# Successful Ageing in Oxfordshire: a high level strategy

## Introduction

1. 'Successful Ageing in Oxfordshire' is a high level overarching document that sets out the overall aims and objectives for services for people in Oxfordshire as they age. It provides the framework for service development across local government and the NHS.

2. At present the statutory agencies in Oxfordshire do not have an agreed, robust and overarching vision of what services for older people in the county should be, what the priorities, objectives, the vision and the underlying principles are. This has led to a lack of clarity and focus for the provision and development of services. There has not been a clear enough framework within which the voluntary, independent and for profit sectors can develop their own services, confident in their understanding of what service commissioners wish to see. It has also hampered the involvement of service users and carers in the development and delivery of services.

3. The implications of this are very significant. There are increasingly tight financial limits within which services have to be developed and provided, and there are a number of very significant policy changes that are being implemented across social and health care services. The demographic pressures are well documented and will give rise to major challenges in how to meet the care needs of increasing numbers of older people, particularly those with dementia. These realities will have a major impact across all aspects of the NHS and local government, and, most significantly, for older people and their families.

4. This high level strategy will provide the overall direction for the development and delivery of a very broad range of services to support successful ageing. It will:
    - describe the scope of services that should be considered;
    - propose the high level aims and objectives for service development;
    - identify the underlying principles for the development and delivery of services and the role of local government and the NHS;
    - outline the key policy developments that are driving service development.

5. This will give the framework within which a range of commissioning strategies will be prepared or, where there are already strategies, reviewed.

6. The preparation of the commissioning strategies should be done jointly across at least social care and NHS commissioning staff, older people and their carers, and much preferably on a broader basis involving the district and city councils for them to be effective, working strategic planning documents. An overall approach to partnership and joint working across the PCT and local government, and involving the voluntary sector, will be outlined. It will also require a careful examination of the formal and

informal joint commissioning and planning arrangements, and the structure of planning and commissioning teams across the county council's Social & Community Service and the PCT.

## Aims and Objectives

7. An overarching statement of intent for successful ageing in Oxfordshire is proposed. It is: "*We celebrate the fact of our ageing population. We want all people as they age to lead lives that are healthy and personally and socially fulfilling. Our mission will be to achieve significant and measured improvement in how we plan and deliver services so that our community will be supported to age successfully*."

8. To achieve the mission statement the following overarching aims and objectives for services across Oxfordshire are proposed to ensure that:
    - the increased years of life are quality years, with people being as independent and as healthy as possible;
    - there is a significant reduction in health inequalities;
    - there is a greater range of high quality and effective preventative approaches;
    - more people with complex needs are able to live in their communities;
    - there is an increase in the restoration of independence following illness and injury;
    - there is greater choice and control by people who use services over service provision;
    - services are effective, efficient and high quality.

9. These aims and objectives will be delivered through a range of commissioning and other strategies and service plans, and underpinned by specific indicators and targets. These will support judgements about the effectiveness of the arrangements to reach the aims and objectives, and enable local government and the NHS to achieve their objectives in their community strategies, Local Area Agreements and other key performance management requirements.

10. These aims and objectives cover a very broad range of services from acute and emergency services, specialist healthy and social care services, to those that are not directly or specifically for older people. This includes activities and developments such as supporting and influencing the approaches that other agencies may take to their services. It will also inform the community development and community building work that the statutory agencies undertake or support. A key element in this is supporting citizens to take personal responsibility for their own health and care needs.

## Scope

11. This high level strategy is not predicated on a single definition of what constitutes old age. The imposition of 65 years old as a definition of old age will ignore the reality of the aspirations and ambitions of people who

anticipate many years of active and fulfilling lives after their 60th year and the wish of many to extend their useful working lives; the evidence of the benefits of a range of preventative and health promotion services to people as they age through their 50's and 60's; and the reality of increasing frailty that has an impact on many people as they age beyond 75. There are also a number of benefits and provisions that come into effect at 60 and 65. Moving away from a fixed, single definition of what constitutes old age to one that is based on the needs of people as they age will give a better basis for realising the interconnectedness of a very broad range of services in improving and maintaining the quality of people's lives.

12. The evidence-base for commissioning strategies and plans that this high level strategy will drive is the evidence and experience that demonstrates success in meeting the needs of people as they age. For planning purposes three different age definitions will be used:

    - the age(s) at which age related benefits apply;
    - the age ranges regarding the incidence and prevalence of conditions associated with the ageing process. At present this will mean that 75 plus will be a working definition of old age for many health and social care services and possibly for housing authorities in considering the needs for sheltered and extra care housing;
    - the 50 plus population for preventative and early intervention services.

