

Strategic Priority 3: Ageing Well: Improving Outcomes for Older People	
Officer Lead: Mary Clifton, Board Sponsor: Jane Palmer, Lifecourse Support Officer: Gail Addison	
Key highlights and challenges	Proposed Board Member Action
<p>Priority Focus 1: Reduce Social isolation - updated Q3 Professor Shailey Minocha and Catherine McNulty of the Faculty of Mathematics, Computing and Technology along with Dr Caroline Holland of Faculty of Health and Social Care and Dr Duncan Banks of Faculty of Science of The Open University, UK, in association with Age UK Milton Keynes, have conducted research to investigate the conditions that lead to social isolation. The report is very detailed, the 2 main areas are: Identifying people who are lonely through social isolation Engaging with an older person with the intention of helping them overcome the feeling of loneliness or enabling their social participation. The Ageing Well Working Group will look at how the findings of the report are taken forward – Priority actions have now been identified from the research conducted by the OU and Age UK Milton Keynes, and will be tested at a multi-agency workshop on the 23rd Feb 2106. The workshop will also identify which actions will go forward and the ongoing support and action required by the HWB and key partners attending the workshop</p>	<p>Ageing Well Working Group to give a more detailed report on progress to the next HWB</p>
<p>Priority Focus 2: The % of people whose transfer of care, from acute & non acute beds was delayed, per 100,000 population 18 + Updated Q3 Using the DETOC High Impact Change (HIC) Model - Milton Keynes Council Adult Social Care with Milton Keynes University Hospital Foundation Trust (MKUHFT) have produced a report that identifies current position; what is going well and what needs to be done better and how. The HIC model has 8 elements and each are reflected within the report. This will ensure that the new DToc guidance is embedded and that DToc is being reported in accordance with it.</p>	<p>For the Board to note progress indicated within the report, the approach and next steps. This is an agenda item at the HWB in March</p>
<p>Priority Focus 3: Premature mortality from lung disease - Updated Q3 The primary cause of premature lung mortality is smoking. Intervention in relation to prevention include: • The stop smoking service works closely with the Respiratory team at MKUHFT. There has been a recent increase in capacity within the team and the service are providing training in Dec 15. This will increase referrals to the service, which the service will monitor. Work is currently underway through the Respiratory Local Implementation Team looking at practice data to identify poorly performing practices with regards to poor prescribing of COPD and asthma medications, poor patient guidance and higher hospital admissions. Respiratory leads will then follow this exercise up with practices visits that the stop smoking service can attend in order to encourage referral to the service for smokers with lung disease who want to quit. • The service will be promoting the Health Harms campaigns in early Jan – raising awareness of the importance of quitting smoking as early as possible and also the free support smokers can access across MK. The stop smoking service have requested sign up data from PHE following the health harms campaign, to see if there is a correlation between promoting the campaign and increased referrals to the service. The data will be available in time for Q4</p>	<p>Progress will be reported to the next HWB</p>
<p>Overall number of adult carers supported by the commissioned carer support service, that are new to that service within the period - Updated Q3 A significant amount of activity within new initiatives is currently not captured in this measure, this is being addressed by the service provider and should be available from Q4. A full performance report for Q3 is available.</p>	<p>Progress for the Carers' indicators will be reported to the next HWB</p>