

To: Members of the Shadow Adult Health & Social Care Board

Notice of a Meeting of the Shadow Adult Health & Social Care Board

Thursday, 27 June 2013 at 3.00 pm

Town Hall



Peter G. Clark
County Solicitor

June 2013

Contact Officer: **Lynda Chalcraft, Policy & Partnership Officer**
Tel: (01865) 328560; Email: lynda.chalcraft@oxfordshire.gov.uk

Membership

Chairman – Councillor Mrs Judith Heathcoat
Vice Chairman - Dr Joe McManners

Board Members:

John Jackson	Director for Social & Community Services
Cllr Anna Badcock	District Council representative
Vacancy	Clinical Commissioning Group
Glenda Daniels	Public Involvement Network
Lorraine Foley	Clinical Commissioning Group

Notes:

- ***Date of next meeting: Date Not Specified***

Declarations of Interest

The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?

The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *“You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself”* or *“You must not place yourself in situations where your honesty and integrity may be questioned.....”*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:

Employment (includes *“any employment, office, trade, profession or vocation carried on for profit or gain”*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members’ conduct guidelines. <http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Rachel Dunn on (01865) 815279 or Rachel.dunn@oxfordshire.gov.uk for a hard copy of the document.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, but please give as much notice as possible before the meeting.

AGENDA

1. **Welcome by Chairman, Councillor Mrs Judith Healthcoat**
2. **Apologies for Absence and Temporary Appointments**
3. **Declaration of Interest - see guidance note opposite**
4. **Petitions and Public Address**
5. **Note of Decision of Last Meeting (Pages 1 - 6)**

To approve the Note of Decisions of the meeting held on (AHSCB5) and to receive information arising from them.

6. **Quality Assurance of Health and Social Care (Pages 7 - 14)**

3:10
20 minutes

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

Report presented by: Sara Livadeas, Deputy Director, Oxfordshire County Council

Report attached at **AHSCB6**.

Action: To consider progress on improving and maintaining the Quality Assurance of Health and Social Care.

7. **Information and Advice - Adult Improvement Programme (Pages 15 - 18)**

3:30
20 minutes

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

Report presented by: Sara Livadeas, Deputy Director, Oxfordshire County Council

Report attached at **AHSCB7**.

Action: To discuss the opportunities available to join up information and advice provision.

8. Joint Health and Wellbeing Strategy - Consultation on Proposed Priorities (Pages 19 - 32)

3:50
20 minutes

People responsible: Members of the respective Boards

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

Report attached at **AHSCB8**.

Action: To note the process for consultation on the proposed outcomes in the Joint Health and Wellbeing Strategy and consider if there are any further recommendations on outcomes and measures for 2013/14, further to the discussion at the last Board meeting.

9. Adult Health and Social Care Partnership Board - Carers Strategy Implementation Plan - Workshop Report (Pages 33 - 34)

4:10
10 minutes

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

Report presented by: Trish Thomas, Commissioning Officer, Oxfordshire County Council

Report attached at **AHSCB9**.

Action: To note the report and recommendations from the workshop.

10. Public Involvement Network (PIN) Update

4:20
10 minutes

People responsible: Members of the respective Boards

Oral report presented by Glenda Daniels, PIN Representative and Alison Partridge, Public Engagement Manager, Oxfordshire County Council

11. Implementation of Better Mental Health in Oxfordshire (Pages 35 - 42)

4:30

20 minutes

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

Report presented by: Ian Bottomley, Assistant Director Adults, Oxfordshire Clinical Commissioning Group

Report attached at **AHSCB11**.

Action: To note the report and highlight any areas for further consideration.

12. Forward Plan (Pages 43 - 44)

4:50

5 minutes

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

Action: A proposed Forward Plan is attached for consideration.

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SHADOW ADULT HEALTH & SOCIAL CARE BOARD

OUTCOMES of the meeting held on Thursday, 23 May 2013 commencing at 3.30 pm and finishing at Time Not Specified

Present:

Board Members: Councillor Mrs Judith Heathcoat – in the Chair

Dr Joe McManners (Vice-Chairman) Oxfordshire Clinical Commissioning Group (OCCG)
John Jackson Director for Social and Community Services Oxfordshire County Council (OCC)
Councillor Anna Badcock South and Vale District Councils
Lorraine Foley Director of Commissioning and Partnerships, OCCG

Other Members in Attendance: Sara Livadeas Deputy Director OCC

Officers:

Whole of meeting Robyn Noonan, Strategy and Performance Manager, OCC, John Pearce, Service Manager, OCC, Fenella Trevillion, Assistant Director Older People, OCCG, Alan Sinclair, Lead Commissioner Older People, OCC, Alison Partridge, Public Engagement Officer, OCC and Lynda Chalcraft, Policy and Partnership Officer, OCC

Part of meeting

These notes indicate the outcomes of this meeting and those responsible for taking the agreed action. For background documentation please refer to the agenda and supporting papers available on the Council's web site (www.oxfordshire.gov.uk).

If you have a query please contact Lynda Chalcraft, Policy & Partnership Officer (Tel: (01865) 328560; Email: lynda.chalcraft@oxfordshire.gov.uk)

	ACTION
11 Welcome by Chairman, Councillor Judith Heathcoat (Agenda No. 1)	

<p>The Chairman, Councillor Judith Heathcoat, welcomed everyone to the meeting.</p>	
<p>12 Apologies for Absence and Temporary Appointments (Agenda No. 2)</p>	
<p>Apologies for absence were received from Glenda Daniels and Margaret Simpson Public Involvement Network (PIN) representatives.</p> <p>There were no temporary appointments.</p>	
<p>13 Declaration of Interest - see guidance note opposite (Agenda No. 3)</p>	
<p>There were no declarations of interest.</p>	
<p>14 Petitions and Public Address (Agenda No. 4)</p>	
<p>There were no petitions.</p>	
<p>15 Note of Decision of Last Meeting (Agenda No. 5)</p>	
<p>The note of the last meeting was approved.</p> <p><u>Matters Arising</u></p> <p>Item 5, Page 4 – Developing Community Services to Support People to Live Independently at Home – these agreed actions are now part of the Oxfordshire Clinical Commissioning Group blueprint “Healthier at Home” and the draft action plan for the joint Oxfordshire Older People’s Commissioning Strategy.</p> <p>It was AGREED this would be an item on future agendas.</p>	<p>Alan Sinclair/Fenella Trevillion</p>
<p>16 Oxfordshire Joint Older People's Commissioning Strategy (Agenda No. 6)</p>	
<p>Alan Sinclair and Fenella Trevillion introduced the changes made to the Oxfordshire Joint Older People’s Commissioning Strategy as a result of the consultation process and the action plan that has been developed to implement the strategy over the next 12</p>	

<p>months.</p> <p>Board members commented that the workshops used to develop the strategy should be commended and that they were pleased to see more emphasis being placed on loneliness and isolation.</p> <p>It was AGREED that bullet points 3 and 7 on page 13 of the strategy would be amended to make it clear that people having a fall do receive care from day one and the use of antipsychotic drugs have reduced as a result of this being recognised as better practice.</p> <p>It was AGREED that the Board would receive regular reports on the implementation of the action plan.</p>	<p>Alan Sinclair/Fenella Trevillion</p> <p>Alan Sinclair/Fenella Trevillion</p>
<p>17 Older People's Pooled Budget (Agenda No. 7)</p>	
<p>John Jackson and Lorraine Foley introduced the proposals to increase the services and budgets that form part of the Older People's Pooled Budget and the risk sharing and governance arrangements.</p> <p>Councillor Judith Heathcoat thanked all those involved in putting the proposals together so far.</p> <p>The Board supported the proposals to create an Older People's Pooled Budget with additional services and budgets.</p> <p>It was AGREED that there needed to be further consultation with relevant stakeholders, including the District and City Councils, about the role of the Adult Health and Social Care Partnership Board and its relationship with the Joint Management Groups.</p>	<p>John Jackson/Lorraine Foley</p>
<p>18 Public Involvement Network (PIN) Update (Agenda No. 8)</p>	
<p>Alison Partridge reported that the key issues for the PIN were:</p> <ul style="list-style-type: none"> • The impact of welfare reform and • Supporting Healthwatch and developing its relationship with the PIN. 	
<p>19 Performance Monitoring (Agenda No. 9)</p>	
<p>Robyn Noonan introduced the report on expected and current performance on the measures agreed under the priorities</p>	

