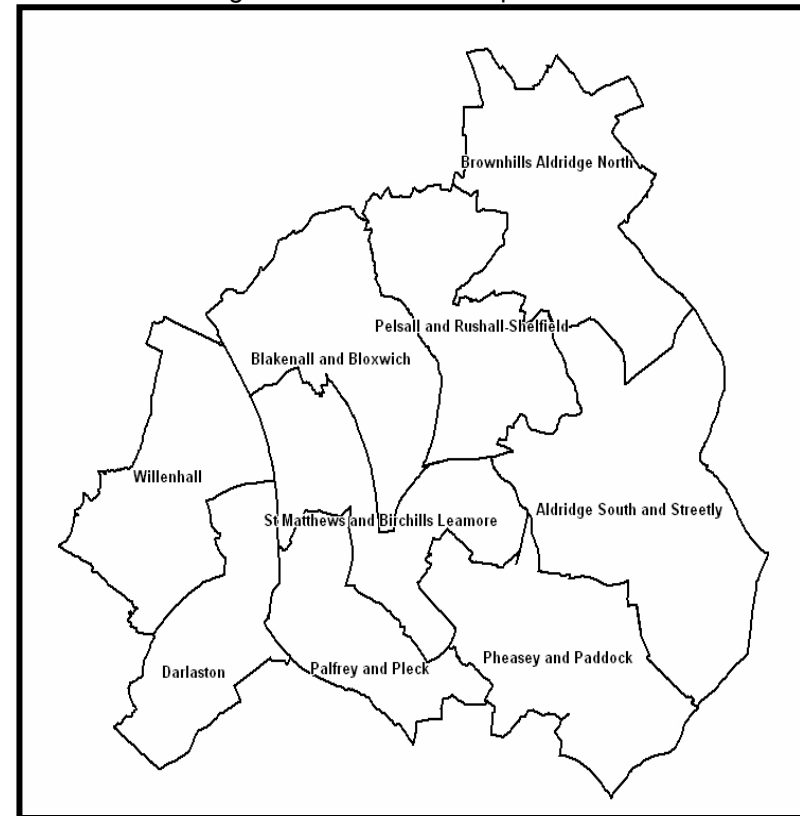
Key to locations

SM	St Matthew's	BR	Brownhills	WN	Willenhall North
BE	Bloxwich East	BW	Bloxwich West	AC	Aldridge Central and South
PL	Pleck	AN	Aldridge North and Walsall Wood	PD	Paddock
PA	Palfrey	BL	Birchills Leamore	PE	Pelsall
BK	Blakenall	HR	Hatherton Rushall	PH	Pheasey
WS	Willenhall South	DS	Darlaston South	ST	Streetly
BD	Bentley and Darlaston North	SH	Short Heath		

PBC Clusters, Walsall tPCT December 2006



Walsall Local Neighbourhood Partnership Boundaries



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LNP Matrix

Specific issues that need to be addressed in LNP areas

LNP Area	Smoking Cessation	Falls Prevention	Management of Long Term Conditions	Maternal and Child Health	Teenage Pregnancy	Housing	Accident Prevention
Aldridge South and Streetly		✓	✓				✓
Blakenall and Bloxwich	✓	✓	✓	✓	✓	✓	✓
Brownhills and Aldridge North	✓	✓	✓				✓
Darlaston		✓	✓	✓	✓		✓
Palfrey and Pleck		✓	✓	✓		✓	✓
Pelsall and Rushall		✓	✓				✓
Pheasey and Paddock		✓	✓	✓			✓
St Matthews and Birchills/Leamore		✓	✓	✓	✓	✓	✓
Willenhall	✓	✓	✓	✓		✓	✓

All LNPs need to focus on the following indicators as detailed in the action plan. It is not possible to determine action for these at a ward based level.

Teenage Pregnancy

- Health and lifestyle consultation, including sexual health advice to all looked after children in the borough.

Housing

- Number of non decent private sector homes occupied by vulnerable households made decent.

