

Adult Health and Social Care Board – 23 May 2013

Review of priorities and recommendations for 2013/14

Purpose

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

Background

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

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

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

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

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

Proposed outcomes and measures

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

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

Next Steps

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

Ben Threadgold
Strategy Manager, Joint Commissioning
May 2013

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

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

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

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

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

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