

Health and Wellbeing Partnership Board December 2010

Ageing Successfully

Executive Summary:

Purpose of Report

To report on work to progress 'Ageing Successfully +50 Onwards' and invite the Board to endorse two of the key delivery projects within the high impact priority areas.

History and context:

Why are we doing this?

Ageing Successfully is a local initiative that is designed to improve access to health and social care services by increasing the commissioning of integrated whole care pathways. This is being pursued to create a proportionate and appropriate shift from hospital into primary and community settings.

Where are we in the process?

Ageing Successfully was first brought to the Board in March 2009. Since then it has been developed with the Board's involvement and discussed at its last five meetings. It approved the strategy in March 2010. The HWBP Board will be asked to consider progress in relation to the development of a primary prevention strategy at a future meeting.

Where else has it been?

Ageing Successfully has links to a number of other priority programmes such as 'Creating A Healthy Oxfordshire', *Oxfordshire 2030*, Transforming Community Services, Transformation of Adult Social Care, Self Care and Urgent Care, Extra Care Housing, and Telehealth. It is therefore being discussed as appropriate in a number of other places.

Where else is it going?

It has been agreed that the HWBP Board will continue to exercise governance over Ageing Successfully, alongside other bodies and fora. It was reported at the last HWBP Board meeting that Health Overview and Scrutiny may receive a progress report in December 2010, however this is now unlikely to happen before March at the earliest. Involvement and consultation is taking place in a variety of ways with a diverse range of stakeholders.

Equality Impact Assessment are being completed for any proposed service developments.

Actions requested:

The Board is asked to:

The Board is invited to comment on the two specific projects where progress is reported and ask questions on any of the other initiatives in the Work Programme.

What does this item require members to take back to their organisation:

Members are asked to:

Ageing Successfully is about working in partnership to improve health outcomes; promote independence, and reduce health inequalities for an ageing population. All agencies are faced with responding to demographic changes that will see a greater proportion of older people.

Members are asked to encourage their own organisations to identify ways in which their activities and objectives support the framework set out in Ageing Successfully, specifically the six high level outcomes of: (i) staying healthy; (ii) staying independent; (iii) staying safe; (iv) lifelong learning; (v) being an active and involved citizen; and (vi) enjoying economic well-being.

HWB Partnership Board aims supported by this paper:

<input type="checkbox"/>	agree priority outcomes for health and well-being in Oxfordshire
<input checked="" type="checkbox"/>	promote action across partner agencies in planning and commissioning services for health and social care improvement
<input checked="" type="checkbox"/>	monitor delivery of action across partner agencies, assess effectiveness
<input type="checkbox"/>	monitor health improvement and other outcomes across the county
<input checked="" type="checkbox"/>	review priorities as part of the commissioning cycle
<input type="checkbox"/>	support involvement of service users in developing a strong strategic role
<input checked="" type="checkbox"/>	further the development of joint financial arrangements
<input type="checkbox"/>	ensure the implementation of priorities set out in the Sustainable Community Strategy and delivery of Local Area Agreement targets

Author of paper:

Marie Seaton
Interim Head of Joint
Commissioning

Person on whose behalf this has been written:

Alan Webb
Director of Commissioning and Service Redesign
John Jackson
Director for Social and Community Services

Last date paper modified: 17 November 2010

Ageing Successfully

Re-ablement Progress – Briefing note

1. What is Re-ablement?

Re-ablement is a service for people with poor physical or mental health which helps them to accommodate their illness or a long term condition by learning or re-learning the skills necessary for daily living. It is distinct from rehabilitation which helps people to get better and recover from their illness or condition. Common principles and features of a re-ablement service include:

- Helping people 'to do' rather than 'doing to or for' people
- Outcome-focused with defined maximum duration – typically up to 6 weeks
- Aids accurate assessment for ongoing care packages by observation over a defined period rather than a one-off assessment

The objectives of re-ablement are to:

- A. Maximise service users' long-term independence, choice and quality of life
- B. Minimise appropriately the ongoing support required, and thereby,
- C. Minimise the whole life-cost of care

2. What's changing and why?

Re-ablement is currently provided by the jointly commissioned Assessment & Enablement Service. Analysis of current service in-take and performance suggests that the service is effective, but that it doesn't meet current demand and is also inefficient.

