

LAA Target Monitoring Report

Red	Critical - Way off target. Needs urgent attention
Amber	Changes identified - further work required to meet target
Green	Very Good Performance - direction of travel positive

Healthier Communities & Older People Block

Block Lead: Alan Higgins (PCT) supported by Veronica Jackson (OMBC)

Indicator	Baseline Performance	LAA Targets			2006/07 Performance								2006/07 Performance Commentary	
		2006/07	2007/08	2008/09	Quarter 1 Target	Quarter 1 Actual	Quarter 2 Target	Quarter 2 Actual	Quarter 3 Target	Quarter 3 Actual	Quarter 4 Target	Quarter 4 Actual	Current Position (As at quarter 2)	Current Position (As at quarter 1)
Outcome A - Lifestyle Factors: Smoking/ Diet/ Sport and Physical Activity/ Alcohol.														
Engagement with Stop Smoking Service by subgroup;	2004/5 Numbers of BME quitting, 30	LDP Quit 38 (56)	LDP Quit 39 (82)	LDP Quit 39 (103)	14 min	48 setting a quit rate	28 YTD min	Data available from November	42 YTD min		56 min year		<p>Responsibility - Alan Higgins Comment on Performance: Current data requirements for Strategic Health Authority do not require specific 4 week quit rates fro BME populations. Require system to collect data with routine quarterly performance data. Risk Analysis:</p> <p>Interventions Recommended: System to collect required indicator information. Interventions/Projects Current: Dr Foster Social Marketing Campaign.</p>	<p>Responsibility - Comment on Performance: Risk Analysis: Interventions Recommended: Interventions/Projects Current:</p>
Number of Clients quitting at 4 weeks from BME population (LAA47)	Stretch Increase the total number of individuals from the BME population accessing the service and quitting from 116 to 241 (an Target: 7a) increase of 125 people over the three years of the LAA)													
Engagement with Stop Smoking Service by subgroup;	102	LDP Quit 134 (194)	LDP Quit 135 (284)	LDP Quit 135 (356)	49 min	51	97 YTD min	Data available from November	146 YTD min		194 YTD min		<p>Responsibility - Alan Higgins Comment on Performance: Data collection and performance monitoring systems do not presently provide routine reports for Strategic Health Authority or PCT. Will utilise existing interrogation queries to provide data for the monitoring of ethnicity data on a quarterly basis. Risk Analysis: Will need to ensure completeness of data within ethnicity field. Interventions Recommended:</p> <p>Interventions/Projects Current: Dr Foster Social Marketing Campaign</p>	<p>Responsibility - Comment on Performance: Risk Analysis: Interventions Recommended: Interventions/Projects Current:</p>
Number of clients quitting at 4 weeks who are male and aged between 16-34 (not including BME) (LAA48)	Stretch Increase the total number of males aged 16-34 (not including BME) accessing the service and quitting from 404 to 834 (an Target: 7b) increase of 430 people over the three years of the LAA)													
Proportion of people surveyed reporting consumption of fruit and vegetables at 5 portions per day (LAA49)	23% prevalence (49,985)	25% (54,322)	27% (58,378)	29% (63,025)	51,083 min	Measured at end of LAA by Lifestyle Survey	52,181 YTD min	Measured at end of LAA by Lifestyle Survey	53,280 YTD min	Measured at end of LAA by Lifestyle Survey	54,378 min year	Measured at end of LAA by Lifestyle Survey	<p>Responsibility - Alan Higgins Comment on Performance: Risk Analysis: Interventions Recommended: Commission a short interim survey that will include questions from all blocks around the data they currently are having difficulty collecting for specific indicators. Interventions/Projects Current:</p>	<p>Responsibility - Comment on Performance: Risk Analysis: Interventions Recommended: Interventions/Projects Current:</p>
