Adult Commissioners Thematic Partnership

‘Realising our objectives for Healthier Communities and Older People’

Rita Lally and Colin Thompson

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Role of Adult Commissioners

- Overseeing the delivery of the Healthier Communities and Older People block of the Buckinghamshire LAA
- Executive and strategic leadership and direction through a focus on the big issues, opportunities and longer term benefits
- Supporting partnership development and fostering understanding of shared agenda/ unblocking issues as they arise

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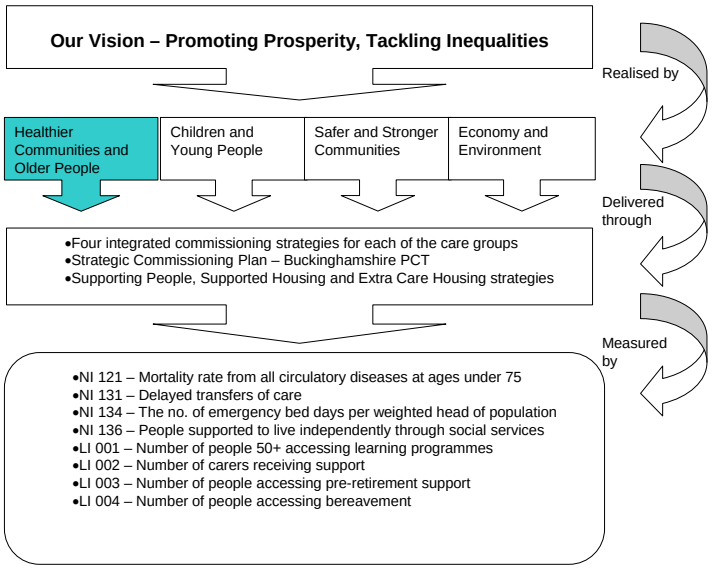

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LAA 2008-09 Performance

	BASELINE	Target Y1	Actual Y1	Performance
LAA.NI121 Mortality rate from all circulatory diseases at ages under 75 per 100,000 pop	51.4	48.3	?	?
LAA.NI131 Delayed transfers of care	24.3	18.2	17.5	★
LAA.NI134 No. of emergency bed days	220,367	211,552	214,569	●
LAA.NI136 People supported to live independently through social services	4228	4225	4272	★
LAA.LI001 Number of people aged 50+ accessing learning programmes	6715	7000	11220	★
LAA.LI002 Number of carers receiving support from a carers centre	6226	7000	6961	●
LAA.LI003 Number of people accessing pre-retirement support	93	80	105	★
LAA.LI004 Number of older people receiving bereavement counselling	90	98	157	★
LAA.LI006 Households receiving heating / insulation improvements	1850	1030	1812	★

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What are the big partnership issues?

- Increased demand outstripping available resources
- Dramatic increase in population and shift in dependency ratios
  - Young people with complex disabilities living into adulthood
  - Working age population shrinking with resulting impact on tax base and dependency ratios
  - Older population increasing dramatically together with number of years we spend with poor health. 1/3rd of men and ½ of all women when they reach 65 will require long term care as they age
- Increased public expectation – quicker, more personalised services – transforming services to be self-directed.
- The current ways of delivering services are not sustainable. Nationally and locally we need to agree a way forward
- Self Directed Support

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Current Systems Challenges

- Health and social care are currently provided largely independently by two separate organisations, BCC & Community Health Bucks, under contract to Bucks PCT.
- As a consequence services are uncoordinated, leading to duplication, inefficient use of resources and a poor service for users.
  - Numerous and different points of access – council contact centre, Harmoni Single Point of Access, Rapid Access Point
  - Separate assessments conducted by health and social professionals
  - Unnecessary long stays in hospitals as a result of delays or shortage of community based services with a resultant heavy financial drain on the PCT resources
  - Separate intermediate care & domiciliary care rapid response teams, reducing their effectiveness in preventing hospital admissions and reducing delayed discharges
  - Separate monitoring arrangements for those with long term care needs
  - Range of out of hours/crisis services and safeguarding services

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Our response to these challenges

- Developing whole systems model for integrated health & social care
- New customer journey with LAA targets embedded in new model
  - Model for self-management and behaviour change through information, advice, public health campaigns and preventative service responses
  - Integrated single point of access with separate crisis response
  - Re-ablement approach for all including hospital discharges before long term care package agreed.
  - Single case management approach for LTC through Independence & Well-being teams
  - One approach to safeguarding and promoting dignity in care
- Development of self-directed social and health care markets

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Principles of integrated working

The following principles need to be adopted to ensure successful integrated working:

- Based on shared vision and statement of anticipated benefits of integration
- Improves user outcomes and user experience
- Provides easy access to services, including single point of access and speedy response
- Supports seamless and co-ordinated care provision
- Pathway based – right care, right place, right time
- Uses resources more effectively and efficiently than would be the case without integration
- Adopts philosophy of enablement so that as many users as possible regain independence in order to remain in their own home or chosen place of residence
- Eliminates duplication of activity by different professionals
- Ensures equity of access for all
- Promotes mutual respect for different professional groups and the elimination of unhelpful professional boundaries or hierarchies
- Facilitates on going professional development and encourages skill sharing, learning and innovation
- All staff are open and transparent in their workings with each other

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