Single Health and Social Care Plan for Oxfordshire

Purpose

1. To agree the principles of developing a single health and social care plan for Oxfordshire.

2. This paper is intended to provide context that will be expanded on in a presentation to the meeting.

Background

3. The board has previously agreed that developing a single strategic plan across the four main organisations (County Council, Clinical Commissioning Group, Oxford University Hospitals Trust and Oxford Health Foundation Trust) would be advantageous in improving the provision of health and social care in Oxfordshire.

4. This approach will help to coordinate commissioning and delivery of key health and social care services, and drive coherence and integration across the system that will support implementation of the Joint Health and Wellbeing Strategy, the Better Care Fund and individual organisation priorities.

5. It is important for the Health and Wellbeing Board to consider and agree the principles that will form the basis of such a plan, and the extent to which the current health and social care landscape in Oxfordshire (both building and non-building based services) aligns with these.

6. A separate paper is attached giving an outline of the Health & Social Care economy within Oxfordshire, the budgets available and the pressures on the system. The commissioning budgets for Oxfordshire residents are held by the three statutory organisations – Clinical Commissioning Group, County Council and NHS England. The total spend is approx. £1.233bn per year.

Current services and demand

7. In considering the future priorities for the health and social care system in Oxfordshire, it is helpful to understand some key characteristics of the system as is currently exists

Building based services

Service Type (Building Based Services)	Number [Countywide]	
GP Surgeries	81	There are approximately 600 GPs in the county
Community Hospitals	9	Abingdon, Bicester, Chipping Norton, Didcot, Henley, Oxford City, Wallingford, Wantage and Witney All provide inpatient care and some provide day hospital and out-patient services. Community Hospitals provide active rehabilitation and palliative care, particularly for older people.
Community Pharmacies	116	There are also 30 dispensing GP practices, one distance selling/internet pharmacy and one appliance contractor
Dental practices	80	This represents approximately 300 individual dentists
Emergency Multi-disciplinary Units	2	Abingdon and Witney
Acute Hospitals	1 Trust (on 4 Sites)	John Radcliffe, Horton, Churchill and Nuffield Orthopaedic Centre), including Emergency Departments in Oxford and Banbury
Day Centres	80	Provided by a range of organisations, include 7 Health and Wellbeing Centres managed by the County Council
Extra Care Housing sites	10	Will be a total of 768 units by the end of March 2015 and 930 by the end of December. There are also a number of private sites across the county
Care and Nursing Homes	131	Provided by a range of private and voluntary sector providers

Primary and Secondary Care

8. Demand for primary care is not universally spread; some patient groups consume disproportionately large amounts of primary care resource.
9. For example, 16% of the population who are non-users of primary care account for only 1% of secondary care cost, an average of £19 per person. Conversely, 6% of the population that consume 33% of primary care activity also use 40% of secondary care costs at an average of £2,515 per person.

Cohort Group	People	People (%)	Total Primary Care Activity	Total Primary Care Activity (%)	Total Secondary Care Cost (Millions)	Total Secondary Care Cost (%)	Average Secondary Care Cost
Non user	170,873	16%	0	0%	£2,074,237	1%	£19
Low	198,764,	30%	455,412	7%	£13,209,466	5%	£66
Moderate	113,356	17%	720,318	11%	£20,853,837	8%	£184
High	120,589	18%	1,442,346	21%	£48,001,866	17%	£398
Very High	86,908	13%	1,983,182	29%	£83,071,659	30%	£956
Extremely High	43,471	6%	2,218,852	33%	£109,326,751	40%	£2,515
Total	670,961		6,820,110		£276,537,816		£412

10. People with chronic conditions account for a little under a third of all emergency admissions for people in the top 5% of service users. Chronic diagnoses also account for 65% of elective (planned) admission for the most frequent users of services.
11. The demand for acute services is generally growing at a faster rate than population. 80% of Trusts are struggling financially according to Monitor.

Oxfordshire Volume Indicators - All Providers

Month 5 - August 2014/15

	Indicator	POD	Definition	Month Actual	13/14 Actuals YTD vs. 14/15 Actuals YTD Var.	Var. %
	Emergency Spells	NEL	Excluding Maternity, Birth and Transfer Admission Methods	3,940	792	3.9%
	Emergency Spells Following GP Request			972	122	2.4%
	A&E Attendances Type 1 - 3	A&E	First Attendances Only. Adjusted with OUHT Type 2 Attendances	12,815	2,732	4.2%
	A&E Attendances Type 1		First Attendances Only	9,577	1,795	3.7%
	A&E Attendances leading to Hospital Admissions	N/A	Type 1 A&E Attendances only, SUS Data	2,326	476	3.7%
	Proportion of A&E Attendances leading to Hospital Admissions			24.1%		0.0%
	Proportion of Emergency Admissions from AAE Type 1 YTD		Type 1 A&E Attendances and Emergency Admissions Only	59.0%		-0.1%
●	Elective Activity	EL	Excluding Maternity, Birth and Transfer Admission Methods	4,893	1,807	7.8%
●	First Outpatient Attendance	OP FA	Includes both Consultant Led and Non-Consultant Led, SUS data. All Referrers	14,461	5,571	7.5%
●	First Outpatient Attendance - GP Referrals		As Above GP Referrals Only	7,680	2,410	6.0%
●	Follow Up Outpatient Attendance	OP FU	As in OP FA	21,894	7,665	6.9%
●	Follow Up Outpatient Attendance - GP Referrals		As Above GP Referrals Only	9,505	4,782	10.1%
●	Outpatient Procedures	OP Procs	As in OP FA	4,847	4,508	20.4%

