

Oxfordshire's Joint Health and Wellbeing Strategy 2015-19 2015-16 Indicators

Priority 5: Working together to improve quality and value for money in the Health and Social Care System

Measure	Target	Quarter 1		Comment
		RAG	No	
5.1 Deliver the 6 Better Care Fund national requirements for closer working of health and social care		G		All are on track
5.2 Reduce the number of avoidable emergency admissions to hospital for older people per 100,000 population from a baseline of 15,849 in 13/14				Figure not yet released. Due Sept 15
5.3 Increase the number of carers known to social care from 16,265 (March 2015) to 17,000 by March 2016	17,000	G	16,546	On target
5.4 Increase the number of carers receiving a social care assessment from 6,042 in 2014/15 to 7,000 in 2015/16	7,000	A	1,131	Target requires just under 600 assessments per month. Currently below target but performance is increasing month on month. In June & July 1380 assessments were completed. At this rate the target will be exceeded
5.5 Increase the number of carers receiving a service from 2,226 in 2014/15 to 2,450 in 2015/16	2,450	A	304	The current level of service recipients is half the target. This is primarily an unforeseen consequence the Care Act. National guidance is such that only carers with a personal budget or direct payment should be counted as receiving a service. Carers now have to be assessed to receive these, whereas previously they could directly access direct payments from GPs, The figure excludes most services that provide support for carers e.g. over 4000 people receive the Alert service, which provides an alarm to a call centre. A recent review of such services showed that in 88% of cases these reduced carers levels of stress and anxiety

5.6 Increase the percentage of people waiting a total time of less than 4 hours in A&E. Target 95% based on an average from the first three quarters of 2014/15 which is 91.3%	95%	G	96.2%	On target
5.7 Increase the percentage of people waiting less than 18 weeks for treatment following a referral: Admitted patients target 90% Non-admitted patients target 95% Of patients who do not complete the pathway target 92%				
	90%	R	89.0%	
	95%	G	95.9%	
92%	G	94.2%		
5.8 Monitor complaints and compliments people raise about health and social care with the Clinical Commissioning Group and the County Council. Set a target to increase next year as a measure of transparency and openness to learning				Information not yet available

Priority 6: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

Measure	Target	Quarter 1		Comment
		RAG	No	
6.1 20,000 people to receive information and advice about areas of support as part of community information networks	20,000			Data available 6 monthly
6.2 15% of patients with common mental health disorders, primarily anxiety and depression will access treatment	15%			Information not yet available
6.3 Improve access to psychological therapies so that more than 50% of people who have completed treatment having attended at least 2 treatment contacts are moving to recovery	50%			Information not yet available
6.4 At least 60% of people with learning disabilities will have an annual physical health check by their GP	60%			Information not yet available
6.5 Reduce the number of emergency admissions for acute conditions that should not usually require hospital admission for people of all ages (2013/14 baseline: 951.4 per 100,000 population)	< 951.4	G	891.5	April only
6.6 Increase the employment rate amongst people with mental illness from a baseline of 9.9% in 2013/14	9.9%			Information not yet available
6.7 Reduce the number of assessment and treatment hospital admissions for adults with a learning disability to 8 in 2015/16 from 20 in 2014/15	8			Information not yet available
6.8 Reduce the length of stay of hospital episodes for adults with a learning disability so that by March 2016 no one has been in a NHS Assessment & Treatment Unit for more than 2 years. It is acknowledged that 2 years remains an unacceptable length of stay and are working to develop a new approach which will improve the pathway.	0			Information not yet available

Priority 7: Support older people to live independently with dignity whilst reducing the need for care and support

