

**PUBLIC SERVICE BOARD - 4 MARCH 2008  
HEALTHIER COMMUNITIES AND OLDER PEOPLE  
Briefing on current LAA targets**

**Background**

The Healthier Communities and Older People Programme Board continue to meet quarterly to monitor progress on these existing targets. The group has increasingly taken on an "officer group" function for the newly formed Health and Well-Being Partnership Board and has been very active in preparing priority target proposals for the new LAA2.

**HCOP1 Reduce number of falls among older people living in care homes by 20% by March 2009**

**Individual clients**

Up to the end of 2007 a total of 417 residents had received a falls assessment. 208 of these cases were reviewed. Of these 39% had not fallen again, 30% had fallen less and only 19% had fallen more. Overall the number of falls for these clients was 46% less than in the 3 months before their initial assessment.

**Care Homes**

There has been an overall decrease in falls in the care homes already targeted of 15%. Not all homes have yet provided their baseline data, but this gives a good indication that the target will be met at the end of year 3. 269 staff members have been trained and all the care homes currently in the scheme now have falls registers and greater awareness.

**Notes:**

1. Retrospective data is still being collected as the number of care homes in the scheme expands. This means comprehensive baselines will be established by March 2008.
2. Some homes report more falls following their training due to increased awareness and the setting up of falls registers.
3. Flooding in July 2007 means one home closed and others had more temporary residents, increasing falling rates.
4. GPs are becoming more involved and training is offered for other specialists including osteoporesis nurses.
5. A physiotherapist is being recruited to enhance the service further.
6. Skill mix in the team has been revised to ensure high levels of training to nursing homes in order to sustain the progress to date. High staff turnover in nursing homes means repeat training is essential.

**HCOP2 Increase the number of older people supported to live in their own home from 883 in 2004/5 to 1150.**

1081 people are receiving support (figure subject to check by internal audit). This is on target.

**Note:**

The LAA stipulates a further condition to be met:

“The PRG will be conditional upon improvement in the DH Quality of Life survey. 25% of the PRG for this target will be forfeited if DH home care survey does not show improvement over the period of the LAA”

It is now clear that the survey will not be repeated until February 2009 and results will be reported in May 2009. No local survey will be conducted. An action plan is being implemented, based on the risks identified for meeting this target. The actions implemented include refining the complaints procedures, introducing a single contact number, using plain English, reviewing the number of information leaflets sent out, conducting service reviews.

### **HCOP3 Reduce health inequalities in Oxfordshire (life expectancy)**

The gap in all-age, all-cause mortality between the top and bottom 20% in Oxfordshire has narrowed and this target is on track.

Notes:

- This target has been proposed for LAA2
- Work to have greatest impact on this target is focussed on the most deprived parts of the county, in Oxford and Banbury
- Smoking cessation, increased physical activity, weight management and reducing alcohol consumption are all important factors influencing this target.
- Early deaths from heart disease and stroke can also be prevented by prescribing for high blood pressure and high cholesterol levels.

### **HCOP4 Reducing adult smoking & exposure to second hand smoking in Oxfordshire**

Data for the end of Q3 is not yet available but a verbal update may be possible at the PSB meeting. At the end of Q2 the cumulative total for the year to date was 1762 which is 40% of the target for the year (4358). This is expected to rise to 60% after Q3. Q4 is historically the busiest part of the year as it includes New Year, No Smoking Day and other campaigns.

Current initiatives include the “Quit for Life” campaign with a visiting Battle Bus in 12 different locations, a new therapy which can be prescribed for smokers, weekly clinics at the Horton Maternity Unit, more training and capacity in the smoking cessation service and radio advertising campaigns. No Smoking Day will be in March.

### **HCOP5 Increase participation of adult population in physical activities**

The progress against this target is measured by the Active People survey and there are plans to repeat this in 2008-09. There is no further report for Q3 on increase in attendance at leisure centres, the year end figures will be known in May. The number of attendees at coaching courses has doubled and good progress is being made in increasing and recording attendance of priority groups at sports projects – children and young people, women, people with a disability, older people.

**HCOP6 Enhance the Independence and quality of life for older people and vulnerable people to sustain independent living**

The number of adults receiving Direct Payments is on target. The actual number of people currently receiving Direct Payments is 643 people, which represents a rate of 131 per 100,000 population. (The target is 150 per 100,000 by the end of 08-09). It is predicted that performance will increase to a rate of 158 per 100,000 by the end of the year.

**HCOP7 Improve access to information and advice for carers**

The number of carers receiving information and advice is currently 13.1% of all community based service recipients. The target is 10% and therefore this is currently being exceeded. Changes are being implemented which will mean the method of measuring this target will change and the overall percentage will decrease, but performance is still likely to be good and the target is expected to be met.

**HCOP8 Establishing a countywide common referral and assessment process for preventive services**

The “referrals for prevention” scheme has been live for several months now, with a system set up to enable practitioners to send in referral forms by post, fax or e-mail. In the first 2 months of the scheme there was a total of 15 referrals received which included

- 4 separate requests for GPs to follow up clients after they had been burgled,
- 4 requests for personal alarm systems,
- 3 falls assessments,
- 3 fire risk assessments,
- the loss of a key from a key safe,
- a boiler repair for an elderly person with no hot water and using electric heaters
- one referral to health practitioners because of domestic abuse.

Referrals have been made by the police and community nurses so far. Other partners are training their outreach workers, including housing officers, Fire and Rescue, voluntary and community organisations and others.

Jackie Wilderspin, February 2008