<p>relevant to the Adult Health and Social Care Partnership Board in the Joint Health and Wellbeing Strategy.</p> <p>Lorraine Foley introduced the detailed performance report on the reduction in the delayed transfers of care.</p> <p>The Board acknowledged that a lot of work had been done to improve performance in this area but there was still work to do.</p> <p>Changes were made to the detailed performance report after it was published and the final version would be put on the website.</p> <p>Alan Sinclair introduced the detailed performance report on the reablement service.</p> <p>It was AGREED that further work should be done to support GP's to understand that the service could be used to support people earlier and help them to remain living in the community, although still through referral via the single point of access.</p>	<p>Robyn Noonan</p> <p>Alan Sinclair/Dr Joe McManners</p>
<p>20 Joint Health and Wellbeing Strategy (Agenda No. 10)</p>	
<p>Robyn Noonan introduced the report asking the Board to consider the outcomes to be achieved and selection of indicators to monitor progress in 2013/14.</p> <p>It was AGREED that:</p> <ul style="list-style-type: none"> • In general numbers as well as percentages should be used • The impact health inequalities across Oxfordshire will have on the indicators should be taken account of if possible <p>Priority 5</p> <ul style="list-style-type: none"> • A broader term should be adopted for <i>severe mental illness</i> • <i>Number of people with learning disabilities who have an annual physical health check by their GP</i> – not as much progress as we would like was being made on this indicator, despite lots of activity, and there should be a focus on this area at a future meeting • A tool should be developed to identify <i>highest risk</i> patients <p>Priority 6</p> <ul style="list-style-type: none"> • <i>Number of people supported in housing options other than care homes</i> – the districts, County Council and Clinical Commissioning Group should develop a strategic approach for this area and report to the Health and 	<p>Robyn Noonan</p> <p>Robyn Noonan</p>

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Managing the quality of provider services

The Oxfordshire County Council - Joint Commissioning & Health Services integrated approach

Introduction

The Joint Commissioning Team recently developed a Contracts and Quality Monitoring Policy and this is attached as Appendix 1. This includes some aspects of Health related provision and we are keen to develop an even more integrated approach

A major component of our plan to improve the quality of service provision in externally purchased social care is the proactive monitoring of services provided under a contract with the council. This paper provides an update of progress in improving our approach to contract monitoring for adults in particular and a similar approach is also being undertaken for Children's Services.

The work already being undertaken, as we seek even greater integration, includes the participation in the National Health England - Local Area Team - Quality Surveillance Group, and also developments with the Clinical Commissioning Group (CCG). The latter encompassing the Quality sub-Board and Committee of the CCG main Board and the joint work on Care Homes with CCG and the Care Home Support Service from the acute trust. We have of course also set Quality targets within the Health and Well Being Strategy.

Within the county council we feel our work in regard to Quality related management is best developed in the context of an over-arching Quality Management Framework and an early draft is shown at Appendix 2. We now seek ways of building in much greater levels of integration with the Health Service under such a framework, so that all providers are treated with a consistent approach and outcomes are therefore more likely to be delivered.

Therefore Health colleagues are invited to nominate representatives to work with us so that we can achieve greater success across all aspects of Health & Social Care Services.

Sara Livadeas
10th. June 2013

Appendix 1.

Joint Commissioning Contracts & Quality Monitoring Policy

Introduction and background

A major component of our plan to improve the quality of service provision in externally purchased social care is the proactive monitoring of services provided under a contract with the council. This policy sets out how we approach this key area of our work.

1. Over 15,000 adults in Oxfordshire receive support services that are funded by this council in some way. These services are provided by over 300 external suppliers, using a wide variety of contracts which range from a few hundred pounds to over £20m a year in value.
2. The Care Quality Commission (CQC) has the primary duty to monitor and maintain quality standards against nationally set minimum standards in both health and social care settings. In addition, for care received by Oxfordshire citizens where funding is made in part or whole by the County we have a statutory responsibility for their care.
3. This Policy also covers some key services that are not 'registered' with CQC (Day Support, Lunch Clubs, Advice and Information, Personal Assistants) as anyone using such services does not have the minimum protection or quality assurance that is offered by CQC for registered services.

Approach

4. We will adopt a risk based approach due to the range and complexity of social services commissioned by the Council, ensuring a proportionate level of resources are utilised for both our team and that of third parties. This review activity complements what we are undertaking with service providers in Oxfordshire to co-produce an approach to quality monitoring for the future.
5. The frequency of monitoring shall be reviewed systematically having due regard to the size and complexity of the contracted service and with robust action plans put in place to improve services.
6. Review shall be based on a) the identification of the size of contracts we have in place and b) profiling the risks associated with each contract. There are more details of this approach below. We will also take into account those situations where no contract exists between the County Council and the provider.
7. All contracts will be red/amber/green (RAG) rated according to the level of risk.
8. All contracts will be allocated to a quality and contracts monitoring officer.
9. Performance measures will be developed that will ensure all contracts are reviewed annually and all significant follow up actions closed within 3 months. Performance is reported to SCS Leadership Team.
10. The RAG rating system will be based on CQC reviews of Essential Standards of Care together with an overview of all other information and will be endorsed by Oxfordshire Safeguarding Adults Board.

11. We will specifically consider the risk assessment process undertaken by our Safeguarding Team.
12. Information about the RAG status of a provider will be shared with health colleagues and the Care Quality Commission.
13. We will work with all providers registered in Oxfordshire, including those with no or few placements funded by the County Council. This is because the safeguarding responsibility for each County Council area rests with the host local authority, and the Council considers ensuring the quality of services as a priority. Occasionally we work with providers situated outside Oxfordshire, where Oxfordshire funded residents may be placed.
14. In preparation for a monitoring visit the contracts team will compile information regarding the service provision. We will consult health colleagues as part of this process. This includes:
 - Date and outcome of latest CQC report
 - Complaints
 - Safeguarding referrals
 - Feedback from social work teams
 - Feedback from Continuing Care
 - GP, district nurse and health professional feedback
 - Outcome of latest fire inspection (Fire & Rescue Service)
 - Collation of this information before the monitoring visit ensures that the monitoring officer can focus on any known areas of concern.
15. A template Quality Monitoring Framework will be used for each visit. This detailed framework covers the following areas:
 - Staffing levels and recruitment
 - Staff supervision
 - Staff training
 - Resident care
 - Safeguarding
 - Management & finances
 - Staff feedback
 - Medicine management

Feedback from residents or service users is an essential and critical part of the process. This may involve spending time in a care home, sitting eating a meal for example, or arranging for people who use services themselves (experts by experience) interviewing people and their carers'.

These factors are used when we assess and decide upon the red/amber/green traffic light status for either relative confidence to place new business or conformity with expected standards for existing business.

16. Work is prioritised on a risk basis with homes or services considered to be providing a poorer service visited more frequently and often at short notice. The level of risk is determined by all the information sources referred to above from which the contracts team proactively seek information. Information from S&CS Safeguarding colleagues

plays a key role in our work planning and how we target our activities regarding providers and their quality of service.

17. Links to other professionals

- Regular link to CQC (formal and informal)
- Medicine management
- Referral to dieticians
- Joint work promoting flu vaccination take up in care homes
- Care Home Support Service (Health)
- Pressure care meetings
- Updates from Health Protection Agency

18. Provider organisations will be identified for action, using the matrix designed process and against agreed criteria of risk and vulnerability, in order to establish the level of quality monitoring they will require.

19. We will use 5 levels of Quality monitoring

- a. Levels 1 & 2 are the lowest levels of quality monitoring and will be applied to the preventative contracts e.g. advice centres, advocacy, Tier 2 day services. These services do not normally provide personal care to people and are usually direct access (a referral by SCS is not required). At this level a desk based annual review of all available evidence, plus some sample visits will be relied on for the contract review process. We intend for this to be proactively supported through the introduction of provider self-assessment during 2013/14 and onwards, to help with early warning of potential problem areas.
- b. Levels 3-5 are the more intensive levels of quality monitoring and will apply to contracts where people are eligible for social care or children's services or for Specialist Health Services we commission on behalf of the Oxfordshire Clinical Commissioning Group. Examples include Children's Centres; Supported Living; Residential & Nursing Care; Learning Disabilities In-Patient Services
- c. Contracts will be monitored by a combination of:
 - At least a formal annual review, for very high risk areas more frequent e.g. quarterly reviews.
 - Regular, pre-arranged contract meetings.
 - More detailed provider returns (e.g. numbers using services, complaints, incidents, accidents, safeguarding).
 - Self-assessment in more detail when the self-assessment system is implemented.

20. We will work with providers to develop and co-produce a common toolkit for quality monitoring whose core elements can be applied to every service area, and to complement not duplicate any tools a provider may have in use that meet our needs.

21. Each different client group area will need to have specific standards related to national guidance e.g. Valuing People, Supporting People, Dignity in Care.

22. The review and monitoring approach will be complemented by our escalation procedure. This is needed to deal with situations where certain action events have occurred e.g. significant incident or failed CQC inspection.

