

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 3)	Current Position (As at quarter 2)	
<b>Outcome A - Lifestyle Factors: Smoking/ Diet/ Sport and Physical Activity/ Alcohol.</b>															
Engagement with Stop Smoking Service by subgroup; Number of Clients quitting at 4 weeks from BME population (LAA47)	2004/5 Numbers of BME quitting, 30	LDP Quit 38 (56)	LDP Quit 39 (82)	LDP Quit 39 (103)	14 min	23	28 YTD min	45	42 YTD min	Results in March	56 min year			<p><b>Responsibility - Alan Higgins</b>  <b>Comment on Performance:</b> Current data requirements for Strategic Health Authority do not require specific 4 week quit rates from BME populations. Require system to collect data with routine quarterly performance data.  <b>Risk Analysis:</b> Will need to ensure completeness of data within ethnicity field.  <b>Interventions Recommended:</b> System to collect required indicator information.  <b>Interventions/Projects Current:</b> Dr Foster Social Marketing Campaign.</p>	<p><b>Responsibility - Alan Higgins</b>  <b>Comment on Performance:</b> 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.  <b>Risk Analysis:</b>  <b>Interventions Recommended:</b> System to collect required indicator information.  <b>Interventions/Projects Current:</b> Dr Foster Social Marketing Campaign.</p>
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; Number of clients quitting at 4 weeks who are male and aged between 16-34 (not including BME) (LAA48)	102	LDP Quit 134 (194)	LDP Quit 135 (284)	LDP Quit 135 (356)	49 min	47	97 YTD min	114	146 YTD min	Results in March	194 YTD min			<p><b>Responsibility - Alan Higgins</b>  <b>Comment on Performance:</b> 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.  <b>Risk Analysis:</b> Reduce numbers of those lost to follow up - which currently stands at 30-35%  <b>Interventions Recommended:</b>  <b>Interventions/Projects Current:</b> Dr Foster Social Marketing Campaign</p>	<p><b>Responsibility - Alan Higgins</b>  <b>Comment on Performance:</b> 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.  <b>Risk Analysis:</b> Will need to ensure completeness of data within ethnicity field.  <b>Interventions Recommended:</b>  <b>Interventions/Projects Current:</b> Dr Foster Social Marketing Campaign</p>
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><b>Responsibility - Emma Haman - FAPAT Co-Ordinator, St Chads, Limeside</b>  <b>Comment on Performance:</b>  <b>Risk Analysis:</b> Impact of interventions not demonstrable though this indicator until further survey undertaken.  <b>Interventions Recommended:</b> Commission a short interim survey that will include questions from all blocks around the data they currently are having difficulty collecting for specific indicators. Monitor outputs from Health Improvement Teams.  <b>Interventions/Projects Current:</b> Food and Physical Activity Together Team, Cottoning On Team, Energise Team.</p>	<p><b>Responsibility - Alan Higgins</b>  <b>Comment on Performance:</b>  <b>Risk Analysis:</b>  <b>Interventions Recommended:</b> Commission a short interim survey that will include questions from all blocks around the data they currently are having difficulty collecting for specific indicators.  <b>Interventions/Projects Current:</b></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><b>Responsibility - Alan Higgins</b>  <b>Comment on Performance:</b> 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.  <b>Risk Analysis:</b> Difficult to monitor. National surveys cannot provide robust data at a lower level geography than borough or region.  <b>Interventions Recommended:</b> Repeat Lifestyle Survey to be commissioned to report outcomes before 2008/09. Monitoring of Community Development Team diet related activity.  <b>Interventions/Projects Current:</b> A number of different nutrition courses and activities relating to diet are offered from Community Development teams operating in the targeted wards.</p>	<p><b>Responsibility - Alan Higgins</b>  <b>Comment on Performance:</b> 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.  <b>Risk Analysis:</b> Difficult to monitor. National surveys cannot provide robust data ate a lower level geography than borough or region.  <b>Interventions Recommended:</b> Repeat Lifestyle Survey to be commissioned to report outcomes before 2008/09. Monitoring of Community Development Team diet related activity.  <b>Interventions/Projects Current:</b> A number of different nutritional courses and activities relating to diet are offered from Community Development teams operating in the targeted wards.</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><b>Responsibility - Damian Aston - Energise Co-Ordinator, Borough Mill, Neild Street.</b>  <b>Comment on Performance:</b> Impact of interventions not demonstrable though this indicator until further survey undertaken.  <b>Risk Analysis:</b> Under reporting of participation. Sport England "Active People Survey" Interim Report- Oldham has 17.2% participation at 3x30 mins. In bottom quintile in NW region.  <b>Interventions Recommended:</b> Evaluation of "Up Yer Street" to determine the numbers of people accessing the service and the activities they take up. Audit of Oldham Community Leisure data.  <b>Interventions/Projects Current:</b> Update of current database to improve data collection and monitoring of participation.</p>	<p><b>Responsibility - Alan Higgins</b>  <b>Comment on Performance:</b>  <b>Risk Analysis:</b> Under reporting of participation.  <b>Interventions Recommended:</b> Evaluation of "Up Yer Street" to determine the numbers of people accessing the service and the activities they take up.  <b>Interventions/Projects Current:</b> Sport England "Active People Survey" - due to report Oct/Nov 06. MORI NDC survey due to report Nov 06.</p>

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<p><b>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)</b></p>	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><b>Responsibility - Alan Higgins</b>  <b>Comment on Performance:</b> 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  <b>Risk Analysis:</b>  <b>Interventions Recommended:</b> Repeat Lifestyle Survey to be commissioned to report outcomes before 2008/09. Monitoring of Community Development Team physical and recreational activities.  <b>Interventions/Projects Current:</b> 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><b>Responsibility - Alan Higgins</b>  <b>Comment on Performance:</b> 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  <b>Risk Analysis:</b>  <b>Interventions Recommended:</b> Repeat Lifestyle Survey to be commissioned to report outcomes before 2008/09. Monitoring of Community Development Team physical and recreational activity  <b>Interventions/Projects Current:</b> 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><b>Months of life lost attributable to alcohol. Alcohol related hospital admissions per 1,000 population (LAA53)</b></p>	Baseline to be established	To be established	To be established	To be established									<p><b>Responsibility - Debra Malone</b>  <b>Comment on Performance:</b> Baseline to be established during refresh process. 2004/05 - 10.9 admissions for males, 5.7 for females  <b>Risk Analysis:</b> 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&amp;E.  <b>Interventions Recommended:</b> Extended brief interventions in primary care and A&amp;E liaison. Alcohol awareness training for health and social care professionals  <b>Interventions/Projects Current:</b> 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><b>Responsibility - Debra Malone</b>  <b>Comment on Performance:</b> Baseline to be established during refresh process. 2004/05 - 10.9 admissions for males, 5.7 for females.  <b>Risk Analysis:</b> 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&amp;E.  <b>Interventions Recommended:</b> Extended brief interventions in primary care and A&amp;E liaison. Alcohol awareness training for health and social care professionals  <b>Interventions/Projects Current:</b> 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>
<b>Outcome A2 - Infant Mortality</b>														