13. However the term older people will be used in this document and in other plans to refer to services for people aged 65 and above as a general description.

**The Drivers (1) – needs and expectations in Oxfordshire**

14. The overall demographic pressures are well documented. The key facts are as follows:

    - projecting an increase in over 65s of 12.9% between 2007-2012;
    - projected over 85's to increase by 15.6%;
    - greater increase is in the more rural district councils (15.3% for over 65's) compared with Oxford City (1.1%).

15. The JSNA contains a considerable amount of data on the issues facing people as they age. A detailed and thorough analysis of this and the data on needs, service provision and the gaps will be an essential part of the specific commissioning strategies. It suggests that there is likely to be an increase in the population of over 75's over the next few years. This increase in the older population will be uneven across the county, with the southern half of the county expected to show the largest increase in numbers. This area already has higher proportions of older people than average. The over 65's amount to more than 17% of the current population in West Oxfordshire and growth in the over 65's over the next 5 years is set to be highest in this district.

16. Although growth across Oxfordshire in the over 75 age group from 2007 to 2016 will be 13% this disguises large variations, with many localities

showing increases of over 40%, which represents a significant ageing of their local population. In some wards the over 75 age group is increasing at a much higher than average rate (more than 30%) and is also increasing as a proportion of the population (more than 27%).

17. The needs, wishes and expectations of older people and those in their 50's and 60's are clearly and strongly articulated. This is expressed through consultation processes and evidenced in research. This is an increasingly important driver of service developments.

## The Drivers (2) – the Policy Framework

18. The policy framework for the development of health and social care services is extensive and is being actively pursued by the government. These developments have been clearly placed in the broader context of the reform of public services, including the requirement for strong and effective partnership arrangements, a strong enabling role for local government and facilitating community development. The implementation of choice and control for service users is seen as a one of the fundamental drivers for changes in service delivery.

19. The approach set out in this high level strategy is intended to give the basis of for the full and effective involvement of the district and city councils in the joint planning and commissioning arrangements. 'Strong and Prosperous Communities' and 'Lifetime Homes Lifetime Neighbourhoods' both emphasise the broader enabling role of the tiers in local government. Housing is very significant in this and the role of the district councils as strategic authorities is critical, and the contribution extends beyond this.

20. The national policy drivers are summarised in Annex 1.

## Financial Resources

21. The overall investment in a preventative approach to secure successful ageing across the county council's Social & Community Services and the PCT is summarised in Annex 2. The overall expenditure is shown and then broken down in to the various expenditure blocks.

## Implementation

22. This high level strategy will be taken forward through the preparation of commissioning strategies that set out the medium to long term objectives (15 years) and the short term action plans (3 years). This in turn will inform and drive the annual business plans of the agencies involved. A detailed timetable is being prepared which will cover the final work on this high level strategy and the specific commissioning strategies (outlined below) that will drive the implementation of the high level strategy.

23. A commissioning strategy is seen as being a formal statement of plans for securing, specifying and monitoring delivery of provision to meet people's needs at a strategic level. It applies to activities promoted and services provided by the local authorities, the NHS and the private and voluntary sectors. Its purpose is to effect change in the overall configuration and nature of provision across a broad range of actions to meet the needs of all those who fall within its scope. It is not a plan developed by providers of specific interventions but by those agencies with commissioning or enabling responsibilities.

24. The commissioning strategies for people as they age will cover:
    - all service requirements for the support, care and treatment services for older people in their own homes and community settings that are commissioned by the county council, district and city councils and the PCT;
    - the development of a broad range of preventative approaches and early intervention services;
    - NHS acute services that interface with provision for people in their own homes and community settings, to ensure and good quality hospital discharges, and to maximise the opportunities for rehabilitation and maintaining independent living.

25. The aims and objectives will therefore drive the planning, development and delivery of activities ranging from community-based preventative initiatives to the services of the acute sector.

26. The county council and the PCT are already committed to, or have produced, strategies or service development plans. The PCT's Operational Plan outlines its 'Better Deal for Older People' which will include work on:
    - integrated care pathway for fractured neck of femur;
    - community equipment retail model;
    - integrated care pathway for stroke;
    - a service specification for foot care for older people;
    - a service specification for continence services;
    - review of complex medication in care homes;
    - community-based Gerontology service;
    - continuing care.

27. The county council's Social & Community Services have or are developing plans for:
    - alternatives to residential care;
    - Extra Care Housing;
    - increasing specialist Older People with Mental Health (OPMH) needs residential provision and specialist OPMH support in people's homes;
    - developing alternatives to non-intensive home support services and increase the number of people accessing universal services;
    - improve access to appropriate levels of assessment;
    - developing preventative work/ support that delays or avoids the need for more traditional services;
    - the implementation self directed support in social care.