Quality Standards

23. Quality is everyone's responsibility and we will adopt a joint approach with our service providers. This joint work to co-develop quality standards will be based on the seven principles set out in the Social Care White Paper 2012 which are
- Based on a sound reference point – e.g. Making it Real
 - Co-produced in some way
 - Assesses the quality of the workforce
 - Starts with the individual and work out
 - Upholds transparency
 - Assesses the impact of commissioning
 - Demonstrates value for money and proportionate

Summary

24. Our approach will seek to ensure that monitoring is appropriate and proportionate to the levels of risk and vulnerability of the service users supported.
25. Whilst there may well be reviews at a **services** level on at least an annual basis being undertaken by Commissioners of such services as part of the full commissioning cycle, these will be to ensure that the overall approach they have designed is working in terms of generic outcomes. Therefore our monitoring activities will be geared to the identified levels of risk and contract and quality performance and will be reported to the Directorate Leadership Team.
26. This Policy runs alongside the on-going development of quality standards in partnership with service providers. Our underpinning value is that relationships are based on trust and that regulation and checking is the last line of defence.

Appendix 2.

DRAFT Quality Management Framework

Terms of Reference

To produce a management tool that provides assurance that services delivered on behalf of OCC / Joint Commissioning / Adult Social Care are high quality and ensure the dignity of the individual is respected at all times, and to highlight areas / issues of concern to inform appropriate action can be taken

Key questions

- What systems / processes / mechanisms do we have already?
- What examples of good practice are there from elsewhere?
- What are other parts of the council doing (e.g. public health)?
- What are our partners doing (e.g. Clinical Commissioning Group, providers, Healthwatch)?
- How are quality, dignity, respect defined, and who by (Council, providers, individual clients)?
- What are the sources of formal / hard (e.g. contract monitoring) and informal / soft (e.g. patient voice) intelligence we can utilise?
- Are there any gaps and if so how could we fill them?
- How do we feed in information and receive intelligence from the Quality Surveillance Group?

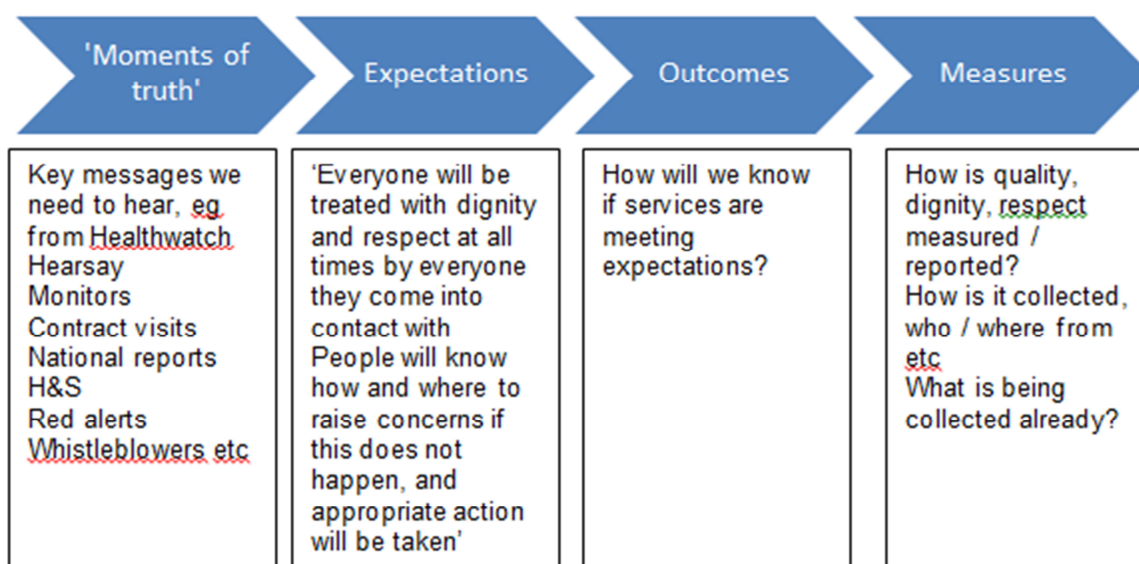
Potential Sources of Information



Plus key things already happening:

- Health and Safety reports and review
- Safeguarding mechanisms
- User survey, Hearsay, regular performance reporting
- Contract monitoring
- Quality Network / Care Association and Regional Quality Surveillance Group –
- Public Involvement Network and Healthwatch, and Equalities and Human Rights Commission Close to Home report
- Dignity sub group of Adult Safeguarding Board, Quality indicators in Joint Health and Wellbeing Strategy
- Feedback from service users
- Engagement Team
- Complaints Team

Possible framework



Initial Timescales - 2013

Initial scoping and research, including engagement of key contacts	June / July
Workshop to develop / test expectations, way forward	July
Further development of proposals	July / August
Agreement with senior managers	September
First reporting	October

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Improving Information and Advice for Adult Social Care

1. Introduction

This paper sets out the approach to providing information and advice which is being developed in Oxfordshire. It sets out the vision, suggests a model for information and advice and briefly describes three developments currently in train. There are many stakeholders with an interest in this important area and there are opportunities for more joint working that are not yet fully explored.

2. The Vision

The vision in the Joint Older People's Strategy is:

“To enable people to live independent and successful lives”

We believe that people themselves, regardless of age or ability, are the best placed to determine what help they need in order to lead successful lives. The provision of good quality information and advice is critical in enabling people to manage their own needs and look after their own health and wellbeing and is identified as a key cross cutting theme within the Joint Strategy.

People need to know where they can access information and advice to help them make good choices about the help they or their family might need. This includes information to enable people to maintain their wellbeing and find alternatives to statutory support when appropriate. The provision of timely information will help avoid unnecessary crisis and early admissions to care homes.

The demand for accessible information to support individual choice is increasing. We know from our consultation that information is consistently raised as a core issue. The 2013 Hearsay event suggested that while there were some notable improvements (e.g. in easy read and information for carers), there were still gaps particularly in joined-up inclusive access to information. Key messages were:

- Promote and develop local mutual support networks
- Use multiple routes and formats – online, hard copy, easy read, face to face (wherever possible one place to go for everything)
- Use local routes better –existing newsletters, GP surgeries, carers groups etc.
- Target information at key times e.g. diagnosis, transition points

3. Strategic Priorities for Information and Advice

The model below describes how information can help people at different stages of a 'care pathway' from looking after their own needs (aligned to Public Health) through to providing feedback on the quality of the care they receive.

INFORMATION & ADVICE PROVISION:

	Promoting independence and prevention	Getting help for social care (and health) needs	Making choices
	Keeping well and socially connected. Signposting. Looking after your own health. Welfare rights advice. Housing. Social activities.	Understanding the system. Self-assessment, fast track to personal budgets. Self-service for equipment. Knowing how much you will have to pay	Enabling people to make choices. Good information from providers on care options. Feedback on services will also help to drive up quality and inform other people. 'Trip adviser' model.
CHANNELS For example:	Phone – one number Online – Support Finder Hard copy/easy read/audio etc Friends and family Newspapers/Radio News boards Social media Parish newsletters	Phone – one number Online Hard copy/easy read/audio etc Helplines Family and friends New channels/apps	Face-to-face Phone – easy routing Online Family/friends Brochures Support Finder Media – TV/Radio/Newspapers
METHODS: For example:	The Guide/Support Finder City/District Directories/guides Retirement planning Media Case Studies Health promotion National/vol directories/helplines Intergenerational Time-banking Healthwalks/green gyms/activity	Support Finder The Guide Customer feedback reviews Integrated systems DIY calculator	Specialists Customer ratings/feedback (Support Finder) Guides Leaflets Brochure Advertising
PROVIDERS : For example	Parish/Town/District Councils Churches/mosques/faith gps Local vol orgs/community gps GP's/health surgeries Workplace Neighbours Community Networkers Trading Standards Supermarkets Newspapers/radio Health promotion programmes Libraries Rotary Schools Health Advocates Healthwatch Advocacy WI/Community Assocs Go Active/Generation Games Befriending/Buddies Pharmacies/PO's/ Community police Residents groups Neighbourhood watch Lunch clubs / Day centres Extra Care Homes Carers networks Equipment/telecare/telehealth Citizens Advice Bureaus	OCC Customer Service Centre Our Health (national website) NHS Choices (National website) Independent specialist advice OCC Health VCS provider/s City/District Councils Housing providers National and specialist providers Community Networkers Carers networks Care Association Television/Radio/Newspapers	Oxfordshire Care Association Independent specialist advice Voluntary sector Trading Standards Buy with Confidence Schemes CAB Consumer lead Specialist providers for self-funders

4. Deliverables:

We are focusing on the following specific deliverables which together make up a 'pathway of information and advice, from local and general information, through to specialised support and navigation.

a) *Simplify and improve OCC online information and advice (currently Support Finder)*

Review of Support Finder www.supportfinder.oxfordshire.gov.uk , looking at the opportunities to develop it further. This is an online support and signposting tool for the public, professionals and providers. It was launched in August 2012 and signposts to a wide range of information and services and providers e.g. housing options, carers support, getting out and about etc.

As part of the review there will be a marketing campaign to raise awareness of the function Support Finder.

