

Healthier Communities and Older People Delivery Programme November 2007

Target	Current Investment	Programme of activities currently undertaken	Investment/Activity Shortfall	Risks	Accountability
<p>Smoking Percentage of clients from BME communities who quit smoking through Specialist Stop Smoking Services</p> <p>Percentage of clients male aged 18-34 who quit smoking through Specialist Stop Smoking Services</p>	<p>60,000</p>	<p>Stop Smoking Service – Cessation programmes for adult smokers.</p> <ul style="list-style-type: none"> • 1:1 interventions in GP practice setting • 1:1 interventions in pharmacy settings • Telephone support programmes • Group cessation programmes in venues across the borough. • <p>Follow up clients that contact the service but then either do not attend a session or do not complete programme.</p> <p>Dr Foster Intelligence has been commissioned to develop a Social Marketing and Communications Strategy. They will provide the following:-</p> <ul style="list-style-type: none"> • Profile the target populations in Oldham according to hospital episode data and Mosaic Consumer profiles. This would provide information about geographical location of the target groups in Oldham and a profile of the attitudes, preferences and marketing susceptibility of people in the target groups. • Dr Foster to carry out qualitative research with people from the target groups and with a range of service providers to better understand the needs of the target groups and how to market a service to help people in the target groups to stop smoking. • Dr Foster to design, with the Stop Smoking Service, a marketing strategy to make the service more attractive to the target groups. <p>Stop Smoking Service would implement the marketing strategy and monitor uptake of the service from the target groups.</p>	<p>Data collection systems within GP practices need to be improved. Investment required to develop models of best practice.</p> <p>05/06 – 21 referrals to Stop Smoking Services from community nurses (80% from 2 nurses) 05/06 – Only 6 referrals from Surestart programme. Referrals need to increase. Better engagement with Nursing teams and Community Programmes.</p> <p>05/06 - 50% quit rate for all clients that access the service. However it is known that the quit rate in the BME population currently accessing the service based upon 2004/05 data is approximately 30%.</p> <p>The stretch target within this block aims to increase the current quit rate in this group to 50% as per Oldham average.</p> <p>Therefore we plan to increase:</p> <ul style="list-style-type: none"> ○ the total number of individuals from the BME population quitting at 4 weeks 116 to 241 (an increase of 125 people); ○ the total number of Males aged 16-34 quitting at 4 weeks from 404 to 834 (an increase of 430 people). <p>Increase availability of smoking cessation information and material into languages other than English.</p> <p>Service Provision/Capacity Demand for</p>	<p>Increased demand may result in a shortfall in capacity to meet demand for target groups.</p> <p>Waiting times to access cessation services may increase if service struggles to cope with increase demand and additional capacity is not developed.</p> <p>Smoking Cessation data from Community Teams not fed into centralised system . Co-ordinated approach required.</p> <p>Projects have limited capacity due to staff being employed on short/fixed term contracts.</p> <p>Current funding for Positive</p>	<p>Alan Higgins Lead HCOP Block</p>

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		<p>Community Activity – Positive Health Action operating within the Hathershaw and Fitton Hil areas (NDC) have smoking cessation activity within their remit. Can provide brief interventions for clients attending their events.</p>	<p>services and additional session needs to be met. Clients need to be able to access cessation provision that is acceptable to them. Successful implementation of marketing strategy would create an additional demand on the service that would need to be met through extra activity.</p> <p>Only one of the three community development teams explicitly have smoking cessation within their remit. Need to increase capacity across all teams and train Community Development Workers to provide brief interventions for smoking cessation.</p> <p>Previous Community Development Worker left. New postholder currently undergoing specialist training.</p>	<p>Health Action expires in June 2007. Choosing Health</p>	
<p>Diet</p> <ul style="list-style-type: none"> - Proportion of people surveyed across Oldham reporting consumption of fruit and vegetables at 5 portions per day - Proportion of the population living in the wards of; Werneth, Coldhurst, Alexandra, St James, St Mary's, Medlock Vale reporting consuming five portions of fruit and 		<p>Number of attendances at Health Improvement Team Activities to be monitored.</p> <p>Cook and taste sessions – 6 week programme to provide advice and support to local residents around healthy eating.</p> <p>Infant weaning cook and taste – 2 week programme to provide advice and recipes to new mums .</p> <p>Provide training: 'OCN Nutrition Skills' for voluntary, community and statutory organisations to build capacity and enable wider dissemination of information around the health benefits of healthy eating.</p> <p>CIEH Nutritional Awareness course.</p>	<p>Need to undertake more focused work across the targeted words in order to provide a better co-ordinated approach to the promotion of the 5 a day message in these areas.</p> <p>Health Development workers need to be upskilled in all healthy lifestyle issues. They need to be trained to give brief interventions in smoking cessation, alcohol misuse, stress management, healthy eating, physical activity, weight management and sexual health.</p>	<p>Projects have limited capacity due to staff being employed on short/fixed term contracts</p> <p>Current funding for Positive Health Action expires in June 2007.</p> <p>Baselines for indicators founded on Lifestyle Survey data (2005). Need funding to repeat survey within the lifetime of the LAA either</p>	<p>Emma Haman – FAPAT Manager</p>