RBFT - SUS Data has now been validated against SLAM data and in general it showed an acceptable variance from aggregate totals

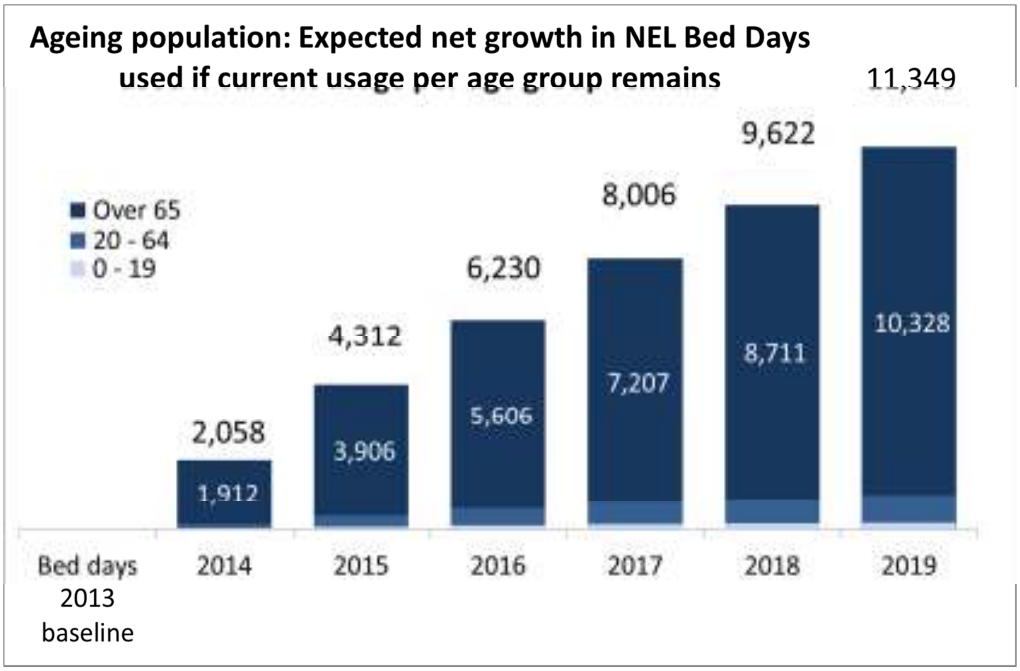
Outpaitnets – Individual POD (OPFA, OPFU and OP Procs) shows variances between SLAM and SUS, but if added together the variance is less 1%. We suspected the POD grouping in SUS is different than in SLAM

• EL – SUS is roughly 30% higher than SLAM and we are currently investigating the cause of the huge discrepancies

Definition of Highlights:

●	> 5%	< 5%
●	> 10%	< 10%

12. Should current models of care continue unchanged, the expected impact of our aging population is as follows:



Social Care

13. At the end of September 2014 there were 6,650 social care clients receiving on-going care. 63% were older people; 26% were adults with a learning disability; 10% were adults with a physical disability and 2% were adults with mental health problems.

14. The County Council purchased 973,470 hours of support in 2013-14 at a cost of £18,306,449– approximately 10% of the total budget for Adult Social Care. The average support package size for all people living at home is currently ten hours per week.

	12/13			13/14			Change from 12/13
	At home	In care homes	Total	At home	In care homes	Total	
Meeting personal care needs:							
Older People	2587	1598	4185	2932	1551	4483	7%
People with learning disabilities	1440	340	1780	1673	355	2028	14%
People with mental health problems	300	20	320	358	22	380	19%
People with physical disabilities	588	82	670	704	88	792	18%
Other services and groups	58	0	0	33	0	33	
Total meeting personal care needs	4973	2040	6955	5700	2016	7716	
Intervention and preventative services *						c. 20,000	

*Based on numbers at the end of September 2014:

a. 2800 people receive reablement, a service to help people regain independence
b. 4000 people receive the alert service, pendant alarms to support independence
c. 1000+ people attend local day centres on a regular basis
d. 12,000+ people received equipment to support their independence

15. The number of older people receiving home care arranged by the council rose by 6.6% in 2011/12, a further 12% in 2012/13, 14% on 13/14 and 4% rise in the first 6 months of 2014/15. Those supported by a direct payment rose by 53% in 11/12; 19% in 12/13 and 11% in 13/14.