<p><b>Percentage of women smoking during pregnancy in wards with highest infant mortality rates</b></p> <p>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)</p>	19% (Oldham Borough wide)	-	-	-	17.5%	19%	17.5%	19%	17.5%	23%	17.5%		<p><b>Responsibility - Kim Hastie, Lifestyle Intervention Team Manager.</b>  <b>Comment on Performance:</b> 294 ROH maternities in total within the 5 target wards. 69 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 1 decimal point.  <b>Risk Analysis:</b>  <b>Interventions Recommended:</b> 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.  <b>Interventions/Projects Current:</b> Dedicated specialist support at ROH responsible for Cessation sessions. Brief intervention training offered to all community nursing teams, health visitors and midwives.</p>	<p><b>Responsibility - Alan Higgins</b>  <b>Comment on Performance:</b> 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.  <b>Risk Analysis:</b>  <b>Interventions Recommended:</b> 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.  <b>Interventions/Projects Current:</b> Dedicated midwife at ROH responsible for Cessation sessions. Brief intervention training offered to all community nursing teams, health visitors and midwives.</p>
<p><b>Percentage of mothers initiating breast-feeding at delivery, living in wards with the highest rates of infant mortality</b></p> <p>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)</p>	62%	-	-	-	56%	53%	56%	63%	56%	68%	56%		<p><b>Responsibility - Jo Mayall, Infant Feeding Lead, Rock Street.</b>  <b>Comment on Performance:</b> Baseline established with 2 months data only. Proposals to redefine baselines with Q1 and Q2 data during the refresh.  <b>Risk Analysis:</b>  <b>Interventions Recommended:</b>  <b>Interventions/Projects Current:</b> Breastfeeding Action Plan been developed. Plans to work towards achieving Baby Friendly Initiative Status within Primary Care in 2007.</p>	<p><b>Responsibility - Alan Higgins</b>  <b>Comment on Performance:</b> Baseline established with 2 months data only. Proposals to redefine baselines with Q1 and Q2 data during the refresh.  <b>Risk Analysis:</b>  <b>Interventions Recommended:</b>  <b>Interventions/Projects Current:</b> Breastfeeding Action Plan been developed. Plans to work towards achieving Baby Friendly Initiative Status within Primary Care in 2007.</p>

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<b>Outcome A3 - Mental Health outcomes for adults</b>														
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%		100%		100%		<b>Responsibility - Simon Pierce</b> <b>Comment on Performance:</b> Baselines to be established with Q2 and Q3 data in 2007. Systems being developed to collect 48 hour data. <b>Risk Analysis:</b> <b>Interventions Recommended:</b> <b>Interventions/Projects Current:</b>	<b>Responsibility - Simon Pierce</b> <b>Comment on Performance:</b> Baselines to be established with Q2 and Q3 data in 2007. Systems being developed to collect 48 hour data. <b>Risk Analysis:</b> <b>Interventions Recommended:</b> <b>Interventions/Projects Current:</b>
<b>Outcome B - Integrated services to support independence and improved engagement of older people as active citizens</b>														
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	9,717	13,000		<b>Responsibility - Tom Wolstencroft</b> <b>Comment on Performance:</b> There is a minor shortfall due to some service managers not back from leave and 4 out of the 'new' 8 schemes not starting due to staffing/recruitment problems. <b>Risk Analysis:</b> It will be important that current priorities are maintained across the lifetime of the LAA. If funding alignment changes , this may effect delivery. <b>Interventions Recommended:</b> Monitoring and evaluation of Carers Grant services through the Carers steering group. <b>Interventions/Projects Current:</b> A Carers subgroup has been working on a project to improve the identification of carers and ensure information on Carers services is recorded appropriately.	<b>Responsibility - Tom Wolstencroft</b> <b>Comment on Performance:</b> 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. <b>Risk Analysis:</b> It will be important that current priorities are maintained across the lifetime of the LAA. If funding alignment changes , this may effect delivery. <b>Interventions Recommended:</b> Monitoring and evaluation of Carers Grant services through the Carers steering group.
