

Health & Wellbeing Board – March 22nd 2018

Older People – A Joint Strategy for the Future

Report by the Director of Adult Services and Chief Executive of Oxfordshire Clinical Commissioning Group

Summary

1. Oxfordshire has an existing Older People's Joint Commissioning Strategy which ran from 2013-16. This strategy was developed in conjunction with Oxfordshire's residents and reflected their priorities and needs. Whilst we believe that many of the principles and values within this strategy remain relevant in 2018, it is right that our approach is reviewed and updated.
2. A review of Oxfordshire's Older People's strategy was one of a number of related recommendations made by the Care Quality Commission following the recent system review, listed as Annex 1 to this document. Reviewing this strategy is a key part in renewing and developing system partnerships, and agreeing a shared vision for Oxfordshire in the future.
3. Whilst we recognise that principles and values from our previous strategy remain relevant in 2018, this is a genuine opportunity to take a fresh look at our priorities and approach, taking into account the changing population and health & social care landscape.
4. This strategy will be developed by all system partners, it is not the intention of this paper to pre-suppose the outcome of this work, but to outline the proposed scope and approach.

Recommendations

5. This paper seeks approval from the Health & Wellbeing Board for the proposed approach in relation to
 - i. The scope of the strategy and the questions it must address
 - ii. Development approach
 - iii. The role of external support in delivering this strategy

Proposed Scope of the strategy

6. The Oxfordshire Older People's Strategy will form the policy document that describes the strategy and vision for meeting the needs of older people and the outcomes that we agree should be achieved. This will drive the system's response to the needs of our older population over the next 5 years.
7. The strategy must describe how the needs of our older population will develop and change over the next 5 years and must identify the challenges for commissioners, and health & social care providers. It needs to set out the outcomes we must deliver which will meet these challenges.

8. The Older People's Strategy will sit within the context of Oxfordshire's overarching Health & Wellbeing Strategy; and must reflect the emerging frailty pathway and acknowledge where these areas of work overlap.
9. In addition to describing the agreed vision and outcomes, the strategy must create a framework and identify priorities for implementation and how these outcomes will be delivered. These priorities will be agreed by system partners and stakeholders in more detail but will include:
 - i. How Oxfordshire supports older people to age well: maximising health and wellbeing; preventing limiting long term conditions; enabling older people to manage their own health; and supporting people and communities in a sustainable way. This will consider the provision of information and advice; formal care; community support; and the management of the diseases of aging until end of life.
 - ii. How we will help older people at times of urgent need: how we will build on current practice to design and mobilise services that can respond in a timely way to support people who are frail to help them remain at home and/or return home after a hospital episode.
 - iii. How people and communities can shape the design and delivery of their health and social care services.
 - iv. How people and communities can develop and maintain the resilience to help themselves.
 - v. How we will match resources to the delivery of outcomes both in health and social care for all older people, including those in receipt of financial support from Adult Social Care and those funding their own care.
 - vi. How we mobilise other resources such as planning, transport, employers, training providers, and the wider population in achieving the delivery of the strategy.
 - vii. How we will deploy new ways of working including an innovative approach to service design and the use of technology.
 - viii. How we will measure success.
 - ix. How we will agree key priorities for the next 5 years, and how the strategy and implementation plan will enable us to deliver against these priorities.

Development of the revised strategy

The strategy will be jointly led by Oxfordshire Clinical Commissioning Group, Oxfordshire County Council, Oxford Health NHS FT, Oxford University Hospitals NHS FT and Oxfordshire's GP Federations with full involvement from other stakeholders in the statutory, voluntary and private sector. This aligns with the current work regarding reshaping the Health & Wellbeing Board.

10. Principles of co-production will be embedded in our approach to working together as system stakeholders. This approach is necessary to ensure that there is shared ownership of the vision, of the outcomes we need to achieve, the priorities for delivery and agreement around how we might address the system challenges.

11. We recognise the skills and willingness within our population to engage in a productive conversation about system challenges and it is therefore expected that the views of older people, carers and communities will be integral to this work. The co-production approach must deliver the requirements set out in paragraph 9 above. We need to set a high bar in terms of our ambition to assure that we develop the strategy that will be able to deliver the outcomes.
12. Our approach to co-production will follow the principles outline by the Social Care Institute of Excellence¹
 - ✓ Equality – all stakeholders’ contributions are considered equally
 - ✓ Diversity – we will seek a range of contributions, including those from groups that are hard to reach
 - ✓ Accessibility – we will engage with people using a range of means
 - ✓ Reciprocity – people will feel supported in our approach and recognise the value in their contributions
13. An approach which follows these principles requires a thorough and at times patient approach. We need to invest time in reaching our stakeholders and hearing their views and find ways to reflect and accommodate differing perspectives. Both formal and informal structures will need to be established to assure the delivery of the strategy in the required time frame. We have engaged with the OCC Co-production Board in the development of this paper, and they have agreed to identify good practice in the delivery of co-produced strategy, and in principle to support the development of this work.
14. In the light of the vital importance of this strategy and the need to develop a clear and co-produced vision, the Health & Wellbeing Board is asked to consider potential external support for this work using one of the following models:
 - i. Support from an external agency with the expertise and credibility to drive our system towards an effective co-produced strategy
 - ii. Expert advice and support to internal leadership
 - iii. Dedicated programme support to appointed internal leadership

Timescales

15. Work has begun with Oxfordshire’s co production board to plan our approach to the development of this strategy. This board is convened by the County Council and includes representation from service users. Conversations with this board are at an early stage but indicate that there is an enthusiasm to undertake this work in a co-produced way.
16. Going forward, we anticipate that this board can provide guidance regarding the approach, but wider networks of stakeholder representatives will be integral and work is required to map and plan the approach in more detail.

¹ <https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/index.asp>

17. It is anticipated that this work will take place in Spring and Summer 2018, with final production of this strategy in Autumn 2018. This timescale aligns with the key dates within the CQC system wide action plan.
18. An update will be brought to future Health & Wellbeing Board meetings with anticipated sign off of the strategy taking place in November 2018. More details regarding timescales will be presented once further work has been undertaken with stakeholders.

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Annex 1 – Requirements from CQC System Review

- iv. System leaders must improve how they work together to plan and deliver health and social care services for older people in Oxfordshire. ***Whilst doing so a review of people's experiences must take place to target improvements needed to the delivery of health and social care services, bringing people back to the forefront of service delivery***
- v. System leaders ***must address and create the required culture*** to support service interagency collaboration and service integration
- vi. ***The Older Person's strategy must be reviewed and the results implemented into an updated Joint Strategic Needs Assessment.*** As part of the Older Person's strategy, the draft frailty pathway should be implemented and evaluated to include those underrepresented in society.
- vii. System leaders ***must implement the STP's joint workforce strategy*** and work with the full range of care providers to support a competent, capable and sustainable workforce
- viii. System leaders ***must review how people flow through the health and social care system*** including a review of pathways so that there are not multiple and confusing points of access. Pathways should be well defined, communicated and understood across the system.
- ix. System leaders should ensure that housing support services are included within multidisciplinary working, especially in relation to admission to and discharge from hospital, to enable early identification of need and referrals.
- x. System leader should review methods used to identify carers' eligible for support so that they are assured that carers are receiving the necessary support and have access to services.
- xi. System leaders should ensure that better advice to access information and guidance is offered to people funding their own care.
- xii. ***System leaders must continue to engage with people who use services, families and carers when reviewing strategies and integrated systems and structures to ensure these are co-produced.***
- xiii. Engagement and partnership working with the VCSE sector should be reviewed to improve utilisation.