We will also exploring a 'trip advisor' approach (feedback on services). Increasingly we have an expectation that there are transparent processes for getting feedback on services. We have mechanisms and surveys which give us feedback, but they are not as accessible, immediate or available as they could be. Social media gives opportunities to develop feedback mechanisms which would improve accountability, performance and outcomes that align more closely with what people want.

There is an opportunity to discuss the current focus of Support Finder for example the option to include NHS related information and how we link to the wide range of information provided by District Councils.

The paper based *Oxfordshire Guide* will be produced for a further year – a booklet with information and advice to support older people in Oxfordshire in making choices about their support and care. This is funded by advertising.

b) *Improved face to face advice: The Oxfordshire Community Network*

We aim to improve the face to face advice by putting in place a new service called the Oxfordshire Community Network, which is currently out for tender. This will be in place from October 2013.

It will initially focus on people who are older, frail and vulnerable and create easy access to a wide range of information and support that already exists. In the future it will give improved information and advice about social care and support our aspiration of enabling people to define their own needs (self-assessment) and purchasing their own services (with personal budgets).

There will be community networkers in each locality that will network extensively with parish councils, police community support officers, social group organisers, church groups and others. They will proactively refer people for support where appropriate by making direct contact with the agencies, statutory or voluntary, with follow-up. As such they will become a community resource.

We want to build on the work that is already happening across the county and strengthen the support available for people within their communities. The service will complement and not duplicate existing services. It will be flexible and tailored to the needs of each locality and will therefore be able to respond and develop new projects, and activities to meet the community's needs.

c) Commissioning of a specialist Independent Care and Financial Service

There is currently a gap in information for self-funders. People who fund their own care in Oxfordshire are entering care homes earlier than people funded by the Local Authority and staying longer (76 cases in 2010/11). The average total length of stay for self-funders in nursing care is 233 weeks compared to 127 weeks for Local Authority funded services users. By entering care homes early self-funders are depleting their funds and needing Local Authority funding earlier than is necessary. It is likely that many people who fund their own care and choose to live in a care home could have been supported to live at home for longer.

We are commissioning an independent care and finance information and advice service for older people who are primarily self-funders.

We are looking at a model that will:

- include independent financial and welfare benefits information and advice for people who fund or part fund their own care that supports people to stay at home for as long as possible
- include support that enables and facilitates the person to easily access the independent financial and welfare information and advice service
- ensure awareness locally of the availability of specialist information and advice for all assessors and providers of services

We have received a number of expressions of interest from potential providers.

5. Recommendations:

To discuss the opportunities available to join up our information and advice provision

Sara Livadeas, Deputy Director Joint Commissioning

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Oxfordshire Joint Health and Wellbeing Strategy 2012-2016

Consultation on revisions proposed for 2013-14

Background

Oxfordshire's Joint Health and Wellbeing Strategy was adopted by the Health and Wellbeing Board in July 2013 following extensive public consultation.

You can see the current version of the Oxfordshire Joint Health and Wellbeing Strategy here:

<http://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/aboutyourcouncil/plansperformancepolicy/oxfordshirejointhwbstrategy.pdf>

In the last year there has been regular monitoring of all the outcomes set out in the document. This shows some good progress in improving health outcomes and in how organisations work together. This has been reported to the Health and Wellbeing Board on a regular basis. The latest performance report (March 2013) can be seen here:

http://mycouncil.oxfordshire.gov.uk/documents/s20020/HWB_MAR1413R02.pdf

Review of the Priorities

The Health and Wellbeing Board (H&WB) considered the latest information on the health of the population as set out in the Joint Strategic Needs Assessment. The needs identified in a report to the Board in March 2013 confirmed that the current priorities set out in the Joint Health and Wellbeing Strategy are still relevant.

Discussion on continuing to address these priorities has taken place among members of each of the Partnership Boards who deliver the work of the H&WB. These Partnership Boards are

- Children and Young People Board,
- Adult Health and Social Care Board and
- Health Improvement Board.

The Partnership Boards have

1. considered the progress that has been made in delivering the outcomes set out in the strategy
2. identified unmet need on this issue within Oxfordshire.
3. made some recommendations on the outcomes that should be set for the year ahead

Proposal

It is now proposed that new outcomes are set for 2013-14. The table below sets out proposals for each priority in the Joint H&WB Strategy

1. Rationale for why this remains a priority
2. A summary of where we are now – what is going well and challenges that remain
3. Proposals for further improvement in 2013-14.

Consultation

The proposals are posted on the consultation website and responses can be made for each priority in turn. All responses will be used to make final proposals for discussion at the Oxfordshire Health and Wellbeing Board in July 2013. The closing date for responses is Wednesday 3rd July at 5pm.

Proposed updates to the Oxfordshire Joint Health and Wellbeing Strategy 2013-14

Priority 1 All children have a healthy start in life and stay healthy into adulthood (Children and Young People Board)

Why we are keeping this priority

A healthy start in life begins at conception, runs through pregnancy and on into the first few years of life. Where problems occur, we aim to provide the wide range of services that parents need to support them. There is increasing evidence that demonstrates that outcomes across health, education and social care are determined from very early on in life – even as early as the first stages of pregnancy. For this reason we would like to monitor two new areas that focus on a healthy pregnancy and progress up to the age of 2 years.

The number of children in Oxfordshire aged 4 and under has grown by 13% since the last census in 2001 whilst the Oxfordshire population as a whole has only increased by 8%. We know there is a year on year increase in the proportion of children and young people admitted to hospital in an emergency. The most common causes of emergency admission to hospital for young children (under 5) are respiratory tract infections, viral infections and gastroenteritis. We therefore need to continue to focus on ensuring that all children have the healthiest start in life.

This priority should be read together with priorities 9 and 11 in the Health and Wellbeing Strategy which proposes the promotion of breastfeeding and improved immunisation for children as further priorities.

Where are we now?

- Although there are more children being admitted to hospital for infections the rate of admission is stable. Numbers have increased in proportion with the increase in population of under 5's. There is also evidence that the length of time spent in hospital is beginning to decrease but we need to maintain a focus on this issue.
- There were 20 less young people admitted to hospital for self-harm in 2012/13.
- From September 2013 up to 20 of the most vulnerable young people with mental health problems will be managed throughout the transition via Children and Adolescent Mental Health Services until they recover.
- Oxfordshire continues to perform primarily well against a range of indicators important for a healthy start in life monitored by the Health Improvement Board. This includes breastfeeding and immunisation. The increasing level of obesity in Year 6 children remains a cause for concern.

Proposed outcomes for 2013-14

- 1.1 High % of women who have seen a midwife or a maternity health care professional by 13 weeks of pregnancy (currently 85%)
- 1.2 Maintain at least 90% coverage for health visitor progress checks of all 2 year-olds across Oxfordshire
- 1.3 Reduce the rate of emergency admissions to hospital with infections by 10%

Priority 2 Narrowing the gap for our most disadvantaged and vulnerable groups (Children and Young People Board)

Why we are keeping this priority

Oxfordshire is overall a very 'healthy and wealthy' county but there are significant differences in outcomes across health, education and social care for some specific groups. We know that outcomes for children and families from vulnerable groups and disadvantaged communities can be lesser than for their peers and is variable across the County.

Poverty and disadvantage are known to be strongly linked to poor outcomes and so work focused on reducing the gap between the most disadvantaged and most advantaged groups starting in 'early years' is seen as a key way of improving outcomes for children and families. We would therefore like to propose to monitor the take up of free early education places for 2 year olds.

There is a national focus on helping the most disadvantaged and challenged families to turn their lives around. The "Thriving Families" programme work with these families to reduce worklessness, antisocial behaviour, crime and school exclusions and to increase school attendance. The key focus is on our most resource intensive and vulnerable families with the aim of reducing the numbers on social care thresholds. This continues to be a vital strand in the ongoing work locally to 'narrow the gap'.

There are attainment gaps for many 'vulnerable groups' of pupils at all key stages. Persistent absence from school is a key factor impacting on educational attainment of the most vulnerable groups of children and young people. Persistent absence rates in secondary schools are higher than the national average. The attainment gap at all key stages and the number of exclusions are greater for specific pupil groups so there is a particular need to focus on specialist groups of vulnerable learners, in particular, children and young people eligible for free school meals; children and young people with autistic spectrum disorder and children and young people 'looked after' by the County.

Where are we now?

