Commissioning Intentions for Older People

2012-2015

Contents

1.   Introduction

1.1 'Ageing Successfully' sets the strategic direction for our approach to improving outcomes for older people in Oxfordshire:

"We celebrate the fact of our ageing population. We want all people as they age to lead lives that are healthy and personally and socially fulfilling. Our mission will be to achieve significant and measured improvement in how we plan and deliver services so that our community will be supported to age successfully."
(Oxfordshire Health and Well Being Partnership Board, March 2009)
[1]

1.2 The purpose of this document is to outline the areas that Oxfordshire County Council will focus on to support the delivery of Ageing Successfully. It summarises our vision for older people and outlines the approach we will take to commissioning services for people who are ageing and their carers over the next three years.

1.3 We celebrate the fact of our ageing population. We want all people as they age to lead lives that are healthy and personally and socially fulfilling. Our ambition for older people in Oxfordshire is:

To enable people to live independent and successful lives

1.4 To achieve this, we will invest in community services to achieve better outcomes for people and reduce the need for hospital and inappropriate residential care, including ensuring quality of care in services.

1.5 This overarching document is supported by more detailed service plans that set out our specific commissioning priorities for 2012/13. These service plans will be refreshed annually to reflect performance in delivering our ambitions.

2.   Understanding Our Population

2.1 Oxfordshire is a relatively healthy and wealthy county. Of the 152 councils which are responsible for arranging adult social care, Oxfordshire is around the 10th most healthy. We would expect that the number of older people accessing adult social care will be lower than elsewhere.

2.2 Positive improvements in life expectancy mean the County has a growing older population. The over 65 population is forecast to increase by 77%, the over 85s by 265% and the over 90s by 368% between 2008 and 2033 (ONS population estimates). Age has been found to be the most reliable predictor of need for adult social care. As the population ages the demand for support will increase. In 2011/12, the council's records shows that a person over 90 was 5 times more likely to need care than a person over 65. More information about the population of older people in Oxfordshire is attached at Annex 1.

---

[1] Ageing Successfully 2009 Joint Strategy between NHS Oxfordshire and Oxfordshire County Council

2.3 Not all older people need social care support but we know that age is the most reliable predictor of care needs. As people age they can become more frail and can suffer from conditions such as dementia, stroke and other long term conditions that impact on their health and well-being and may lead to people needing support.

2.4 Key data from the Joint Strategic Needs Assessment identifies that:
- The number of older people in Oxfordshire continues to grow as expected.
- The growth in the number of older people is not uniform across the county. It is markedly higher in our more rural districts than in the City.
- Older people rightly demand and expect a flexible range of services built around their individual needs so that they can maintain independence and stay close to home for as long as possible.
- An increasing number of people are engaged in caring for elderly friends and relatives and many more volunteer their help. Many of these people are elderly themselves.
- There are a growing number of people with dementia in the County who require access to new emerging treatments.

2.5 New approaches to supporting and managing the care of older people are critical and must include:
- Preventing disease where possible in the middle decades of people's lives, investing in services backed by scientific evidence.
- Minimising the impact of disease once it has begun through early detection programmes and expert patient approaches.
- Balancing 'everyday' services for common conditions faced by the vast majority with specialist services for these with rarer conditions and commissioning these specialist services selectively and with care.
- Balancing services which are closer to home while delivering modern, high quality services.
- Working with older people to put their care into their own hands where it is possible to do so.
- Creating a climate in which communities can draw on their own resources to help themselves

2.6 The promotion of choice for older people and their family carers to have more control over the support and services they receive will also be critical. The service people receive will be decided by people and their families themselves and Councils will need to ensure that services are available locally that people can choose to use close to where they live. Services could include support at home, personal assistants, community support, day services, assistive technologies.

3. Current Position – What we know now

3.1 The Council supports older people (people aged over 65 years) and their carers to live healthy, safe and valued lives. The Council ensures there is an adequate supply of good quality, cost-effective services that people want to purchase and that meet the needs of older people and their carers. There is a focus on developing a range of preventative approaches aimed at keeping people well.

The council's budget funds a range of community services: the provision of information and advice; professional assessment and brokerage; support to carers, lunch clubs and day services; the provision of equipment including pendant alarms linked to a call centre; transport; reablement and rehabilitation; care at home. It also pays for residential and specialist nursing care home placements and intermediate care.

3.2 As at 31 March 2012, the Council was responsible for the care of 4,353 individuals in their own homes, residential and nursing homes. The Council also provides preventative services (such as reablement, day opportunities, and equipment). Further information about the number of people the council is supporting and the range of support provided is in Annex 2.

3.3 The budgets for residential and nursing home placements, home support, initial assessment and enablement, day services, preventative services, continuing health care services and equipment are within a Section 75 NHS Act 2006 Partnership Agreement via a pooled budget with Oxfordshire Primary Care Trust. For 2011/12 this budget was £104.7million and for 2012/13 is £102.3m. More information about funding of services for older people, including the pooled budget, is in Annex 3.

3.4 The current budget for care home placements is £48.8million. This supported 1,587 individuals receiving the service at the end of March 2012. The average cost per week for an individual in a care home placement paid for by the Council is £556 per week (the equivalent of £29,000 annually) with a net cost of £372 per week (£19,000 annually) after the persons financial contribution is taken into account. 11% of people supported in care homes are under 75, 31% between 75 and 85 and 58% are over 85. The table shows the spread of placements at 31st March 2012.

Age	Nursing Home	Residential Home	Total
65-74	67	100	167
75-84	208	284	492
85+	484	444	928
Total	759	828	1587

3.5 During 20011/12 the council placed 558 people in a care home, a rate of just over 10 per week and an 18% increase on 2010/11. Of those placed in 2011/12, half were placed directly from a hospital bed, 21% were placed from their home and 24% were people who had placed themselves in a care home and had run out of money (known as threshold cases).

3.6 The current budget for care at home is £23.1m. The average gross cost per week for an individual for care support at home is £184 per week (£9,500 annually). The net cost is £143 per week (or £7.5K) annually after the persons financial contribution is taken into account. 17% of people supported in their own home are between 65 and 75, 32% between 75 and 85 and 52% are over 85.

3.7 In 2011/12, 1,751 new people received long term support at home. Of these 49% came direct from their own home; 35% came from the reablement service; and 16% from a hospital, community hospital or intermediate care bed.

3.8 The current budget for reablement in 11/12 is £4.3m. The service currently costs £263 per person per week and ideally should last no longer than 6 weeks. The current expected demand for a county of this size is for 3,500 people per year

3.9 In 20011/12 1,851 new people received the service with 47% of people completing the service requiring no on-going care. The aim is to make this service more widely available to improve outcomes for people.

3.10 The Care Quality Commission assessed the performance of Oxfordshire Social & Community Services in 2010 and reported that the local authority was performing well in terms of its commissioning of adult social care.

3.11 In February 2012 we undertook a survey of our Adult Social Care clients. We received over 600 responses, including 421 from older people. The responses overall and from older people in particular showed a similar pattern, with most people satisfied with the services they received (89% overall and 88% of older people, with 62% overall and 59% of older people being extremely or very satisfied) and feeling they had a high quality of life (60% overall and 88% older people).

3.12 However, there are areas where we know we need to do better. Spending on Older People's services in Oxfordshire is higher than might be expected compared to other areas, but satisfaction is lower than might be expected given higher levels of spending.

3.13 Oxfordshire has a higher use of care home placements than elsewhere, which is both costly, and can deliver poorer outcomes than for people living at home. We make fewer placements into care homes than other counties (14th lowest rate in the country – 42 people per 10,000 population aged over 65) but we have more people living in care homes overall. Taking benchmark data, the average length of stay is 5 months longer than our comparators.

3.14 The proportion of money that is spent in the community is lower than elsewhere (106th lowest out of 151 authorities).

3.15 Oxfordshire has consistently been one of the worst performing councils with respect to delayed transfers of care (DTOC). More work is needed to avoid hospital admission in the first place. We need to improve and simplify our processes, working closely with our partners in the NHS.

3.16 The Council is keen to invest in community services as a way to achieve better outcomes for people and reduce the need for hospital and inappropriate residential care, including ensuring quality of care in services. Although it is difficult to measure the number of people accessing or receiving preventative services such as information and advice, day opportunities and prevention clinics accurately, due to the wide range of providers and potential sources from within

and beyond social care, indications are that there has been an increase in uptake and the Council is keen for this to continue.

4. What Older People are telling us

4.1 Changes in the way services are delivered have been welcomed by many people who use those services and by their families and friends. People have told us what they most value:
- Independence
- The chance to take responsibility for themselves and others
- A 'little bit of help makes a big difference'
- Working together with those who organise services to make the best decisions

4.2 However, during the past two years, issues have been raised about how to make choice and control meaningful and accessible to everyone. People want:

- High quality services to choose from – care homes; support at home; local support and social groups. Support for community and voluntary groups.

- Information about what is available – this needs to be timely and relevant, and accessible to people who don't use the internet (people over 75, are much less likely to use the internet than the population as a whole).

- Information that is accessible to people who don't have English as their first language, or prefer to be informed in ways other than written publications; and distributed in ways which reach Black and Minority Ethnic individuals and communities.

- Not to wait for services – people are willing to wait if needed but want to be kept well-informed about delays and why they are happening, and about how people are prioritised.

- To know how to complain, and that complaining won't jeopardise their services or the way they are treated

- Support to employ personal assistants and / or arrange the support they need. To have the same support workers as much as possible, and for them to arrive when they say they will.

- Practical barriers to keeping well and independent to be overcome by organisations, such as gritting and repairing pavements and accessible transport and toilets

5. Our Vision

5.1 As set out in the introduction, we celebrate the fact of our ageing population. We want all people as they age to lead lives that are healthy and personally and socially fulfilling. Our ambition for older people in Oxfordshire is:

To enable people to live independent and successful lives

5.2 To achieve this, we will invest in community services to achieve better outcomes for people and reduce the need for hospital and inappropriate residential care, including ensuring quality of care in services.

5.3 As people age people and their carers value:
- being able to live their lives safely and with dignity;
- being supported to remain healthy for as long as possible;
- having a right to use the same services, resources and facilities as people in the wider community;
- being central to decisions that have an impact on their lives and supported to make informed choices;
- accessing community based housing and support options to allow them to live independently.

5.4 The key focus of our approach is on promoting independence, keeping people well through investment in services that prevent some people from needing to access social care services and by reducing or delaying the need for care. This requires a shift in emphasis away from providing services 'for' people and ensuring that access to universal services, such as information and advice, and support for low level or emerging needs is maintained. We need to improve the support we provide to self-funders and their carers whatever their level of need.

5.5 We aim to prioritise investment away from bed based care and towards health promotion, preventative approaches, primary care, integrated community services, early intervention, rehabilitation and services that support people to remain living independently as long as possible at home. There are four elements of the overall Social and Community Services strategy; Prevention, Personalisation, Protection and Partnerships.

Prevention "keeping people well"
5.6 The provision of timely and appropriate information and advice to ensure people are able to make the right decisions at the right time. This includes encouraging the whole population to live healthy lives and keep well, as well as about the support and care options available to them. This is particularly important in providing guidance and support to self-funders to ensure they do not choose to access care services earlier than they need to.

5.7 By supporting people early on some individuals may not need to use adult social care services. Other people may need less support or not need it until later. Developing long term support options that prevent more people from having to go into hospital or a care home offers significant benefits to individuals and their families, and are more cost effective overall.

Personalisation "promote choice and control"
5.8 Personalisation is a way of working that underpins the Council's approach, and makes sure people have more choice and control over the way they are supported in living their lives, partly through the provision of self-directed support. People who are eligible for social care support from the council can decide how

they want to be supported through their personal budget, which is calculated using a formula called the Resource Allocation System.

Protection "keeping people safe"

5.9 People should be able to live a life free from both abuse and the fear of abuse, and have care and support which meets their needs. The Council is committed to treating people as individuals and with dignity and respect. We will continue to reduce the number of adults that need to be taken into care or are in need of protection. We will also work with our partners to raise public and professional awareness of the needs of vulnerable adults

5.10 The Council will assume a renewed focus on the quality of services that are provided, with a particular emphasis on services commissioned and delivered under a contract with the Council but also taking a community leadership role, together with partners to promote high standards across the board in all services and for all people.

Partnerships "working together"

5.11 We will achieve our overall strategy through working together with people who use services, carers, the wider community and partners in the:
- health sector,
- service providers of all types
- district, parish and town councils
- community, voluntary and faith sector
- fire and rescue and police services.

6. Our Aims for the Commissioning Strategy

- There is a greater range of high quality, effective preventative approaches to support people to be as independent as possible for as long as possible, including an increase in the restoration of independence following illness and injury;
- People have a quality of life as they age, based on healthy lifestyles and a significant reduction in health inequalities;
- Services are person-centred, safe, effective, efficient and of a consistently good quality, with safeguarding systems in place to protect people who are vulnerable as they age;
- People live active lives and their involvement in work and their local communities and neighbourhoods is recognised, as this will help delay the onset of needing care
- There is a radical shift in the relationship between 'professionals' and older people being supported, with an enabling service culture being developed that puts decision-making in the hands of older people themselves and offers them real choice in how their needs are met.

7. Our Priorities

1. Ensure older people have access to a range of services that promote their independence and support them to keep well.

2. Ensure there are a range of day opportunities to support people to live independently and avoid isolation.

3. Increase the capacity, choice and range of high quality and safe providers for people to be supported at home.

4. Ensure that family carers are supported to continue their caring role.

5. Ensure there is a range of nursing and residential home provision with the right quality and at the right price and develop a range of alternatives.

6. Support the Delivery of the Appropriate Care for Everyone (ACE) programme to ensure that older people get the right service at the right time in the right place.

7. Improve the efficiency and effectiveness of the way we work.

These priorities will provide the focus of our approach for the next three years. For each priority we have identified a number of specific actions.

Priority 1 - Ensure older people have access to a range of services that promote their independence and support them to keep well

7.1 The overall approach to supporting older people to live independent and successful lives is to provide services in the community that promote independence and keep people safe and well in their own homes. The Council's ambition is to reduce the number of older people admitted to care homes and increase both the availability and awareness of alternatives to care and support such as extra care housing, equipment and assistive technology. This will provide better outcomes for people as well as achieving efficiencies for the council.

7.2 The Council will continue to invest in services that prevent ill health across the whole population so that people are healthier for longer, and in services that prevent or delay the need for more costly and intensive health and social care services.

7.3 The reablement strategy is about ensuring that there are services available to older people that can help people regain their former functioning quickly after a stay in hospital or an accident or illness. It ensures they have sufficient support to learn or relearn the skills necessary for daily living.

7.4 By focusing on specific conditions, such as stroke, dementia or incontinence, recovery or maintaining independence can be achieved for older people.

We will:

a. Having now completed the procurement of the reablement service we will support the delivery of an increasingly effective service:
In 2012/13 there will be 3,140 episodes of reablement;
In 2013/14 there will be 3,500 episodes of reablement;
55% of people will need no on-going care at the end of the period.

b. Review the rehabilitation and reablement service in partnership with the NHS and other stakeholders and decide on the future shape of that service in preparation for re-procurement in 2014/15.

c. Develop a purchasing strategy for temporary and intermediate care or 'step down' beds to enable people to return to the community from hospital or avoid admission to hospital in a way that increases their chance of maintaining independence and rehabilitation. Consider the purchasing of additional temporary beds (to be determined).

d. Develop an Information and Advice Strategy by July 2012, in partnership with stakeholders that will focus on the financial advice that (vulnerable) people need to maintain their independence and on basic information for people with emerging social care needs, including self-funders. We will keep advice provided to self-funders under review. Information and advice services will be re-commissioned by April 2013.

e. Develop a range of options to help people access practical support in their own homes (such as handyman services, shopping, gardening and cleaning) by March 2014.

f. Develop a joint (NHS, Adults and children) equipment strategy to ensure people have access to the equipment they require to live independently, including assistive technology by Dec 2012.

g. With the OCCG develop appropriate preventative approaches to reduce falls, including falls awareness, exercise programmes, medication reviews and raising awareness of the specialist falls service.

We will support and work with the Oxfordshire Clinical Commissioning Group to develop the following:

h. Ensure survivors of the impact of stroke have the right care delivered in the right place at the right time, first time.

i. Develop memory clinics, early diagnosis and better information and advice for people with dementia, including a range of flexible services in peoples own homes and specialist support in care homes, in line with the older people mental health strategy.

j. Development and delivery of a good and effective continence service.

k. Training to people with long term conditions and their carers so that they are able to self-manage their condition.

l. Taking a flexible approach in supporting people to make a choice of the appropriate place for end of life services

m. Review of all services supporting people to live independently at home

Priority 2 - Ensure there are a range of day opportunities to support people to live independently and avoid isolation

7.5 The council recognises that all people need to be active, have social contact and develop interests in the community and at home. Day services are currently provided to reduce social isolation, maintain independence and skills and provide a break for family carers. The aim is to ensure that older people have:

- Access to support and services which promote health and well-being; independence and choice:
- Access to local and personalised services that involve communities and individuals in their development;
- Carers have access to short breaks at times and locations which suit them (including in the evenings and at weekends).

7.6 There is evidence to show that access to day opportunities promotes independence, supports families to care and reduces the need for costly and intensive social care. Currently approximately two thirds of day services are provided directly to people with emerging social care needs but who may not yet be eligible to support from Social & Community Services either because their needs are not assessed as 'Critical' or 'Substantial' under Fair Access to Care Services (FACS) or they have the means to pay for services themselves (self-funders). Regardless of eligibility day opportunities should be responsive and tailored to people's needs. They should meet the requirements of people who want to pay for day time activities, whether through a personal budget provided by the Council or with their own money.

7.7 Current investment in day opportunities is approximately £3,200,000 with an additional £1,596,000 spent on transport to day services. In order to facilitate local decision making and encourage a mixed economy of care including volunteering the strategy for day opportunities is to continue to develop the 3 'tiers' of service provision as follows:

Tier 1: Community Engagement – Supporting low level and emerging needs. Small grants may be made to develop new initiatives or community services based around volunteers.

Tier 2: Community Based local services - Community development, neighbourhood schemes, lunch clubs and small day services (some of which can cater for very high level needs including personal care). These services are provided under a contract by independent private, charitable and small, medium enterprise (SME) providers who have been approved by the Council. These services are commissioned within the 14 County Council localities, although some services span more than one locality. There are currently 48 contracts awarded that range in value from £145,000 to £6,000. The majority of service contracts, 46, are under £25,000 per annum. The total spend is approximately £1,200,000. A map of the 14 County Council localities is included as Annex 4.

Tier 3: Health & Well Being Centers - 8 services operate in the main towns in Oxfordshire and the City. These services cater for the needs of those most dependent with the majority being eligible under FACS. The budget is approximately £1,850,000.

We will:
a.   Support community development and people with low level needs
b.   Re-commission community based day opportunities in April 2013 across the 14 County Council localities. These services will remain direct access services for people aged over 65 and will be developed in line with the community and other partners. The Council is reviewing the commissioning process with a view to simplifying the awards process for the lower value contracts.
c.   The Council will continue to directly provide 7 specialist Health & Wellbeing resource centres for at least the next 2 years.
d.   Retender the day services in Witney when the contract for the resource centre expires at the end of October 2013.

Priority 3 - Increase the capacity, choice and range of high quality and safe providers for people to be supported at home

7.8 Our focus is on giving people choice in the way they lead their lives and how they secure the services they need to support them. We will increase each year the proportion of people who receive a direct payment which allows them to secure the services they need to support them, and from April 2013 we anticipate that 100% of adult social care service users will be using personal budgets.

7.9 We are working with providers to ensure there is sufficient quantity and quality of services available at an affordable price for people with a personal budget. This will mean services are tailored around individual's own distinct needs. We will support people where possible to arrange their own care services. In addition to providing the funds the Council will provide a brokerage service or social work to help the person 'design' their support in the most efficient way. We will continue to assess risk and ensure there are good safeguarding processes in place for vulnerable people.

We will:

a. Develop home support agencies to deliver the level of capacity needed first time at the right quality and the right price. We will do this by reviewing the Approved Provider List and approach to provision of support at home by September 2012.

Purchase of 1.285million basic hours of home support in 2012/13
And an additional 324 hours of new care hours per week during 2012/13.

Continue to provide advice and training to home support providers.

b. Review the brokerage service and the direct payments advice service to ensure they are delivering what is required by Sept 2012.

c. Develop a personal assistant strategy and support with confidence scheme to increase the number of personal assistants and ensure support is offered to them by April 2013.

All eligible older people to have a personal budget by March 2013 with an increasing proportion of older people having a Direct Payment (30% of those on SDS by March 2013)

Priority 4 - Ensure that family carers are supported to continue their caring role

7.10 The value of the contribution from carers is several times greater than the resources spent by the local authority. To ensure people are able to maintain their independence for as long as possible, and to reduce their need for support provided by the council, we will continue to support carers to continue caring. The Council recognises the vital role that family carers have and are committed to identifying and supporting carers to continue their caring role.

7.11 The carers strategy is due to end in April 2012 and a review is underway to refresh and relaunch this strategy.

7.12 We will improve the early identification of carers and provision of better support as most carers are currently not known to the Council or social care services. This will enable carers to have a life of their own alongside their caring role, and to stay mentally and physically well.

7.13 Carers will be respected as expert care partners, treated with dignity and have access to a range of integrated and personalised services. This includes access to emergency support, better support to remain in employment, support so they are not forced into financial hardship, training to support people in a safe way such as moving and handling training, and a range of flexible options for respite.

We will:

a. Review the all age joint carer's strategy – Including a review of older people and their carers. Draft strategy to be completed by Sept 2012 for consultation. Final version to be issued in Jan 2013.

b. Increase the identification of all carers across Oxfordshire to:
   Target 2012/13 - 35,100
   Target 2013/14 - 45,000

   Improve access to emergency support for all carers
   Number of carers registered as at 12th March 2012 was 1,992
   Target for registration to Emergency Carers Support Service:
   - Target for 2012/13 - an additional 1,000
   - Target for 2012/13 - an additional 1,500

c. Provide 1,500 carer direct payments in 2012/13 and 1620 in 2013/14

d. Provide better support for carers to remain in employment.
   Target to be agreed in July

e. Continue to provide carers with support and training to help them support people in a safe way, such as moving and handling training

f. Provide continued support for carers of older people with dementia through day opportunities and training support

Priority 5 - Ensure there is a range of nursing and residential home provision with the right quality and at the right price and develop a range of alternatives

7.14 We will continue to purchase residential and nursing care for those people where a safe alternative support plan in their own home cannot be provided. Our focus is to ensure that all forms of residential and nursing care are of good quality, promote safety, dignity and choice and are financially sustainable. It is not financially sustainable and ineffective to support the numbers of people that are currently entering care homes in Oxfordshire especially where outcomes for people may not be as good as staying at home.

7.15 A significant proportion of care home placements funded by adult social care each month (on average 2 per week) are people who have chosen to purchase a place with their own funding, often before they really needed it and then their funding has run out. We need to provide information to people encourage them to choose options in the community or invest their money in a way that financially sustains them on an on-going basis.

7.16 We will continue our major programme of extra care housing as an alternative to residential care, and develop specialised longer term care and support services. Such services should offer suitably adapted housing, 24/7 on-site care staff, the ability to choose a care provider (on or off site) to deliver individual planned care, access to support and the chance to choose to participate in on-site meals and activity services.

We will:

a.   Commission a range of Extra Care Housing (ECH) services across the county. By end of March 2013 – an additional 130 ECH places (bringing the total to 407). By end of March 2015 an additional 523 places will be delivered with a further 505 places in the early planning stages.

b.   Work with Care Homes to ensure the care home market delivers good quality and safe provision at a market price for people who are self-funders and council funded that is financially sustainable.

c.   Fund 1,653 care home placements in 2012/13, with a range of provision purchased to meet people's needs and specifically to meet the needs of people with dementia.

d.   Gradually reduce the number of people supported into a care home from the current 10 people per week to 7 people per week. With an annual target of 400 new placements per year.

e.   Revise the Oxfordshire Care Partnership contract to rebalance the number of residential placements, specialist dementia services and nursing placements and Extra Care Housing placements

Priority 6 - Support the Delivery of the Appropriate Care for Everyone (ACE) programme to ensure that older people get the right service at the right time in the right place

7.17 We will continue to develop the 'Whole System' approach to implement a new health and social care model of care that aims to prevent hospital admission, provide care closer to home and facilitate quicker discharge from hospital.

7.18 This approach is now known as the Appropriate Care for Everyone (ACE) programme. It aims to reduce demand and therefore costs to adult social care. The ACE programme is led by Dr Stephen Richards, the Chief Executive of the Oxfordshire Clinical Commissioning Group (OCCG) and is supported by the Oxford University Hospitals NHS Trust, the Primary Care Trust, OCCG, Oxford Health Foundation NHS Trust and the County Council.

We will:

a.   Ensure there is good quality home support available in a timely way to support people to live independently at home (linked to Priority 3 above).

b.   Support the delivery of integrated health and social care locality teams.

c.   Support the delivery of the 'one point of contact' and the 111 service.

d.   Commission and review a Crisis Response Service and review its effectiveness by Sept 2012.

e.   Support the review of community beds including intermediate care beds by July 2012

Priority 7 - Improve the efficiency and effectiveness of the way we work

7.19 To be able to make services as cost effective as possible and deliver efficiencies we need to work differently. We will continue to work jointly with the NHS to support strong and safe communities, develop services that everyone can access, reduce demand and provide more for less. This includes simplifying processes and services, and will be particularly important in reducing the length of waiting lists across a number of services including delayed transfers of care.

7.20 We will also continue to keep the costs of contracted services down by working with providers to make efficiency savings in the way they provide services and manage inflationary pressures.

We will:

a.   Develop a set of clear commissioning intentions to support the evolution of the external market – this will include a market position statement by April 2013.

b.   Work with operational teams in adult social care to:
- ensure that assessments are undertaken in a timely way, personal budgets are made available to all, people get their service in a timely way and reviews are undertaken at least annually
- implement the new Adult Information System to improve recording and use of information about service users and their needs
- promote personalised ways of working
- manage delegated budgets and local decision making.

c.   Ensure that services are safe and secure by regular contract reviews and information gathering on providers and target work with poor performing providers.

d.   Review and implement the governance and budget arrangements for the Section 75 agreement to pool County Council and Primary Care Trust resources for April 2013.

e.   Lead the development of a workforce strategy for domiciliary care by March 2013.

f.   Actively engage local communities and partners, including people who use services and carers in the co-design, development, commissioning, delivery and review of local support. This is being done in a range of ways through supporting the development of a User Led Organisation, Local HealthWatch and the Public Involvement Network.

g.   Invest in timely information and advice for self-funders, including financial advice.

8. Our Quality Standards

8.1 Our approach will be underpinned by a core set of quality standards that guide our work. These standards will be developed over the next few months in consultation with partners and stakeholders and in line with the emerging Quality Standards for Social Care being developed by NICE (National Institute for Clinical Excellence) and will underpin all services delivered, purchased or commissioned by the Council.

These will ensure we:
- use regular feedback from our service users, informing the way we work, and adopting the principle of "Nothing about us Without us" to ensure we speak to people and listen to what they tell us.
- work in partnership to achieve our overall strategy and efficiencies, with people who use services, carers and the wider community as well as our partners in the: health sector; district, town and parish councils; voluntary, community and faith sector; fire and rescue and police services; and the independent sector.
- ensure all services are safe by promoting a culture of zero tolerance in relation to all aspects of safeguarding.
- treat people with Dignity and Respect at all times and in all we do, or in all that is delivered by others on our behalf.
- support people to have choice and control over the services they access or receive.
- promote a culture of taking responsibility – whether as a worker or a client, including greater awareness of risk and management of risks.
- Recognise and meet the cultural needs of people as appropriate
- Recognise the communication and sensory needs of people

9. Adult Health and Social Care Board Priorities and key Measures (Social Care only)

9.1 Integration of health and social care
- (maintain) the overall satisfaction of people who use services with their care and support
- (maintain) overall satisfaction of carers with social services

9.2 Support Older people to live independently with dignity by reducing the need for care and support
- (reduce) permanent admissions to care homes – no more than 400 older people permanently admitted to a care home in 2012/13.
- (reduce) delayed transfers of care so Oxfordshire is out of the bottom quarter
- (increase) the proportion of people who use services and carers who find it easy to find information – 55% of people who use adult social care services say that they find information very of fairly easy to find.
- (increase) carer reported quality of life
- (increase) the amount of spending on personal budgets which supports people in their own home
- (improve) Older people's perception of community safety
- (reduce) Falls and injuries in the over 65's

- (reduce) the impacts of dementia – 50% of expected population with dementia will have a recorded diagnosis
- (increase) efficiency & effectiveness of the reablement service – 3,140 people will receive a reablement service by March 2013. 55% of the people completing the reablement service will be reabled and need no ongoing care.

More information about the expected outcomes for older people is in Annex 4.

10. Making it happen

Monitoring Progress

10.1 The Lead Commissioner for Older People will be responsible for the implementation of this strategy, and measuring and reporting against the actions and outcomes. To help ensure that commissioning activity is embedded within service planning delivery, progress will be monitored as part of the Council's quarterly performance monitoring arrangements. Issues will be escalated and reported as appropriate to the Social and Community Services Directorate Leadership Team, the Section 75 Joint Management Group, the County Council Management Team and the Council Cabinet.

Engagement and Feedback

10.2 Discussion and awareness of the commissioning work will be delivered through the Adult Social Care monthly cascades and visiting operational team meetings, as well as the Annual Commissioning Conference and meetings with providers, the voluntary sector and the Hearsay events. The longer term vision will be developed through the refresh of Ageing Successfully.

Annex 1 – Older People in Oxfordshire

Age profile

- Positive improvements in life expectancy mean the County has a growing older population; the number of residents aged over 85 is predicted to more than double by 2033, presenting many challenges to service delivery.

- The over 65 population is forecast to increase by 77%, the over 85s by 265% and the over 90s by 368% between 2008 and 2033.

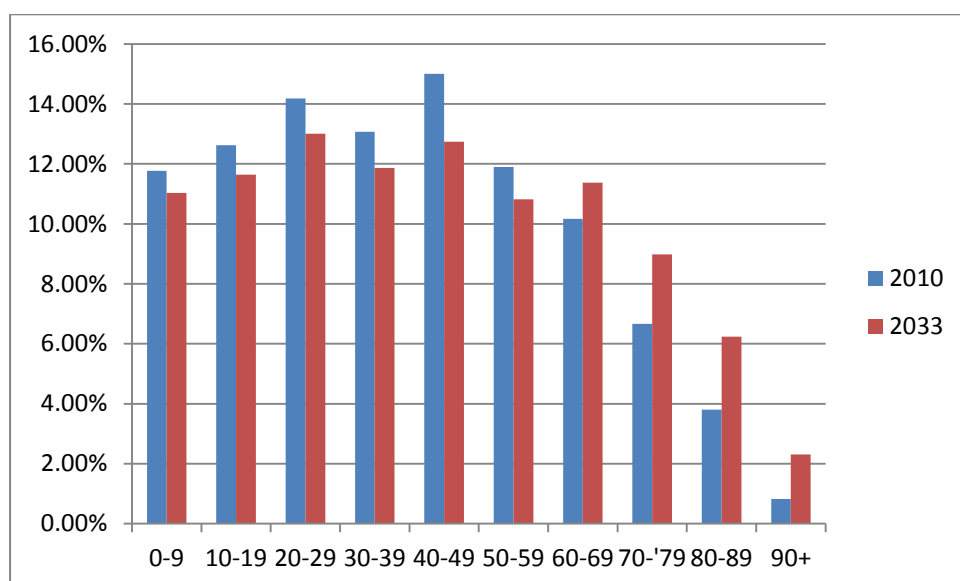**Population Projections – 2010 – 2033**

Figure 1: Population projections, as % of population (2010: 644,000; 2033: 736,900). Source: ONS population estimates

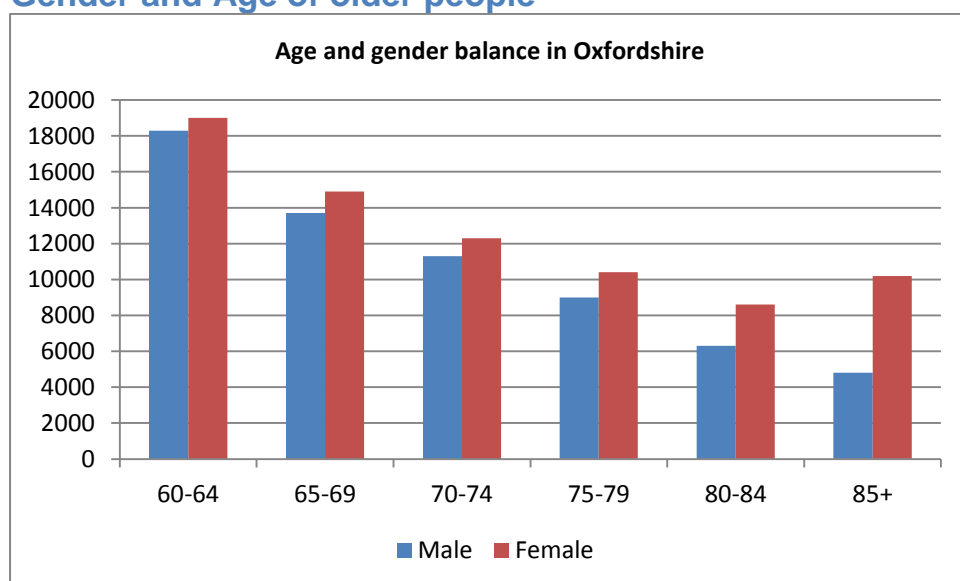## Gender and Age of older people

Figure 2: Age and gender of older people in Oxfordshire, ONS population mid-year estimates 2010

According to data collected by Oxfordshire County Council's Social and Community Services, a slightly large proportion of older females receive care packages than would be expected by the gender balance of older people in the county:
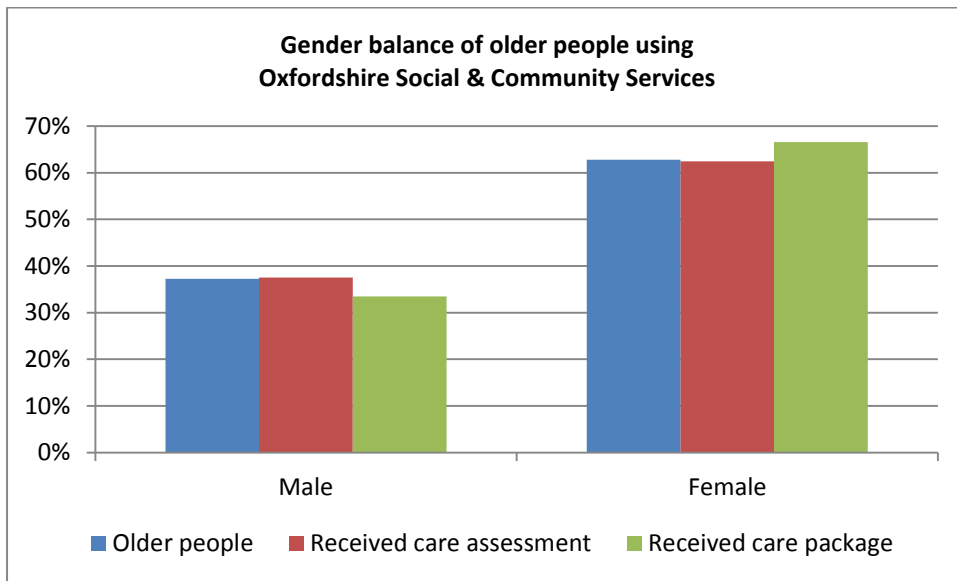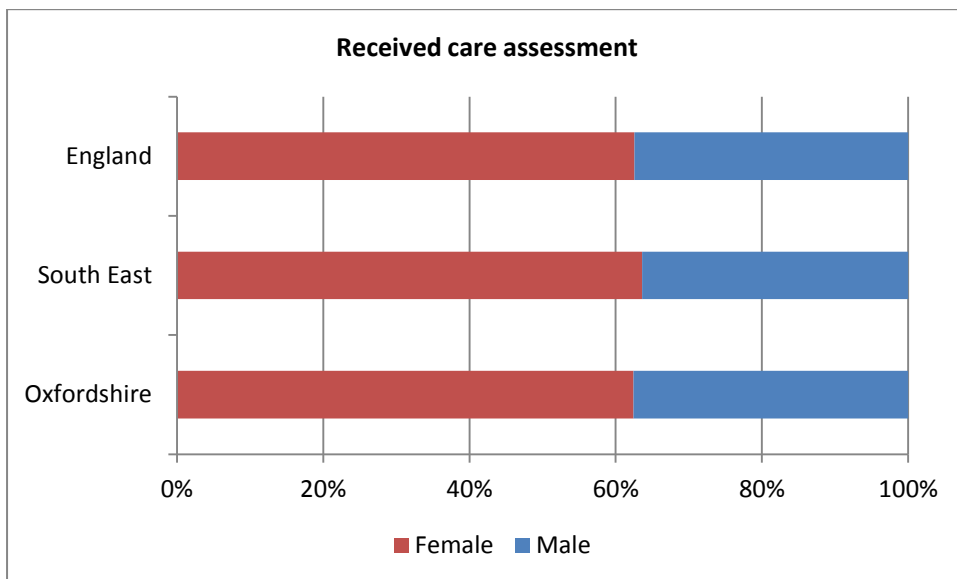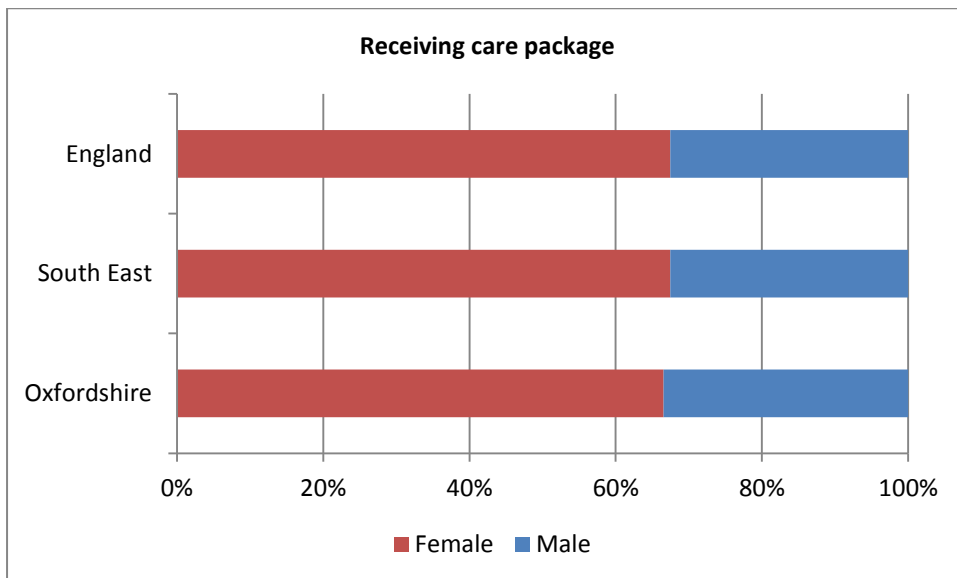

Figure 3: Gender balance of those who received a care assessment or a care package in 2010 and of the population of older people in the county as a whole.

However, the gender balance of those receiving care packages or who received a care assessment is roughly in line with regional and national trends:

Receiving care package

Figures 3 & 4: Gender balance of those receiving care assessments or care packages in England, the South East, and the county.

Ethnicity

Older people (defined here males over 65 and females over 60) represent 19.3% of the English population and 18.4% of Oxfordshire's (ONS 2009 mid-year estimates). 95.6% of this group across England are from white backgrounds, whilst in Oxfordshire they make up 97.5% of older people. The remaining older people in England and Wales fall into the following groups:
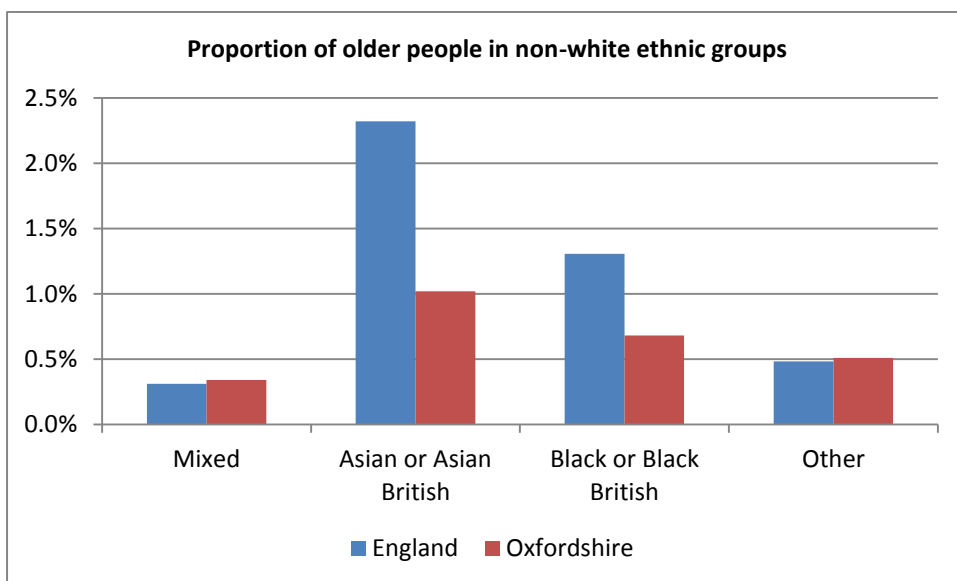

Figure 5: Proportions of older people in non-white ethnic groups in England and Oxfordshire. Source: ONS

The proportions in Oxfordshire of social care clients who have either received a care package or have received an assessment are as follows:

	White	Mixed	Asian or Asian British	Black or Black British	Other	Not Stated
Receiving care package	96.5%	0.1%	0.9%	0.8%	0.4%	1.2%
Received care assessment	95.6%	0.1%	0.8%	0.5%	0.3%	2.7%
Oxfordshire	97.4%	0.3%	1.0%	0.7%	0.5%	-

Figure 6: Proportions of older people approaching adult social care. The population data for Oxfordshire does not include an option for 'not stated'. Source: CIPFA, ONS population estimates
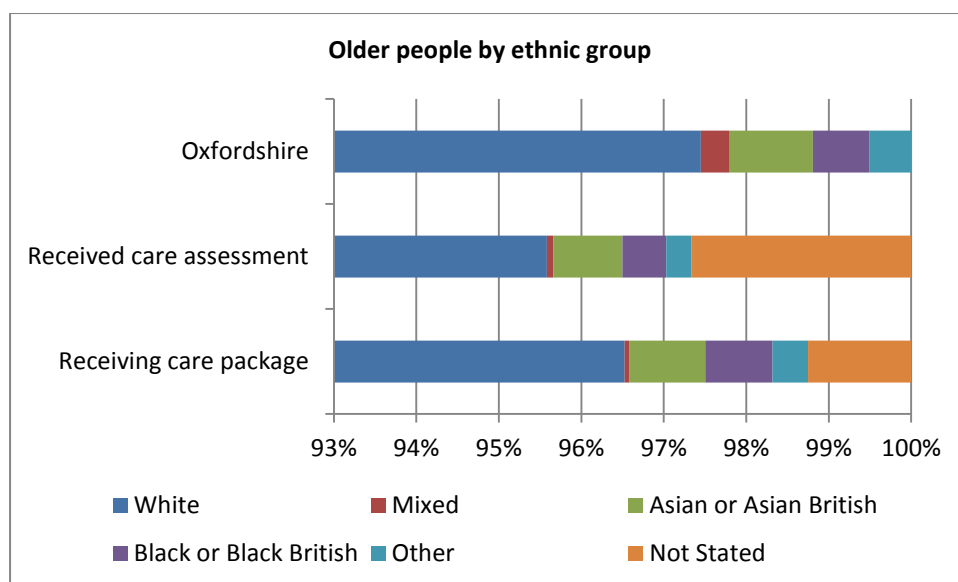
Figure 7: Proportions of older people approaching adult social care. The population data for Oxfordshire does not include an option for 'not stated'. Source: CIPFA, ONS population estimates

	% of older population who are from a BME background	% of older service users receiving a care assessment from a BME background	Ratio (proportion of users/proportion of population)
Oxfordshire	2.55%	1.80%	0.71
England	4.44%	4.24%	0.96

Figure 8: Proportions of older people receiving a care assessment. Source: CIPFA, ONS population estimates

Assessments and Care Services

Older people receiving a care assessment

Physical Disability 95%
Mental Health 4%
Other Vulnerable People 1%
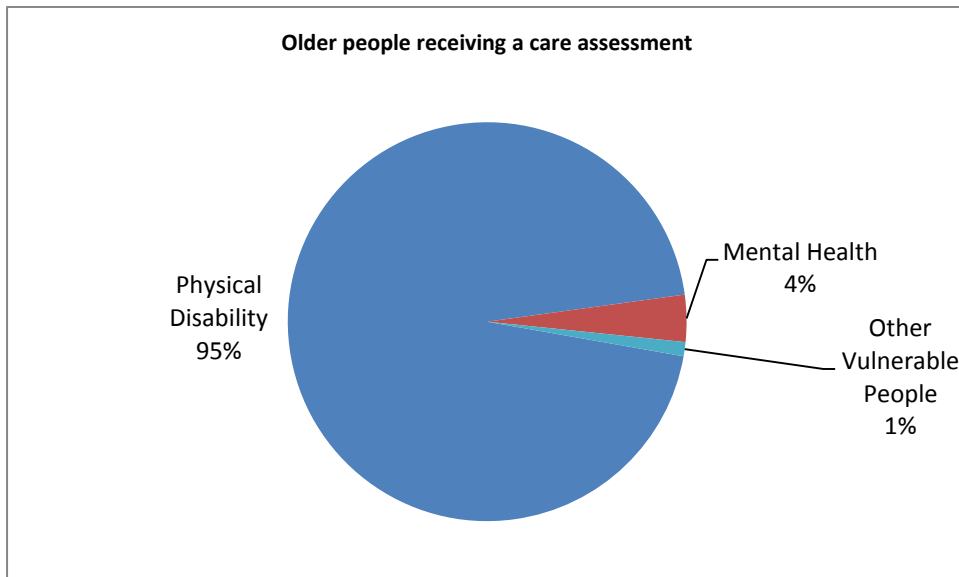
Figure 9: Older people in Oxfordshire who received a care assessment (n=6565)

Older people receiving a care package

Physical Disability 91%
Mental Health 6%
Learning Disability 2%
Other Vulnerable People 1%
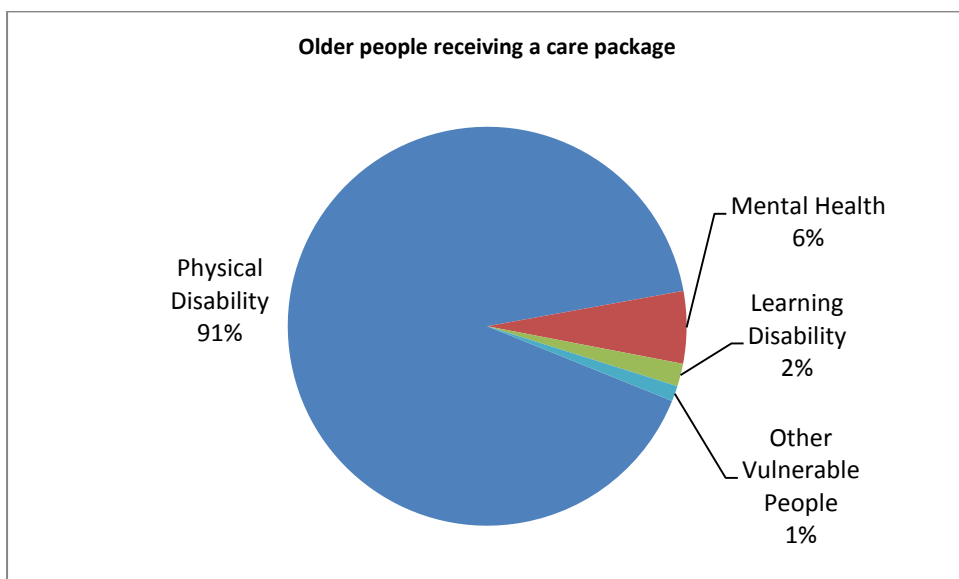
Figure 10: Older people in Oxfordshire who received a care package (n=9215)

Compared to England and the South East, Oxfordshire has a slightly greater proportion of older people who are clients of social and community services with a physical disability:
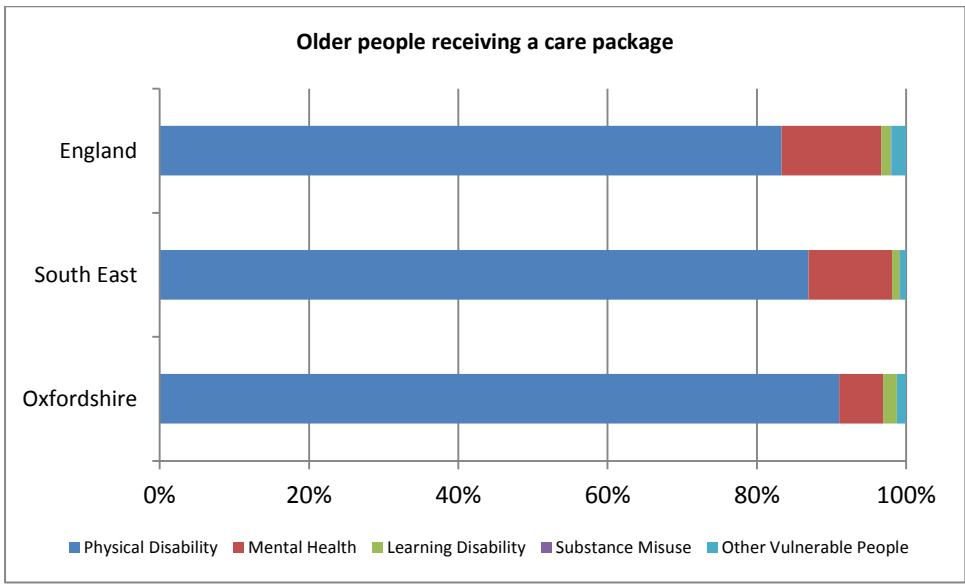
Figure 11: Older people in Oxfordshire, the South East, and England, who received a care package (n=9215; 168480; 1061720 respectively)

Of those with a care assessment, a greater proportion in Oxfordshire had a physical disability than in the South East or England:

Figure 12: Older people in Oxfordshire, the South East, and England, who received a care assessment (n=6565; 79050; 454165 respectively)

Annex 2 Commissioning Information - Oxfordshire

How many people are we supporting? (March 31, 2012)

At the end of March 2012, the Council was responsible for supporting 4,353 older people through care managed services. This comprises 2,766 people supported to maintain their independence and live in their own home, and 1,587 in care homes.

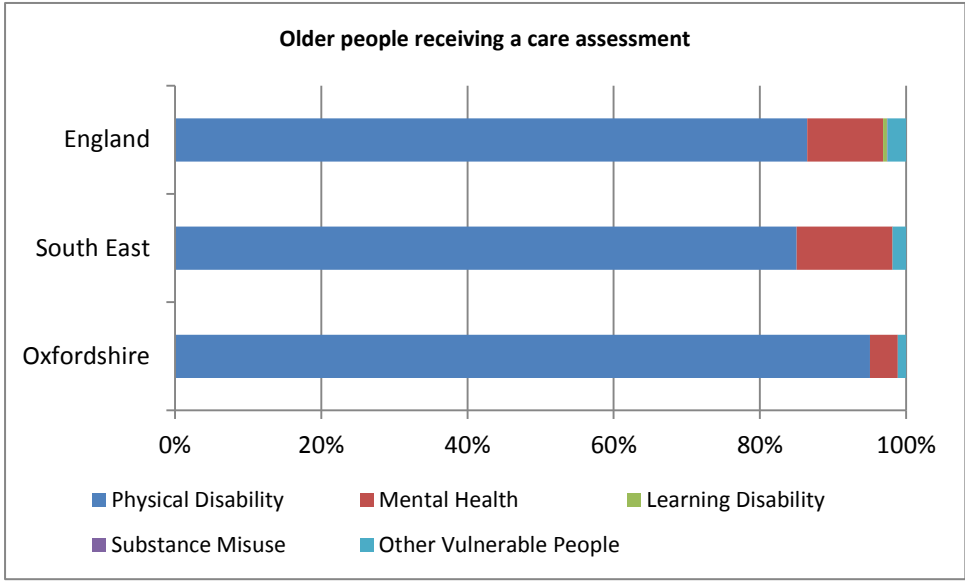The Council is keen to invest in community services as a way to achieve better outcomes for people and reduce the need for hospital and inappropriate residential care, including ensuring quality of care in services.

Care managed Services   4353

Service	No.
In their own home (some people receive more than one service)	2,766
Home Care	1,465
Direct Payments	640
Equipment	580
Professional Support	473
Day Care	327
Other	183
Meals	112
In care homes	1,587
Residential (permanent)	724
Residential (temporary)	35
Nursing (permanent)	772
Nursing (temporary)	56
Number on Self Directed Support	1,157
Direct Payments only	511
Both direct payment and authority arranged	118
Authority arranged only	528
Employing personal assistants	306

Not care managed

Service	No.
Re-ablement Service	263
Alert Service	2,782
With call in service	2,710
Equipment only	72
Day Opportunities	
Number of people at tier 2 day care	1080
Number who are FACs eligible	68
Equipment	
Received a delivery in 2010/11	12,249

People supported by Age Group

65-74

Service	No.
In their own home	574
Home Care	269
Direct Payments	149
Equipment	101
Professional Support	160
Day Care	66
Other	34
Meals	18
In care homes	167
Residential (permanent)	63
Residential (temporary)	4
Nursing (permanent)	98
Nursing (temporary)	2
Number on Self Directed Support	266
Direct Payments only	118
Both direct payment and authority arranged	29
Authority arranged only	119
Employing personal assistants	

75-84

Service	No.
In their own home	926
Home Care	499
Direct Payments	216
Equipment	205
Professional Support	145
Day Care	124
Other	52
Meals	35
In care homes	492
Residential (permanent)	198
Residential (temporary)	10
Nursing (permanent)	263
Nursing (temporary)	21
Number on Self Directed Support	384
Direct Payments only	168
Both direct payment and authority arranged	44
Authority arranged only	172
Employing personal assistants	

85+

Service	No.
In their own home	1266
Home Care	697
Direct Payments	275
Equipment	274
Professional Support	168
Day Care	137
Other	97
Meals	59
In care homes	928
Residential (permanent)	463
Residential (temporary)	21
Nursing (permanent)	411
Nursing (temporary)	33
Number on Self Directed Support	507
Direct Payments only	225
Both direct payment and authority arranged	45
Authority arranged only	237
Employing personal assistants	

People Supported by Locality

People supported at home on March 31, 2012

In or out of county	Locality	Total
In County	Abingdon	294
	Banbury	321
	Benson, Berinsfield and Wallingford	123
	Bicester	134
	Carterton and Burford	77
	Chalgrove, Thame Watlington and Wheatley	149
	Charlbury, Chipping Norton and Woodstock	149
	Didcot	171
	Faringdon	87
	Goring and Henley	144
	Grove and Wantage	129
	Kidlington and Yarnton	110
	Oxford City	648
	Witney	187
In County Total		**2723**
Out of County		36
Unknown postcode		7
Grand Total		**2766**

People Supported by District

In or out of county	District	Total
In County	Cherwell	565
	Oxford	648
	South Oxfordshire	550
	Vale of White Horse	547
	West Oxfordshire	413
In County Total		**2723**
Out of County		36
Unknown postcode		7
Grand Total		**2766**

People Supported in Care Homes

Number of people supported in care homes at March 31 2012

In care homes	1,587
Residential (permanent)	724
Residential (temporary)	35
Nursing (permanent)	772
Nursing (temporary)	56

Estimated Use of Care Homes in Oxfordshire

	No	%
Number of places	4261	100.0%
Number of vacancies	213	5.0%
Number of people funded by the council	1510	35.4%
Number of people funded by the PCT	194	4.6%
Estimate of other area state funding	186	4.4%
People funding their own care	2158	50.6%

People being placed into care homes

	2010-11	2011-12
People referred	518	598
From Hospital	228	282
From their own home	103	145
Threshold or continuing care finding	145	136
Other	42	35
People placed	472	558
From Hospital	217	279
From their own home	88	119
Threshold or continuing care finding	132	132
Other	30	28

Permanent Placement in 2011/12

Total people placed	558
Placed in residential care	243
Placed in nursing care	315

Length of stay of people placed in care homes 2010/11 (where they have died) based on pathway

	Died in 2010/11	Died in 11/12	Alive	Length Of Stay of those who died
People placed	22%	12%	56%	216 days
From Hospital	27%	21%	51%	195 days
From their own home	13%	13%	75%	250 days
Threshold or continuing care finding	13%	26%	60%	262 days
Other	33%	23%	43%	178 days

Average length of stay in care homes

Year	Average Length of Placement	Average of Age at first placement	Number of Deaths
2007	2.58	84.78	561
2008	2.55	84.77	706
2009	2.57	85.06	719
2010	2.43	85.08	618
2011	2.75	85.42	469
2012	2.84	85.28	411
Grand Total	**2.60**	**85.03**	**3484**

Carers

Carers of clients who are care managed at home

	Number
Number of clients with a carer at the same address	453
Number of clients with a carer at a different address	431
Number of clients with a carer at carer but no recorded carer address	550
Number of clients with no recorded carer	1,332
Total	2,766

Carer Assessments

Total number of carer assessments completed in 2011/12	4,874
Number of carers under 65	2,100
Number of carers 65 – 75	1,032
Number of carers 75 +	1,742
Number of carers of people aged over 65	3,821

Care at home

Referral pathway for new home care recipients in 2011/12:

Row Labels	Count of Referral Pathway	
Community Hospital	71	4%
Community / Own home	864	49%
Hospital	185	11%
Intermediate Care Bed	15	1%
Reablement Service	616	35%
Grand Total	**1751**	100%

What is the average size of a care package?

|	
Average Package Size (Home Care or Direct Payment) hours per week	10.0
Average Package Size for care arranged by the local authority	8.1
Average Package Size for a direct payment client	15.5

Client Flows

People placed into care homes	557
Number of permanent admissions 2011/12 into residential care	243
Number of permanent admissions 2011/12 into nursing care	314
Reablement Service	
People starting reablement 2011/12	1,851
Proportion of people completing the service in 2011/12	71%
Proportion of people who complete the service who need no on-going care in 2011/12	47%

Typical Care Pathway

No data is available on preventative services received before a person becomes a client, and it is possible for individuals to enter at different points in the pathway and take varying paths. It is also possible for people to take varying and 'non-linear' paths, for example benefitting from information and advice or reablement services to maintain or regain independence rather than automatically progressing to higher levels of care.

Adult Social Care Pathway
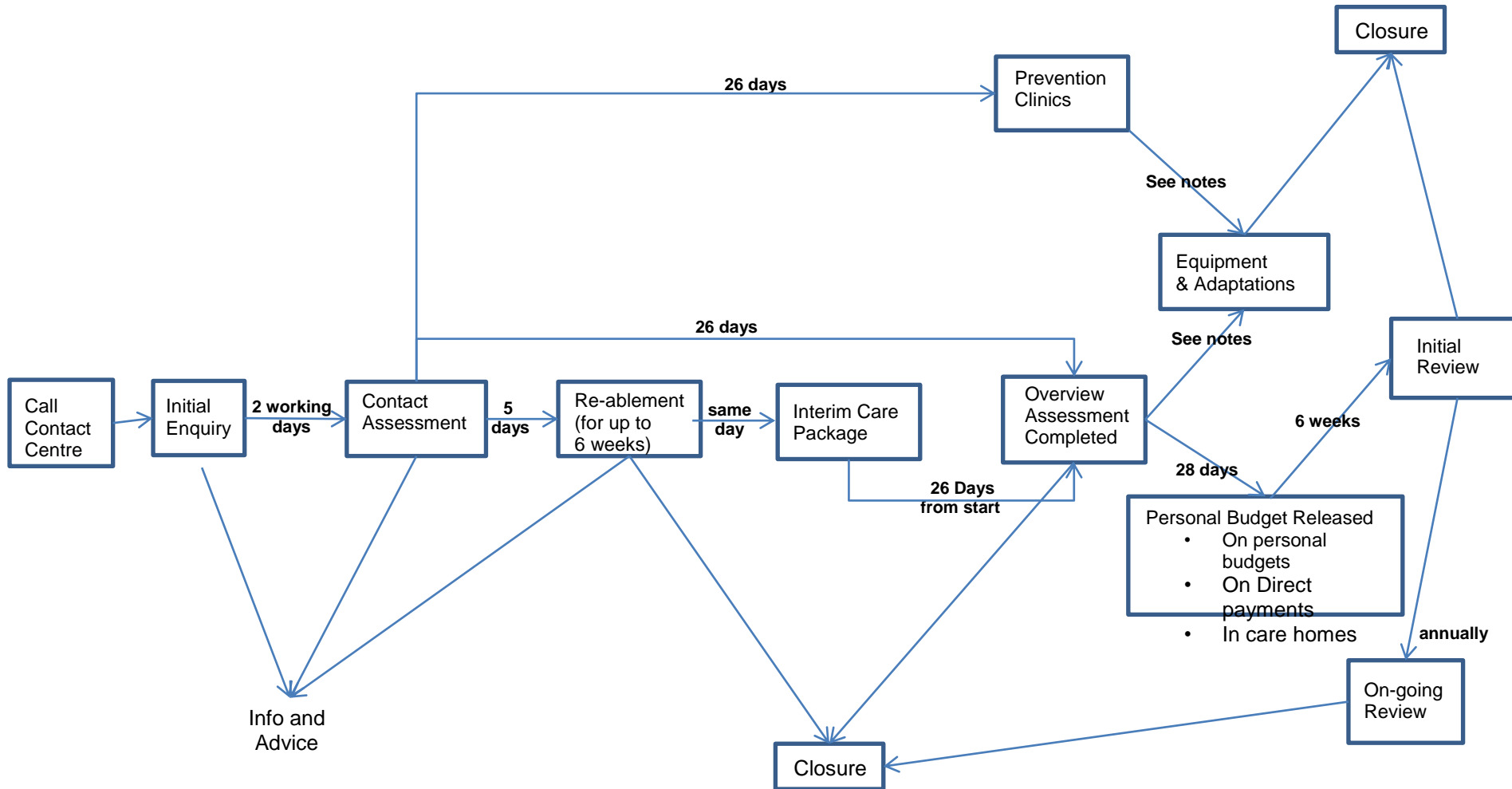
Notes

Small items of equipment provided in 7 days

Minor adaptations within 28 days

Major adaptations should be in 6 months but will depend on the case

Annex 3 – Funding of Services for Older People

The budgets for residential and nursing home placements, home support, initial assessment and enablement, day services, preventative services, continuing health care services and equipment are within a Section 75 NHS Act 2006 Partnership Agreement via a pooled budget with Oxfordshire Primary Care Trust. For 2011/12 this budget was £104.7million and for 2012/13 is £102,354,896.
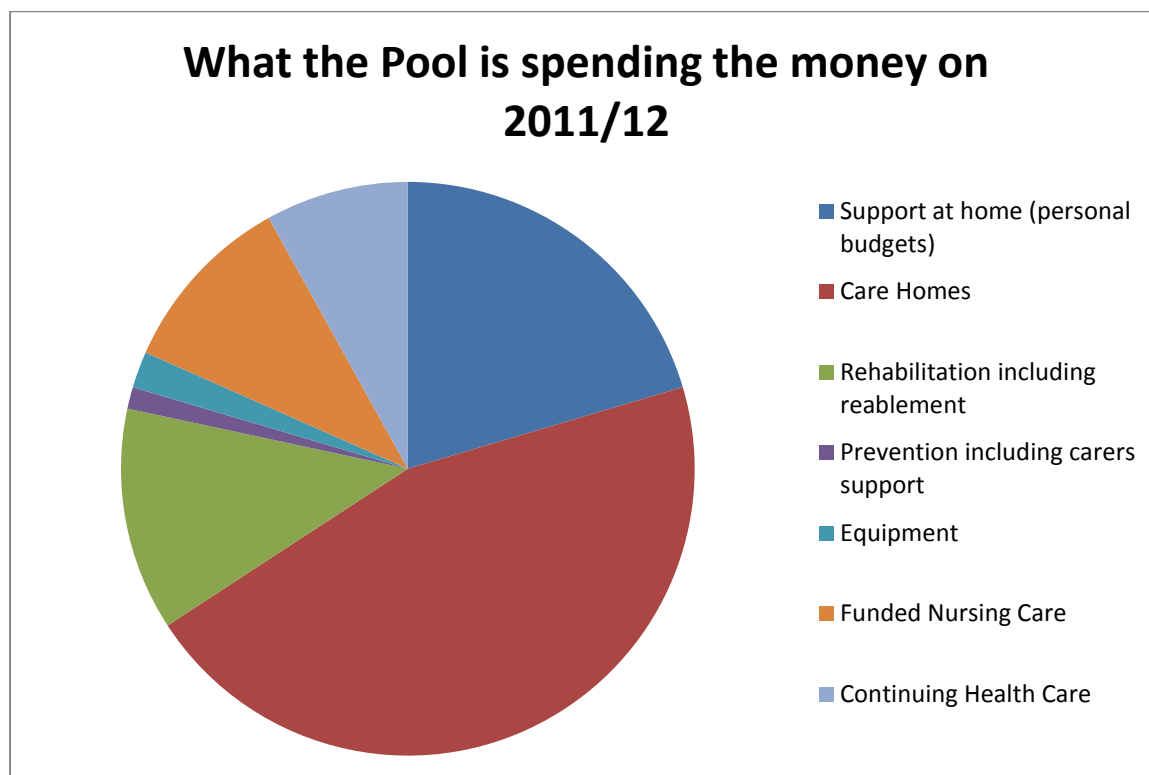The respective contributions to this pooled budget are as follows:

2011/12
OCC Contribution   £79,082,553
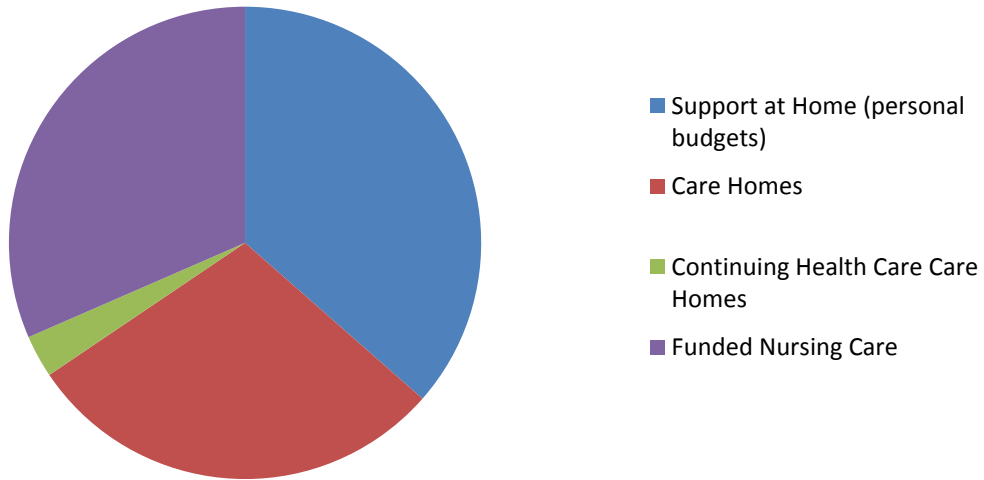PCT Contribution   £25,539,880
Total   £104,662,433

2012/13
OCC Contribution   £77,497,837
PCT Contribution   £24,857,059
Total   £102,354,896

The two tables below show both what the pool has been funding in terms of services and then numbers of people supported in 2011/12.
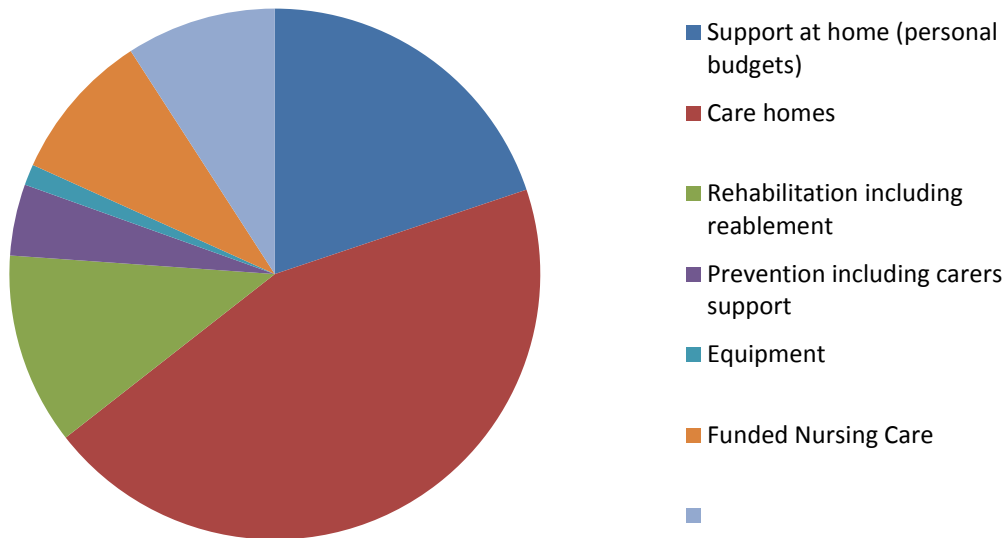
What the Pool is spending the money on 2011/12

Legend:
- Support at home (personal budgets)
- Care Homes
- Rehabilitation including reablement
- Prevention including carers support
- Equipment
- Funded Nursing Care
- Continuing Health Care

People Supported by the pooled budget 2011/12

- Support at Home (personal budgets)
- Care Homes
- Continuing Health Care Care Homes
- Funded Nursing Care

Proposed allocation of funding for the pooled budget 2012/13

Pooled Budget Funding Allocation 2012/13

- Support at home (personal budgets)
- Care homes
- Rehabilitation including reablement
- Prevention including carers support
- Equipment
- Funded Nursing Care

There is also funding that supports older people that sits outside of the pooled budget - (most of this funding supports all client groups but predominantly supports older people)

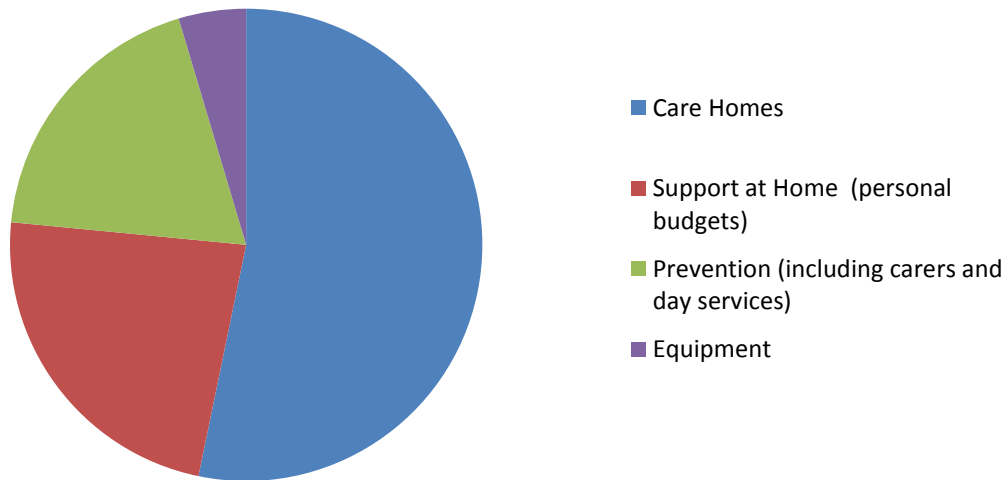For 2011/12 this includes:
Services to Carers - £1.4m
Equipment - £2m
Alert Service - £2.8m
Day Services - £3.3m
Service Agreements - £2.5m

Social Care Spend for older people (inside and outside the pool 2011/12)

Legend:
- Care Homes
- Support at Home (personal budgets)
- Prevention (including carers and day services)
- Equipment

Additional resources available to help us deliver this agenda

In 2011/12, £6.1 million of additional funds from the Department of Health (DH) was made available for social care, via the Primary Care Trust. These funds were used to relieve immediate pressures on hospitals through funding additional home support hours to enable people to go home more quickly and in the short term additional care home placements, than were originally planned. The rate of additional funding for 2012/13 is £5.9 million. The NHS Operating Framework published in November 2011 has confirmed that this additional funding is available until 2014/15 (the end of the Spending Review period).

The additional funding has also funded the following services which will have on-going commitments in future years:

- £0.300m for the Alert Service (personal alarms and other forms of technology to allow people to remain safely at home) which is supporting 20% older people as a result.
- £0.500m to set up and maintain a new emergency home support service
- £0.750m for additional community equipment to support people in their own home and reduce demand for care packages

Annex 4 - Outcomes for Older People

The following are the expected outcomes that are being agreed by the whole adult social care system, and progress in implementing the approach outlined in this strategy will be measured against these.

Health (taken from the NHS outcomes framework and public health priorities September 2011)	Adult Social Care (taken from Adult Social Care outcomes framework – handbook of definitions)
Life expectancy at 75 (1b) Emergency admissions within 28 days of discharge from hospital (3b) Improving recovery from stroke (3.4) Improving recovery from fragility fractures (3.5) Helping Older People to recover their independence after illness or injury (3.6) Improving experience of care for people at the end of the lives.	Enhancing quality of life for people with care and support needs (1A) Proportion of people who use services who have control over their daily life (1B) Permanent admissions to residential and nursing care (2A) Proportion of Older People (65 & over) who were still at home 91 days after their discharge from hospital into reablement/rehabilitation service (2B) Delayed transfers of care from hospital and those which are attributable to adult social care (2C)
Public Health (**taken from** consultation document published December 2010)	Overall satisfaction of people who use service with their care and support (3A) Proportion of people who use services who find it easy to find information about services (3D)
Older people's perception of community safety (D2.17) Emergency readmissions to hospitals within 28 days of discharge (D4.13) Health related quality of life for Older People (D4.14) Acute admissions as a result of falls or falls injuries for over 65s (D4.15)	Proportion of people who use services who feel safe (4A) Proportion of people who use services who say that those services have made them feel safe and secure (4B) *Those aged 65+ only.*

Annex 5

The 14 County Council Localities

Legend:
- Town Councils
- Market towns with Parish Councils
- Oxford City
- Electoral divisions

Banbury
Chipping Norton
Bicester
Charlbury
Woodstock
Kidlington
Burford
Witney
Carterton
Eynsham
Oxford
Wheatley
Thame
Abingdon
Berinsfield
Watlington
Faringdon
Benson
Didcot
Grove
Wantage
Wallingford
Goring
Henley on Thames