Health and social care commissioning priorities in Oxfordshire

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What we will cover

• The joint vision
• ‘Living in Abingdon’ example
• The financial challenge
• Commissioning approach
• Commissioning priorities and examples
A Joint Vision

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.
Person-centred

“I feel able to tailor services so that they are personal to me and I feel in control of the choices I make.”

“I want to be able to access care 7 days a week, and specialist skills 24 hours a day.”

“My support is co-ordinated and I know who to contact to get things changed.”

“I, or my GP, have access to a range of services to keep me as healthy and independent as possible.”
NHS Five Year Forward View, aligned with the Care Act and Children and Families Act

- Emphasis on prevention
- Support to carers
- Enable people to take control of their care
- Break down barriers in how care is provided
- Share budgets across health and social care
- Shift investment from acute to primary and community services
- Provide urgent care seven days a week
- Specialist centres to support quality
- More health care and rehabilitation in care homes
Living in Abingdon

- **33,000** people
- **1,541** known informal carers
- 1 Community Hospital
- Community Mental health team
- Social care team
- 33 GPs across four practices
- 12 Practice Nurses
- 6 opticians
- 6 NHS Dental Practices
- 8 pharmacies in Abingdon (plus 1 Dispenser at a GP surgery)
- At least 15 social groups and clubs for older people
- 1 Health and Wellbeing centre
- Learning disability centre
- 1 Good Neighbour Scheme
- 2 Community networkers with the Community Information Network
- 6 carers’ support groups
- 1 leisure centre; one library
- Age UK Oxfordshire
- Guidepost Trust’s Independent Living Centre
Financial challenges – local authorities

Government funding of Local Authorities has been cut by 37% in real terms between 2010-11 and 2015-16

37% reduction in government funding translates to 25% reduction in Spending Power in real terms

Oxfordshire County Council’s position

£88 million planned savings per annum by 2017/18
Need for an extra £60 million per annum by 2021/22

Source: National Audit Office
Financial challenges – NHS

- £30 billion pressure on NHS by 2020
- Efficiency savings commitment of £22 billion, equating to an additional £272 million in Oxfordshire
- Extra £8 million to help bridge the gap
- New models of care delivering transformational change are required
- In line with general inflation, not for specific inflation and demography
- Does not cover 7 day working

![Graph showing projected resources vs projected spending requirements over years from 2013/14 to 2020/21. The graph indicates a steady increase in both projected resources and costs.]
Our commissioning approach

• We have pooled our health and social care budgets.

• We work with partners, including district councils and the voluntary sector, to promote people’s wellbeing and prevent or delay their need for services.

• We develop joined-up services so that people can get the right treatment, care and support, in the right way and at the right time.
Promoting wellbeing

Rebalancing spend over a 5 year period

Current balance of spend
- Living, Ageing and Staying Well
- Prevention & Early Intervention
- Rapid Response & Reablement
- Long Term Care

Future balance of spend
- Living, Ageing and Staying Well
- Prevention & Early Intervention
- Rapid Response & Reablement
- Long Term Care

Low dependency levels
High dependency levels

NHS Oxfordshire Clinical Commissioning Group
Oxfordshire County Council
Community Integrated Locality Teams

“I can plan my care with people who work together to understand me and my carer(s), enable me to take control and bring together services to achieve the outcomes important to me.”
Prevention, early intervention and support

- Information and advice
- Equipment and Assistive Technology
- Telemedicine
- Wellbeing and employment support
- Carers support
- Dementia service
- Expert patient initiatives
- Sexual health services
- Health visiting
Supporting people to live in their own homes

- Help to live at home
- Supported living
- Extra Care Housing

Reducing need for more intensive care

- Hospital avoidance services
- Crisis response and reablement
- Specialist residential care
- Emergency multi-disciplinary units
- Ambulatory care
- ‘Step down’ pathways
Example - Extra Care Housing

My initial response when this housing was first suggested was “I am not going there with all those old people.” And now I think to myself, “I couldn’t have it any better than this - I am friends with everyone here! We’re like one big family”

John, 94 years old

The need for Extra Care Housing is forecast to rise to 4,500 flats by 2026.

This year the number of extra care housing places will rise by 50 per cent, taking the total in the county to 770 apartments.
Commissioning priorities for children and young people

- Access to Child and Adolescent Mental Health Services (CAMHS)
- Development of specialist Community Eating Disorder Service
- Support and therapeutic intervention for victims of Child Sexual Exploitation
- Services for children with disabilities
- Hospital avoidance projects (being seen closer to home)
- Access and choice in maternity services
- Integrated provision for Looked After Children and those (very vulnerable) children on the edge of care
Thank you

Questions?

Comments?

Observations?

Ideas?