1. Executive summary

1.1 Introduction

Oxfordshire Clinical Commissioning Group’s (OCCG’s) aim is to secure improved outcomes and value for money for patients and the public. In March 2012, OCCG decided to change how it commissions (buys) some health and social care services by introducing a more outcomes orientated approach to commissioning and contracting. OCCG decided to focus its work in the following three areas to introduce Outcome Based Commissioning (OBC) contracts for 2013/14:

- Frail Elderly
- Maternity
- Mental Health

“At the moment we plan and pay for health services according to a national system. This is largely based on paying organisations for how many patients are diagnosed and treated. While we have never ignored issues such as the patient experience and the quality and safety of those services, these factors have never really been built into contracts with local organisations. Our starting point for this radical new way of thinking is to explore with patients and carers what matters most to them and to start planning our services based on this’.

Dr Mary Keenan, Medical Director for OCCG

1.2 Purpose of the public engagement

Oxfordshire Clinical Commissioning Group (OCCG) embarked on a period of engagement from 25 October to 10 November to gather feedback on the proposed outcomes for older people services to support Outcomes Based Commissioning (OBC) for Oxfordshire.

During the engagement activity OCCG aimed to gather feedback on four key areas:

1. Are the 6 proposed outcomes the right outcomes for older people services in Oxfordshire?
   - Outcome 1: People over 65yrs with or without a long term condition are supported to be as healthy, active and independent as possible
   - Outcome 2: People over 65yrs with or without a long term condition are supported to live independently in a home of their choice
   - Outcome 3: In a care crisis or health emergency, people over 65yrs with or without a long term condition are supported as effectively as possible
   - Outcome 4: People over 65yrs will experience efficient transfer of care between health, social care and other agencies
• Outcome 5: People over 65yrs are supported with their health and social care to enable them to return to their chosen place of residence and in the best possible health as soon as possible following a period of ill health

• Outcome 6: The treatment and care provided is right for the person's need in the right setting and respect the person's individuality and dignity

2. Have we got our measures right for these outcomes?

3. What else should we include and why?

4. Are there any other comments that you would like to make?

1.3 Process & Methodology

A wide variety of engagement methods were used to support this consultation. Online engagement methods on OCGG’s ‘Talking Health’ website were used with an online survey (also available in hard copy); and the opportunity for direct feedback from stakeholders via email, phone, or freepost.

30 individuals took part in a workshop that explored the outcomes and measures. The event was organised by Age UK and the Health and Social Care Panel on 7 November at Cassington village hall. The findings from this event are shown in appendix XXX.

The engagement activity was supported by publicity on the websites of other key organisations in Oxfordshire and local media (Oxford Times) e.g. Healthwatch and the South and Vale Carers Centre.

A social media campaign was also used to engage with over 4600 followers of OCGG’s Twitter and Facebook pages and the engagement activity was also communicated to all OCGG staff via the intranet and staff newsletters.
1.4 Key Findings from the survey

Overall a wide range of responses were received to the consultation and feedback was gathered from over 130 individuals and organisations across Oxfordshire. The majority of respondents were male and aged 65 or over.

Analysis of the responses including the survey and workshop resulted in the following themes emerging:

Overall support for the 6 proposed outcomes for older people’s services

Overall strong support was given for the six proposed outcomes that have been identified for older people’s services in Oxfordshire. No-one disagreed with any of the proposed outcomes, however people did express that these are outcomes that should already be happening. The outcome that respondents agreed with the most was Outcome 6: The treatment and care provided is right for the person’s need in the right setting and respect the person’s individuality and dignity’ with 75% of people choosing ‘strongly agree’. The outcome that had the lowest rating was ‘Outcome 5: People over 65yrs are supported with their health and social care to enable them to return to their chosen place of residence and in the best possible health as soon as possible following an episode of ill health’ with 61% of people choosing ‘strongly agree’.
Carers/Family – a missing outcome?

People felt that there needs to be greater support for the inclusion of carers (formal and informal) and family in both the outcomes and measures. People felt that the older person as well as carers need to be involved in care plans. The following suggestions were made as to how these could be included as outcomes or measures:

- Carers of older persons and people with long term conditions are valued, respected, listened too and well supported
- % of people receiving home care
- % of people happy with the amount of time the carer is in their home and the quality of care. Do they receive enough care covering all their needs?
- Number of older people who are receiving support from carer support services like rethink or carers Oxfordshire
- No of carer assessments completed
- % of people over 65 who report being included and consulted in discussions about their own care

SMART measures

Respondents highlighted the need for SMART measures for each of the proposed outcomes and also indicated that a number of the measures were either too late e.g. measured after 1 year, or that measures needed to be taken at regular intervals throughout pregnancy and after birth to give an accurate picture of success.

Mental Health

Respondents felt that the outcomes need to reflect a more holistic approach to older people, and should include measures relating to the individuals socio-economic situation. Loneliness and co-morbid mental health conditions in older people could impact on the success of delivering the outcomes. Broadly, people felt that an individuals’ quality of life should be reflected. A specific measure for this was provided:

- Proportion of older people receiving treatment for mental health conditions and accessing mental health support
- % of positive responses too: ‘Are you happy with the quality of your health and life?'
- % of people living in their own accommodation who have daily contact with others both by leaving their own home or having friends and relatives visit them in their home.

