

Notice of a Meeting

Adult Services Scrutiny Committee Tuesday, 25 October 2011 at 10.00 am County Hall

Membership

Chairman - Councillor Don Seale
Deputy Chairman - Councillor Mrs Anda Fitzgerald-O'Connor

Councillors:

Jenny Hannaby	Larry Sanders	Alan Thompson
Ian Hudspeth	Dr Peter Skolar	David Wilmshurst
Peter Jones	Richard Stevens	

Notes:

Date of next meeting: 6 December 2011

What does this Committee review or scrutinise?

- Adult social services; health issues;

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am on the working day before the date of the meeting.**

For more information about this Committee please contact:

Chairman	-	Councillor Don Seale E.Mail: don.seale@oxfordshire.gov.uk
Committee Officer	-	Simon Grove-White, Tel: (01865) 323628 simon.grove-white@oxfordshire.gov.uk



Peter G. Clark
County Solicitor

October 2011

About the County Council

The Oxfordshire County Council is made up of 74 councillors who are democratically elected every four years. The Council provides a range of services to Oxfordshire's 630,000 residents. These include:

schools	social & health care	libraries and museums
the fire service	roads	trading standards
land use	transport planning	waste management

Each year the Council manages £0.9 billion of public money in providing these services. Most decisions are taken by a Cabinet of 9 Councillors, which makes decisions about service priorities and spending. Some decisions will now be delegated to individual members of the Cabinet.

About Scrutiny

Scrutiny is about:

- Providing a challenge to the Cabinet
- Examining how well the Cabinet and the Authority are performing
- Influencing the Cabinet on decisions that affect local people
- Helping the Cabinet to develop Council policies
- Representing the community in Council decision making
- Promoting joined up working across the authority's work and with partners

Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 6 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the Cabinet, the full Council or other scrutiny committees. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. **Apologies for Absence and Temporary Appointments**
2. **Declarations of Interest - see guidance note**
3. **Minutes** (Pages 1 - 8)

To approve the minutes of the meeting held on Tuesday 6 September 2011 (**AS3**) and to receive information arising from them.

4. **Speaking to or petitioning the Committee**

5. **Director's Update**
10:15

John Dixon, Interim Deputy Director for Adult Services, will give a verbal update on key issues.

6. **Delayed Transfers of Care**
11:00

Steven Richards, Chairman of the Oxfordshire Clinical Commissioning Consortium will deliver an update on current performance and progress within the Acceptable Care for Everyone programme.

A briefing note on current performance will be tabled at the meeting.

7. **Carers Contract** (Pages 9 - 20)
11:15

Sara Livadeas, Deputy Director for Joint Commissioning, and John Pearce, Service Manager for Strategic Commissioning, will deliver an update on the new approach to commissioning services for carers. The update will include discussion of performance against the objectives of the new strategy.

The outline strategy document (**AS7a**), and a report on recent performance (**AS7b**) are attached.

8. **Brokerage update**
11:45

Andrew Colling, Service Manager Contracts Team, will deliver a briefing on the recent developments and current performance of the Brokerage service.

A report will be attached prior to the meeting

9. Southern Cross Update

12:00

Andrew Colling, Service Manager for the Contracts team, will deliver a verbal update on the county council's response to the recent financial troubles at Southern Cross Healthcare.

10. LINK Update

12:15

Adrian Chant will deliver an update on the Local Involvement Network and field questions from the committee.

11. Alert Service (Pages 21 - 24)

12:30

Natalia Lachkou, Supporting People Programme Manager, and Simon Kearey, Head of Strategy and Transformation, will deliver a briefing on the Alert Project.

A report on the project is attached (**AS11**)

12. Forward Plan

13:00

The Committee is asked to suggest items from the current Forward Plan on which it may wish to have an opportunity to offer advice to the Cabinet before any decision is taken, together with details of what it thinks could be achieved by looking at any items.

13:05 Close of Meeting

Declarations of Interest

This note briefly summarises the position on interests which you must declare at the meeting. Please refer to the Members' Code of Conduct in Part 9.1 of the Constitution for a fuller description.

The duty to declare ...

You must always declare any "personal interest" in a matter under consideration, i.e. where the matter affects (either positively or negatively):

- (i) any of the financial and other interests which you are required to notify for inclusion in the statutory Register of Members' Interests; or
- (ii) your own well-being or financial position or that of any member of your family or any person with whom you have a close association more than it would affect other people in the County.

Whose interests are included ...