The county council and PCT want to develop the service to become more effective and so that it is capable of handling more referrals, because of the strong evidence that re-ablement has a key role to play in managing demand for ongoing social (and health) care services.

A planned and project managed approach to service development and transformation is required because of the scale and scope of the changes needed, and because failure to develop re-ablement appropriately and in a timely manner carries significant risks for the social and health care system. If, for example, the re-ablement service continues to lack capacity or is less effective, there will be a high risk that it will fail to meet demand from hospitals and community referrals, fail to realise savings and avoided costs for ongoing care, and that service users will be denied the service or fail to reach their re-ablement potential – threatening their independence.

Changes and developments required include:

- Re-defining, re-focusing and re-branding the service – so that it is clear to all stakeholders what the service does and doesn't do
- Addressing key points of weakness in current processes, particularly at the "front door" and the "back door" to the service, and eliminating waste and repetition in the process

- Ensuring that service users that have achieved their re-ablement goals are immediately discharged from the service – so that others can enter at the “front door”
- Optimising carer/ client contact time
- Improving time and resource management
- Role change – ensuring that managers take on a more active role in the delivery of re-ablement ‘in the field’, with a strong focus improving productivity whilst maintaining
- Goal planning for service users could and should be improved – goals should be more specific and service users and their informal carers should be given more information about their progress towards the achievement of their goals
- All service users, their families and informal carers should be given a “service purpose” leaflet at the first visit/ contact, to help them understand what the re-ablement service will provide, what it aims to achieve and how they can contribute to the achievement of re-ablement goals
- Locking in the benefits of re-ablement with onward goal planning to maximise service user’s independence and help others to continue the good work done by the re-ablement service

An over-arching plan for the development of the existing service is being developed – a Service Development and Transformation Plan – but detailed plans are required as well to address key elements of the change.

The result of these changes will be a service that is delivered, free of charge, to all those who need it, for a maximum period of 6 weeks. The service’s effectiveness will be clear and transparent, as will the allocation of resources used to achieve the desired outcomes. Most service users should leave the service requiring no ongoing care, with their independence and ability to undertake daily living skills sustained into the future.

An interim service specification has been developed to point the existing service in the right direction. A final, detailed service specification including a performance management framework is being developed and will be in place in the New Year.

3. What’s the evidence for developing re-ablement?

A retrospective longitudinal study¹ for Department of Health (CSED)² showed that:

- 53% to 68% of service users left re-ablement requiring no immediate homecare package
- 36% to 48% continued to require no homecare package two years after they had received re-ablement

Of those that required a homecare package within the two years after re-ablement:

- 34% to 54% had maintained or reduced their homecare package two years after re-ablement

¹ *Retrospective Longitudinal Study of the Effects of Homecare Re-ablement*, 2009, Social Policy Research Unit, University of York. Further information is provided at: <http://www.dhcarenetworks.org.uk/csed/homeCareReablement/prospectiveLongStudy/>

² CSED = Care Services Efficiency Delivery team

4. Benefits of re-ablement

The benefits of re-ablement are substantial and include:

- **Independence maintained or regained** – more older people will be able to continue to live in their own home – because they can undertake activities of daily living such as getting out of doors, getting washed and dressed etc.
- **Improved health and well-being** – older people and their family carers will maintain a good quality of life and positive health and well-being. Significant improvement in perceived quality of life will be achieved after receiving re-ablement services.
- **Positive impact on health-related quality of life** – re-ablement will have a significant positive impact on health-related quality of life of service users.
- **Sustained improvements in health and well-being post re-ablement phase** – post re-ablement phase service users will experience fewer problems with mobility, self-care, usual activities, pain/discomfort, anxiety/depression and improvements in their general health.
- **Reduction of expenditure on future demand for more intensive services** – expenditure on a successful re-ablement service will reduce the potential future demand on more intensive services.
- **Resource efficiencies** – the reduction in demand for ongoing homecare and other services, including residential and nursing care, will result in resource saving

5. A model for future preventative services and interventions?

Re-ablement is a potential model for the development of other preventative services and interventions. The intervention is: ...