- The Joint Teenage Pregnancy Strategy has led to significant reductions in the teenage pregnancy and conception rates in Oxfordshire so the proposal is that the Health and Wellbeing Board will not continue to monitor this but progress will continue to be monitored by health and social care services.
- The Thriving Families workers are on track to meet their target of working with 100 families. In Year 2 of the programme there will be a much greater focus on outcomes and the effectiveness of the family intervention model. The plan is to evaluate locally and nationally the difference to families by family intervention work.
- Persistent absence rates from school vary across the county but generally improved from 2010/11. Rates in primary schools are lower than the national average but in secondary schools Oxfordshire is higher than the national average.
- The proportion of 'looked after children' who are persistently absent is below the national figure but remains a priority.
- Fixed term exclusions tend to be higher than the national average but the number of fixed term exclusions for terms 1-3 in the current academic year is slightly lower than the corresponding term last academic year, despite being higher in previous terms
- Permanent exclusion rates in Oxfordshire are below the national figure

<p>Proposed outcomes for 2013-14</p>	<p>2.1 80% of the 1200 2 year olds eligible for free early education in 2013/14 take up places (including 80% of 2 year-old Looked After children)</p> <p>2.2 Maintain the current low level of persistent absence (15% lost school days or more) from school for children 'looked after' at 4.3% in 2012/13</p> <p>2.3 Maintain the number of looked after children permanently excluded from school at zero</p> <p>2.4 Establish a baseline of all children who are persistently absent from school who are also receiving a service from any of the County Council targeted children's services (e.g. Early Intervention Hubs and Children's Social Care)</p> <p>2.5 Establish a baseline of children and young people on the autistic</p>
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	<p>spectrum who have had an exclusion from school (over a school year) and work to reduce this number in future years</p> <p>2.6 Identify, track and measure the outcomes of all 810 families in Oxfordshire meeting the national Troubled Families criteria (improve attendance and behaviour in school; reduce anti-social behaviour and youth offending; increase adults entering work)</p> <p>2.7 Improve the free school meals attainment gap at all key stages and aim to be in line with the national average by 2014 (currently the free school meal attainment gap in Oxfordshire is in line or above the gap nationally in all key stages)</p>
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Priority 3 Keeping all children and young people safe (Children and Young People Board)

Why we are keeping this priority?

Keeping all children and young people safe is a key Oxfordshire priority. Children need to feel safe and secure if they are to reach their full potential in life. "If we don't feel safe we can't learn".

Safeguarding is everyone's business and many different agencies work together to achieve it. The aim is to make the child's journey from needing help to receiving help as quick and easy as possible.

In Oxfordshire we have done a great deal of work along with the Police, Health, District Councils and other organisations to prevent child sexual exploitation and to protect and support its victims. This includes setting up the multi-agency dedicated Kingfisher team and increasing capacity by recruiting additional social workers. Nationally and locally there is growing awareness about young people who are victims of sexual exploitation. We need to do more in Oxfordshire and work together as agencies to prevent this type of crime happening.

We know that going missing is a key indicator that a child might be in great danger and they are at very serious risk of physical and sexual abuse and sexual exploitation. Nationally 10,000 children are estimated to go missing from care in a year (UK Missing Persons Bureau 2012). The number of looked after children reported missing from Oxfordshire care homes fell significantly between 2011 and 2012, from 155 episodes to 63 episodes.

The safeguarding of children affected by domestic abuse is a core element of child protection. Domestic abuse affects children's resilience, emotional well being, educational attainment, behaviour and longer term life chances. Domestic abuse is a factor in the majority of Safeguarding Children Board serious case reviews of child death or injury.

Quality assurance audits look at the quality of the casework that agencies deliver to reduce the risk of abuse and neglect of children and young people. In 2012/13 a baseline has been established by working with independent auditors to grade the multi agency audits. These grades will make up the baseline performance on which future progress in 2013/14 will be measured.

Keeping children safe is a key priority for all agencies.

Where are we now?

- The Oxfordshire Safeguarding Children Board has overseen a number of multiagency

audits of practice that demonstrate a step change in the way professional practice is delivered.

- Adjustment to the quality assurance audit target (50%) will be determined by the outcome of the 2012/13 baseline exercise, but will be set at a higher percentage than the attainment in 2012/13.
- The prevention of child sexual exploitation continues to be a key priority in Oxfordshire.
- There is a much greater focus on children who go missing from home
- In Oxfordshire we have a low level of repeat child protection plans which is now better than the national average. This will continue to be monitored by social care teams but given the level of improvement it is proposed that it is no longer a monitoring priority for the Health and Wellbeing Board.

Proposed outcomes for 2013-14

- 3.1 Reduce the risk for 'high risk' victims of domestic abuse in 85% of cases (managed through Multi-Agency Risk Assessment Conferences) in 2013/14**
- 3.2 A prevalence report on Child Sexual Exploitation in Oxfordshire will be produced 6 monthly and every child identified as at risk of Child Sexual Exploitation will have a multi-agency plan in place**
- 3.3 Reduce the episodes/incidents of children and young people who go missing from home (from 1130 episodes involving 654 children in 2012)**
- 3.4 A regular pattern of quality assurance audits is undertaken and reviewed through the Oxfordshire's Safeguarding Children Board covering the following agencies: children's social care; youth offending service; education services; children and adult health services; early intervention services; services provided by the police. Over 50% of these audits will show a positive overall impact.**

Priority 4 Raising achievement for all children and young people (Children and Young People Board)

Why we are keeping this priority?

The Health and Wellbeing Board aspires to see every single child being successful and reaching their potential, thriving in an outstanding learning environment throughout their education wherever they live across the county and to see the gap reduced between the lowest and the highest achievers, raising achievement continues to be a priority. We aim for every single school to be rated at least as 'good' and to be moving towards 'outstanding'.

Early Years and primary school results are better than the national average and this can be built upon. However we know that specific pupil groups in Oxfordshire do not do as well as their peers in similar Local Authorities. This includes children receiving free school meals, children from some Black and Minority Ethnic Groups and those with special education needs.

In 2011/12 there have been improvements in inspection outcomes and significant improvements in the performance of some schools though Oxfordshire has a greater proportion of schools judged by Ofsted as requiring improvement. There have been some signs of improvement in some subject areas and we need to continue to improve at Key Stage 4 with a particular focus on building on the achievements of vulnerable groups. Overall, the picture shows gradual improvement but there is inconsistency across Oxfordshire and for certain groups of children.

Where are we now?

- There has been significant improvement in reading at Key Stage 1 and achievement at Key Stage 2 maths.
- A higher percentage of pupils in Oxfordshire made expected progress in Key Stage 2 English and maths than nationally
- Pupils achieving 5 or more A*-C GCSEs including English and Maths Oxfordshire has increased slightly in 2011/12 to 57.9%. However, in this measure Oxfordshire is performing below the statistical neighbour and national averages. Overall GCSE results fell below the national average in 2011/12.
- There has been a 0.7% decrease in overall absence levels in both primary and secondary schools in Oxfordshire for the academic year 2011/12. Persistent absence rates from school vary across the council but generally improved from 2010/11. Rates in primary schools are lower than the national average but in secondary schools Oxfordshire is higher than the national average.
- The number of schools falling below the accepted standard fell from 18 to 1
- The percentage of children taught in good/ outstanding primary schools has increased from 59% to 67%
- The proportion of year 12-14s who are Not in Education, Employment and Training is lower than that nationally but we still need to focus on the young people who are 'not known'.

Proposed outcomes for 2013-14

- 4.1 Increase the number of funded 2-4 year olds attending good and outstanding early years settings (currently 80.5%)
- 4.2 80% of children will achieve Level 2b or above in reading at the end of Key Stage 1 of the academic year 2012/13 (currently 78% for the academic year 2011/12)
- 4.3 80% of children at the end of Key Stage 2 will achieve Level 4 or above in reading, writing and maths (currently 78%)
- 4.4 At least 70% of young people will make the expected 3 levels of progress between key stages 2-4 in English and 72% in Maths (currently 65% for English and 71% for Maths)
- 4.5 Increase the proportion of pupils attending good or outstanding primary schools from 59% to 70% and the proportion attending good or outstanding secondary schools to 75% (currently 67% primary and 74% secondary).
- 4.6 Of those pupils at School Action Plus, increase the proportion achieving 5 A* - C to 17% (currently 7%)
- 4.5 To reduce the persistent absence rates in primary schools to 2.6% and secondary schools to 7.2% by the end of 2012/13 academic year. (The current rates are 3.0% for primary schools and 8.0% for secondary schools)
- 4.6 Reduce the number of young people not in education, employment or training to 5% (currently 5.4%)

**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
(Adult Health and Social Care Board)**

Why are we keeping this priority?

- 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)

Where are we now?

- 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%.
- The current measures for people with a severe mental illness receiving a health check are not part of national outcome frameworks and have been difficult to measure, and do not necessarily provide the best indicators of improved outcomes

Proposed outcomes for 2013-14

- 5.1 75% of working age adults who use adult social care say that they find information very or fairly easy to find (currently 69%)**
- 5.2 Number of people with a long-term condition feel supported to manage their condition (baseline and target to be confirmed)**
- 5.3 All patients within the schizophrenia cohort are supported to undertake a physical health assessment during 2013/14 (current figure to be confirmed)**
- 5.4 At least 60% of people with learning disabilities will have an annual physical health check by their GP (current figure to be confirmed)**
- 5.5 Reducing the number of emergency admissions for people with long term conditions (baseline and target to be confirmed)**

**Priority 6 Support older people to live independently with dignity whilst reducing the need for care and support
(Adult Health and Social Care Board)**

Why are we keeping this priority?