"Member of your family" in (ii) above includes spouses and partners and other relatives' spouses and partners, and extends to the employment and investment interests of relatives and friends and their involvement in other bodies of various descriptions. For a full list of what "relative" covers, please see the Code of Conduct.

When and what to declare ...

The best time to make any declaration is under the agenda item "Declarations of Interest". Under the Code you must declare not later than at the start of the item concerned or (if different) as soon as the interest "becomes apparent".

In making a declaration you must state the nature of the interest.

Taking part if you have an interest ...

Having made a declaration you may still take part in the debate and vote on the matter unless your personal interest is also a "prejudicial" interest.

"Prejudicial" interests ...

A prejudicial interest is one which a member of the public knowing the relevant facts would think so significant as to be likely to affect your judgment of the public interest.

What to do if your interest is prejudicial ...

If you have a prejudicial interest in any matter under consideration, you may remain in the room but only for the purpose of making representations, answering questions or giving evidence relating to the matter under consideration, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise.

Exceptions ...

There are a few circumstances where you may regard yourself as not having a prejudicial interest or may participate even though you may have one. These, together with other rules about participation in the case of a prejudicial interest, are set out in paragraphs 10 – 12 of the Code.

Seeking Advice ...

It is your responsibility to decide whether any of these provisions apply to you in particular circumstances, but you may wish to seek the advice of the Monitoring Officer before the meeting.

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ADULT SERVICES SCRUTINY COMMITTEE

MINUTES of the meeting held on Tuesday, 6 September 2011 commencing at 10.00 am and finishing at 1.15 pm

Present:

Voting Members: Councillor Don Seale – in the Chair

Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman)

Councillor Jenny Hannaby

Councillor Ian Hudspeth

Councillor Peter Jones

Councillor Larry Sanders

Councillor Dr Peter Skolar

Councillor Richard Stevens

Councillor Alan Thompson

Councillor David Wilmshurst

Other Members in Attendance: Councillor (for Agenda Item)

By Invitation:

Officers:

Whole of meeting

Part of meeting

Agenda Item Officer Attending

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

149/11 DELAYED TRANSFERS OF CARE (DTC)

(Agenda No. 1)

The Chairman welcomed the officers and presented the reasons for holding this joint meeting of the committees:

- To inform the committees of the reasons for delayed transfers
- To allow the committees to assess the seriousness of delayed transfers and gain an awareness of the priority being applied to resolving the problem
- To inform the committees of proposed actions to tackle the problem

Dr Steven Richards, Chairman of the Oxfordshire Clinical Commissioning Consortium, addressed the committee on behalf of the four organisations (Oxfordshire County Council, Oxfordshire PCT, the Oxford Radcliffe Hospitals Trust, and Oxford Health). He began by highlighting that more than 97% of patients in acute hospitals experience a smooth and high quality package of care. However the complexities of the system result in poor outcomes for a small minority. DTOC is now being given the highest possible priority.

Addressing system-wide complexities has been identified as the top priority for all four organisations in order to move patients more quickly through the system. Where previously the problem of delayed transfers had been approached independently by the four organisations, the establishment of the Acceptable Care for Everyone (ACE) programme from July has ensured senior commitment to a joined up approach.

A key step in the program is to map the flow of patients and finance through the system to ensure that people are receiving the right care for their level of need. The input of senior clinical staff will be crucial in understanding where changes in the process can and should be made.

John Dixon added that the problem of delays wasn't primarily about the amount of money in the system but the way that money was used. He mentioned that a key development in improving outcomes and reducing delays will be the establishment of an out of hours emergency home care service. This will ensure that patients without acute needs avoid the need for hospital admissions. All decisions, he stressed, are being made in conjunction with health colleagues.

Sir Jonathan Michael, Chief Executive of the Oxford Radcliffe Hospitals Trust (ORH), assured the committee that the ORH is equally committed to working with others to solve the problem of delays. Addressing the question of clinical outcomes for delayed patients, he stated that long term hospital care can result in increased dependencies for patients and may lead to more severe social care needs in the future. Delayed transfers are also likely to reduce the capacity of the hospital service to respond to elective patients, resulting in outsourcing of operations and other procedures and increased cost to the ORH.

To alleviate short term pressures the ORH are diverting resources to run an enhanced discharge service; setting it up first in Oxford and then in Banbury. It is hoped that this will reduce delays and improve outcomes during the period of transition to the joined-up approach being developed through ACE.

David Bradley, Chief Operating Officer Oxford Health, outlined the role played by Oxford Health in ensuring that patients receive care at home and in the community, and highlighted the success of a pilot 'hospital at home' programme carried out in Southern Oxfordshire. Funding is in place to extend the pilot across Oxfordshire and effective integration will depend on the holistic assessment of appropriate care pathways being carried out under the ACE programme.