- Clearly defined
- Clearly positioned within the social care pathway
- Focused on clear service objectives and with a clear (though large) target group of service users.
- Time-limited, e.g. it is not intended to provide support for the long term, and is withdrawn if/ when it becomes clear that no further gain can be achieved up to the maximum service period
- Backed by evidence
- Receptive to tight performance management and monitoring (made possible by the clear and tight definition of the service and its objectives), and
- The desired service outcomes are directly related to the strategic goals of Ageing Successfully and the commissioning organisations – focused on a measurable, reduction in demand for ongoing social care services

Rachel Lawrence
Service Manager, Promoting Independence & Prevention
Social & Community Services
15 November 2010

Ageing Successfully

Improvement of Oxfordshire Continence (Bladder and Bowel) services Briefing note

Purpose

To inform the Health and Wellbeing Board on the partnership work that is taking place in developing support and services for Bladder and Bowel / continence care.

Background

Continence – bladder and bowel health – is a social problem which is preventable and treatable with medical intervention. Although treatment is frequently possible, management of the problem has been found to be the dominant approach to helping people cope with loss of bladder or bowel control. Bladder and bowel health remains a neglected area in health and social care. Its cost is great to the both social care, the NHS and to people's lives – socially and economically.

It is estimated up to 4.5 million people in England experienced bladder or bowel control in 2000, this equates to 62,000 in the county, or almost twice the number of people with diabetes. 1 in 4 women and 1 in 10 men will experience a loss of bladder or bowel control at some point during their life, prevalence rising with age. It affects a wide range of people at different life stages, including mothers, children, young people, adults and older people; people with long term or neurological conditions and disabilities, people recovering from stroke, accidents, cancer or surgery; people with mental health issues including dementia, carers and people at the end of their lives.

The local picture

An initial mapping of Oxfordshire's continence services in 2009 revealed that they are 'patchy' and do not comply with national guidelines. More recently, research carried out for Oxfordshire County Council identified loss of bladder or bowel control as a key factor in older peoples' admission to long term residential care. This prompted OCC and the PCT to look at recommendations for service enhancement.

Project work

The PCT and Social and Community Services jointly initiation two projects with financial support from the Joint Improvement Partnership South East in September 2009.

- The scoping and initiation, stakeholder engagement and consultation, assessment of the current state, best practice research and full analysis of all suggestions for improvement, resulting in the blueprint for continence services.
- Self Care and Awareness research project, to research, engage and come out with a blue print for bowel and bladder services for Oxfordshire, across all ages.

Over 100 stakeholders were engaged during the projects from across all areas in the county.

This lead to the recommendations below:

1. **Pathway redesign** to integrate and streamline all key elements in the service, with a community based bladder and bowel care service at its core
2. A needs led **product delivery service** to provide a personalised service and promote dignity
3. A **Workforce strategy** to deliver an appropriately led, trained workforce in bladder & bowel dysfunction
4. A **public health communication campaign** to promote universal bladder and bowel educational awareness for self care, drawing on user experience and involvement
5. **Investment plans for 2010-12** to be approved in principle and negotiations be entered into with current providers to achieve the above changes and better use of resources.

A business case was taken to NHS Oxfordshire's Clinical Executive in June, where the developments were approved, and they form part of the PCT Operational plans going forward.

There is now a Bladder and Bowel Development and Implementation Group in place to take the work forward, consisting at present of commissioners from the PCT and Social and Community Services, clinicians from across the health economy and operational managers. Attached to this briefing is the development plan for the next three years of this group.

Suzanne Jones
Senior Commissioning Manager
NHS Oxfordshire
November 2010

Oxfordshire Bowel and Bladder Services Development Plan July 2010 – version 2.0

Aim

To redesign the existing service delivery and key pathways of care both in adults and children services; to have whole health and social care economy services covering primary, community and acute care.

