

ADDENDA

9. Performance Monitoring (Pages 1 - 14)

4:40
25 minutes

People responsible: Members of the Adult Health and Social Care Partnership Board

Report presented by: Robyn Noonan, Strategy and Performance Service Manager, Oxfordshire County Council

Two reports **attached with a further report to follow.**

Action: to consider progress on the Health and Wellbeing Board indicators.

10. Joint Health and Wellbeing Strategy (Pages 15 - 22)

5:05
20 minutes

People responsible: Members of the respective Boards

Report presented by: Robyn Noonan, Strategy and Performance Service Manager, Oxfordshire County Council

Report **attached.**

Action: To consider changes to the performance indicators and targets to include in the refreshed joint Health and Wellbeing Strategy.

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Adult Health and Social Care Board 23 May 2013

Performance Reporting and Action Planning

Current Performance

1. A table showing the agreed measures under each priority in the Joint Health and Wellbeing Strategy, expected performance and current performance is attached as appendix A.
2. It is worth noting that although the most up to date figures possible have been included, in some cases this relates to quarter 3 (October to December 2012) as quarter 4 (January to March 2013) is not yet available. Where possible, interim performance has been indicated in the notes column.
3. There are also a number of targets that are not be reported on a quarterly basis. This may be where data is collected or released less frequently (as the result of an annual survey for example), or because work this year is focused on establishing baselines for new measures.
4. Current performance can be summarised as follows:
 - 13** indicators are Green
 - 3** indicators are Amber (defined as within 5% of target)
 - 3** indicators are Red
 - 4** indicators expected to report in Q4 do not have information available yet
5. Current performance is mixed, and appropriate action is being taken where it does not meet expected levels to improve this. This has been summarised in the notes column of the appendix.
6. More detailed explanation of some areas of under-performance, including what is being done to improve, is reported at each meeting to allow the Board to focus attention where performance does not meet expected levels.
7. For this meeting the Board is invited to consider report cards on Delayed Transfers of Care (indicator 6.1) and reablement (indicator 6.4)

Action Planning

1. Each of the priorities and measures in the Joint Health and Wellbeing Strategy has a clear owner, an organisation or partnership that is responsible for reporting progress.
2. However, it is important to capture the wide range of activity happening across the county that contributes to each of them. The workshops are proving to be important in understanding the work of partner organisations,

how this contributes to meeting the priorities and measures in the strategy, and the opportunities they present for further joint working.

3. The Adult Health and Social Care Board has hosted two workshops so far this year, focused on key priorities within the strategy: the Older People's Commissioning Strategy and the Staying Healthy workshop held jointly with the Health Improvement Board. The latter includes specific actions for this Board around loneliness and isolation, information and advice and primary prevention services that are now included within the Joint Commissioning Strategy (included elsewhere on this agenda).

Ben Threadgold
Strategy Manager, Joint Commissioning
May 2012

No.	Indicator	Q1 report Apr-Jun		Q2 report Jul-Sept		Q3 report Oct-Dec		Q4 report Jan-Mar		Notes
Priority 5: Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential										
5.1	75% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 71.3%)							Expected 75%	R	<p>Overall the proportion of people who use adult social care who said they found information very or fairly easy to find rose from 71.5% to 73.5%.</p> <p>However for working age adults the figure fell from 71.3% to 69.4%. This represents 129 adults of working age who use adult social care who said information was very of fairly easy to find out of 186 who had tried to access information in the year.</p> <p>The council is developing an information strategy which will look at both the information that is provided and the ways in which it is provided</p>
								Actual 69%		
5.2	15% of adults on the care programme approach receiving secondary mental health services will be in paid employment at the time of their most recent assessment / review (currently 10.7%)	Expected 11.8%	A	Expected 12.9%	G	Expected 13.9%	A	Expected 15%		The wording of this indicator has been changed slightly to more accurately reflect the targeted individuals, although the baseline and targets remain the same
		Actual 11%		Actual 13.4%		Actual 13.6%		Actual		
5.3	86% of people with a long-term condition feel supported to manage their condition (currently 84%)							Expected 86%		<p>This target and baseline was set using the 2012 annual survey, so we will report on the 2013 survey – results will be now be published in June 2013.</p> <p>Most recent survey published Jan – Sept 2012 GP Survey results Oxon PCT 86.5% (3342 / 3865</p>
								Actual		