- 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.

Where are we now?

- 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%).

Proposed outcomes for 2013-14

- 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)**
- 6.2 Develop a model for matching capacity to demand for health and social care, to reduce delays in transfers of care, by September 2013**
- 6.3 No more than 400 older people per year to be permanently admitted to a care home from October 2012 (currently 546)**
- 6.4 Increase the proportion of older people with an ongoing care package supported to live at home (baseline and target to be confirmed)**
- 6.5 60% of the expected population with dementia will have a recorded diagnosis (currently 49.6%)**
- 6.6 3250 people will receive a reablement service (currently 2197)**
OR
- 6.7 Increase proportion of people who complete reablement who need no on-going care from 50% to 55%**
- 6.8 Maintain the current high standard of supporting people at home with dignity as measured by people themselves (currently 89.9%).**

	<p>6.9 Commission an additional 523 Extra Care Housing places by the end of March 2015, bringing the total number of places to 930</p> <p>6.10 Produce an analysis of demand for alternative housing options for older people within Oxfordshire to inform future targets and planning by March 2014</p> <p>6.11 Maintain the high number of older people who use health and adult social care and say that they find information very or fairly easy to find (currently 77.7% for adult social care)</p> <p>6.12 Reduce number of emergency admissions for older people (baseline and target to be confirmed)</p> <p>6.13 Bereaved carers' views on the quality of care in the last 3 months of life (baseline and target to be confirmed)</p> <p>6.14 Proportion of adults who use health and social care that say they receive their care and support in a timely way (baseline and target to be confirmed)</p>
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Priority 7 Working together to improve quality and value for money in the Health and Social Care System

(Adult Health and Social Care Board)

Why are we keeping this priority?

- Greater integration of health and social care remains a high priority nationally and locally, as it offers a range of benefits including:
 - 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.

Where are we now?

- 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

<p>satisfied with their care and support, an increase in overall satisfaction for the third successive year.</p> <ul style="list-style-type: none"> • 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, but carers satisfaction with services (39%) is significantly lower than service users levels of satisfaction. However, a similar picture is emerging nationally. 	
<p>Proposed outcomes for 2013-14</p>	<p>7.1 Implement a joint plan for fully integrated health (community and older adult's mental health) and social care services in GP locality areas by March 2014, leading to improved outcomes for individuals.</p> <p>7.2 More than 65% of people who use health and social care services in Oxfordshire will say they are very satisfied with their care and support (currently 64% for adult social care)</p> <p>7.3 Achieve above the national average of people satisfied with their experience of hospital care (currently 78.7% against 2011/12 national figure of 75.6%)</p> <p>7.4 Achieve above the national average of people 'very satisfied' with their experience of their GP surgery (currently 90.1% against 2012/13 national figure of 87.6%)</p> <p>7.5 Increase the number of carers known and supported (baseline and target to be confirmed)</p> <p>7.6 Increase the number of carers who say they are very satisfied with services to at least the national average (once comparative data is available) (currently 39%)</p> <p>7.7 800 carers breaks jointly funded and accessed via GPs (currently 881)</p> <p>7.8 Reduce the number of emergency admissions to hospital (baseline and target to be confirmed)</p> <p>7.9 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission (baseline and target to be confirmed)</p> <p>Or</p> <p>7.10 Reduce unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (baseline and target to be confirmed)</p>

Priority 8 Preventing early death and improving quality of life in later years (Health Improvement Board)

Why are we keeping this priority?

- A gap in life expectancy still remains within Oxfordshire, with women likely to live longer than men and those in more deprived areas likely to die sooner and be ill or disabled for longer before death.
- Promoting healthy lifestyles and access to screening programmes is a cost effective way of reducing the risk of chronic disease and premature death

Where are we now?

- Over 2500 people in Oxfordshire had quit smoking for at least 4 weeks by the end of Q3
- The number of 40-74 year olds invited for NHS Health Checks was on target
- Bowel screening invitations were below target at the end of Q3

Proposed outcomes for 2013-14

- 8.1 At least 60% of those sent bowel screening packs will complete and return them (ages 60-69 years)
- 8.2 Number of invitations sent out for NHS Health Checks to reach the target of 39,114 people aged 40-74 (Invitations sent in 2012-13 = 40914)
- 8.3 At least 50% of those invited for NHS Health Checks will attend (ages 40-74)
- 8.4 Smoking cessation outcome to be set (baseline data not yet available)

Priority 9 Preventing chronic disease through tackling obesity (Health Improvement Board)**Why are we keeping this priority?**

- The rates of obesity in the county continue to rise. Data from surveys show a cause for concern.
- The percentage of people diagnosed with diabetes by their GP continues to rise across the county. The link between obesity and chronic conditions like diabetes and physical disability are proven.
- The rates for breastfeeding initiation soon after birth and continuation to at least 6-8 weeks are good in Oxfordshire. These higher rates need to be maintained.
- Measurement of children shows the numbers who are deemed to be overweight or obese at both Reception Class and Year 6 are generally lower than England rates, but show over 15% obesity at year 6. These are year on year snap shot measures so trends cannot be identified.

Where are we now?

- The ambitious target of halting the rise in childhood obesity was not met, though the Oxfordshire rate is still lower than the national rate.
- Breastfeeding rates for babies aged 6-8 weeks showed good progress but dipped at the end of the year.
- The rates of adults undertaking the recommended level of physical activity continued to increase.

Proposed outcomes for 2013-14

- 9.1 Ensure that the obesity level in Year 6 children is held at no more than 16% (in 2012 this was 15.6%)
- 9.2 An increase to 28% of adults who are physically active for at least 30 minutes 3 times a week on average (currently 27.4%)
- 9.3 60% of babies are breastfed at 6-8 weeks of age (currently 59.1%)

**Priority 10 Tackling the broader determinants of health through better housing and preventing homelessness
(Health Improvement Board)**

Why are we keeping this priority?

- Changes to the welfare benefit system have potential to put more households at risk of homelessness
- New ways of working to provide Housing Related Support need time to develop
- Fuel poverty is still a risk for a large number of households. New systems for improving energy efficiency of homes have been introduced and need to be established.
- Fuel Poverty work is not funded sustainably.

Where are we now?

- Scoping work and local pilot projects to understand and agree actions to reduce the risk of homelessness are now complete.
- The Housing Related Support Group has been established and several services will have to be re-procured in 2013-14
- The annual report from the Affordable Warmth Network for 2012-13 shows that there has been good take-up of information and advice services. Some energy efficiency improvements were made in 363 households across the county. 400 referrals were made to Warm Front resulting in improvements in 105 households

Proposed outcomes for 2013-14

- 10.1 The number of households in temporary accommodation should be held at the level reported in March 2013 (baseline 216 households in Oxfordshire)
- 10.2 At least 60% of people receiving housing related support will depart services to take up independent living.
- 10.3 At least 86% of households presenting at risk of being homeless and are known to District Housing services will be prevented from becoming homeless (baseline from 2012-2013 when there were 2304 households known to services, of which 1992 households were prevented from becoming homeless. $1992/2304 = 86.5\%$)
- 10.4 Fuel poverty outcome to be determined in Sept 2013

**Priority 11 Preventing infectious disease through immunisation
(Health Improvement Board)**

Why are we keeping this priority?

- It is important that immunisation rates remain high throughout the population to maintain “herd immunity”
- Responsibility for commissioning immunisation services has been taken on by NHS England. This is done locally through the Thames Valley Area Team. High levels of coverage need to be maintained through this transition to new organisations within the NHS.
- The recent epidemic of measles and increased prevalence of whooping cough has caused concern at a national level.

- New immunisations are to be introduced in the next year. From July 2013, a rotavirus vaccination will be offered at 2 months and at 3 months alongside other vaccinations.

Where are we now?

- High coverage rates for most childhood immunisations were achieved across the county.
- Follow up of some families with incomplete immunisation records meant that they were successfully immunised.
- Over 80,000 people aged over 65 received their flu immunisations in 2012-13
- Rates of flu immunisations for people aged under 65 who are at risk of illness are not meeting targets.

Proposed outcomes for 2013-14

- 11.1 At least 95% children receive dose 1 of MMR vaccination by age 2 (currently 95%)
- 11.2 At least 95% children receive dose 2 of MMR vaccination by age 5 (currently 92.7%)
- 11.3 At least 55% of people aged under 65 in “risk groups” receive flu vaccination (currently 51.6%)
- 11.4 At least 90% 12-13 year old girls receive all 3 doses of human papilloma virus vaccination (currently 88.1%).

New Priority 12: Commission safe, high quality, efficient health and social care services for the people of Oxfordshire. (All Partnership Boards)

Rationale for including this priority

- It is essential that the Health and Wellbeing Board drives a culture of continuous recognition of good practice and potential improvements in the quality of care received by patients and service users. This covers services in the NHS and all other services commissioned by partners.
- The Francis Report (2013) set out a wide range of recommendations for improving quality of services and developing systems of assurance. Most of these are already in place in Oxfordshire and are under review to identify any opportunities for further improvement.
- Oxfordshire Local Healthwatch has now been launched and will establish new perspectives to drive the quality improvement agenda.