Objectives

- ✚ To deliver efficiencies to the whole system savings by service redesign rather than service cuts
- ✚ By managing demand appropriately in community and primary care, therefore reducing the incidence of inappropriate referral for outpatient appointments and surgery, leading to disinvest in secondary care services.
- ✚ Develop the skills and knowledge of the social and community services workforce
- ✚ Disinvest in high intensity social and community services due to improved management of continence problems across the whole system
- ✚ Develop nurse and physiotherapy roles in the community to deliver bowel and bladder services previously delivered in secondary care, as a development of current continence advisory services
- ✚ Develop the current continence advisory services into a specialist triage and assessment service in the model of the current falls prevention service that offers
 - Assessment and treatment packages, sign posting and advice
 - Triage of referrals to secondary care
 - Training and development for community and secondary care nurses, allied health professionals and GP's in the first response and general bowel and bladder assessment and treatment along side effective long term management
 - To deliver a public awareness of self treatment to prevent and treat continence problems
 - Procure and maintain a needs-led product delivery service to provide a personalised service, promote dignity and free-up district nursing time has already been instigated by Community Health Oxfordshire from April 2010.

Outcomes

1. A reduction in referrals to secondary care services and surgery levels for cases that can be resolved by conservative management
2. An increase in the number of people identified as having incontinence and treated in the community
3. Visible and tangible leadership of this current estimated £3-4 million pa service in direct clinic and surgical costs alone

4. Oxfordshire's continence services are compliant with NICE standards and receive excellent ratings in CQC and RCP inspections and audits
5. A reduction in the proportion of older people entering residential care due to continence problems
6. A reduction in Adult Social Care expenditure of home care associated with continence problems
7. A reduction in the number and proportion of people leaving hospital with a continence problem
8. Over time, a overall reduction in the level of demand for bladder and bowel health care services by having a better informed public of all ages

Governance of developments

The Bowel and Bladder Development & Implementation group will oversee the service redesign and will include representatives from adult and children's services, the NHS Oxfordshire, Community Health Oxfordshire, Oxford Radcliffe Hospital Trust, Social & Community Services and Children, Young People & Families. The group membership will include the PCT and County Council's joint project leads/commissioners, senior operating managers and clinical representation, and representatives of service users and carers.

Release of investment, will be individual cost benefit analysis to the Director of Finance, to demonstrate at least match savings to the level of investment.

The project manager will ensure Quarterly briefings on progress for all stakeholders, to keep the profile of this work high

Measuring the success of whole development performance

1. Measurable decrease in identified areas of first consultant and other health professional appointments in secondary care
2. Increased first appointment levels in community service
3. A single continence products formulary for whole county health and social care economy
4. Identified cases of reduced care packages by improved continence management (measurement tools to be developed)
5. Identified cases of prevention of entry to care home by improved continence management (measurement tools to be developed)
6. At least one re-designed care pathway in adults and in children's services by end of 2010/11, with all bowel and bladder pathways redesigned by April 2012
7. Oxfordshire is meeting the NICE and other national guidance in bowel and bladder care
8. Awareness campaign in self management in place
9. Integrated nurse and therapy bowel and bladder service across the health economy

Developments for 2010/11

1. A review of the Healthy Child Bladder and Bowel pathway in partnership with clinical colleagues in primary, secondary care, social care and education, facilitated by the CYP Commissioner
2. The continued redesign of the adult uro-gynaecological pathway
3. A county-wide formulary for continence products
4. The development of an integrated bowel / bladder physiotherapy service
5. improve and developing the skills and knowledge of care staff in maintaining individual's continence health, through development of a training package
6. The redesign of the community service (continence advisory services) including the link community nurses and to develop and utilise robust performance management system to ensure that it is meeting its core objectives to:
 - Raise awareness of self management among the public and health professionals
 - Identify people who are incontinent
 - Carry out initial assessments and agree for each individual a treatment plan, or where this is not possible, a management plan
 - Instigate and deliver initial treatment in the community, and through 'in-reach' services to hospitals and care homes
 - Review treatment
 - Provide access / sign post people to suppliers of continence aids, such as pads
 - Provide advice and help to carers of people experiencing incontinence

Suzanne Jones
NHS Oxfordshire
17 November 2010