									responses) Central Southern SHA 85.6% England – 84.8%					
5.4	95% of people living with severe mental illness will have an annual physical health check by their GP (currently 93.7%)							Expected	This indicator is no longer part of the national outcomes framework, however it remains a priority locally and will be reported on an annual basis					
								95% Actual						
5.5	50% of people with learning disabilities will have an annual physical health check by their GP (currently 45%)							Expected	The data for this indicator is only collected at the end of the financial year and so will be available in June / July 2013.					
								50% Actual						
Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support														
Page 4 6.1	A reduction in delayed transfers of care so that Oxfordshire's performance is out of the bottom quarter (current ranking is 151/151)	Expected	146	R	Expected	103	R	Expected	72	R	Expected	72	R	Delays rose in the final quarter of the year and remain the worst of any authority nationally. However this needs to be seen in the context of an increasing pressure on hospital admissions - with a 10% rise in non-elective admissions in 2012/13 compared to 2011/12. The pathway through hospitals is currently been revised to ensure people are seen in the most appropriate place and are given a greater chance of returning home
6.2	No more than 400 older people per year to be permanently admitted to a care home from October 2012 (currently 546)							Expected	R	Expected	A	100	A	A reduced number of people were placed permanently in care homes in the final quarter. An additional 40 people were placed in a short term assessment bed, but now need a permanent placement in a care home
								100 Actual		105 Actual				
								136		105				

6.3	50% of the expected population with dementia will have a recorded diagnosis (currently 37.8%)			Expected	G	Expected	G	Expected	A	There has been a significant increase in diagnosis rates this year, from 37.8% to 49.6%. A new calculator is being introduced, but has not yet been finalised and distributed. Indications are that this is more stringent and if applied to current performance the figures for Q4 would be lower at 44.6% (creating a new baseline for 13-14).
				43.9%		46.95%		50%		
				Actual		Actual		Actual		
				46.7%		47.4%		49.6%		
				3516 diagnosed		7086 expected				
6.4	3,140 people will receive a reablement service (currently 1,812)	Expected	R	Expected	R	Expected	R	Expected	R	The number of people starting reablement increased in the year and by over 20% on last year's level, but is below the contract level. Work is in hand to ensure appropriate capacity from the service and timely and complete referrals.
				654		1526		2420		
		Actual		Actual		Actual		Actual		
		492		1020		1566		2197		
6.5	Maintain the current high standard of supporting people at home with dignity as measured by people themselves (currently 91.6%).			Expected		Expected		Expected	A	Figures are taken from the annual adult social care user survey run in February 2013. 246 out of 274 older people who use social care reported that the way they were helped and treated either made them feel better about themselves or did not affect the way they felt about themselves.
				91.6%						
		Actual		Actual		Actual		Actual		
		89.9%								
6.6	By the end of March 2013, commission an additional 130 Extra Care Housing places, bringing the total to 407 and by			Expected	G					Target for this year has been achieved – 40 new ECH places have opened at Thame, 70 at Banbury (Stanbridge) and 20 at Bicester.
				130						

	the end of March 2015 an additional 523 places, bringing the total number of places to 930			Actual 130					
6.7	75% of older people who use adult social care say that they find information very or fairly easy to find (currently 71.6%)						Expected 75%	G	This is taken from the annual adult social care user survey in February 2013. Of the 188 older people who responded and indicated they had tried to find some information about social care, 146 reported that they found information very or fairly easy to find. This is a significant increase from 2011/12.
							Actual 77.7%		
6.8	Review transport in the community to understand the best way of meeting community needs by June 2013						Expected Review complete by June 2013	G	
							Actual Review will report in 2013/14		
Priority 7: Working together to improve quality and value for money in the Health and Social Care System									
7.1	Deliver a joint single point of access to health and social care community services, provided by Oxford Health and Oxfordshire County Council by the 1 st December 2012						Expected Single point of access in place	G	The single point of access has staff co-located, and I adopting a multi-agency/multi-professional approach towards ensuring the delivery of seamless integrated care.
							Actual An integrated health and social care		

					Single Point of Access has been established and operational since the 3rd December 2012			
7.2	Deliver fully functioning, locality based and integrated health and social care services by March 2013						Expected	OHFT and OCC have been working in partnership to deliver integrated community services throughout 2012/13 with significant progress being made with the development of the integrated Single Point of Access and the implementation of the Oxfordshire Discharge to Assess Policy.
							Integrated health and social care services operational in localities	
							Actual	G A detailed plan for fully integrated health (community and older adult's mental health) and social care services has been jointly developed by Oxford Health Foundation Trust and Oxfordshire County Council and will be fully implemented during 2013/14
							Good progress has been made, a plan for further integration being implemented in 2013/14	
7.3	A single Section 75 agreement to cover all the pooled budget arrangements by April 2013						Expected	The agreement was approved in March and formally signed in April by both parties.
							Single section 75 agreement in place	
							Actual	G
							Agreement in place	