Where are we now?

- Existing measures of quality in the Joint Health and Wellbeing Strategy have indicated good performance. We measured the following:
 - 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%.
 - The proportion of people who use social services and say they are very satisfied with their care and support rose from 61.7% to 64%.
 - People who say they are satisfied with their experience of hospital care –

	<p>performance not yet reported.</p> <ul style="list-style-type: none"> ○ People who say they are very satisfied with their experience of their GP surgery – performance not yet reported. ○ Only 39% of carers are satisfied with support services, significantly lower than service users’ levels of satisfaction, but there is a similar picture emerging nationally. ○ People with long term conditions who feel supported to manage their condition – end of year performance not yet reported. ○ People who say they feel supported at home with dignity fell slightly, from 91.6% to 89.9%. <ul style="list-style-type: none"> ● Discussion at the Health and Wellbeing Board in March 2013 identified the need for review of quality measures and assurance to drive the culture of continuous improvement.
<p>Proposed process for setting additional outcomes for 2013-14</p>	<p>12.1 It is proposed that a range of patient reported outcome measures will continue to be monitored, as in 2012-13. These are listed as proposed outcome measures under the relevant priorities above.</p> <p>12.2 In addition there will be a joint review of current systems of quality assurance. These systems are set up for recognising, monitoring, reporting and acting upon concerns about quality of services. This review will be completed by September 2013.</p> <p>12.3 Recommendations from the review will be the subject of consultation with the public and stakeholders in Oct 2013</p> <p>12.4 Additional proposals for continual quality improvement in Oxfordshire will be discussed and approved by the Health and Wellbeing Board in November 2013.</p>

Adult Health and Social Care Partnership Board Carers Strategy Implementation Plan Workshop

The workshop

On 4 June 2013, the Adult Health and Social Care Partnership Board held a workshop to bring people together to work out how to put the Implementation Plan for the new Carers Strategy into practice.

The workshop was attended by over 100 people, with carers making up just under half. A mixture of service providers, commissioners and other partners made up the rest.



The workshop was chaired by the Deputy Chair of the Adult Health and Social Care Partnership Board, Dr Joe McManners. The keynote speech was given by Dame Philippa Russell, Chair of the Standing Commission on Carers. Other speakers included adult and young adult carers, a service provider and commissioners.

What people said

There were two group discussions. The first group discussion looked at the actions in the Implementation Plan for adult carers and the second looked at the differences we could make for young adult carers.

In general there was:

- Broad support for the actions in the plan
- Many examples of good practice to build on to support the plan, both in Oxfordshire and elsewhere
- A view that things were and would keep getting better



What people said about the plan:

- Ensure that carers are always included in planning care
- Make the measures in the plan about people, not numbers
- The mix of people and organisations delivering the plan should be wider
- Join up and co-ordinate services
- Make sure there is a plan in place for crisis that really works

“Ask do you help somebody, not are you a young carer?”

“Without the bridge of language everything is inaccessible”

“Could there be a carers champion in GP surgeries?”

Other key things people said:

- Use social media more to communicate with carers
- Take away the stigma of being a carer
- Make sure colleges know about young carers
- Do not lose contact with young adult carers once they leave school
- Look at the whole family, not just the individuals



“Let’s make a real difference to the way that hospitals work with carers”

“For continuity of care it needs to be the same person at best or at least a good paper trail”



Dame Philippa Russell

What people liked about the workshop

- The mix of people attending
- Dame Philippa Russell
- Carers’ presentations
- Having a say
- Young carers being there



“Many different peoples’ ideas, thoughts involved”

“Great to have a joined up discussion with adult and children’s services about transition”

“Thank you, I feel you have given a listening ear to young carers”

Next steps

- People at the workshop felt they had not been given enough time to consider the actions in the Carers Strategy Implementation Plan, so everyone has been given a further two weeks to give their views.
- The Carers Strategy and Implementation Plan will be finished by the middle of July 2013 and made available online to stakeholders and interested parties.
- The Carers Strategy Steering Group, made up of representatives from carers, providers, commissioners and other key organisations will make sure the actions are put into practice.
- There will be a report on progress in putting the strategy and implementation plan into practice to the Adult Health and social care partnership Board in the summer of 2014.

For further information please contact Trish Thomas (Trish.Thomas@Oxfordshire.gov.uk, Tel: 01865 323632) or Michelle Evans (michelle@oxoncarersforum.org.uk, Tel: 01235 520440).

Adult Health and Social Care Partnership Board 27-6-2013

Implementation of *Better Mental in Oxfordshire 2012-15*

This paper sets out Oxfordshire's mental health commissioning intentions for 2013-14 and briefs the Partnership Board on two key pieces of work which will be delivered during the year in support of the mental health strategy:

- The development of an outcomes based commissioning approach to contracting mental health services
- A review of psychological therapy services

Partnership board are asked to note this paper and to highlight any queries and/or areas of concern. Partnership Board are also asked to consider the scope of the proposed Mental Health workshop on 19 September, particularly in relation to the highlighted areas above. Commissioners will be making recommendations in respect of both of these areas to the Mental Health Joint Management Group at its meeting on 26 September 2013.

Commissioning Intentions 2013-14

The Mental Health Joint Management Group [JMG] agreed its commissioning intentions for 2013-14 at its meeting in April 2013. These are set out at Appendix A and are colour-coded to indicate progress with implementation as reported to the June JMG meeting.

These intentions have been developed out of

- Feedback from users and carers through events such as *Mental Health Hearsay!* and the *Better Mental Health in Oxfordshire Partnership Board*
- Pressures on the Oxfordshire system identified by the JMG, and the need to review contracts that are coming to an end
- National priorities and targets (e.g. access to psychological therapies, the physical health of people with mental health problems)

Partnership Board will note that there is a measure of crossover in the intentions, particularly in relation to Outcomes Based Commissioning (OBC). We will talk more to this at the meeting.

Outcomes Based Commissioning

In March 2012, Oxfordshire Clinical Commissioning Group [OCCG] decided to change how it commissions some health and social care services by introducing a more outcomes orientated approach to commissioning and contracting. The CCG decided to work in the following three areas to introduce outcome based commissioning contracts for 2013/14:

- Frail Elderly
- Maternity
- Mental Health

OCCG's aim is to secure improved outcomes and value for money for patients and the public by incentivising providers to achieve the outcomes that matter most both clinically and to patients rather than rewarding the volume of activity undertaken.

OCCG has developed the OBC programme in a number of phases. Phase 1 included a successful public and professionals' engagement event on 8 January 2013 and culminated in a report that was approved by OCCG Shadow Governing Body on 31 March. The Shadow Board agreed to proceed to Phase 2 (further development of the scope, outcomes and commercial models to deliver OBC) and Phase 3 (procurement) if this is indicated by the conclusions from Phase 2. These Phases will be supported by external support which is currently being procured by OCCG.

In terms of Mental Health, the outcomes of Phase 1 can be summarized as

- Broad support amongst service users and carers who attended the event on 8th January and a subsequent CCG meeting for OBC. The key outcomes identified in the 8th January event were:

Outcomes for people with anxiety and depression

1. Appropriate and timely diagnosis
2. Service users reengage and are active in the community
3. Service users build and maintain quality relationships
4. Service users understand their condition
5. Individual treatments developed by user involvement

Outcomes for people with psychosis

1. Service users attain employment
2. Service users attain stable housing
3. Service users have improved financial management
4. Service users have improved physical health
5. Service users avoid inpatient admission

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- Recommendation that OBC is built around the nationally mandated Payment by Results clusters with the proposal that this is split between the anxiety and depression, and psychosis clusters
- There are opportunities to improve quality and achieve efficiencies via OBC

Phase 2 is the development of the business case to support OBC, which will be delivered to JMG at its meeting in September 2013. The Business case will need to provide:

1. A model demonstrating how outcomes based commissioning might work in practice to support wider engagement
2. A list of recommended outcomes and quality indicators for use in outcomes based contracts
3. An evaluation of the commercial options to deliver outcomes based contracts
4. A recommended implementation/procurement model to deliver outcomes based contracts
5. A plan that sets out the transition process by which we would move towards the recommended implementation model which sets out what can/should change over a defined timescale
6. An engagement report that sets out the views of users and carers and how these were taken into account in the development of the deliverables (2-5) above

Currently we are working with an expert practitioner group to describe the possible scope of OBC in terms of patient groups, presenting health and social care problems, and the interventions that might be needed to help people with mental illness progress along a pathway towards recovery, well-being and self-management of their condition.

This group will also develop some further draft outcomes and suggested quality measures to support further consultation with stakeholders. This group is also considering the relationship of this work with a number of other developments such as the review of housing and support services for homeless people.

An engagement phase will take place through the summer, as will a parallel work up of the commercial options and risks arising in the move to Outcomes Based Commissioning.