Proportion of the population living in wards of Oldham with highest premature mortality rates reporting consuming five portions of fruit and vegetables per day (LAA50)	20.5% prevalence (13,352)	23% (15,105)	25.5% (16,747)	28% (18,389)	13,790 min	Measured at end of LAA by Lifestyle Survey	14,228 YTD min	Measured at end of LAA by Lifestyle Survey	14,667 YTD min	Measured at end of LAA by Lifestyle Survey	15,105 min year	Measured at end of LAA by Lifestyle Survey	<p>Responsibility - Alan Higgins Comment on Performance: Outcomes from this indicator cannot be accurately measured on a quarterly basis. However we will monitor the activity of the Community Development Teams within the borough and assess the number of participants accessing activities such as Cook and Taste etc. Risk Analysis: Difficult to monitor. National surveys cannot provide robust data ate a lower level geography than borough or region. Interventions Recommended: Repeat Lifestyle Survey to be commissioned to report outcomes before 2008/09. Monitoring of Community Development Team diet related activity. Interventions/Projects Current: A number of different nutritional courses and activities relating to diet are offered from Community Development teams operating in the targeted wards.</p>	<p>Responsibility - Comment on Performance: Risk Analysis: Interventions Recommended: Interventions/Projects Current:</p>
Proportion of the surveyed population reporting participation in 30mins or more of physical activity on at least three days per week (LAA51)	18% prevalence (39,119)	21% (45,638)	24% (52,158)	27% (58,678)	40,749 min	Measured at end of LAA by Lifestyle Survey	42,378 YTD min	Measured at end of LAA by Lifestyle Survey	44,008 YTD min	Measured at end of LAA by Lifestyle Survey	45,638 min year	Measured at end of LAA by Lifestyle Survey	<p>Responsibility - Alan Higgins Comment on Performance: Risk Analysis: Under reporting of participation. Interventions Recommended: Evaluation of "Up Yer Street" to determine the numbers of people accessing the service and the activities they take up. Interventions/Projects Current: Sport England "Active People Survey" - due to report Oct/Nov 06. MORI NDC survey due to report Nov 06.</p>	<p>Responsibility - Comment on Performance: Risk Analysis: Interventions Recommended: Interventions/Projects Current:</p>
Proportion of the populations living in the wards of Oldham with the highest premature mortality rates participating in 30 minutes of physical activity on a minimum of three days per week (LAA52)	13.5% (8,866)	16.5% (10,836)	19.5% (12,807)	25.5% (16,747)	9,358 min	Measured at end of LAA by Lifestyle Survey	9,851 YTD min	Measured at end of LAA by Lifestyle Survey	10,343 YTD min	Measured at end of LAA by Lifestyle Survey	10,836 min year	Measured at end of LAA by Lifestyle Survey	<p>Responsibility - Alan Higgins Comment on Performance: Outcomes from this indicator cannot be accurately measured on a quarterly basis. However we will monitor the activity of the Community Development Teams within the borough and assess the number of participants accessing activities such as Exercise classes, Yoga, Trim trails etc Risk Analysis: Interventions Recommended: Repeat Lifestyle Survey to be commissioned to report outcomes before 2008/09. Monitoring of Community Development Team physical and recreational activity Interventions/Projects Current: Courses and activities relating to recreation such as walking clubs and outdoor pursuits are offered from Community Development teams operating in the targeted wards.</p>	<p>Responsibility - Comment on Performance: Risk Analysis: Interventions Recommended: Interventions/Projects Current:</p>
Months of life lost attributable to alcohol. Alcohol related hospital admissions per 1,000 population (LAA53)	Baseline to be established	To be established	To be established	To be established									<p>Responsibility - Debra Malone Comment on Performance: Baseline to be established during refresh process. 2004/05 - 10.9 admissions for males, 5.7 for females. Risk Analysis: Different trajectories for males and females will need to be established. No brief interventions for alcohol are currently conducted in the criminal justice setting or in A&E. Interventions Recommended: Extended brief interventions in primary care and A&E liaison. Alcohol awareness training for health and social care professionals Interventions/Projects Current: 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-toxication service.</p>	<p>Responsibility - Comment on Performance: Risk Analysis: Interventions Recommended: Interventions/Projects Current:</p>