Action Plan

Life Expectancy

Action	Location	Lead Agency/ Officer	Plan	Indicator	Baseline	2006	2007	2008	2009	2010
Life Expectancy			Healthy Communities and Vulnerable Adults Pillar	Headline						
				Life Expectancy						
				Males	73.5	74.44	76.40	76.70	77.00	77.60
				Females	79.2	79.80	81..22	81.43	81.64	82.10



Smoking Cessation

Action	Location	Lead Agency/ Officer	Plan	Indicator	Baseline	2006	2007	2008	2009	2010
Smoking Cessation			Healthy Communities and Vulnerable Adults Pillar	Headline						
				Increase number of 4 week quitters	1707	1814	1892	1988	2093	2205
				Smoking prevalence all adults	27.0	26.3	25.6	24.8	24.1	23.3
Target smoking cessation interventions at 60 year olds in Walsall.	BK BD WS BW BR SH	Walsall tPCT Head Health Promotion Rachel Humphreys	Tobacco Policy Control Plan	Age specific >60 quit rates	56%	56.5%	57.5%	58.5%	59.5%	60.5%
				% of 60+ service users	12%	12.5%	13%	13.5%	14%	14.5%
Target smoking cessation interventions at patients with heart failure, angina, COPD, CVA and diabetes.	BK BD WS BW BR SH	Walsall tPCT Head Health Promotion Rachel Humphreys	Tobacco Policy Control Plan	Number of referrals from the following services: Cardiac Rehabilitation, Respiratory Unit, Stroke Unit and Diabetic services.	118	130	155	185	215	245
Maintain a dedicated service for pregnant smokers.	BK BD WS BW BR SH	Walsall tPCT Head Health Promotion Rachel Humphreys	Tobacco Policy Control Plan	% of women smoking in pregnancy	22.2% (booking)	21.8%	20.8%	19.8%	18.8%	17.8%
					20.8% (delivery)	20.2%	19.2%	18.2	17.2%	16.2%
				% of specialist service users	13%	13.5%	15%	16%	17%	18%
				Pregnant Smokers Quit rates	45%	46%	47%	48%	49%	50%

Action	Location	Lead Agency/ Officer	Plan	Indicator	Baseline	2006	2007	2008	2009	2010
A 'smoke free maternity service' will be provided	ALL	Walsall tPCT Head Health Promotion Rachel Humphreys	Tobacco Policy Control Plan	Smoke free NHS a national target. Achieved						
Smoking cessation advice and free NRT will be offered to all pregnant women at antenatal clinics	BK BD WS BW BR SH	Walsall tPCT Head Health Promotion Rachel Humphreys /Sue Gill	Tobacco Policy Control Plan	% of referrals related to the number of women smoking at booking	23%	23%	24%	25%	26%	27%
Smoking cessation interventions will target patients following myocardial infarction using NRT.	Walsall Manor Hospital	Walsall tPCT Head Health Promotion Rachael Humphreys	Tobacco Policy Control Plan	Number of patients that set a quit date following referral from Cardiology	24	28	32	37	42	47
Promotion of smoking cessation services to local business via Walsall MBC public protection unit	ALL	Walsall tPCT Head Health Promotion/ Walsall MBC Rachael Humphreys/Judith Sunly	Tobacco Policy Control Plan	Number of tobacco control sessions held in local firms each year	0	0	5	10	20	30

Falls Prevention

Action	Location	Lead Agency/ Officer	Plan	Indicator	Baseline	2006	2007	2008	2009	2010
Falls Prevention			Healthier Communities and Vulnerable Adults Pillar	No. of patients >50 attending hospital as a result of fall	4200	3780	3360	2940	2499	2058
Increase publicity for Walsall's "Falls Action Plan"	SM BE PL PA HR	Walsall tPCT, falls prevention lead Debbie Shaw/ Su Gallagher	Falls Prevention Action Plan	Annual falls prevention event						
Use Single Assessment Process to identify and refer patients onto the Falls Prevention Pathway	ALL	Walsall tPCT, falls prevention lead Debbie Shaw/ Su Gallagher	Falls Prevention Action Plan		Achieved through screening tool					
GP medication reviews recorded in last 15/12 for patients taking more than 4 repeat drugs	ALL	Walsall tPCT Medicines Management Advisor Bharat Patel/ Emma Russell	Medicines Management Strategy	% of practices in Walsall achieving 100% QOF points	92%	92%	100%	100%	100%	100%
Audit falls prevention risk assessments undertaken by Housing NCO/case workers in last 6/12	ALL	Walsall Housing/Walsall tPCT falls prevention lead Mark Wade/Debbie Shaw/ Su Gallagher	Falls Prevention Action plan				Complete audit and establish uptake targets for 2008 -2010			
Increase the number of housing organisations receiving falls prevention training	ALL	Walsall Housing/Walsall tPCT falls lead Mark Wade/ Debbie Shaw/ Su Gallagher	Falls Prevention Action plan	No of housing organisations receiving training	1	1	2	3	4	5
Write into all local authority funding agreements for Residential Care and Nursing Care placements a requirement to adhere to "Falls Prevention Action Plan".	ALL Residential Care Homes	Walsall MBC Anette Baker	Older Persons Service Plan	% of contracts and service level agreements containing this requirement	0	0	30	50	75	100

Management of Long-term Conditions

Action	Location	Lead Agency/ Officer	Plan	Indicator	Baseline	2006	2007	2008	2009	2010
Management of Long-term Conditions	SM BE PL BK WS PA BW DS SH WN AN AC PD PE PH ST	Walsall tPCT John Linnane	Healthier Communities and Vulnerable Adults LAA Block	Headline Cardiovascular Disease MR	108.9	103.3	98.0	92.9	88.1	83.4
Ensure that an “expert patient’s programme” is in place.	ALL	Walsall tPCT John Linnane/Louise Mabely	“Managing Long-term Conditions in Walsall” – Strategy	No. participating in Expert Patient programme	34	177	514	816	1100	1400
Ensure active flu immunisation programme continues to meet targets	ALL	Walsall tPCT Nick Pugh/Bharat Patel	Medicines Management Strategy	% of persons over 65 vaccinated	70%	70%	70%	70%	70%	70%

Maternal and Child Health

Action	Location	Lead Agency/ Officer	Plan	Indicator	Baseline	2006	2007	2008	2009	2010
Maternal and Child Health		Walsall tPCT Jane Evans	Children and Young People's Plan	Headline						
				Perinatal Mortality rate	5.8	5.6	5.4	5.3	4.1	4.9
				Priority wards						
				WS	14.6	13.4	12.2	11.0	9.8	8.6
				PL	13.6	12.5	11.4	10.2	9.1	7.9
				SM	11.6	10.6	9.6	8.7	7.6	6.6
BL	11.6	10.6	9.6	8.7	7.6	6.6				
% of live births below 2500gms	10.3	9.4	9.0	8.6						
	ALL	Walsall Manor Hospital Trust/Walsall tPCT Lin Gostling	Walsall Breastfeeding Strategy	% mothers breastfeeding at birth	48	50	52	54	56	58
		Fiona Beckwith /Mary Griffiths		% mothers breastfeeding at 10 days	32.6	35	37	40	45	50
		Mary Griffiths		% mothers breastfeeding at 8 weeks (analysis of data by ethnicity, postcode and 13-19 age group)	33	33	35	37	39	41
All midwives/community midwives will be trained in breastfeeding support in line with UNICEF quality assurance standards by the end of 2006	BE BK BD WS BW BL DS	Walsall Manor Hospital Trust Lin Gostling	Walsall Breastfeeding Strategy	Number of midwives trained	Completed training for all front line staff					