Reference was also made to the development of an emergency reablement service that will provide initial concentrated support to patients when they come out of hospital.

Committee members were then invited to comment and ask questions on the presentations. Further key points arising are addressed below:

- Why are the figures for delayed transfers of care in Oxfordshire so poor relative to other authorities?

A number of factors contribute to Oxfordshire's comparatively poor ranking. Counties tend to rank lower than urban authorities and Oxfordshire has a high number of community hospitals compared to other counties, meaning there are a higher number of NHS beds in which delays could take place. Furthermore it is believed that the practice of recording delays varies among authorities making comparisons somewhat unreliable.

- Is the pooled budget working as effectively as it should?

The complexities of running a pooled budget were outlined. A key workstream of the programme related to understanding the flow of money and the incentives/disincentives created at key junctures. Work is underway to improve the functioning of the pooled budget.

Lessons will be learned from what has happened in the past and better ways of doing things will be developed. For example, it was recognised that they had not been good at getting people into the right care stream in the past and that is an issue that is being addressed.

Communications had not been good and pathways have been too complex. Work is being done to improve matters and change is taking place now.

- Does the need for joined up working call for an extension of powers for the Health and Wellbeing Board?

Steven Richards stated that improvements were achievable through the ACE programme and that this was the current priority. However, it is likely that the proposed Health and Wellbeing Board will play a prominent role in the future.

The committees NOTED the positive developments underway in tackling the problem and AGREED to revisit the issue at a joint meeting of the committees in six months' time to assess progress being made against the program's aims.

The Adult Services Committee will revisit the issue at the next meeting.

150/11 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 2)

None

151/11 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE

(Agenda No. 3)

None

152/11 MINUTES

(Agenda No. 4)

The minutes of the meeting held on June 13th were agreed and signed.

153/11 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 5)

None

154/11 LINK UPDATE

(Agenda No. 6)

Adrian Chant delivered an update on the Local Involvement Network. A copy of the report is attached (**AS6**).

The committee noted the positive developments in improving performance reporting, and stated that the feedback from care home visits was particularly welcome.

155/11 DIRECTOR'S UPDATE

(Agenda No. 7)

The director gave a verbal update on developments at national and local levels. The content is summarised below.

National

Commission on the Funding of Care and Support

On 4th July, the Commission published its proposals for the funding of adult social care. They would involve a very radical change in the funding of adult social care. The key recommendations are as follows:

- Individuals' lifetime contributions towards their social care costs – which are currently potentially unlimited – should be capped. After the cap is reached, individuals would be eligible for full state support. This cap should be between £25,000 and £50,000. The Commission considered that £35,000 is the most appropriate and fair figure;
- The means-tested threshold, above which people are liable for their full care costs, should be increased from £23,250 to £100,000;

- National eligibility criteria and portable assessments should be introduced to ensure greater consistency; and
- All those who enter adulthood with a care and support need should be eligible for free state support immediately rather than being subjected to a means test.

The Commission estimate that the cost of its proposals - based on a cap of £35,000 - would cost about £1.7 billion.

There was widespread support for the proposals. It is understood that the Department of Health is planning to carry out widespread consultation on the proposals during the autumn. The response will be reflected in a White Paper on Adult Social Care which will be published next spring.

Andrew Dilnot will be invited to address the committee on the proposals and their potential impact on Oxfordshire. A presentation on the proposals is attached (**AS7**)

NHS Changes

- The NHS has announced that SHAs would be clustered with one SHA covering the whole of southern England (from Cornwall to Kent). Sir Ian Carruthers (current Chief Executive of the South West SHA) has been appointed as Chief Executive. Geoff Harris, currently Chairman of South Central, has been appointed as Chairman.
- Locally, Sonia Mills has announced that she is to step down from her role as Chief Executive of the Oxfordshire and Buckinghamshire Cluster PCT. This will take place on 7th November. The PCT are in the process of finding a successor.