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<p>vegetables per day.</p>		<p>Food Network - to link activities, information and share good practice around the provision and availability of fresh fruit and vegetables in Oldham.</p> <p>Healthy Eating Booklet developed in several different languages promoting the use of fruit and vegetables for the preparation of traditional Pakistani and Bangladeshi recipes.</p> <p>Community Health Events – Health promotion events to improve the communities knowledge of 5-a day and healthy eating messages, eg Oldham Mela</p> <p>On yer bike – Project to increase cycling activity within NDC area. Residents trained up to become cycle leaders in order to develop Community cycle Groups.</p> <p>'Up Your Street' - telephone advisors provide advice and information on a wide range of events and activities and community health improvement events, e.g. cook and taste sessions, extended school programmes.</p>	<p>Many of the community health development teams will also undertake the Health Trainers course.</p> <p>The re-development of the Food Co-operative in NDC.</p> <p>Lack of provision of fresh fruit and vegetables within some of the targeted wards. Food mapping exercise to identify 'food deserts'.</p>	<p>locally or regionally. Difficult to measure outcomes without additional data.</p>	
<p>Sport & Physical Activity</p> <ul style="list-style-type: none"> - Proportion of the surveyed population reporting participation in 30mins or more moderate (or better) intense physical activity on a minimum of 3 days per week - Proportion of the 		<p>Walking Group – Community based walking programmes established within the wards of Werneth, St James and Hollinwood.</p> <p>Walk Leader Training – supporting local residents to lead Health Walks in their area.</p> <p>It's a Toddle! Group – Shorter walks for parents and children.</p> <p>Exercise Instructor Courses – Community Development</p>	<p>Health Development workers need to be upskilled in all healthy lifestyle issues. They need to be trained to give brief interventions in smoking cessation, alcohol misuse, stress management, healthy eating, physical activity, weight management and sexual health.</p> <p>Many of the community health</p>	<p>Limited data collection</p>	<p>Damien Aston – PHA Manager</p>

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<p>population living in the wards of; Werneth, Coldhurst, Alexandra, St James, St Mary's, Medlock Vale reporting e populations living in the wards of Oldham with the highest premature mortality rates participating in 30 minutes or more moderate (or better) intense physical activity on a minimum of three days per week</p>		<p>workers increasing their skills to be able to deliver dance and exercise classes within the community.</p> <p>Yoga Classes – For BME women</p> <p>'Up Your Street' database of physical activity opportunities .Provide telephone help line linked to above database staffed by assistants trained up to health trainer status with support from exercise specialist. Callers can receive details on opportunities for physical activity.</p> <p>Oldham Community Leisure – Concession card for people on benefits and low incomes to be able to undertake activities with OCL facilities and a reduced rate of up to 50%.</p> <p>Number of attendances at swimming pools and community leisure centres per 1000 population.</p>	<p>development teams will also undertake the Health Trainers course.</p> <p>Activities need to be sustained across other areas of the borough.</p> <p>Baselines established from local survey maybe under-representative?</p> <p>Market above resources to promote awareness of service.</p> <p>Promote web site in local libraries and other venues with community Internet access.</p>	<p>mechanisms, therefore difficult to fully evaluate the scheme.</p>	
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<p>Alcohol</p> <p>Alcohol related admission per 1000 population.</p>		<p>Alcohol and Drug Services Community Alcohol Service delivers approximately 1,400 counselling sessions and responds to 2,000 requests for advice and information. Primary Health Care Worker funded by the PCT who currently works across five general practices. Community de-toxification service.</p> <p>Substance Misuse Team – provide community based service where 1:1 intervention and group work takes place. 3x specialist alcohol workers, one Social Worker ,a Specialist Community Detoxification Nurse and a Primary Care Alcohol Worker . Midwifery Liaison – facilitates pregnant alcohol users is accessing ante-natal services.</p> <p>Ascot House - residential Rehab, which works mostly with alcohol clients.</p>	<p>OMBC loss of funding make effect long term sustainability of project.</p> <p>Funding for 2 of the post only until March 2008.</p> <p>There is limited brief intervention within primary care and inequity in access to specialist nurse intervention within primary care</p> <p>No brief interventions for alcohol are currently conducted in the criminal justice setting or in A&E.</p>		<p>Debra Malone</p>
<p>Infant mortality</p> <p>Percentage of women smoking during pregnancy in wards with highest rates of smoking during pregnancy.</p>		<p>Stop Smoking Service Current smoking cessation activity includes:</p> <p>Cessation support provided to pregnant smokers via antenatal services and telephone support. Programme current delivered by 3 midwives within the antenatal service at Oldham's Hospital site and a smoking cessation service employed sessional worker, who is a trained midwife.</p> <p>SureStart – provide smoking cessation activity. Have 3 year targets to reduce smoking rates amongst pregnant smokers.</p> <p>Brief Intervention session - provided by Health Visitors, Midwives, Community Development workers.</p>	<p>2005/06 - 21 referrals from community nurses, with two health visitors being responsible for 80% of these. No monitoring data on clients who had quit without the aid of the specialist service was received from community nurses. Just 6 referrals were received from (one) SureStart projects.</p> <p>2005/06 - number of women accessing specialist smoking cessation advice during pregnancy dropped. A broader approach will therefore need to be taken, including decreasing the overall smoking rates in young women and supporting women who have been successful at quitting during pregnancy to maintain abstinence.</p> <p>Assess the effectiveness of current smoking cessation advice by the antenatal service and develop action plan with the aim of increasing the number of women</p>	<p>With current quit rates of 25%, even if all women who are pregnant accessed specialist smoking support the LAA trajectories would not be achieved.</p>	<p>Kim Hastie</p>

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<p>Percentage of mothers initiating breast feeding at delivery living in wards the lowest rates of breast feeding initiation.</p>		<p>Peer Support Programme.</p> <p>Training for Community Development workers in breast feeding support.</p> <p>Baby Friendly Initiative Programme – to be rolled out across Primary care.</p>	<p>quitting during pregnancy.</p> <p>Establish refer all pathways from community midwives to enable specialist midwives to 'pick up' pregnant smokers.</p> <p>Monitor breast feeding rates at 10-12 week Health visitor check.</p>	<p>Joanne Mayall – Infant Feeding Lead</p>	
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Mental Health - Percentage of people under adult mental illness specialties on Care Programme Approach receiving follow up (by phone or face to face) within 7 days of discharge from hospital		Pennine Care – mental health service – collate information relating to the CPA follow up.	System currently reports on 7 day follow up with 'yes' , 'no' response. More specific data required for monitoring purposes of the 48 hour indicator. Dates of discharge recording required.		Simon Pierce
Diabetes Percentage of people registered with GP practices in Oldham diagnosed with diabetes who have 'poor control' of their condition (HbA1C >10%). Percentage of people registered with GP practices where practice population is more than 25% BME as measured by Nam Pacham ¹ diagnosed with diabetes who have 'poor control' of their condition (HbA1C >10%)		Work with Diabetes LIT Xpert patient Programme – Caring for Kidneys Educational Programme – Cottoning On GP Practice – Support interventions through GSK provided additional nurse support. Specialist Diabetes Nurse Diabetes e project.	Evaluation of Educational Programmes.Xpert Pateint Programme. Additional educational programmes with referral pathways from Primary Care.	High incidence of diabetes prevalence in the South Asian Community. GP Practice registers do not routinely record ethnicity as part of current practice.	Debbie Yilidirm

Target	Current Investment	Programme of activities	Investment/Activity Shortfall	Risks	Accountability
<u>Integrated services to support independence and improved engagement of older people as active citizens:</u>					
<p>Total number of breaks provided through Carers Grant in a 12 month period</p> <p>Baseline - 8,643 – 2004/05</p> <p>Target = 15,000 – by March 2008</p> <p>Target = 17,000 – by March 2009</p> <p>Increase number of black and minority ethnic carers eligible for breaks</p> <p>Baseline – 129 – 2004/05</p> <p>Target = 170 – by March 2008</p>	<p>2007/08 Adult Carers Grant Allocation - £892,716</p> <p>A range of carer support services for Adults (including parent carers) and Young Carers</p> <p>Carers Strategy Lead Finance/ contract /adminn officer support</p>	<p>All carers support services contracts have been revised with an increased emphasis on outcomes.</p> <p>A range of carers subgroups set-up to take forward key initiatives defined by the Carers Steering group including:</p> <ul style="list-style-type: none"> • Carers Grant monitoring • Carers Assessments • Commissioning ‘new’ services • Partnership working <p>The PCT and LA have (in line with best practice) commissioned an independently managed Carers Centre (via Gaddum Centre)</p> <p>Continuing to look into ways of improving the identification of Carers and ensure information on Carers Assessments and services are recorded appropriately. Assessors are being trained on recording Carers information.</p>	<p>Year 2 target may be difficult to achieve due to a number of providers unable to provide services during the year.</p> <p>In addition there has been poor uptake of new providers taking up the additional funding opportunities despite being widely advertised.</p>	<p>That current priorities are maintained across the lifetime of the LAA. If funding alignment changes this may effect delivery</p>	<p>Bernard Audini</p>

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Target = 187 – by March 2009		<ul style="list-style-type: none"> • Development of a ‘new’ Carers Strategy. • Development of an Emergency Respite scheme • Development of an Expert Carers Programme 			
Target (Descriptor and 2007/08 target)	Current Investment	Programme of activities	Investment/Activity Shortfall	Risks	Accountability
<p>Increase in the number of pensioner households in receipt of pension credit</p> <p>Target – 11,428 – March 2008</p> <p>Target – 11,433 – March 2009</p> <p>Baseline – 11,200 – 2004/05</p>	<p>Finance Officer time</p> <p>Meetings to develop the process</p>	<p>An agreement is in place with the Department for Work & Pensions (DWP) to supply this information quarterly.</p> <p>Figures from the DWP show 11,640 up to February this year.</p> <p>This is a cross-cutting target with both Safer/Stronger Communities and the Economic Partnership. We are developing links for a corporate approach in both gathering and improving this measure.</p>	<p>No shortfall at present</p>		<p>Trevor Kavanagh</p>
Target (Descriptor and 2007/08 target)	Current Investment	Programme of activities	Investment/Activity Shortfall	Risks	Accountability
<p>Number of people 50+ who undertake a supportive community role</p> <p>Target – 331 – March 2008</p>	<p>Capacity Building Officer time</p> <p>Voluntary Sector Officer time</p>	<p>Formal reporting mechanisms are now in place with a number of organisations working with volunteers.</p> <p>Training has been commissioned to support and develop volunteer managers which finishes in February 2008</p>	<p>No shortfall at present</p>	<p>Numbers can fluctuate in respect of times of year, specific events, quality of training and support etc..</p>	<p>Carl Bell</p>

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<p>Target – 347 – March 2008</p> <p>Baseline – 300 – 2004/05</p>	<p>Meetings and Policy Development</p>	<p>This year we have had 211 volunteers within Age Concern, 18 within Chadderton Court and 270 school governors undertake roles within the community.</p>			
<p>Empowering of older people to make a positive contribution to the planning, commissioning and delivery of services</p> <p>Target – 350 – March 2008</p> <p>Target – 400 – March 2009</p> <p>Baseline – 250 community consultations – 2004/05</p>	<p>Forum co-ordinator’s salary</p> <p>cost of meetings + Cost of numerous officers time and expenses for participants</p> <p>Training costs</p> <p>Event costs</p> <p>Publicity costs</p>	<p>On target this year with an increase in the numbers involved in voluntary and community groups consultation, Older people’s forum, forum volunteers attending the ‘Practicalities and Possibilities’ conference, forum member Volunteers assisted with the Councils Trusted Assessors Training Course, forum member volunteers successfully completed ‘Voice and Choice’ training</p> <p>The forum4Age membership is currently 65 people who are aged 50 and over.</p> <p>Some members are representative of their community/voluntary or faith group. Information produced via the forum is being disseminated by forum representatives, and is reaching out to around 250 older people across the borough.</p>	<p>No shortfall at present</p>	<p>The forum has proved very successful and there is the danger that organisations will try to use it as a consultation body rather than empowering its members</p>	<p>Carl Bell + Team Manager Consultation and Participation</p>

		<p>From April 06 – March 07 <i>552 older people took part in various activities and opportunities via the forum4Age</i></p> <p>From April 07 – November 07 <i>276 older people have taken part in various activities and opportunities via the forum4Age</i></p> <p>Priorities for next year:</p> <ul style="list-style-type: none"> • To celebrate forum's first anniversary • To promote the forum. Posters, business cards, post cards to be produced. A DVD to be made about the work of the forum • Transport Services for Older People Consultation • Housing Strategy Consultation • 'Hungry to be Heard' project. • Oldham Community Leisure to issue free passes for the over 50's to a few members of the forum to be critical friend of the services <p>• Inter-generational project</p>			
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		<p>with Oldham Youth Council</p> <ul style="list-style-type: none"> • Closer working with the NAPOs re Asian elders • Talking more sense' 2nd event • MORE TRAINING around empowering older people. 			
Target (Descriptor and 2007/08 target)	Current Investment	Programme of activities	Investment/Activity Shortfall	Risks	Accountability
<p>a) PAF C32 - Number of Older people aged 65+ helped to live at home</p> <p>Target – 3,235 by March 2008</p> <p>Target – 4,000 by March 2009</p> <p>Baseline – 2,520 – 2004/05</p>	<p>See Older People's Care Budget</p>	<p>On target with an increase of 1,500 clients being helped to live at home.</p> <p>Increased focus being put on non care managed services. The Neighbourhood Access and prevention team is now well established and those clients below the FACS threshold for care managed support are being signposted to appropriate low level community services. Recording process around outcomes for clients agreed with the NAPO team.</p> <p>Also a range of new developments have been undertaken: 'one door' access for all referrals signposting and referral on to other services</p> <p>provision of immediate support following assessment Streamlined service of Aids and Adaptations / Loan Stores</p>			<p>Dorothy Philips</p>

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		<p>Re-configuration of in-house home care Monitoring and reviewing officers now visit more frequently 2 Asst. Practitioners to start with home from hospital team – for speedy discharge and to promote re-enablement Mainstreaming of Individualised Budgets</p>			
<p>b) Number of supported admissions of older people aged 65 or over to permanent residential and nursing care</p> <p>Target – 1,000 – March 2008</p> <p>Target – 900 – March 2009</p> <p>Baseline – 1,100 – 2004/05</p>	<p>£110,000 saving for the department upto 30th June 2006. An estimated £3,000 saving per placement helping people remain at home.</p>	<p>Reduction of <u>147</u> older people in permanent residential and nursing care as at 30th September 2007. Development of community-based low level services (see Prevention Strategy, PFI Extra Care, Neighbourhood Care Networks) Increased use and expansion in numbers of short stay/respice beds to support carers and prevent admissions to permanent care Development of ‘virtual ward’ service with PCT / Acute Trust to be piloted in Feb 08 – to treat people in their own homes.</p>		<p>Overall budget</p>	<p>Dorothy Philips</p>