Action	Location	Lead Agency/ Officer	Plan	Indicator	Baseline	2006	2007	2008	2009	2010
	PD									
Certified UNICEF baby friendly training for midwives		Walsall Manor Hospital Trust Lin Gostling	Walsall Breast feeding Strategy	Number of midwives trained (cumulative)	2	2	4	6	8	10
Multi-agency UNICEF friendly breast feeding training for non-professionals working with young women/mothers	BE BK BD WS BW BL DS PD	Walsall tPCT/Walsall Manor Hospital Trust Caroline Mansell/Fiona Beckwith/Lin Gostling	Walsall Breast feeding Strategy	Numbers trained each year	10	10	15	30	45	60
A community mothers' or similar peer group scheme will be supported to encourage breastfeeding and good childhood nutrition.	BE BK BD WS BW BL DS PD	Walsall tPCT/Walsall Manor Hospital Trust Rachael Humphreys/Lin Gostling	Children's NSF Action Plan	No of new groups established Number of peer members trained each year	6 (5 in target wards) 25	8 (6 in target wards) 25	10 all target wards 25	12 25	14 25	16 25
All teenage mothers will receive specific antenatal and postnatal advice on breastfeeding.	BE BK BD WS BW BL DS PD	Walsall tPCT / Walsall Manor Hospital Trust Rachel Humphreys/Fiona Beckwith	Children's NSF Action Plan	Number of teenage pregnancy unit staff trained in UNICEF breastfeeding awareness each year	0	0	3	3	3	3
Advice will be given to all mothers on the avoidance of sudden infant death.	BE BK BD WS BW BL DS PD	Mary Griffiths	CONI project	Standard clinical practice for midwives to give advice at antenatal and postnatal visits	<u>Achieved</u>					

Action	Location	Lead Agency/ Officer	Plan	Indicator	Baseline	2006	2007	2008	2009	2010
MMR vaccinations must attain or improve on the target for Walsall.	BE BK BD WS BW BL DS PD	Walsall tPCT Paul Carter		% infants vaccinated	82	84	86	88	90	92
Target high risk women of child bearing age with pregnancy, breastfeeding and nutritional advice/activities	BD PI PA DS SM	Walsall tPCT Rachael Humphreys/ Caroline Mansell		Number of BME community workers trained each year	0	15	25	50	75	100
Pilot Breastfeeding awareness in PHSE sessions in secondary schools	BD PI PA DS SM	Walsall tPCT Rachel Humphreys /Caroline Mansell	Walsall Breastfeeding Strategy	Number of schools included each year	0	0	2	4	6	8
The Walsall maternity services will achieve Baby Friendly accreditation by end of 2006.	Walsall Manor Hospital Maternity Services Dept.	Walsall manor Hospital Trust Lin Gostling	Children's NSF Action Plan	Accreditation received	Achieved					

Teenage Pregnancy

Action	Location	Lead Agency/ Officer	Plan	Indicator	Baseline	2006	2007	2008	2009	2010
Teenage Pregnancy		Teenage pregnancy Unit Diane Osborne	Walsall Teenage Pregnancy Strategy	Headline Reduce teenage conception rate per 1000 by 55%	52.6	48.2	43.7	39.2	34.7	30
Increase availability of Emergency Hormonal Contraceptive in community	BE BK BD BW BL DS	Walsall tPCT/ Teenage pregnancy Unit Diane Osborne Emma Russell	Walsall Teenage Pregnancy Strategy	No of pharmacists trained	20	20	30	40	50	60
Free condoms and other contraceptive advice will be signposted in secondary schools	BE BK BD BW BL DS	Teenage pregnancy Unit/ Connexions Diane Osborne	Walsall Teenage Pregnancy Strategy	% of schools with trained adviser	All schools have adviser but not all trained to give advice	25	40	60	80	100
Health and lifestyle consultation, including sexual health advice to all looked after children in borough offered at 16 th birthday	ALL	Teenage Pregnancy Unit/Looked after children Team Diane Osborne and Denise Williams		% of in borough Looked after children offered consultation	0	10	30	50	70	100
				% of looked after children out of borough offered consultation on return to borough	0	10	30	50	70	100
School Governor induction programmes will include sexual health awareness training	BE BK BD BW BL DS	Teenage pregnancy unit Diane Osborne	Walsall Teenage Pregnancy Strategy	Number of school governors receiving training	0	15	30	50	75	100

Housing

Action	Location	Lead Agency/ Officer	Plan	Indicator	Baseline	2006	2007	2008	2009	2010
Housing	ALL	Walsall MBC Sue Byard/Neil Holyhead	Walsall Housing Strategy	Number of non-decent private sector homes occupied by vulnerable households made decent	170	154*	230	231*		
Home fire safety checks	PL BK BD WS BW BL	Andy Grosvenor (Walsall Borough Fire Service)		Number of dwellings receiving home fire safety checks	2500		3360		6720	
Take up of 'affordable warmth' schemes will be encouraged.	PL BK BD WS BW BL	Walsall MBC Mandy Findlay	Affordable Warmth Strategy and action plan	% increase in domestic energy efficiency	17%	19%	21%	24%	27%	30%

*Lower number as funding cut 2006 Target to be reviewed in 2008

Accident Prevention

Action	Location	Lead Agency/ Officer	Plan	Indicator	Baseline	2006	2007	2008	2009	2010
Accident prevention										
Reduce the number of people killed or seriously injured in road accidents by 40% by 2010	ALL	Chair of the Accident Prevention Task Group (Dr Sam Ramaiah)	Accident Prevention Strategy and Accident Prevention Group	Number of people killed or seriously injured	185	168	152	135	119	102
Reduce the number of children killed or seriously injured by 50% by 2010	ALL	Chair of the Accident Prevention Task Group (Dr Sam Ramaiah)	Accident Prevention Strategy and Accident Prevention Group	Number of children killed or seriously injured	42	37	33	28	24	19

Appendix 1 - Performance Matrix

Smoking Cessation

Action	Indicator	How (paper, electronic)?	How often is it reported?	Responsible officer for collation?	Where/who is it reported to?	Type of reporting – exception?	Remedial action
Reduce smoking	Increase number of 4 week quitters	Entered onto DoH national evaluation of smoking cessation database	Quarterly	Smoking Cessation Service administrators (Stephanie Coyne and Susan Durkin)	Strategic Health Authority and the Smoking Reduction Group	Presented in quarterly report	Remedial information provided for Performance Review Report. Smoking cessation coordinator (Jo Robinson) responsible for taking remedial action.
Reduce smoking	Smoking prevalence in all adults	From GP registers	Quarterly	Clinical Informatics lead (Barbara Yates)	Strategic Health Authority	Presented in quarterly report	Remedial information provided for Performance Review Report. Smoking cessation coordinator (Jo Robinson) responsible for taking remedial action.
Target smoking cessation interventions at 60 year olds in Walsall	Age specific >60 quit rates % of 60+ service users	Paper copies entered onto electronic database	Quarterly	Smoking Cessation Service administrators (Stephanie Coyne and Susan Durkin)	Strategic Health Authority and the Smoking Reduction Group	Presented in quarterly report	Remedial information provided for Performance Review Report. Smoking cessation coordinator (Jo Robinson) responsible for taking remedial action.
Target smoking cessation interventions at patients with heart failure, angina, COPD, CVA and diabetes	Number of referrals by group e.g. Cardiac Rehab, Respiratory Unit, Stroke Unit.	Referrals entered on access database	Quarterly	Smoking Cessation Service administrators (Stephanie Coyne and Susan Durkin)	Reported in the Smoking Cessation Quarterly Report and to the Smoking Reduction Group	Presented in quarterly report	Remedial information provided for Performance Review Report. Smoking cessation coordinator (Jo Robinson) responsible for taking remedial action.
Maintain a dedicated service for pregnant smokers	% of women smoking in pregnancy	Paper based	Quarterly	Manor Hospital	Reported to performance review group and to Jo Robinson monthly	Presented in quarterly report	Remedial information provided for Performance Review Report. Smoking cessation coordinator (Jo Robinson) responsible for taking remedial action.
	% of specialist service users	Paper hard copies entered on electronic database	Quarterly	Smoking Cessation Service administrators (Stephanie Coyne and Susan Durkin)	Strategic Health Authority and the Smoking Reduction Group	Presented in quarterly report	
A 'smoke free maternity service' will be provided	Smoke free NHS – a national target – achieved						
Smoking cessation advice and free NRT will be offered to pregnant women at antenatal clinics	% of referrals related to the number of women smoking at booking Number of self referrals (all ages, 13-19)	Excel database	Quarterly	Maternity Service Manager (Lin Gostling) and Smoking Cessation Coordinator (Jo Robinson)	Smoking Reduction Group	Presented in quarterly report	Remedial information provided for Performance Review Report. Smoking cessation coordinator (Jo Robinson) responsible for taking remedial action.
Smoking cessation interventions will target patients following myocardial infraction using NRT	Number of patients that set a quit date following referral from Cardiology.	Excel database	Quarterly	Smoking Cessation Service administrators (Stephanie Coyne and Susan Durkin)	Cardiology department at Manor Hospital/ Smoking Reduction Group	Presented in quarterly report	Remedial information provided for Performance Review Report. Smoking cessation coordinator (Jo Robinson) responsible for taking remedial action.
Promotion of smoking cessation services to local business via Walsall MBC public protection unit	Number of tobacco control sessions held in local firms each year.	Excel database	Bi-annually	Head of Health Promotion (Rachael Humphreys) and Head of Public Protection (Judith Sunly)	Smoking Reduction Group	Presented in quarterly report	Remedial information provided for Performance Review Report. Smoking cessation coordinator (Jo Robinson) responsible for taking remedial action.