28. The county council and the PCT are both committed to increasing the support for carers and the development of a strategy for dementia services.

29. Effective strategic commissioning must also be based on achieving clearly articulated outcomes for the population and groups, and have a sound performance management framework through which progress will be driven. The strategies and development plans listed above should all be reviewed and written on this basis, and this approach should underpin the development of all future strategies.

**Partnerships and Joint Working**

30. The policy framework expects and assumes that commissioning, planning and development will be done through effective partnerships and other joint working arrangements. Important though the national framework is, such working arrangements are what people in Oxfordshire tell us they want to see happening.

31. The planning work summarised above would be significantly enhanced if there were stronger and more inclusive joint working and partnership arrangements in place with the district and city councils. Some of the objectives can only be achieved with this significant enhancement. The voluntary sector also has a crucial role in the development of strategies and the proper involvement of the voluntary sector must be established through the development of new arrangements for partnership and joint working.

32. The challenge facing all agencies and organisations is how to make the step change in we work together, to achieve the leap of imagination in how partnerships can be established so they can lead on the necessary changes necessary for outcomes to be reached and services delivered. The following principles should guide the development of partnerships and other joint working arrangements.

    - Commissioning is a joint priority for the PCT, county council and the district and city councils that is led by senior managers with the strategies endorsed at Board level.
    - All services and arrangements within the scope of the strategy, purchasing and contracting activity and in-house services and plans will be based on the priorities identified in the commissioning strategy.
    - The arrangements to develop and implement the commissioning strategy must be as open and transparent as possible, and designed to engage with people who benefit from support, carers, providers, clinicians and professionals as well as the wider community.
    - There will be the right level of skills, expertise and capacity in the commissioning function to support the lead commissioners.
    - Commissioning activities will be coordinated and scrutinised to ensure that policies and strategies meet the overall strategic aims and objectives, are based on evidence and implemented as planned.
    - Commissioning strategies should inform future budget setting forums and drive towards achieving best value.

33. The ambiguity that will arise from partners having both commissioning and provider roles will have to be managed through any partnership and joint working arrangements. This will apply to local government and the voluntary sector. This will be reflected in the governance arrangements and the scope of the commissioning strategies; they should cover and treat all service providers in the same way.

**Next Steps**

34. A full review of the current partnership and joint working arrangements between the PCT and Social & Community Services will be carried out. Discussions will be held with officers in the district and city councils to prepare proposals on the most effective joint planning arrangements across the PCT and local government in Oxfordshire.

35. It is intended that the principles will inform the development of integrated joint planning arrangements between the PCT and Social & Community Services, and work on this will start now.

**Recommendations**

36. **The Health & Well Being Partnership Board is recommended to agree to the**:
    - **I. overall aims and objectives for preventative approaches for older people as given in paragraph 7 & 8;**
    - **II. scope of the high level strategy in paragraphs 11 – 13;**
    - **III. approach to implementation in paragraphs 22 – 25;**
    - **IV. principles and approach to joint working in paragraphs 30 – 33;**
    - **V. next steps in paragraphs 34 – 35.**