Page 8	7.4	A joint older people's commissioning strategy covering both health and social care by April 2013						Expected Joint strategy agreed and delivery plans in place	G	The draft strategy has been developed by a multi-agency working group, and consultation took place between Dec – Feb. The strategy has now been amended to reflect the outcomes of consultation, and work to develop action plans will be completed by June 2013. The Strategy and action plan will be formally signed off by the County Council Cabinet and CCG Executive Board in June
							Actual Will be formally signed off in June			
	7.5	Oxfordshire's Clinical Commissioning Group will be authorised by April 2013						Expected CCG to be authorised	G	Oxfordshire Clinical Commissioning Group has been formally authorised to take on commissioning responsibilities for Oxfordshire from 1 April 2013.
							Actual CCG Authorised			
7.6	More than 60% of people who use social care services in Oxfordshire will say they are very satisfied with their care and support (currently 61.7%)						Expected 60%	G	This is measured through the annual adult social care user survey in February 2013. Overall satisfaction has increased for the third successive year. 324 people who used social care out of 507 people who responded (64%) reported that they were extremely or very satisfied with services. 476 people (94%) reported they were satisfied.	
						Actual 64.0%				
7.7	Achieve above the national average of people satisfied with their experience of hospital care					Expected Above national				Published as NHS National Outcomes Framework 4b. Since it is for experience of hospital care the data is given for

	(when the nationally sourced information for Oxfordshire is available)				average England 2011/12 = 75.6%	G		individual hospitals, performance is then averaged to give an overall figure. NOC and OUHT were separate in 2011/12 and so they are reported individually. The values are reported as values out of 100. OUHT 75.1/100 NOC 82.3 / 100 Oxford Mental Health Trust is not included.	
7.8	Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (when the nationally sourced information for Oxfordshire is available).						Expected Above national average	G	Data for this indicator comes from the GP Patient Survey. 2011/12 data for the survey was collected in two waves. (NHS National Outcomes indicator 4a)
					Actual Above national average (Oxfordshire 90.1% England 87.6%)		1st wave published (July-Sept) – 88.28% 2nd wave published March 2013 - 90.1% of respondents 'very satisfied' (10,551 of 11,713) compared to 87.6% nationally (837,852 of 956,509) Next update due in June 2013.		
7.9	Establish a baseline for measuring carer satisfaction of services by May 2013						Expected Baseline established and targets set	G	Carer survey completed and baseline established. Current levels of satisfaction are 39% - this is significantly lower than levels of service user satisfaction, but a similar picture is appearing nationally.
					Actual		39% reflects 185 out of 472 carers who reported to being extremely or very satisfied. 360 carers (76%) are satisfied. An action plan to address this is being put in place as part of the carers strategy		

7.10	800 carers' breaks jointly funded and accessed via GPs	Expected	G	Expected	G	Expected	A	Expected	G	Achieved
		200		400		600		800		
		Actual		Actual		Actual		Actual		
		213		427		594		881		

Oxfordshire Adult Health and Social Care Board Detailed performance report

1. Details

Strategic Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support

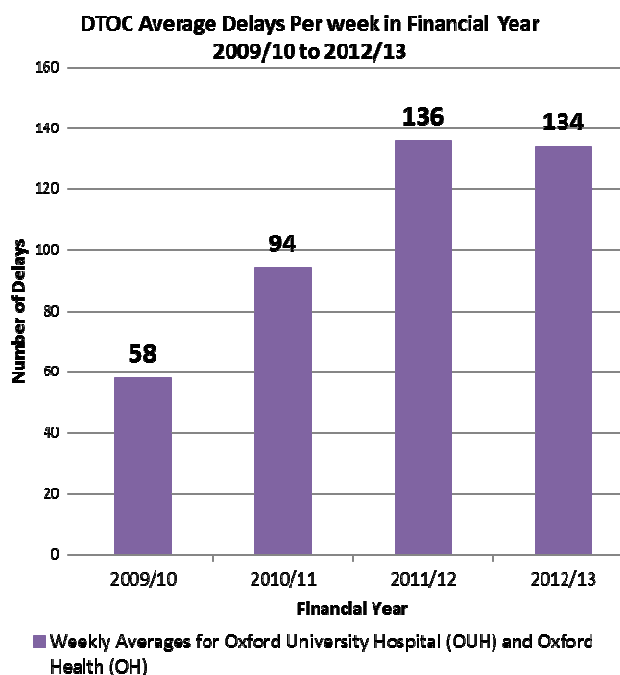
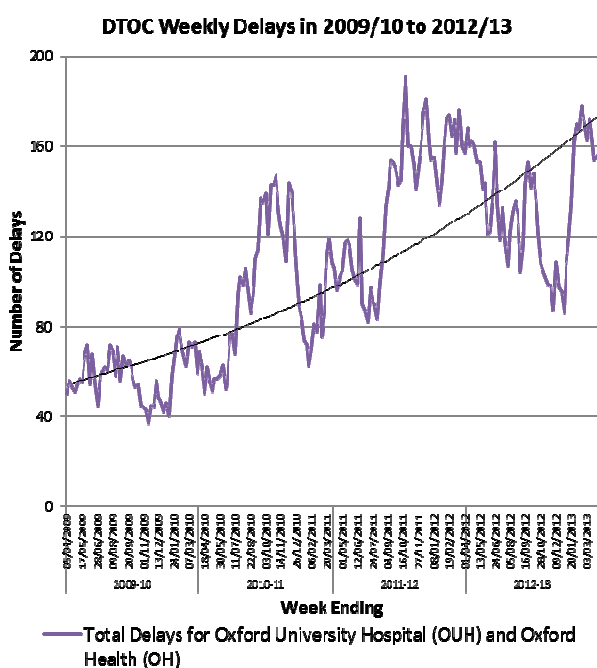
Last updated: 13 May 2013

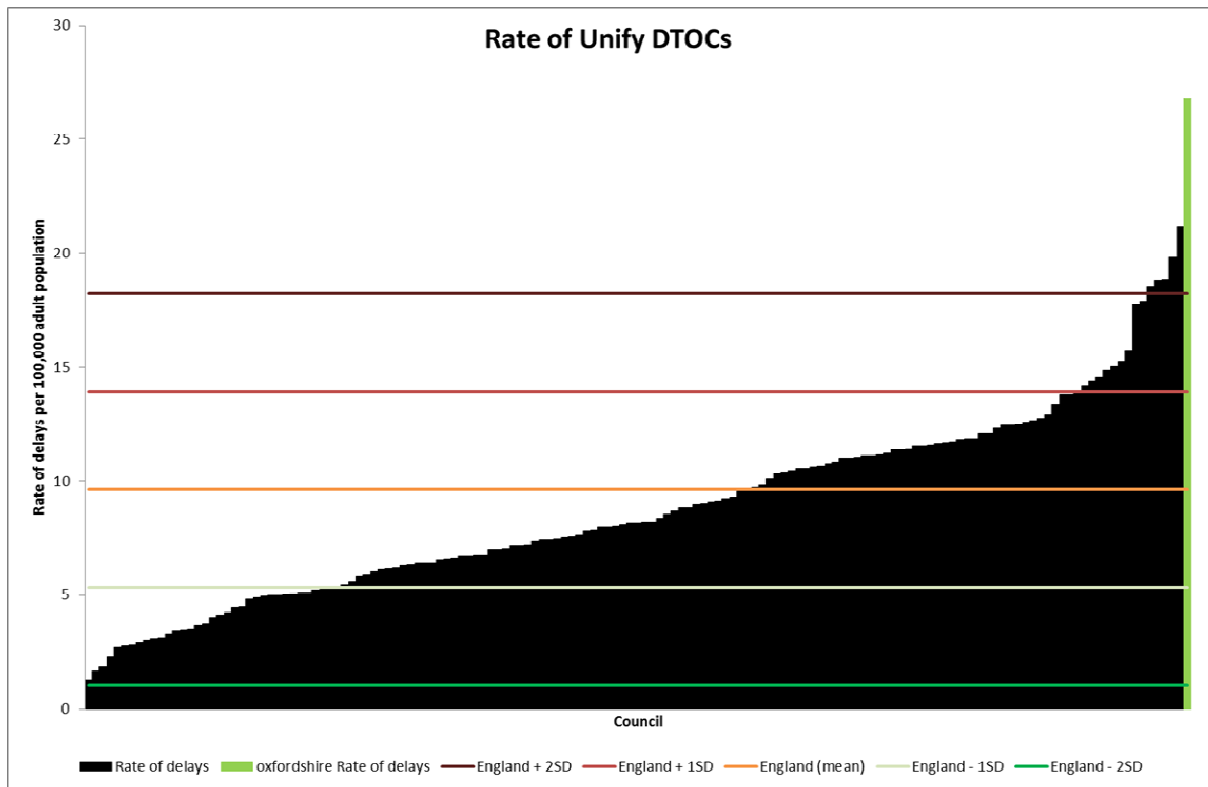
PROGRESS MEASURE: A reduction in delayed transfers of care so that Oxfordshire's performance is out of the bottom quarter. (It was estimated that 72 delays or fewer would mean that Oxfordshire would be out of the bottom quartile. At the end of the year there were 182 delays, and comparative performance was the worst in the country)

Current indicator RAG Rating RED

2. Trend Data

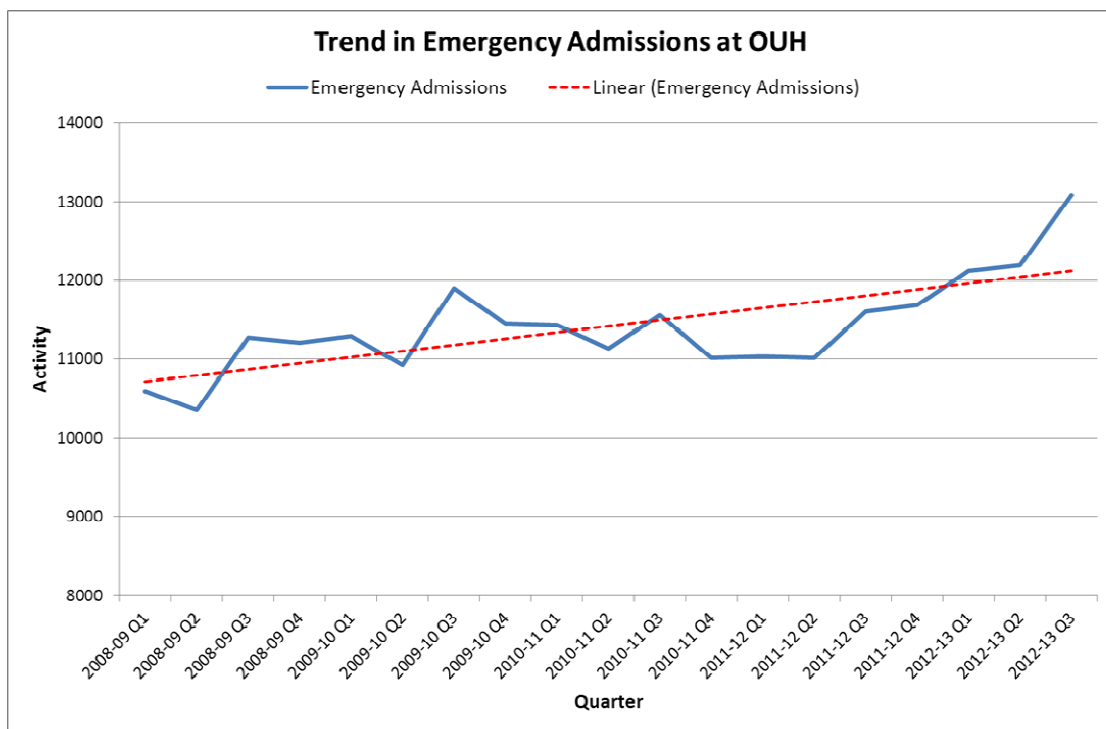
Oxfordshire has the highest rate of recorded delayed transfers of care in the country. This reduced in 2012/13, but not significantly. Within this, delays from acute hospitals increased while delays from community hospitals fell.





3. What is the story behind this trend? - Analysis of Performance

- There has been an increased number of non-elective admissions to hospital. These are the people that are most likely to need onward care. There has been a 10% rise in 2012/13.



- Delays dropped through 2012/13 until December and were close to hitting the target within the year. The subsequent rise over the winter was against a backdrop of an increase in demand of around 30 per cent.

- The subsequent rise also coincided with the change in discharge arrangements, whereby people were moved out of hospital to be assessed rather than being assessed in hospital. The system is still being piloted, with staff learning the new system, and this will cause some short term delays.
- However it is not clear that the rise was caused by the change in arrangements, as delays normally increase in winter and additional funding is used to support people leaving hospital. This did not happen in the last year.
- In April 2013 the number of delays dropped from 182 to 127 (30%).
- The average delay is 15 days from an acute hospital and 22 days from a community hospital. This means that around 50% of a delayed person's time in hospital is due to the unnecessary delay.
- Despite the high level of delays, the average length of stay in Oxfordshire hospitals (for all episodes) remains below those nationally and for the health authority – for example, the average stay in acute hospitals is 60 days. There are also differing interpretations of delays across the country which will impact on comparative figures.
- There appears to be sufficient capacity to facilitate discharge but
 - There can be delays in accessing it
 - People are often sent down the wrong pathway.
 - It cannot always be appropriately flexed for spikes in demand (eg winter pressures) or geographical differences

4. What is being done? - Current initiatives and actions

Actions

Oxford University Hospital are reviewing why admissions have increased and what can be done to change this trend

Revised discharge arrangements were piloted in November 2012. The pilot is still continuing.

Commentary

We are working hard across the system to ensure we continue to focus on timely discharge even as pressure eases at the front door. The Council and Oxford Health are agreeing a joint data set with Oxford University Hospital for people presenting at emergency departments. The aim is to establish client profile and identify types and capacity of services which may reduce admission. A report and recommendations will be produced by August 2013.

We continue to develop and improve the Oxfordshire discharge pathway and single point of access for community services

Hospitals are not the best places to make decisions about the long term future of patients. In Oxfordshire more people than elsewhere were leaving hospitals and moving permanently to a care home. The pilot discharges people as soon as they are fit, with a care package and ideally to their own home, where they will then be assessed for long term care.

5. What needs to be done now? - New initiatives and actions

Action	By Whom & By When
Profile demand at the acute hospitals and so be able to better match that demand by flexing capacity within community health and social care services	OCC, OCCG, OUH, OHFT date to be confirmed
Review the current admissions avoidance pilot at Sonning - see what lessons can be applied elsewhere	OCC, OCCG, OUH, OHFT date to be confirmed
Re-design the referral process out of acute hospitals (including reviewing the effectiveness of the Discharge Pathway Team)	OCC, OCCG, OUH, OHFT by end of June 2013
Review and identify ways to better deal with the most complex cases and speeding up the re-start pathway and ensuring people get the chance of reablement where it might help.	OCC, OCCG, OUH, OHFT by end of July 2013
Clarify capability and eligibility criteria for Community Hospitals & Therapy-led Intermediate Care Beds	OCC with OCCG & OHFT by June 2013
Re-shape the existing supply of Therapy-led Intermediate Care	OCC by March 2013
Establish direct route to permanent care home placement from acute for some, subject to controls	OCC by June 2013
Review and boost community services – address gaps and weaknesses including rapid response and intensive care packages	OCC & OCCG date tbc

Adult Health and Social Care Board – 23 May 2013

Review of priorities and recommendations for 2013/14

Purpose

1. To consider the priorities, indicators and targets the Board would like to see in the refreshed Joint Health and Wellbeing Strategy for 2013/14.

Background

2. The Adult Health and Social Care Board has overseen implementation of three priority areas in the Joint Health and Wellbeing Strategy during 2012-13. These three priorities are:

Priority 5: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support

Priority 7: Working together to improve quality and value for money in the Health and Social Care System

3. As reported elsewhere on the agenda for this meeting performance has been varied, with some excellent progress in some areas but continuing difficulties in improving performance in other areas.
4. The Joint Health and Wellbeing Strategy is currently being revised for 2013-14, and a review of current priorities is needed. Once priorities are confirmed, outcomes need to be set and indicators selected so that progress towards these outcomes can be monitored regularly and reported to the Health and Wellbeing Board.
5. The principles for including within the joint strategy remain the same as previously:
 - What does the JSNA tell us is a priority for the long term health of the county?
 - Are there some critical areas where we need to improve?
 - What are we most concerned about with regard to the quality of services?
 - On what topics can the NHS, Local Government and the public come together and make life better for local people?

Proposed outcomes and measures

6. A report based on the Joint Strategic Needs Assessment (JSNA) was considered at the March meeting of the Health Improvement Board (HIB) and the three current priority areas were confirmed as the highest priorities for the year ahead. The rationale for this is given in the appendix, including proposals for 2013-14 outcomes and how progress will be measured.

7. Further consideration is needed about any inequalities in outcomes against these priorities for specific groups or areas of the county.

Next Steps

8. The Board is asked to consider and agree the outcomes to be achieved in 2013-14 and selection of indicators to monitor progress.
9. The outcomes, baselines and targets will then be included in consultation on a draft Joint Health and Wellbeing Strategy during June. The revised strategy will then be adopted by the Health and Wellbeing Board (HWB) in July, and work to improve outcomes will continue.

Ben Threadgold
Strategy Manager, Joint Commissioning
May 2013

Assessment of current outcomes and measures and recommendations for 2013-14

Priority 5: Living and working well: Adults with long-term conditions, physical disabilities, learning disabilities or mental health problems living independently and achieving their full potential		
Rationale for keeping this priority	<ul style="list-style-type: none"> • There is an increasing number of people with long term conditions, physical disabilities, learning disabilities or mental health problems in Oxfordshire • These people tell us that they want to be independent, to have choice and control so they are able to live “ordinary lives” as fully participating members of the wider community. • Ensuring access to good health care for people with learning disabilities is an important issue for people with learning disabilities. The physical health check target we set, of at least 50% for adults with learning disabilities, was seen as a step in the right direction towards at least 60% by the end of 2013/14. • The rate of people with mental health related conditions (Psychosis, Psychoneurosis, Personality Disorder, Dementia) claiming disability living allowance in February 2013 in Oxford City (8.4 per 1000 people) is above the national rate (7.4) 	
Progress in 2012-13	<ul style="list-style-type: none"> • Overall the proportion of people who use adult social care who said they found information very or fairly easy to find rose from 71.5% to 73.5%. However for working age adults the figure fell from 71.3% to 69.4%. 	
Broad Outcomes for Priority 5	2012/13 indicators	Indicators that could be used for Priority 5
<ul style="list-style-type: none"> • Ensure that information is easy for service users to find • Increase the number of people with mental health conditions who are in employment • Ensure that people with long term conditions feel supported • Ensure people with severe mental health 	<ul style="list-style-type: none"> • Number of working age adults who use adult social care that t say hey find information very or fairly easy to find • Number of people with severe mental illness using secondary mental health services are in employment • Number of people with a long-term condition who feel supported to manage their condition • Number of people living with severe mental illness who have an annual physical health check by their GP • Number of people with learning disabilities 	<ul style="list-style-type: none"> • Number of working age adults who use health and adult social care that say they find information very or fairly easy to find • Number of people with severe mental illness using secondary mental health services who are in employment • Number of people with a long-term condition who feel supported to manage their condition • Number of patients with schizophrenia supported to undertake a physical health assessment • Number of people with learning disabilities

problems or learning disabilities receive good quality care for their physical health	who have an annual physical health check by their GP	who have an annual physical health check by their GP <ul style="list-style-type: none"> • Identification of highest risk patients and joint care planning for them • Reducing the number of emergency admissions for people with long term conditions
Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support		
Rationale for keeping this priority	<ul style="list-style-type: none"> • We know that living at home with dignity is key to the quality of life that older people want to enjoy and that older people and their carers require access to good quality information and advice. • The proportion of older people in the population continues to increase and the cost of caring for older people increases markedly with age. This is true for both health care and social care. • The number of referrals to adult social care has grown at a higher rate than that which would be expected through the effects of an aging population. • 29% of people aged over 65 were living alone at the time of the census. Across districts, it is estimated that the rate is highest in Oxford City, at 36% of the population. 	
Progress in 2012-13	<ul style="list-style-type: none"> • 77.7% of older people who use adult social care say that information is very or fairly easy to find • A reduced number of people were placed permanently in care homes from October 2012 onwards • 40 new Extra Care Housing places have opened at Thame, 70 at Banbury (Stanbridge) and 20 at Bicester. • The number of people starting reablement increased in the year and by over 20% on last year's level, but is below the expected level. • Delayed transfers of care remain high and Oxfordshire is still the worst of any authority nationally. • 89.9% of people living at home consider they are treated with dignity, down slightly on 2011/12 (91.6%). 	
Broad Outcomes for Priority 6	2012/13 indicators	Proposed indicators for 2013/14
<ul style="list-style-type: none"> • Supporting people to live independently and at home • Ensure that information is easy for service users to 	<ul style="list-style-type: none"> • A reduction in delayed transfers of care • Number of older people permanently admitted to a care home • Proportion of the expected population with 	<ul style="list-style-type: none"> • A reduction in delayed transfers of care • Develop a model for matching capacity to demand for health and social care, to reduce delays in transfers of care

<p>find</p>	<p>dementia that have a recorded diagnosis</p> <ul style="list-style-type: none"> • Number of people who receive a reablement service • Maintain the current high standard of supporting people at home with dignity as measured by people themselves • By the end of March 2013, commission an additional 130 Extra Care Housing places, bringing the total to 407 and by the end of March 2015 an additional 523 places, bringing the total number of places to 930 • Number of older people who use adult social care say that they find information very or fairly easy to find • Review transport in the community to understand the best way of meeting community needs by June 2013 	<ul style="list-style-type: none"> • Number of older people permanently admitted to a care home • Number of older people in Oxfordshire supported to continue to live at home? • Number of people supported in housing options other than care homes? • Commission an additional 523 Extra Care Housing places by the end of March 2015, bringing the total number of places to 930 • Proportion of the expected population with dementia that have a recorded diagnosis • Number of people who receive a reablement service • Number of people who consider they are supported at home with dignity as measured by people themselves • Number of older people who use health and adult social care who say that they find information very or fairly easy to find • Improved access to services through community transport • Number of emergency admissions for older people • Number of people receiving end of life care who die in a place of their choosing (including at home) • Bereaved carers' views on the quality of care in the last 3 months of life
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<p>Priority 7: Working together to improve quality and value for money in the Health and Social Care System</p>	
<p>Rationale for keeping this</p>	<ul style="list-style-type: none"> • Greater integration of health and social care remains a high priority nationally and locally, as it

priority	<p>offers a range of benefits including:</p> <ul style="list-style-type: none"> ○ Improved access to, experience of, and satisfaction with, health and social care services that place people at the centre of support. ○ Development of different ways of working, including new roles for workers who work across health and social care. ○ Ensuring that all health and social care providers deliver high quality safe services which ensure that those receiving their services are treated with dignity and respect. ○ Ensuring people receive the right quality care, in the right place at the right time and achieve more efficient use of existing resources and a reduction in the demand on expensive health and social care services. 	
Progress in 2012-13	<ul style="list-style-type: none"> • Oxford Health Foundation Trust and the County Council have been working in partnership to deliver integrated community services throughout 2012/13 with significant progress being made with the development of an integrated Single Point of Access and the implementation of the Oxfordshire Discharge to Assess Policy. • A single section 75 agreement is in place covering all the pooled budget arrangements between the County Council and Clinical Commissioning Group • The Older People's Joint Commissioning Strategy has been developed by a multi-agency working group, and following public consultation will be reported to County Council Cabinet and Clinical Commissioning Group Executive Board in June 2013. • Oxfordshire Clinical Commissioning Group has been formally authorised to take on commissioning responsibilities for Oxfordshire from 1 April 2013. • 61.7% of people who use social care services in Oxfordshire say they are very satisfied with their care and support, an increase in overall satisfaction for the third successive year. • Achieved above the national average of people satisfied with their experience of hospital care (78.7%), and above the national average of people 'very satisfied' with their experience of their GP surgery (90.1%) • 881 carers' breaks have been jointly funded and accessed via GPs 	
Broad Outcomes for Priority 7	2012/13 indicators	Indicators that could be used for Priority 7
<ul style="list-style-type: none"> • Ensure that those receiving their services are treated with dignity and respect. 	<ul style="list-style-type: none"> • Deliver a joint single point of access to health and social care community services, provided by Oxford Health and Oxfordshire County Council by the 1st 	<ul style="list-style-type: none"> • Number of people using single point of access for health and social care community services • Number of people who use health and social care services in Oxfordshire who say they are

<ul style="list-style-type: none"> Ensuring people receive the right quality care, in the right place at the right time and achieve more efficient use of existing resources and a reduction in the demand on expensive health and social care services 	<p>December 2012</p> <ul style="list-style-type: none"> Deliver fully functioning, locality based and integrated health and social care services by March 2013 A single Section 75 agreement to cover all the pooled budget arrangements by April 2013 A joint older people's commissioning strategy covering both health and social care by April 2013 Oxfordshire's Clinical Commissioning Group will be authorised by April 2013 Number of people who use social care services in Oxfordshire who say they are very satisfied with their care and support Number of people satisfied with their experience of hospital care Number of people 'very satisfied' with their experience of their GP surgery Establish a baseline for measuring carer satisfaction of services by May 2013 Number of carers breaks jointly funded and accessed via GPs 	<p>very satisfied with their care and support (including new Friends and Family test in hospitals)</p> <ul style="list-style-type: none"> Number of people satisfied with their experience of hospital care Implement a joint plan for fully integrated health (community and older adult's mental health) and social care services in GP locality areas, leading to improved outcomes for individuals. Number of people 'very satisfied' with their experience of their GP surgery Number of identified carers, and number receiving targeted support Number of carers who say they are satisfied with services Number of carers breaks jointly funded and accessed via GPs Number of emergency admissions to hospital Number of emergency admissions for acute conditions that should not usually require hospital admission
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