Review of Psychological Therapies

The current contracts for Psychological Therapies expire in March 2014. Therefore the review of Psychological Services in Oxfordshire will do two things:

- i) It will inform the on-going service model and procurement options after the TalkingSpace and PML contracts expire on March 31st 2014. A decision on a preferred option will be necessary by October 2013 to ensure procurement is completed on time.
- ii) Clarify understanding within the service model of the interdependencies that exist within a number of national and local commissioning intentions and how they can be linked to the review to improve patient pathways, quality, efficiency and experience; these being
 - a. Link with the MH outcomes based commissioning project to ensure alignment
 - b. Alignment with the outcomes expected from the national IAPT payment by results (PbR) programme
 - c. Alignment with integrating mental and physical health pathways; work streams which include;
 - i. increasing community/population capacity for self- management
 - ii. improved quality of care that equally considers the mental health needs of patients alongside their physical health care needs - as set out in the NHS Mandate¹
 - iii. improving physical health outcomes for people with severe mental illness increasing access to health checks
 - iv. improving physical and mental health outcomes for people with LTC and MUS by increasing access to psychological therapies and psychiatric liaison.
 - v. improving the psychological stepped care model to include step 4, specialist psychology
 - d. OCCG response to the NCB mandate anticipating CCGs to complete the full roll out of IAPT services by 2014/15²

The services in scope for review will include:

¹ NHS Mandate DH November 2012 www.wp.dh.gov.uk/publications/files/2012/11/mandate.pdf

² Everyone Counts; Planning for Patients 2013/14 NHS CB
<http://www.commissioningboard.nhs.uk/everyonecounts/>

- Step 1 Primary Care services
- Step 2 and 3 TalkingSpace OHFT service
- Step 3 PML counselling service
- The DOH funded IAPT and Cardiac rehab Oxfordshire pilot (Heart2 Heart)

It is intended to consider the associations with other services but they will not be reviewed in detail, these being:

- Step 4 OHFT Psychology
- The OHFT Community IPMS service development
- Current access to psychological therapies within LTC pathways
- Current access to couples counselling through Relate (TBC)
- Other IAPT services in Buckinghamshire and Berkshire – but the service outcomes will be compared to provide an opportunity to benchmark against each other

The following services are excluded:

- OUH psychological services within pain management and neurological conditions

The review will deliver the following to the MH JMG at its meeting in September 2013:

1. An overview of current services mapped against DOH IAPT minimum quality standards
2. An engagement report that captures the views of users, carers, GPs and other identified staff and evidence in the service model that these have been taken into account
3. A psychological services pathway model for Oxfordshire
4. A revised service specification with outcomes and quality indicators
5. A recommended procurement option

Mental Health Workshop

The Partnership Board is scheduled to hold a workshop around implementation of the *Better Mental Health in Oxfordshire* strategy in September 2013. The board needs to agree the scope of this workshop: as noted above the timeline for reporting on OBC and the review of psychological therapies requires commissioners to report with recommendations to the JMG on 26 September. The workshop would be too late to have a substantive discussion to support the development of that report and so a decision needs to be made on the scope of the workshop. This will be discussed further at the Partnership Board meeting.

Ian Bottomley

Assistant Director, Adults Oxfordshire CCG

17 June 2013

Appendix A Commissioning Intentions 2013-14: progress against milestones

This is the commissioning intentions plan approved by JMG at its meeting in April 2013. The key milestones have been rag rated to reflect current progress at June 2013. Amber (yellow) and red items will be discussed at the meeting.

Outcome	How will this be delivered	New investment (£k) 13-14	Planned efficiency 13-14	Key Milestones/performance measures
Improved health and social care outcomes for people with Severe mental illness	<ul style="list-style-type: none"> Implementation of Outcomes Based Commissioning 	0	0	<ul style="list-style-type: none"> April 13 approval of project plan Sep 13 recommendations re implementation to JMG for decision
Improved outcomes for people with co-morbid mental and physical health problems	<ul style="list-style-type: none"> Community integrated psychological medicine service Psychological therapies to support the needs of people with long-term conditions Contractual quality measures to support physical health Outcomes Based Commissioning 	300k	0	<ul style="list-style-type: none"> IPMS: April agree spec and KPI; July agree patient cohort; Oct service commences IAPT: April agree spec and KPI; July agree patient cohort and trajectories for further monitoring April agree CQUIN and trajectories for further monitoring As for OBC but April build PH into HoNOS spec
		200k	0	
		(CQUIN)	0	
		0	0	
Increase the numbers of people accessing and benefiting from psychological therapies	<ul style="list-style-type: none"> Investment and contract monitoring Review of psychological services to recommend options from 2014-15 	[200k (above)]	0	<ul style="list-style-type: none"> Monthly increase towards 8000 people in treatment during 2013-14 Sep 13 recommendations to JMG for decision
Improving housing and support for people	<ul style="list-style-type: none"> Supported into Independent Living Plus 	150k	133k+	<ul style="list-style-type: none"> TBC
Improved Outcomes for people with Personality Disorder	<ul style="list-style-type: none"> Review of Complex Needs Service to support base-lining of service in Outcomes Based Commissioning from 2014-15 	0	0	<ul style="list-style-type: none"> May 13 agree scope of OBC in relation to Complex needs service May 13 set up review group Sep 13 recommendations to JMG for decision (possibly within OBC)

Outcome	How will this be delivered	New investment (£k) 13-14	Planned efficiency 13-14	Key Milestones/performance measures
Improved engagement of service users and carers within commissioning	<ul style="list-style-type: none"> Development of the user and carer voice in Oxfordshire 	TBC	0	<ul style="list-style-type: none"> Ensure user/carer engagement in OBC and other development work May 13 Scope out the case for dedicated and resourced user and carer groups July 13 recommendations to JMG
Improved outcomes for job retention and gaining employment	<ul style="list-style-type: none"> Improved contractual performance 2013-14 Outcomes Based Commissioning 	0	0	<ul style="list-style-type: none"> April agree performance trajectories in contracts Monitor trajectories monthly
Improved outcomes for carers	<ul style="list-style-type: none"> Revised dedicated services for carers Improved outcomes for carers from commissioned services 			<ul style="list-style-type: none"> May 13 Revised recommendation re procurement of carers' service to JMG May 13 map carers' outcomes into OBC work June 13 ensure providers have actions plans that reflect the Oxfordshire Carers' strategy
Improved outcomes for homeless people with mental health problems	<ul style="list-style-type: none"> Mapping MH onto City and OCC review of homeless services Revised service specs for MH from 2014-15; possibly in OBC 	0	0	<ul style="list-style-type: none"> May 13 agree scope in relation to OBC On-going input into OCC led review May 13 agree protocols for working with MH homeless patients
Further integration of commissioning and delivery of MH services	<ul style="list-style-type: none"> Development of OBC Integration of health and social care funding 	0	0	<ul style="list-style-type: none"> May 13 mapping health and social care funding by patient and care cluster July 13 recommendations to JMG re risk share OBC timeline
To improve targeted support for Children and Young People at particular risk of developing mental health problems, such as looked after children	<ul style="list-style-type: none"> Review of gaps in provision for YP aged 14-24 years resulting from eligibility thresholds and transition from CAMHS to adult services with an emphasis on young people with ADHD, on the Autistic 	0	0	<ul style="list-style-type: none"> June 13 Implement new diagnostic pathway for ASD June 13 ensure that Oxford Health's Action plan arising from the Oxfordshire Carers Strategy includes the needs of parent carers and young carers.

Outcome	How will this be delivered	New investment (£k) 13-14	Planned efficiency 13-14	Key Milestones/performance measures
	spectrum or with conduct disorders <ul style="list-style-type: none"> • Development of mental health support in community settings • Review needs of looked after children • Develop whole-family approach in delivery of mental health services; including parental mental health • Review of PCAMHS/CAMHS against overall strategy direction 			<ul style="list-style-type: none"> • April 2014 Complete evaluation of Transitions project

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Adult Health and Social Care Partnership Board

Forward Plan 2013/14

Date	Item	Lead Officers
19 September 2013 1pm – 5pm Workshop		
10 October 2013 3pm – 5pm Board Meeting	1. Loneliness and Isolation 2. PIN Update 3. Welfare Reform 4. Equipment and Assisted Technology 5. Oxfordshire Joint Older People’s Commissioning Strategy – progress report and update on developing community service to support people to live independently	1. Age UK/Alan Sinclair/Fenella Trevillion 2. PIN Rep 3. Paul Wilding Oxford City Council/ Alison Yates Oxfordshire County Council 4. Ele Crichton 5. Fenella Trevillion/Alan Sinclair
19 December 2013 1pm – 5pm Workshop	Learning Disability Strategy - refresh	Ann Nursey OCC
20 February 2014 3pm – 5pm Board Meeting	1. End of Life Care 2. PIN Update	1. Fenella Trevillion 2. PIN Rep

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