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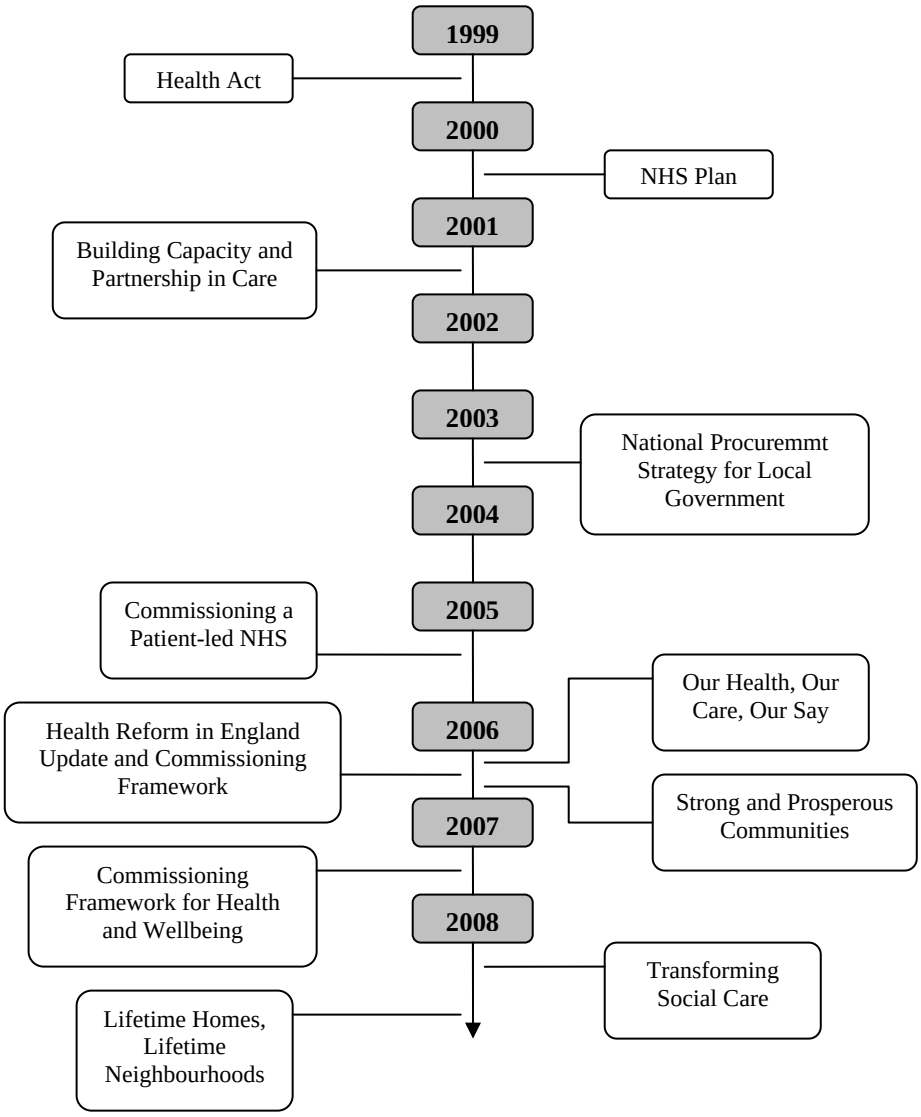
**Annex 1**

## Summary of national policy drivers



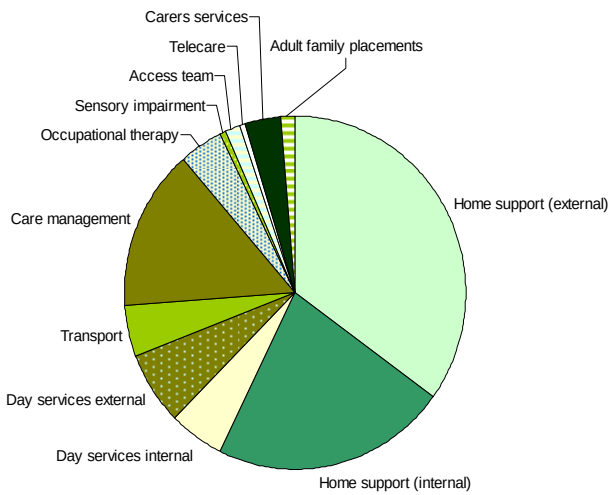
**Annex 2**

## Financial Allocations

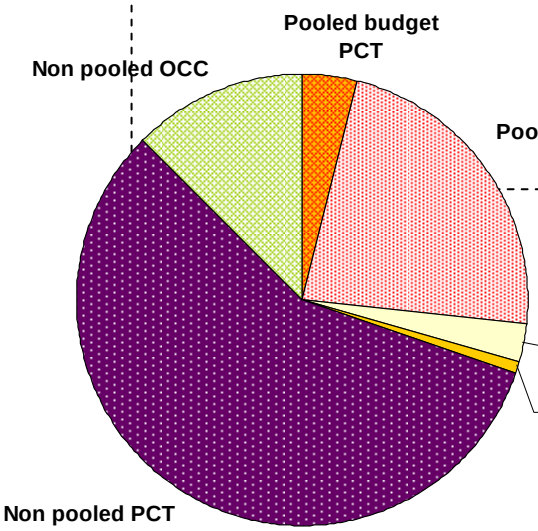
### Health & Social Care spending pattern for 2007/2008