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	135	155		<b>Responsibility - Trevor Kavanagh</b> <b>Comment on Performance:</b> Latest Information supplied by the department of Work and Pensions is the position as at 31st August 2006. <b>Risk Analysis:</b> Baseline data has been prone to fluctuations in the past as a result of seasonal variations in numbers, specific promotions and fragmented data sets. <b>Interventions Recommended:</b> A need to 'Invest-to-save' in terms of systems and protocols and 'grass-roots' activities to maintain pension 'take-up'. <b>Interventions/Projects Current:</b>	<b>Responsibility - Trevor Kavanagh</b> <b>Comment on Performance:</b> 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. <b>Risk Analysis:</b> Baseline data has been prone to fluctuations in the past as a result of seasonal variations in numbers, specific promotions and fragmented data sets. <b>Interventions Recommended:</b> A need to 'Invest-to-save' in terms of systems and protocols and 'grass-roots' activities to maintain pension 'take-up'. <b>Interventions/Projects Current:</b>
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	11,570	11,368	On Target - Numbers available next quarter	11,424		<b>Responsibility - Carl Bell</b> <b>Comment on Performance:</b> On target following the development of alliances with Age Concern- CAB, VAO and the Education Department. <b>Risk analysis:</b> Changes in social and economic circumstances could affect the numbers willing to undertake roles in the community. <b>Interventions Recommended:</b> Quality of training and support must remain high to maintain and attract volunteers. <b>Interventions/Projects Current:</b> A council/LSP supported bid for 'Invest to Save'	<b>Responsibility - Carl Bell</b> <b>Comment on Performance:</b> 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. <b>Risk analysis:</b> Numbers can fluctuate in respect of times of year, specific events, quality of training and support. <b>Interventions Recommended:</b> Strengthen alliances with partners in Oldham.
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	335	315		<b>Responsibility - Carl Bell</b> <b>Comment on Performance:</b> During this quarter 124 service users were involved in consultation on the Co-ordination of Day Care services. 55 were involved in voluntary and community groups consultation. 20 attended Older People's forum and 85 were involved in the 'Crucial Crew' events held during the quarter. <b>Risk Analysis:</b> Failure of partners to develop a holistic plan that ensures all older people contribute to the development of services will adversely affect target delivery. <b>Interventions Recommended:</b> 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. <b>Interventions/Projects Current:</b> Database being created to record 'actual' and 'expected' activity each quarter. Specific post now in place.	<b>Responsibility - Carl Bell</b> <b>Comment on Performance:</b> 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. <b>Risk Analysis:</b> Failure of partners to develop a holistic plan that ensures all older peopels contribute to the development of services will adversely affect target delivery. <b>Interventions Recommended:</b> 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. <b>Interventions/Projects Current:</b>
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 PSA7+T32 250 specific community consultations	300	(+50) 350	(+50) 400	30	70	75	81	150	358	300		<b>Responsibility - Carl Bell</b> <b>Comment on Performance:</b> During this quarter 124 service users were involved in consultation on the Co-ordination of Day Care services. 55 were involved in voluntary and community groups consultation. 20 attended Older People's forum and 85 were involved in the 'Crucial Crew' events held during the quarter. <b>Risk Analysis:</b> Failure of partners to develop a holistic plan that ensures all older people contribute to the development of services will adversely affect target delivery. <b>Interventions Recommended:</b> 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. <b>Interventions/Projects Current:</b> Database being created to record 'actual' and 'expected' activity each quarter. Specific post now in place.	<b>Responsibility - Carl Bell</b> <b>Comment on Performance:</b> 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. <b>Risk Analysis:</b> Failure of partners to develop a holistic plan that ensures all older peopels contribute to the development of services will adversely affect target delivery. <b>Interventions Recommended:</b> 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. <b>Interventions/Projects Current:</b>