Accommodation

When asked to add any additional comments about the proposed outcomes and measures for older people services, the strongest theme that emerged was around accommodation. Generally people agreed with Outcome 2: ‘People over 65yrs with or without a long term condition are supported to live independently in a home of their choice’, however, people felt that there were more specific measures that could be included:

- number of people going into residential homes for respite/short-term care.
• % of people that have received help/support to adapt their home and/or have received specialist equipment (should be increasing): [adaptations & equipment must increase if more people are able to live independently]
• % of people living in accommodation that has been purpose-built or adapted to their needs (should be increasing): [accessible accommodation must increase if more people are able to live independently]
• % of people over 65 and 80 living safely with or without support in residential care/nursing care
• % of people over 65 and 80 living safely with or without support in their own home
• People over 65yrs are supported with their health and social care to enable them to return to their chosen place of residence and are provided with enough time on each visit to enable them to stay there and enjoy a healthy lifestyle which respects dignity

Quality of service provision

A clear theme that crossed all 6 outcomes was about the quality of NHS service provision. People felt that services need to be more local and timely. The quality of service provided by individual clinicians and teams was also raised as this impacts on whether or not an individual is able to meet the optimum outcome for their condition. The following measures were suggested for inclusion:

• % of people feeling confident in the professionals around them to manage their condition wherever they live
• % of people who feel that they have had to repeat the same information to 3 or more people (other than basic info to identify themselves)
• % of people who feel that agencies are working in a disjointed or uncoordinated manner (opposite of integrated care)
• % of people who feel that they have been given advice that has been inconsistent/contradictory from different services
• % of people who do not feel safe and adequately supported

Self Care
Outcome 1: People over 65yrs with or without a long term condition are supported to be as healthy, active and independent as possible – people felt that there were some key measures missing that would help to measure whether or not an individual was able to self-care/manager their long term condition. It should be noted however, that people felt that in order to self-care, this was dependent on a variety of things including access to primary care, access to social activities and support from family and friends.

• % of people who feel confident in their health care professional to help them to manage their condition when needed.
• Older people over 65 years with or without a long term condition should be supported to maintain optimum hearing, sight and dental health.
• % of people with long-term condition who know how to contact/are in contact with others in the locality with the same condition (peer support is a key element to effective self-management)
• number of emergency re-admissions within 1 yr for the same primary/secondary reason as a previous emergency admission (should be low & reducing)
% of older people who have visited a dentist or optician in the past 12 months. (*poor eyesight leading to falls; poor dentition affecting diet and oral health; poor hearing associated with accidents and poor quality of life*)

% of people with long-term condition admitted to hospital as non-electives for a reason directly related to their condition (*should be decreasing*)

% of people who feel capable of managing their condition on a day-to-day basis (*even more important than feeling supported, is feeling that you can actually manage*)

**Other issues raised**

Other issues included:

- Concern about ‘how’ the outcomes will be measured (specifically the tools and techniques along with ‘who’ will do the measuring. People felt that the commissioners should be more robust in monitoring the delivery of the outcomes.
- Support for the older person to address changes that may be happening in life as a result of their health care need
- People felt that there was strong recognition of reporting patient experience as a measure for delivering the proposed outcomes, but felt that commissioners should publish these findings
- People felt that end of life should be separated from dignity, as they should be separate outcomes.

**1.5 Key Findings from the Age UK Workshop**

Over 25 people attended the workshop, organised by the health and social care panel of Age UK. Participants were given the opportunity to share some personal experiences, which raised the following concerns with current services:

- Staff and commissioners need to listen to what the person wants/needs
- Waste in the system:
  - Duplication, lack of co-ordination
  - Waste on care pathways
  - Unnecessary Investigations, lots of triage, waste of clinician time, delays
- Commissioners not in touch with the reality on the ground need to be much tougher
- Are contracts and monitored enough. Is competition used enough
- Evaluation and monitoring
- Emphasis quality…. Based on what people have said

The participants were split into 3 groups to discuss the proposed outcomes and measures. The key points raised, reflected what we were told in the survey responses. These were:

- Carers: absence of carers in outcomes, Quality of formal carers, Outcome must reflect the carer
- No mention of loneliness and isolation
• Multidimensional treatment of care that is co-ordinated and joined up.
• Dignity and quality should be in all
• Outcome 4… transfer of care should include family members.
• People need to know what the discharge process is and not be up surprised by it.
• Drop the age…
• Sound like aims not outcomes
• Named key worker who will have a holistic view

1.6 Conclusion

The above themes and feedback will be considered when finalising the proposed outcomes and measures for older people services in Oxfordshire.

A full and detailed consultation report including a breakdown of responses by question will be available and shared with all those that participated in the consultation at the end of January 2014. The report will also be made available on OCCG’s Talking Health website at https://consult.oxfordshireccg.nhs.uk/consult.ti/OBCOP/consultationHome