Measure	Target	Quarter 1		Comment
		RAG	No	
7.1 Reduce the number of people delayed in hospital from an average of 145 per day in 2014/15.to an average of 96 for 2015/16	96	R	154	
7.2 Reduce the number of older people placed in a care home from 11.5 per week in 2014/15 to 10.5 per week for 2015/16	10.5	R	12.8	166 people were placed in a care homes in quarter 1 or 12.8 people per week. This includes individuals coming from hospital or their own home, or who were previously self-funding but their savings have fallen below the threshold for local authority funding. The rate is above target and higher than the same period last year. This is in part due to general increasing demand for services, as more people are living longer. It is also a symptom of the capacity issue within the market for home care provision, as care homes are used as an alternative to home care. However, relative to other authorities, Oxfordshire tends to perform well on this measure and it is expected that it will be in the top quartile nationally when figures are published later in the year.
7.3 Increase the proportion of older people with an on-going care package supported to live at home from 62.7% in April 2015 to 63.0% in April 2016	63%	A	62.6%	More people than planned have been supported in care homes with the increase in admissions described above
7.4 Over 67% of the expected population (5081 out of 7641) with dementia will have a recorded diagnosis (provisional baseline 59.5% or 4948 people)	67%			Information not yet available
7.5 Increase the number of people accessing the reablement pathway including				
<ul style="list-style-type: none"> Increasing the number of people accessing the reablement pathway from a hospital pathway to at least the national average. 				The national average will be published in October 2015.
<ul style="list-style-type: none"> Increasing the number of people accessing reablement from the community. Our target for the year is 1875. 	1875	R	412	A multi-agency project has been set up to improve access to reablement and the performance of the whole reablement

				pathway. Work streams include developing a commissioning pathway, and improving the interface between the different parts of the reablement pathway. The recommendation for a single provider service from hospital delivered by a combined service from both current providers was agreed and the providers are developing a plan to implement this change.
7.6 Reduce the proportion of people who do not complete their reablement episode from 20.3% in 2014/15 to 17% in 2015/16	17%	A	18.4%	Significant improvement in year
7.7 Monitor the number of providers described as outstanding, good, requires improvement and inadequate by CQC and take appropriate action where required.				See below
7.8 Increase the number of people supported through home care by social care in extra care housing by 10% (from 114 to 125)	125	R	107	The number has dropped in the first quarter, but has subsequently risen again. Further work is in hand to better understand how people are supported.
7.9 Increase the proportion of people on the end of life pathway who die in their preferred place.				Not yet available

Provider CQC Ratings (as reported 7/9/2014) of providers inspected so far

	Care Homes			Clinics ¹			Community Services			Doctors/GPs			Hospitals			Mental health services			Social Care Support at home		
	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %	Oxon No	Oxon %	National %
Outstanding	0	0%	0%	0	0%	4%	0	0%	1%	0	0%	4%	0	0%	2%	0	0%	2%	0	0%	1%
Good	19	58%	61%	7	70%	75%	1	50%	34%	5	71%	80%	3	75%	32%	3	60%	43%	5	38%	68%
Requires Improvement	13	39%	33%	2	20%	17%	1	50%	57%	1	14%	12%	1	25%	58%	2	40%	47%	8	62%	27%
Inadequate	1	3%	5%	1	10%	3%	0	0%	8%	1	14%	3%	0	0%	8%	0	0%	7%	0	0%	4%

Multi agency bi monthly care governance and quality meetings are held with the Care Quality Commission to review their reports alongside the council's own contract reports, safeguarding alerts and complaints to see all the intelligence held on the provider market and what further action is needed in working with these providers. This also involves representatives from Oxfordshire Clinical Commissioning Group.

The council uses a risk-based approach to the services it contracts for and it reviews services at least annually. Action plans are agreed with any provider which is not delivering their service to an acceptable standard. The action plans are then regularly reviewed by the Contracts and Quality Team.

We receive notification of published Care Quality Commission reports weekly. These are scrutinised and appropriate action taken when improvements are required. When a report identifies that 3 of the 5 ratings are Requires Improvements this automatically generates a review of the provider's status under our Serious Concerns arrangements. This is to ensure that there is an appropriate response in place and to ensure that existing (and prospective) service users are safeguarded.

The major issues identified by both the Contracts & Quality Team and the Care Quality Commission are around specifically the capacity and capability of staff in these sectors.

¹ There are a range of different types of healthcare clinics in England in addition to GPs, which offer services such as IVF, cosmetic surgery and advice or treatment to help with family planning or losing weight.