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<b>3a) Older people living at home:</b> 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	3,524	3120	<b>Responsibility - Dorothy Phillips</b> <b>Comment on Performance:</b> Increase in 1,004 helped to live at home. 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. <b>Risk Analysis:</b> An increase in the FACS eligibility criteria will affect the numbers receiving care managed support. For those clients moving onto 'Individualised budgets' it is going to be difficult to collect information about the services they are using. <b>Interventions Recommended:</b> A comprehensive 'systems analysis' is needed to ensure there are transparent audit trails and robust data sets. <b>Interventions/Projects Current:</b> Specific staff role created to co-ordinate luncheon club activity. New handyman service being established. Recording systems that capture numbers receiving non care managed support constantly being improved and updated.	<b>Responsibility - Dorothy Phillips</b> <b>Comment on Performance:</b> 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. <b>Risk Analysis:</b> Systems need to be aligned so qualitative and reliable data can be captured, especially important with the emergence of low level services. <b>Interventions Recommended:</b> A comprehensive 'systems analysis' is needed to ensure there are transparent audit trails and robust data sets. <b>Interventions/Projects Current:</b>	
<b>3b) Older people living at home:</b> 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	1056	1025	987	1000	<b>Responsibility - Dorothy Phillips</b> <b>Comment on Performance:</b> Reduction of 113 older people in permanent residential and nursing care as at 31st December 2006. <b>Risk Analysis:</b> Significant reductions are reliant on developing quality community based alternatives. <b>Interventions Recommended:</b> The prevention Strategy, PFI Extra Care and Neighbourhood Care Networks will be key in developing community based services. <b>Interventions/Projects Current:</b>	<b>Responsibility - Dorothy Phillips</b> <b>Comment on Performance:</b> Reduction of 44 older people in permanent residential and nursing care as at 30th September 2006. <b>Risk Analysis:</b> Significant reductions are reliant on developing quality community based alternatives. <b>Interventions Recommended:</b> The prevention Strategy, PFI Extra Care and Neighbourhood Care Networks will be key in developing community based services. <b>Interventions/Projects Current:</b>	
<b>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)</b>														
<b>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)</b>														
<b>Outcome C - Improved outcomes for diabetes</b>														
<b>Percentage of people registered with GP practices in Oldham diagnosed with diabetes who have 'poor control' of their condition (HbA1C&gt;10%) . Decrease the number by 6 percentage points (LAA63)</b>	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%	<b>Responsibility - Alan Higgins</b> <b>Comment on Performance:</b> Monitored on an annual basis through the Quality Outcomes Framework (QoF). <b>Risk Analysis:</b> Regular access to QoF data. Indicator looks at those individuals on a diabetes register only. <b>Interventions Recommended:</b> Evaluation of current projects. <b>Interventions/Projects Current:</b> Work with Diabetes Local Implementation Team. GP Practice – Support interventions through GSK provided additional nurse support. Diabetes e project.	<b>Responsibility - Alan Higgins</b> <b>Comment on Performance:</b> Monitored on an annual basis through the Quality Outcomes Framework (QoF). <b>Risk Analysis:</b> Regular access to QoF data. Indicator looks at those individuals on a diabetes register only. <b>Interventions Recommended:</b> Evaluation of current projects. <b>Interventions/Projects Current:</b> Work with Diabetes Local Implementation Team. GP Practice – Support interventions through GSK provided additional nurse support. Diabetes e project.
<b>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&gt;10%) . Decrease the number by 9 percentage points (LAA64)</b>	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%	<b>Responsibility - Alan Higgins</b> <b>Comment on Performance:</b> Looking at patients registered with GP Practices in the most deprived wards in Oldham. NB- No GP practice provision in Alexandra ward. <b>Risk Analysis:</b> <b>Interventions Recommended:</b> Further discussions on going. <b>Interventions/Projects Current:</b> Educational Programme – Caring for Kidneys/Cottoning On	<b>Responsibility - Alan Higgins</b> <b>Comment on Performance:</b> Looking at patients registered with GP Practices in the most deprived wards in Oldham. NB- No GP practice provision in Alexandra ward. <b>Risk Analysis:</b> <b>Interventions Recommended:</b> Further discussions on going. <b>Interventions/Projects Current:</b> Educational Programme – Caring for Kidneys/Cottoning On