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Outcome A2 - Infant Mortality																
Percentage of women smoking during pregnancy in wards with highest infant mortality rates To reduce by 1.5% per annum, women smoking during pregnancy in populations living in Coldhurst, Werneth, St Paul, Alexandra and St James wards (LAA54)	19% (Oldham Borough wide)	-	-	-											Responsibility - Alan Higgins Comment on Performance: 306 ROH maternities within the 5 targeted wards. 60 women smoked at time of delivery. Statistics received from ROH are received at postcode level and are mapped to Oldham wards. Percentages are rounded up to nearest whole percentage. Risk Analysis: Interventions Recommended: 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 quitting during pregnancy. Establish referral pathways from community midwives to enable specialist midwives to 'pick up' pregnant smokers. Interventions/Projects Current: Dedicated midwife at ROH responsible for Cessation sessions. Brief intervention training offered to all community nursing teams, health visitors and midwives.	Responsibility - Comment on Performance: Risk Analysis: Interventions Recommended: Interventions/Projects Current:
Percentage of mothers initiating breast-feeding at delivery, living in wards with the highest rates of infant mortality To increase by 3% per annum, percentage of mothers initiating breast feeding in populations living in Coldhurst, Werneth, St Paul, Alexandra and St James wards (LAA55)	62%	-	-	-											Responsibility - Alan Higgins Comment on Performance: Baseline established with 2 months data only. Proposals to redefine baselines with Q1 and Q2 data during the refresh. Risk Analysis: Interventions Recommended: Interventions/Projects Current: Breastfeeding Action Plan been developed. Plans to work towards achieving Baby Friendly Initiative Status within Primary Care in 2007.	Responsibility - Comment on Performance: Risk Analysis: Interventions Recommended:
Outcome A3 - Mental Health outcomes for adults																
Percentage of people under adult mental illness specialities on Care Programme Approach receiving follow up (by phone or face to face) within 48 hours of discharge from hospital (LAA56)	Awaiting updated information for Q4 2005/6	Increase to 100%	-	100%	100%	No Data	100%								Responsibility - Simon Pierce Comment on Performance: Baselines to be established with Q2 and Q3 data in 2007. Systems being developed to collect 48 hour data. Risk Analysis: Interventions Recommended: Interventions/Projects Current:	Responsibility - Comment on Performance: At present the 7 day follow up working group is discussing this issue and will look into address this within the coming months Risk Analysis: Interventions Recommended:
Outcome B - Integrated services to support independence and improved engagement of older people as active citizens																
1a) Services for Carers: Total number of breaks provided through Carers grant in the period 2005/ 2006 (LAA57)	PAF C62 - 04/05 0 0.6% Delivery Improvement Statements (DIS) 2716 2004/5 8,643	13,000	15,000	17,000	3,250	Numbers available next quarter	6,500	5,767	9,750						Responsibility - Tom Wolstencroft Comment on Performance: Although we are below the target this quarter, these figures do not include 8 Carers Grant funded schemes recently commissioned. Systems will be rolled out to these schemes to ensure activity is captured in future months. Risk Analysis: It will be important that current priorities are maintained across the lifetime of the LAA. If funding alignment changes, this may effect delivery. Interventions Recommended: Monitoring and evaluation of Carers Grant services through the Carers steering group. Interventions/Projects Current:	Responsibility - Comment on Performance: A system of reporting carers services information has now been set up and information updates are expected from providers next quarter. In March 2006 we reported an increase of approximately 4,000 carer breaks and an increase of 42 Black and minority ethnic carers receiving services compared to the previous year. Risk Analysis: Interventions Recommended:
1b) Services for Carers: Increase number of black and minority ethnic carers eligible for breaks (LAA58)	129	155	170	187	135	Numbers available next quarter	142	173	149							
2a) Benefits, volunteers, empowerment: Number of pensioner households in receipt of pension credit (LAA59)	11,200 claimants	224 (2% increase)	228 (2%)	233 (2%)	11,256	11,610	11,312	On Target - Numbers available next quarter	11,368						Responsibility - Trevor Kavanagh Comment on Performance: An agreement is being put place with the Department for Work & pensions to supply this information quarterly. The latest information available relates to activity up to 31st May 2006. An update will be available next quarter. Risk Analysis: Baseline data has been prone to fluctuations in the past as a result of seasonal variations in numbers, specific promotions and fragmented data sets. Interventions Recommended: A need to 'invest-to-save' in terms of systems and protocols and 'grass-roots' activities to maintain pension 'take-up'. Interventions/Projects Current:	Responsibility - Comment on Performance: An agreement is being put place with the Department for Work & pensions to supply this information quarterly Risk Analysis: Interventions Recommended:
2b) Benefits, volunteers, empowerment: Number of people 50+ who undertake a supportive community role e.g. volunteers engaging in Health & Social Care activities (LAA60)	HO-PSA6 - HO-PSA7 (National target of 5% increase year on year) Baseline - 300	315	331	347	304	On Target - Numbers available next quarter	308	308	312						Responsibility - Carl Bell Comment on Performance: Currently on target as an alliance has been developed (Age Concern/CAB/VAO/Community Education) to support and develop the placements and development of volunteers. Including a council/LSP supported bid for Invest to Save. Risk analysis: Numbers can fluctuate in respect of times of year, specific events, quality of training and support. Interventions Recommended: Strengthen alliances with partners in Oldham. Interventions/Projects Current:	Responsibility - Comment on Performance: Formal reporting mechanisms are being put in place with Volunteer Shop run by Voluntary Action Oldham and the Volunteer & befriending scheme run by Age Concern. Both schemes have a number of people already on their books and continue to attract new volunteers. Risk analysis: Interventions Recommended:
2c) Benefits, volunteers, empowerment: Empowering of older people to make a positive contribution to the planning, commissioning and delivery of services (LAA61)	DWP PSA8 HO PSA 7+T32 250 specific community consultations	300	(+50) 350	(+50) 400	30	70	75	81	150						Responsibility - Carl Bell Comment on Performance: To date 45 older people have been involved in the 'Partnerships for Older People' consultation. A further 36 were involved in the Day Care services support review on areas for development. Future consultation events have been planned involving Older people who use Day Care services and the Hospital Social Work team. Tasks will include Planning and Delivery of services. Risk Analysis: Failure of partners to develop a holistic plan that ensures all older people contribute to the development of services will adversely affect target delivery. Interventions Recommended: Increase partnership working between health and social care in order that all Older people receiving services can genuinely contribute to the development of those services. Interventions/Projects Current:	Responsibility - Comment on Performance: Formal reporting mechanism required to capture numbers. To date 3 service planning meetings have already taken place with up to 30 Older people attending. Consultation with OP day care service users has taken place. Future work is planned with users of Mental Health services and Hospital Social Work service. The department is also advertising a Part time post that will lead on consultation and the empowerment of older people. Risk Analysis: Interventions Recommended:

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3a) Older people living at home: Number of older people aged 65 or over helped to live at home (LAA61b)	2,520 2005/6	2,620 (3,120)	2,735 (3,235)	2,835 (4,000)	2670	2,833	2820	2,999	2970		3120		Responsibility - Dorothy Phillips Comment on Performance: Increase in 479 older people helped to live at home since April 1st 2006. A directory of preventative services has been published and is being used to help organisations signpost older people to appropriate services. Risk Analysis: Systems need to be aligned so qualitative and reliable data can be captured, especially important with the emergence of low level services. Interventions Recommended: A comprehensive 'systems analysis' is needed to ensure there are transparent audit trails and robust data sets. Interventions/Projects Current:	Responsibility - Comment on Performance: Increase in 417 older people helped to live at home. This has been made up by an increase in the number of older people receiving care managed support counted in RAP and an increase in the number of older people receiving non-care managed support provided by other agencies in Oldham like Age Concern etc. Risk Analysis: Interventions Recommended:
	Stretch Target: 8a)	Increase the number of older people aged 65 or over helped to live at home from 2,835 people to 4,000 in 2008/9 (an increase of 1,165 people in the third year of the LAA)												
3b) Older people living at home: Number of supported admissions of older people aged 65 or over to permanent residential and nursing care (LAA62)	1,100 good 2004/5	1,100 good (1,000)	1,100 good (1,000)	1,100 good (900)	1075	1063	1050		1025		1000		Responsibility - Dorothy Phillips Comment on Performance: Reduction of 44 older people in permanent residential and nursing care as at 30th September 2006. Risk Analysis: Significant reductions are reliant on developing quality community based alternatives. Interventions Recommended: The prevention Strategy, PFI Extra Care and Neighbourhood Care Networks will be key in developing community based services. Interventions/Projects Current:	Responsibility - Comment on Performance: Reduction of 37 older people in permanent residential and nursing care as at 30th June 2006. Risk Analysis: Interventions Recommended:
	Stretch Target: 8b)	Reduce the number of supported admissions of older people aged 65 or over to permanent residential and nursing care from 1,100 people to 900 in 2008/9 (a reduction of 200 people in the third year of the LAA)												
Outcome C - Improved outcomes for diabetes														
Percentage of people registered with GP practices in Oldham diagnosed with diabetes who have 'poor control' of their condition (HbA1C>10%) . Decrease the number by 6 percentage points (LAA63)	8.3% (707/8467) of diabetics in Oldham - 'poor control' of diabetes	6.3%	4.3%	2.3%	Monitored Annually	Monitored Annually	Monitored Annually	Monitored Annually	Monitored Annually	Monitored Annually	Monitored Annually	8.3%	Responsibility - Alan Higgins Comment on Performance: Monitored on an annual basis through the Quality Outcomes Framework (QoF). Risk Analysis: Regular access to QoF data. Indicator looks at those individuals on a diabetes register only. Interventions Recommended: Evaluation of current projects. Interventions/Projects Current: Work with Diabetes Local Implementation Team. GP Practice – Support interventions through GSK provided additional nurse support. Diabetes e project.	Responsibility - Comment on Performance: Risk Analysis: Interventions Recommended:
Percentage of people registered with GP practices in Oldham located in the wards; St James, St Mary's, Alexandra, Werneth, Coldhurst, and St Pauls diagnosed with diabetes who have 'poor control' of their condition (HbA1C>10%) . Decrease the number by 9 percentage points (LAA64)	14.3% (1551/1809)	11.3%	8.3%	5.3%	Monitored Annually	Monitored Annually	Monitored Annually	Monitored Annually	Monitored Annually	Monitored Annually	Monitored Annually	14.3%	Responsibility - Alan Higgins Comment on Performance: Looking at patients registered with GP Practices in the most deprived wards in Oldham. NB- No GP practice provision in Alexandra ward. Risk Analysis: Interventions Recommended: Further discussions on going. Interventions/Projects Current: Educational Programme – Caring for Kidneys/Cottingham On	Responsibility - Comment on Performance: Risk Analysis: Interventions Recommended: