



Living with Positive Choices

**COMMISSIONING STRATEGY FOR PEOPLE
WITH LONG TERM CONDITIONS
AGED BETWEEN 18 AND 64**

2013 to 2018

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Introduction

There are around 15.4¹ million people in England with at least one Long Term Condition. The Department of Health (DH) defines Long Term Conditions as “a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies.”

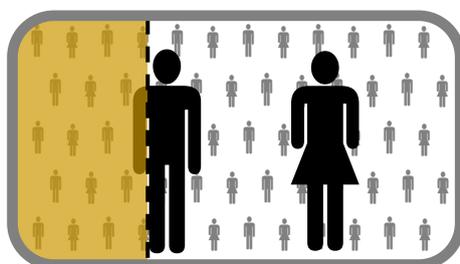
This includes a wide range of health conditions including non-communicable diseases (e.g. cancer and cardiovascular disease), communicable diseases, and ongoing impairments in structure (e.g. joint disorders).

Key Information:²

- 6.4 million people have clinically identified hypertension. It is estimated that the same number again have unidentified hypertension, meaning that an estimated one in five of the population suffers from the condition.
- The UK economy stands to lose £16 billion over the next 10 years through premature deaths due to heart disease, stroke and diabetes.
- It is estimated that 85% of deaths in the UK are from chronic diseases. Within this, 36% of all deaths will be from cardiovascular disease and 7% from chronic respiratory disease.

People with Long Term Conditions account for:³

- 50% of all GP appointments
- 64% of outpatient appointments
- 70% of all inpatient bed days
- In total around 70% of the total health and care spend in England (£7 out of every £10) is attributed to caring for people with LTCs
- This means that 30% of the population account for 70% of the spend



30% of the population



70% of the spend

¹ DH Facts on Long Term Conditions (http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Healthcare/Longtermconditions/DH_084294)

² DH Facts on Long Term Conditions

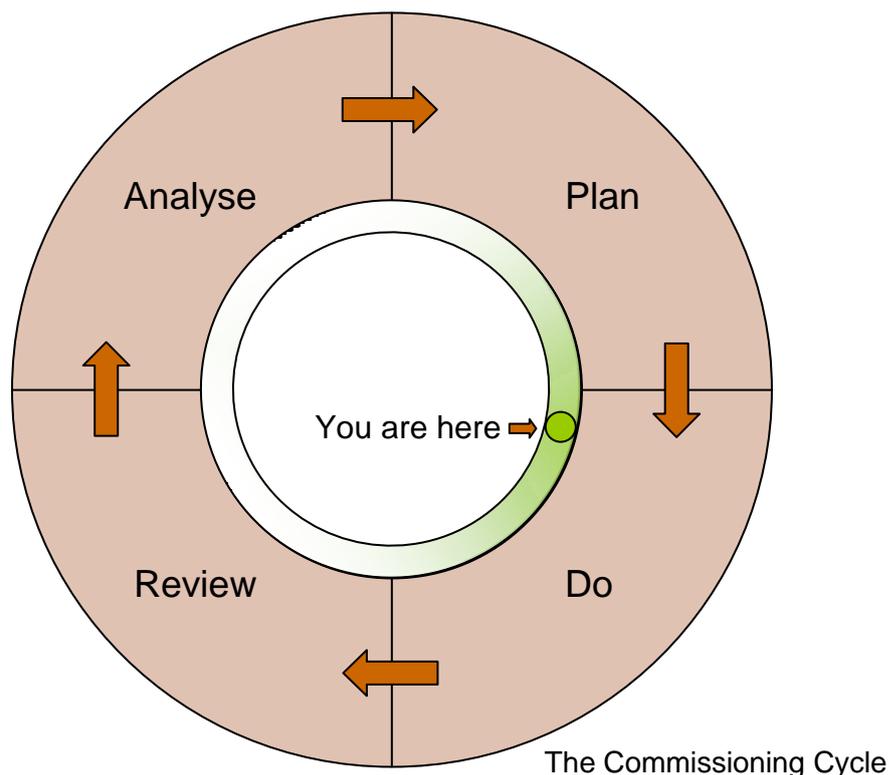
³ 2009 General Lifestyle Survey

People with Long Term Conditions consistently say:⁴

- They want to be involved in decisions about their care – they want to be listened to
- They want access to information to help them make those decisions
- They want support to understand their condition and confidence to manage – support to self care
- They want joined up, seamless services
- They want proactive care
- They do not want to be in hospital unless it is absolutely necessary and then only as part of a planned approach
- They want to be treated as a whole person and for the NHS to act as one team

A commissioning strategy is a plan which sets out how support and services for people will be developed at a local level. In order to decide what outcomes the Council and its partners need to be achieved and how the strategy will be implemented the following has been taken into account:

- relevant legislation and national guidance
- an analysis of the needs of the local population and how these are likely to change in the future
- an overview of the strengths and limitations of current support and services
- resources currently available



People in Bracknell Forest have been consulted to find out what the local issues are. This information, together with guidelines published by the Government has informed this strategy to ensure that people living with Long Term Conditions in Bracknell Forest are enabled to have choice and control to live as independently as possible.

⁴ Our health, our care, our say: a new direction for community services - consultation responses from people with long term conditions

National Context

The emphasis of the modernisation and personalisation of adult social care is joint working with the person, their carer(s) and partner organisations to enable people to exercise choice and control over their lives.

There is a wealth of government policy and initiatives that support people aged 18-64 with Long Term Conditions, details of which can be found on the Department of Health website.⁵ Summaries of the most relevant and recent documents are as follows:

Equity and Excellence: Liberating the NHS (July 2010)

This white paper sets out proposed changes for the NHS including the establishment of a new NHS England and a transfer of responsibility for health improvement to local government. It is envisaged that local authorities and GP consortia will work together on planning and commissioning services for local people. It is in this white paper that the outcome framework for Adult Social Care is set, replacing the framework set out in Our Health, Our Care, Our Say. The focus is on four domains;

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm

The Health and Social Care Act 2012

This enacts a new NHS architecture to deliver the principles behind the policy. These four areas are:

- Greater choice, control and patient involvement – “no decisions about me without me”
- Improved health outcomes
- Removal of unnecessary bureaucracy, cut waste and make the NHS more efficient
- Clinical Commissioning Groups and the handing back of power to patients

The Care and Support White Paper 2012

The Care and Support White Paper sets out two overarching principles for the future of Health and Social Care.

1. The first principle is that promoting people’s independence and wellbeing should be at the heart of a strategic approach. Everything should be done, as individuals and as communities, to prevent, postpone and minimise people’s need for formal care and support.
2. The second principle is that people should be in control of their own care and support. Personal budgets, direct payments, and access to a choice of independent, approved providers of local services will help people and their carers to make the choices that are right for them.

⁵ <http://www.dh.gov.uk/health/category/policy-areas/nhs/long-term-conditions/>

The Draft Care and Support Bill 2012

The Draft Care and Support Bill sets out new legislation to facilitate the implementation of these principles

1. The promotion of individual wellbeing will be the driving force underpinning the provision of care and support.
2. Duties will exist for Local Authorities to provide information and advice, prevention services, and shape the market for care and support services.
3. Clear legal entitlements to care and support will be put in place, including giving carers a right to support for the first time to put them on the same footing as the people for whom they care.
4. The law will set out that everyone who is eligible, including carers, should have a personal budget as part of their care and support plan, and give people the right to ask for this to be made as a direct payment.
5. New duties will exist to ensure that no-one's care and support is interrupted when they move home from one Local Authority area to another.

A Vision for Adult Social Care: Capable Communities and Active Citizens

The Government is aiming to transform the way public services are planned, commissioned and delivered. This paper sets the agenda for adult social care making services more personalised, more preventative and more focused on delivering the best outcomes for people who use services. The Government is committed to devolving power from central government to communities and individuals.

QIPP (Quality, Innovation, Productivity and Prevention)

QIPP is a large scale transformational programme for the NHS, involving all NHS staff, clinicians, patients and the voluntary sector and will improve the quality of care the NHS delivers whilst making up to £20billion of efficiency savings by 2014-15, which will be reinvested in frontline care.

QIPP is engaging large numbers of NHS staff to lead and support change. At a regional and local level SHAs have been developing integrated QIPP plans that address the quality and productivity challenge, and these are supported by the national QIPP work streams which are producing tools and programmes to help local change leaders in successful implementation.

There are a number of national work streams designed to support the NHS to achieve the quality and productivity challenge it has been set. Some deal broadly with how the NHS commissions care, for example covering long-term conditions, or ensuring patients get the right care at the right time. Others deal with how the NHS runs, staffs and supplies their organisations, for example supporting NHS organisations to improve staff productivity, non-clinical procurement, the use and procurement of medicines, and workforce.

Understanding the QIPP agenda will help the Council in its partnership working with local NHS bodies with particular emphasis on support around Long Term Conditions.

Long Term Conditions is one of the priority QIPP work streams which promotes an evidence based Long Term Condition generic care model. The workstream is based on the three drivers;

- Risk profiling,
- Neighbourhood care teams,
- Self-care / shared decision-making.

Think Local, Act Personal: Next Steps for Transforming Adult Social Care

A cross agency agreement which draws on learning from implementing 'Putting People First (2007)' and sets out the principles for 'Personalisation' An important emphasis in transforming social care is cross boundary working to achieve a whole systems approach. The development of Joint Strategic Needs Assessments, Local Performance Frameworks and Local Area Agreements are key features of this approach. Personalisation gives each person choice and control over how their support is provided and delivered. The focus of "Think Local, Act Personal" is on areas where further action is required.

Equality Act 2010

The Equality Act 2010 requires all organisations that provide a service to the public to make reasonable adjustments to those services to ensure they are accessible to everyone.

National Long Term Conditions Strategy

In 2012 the Department of Health (DH) carried out some work with other government departments with the aim of developing a strategy on Long Term Conditions. As part of that work, DH held stakeholder workshops and asked people to share their views, ideas and experiences on Long Term Conditions. Comments closed on 15 June 2012 but you can still read what people said at <http://longtermconditions.dh.gov.uk/have-your-say/>.

In November 2012 the government published the first NHS Mandate, which included an ambition to be among the best in Europe at supporting people with ongoing health problems to live healthily and independently. The mandate gives responsibility to NHS England for leading on producing proposals to help make life better for people with Long Term Conditions in England, by giving people:

- Support to develop self care skills and to become experts in their own health
- A personalised care plan if they want one
- Better coordinated care based on what each person wants

As this work is being led by NHS England, the Department of Health has not produced a Long Term Conditions strategy as planned. However, the responses were shared with the Commissioning Board to inform its work.

Information Strategy: The power of information

The Information Strategy from the Department of Health sets a ten-year framework for transforming information for the NHS, public health and social care. The strategy builds on the intention of Healthy Lives Healthy People: Our strategy for public health in England to "harness the information revolution to make the best use of evidence and evaluation and support innovative approaches to behaviour change throughout society". One of the key commitments is that people will be able to view their GP record online by 2015.

Personal Health Budgets

Personal health budgets allow people to have more choice, flexibility and control over the health services and care they receive. At the heart of a personal health budget is a care plan, the agreement between the primary care trust and the person that sets out the person's health needs, the amount of money available to meet those needs and how this money will be spent. Personal health budgets are currently being piloted in 20 areas across the country. They can be used in conjunction with Personal Budgets allocated by Local Authorities to enable planning for all support needs.

NHS Mandate

The NHS Mandate, published by the Department of Health in November 2012, sets out objectives for NHS England. Whilst many of these objectives will have an effect on people with Long Term Conditions there are specific objectives relating to Long Term Conditions. The NHS Mandate gives NHS England the following objectives relating to enhancing quality of life for people with Long Term Conditions:

To make measurable progress towards the NHS being among the best in Europe at supporting people with ongoing health problems to live healthily and independently, with much better control over the care they receive.

To ensure the NHS becomes dramatically better at involving patients and their carers, and empowering them to manage and make decisions about their own care and treatment.

To achieve a significant increase in the use of technology to help people manage their health and care.

To drive and coordinate engagement with local councils, CCGs and providers; and at national level, to work with the Department of Health, Monitor, Health Education England, Public Health England, and the Local Government Association, as well as other organisations that want to contribute.

To make measurable progress towards ensuring that the diagnosis, treatment and care of people with dementia in England is among the best in Europe, in particular ensuring timely diagnosis and the best available treatment for everyone who needs it, including support for their carers.

NHS England (Formerly NHS Commissioning Board)

NHS England will play a key role in the Government's vision to modernise the health service with the key aim of securing the best possible health outcomes for patients by prioritising them in every decision it makes. Formerly established as the NHS Commissioning Board on 1 October 2012, NHS England is an independent body, at arm's length to the Government. The main aim of NHS England is to improve the health outcomes for people in England.

From April 2013, NHS England has taken on many of the functions of the former primary care trusts (PCTs) with regard to the commissioning of primary care health services, as well as some nationally-based functions previously undertaken by the Department of Health.

The new arrangements comprise a single operating model for the commissioning of primary care services, which up until now has been done differently by PCTs and their predecessors. The operating model describes the system by which NHS England will use the £12.6bn the NHS spends on commissioning primary care to secure the best possible outcomes. In time, through this new system, NHS England will develop the future strategy for primary care.

The benefits NHS England hope to achieve from this change are:

- Greater consistency and fairness in access and provision for patients, with an end to unjustifiable variations in services and a reduction in health inequalities
- Better health outcomes for patients as primary care clinicians are empowered to focus on delivering high quality, clinically-effective, evidence-based services
- Greater efficiencies in the delivery of primary care health services through the introduction of standardised frameworks and operating procedures.

Local Context

Locally, the Long Term Conditions strategy has been informed by the Council's strategic vision and has links with strategies for other care groups and those for Carers and people who need the support of an advocate to exercise choice.

Bracknell & Ascot Clinical Commissioning Group

The Bracknell and Ascot Clinical Commissioning Group (CCG) is a group of GPs that are responsible for commissioning local health services. They will do this by commissioning or buying health and care services including:

- Elective hospital care
- Rehabilitation care
- Urgent and emergency care
- Most community health services
- Mental health and learning disability services

The Clinical Commissioning Groups will be overseen by NHS England which will make sure that Clinical Commissioning Groups have the capacity and capability to commission services successfully and to meet their financial responsibilities.

GP surgeries are using the Adjusted Clinical Groups (ACG) system for risk stratification which means they are determining the likelihood of people being affected by various conditions. They then use this information to estimate the financial and social impact of these predictions so they can work with people to form better long-term care plans. This work is done in conjunction with the Council's Older People & Long Term Conditions social work team.

Bracknell Forest Health and Wellbeing Board

The Health and Wellbeing Board is a forum for key leaders from the health and care system to work together to improve the health and wellbeing of their local population and reduce health inequalities. The Board assumed statutory functions from April 2013. The Board is accountable to local people through having local councillors as members of the board.

Board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and Bracknell Forest Council.

Health and Wellbeing Boards have strategic influence over commissioning decisions across health, public health and social care. The Board strengthens democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. The Board also provides a forum for challenge, discussion, and the involvement of local people and brings together the Bracknell & Ascot Clinical Commissioning Group and the Council to develop a shared understanding of the health and wellbeing needs of the community. Development of a joint strategy for how these needs can be best addressed is a priority for this emerging Board which will include recommendations for joint commissioning and integrating services across health and care.

Long Term Conditions Project Group

The Long Term Conditions Project Group is the body responsible for the Long Term Conditions Strategy and Action Plan. The representatives include;

- Chief Officer: Older People & Long Term Conditions (Bracknell Forest Council)
- The Head of Service for Long Term Conditions (Bracknell Forest Council)
- Local Authority Commissioning (Bracknell Forest Council)
- Housing (Bracknell Forest Council)
- South Central Regional Head of Operations (Stroke Association)
- Stroke Association Family Worker
- Chair of Carers UK Bracknell
- Local Healthwatch
- Bracknell and Ascot Clinical Commissioning Group
- Public Health
- Bracknell Forest Homes
- Bracknell Forest Voluntary Action

The group is chaired by the Chief Officer for Older People and Long Term Conditions and meets quarterly to ensure that support and services are delivered for people with Long Term Conditions in line with this strategy, the Action Plan and national legislation and guidance.

Local HealthWatch

From April 2013 Local Healthwatch will help to inform the development of new approaches to Health and Social Care

1. Local Healthwatch will be an independent organization within the community, driven by the community and for the community.
2. It will gather views and understanding of the experiences of people who use services, carers and the wider community.
3. It will make people's views known.
4. It will promote and support the involvement of people in the commissioning and provision of local care services and how they are scrutinized.

Needs Analysis

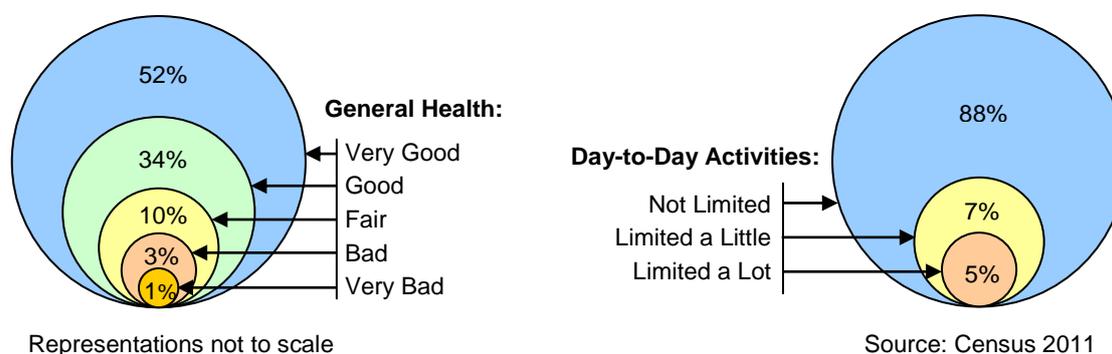
A needs analysis is a way of estimating the extent and nature of the needs of a population so that appropriate support can be planned. In this strategy the Council has identified the expected local need through the Joint Strategic Needs Assessment⁶, Census and other data sources. The Joint Strategic Needs Assessment (JSNA) was developed by NHS Berkshire East and the Council in accordance with the Local Government and Public Involvement in Health Act of 2007. The JSNA is a process by which the current and future health and social care needs of a population are identified in the light of existing services.

To augment this information a consultation was held to ask what needs and priorities could be identified by the people supported by the Council and the organisations or carers who aid that support.

Expected Local Need ⁷

- The estimated population for Bracknell Forest is 113,205. Between 1991 and 2001 the population grew twice as fast as the average for south east England.
- Life expectancy in Bracknell Forest is higher than the national average at 79.7 years for men and 83.8 years for women compared to 78.3 years and 82.3 years respectively for men and women throughout the United Kingdom.
- The population is predicted to follow a trend of decreasing numbers of younger people and increasing numbers of older people. This increase will affect a rise in Long Term Conditions and create a need for support for more people to live independently with these conditions.
- Culturally the population is predominantly white, British (85%) and Christian, with a smaller than average ethnic mix and diversification which is predicted to grow. There is a diverse range of languages spoken in the borough, due partly to permanent residents and those employed within Bracknell Forest businesses from overseas.
- In April 2013, Bracknell Forest Adult Social Care recorded that there were 864 known Carers out of 9,674 people providing unpaid care within Bracknell Forest.

The 2011 Census also provides information on General Health and whether people feel they have a Long Term Condition that limits people's day-to-day activities. This information is represented below.



⁶ Joint Strategic Needs Assessment is the means by which Primary Care Trusts and Local Authorities will describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs.

⁷ Figures from 2011 Census unless otherwise stated

Projecting Adult Needs and Service Information (PANSI) have projected the numbers of moderate and serious physical disabilities in Bracknell Forest over the next seven years.

People aged 18-64 predicted to have a moderate or serious physical disability, by age, projected to 2020 - PANSI

Moderate Physical Disability	2013	2014	2015	2020
People aged 18-24	385	385	385	385
People aged 25-34	710	722	735	743
People aged 35-44	991	997	1,002	1,002
People aged 45-54	1,727	1,756	1,756	1,765
People aged 55-64	1,848	1,907	1,952	2,011
Total population aged 18-64	5,661	5,767	5,830	5,908

Serious Physical Disability	2013	2014	2015	2020
People aged 18-24	75	75	75	75
People aged 25-34	68	69	70	71
People aged 35-44	301	303	304	304
People aged 45-54	481	489	489	491
People aged 55-64	719	742	760	783
Total population aged 18-64	1,644	1,678	1,698	1,725

Berkshire East PCT reports annually on the prevalence of conditions. This information has been collated in the table below to show the prevalence of conditions and any trend or change since 2008.

Condition Prevalence taken from QOF figures from 2008 to 2012
<http://www.gpcontact.co.uk>

Long Term Condition	Prevalence					Trend / Change
	2008	2009	2010	2011	2012	
Coronary Heart Disease	2.70%	2.70%	2.70%	2.70%	2.60%	-4%
Asthma	5.40%	5.50%	5.40%	5.50%	5.30%	-2%
Cancer	0.90%	1.10%	1.20%	1.30%	1.40%	56%
Chronic Obstructive Pulmonary Disease (COPD)	1.00%	1.00%	1.00%	1.00%	1.00%	0%
Hypertension	10.50%	10.80%	10.90%	11.00%	11.00%	5%
Stroke and Transient Ischaemic Attacks (TIA)	1.20%	1.30%	1.30%	1.30%	1.30%	8%
Hypothyroidism	2.60%	2.70%	2.80%	2.90%	2.90%	12%
Heart Failure	0.60%	0.50%	0.50%	0.50%	0.50%	-17%
Diabetes	3.70%	3.90%	4.10%	4.30%	4.50%	22%
Epilepsy	0.50%	0.50%	0.50%	0.50%	0.50%	0%
Mental Health	0.60%	0.60%	0.70%	0.70%	0.70%	17%
Dementia	0.30%	0.30%	0.30%	0.30%	0.40%	33%
Chronic Kidney Disease (CKD)	1.70%	2.00%	2.10%	2.20%	2.30%	35%
Atrial Fibrillation (AF)	1.00%	1.10%	1.10%	1.10%	1.10%	10%
Depression	0.60%	0.60%	0.60%	0.50%	0.60%	0%

Stakeholder Engagement

The development of this strategy was informed by a 13 week stakeholder consultation which was launched with a Conference on 4th November and ran until 4th February 2012. People were encouraged to contribute by attending events, responding to postal questionnaires, taking part in one-to-one interviews and by giving online feedback.

A total of 588 comments received related to the experiences, needs and wishes of people.

The demographics of the people who responded:

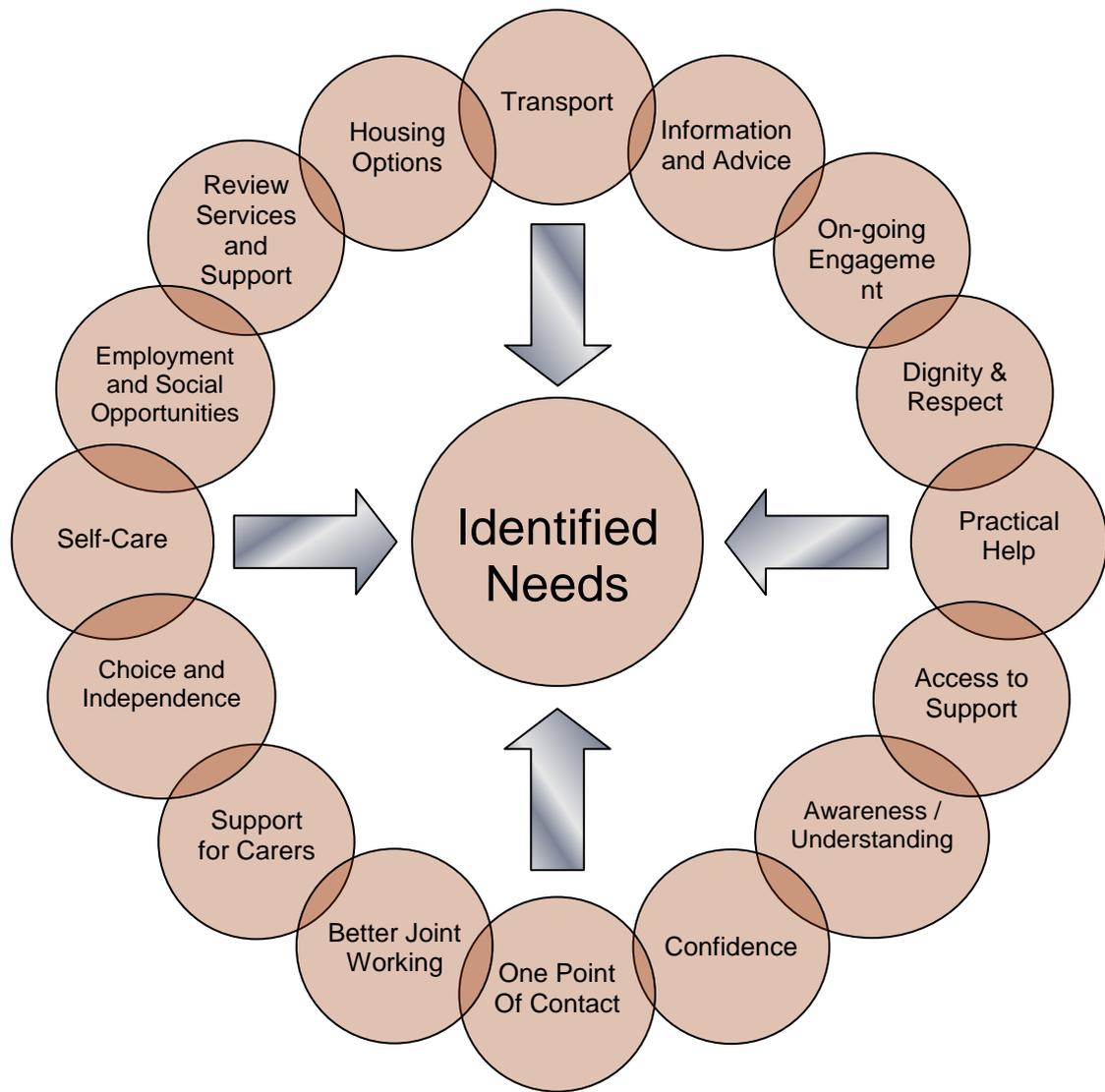
- Respondents were more often female, with 81% female to 19% male.
- The majority of respondents were between 35 and 64 years old.
- In line with expectations, 86% of respondents identified themselves as White British. Additionally, 70% identified themselves as Christian.
- Responses came from all over the Borough, including Wards with both high and low deprivation.

The consultation questionnaire asked eight questions, excluding those relating to equalities monitoring. The first three were quantitative (looking for numbers), asking about the person and their condition. The next five were qualitative (looking for words; thoughts and experiences) and asked about;

- Positive and negative experiences of the support currently available
- Changes in experience in the time the person was affected by the condition
- Changes that people wanted in their lives to enable them to live the life they want
- Changes that would make people feel better supported

The majority of respondents, over 75%, were people with Long Term Conditions or their carers. Over twenty different Long Term Conditions were given represented in the survey findings with neurological conditions, arthritis, heart disease, diabetes and hypertension being the five most prevalent. On average these conditions had been present for over 11 years. A small number of people gave details on the timescale between symptoms first appearing and diagnosis with the average timescale being eight years.

The following diagram highlights some of the emerging themes from the consultation. The themes bear similarities to other consultation results and, where appropriate and practicable, the actions have been linked to other strategies or working groups. Not all comments related to priorities which would go in to the action plan. Where comments highlighted operational issues that needed more immediate attention these have been addressed separately.



The identified needs with the greatest proportions of comments have been used to set the ten priorities. These will form the actions within the Action Plan for the next two years. At this point the Action Plan will be reviewed and refreshed and will look at further opportunities for developing support and services under the identified priorities. The Action Plan will focus on specific comments relating to each priority to target areas for action and improvement.

Conclusion

Over the next 15 years it is expected that all Long Term Conditions will increase in prevalence. In an age of austerity and reduced local government funding there is a stronger emphasis on ensuring value for money, balancing outcomes and cost.

We are also entering a time of great organisational change; the introduction of Clinical Commissioning Groups, the transition of LINKs to Local Health Watch with the establishment of Health Watch England, and the transition of Public Health responsibilities to local authority. All of these will impact on the way the Council works with, and provides services and support to, people with Long Term Conditions and their families. While the Council has some indications as to how these organisational shifts will affect the shape and responsibilities of the department over the coming years, the landscape is still changing and will continue to do so for some time.

In delivering the commissioning strategy over the next five years the Council needs to listen to what people say and aim to meet their expectations. The Council should take an approach which adopts a wellbeing and prevention model rather than intervention at a point of crisis. The future direction for support and services for people with a Long Term Condition is achieving a goal whereby they are encouraged to make choices, fulfil their aspirations and achieve their desired outcomes.

Priorities

Following the stakeholder engagement, ten priorities with 43 associated actions have been identified to put forward in to the Long Term Conditions Action Plan. The following are the ten priorities identified by stakeholders during the consultation;

- **Review services and support**
- **Develop employment and social opportunities**
- **Promote awareness of Long Term Conditions**
- **Provide suitable housing options**
- **Access to support and services**
- **Provide joined-up services with partner organisations**
- **Promote choice, independence and self-management of conditions**
- **Information is readily available**
- **Support carers**
- **Opportunities for on-going engagement and contribution**

Within the Action Plan these priorities are set against the Outcomes Framework. Some of the actions impact on multiple priorities and some of the priorities impact on multiple outcomes.

Action Plan

The Outcomes Framework, created by the Department of Health, sets out the areas (domains) that the Council needs to concentrate on within the Action Plans associated with every strategy. The Outcomes Framework that relates to Adult Social Care also links into the Outcomes Frameworks for both NHS and Public Health services. For details on how these link together please see Appendix 1. Each of these areas in turn has more detailed requirements. The detailed requirements of the Adult Social Care Outcomes Framework (ASCOF) are listed below.

Enhancing quality of life for people with care and support needs;

- People live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information
- Carers can balance their caring roles and maintain their desired quality of life
- People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs
- People are able to find employment when they want, maintain family and social life and contribute to community life, and avoid loneliness or isolation

Delaying and reducing the need for care and support;

- Everybody has the opportunity to have optimum health throughout their life and proactively manage their health and care needs with support and information.
- Earlier diagnosis and intervention means that people are less dependent on intensive services.
- When people become ill, recovery takes place in the most appropriate place, and enables people to regain their health and wellbeing and independence.

Ensuring that people have a positive experience of care and support;

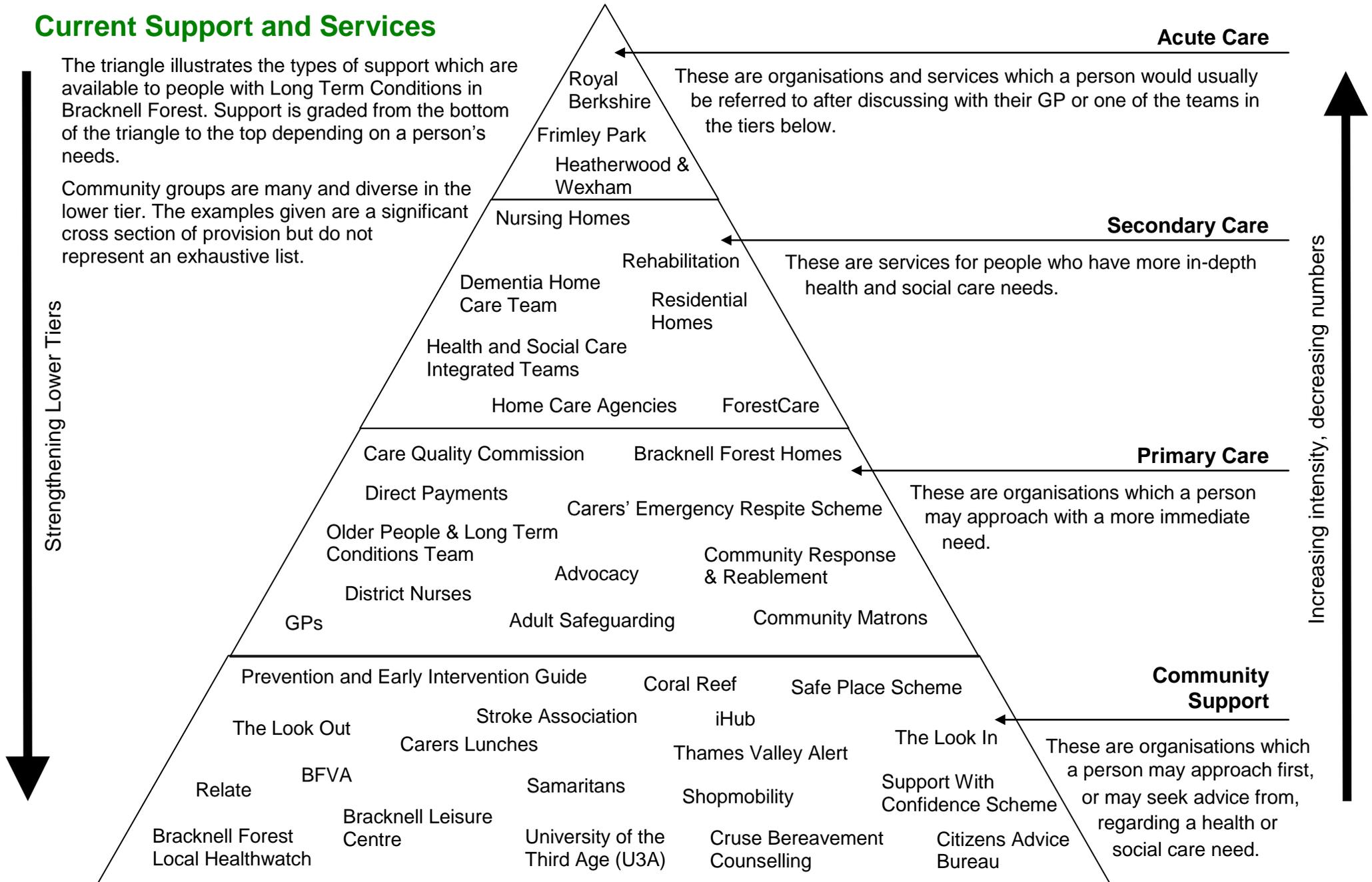
- People who use social care and their carers are satisfied with their experience of care and support services
- Carers feel that they are respected as equal partners throughout the care process
- People know what choices are available to them locally, what they are entitled to, and who to contact when they need help
- People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual

Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm;

- Everyone enjoys physical safety and feels secure
- People are free from physical and emotional abuse, harassment, neglect and self-harm
- People are protected as far as possible from avoidable deaths, disease and injuries
- People are supported to plan ahead and have the freedom to manage risks the way that they wish

The Action Plan takes all elements of the Needs Analysis - the expected need and what people have expressed a need for through the consultation - and is the document that will, to an extent, govern the actions the Council undertakes over the next five years. It aims to link the needs identified to achievable priorities and on to items for action, mapped against the Outcomes Framework, which will be reviewed and assessed by the Long Term Conditions Project Group regularly throughout the strategy lifetime.

Current Support and Services



Some organisations listed are funded by the Local Authority and funding arrangements can change during the lifetime of a strategy. Some organisations are voluntarily run or commercially independent.

Appendix 1: Social Care, NHS and Public Health Outcomes Frameworks

Adult Social Care Outcomes	NHS Outcomes	Public Health Outcomes
Wellbeing		
<ul style="list-style-type: none"> • People live their own lives to the full and achieve the outcomes which matter to them by accessing and receiving high quality support and information • Carers can balance their caring roles and maintain their desired quality of life • People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs • People are able to find employment when they want, maintain family and social life and contribute to community life, and avoid loneliness or isolation 	<ul style="list-style-type: none"> • Ensuring people feel supported to manage their condition • Improving functional ability in people with Long Term Conditions • Reducing time spent in hospital by people with Long Term Conditions • Enhancing quality of life for carers • Enhancing quality of life for people with mental illness 	<p>In improving the wider determinants of health, we have included a range of indicators that reflect factors that can have a significant impact on our health and wellbeing. These indicators are in line with those recommended by Sir Michael Marmot in his report Fair Society, Healthy Lives in 2010, and focus on the "causes of the causes" of health inequalities. Wherever possible, the indicators will follow the formulation published by the Marmot Review team and the London Health Observatory.</p> <p>Local authorities with their partners, including the police and criminal justice system, schools, employers, and the business and voluntary sectors, will all have a significant role to play in improving performance against these indicators.</p>

Adult Social Care Outcomes	NHS Outcomes	Public Health Outcomes
Recovery		
<ul style="list-style-type: none"> • Everybody has the opportunity to have optimum health throughout their life and proactively manage their health and care needs with support and information. • Earlier diagnosis and intervention means that people are less dependent on intensive services. • When people become ill, recovery takes place in the most appropriate place, and enables people to regain their health and wellbeing and independence. 	<ul style="list-style-type: none"> • Improving outcomes from planned procedures • Preventing lower respiratory tract infections (LRTIs) in children from becoming serious • Improving recovery from injuries and trauma • Improving recovery from stroke • Improving recovery from fragility fractures • Helping older people to recover their independence after illness or injury 	<p>Improvements in indicators in this domain will be delivered by the whole public health system. Under 75 mortality indicators will be shared with the NHS Outcomes Framework, where contributions will focus on avoiding early deaths through healthcare interventions. Public health contributions would be made locally led by local authorities, supported by Public Health England, to preventing early death as a result of health improvement actions – such as those reflected in indicators in preceding domains</p> <p>Nationally the role of Government with its partners in business and industry and beyond will be critical.</p> <p>Across local health and wellbeing partnerships, public health would share responsibility with the NHS, adult social care and children’s services to improve outcomes in this domain.</p>

Adult Social Care Outcomes	NHS Outcomes	Public Health Outcomes
Experiences		
<ul style="list-style-type: none"> • People who use social care and their carers are satisfied with their experience of care and support services • Carers feel that they are respected as equal partners throughout the care process • People know what choices are available to them locally, what they are entitled to, and who to contact when they need help • People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual 	<ul style="list-style-type: none"> • Improving people's experience of out patient care • Improving hospitals' responsiveness to personal needs • Improving people's experience of accident and emergency services • Improving access to primary care services • Improving women and their families' experience of maternity services • Improving the experience of care for people at the end of their lives • Improving experience of health care for people with mental illness • Improving children and young people's experience of health care 	

Adult Social Care Outcomes	NHS Outcomes	Public Health Outcomes
Safety		
<ul style="list-style-type: none"> • Everyone enjoys physical safety and feels secure • People are free from physical and emotional abuse, harassment, neglect and self-harm • People are protected as far as possible from avoidable deaths, disease and injuries • People are supported to plan ahead and have the freedom to manage risks the way that they wish 	<ul style="list-style-type: none"> • Reducing the incidence of avoidable harm • Improving the safety of maternity services • Delivering safe care to children in acute settings 	<p>Domain 3 includes a critical range of indicators focusing on those essential actions to be taken to protect the public's health. While Public Health England will have a core role to play in delivering improvements in these indicators, this will be in support of the NHS and local authorities' responsibility in health protection locally.</p> <p>Nationally, there is a clear role for Government in contributing to delivering these measures, for example through legislation or regulation, and through partnerships with business and industry. Some functions such as some national campaigns, will need to be led at a national level where it is possible to maximise economies of scale and value for money.</p> <p>However much of the delivery of these measures will take place at the local level. Here, health improvement will be the responsibility of local government led by DsPH in partnership with proposed Health and Wellbeing Boards. DsPH will be responsible for investing in health improvement using the ring-fenced public health budget.</p>

Adult Social Care Outcomes	NHS Outcomes	Public Health Outcomes
Death		
	<ul style="list-style-type: none"> • Reducing premature mortality from the major causes of death • Reducing premature death in people with serious mental illness • Reducing deaths in babies and young children 	<p>Improvements in indicators in this domain will be delivered by the whole public health system. Under 75 mortality indicators will be shared with the NHS Outcomes Framework, where contributions will focus on avoiding early deaths through healthcare interventions. Public health contributions would be made locally led by local authorities, supported by Public Health England, to preventing early death as a result of health improvement actions – such as those reflected in indicators in preceding domains</p> <p>Nationally the role of Government with its partners in business and industry and beyond will be critical.</p> <p>Across local health and wellbeing partnerships, public health would share responsibility with the NHS, adult social care and children’s services to improve outcomes in this domain.</p>