Fall Prevention

Action	Indicator	How (paper, electronic)?	How often is it reported?	Responsible officer for collation?	Where/who is it reported to?	Type of reporting – exception?	Remedial Action
Falls Prevention	Number of patients under 50 attending hospital as a result of falls	Electronically collected through hospital episodes statistics.	Quarterly	Falls Administrative Support (Elizabeth Miller)	Reported to Strategic Health Authority	Written proforma. Exception report to Older People's Board.	Older People's Board, falls prevention coordinator.
Increase publicity for Walsall's "Falls Action Plan"	Annual falls prevention event		Annually		Older People's Board/ Falls and Bone Health Programme Four Group		Older People's Board/ Falls and Bone Health Programme Four Group
Use Single Assessment Process to identify and refer patients onto the Falls Pathway		Paper	Bi monthly	Falls Administrative Support (Elizabeth Miller)	Reported through operational falls group (monthly), Falls and Bone Health Programme Four Group, Older People's Partnership Board and Programme Four Group	Exception	Information is relayed to the Falls and Bone Health Programme Four Group.
GP medication reviews recorded in last 15/12 for patients taking more than 4 repeat drugs	% of practices in Walsall achieving 100% QOF points	Electronic	Annually	Medicine Management Lead (Bharat Patel)	QOF Performance Group	Exception	Medicine Management Lead (Bharat Patel)
Audit falls prevention risk assessment, undertaken by Housing NCO/ caseworkers in last 6/12 (one off audit)	Audit to be completed by end of 2007						Housing Management Team/ Falls and Bone Health Programme Four Group
Increase the number of housing organisations receiving falls prevention training	Number of housing organisations receiving training	Paper	Bi-annually	Falls Prevention coordinator/Housing Management team (Mark Wade)	Housing Management Team/ Falls and Bone Health Programme Four Group	Exception	Falls Prevention coordinator/Housing Management team (Mark Wade)
Write into all local authority funding agreements for Residential Care and Nursing Care placements a requirement to adhere to "Falls Action Plan"	% of contracts and SLA's containing this requirement	Electronic	Bi monthly	Anette Baker	Falls and Bone Health Programme Four Group and the Integrated Service Improvement Plan	Exception	Falls and Bone Health Programme Four Group

Long Term Conditions

Action	Indicator	How (paper, electronic)?	How often is it reported?	Responsible officer for collation?	Where/who is it reported to?	Type of reporting – exception?	Remedial Action
Reduce premature mortality from cardiovascular disease	Cardiovascular Disease MR	Electronic	Annually	Strategic Health Authority reporting officer	Performance Review Group	Routine	Long term conditions Local Implementation Team/Director of Public Health (Sam Ramaiah)
Ensure that an 'expert patient's programme' is in place	Number participating in Expert Patient Programme	Electronic database	Monthly and quarterly	Expert Patients Programme Coordinator and administrator	Expert Patients Programme Steering Group, Patients Experience and Public Involvement Committee	Exception reporting, Performance Report	Walsall tPCT lead for Patients Experience and Public Involvement/Expert Patient Programme (Louise Mabley)
Ensure that an active influenza immunisation programme continues to meet targets	% of persons over 65 vaccinated	GP practices use an in-house system (Primis) upon which uptake information is stored. Emma Russell advises practices to update uptake monthly on system. Information also available on QOF.	Annually (January). Medicines Management Leads (Emma Russell and Bharat Patel)	Medicines Management Lead (Emma Russell)	Medicines management Committee and the HPA. This target is also monitored through the Public Health Performance Review Group	Exception	Director of Public Health (Sam Ramaiah)/Medicine Management Leads (Emma Russell and Bharat Patel)

Maternal and Child Health

Action	Indicator	How (paper, electronic)?	How often is it reported?	Responsible officer for collation?	Where/who is it reported to?	Type of reporting – exception?	Remedial Action
Reduce perinatal mortality rate	Perinatal mortality rate	ONS and perinatal institute	Quarterly	Rachel Robinson	LAA quarterly and the Perinatal Mortality Local Implementation Group	Routine	Cross-agency infant mortality steering group
	% of live births below 2500g	Through Public Health files or the Child Health system	Quarterly	Rachel Robinson	LAA quarterly and the Perinatal Mortality LIG	Routine	Cross-agency infant mortality steering group
Increase breastfeeding rates	% of mothers breast feeding at birth	Paper	Quarterly	Maternity Service Manager (Lin Gostling)	Breast Feeding Strategy Group	Exception	Maternity Service Manager (Lin Gostling)
	% mothers breast feeding at 10 days	Paper	Quarterly	Maternity Service Manager (Lin Gostling)	Breast Feeding Strategy Group	Exception	Maternity Service Manager (Lin Gostling)
	% of mothers breastfeeding at 8 weeks	Paper	Quarterly	Head of Nursing, Children and Families (Mary Griffiths)	Breast Feeding Strategy Group	Exception	Head of Nursing, Children and Families (Mary Griffiths)
All midwives/community midwives will be trained in breast feeding support in line with UNICEF quality assurance standards by the end of 2006	Number of midwives trained	Paper	6 monthly	Maternity Service Manager (Lin Gostling)	Breast Feeding Strategy Group	Exception	Maternity Service Manager (Lin Gostling)
Certified UNICEF baby friendly training for midwives	Number of midwives trained (cumulative)	Paper	6 monthly	Maternity Service Manager (Lin Gostling)	Breast Feeding Strategy Group	Exception	Maternity Service Manager (Lin Gostling)
Multi-agency UNICEF friendly breast feeding training for non-professionals working with young women/mothers	Numbers trained each year	Paper	6 monthly	Maternity Service Manager (Lin Gostling)/Breastfeeding coordinator (Caroline Mansell)	Breast Feeding Strategy Group	Exception	Maternity Service Manager (Lin Gostling)/Breastfeeding coordinator (Caroline Mansell)
A community mothers or similar peer group scheme will be supported to encourage breastfeeding and good childhood nutrition	Number of new groups established Number of peer members trained each year	Paper	6 monthly	Maternity Service Manager (Lin Gostling)/Breastfeeding coordinator (Caroline Mansell)	Breast Feeding Strategy Group	Exception	Maternity Service Manager (Lin Gostling)/Breastfeeding coordinator (Caroline Mansell)
All teenage mothers must receive specific antenatal and post natal advice on breastfeeding	Number of teenage pregnancy unit staff trained in UNICEF breastfeeding awareness each year	Paper	6 monthly	Maternity Service Manager (Lin Gostling)/Breastfeeding coordinator (Caroline Mansell)	Breast Feeding Strategy Group	Exception	Maternity Service Manager (Lin Gostling)/Breastfeeding coordinator (Caroline Mansell)
MMR vaccinations must attain or improve on the target for Walsall	% infants vaccinated	Information extracted from Care Plus Child Health System	Quarterly	Karen Smith (Child Health Information Manager)/Sue Clark (Information Analyst)	Vaccination and Immunisation Steering group	Routine	Vaccination and Immunisation Steering Group
Target high risk women of child bearing age with pregnancy, breastfeeding and nutritional advice/activities	Number of BME community workers trained each year	Paper	Quarterly	Breastfeeding coordinator (Caroline Mansell)	Breast Feeding Strategy Group	Exception	Head of Health Promotion (Rachael Humphreys)/Breastfeeding coordinator (Caroline Mansell)
Pilot breastfeeding awareness included in PHSE sessions in secondary schools	Number of schools included each year	Paper	Quarterly	Breastfeeding coordinator (Caroline Mansell)	Breast Feeding Strategy Group	Exception	Head of Health Promotion (Rachael Humphreys)/Breastfeeding coordinator (Caroline Mansell)
The Walsall maternity services will achieve Baby Friendly accreditation by end of 2006	Accreditation received						

Teenage Pregnancy

Action	Indicator	How (paper, electronic)?	How often is it reported?	Responsible officer for collation?	Where/who is it reported to?	Type of reporting – exception?	Remedial Action
Reduce teenage conception rate	Reduce teenage conception rate per 1000 by 55%	Electronic/Strategic Health Authority/Primary Care Trust	Quarterly	Diane Osborne (Teenage Pregnancy Coordinator)	Public Health Performance Review Group/Strategic Health Authority	Exception	Diane Osborne (Teenage Pregnancy Coordinator)
Increase availability of Emergency Hormonal Contraceptive in community	Number of pharmacists trained	Paper	Quarterly	Medicine Management Leads (Emma Russell and Bharat Patel)	Public Health Performance Review Group	Exception	Medicine Management Lead (Bharat Patel)
Free condoms and other contraceptive advice will be signposted in secondary schools	% of schools with trained adviser	Systems need to be established		Diane Osborne (Teenage Pregnancy Coordinator)	Teenage Pregnancy Group	Exception	Diane Osborne (Teenage Pregnancy Coordinator)
Health and lifestyle consultation, including sexual health advice to all looked after children in borough offered at 16 th Birthday	% borough looked after children offered consultation % of looked after children out of borough offered consultation on return to borough	Electronic	Quarterly	Specialist Nurse Transitional Care for Looked After Children (Denise Williams)	Teenage Pregnancy Group/Children and Young People's Board	Exception	Diane Osborne (Teenage Pregnancy Coordinator)
School Governor induction programmes will include sexual health awareness training	Number of school governors receiving training	Paper	Six monthly	Diane Osborne (Teenage Pregnancy Coordinator)	Teenage Pregnancy Group	Exception	Diane Osborne (Teenage Pregnancy Coordinator)

Housing

Action	Indicator	How (paper, electronic)?	How often is it reported?	Responsible officer for collation?	Where/who is it reported to?	Type of reporting – exception?	Remedial Action
Creating decent homes	Number of non decent private sector homes occupied by vulnerable households made decent	Electronic	Quarterly	Policy and Partnerships Officer (Patrick Lucas) and Shared Partnership Information Lead (Emma Pearson)	Monitored for Council's performance board and the Local Area Agreement	Exception	Head of Housing Services (Sue Byard)
Home fire safety checks	Number of dwellings receiving home fire safety checks	Electronic	Quarterly	Information Officer (West Midlands Fire Service)	Reported to tPCT, Public Health	Exception	Walsall Borough Fire Service (Andy Grosvenor)
Take up of 'affordable warmth' schemes will be encouraged	% increase in domestic energy efficiency	Paper and electronic	Monthly/quarterly/annually	Housing Improvement Team (Mandy Findley/ Steve Rowley)	Central Government	Routine	Housing Management team (Mark Wade)

Accident Prevention

Action	Indicator	How (paper, electronic)?	How often is it reported?	Responsible officer for collation?	Where/who is it reported to?	Type of reporting – exception?	Remedial Action
Reduce the number of people killed or seriously injured in Great Britain in road accidents by 40% by 2010.	Number of people killed or seriously injured	Electronic	Twice a year	Strategic Health Authority Information Officer	Performance Review Group	Exception	Accident Prevention Task Group
Reduce the number of children killed or seriously injured by 50% by 2010.	Number of children killed or seriously injured	Electronic	Twice a year	Strategic Health Authority Information Officer	Performance Review Group	Exception	Accident Prevention Task Group