| | Service area | OCC Expenditure | Activity | Health Expenditure | Health Activity | Total Expenditure |
|---|---|---|---|---|---|---|
| | | £000 | | £000 | | £000 |
| **Pooled Budgets** | Continuing care (including RNCC) | | | 11,035 | | 11,035 |
| | Care homes | 61,731 | | | | 61,731 |
| | Integrated Community Equipment | | | | | - |
| | Extra care housing | 2,758 | | | | 2,758 |
| | Carers breaks (respite) | 322 | | | | 322 |
| | **Total** | **64,811** | | **11,035** | | **75,846** |
| **Joint investments but not pooled** | Falls | 215 | | 330 | | 545 |
| | Intermediate care services | 2,476 | | 6,042 | | 8,518 |
| | Intermediate care beds | | | 1,199 | | |
| | Case Management | 150 | | | | 150 |
| | **Total** | **2,841** | | **7,571** | | **9,213** |
| **Non pooled investments by PCT** | **Acute Hospital care** | | | | | |
| | outpatients appointments | | | 19,409 | | 19,409 |
| | emergency admissions | | | 48,082 | | 48,082 |
| | elective admissions | | | 16,136 | | 16,136 |
| | day cases | | | 9,605 | | 9,605 |
| | **Community interventions** | | | | | |
| | district nursing | | | 6,136 | | 6,136 |
| | podiatry | | | 1,294 | | 1,294 |
| | SALT | | | 627 | | 627 |
| | Direct Access Physio | | | 26 | | 26 |
| | day hospital | | | 551 | | 551 |
| | **Prescribing** | | | 27,359 | | 27,359 |
| | **Mental Health OBMHT specialist services OP** | | | 13,711 | | 13,711 |
| | **Community Hospitals** | | | | | |
| | bed days | | | 16,497 | | 16,497 |
| | Medical cover to all beds | | | 774 | | 774 |
| | **End of Life care** | | | | | |
| | Contiuing care EoL | | | 739 | | 739 |
| | specialist palliative care | | | 1,241 | | |
| | Mrie Curie | | | 94 | | 1,241 |
| | **Total** | **-** | | **162,281** | | **162,281** |
| **Non pooled investments by Adult Social care** | Home Support (external) | 12,518 | | | | 12,518 |
| | Home support (internal) | 7,906 | | | | 7,906 |
| | Day services Internal | 1,907 | | | | 1,907 |
| | Day services External * | 2,358 | | | | 2,358 |
| | Transport | 1,635 | | | | 1,635 |
| | Care Management | 5,328 | | | | 5,328 |
| | Occupational Therapy | 1,425 | | | | 1,425 |
| | Sensory Impairment | 229 | | | | 229 |
| | Access Team | 506 | | | | 506 |
| | Telecare** | 224 | | | | 224 |
| | Carers services | 1,150 | | | | 1,150 |
| | Adult Family Placements | 495 | | | | 495 |
| | **Total** | **35,681** | | **-** | | **35,681** |
| | | | | | | |
| **Total for Health &** | | **103,333** | | **180,887** | | **283,021** |

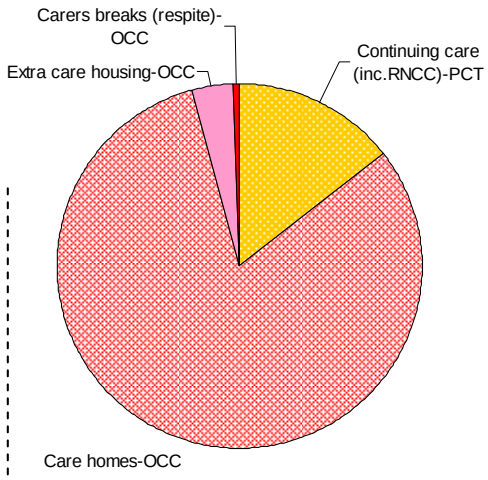
## Non-Pooled Investments by Adult Social Care



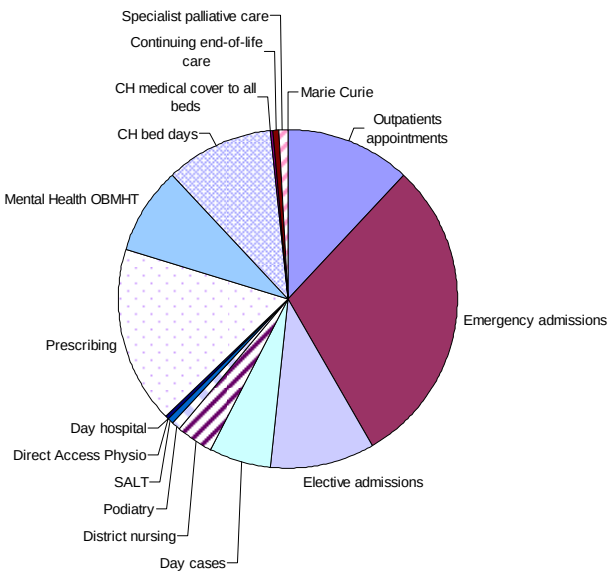

## Totals




## Pooled Budgets




## Non-Pooled investments by PCT




## Joint Investments but not Pooled