Health and Well Being Board 24th November 2011
Proposed role of the Adult Health and Social Care Board

Vision

This Board will Improve outcomes for adults who are most likely to need care in Oxfordshire by promoting joint working (where appropriate) across public organisations. Outcomes for all will include maximising their independence, maximising their enjoyment of life and minimising their need for health and social care. Those people who need care should be happy with the quality of that care.

Context

People live longer in Oxfordshire and tend to enjoy better health in their old age and overall, outcomes are good. Outcomes for people with mental health problems and learning disabilities are also relatively good compared with other parts of the country. However, there are significant variations across Oxfordshire. In addition, there are opportunities to improve outcomes for all client groups still further. Indeed, this is essential if we are to cope with the resource pressures that all organisations face. The most effective way to reduce costs is to reduce the demand for both health and social care through prevention and early intervention.

There are existing joint working arrangements in place within Oxfordshire. The proposals in this paper seek to build on the best practice within those arrangements and move on from those arrangements which are less effective because they do not promote joint working as well as they should or they are not driven by clear strategies.

There is widespread support for joint commissioning across health and social care and the pooling of resources to support that joint commissioning. These arrangements are governed by formal legal agreements under Section 75 of the National Health Service Act 2006.

Key decisions are taken at **Joint Management Groups (JMGs)** which meet monthly and bring together adult social care and health service commissioners, key providers, service users and carers. JMGs exist for adults with learning disabilities, adults with mental health problems and currently, one group overseeing older people and adults with physical disabilities.

There is an emerging view that the remit of the latter group is too broad. It is proposed that instead, there should be a group which focuses exclusively on the needs of frail older people with the needs of younger adults with physical disabilities being addressed by a different JMG.

Each JMG needs to discuss commissioning intentions and then monitor in detail performance and money. The JMGs cannot agree the overall strategy for their client group (see below). However, there will be a range of much more specific commissioning issues which do need to be agreed by the JMG.

Examples include the use of intermediate care for older people, supported living arrangements for people with a mental health problem, meeting the general health needs of adults with learning disabilities.

JMGs should be responsible for:

1. Owning the overall strategy for their client groups. This means that they should be the place where the draft strategy is developed and provisionally agreed by the various parties (Adult Social Care, the Clinical Commissioning Group, providers and service users). They need to really understand the strategy. The strategy will need to contain relevant performance outcomes targets
2. Once the strategy has been improved formally then the JMG are responsible for its delivery. This means that they need to turn the commissioning strategy into detailed commissioning decisions (reflected in outcome specifications).
3. They should agree the detailed budgets and financial plans for the next year (and the medium term).
4. They need to monitor performance monthly against the targets, activity levels, spending and the delivery of efficiency savings targets.
5. If performance or finance is out of line then the JMG must decide what should happen in response. They should have the freedom to agree any operational actions providing they are within the context of the agreed overall strategy.

The role of the Adult Health and Social Care Board in this context is to:

1. Agree the overall strategy for each client group which will include the key outcome measures
2. Hold the JMGs to account for delivery based on performance against both the key outcomes and financial management.
3. Consider cross-cutting issues that cut across the JMGs. Examples might include major provider issues that impact on more than client group, safeguarding/quality issues, housing issues, workforce/market issues.

Proposed Membership of the Board:

Chairman County Council Cabinet Member Adult Services
Vice Chairman GP (Dr Joe McManners nominated)
Director for Social & Community Services, County Council
Director for Transition & Partnerships, Clinical Commissioning Consortium
Additional GP representative
District Council representative (Councillor)
Two representatives from LINk/Healthwatch

It is expected that this Board would need to meet quarterly.

Proposed Key priorities

There are a number of pressing priorities for the Adult Health and Social Care Board to consider. These include:

- Examining and reducing unnecessary variations in demand for care, looking closely at variations in GP referrals and consultant to consultant referrals.
- Improving the "supply" side of health and social care provision through the work of the "Appropriate Care for Everyone" (ACE) programme which will include tackling delayed transfers of care, reducing unnecessary hospital readmissions and reducing inappropriate use of residential and nursing home care.
- Improving the interface between "supported living" and social care.

An initial list of proposed outcome measures for these areas of work and also for service quality outcomes is set out below. These form a list of potential key priorities for the Adult Health and Social Care Board as follows[1]:

<u>All Client Groups</u>

1. Enhancing quality of life for people with care and support needs
2. Overall satisfaction of people who use services with their care and support
3. The proportion of people who use services who have control over their daily life
4. The proportion of people who use services who feel safe
5. Carer-reported quality of life

<u>Older People</u>

1. Permanent admissions to residential and nursing care[2]
2. Helping Older People to recover their independence after illness or injury
3. Emergency admissions within 28 days of discharge from hospital
4. Delayed transfers of care from hospital and those which are attributable to adult social care (as part of the wider "ACE" programme).

<u>Mental Health</u>

1. Employment of people with mental illness
2. Improving experience of healthcare for people with mental illness

<u>Learning Disabilities</u>

1. Health-related quality of life for people with long-term conditions
2. Proportion of adults with learning disabilities who live in their own home or with their family

[1] These key priorities are based on the national outcome frameworks. The reason for using those national frameworks is twofold. Firstly, they do make sense in terms of measuring outcomes for the relevant groups. Secondly, they enable us to measure the comparative performance of Oxfordshire against other areas.

[2] A good outcome is where this figure is <u>low</u>.

(Other) Long Term Conditions

1. Health-related quality of life for people with long-term conditions
2. Proportion of people feeling supported to manage their condition
3. Employment of people with long-term conditions

Outline Work Programme

1. Agree new commissioning strategy for older people (March 2012).
2. Agree new commissioning strategy for adults with physical disabilities (September 2012).
3. Agree updated commissioning strategies for adults with learning disabilities and mental health problems (March 2012)
4. Have a comprehensive understanding of the issues about delayed transfers of care and agree actions in response to those issues (March 2012)
5. Endorse proposed Section 75 agreement (June 2012)
6. Understand Oxfordshire's performance against the outcome measures for all groups and agree targets for 2013/14 (September 2012)

Performance Framework

The Government has published proposed outcomes for health and social care over the summer. These are relevant and it is suggested that these are applied. They are set out in a separate paper circulated for information.

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