16. We have the 4th highest level of direct payments in the country. This increases the choice and control people have over their care, and is a more efficient way of delivering care at a lower cost.

17. A high proportion (top quartile nationally) of learning disabled adults live independently rather than in a care home (82.5% compared with national average 74.8%). This is better for the individual and is generally less expensive than supporting people in care homes.

Workforce

18. The health and social care sector is the second biggest employer in Oxfordshire, employing a total of 39,000 people or 12.5% of the total workforce.

19. Social care is a major employer within this total: there are approximately 17,200 jobs in Adult Social Care in Oxfordshire. Of these, 9 out of 10 social care jobs in the county are jobs working for a private or voluntary sector employer. The County Council directly employs one in ten of the workforce.

20. Skills for Care estimates that an extra one million jobs will be needed in the social care sector by 2026 to meet this rising demand - equivalent to up to a 1,000 jobs per year in Oxfordshire for the next 10 years.

Principles for the Single Plan

21. It is proposed to adopt the following vision for health and social care in Oxfordshire, adopted as part of the work developing the Better Care Fund plan and developed following extensive previous consultation and engagement activities run by various agencies:

    To support and promote strong communities so that people live their lives as successfully, independently and safely as possible. We believe that people themselves, regardless of age or ability, are best placed to determine what help they need. The role of health and social care commissioners and providers is to ensure that everyone who needs it has access to the right care, in the right place, at the right time, first time.

22. In achieving this, it is proposed that the focus should be on the following key principles:

    - Achieve outstanding outcomes for our local communities by planning our services around the needs of our users
    - Prevent where possible, and detect early where needs develop or escalate
    - Extend our commitment to developing care outside hospital and particularly to investing in self-care, primary care and social care.
    - Strengthen the range of services accessible locally, supported by specialist skills centrally, whilst maintaining patient safety
    - Tackling, as a partnership, the individual and collective financial challenges the system faces
    - Deliver a joined-up system that is easy to access and navigate, and makes the most of our limited resources
    - Expand our existing joint working to include more joint commissioning of services and better sharing of information
    - Protecting personal confidentiality while making it easier to share appropriate data between professionals
    - Demonstrate success as Oxfordshire working together, not as separate organisations alone

NHS Five Year Forward View

23. These principles are closely aligned to those set out in the NHS Five Year Forward View. The full document can be viewed at http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf , but in summary the key messages are:
    - There is a need for a radical upgrade in prevention and public health.
    - Patients will gain far greater control of their own care – including the option of shared budgets combining health and social care.
    - The NHS will take decisive steps to break down the barriers in how care is provided between family doctors and hospitals, between physical and mental health, between health and social care.
    - England is too diverse for a 'one size fits all' care model to apply everywhere.
    - A need for a 'new deal' for GPs and a shift in investment from acute to primary and community services.
    - Allowing GP practices to join forces into single organisations that provide a broader range of service including those traditionally provided in hospital
    - Creating new organisations that provide both GP and hospital service together with mental health, community and social care;
    - Helping patients needing urgent care to get the right care, at the right times in the right place by creating urgent care networks that work seven days a week.
    - Sustaining local hospitals where this is the best solution clinically and is affordable and has the support of local commissioners
    - Concentrating services into specialist centres where there is a strong relationship between numbers of patients and the quality of care.
    - Improving opportunities for women to give birth outside hospital by making it easier for groups of midwives to set up NHS-funded midwifery services.
    - Improving quality of life and reduce hospital bed use by providing more health and rehabilitation services in care homes.
    - Finding new ways to support carers by identifying them more effectively and encouraging volunteering by for example, offering council tax reductions for those who offer help and more programmes to help carers facing a crisis.
    - The NHS will provide more support for frail older people living in care homes.
    - The national leadership of the NHS will need to act coherently together, and provide meaningful local flexibility in the way payment rules, regulatory requirements and other mechanisms are applied.

Next Steps

24. It is proposed to develop this work further over the coming months, aligned to the ongoing work to agree a Better Care Fund plan by 2 January 2015 and negotiations for outcomes based contracts for older people and mental health services.

25. This will then form the basis of engaging in a high level conversation about the vision, principles and priorities for addressing them with the public, service users and providers early in the New Year. The outcomes of this will be reported to the Health and Wellbeing Board in March 2015.

Recommendation

26. The Health and Wellbeing Board is recommended to agree the proposed principles for the single health and social care plan for Oxfordshire as the basis for a high level conversation in the New Year, and the next steps in developing the plan further.

John Jackson
Director of Adult Social Services, Oxfordshire County Council and Director of Strategy & Transformation Oxfordshire Clinical Commissioning Group

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