Local Developments

Southern Cross

- The announcement was made on July 11th 2011 that landlords were withdrawing from the Southern Cross group. Therefore the operation of Southern Cross homes will transfer to other care providers.
- The County Council has been monitoring the situation through ADASS information, contact with other local authorities and regular meetings and telephone contact with Southern Cross managers.
- The County Council is currently purchasing 105 beds out of the 225 beds in the 6 Southern Cross homes in Oxfordshire. We understand that the landlord for two of the homes is NHP, that 3 are owned by PHF(Four Seasons) and the sixth by London & Oxford Estates.
- The latest information from Southern Cross is that transfer of its 752 care homes is underway and is expected to be complete by the end of October.
- Staff consultation under TUPE regulations is underway and the management, staffing and operation of the homes is intended to remain unchanged during the transfer.
- Contracts already in place between Local Authorities and Southern Cross will be transferred on existing terms and conditions
- CQC registration is being sought by the new operators.

- Four Seasons will operate the 3 Oxfordshire homes they own. Methodist homes will operate another. Four Seasons and Methodist Homes are both established care home operators and already run one home each in Oxfordshire.
- It has been uncertain for some time who would run the two NHP homes given that they are a property investment group. We are now hearing that their two homes in Oxfordshire will be run by Four Seasons (as well as the three homes that they are taking over from Southern Cross and the one home that they run currently).
- This means that we anticipate the operation of 5 of the Southern Cross care homes to transfer to Four Seasons and the other to transfer to Methodist Homes.
- Whilst in the short term it appears that the homes will transfer smoothly, in the medium term the County Council will monitor these companies with appropriate levels of contingency planning both locally and through ADASS.
- We continue to have concerns about standards at the Albany – a home which we stopped making new placements to at the end of last year. We shall not change this position until we are satisfied that all of our concerns have been addressed.
- Oxfordshire are funding 11 people in Southern Cross homes outside of Oxfordshire. The Contracts Unit has made contact with these local authorities and is monitoring progress with these homes

Committee members expressed concerns regarding the long term financial health of care providers given efforts to reduce county council reliance on care homes, and the consequent reduction in revenue for providers.

The Director outlined the systems in place to monitor the financial status of providers and emphasised the importance of spreading risk across different providers. Four Seasons has been identified as a medium term financial risk and is being monitored closely. The Cabinet Member pointed out that the Department for Health is in the process of seeking financial guarantees from providers.

Castlebeck

- Winterbourne View closed on 24th June
- CQC has carried out inspection of all Castlebeck services. Following this they have closed Arden Vale hospital where Oxfordshire had one patient. He has moved to a community placement which is being closely monitored.
- Oxfordshire has 2 patients at another Castlebeck hospital and one person in a registered care home run by Castlebeck. The learning disability team is closely involved with all 3 placements. CQC has not raised any serious concerns in relation to these 2 services. Plans for discharge to community placements are being made for the 2 patients in the hospital service, as soon as they are able to be discharged from section. The person in the residential care home is happily settled and does not want to move. A care manager and a quality monitoring officer carried out a joint 4 hour visit in August and are satisfied with the quality of his care.
- A national review of learning disability models of care and pathways is underway and will be informed by the CQC inspections, an NHS serious incident and commissioning review, South Gloucestershire's safeguarding review, and Castlebeck's internal review. Oxfordshire has contributed to the NHS review and the safeguarding review.

- CQC are shortly embarking on a targeted programme of inspections of other health funded provision for people with learning disabilities who have challenging behaviour and mental health needs. Following this the programme will sample a broader range of learning disability provision.
- In Oxfordshire we have carried out a review and root cause analysis of the arrangements for placement and monitoring of the 3 patients at Winterbourne View. An action plan has been drafted which will increase the robustness of commissioning arrangements and management of individual cases.
- The action plan includes two key actions: to introduce a formal system of pre-placement quality checks on specialist health providers, and to formalise and document the decision making process when a specialist health placement is made. Other actions include strengthening monitoring arrangements, training service users and carers to play a greater role in monitoring, ensuring independent advocacy is in place, and reinforcing recording practices.

Members asked whether the action plan to increase pre-placement quality checks suggested that we no longer need or value CQC assessment.

The Director stressed that whilst this issue is likely to be debated in Parliament in the near future, the need to place people out of county requires some level of oversight and common standards. At the local level efforts are being made to resolve concerns before they escalate to complaints through reducing bureaucratic and perceptual barriers. This will require an increased role for the Safeguarding Board. Improvements were evidenced by the increased number of concerns now being received.

Continuing Health Care

A note was circulated to members setting out what is happening in Oxfordshire with what is happening elsewhere in England and the rest of South Central SHA region. Oxfordshire has recently seen a fall in the number of people receiving payments and is now the 6th lowest in the county out of 151 PCTs.

Members felt that further discussion of this issue was required at the next meeting of the committee.

156/11 TRANSFORMING ADULT SOCIAL CARE REVIEW

(Agenda No. 8)

John Dixon gave a progress update on the transition to personalisation. The presentation is attached (**AS8**). The presentation covered the progress made on the number of people receiving personal budgets and the necessary next steps to embedding culture change as an organisation. Risk aversion in the assessment process was highlighted as a key barrier to improving outcomes for clients. Evidence was given showing a significant increase in customer satisfaction for clients in receipt of direct payments.

Members expressed concern regarding the quality of assessments if adherence to the quality assessment framework is reduced.

The Deputy Director assured the committee that the aim was to make the depth of the assessment process proportional to the level of need, as opposed to a reduction in quality across the board. There is currently an overemphasis on the assessment system due to its central importance to the rationing of resources. This will not be the case under the new model of care, leading to less bureaucracy and increased client satisfaction.

The committee noted the changes and proposed that the member-led TASC workgroup resume its function in assessing the transition to personalisation.

157/11 FORWARD PLAN

(Agenda No. 9)

The following items were put forward for the meeting of October 25th:

- Briefing on the experience of Sheltered Housing clients
- Briefing on Continuing Healthcare
- Presentation from Andrew Dilnot on the proposals outlined in the Commission on the Funding of Care and Support
- Update on Delayed Transfers of Care

158/11 CLOSE OF MEETING

(Agenda No. 10)

The meeting closed at 13:15

..... in the Chair

Date of signing

Marketing Carers Oxfordshire 2011 - 2112

Introduction and current position

Carers Oxfordshire is a partnership between Oxfordshire County Council's Customer Service Centre (CSC) and Age UK Oxfordshire (AUKO) established in April 2011 to provide a new, integrated information and support service for adult carers of adults in Oxfordshire. The new service has the ambitious aim of identifying up to 45,000 of the county's estimated 60,000 carers within three years. By identifying carers much earlier in their caring lives and ensuring they are in contact with preventive services, the service aims to reduce then likelihood of crises and carer breakdown. Carers Oxfordshire replaces long established and widely respected services provided by three geographically based Carers' Centres, believed to have been in contact with approximately 9,000 carers.

The new Carers Oxfordshire service has four elements:

- **CSC** provide a **first point of contact** telephone and web-based information service (this includes responsibility for developing and maintaining the Carers Oxfordshire website)
- **AUKO** are responsible for delivering the remaining three elements of the service – an outreach based **support** service, a network of **peer support groups** and **marketing**.

There is a very high degree of interdependence between the two service providers – CSC depends on AUKO for successful marketing and AUKO depends on CSC to provide an effective front door to the service, including an attractive and user-friendly website. This necessitates a strong working relationship and high levels of trust across the two organisations.

This paper focuses on marketing, 6 months in to the development of the new service.

Marketing aims and key messages

The over-riding aim of the marketing is **to encourage carers to identify themselves as carers and to enable them to access the services and support available to them as carers**. To do this we need to establish Carers Oxfordshire as a strong brand. Key marketing messages are:

- What is a carer? Are you a carer? Or are you in contact with a carer?
- Benefits of carer identification - gateway to services and support (including Emergency Carers Support Service (ECSS), financial entitlements including Carers Grants, Confidence 2 Care training, quarterly Newsletter, peer support)
- Where to go for services and support: call 0845 050 7666 or check out www.carersoxfordshireorg.uk
- Or sign up for an Information Pack and a Newsletter (low level entry).

Who are we trying to reach?

Our primary audience is adult carers of adults in Oxfordshire. This is by no means a homogeneous group and includes:

- Children, parents, wives, husbands, relatives and friends who are **providing care but do not identify themselves as carers**
- **Known carers** - already identified as carers and on the database

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- **Carers 'lost to the system'** - identified as carers but did not consent to the transfer of their details to the new service
- **Carers with diverse experience of caring** – parent carers of disabled children, people caring for a friend or relative with a long term condition or mental health need, people caring for a parent or older relative, older carers of an adult with a learning disability, older people caring for a spouse, people caring for someone with a terminal illness, carers juggling employment and caring responsibilities, carers who have given up employment to care and are struggling to make ends meet, carers from minority communities, people caring at a distance, carers providing 24/7 care, carers providing 10 – 50 hours care, etc.

Our secondary audience is anybody who is in touch with a carer – either professionally or personally, including:

- **General public**
- **Cared for**
- **GPs / Primary Health Care Teams**
- **Social Services Locality Teams** – care managers, OTs etc
- **District Councils** – via Partnerships: Val Johnson in city, Debbie Haynes in West, Toby Warren in Vale and South, etc
- **Politicians** – County and District Councillors and MPs
- **Parish and Town Councils**
- **Employers** – **ROBIN**, and large employers (starting with Unipart, Brookes, OCC & NHS) and small (via Business Directory)
- **Acute Trusts** – via Jan Cottle at ORH and other carers leads
- **Oxford Health** – including Community Hospitals, Locality Teams etc
- **Ridgeway Partnership**
- **Vol sec / partner organisations** – including Alzheimer's Society, Autism Oxford, CABx and Advice Centres (via Gill Tischler), Crossroads Care, Daybreak, Guidepost (including Dementia Helpline), Mencap, Mind, Oasis, Oxfordshire Family Support Network, Oxfordshire Family Voices, Rethink, S&V Carers, MS / Stroke / PD etc (condition specific) Societies etc British Legion, SSAFA, WRVS, WI
- **Support Brokers** – Age UK and Advance
- **Age UK Oxfordshire** – managers and key personnel and existing networks

One marketing method will not reach this diverse audience – a multiplicity of methods is essential.

Reaching our audiences – marketing plan

1. **Building the foundations** has been the priority for the first 6 months. This has included:
 - **Developing a strong brand identity** – logo, design, rules for compliance etc. This was achieved during the first month and there has been very positive feedback from carers and professionals about the logo and the use of bright colours – carers like the positive image
 - **Developing a suite of marketing materials** - a generic leaflet and ECSS leaflet and a 'call us' poster have so far been developed. This has involved working closely with CSC to clarify the message and to agree on timing for disseminating materials to ensure sufficient call handling capacity. 40,000 generic leaflets, 30,000 ECSS leaflets and 1000 posters have been widely

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disseminated through GP Surgeries, Acute and Community Hospitals, Libraries, Resource Centres, fetes and fairs and statutory and voluntary sector partners.

- **Developing a range of regular communication mechanisms** – a monthly email to a growing list of over 400 professionals, a monthly email to carers on the database, a quarterly Carers Oxfordshire Newsletter, a blog, Facebook and Twitter feeds.
- **Developing links with local media** - to ensure that they 'think carer' and when they think carer they think Carers Oxfordshire. Our ultimate aim is to have something in the local media every week – we are still some way off achieving this
- **Developing a marketing plan for our Outreach Team** – Outreach Workers have a monthly target audience of local organisations and events for disseminating marketing materials (see above) and the Newsletter. This includes GP Surgeries, Pharmacies, flu clinics and electric blanket testing, supermarkets and Post Offices, talks to local groups (eg. branches of MS Society etc) and one-off events such as Canal Day in Banbury. Ongoing evaluation is built into the plan - half day stands at supermarkets have proved particularly effective (over 140 new carers identified at two recent events).
- **Developing a programme of talks** - Outreach Workers each have a programme of talks to local organisations and target groups to deliver. This includes condition specific groups, local WIs and other community groups and minority groups (including BME groups). Talks to Partnership Boards are also included.
- **Marketing materials in local acute and community hospitals** – we now have two display boards in the majority of Community Hospitals and are working on the others and posters and leaflets at 10 of our 11 acute hospitals.
- **Developing a model for working with employers** – we have worked with senior management, Communications, HR and Occupational Health at **Unipart** to develop and evaluate a model for working with large employers. Direct marketing to all employees through the intranet followed by a Roadshow with information and advice and face-to-face support proved highly effective (50 new carers identified)
- **Developing links with local Newsletters and community websites** – most villages and many local clubs, groups, societies have their own newsletters and websites which should carry (or update) information for carers. We have identified contacts and are working our way through this list.

2. **Next steps:** amongst the highlights planned for the next 6 months, building on the foundations outlined above, are:

- **Supermarkets** – building on the success of the pilot stands at supermarkets our aim is to have regular stands at all major supermarkets across the county, a minimum of 6 supermarkets every month. **Target** of 40 supermarkets before April 2012, identifying a minimum of 2,000 new carers.
- **Large employers** – our model for supporting carers in employment through working with employers is now ready to roll out to other major employers. **Target** of 6 major employers before April 2012, identifying a minimum of 300 new carers – Brookes University and OCC next.

AS7a

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- **Images of Caring photographic competition** – already launched the aim of the competition is to raise the public profile of caring and to create some strong local images for marketing purposes.
- **Regular communication mechanisms** – continuing to develop all the mechanisms identified above (monthly mailings, quarterly Newsletter, etc). Target of monthly mailing to 500 professionals, organisations and groups and 2 editions of Newsletter with distribution of 8,000 copies for each edition.
- **Programme of talks** – continuing to develop this programme. **Target** of 6 talks per month to a minimum of 800 people.

Report to Adult Services Scrutiny Committee

Tuesday 25 October 2011

Carers Services

1.0 Objectives of the new Services

The Council and the Primary Care Trust have sought to recognise and respond to the increasingly important role carers and family members play in supporting vulnerable and older members of their families. With the ever increasing significance placed on carers along with a number of strategic changes in adult social care, including the Transforming Adult Services Programme the council took the decision last year to approach the delivery of services differently.

The Joint Carers Commissioning intentions (revised) 2010- 13 outlines how services were going to be delivered differently and the new strategic direction. This was developed in the context of the refreshed national strategy for carers “Recognised, valued and supported: next steps for the Carers Strategy 2010”

In summary the Carers Commissioning Intentions paper sought to deliver:

- Improved identification of carers to support them at an earlier stage
- Information and advice more easily available and to a high quality
- More flexible breaks and direct grants for carers
- A more comprehensive offer of support to all carers to support their health and wellbeing
- Improved support to carers in employment

2.0 Introduction

This report reports on the progress of the new services towards the objectives set out above.

In addition to the support offered to carers through the transformed adult social care services based in localities and community mental health teams the following services were developed and commissioned to deliver the above outcomes for carers that were otherwise not accessing services:

1. **Information and advice** is delivered by the Customer Services Team by specialist carers advisors (Carers Oxfordshire)
2. **Carers support service** (Carers Oxfordshire) is delivered through the contract with Age UK Oxfordshire and has the following service elements:
 - a) Face to face support for carers
 - b) Marketing to improve the identification of carers and support to carers in employment
 - c) Peer support for all carers
3. **Flexible breaks** are delivered through personal budgets and direct grant to carers

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4. **Community Services** are delivered through the Befriending Volunteer Service, Good neighbour Schemes and community development work with the black and ethnic minority development communities.
5. **Training** for carers through Caring with Confidence and Shared Services
6. **Support in an emergency** through Emergency Carers Support Service
7. **Involvement and participation** through the Carers Forum

Overall Progress in establishing services

The progress in establishing these services has been positive with Carers support services and the customer service centre successfully achieving all of the milestones

- **Milestone one** Successfully complete procurement of carer support services as agreed by cabinet
- **Milestone two** Successful TUPE transfer, recruitment and training and deployment of staff completed 31st August
- **Milestone three** Develop brand and marketing plan
- **Milestone four** Public launch of new service during Carers Week
- **Milestone five** Carer Support & Peer Support provided with increased response.

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Impact on Service Users and Carers

We can report the following activity and outcomes for the first 6 months from April 2011

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Services responsible	Key indicators	Performance to date	Target pa	Comment
All Social and healthcare services	Cumulative number of carers Known to all services	12,240 carers identified (average 100 new carers added per month till September). 11,500 were known at April 2011.	18,600 known across the health and social care system: 13,200 if which are known to adult social care	<p>We aim over the next three years to know 45,000 carers. This will equate to 75% of all predicted carers in Oxfordshire (based on population predictions).</p> <p>Data protection rules do not presently allow us to share information on carers known to different organisations unless the carer agrees.</p> <p>The target of 18,600 is an estimate of people known across the system. The target of 13,200 is of carers known specifically to adult social care. This target has been set using the most recently available benchmarking data to take us to a position of being in the top quartile of all authorities within 3 years.</p>
Customer services centre Information and Advice	Carers Calls dealt with Web contacts 2000 PA	2000 calls handled by trained staff with a background in carers work TBC	3700	<p>The first monitoring reports of the services suggest that carers in 'hard to reach' groups and those who are in the early stages of their caring role are being identified and attracted to register with the service. The initial analysis of quarter two indicates increasing registration (above projected targets) and increasing awareness within hard to reach groups e.g. BME Carers, working carers.</p> <p>The monitoring of the website is being developed to better identify the type of visitor to the website</p>
Carers support service contract with Age UK 3 elements				
1. Face to Face Support for carers	Number of Carers supported	776 carers supported in their caring role	1500	With an average of about 4 hours per Carer
2. Marketing to	Calls made to	Over 2,000	3,700	Carer's week was the main focus with a "Say thank you to a carer"

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Services responsible	Key indicators	Performance to date	Target pa	Comment
improve identification	customer services centre	calls received and responded to	phone calls	campaign reaching out county wide through all media. The last quarter has focused on the NHS with displays now located in 10 acute hospitals and all 9 community hospitals. Distributed 30,000 leaflets Examples of Attendance at events include a stall at a supermarket in 2 days 140 carers identified themselves and a similar event for working carers at Unipart 50 identified themselves
3. Peers support	Identifying groups Number of Carers attending	Register of 90 groups maintained 220 carers attend groups, 5% are BME	300 carers 1 st year	An additional 11 groups have been set up in the first 2 quarters of the contract. The contract has a target to deliver 3000 carers supported by peer support in the third year of the contract
Flexible breaks through all Services	Numbers of direct payments for carers breaks	503 payments to 488 people between April – Sept 2011. (606 people received payments in 2010/11)	840 in 2011/12	With the inclusion of PCT breaks in the available funding there continues to be an encouraging use of respite breaks by carers. The numbers accessing Respite breaks are continuing to improve (See Figure one)
Community Services	Low level prevention services supporting carers through local schemes			No specific targets have been agreed for the delivery of these services except for the volunteers befriending service This is currently offering over 60 carer's regular breaks across Oxfordshire. 20 Good Neighbours schemes also support carers
Training Confidence to Care	Number of carers attending	55	100	Jointly funded with the PCT delivering training to carers to support them in the caring role
Support in an emergency	Number registered	1211	TBC	The service is due to be fully promoted in the coming quarter. The procurement of a contractor to provide the on going support will be

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Services responsible	<u>Key indicators</u>	<u>Performance to date</u>	<u>Target pa</u>	Comment
				completed in the next two weeks. Registration is running at an average of 65 per month
Involvement and support cares forum	Carers involved in events including all consultations etc	447	10000 (target to be reviewed)	The Forum while running a valued training is restructuring itself and has not engaged with carers as was expected. 447 carers have been involved in a range of consultations since January. Plans are in place to establish a new health and well being panel. This is under discussion

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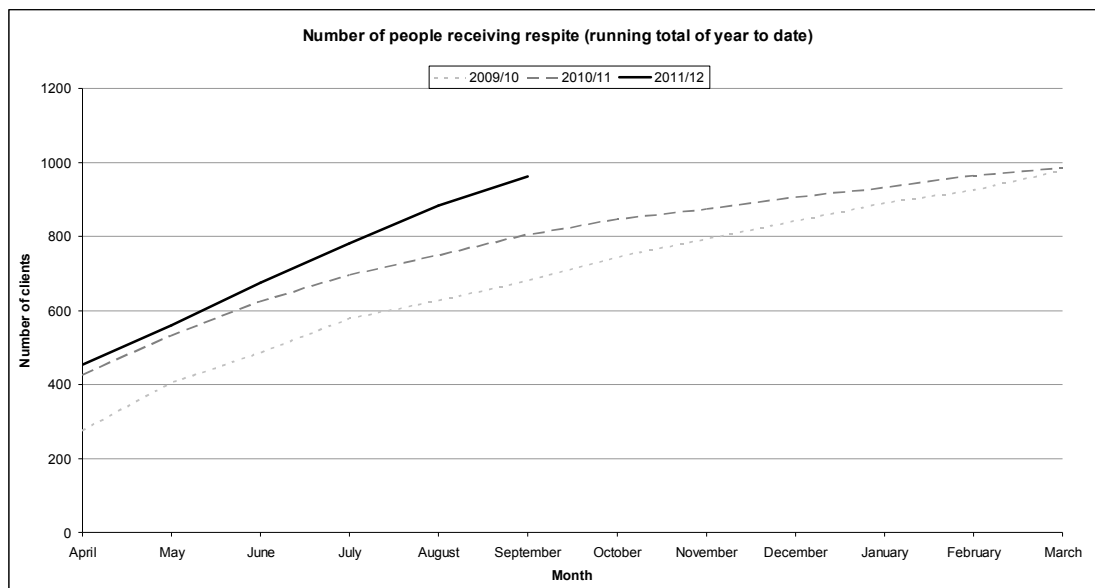


Table one Number of people receiving respite

Quality monitoring by Carers

In addition to the monitoring already within the contract the County Council's Taking Part team has launched a programme to enhance the monitoring of outcomes for service users and carers. Carers who have completed a training in citizen monitoring are now reviewing these services the first interviews of recipients of services will be throughout Autumn with a report due to the contracting officer February.

There are already examples where the new way of accessing carer support has made a positive impact on individual's lives as well as those of their carers.

For example a pilot event at a large supermarket in Didcot asked if shoppers 'Knew someone who was supporting someone at home' and identified 70 new carers in just a few hours. People indicated that they had not previously thought of themselves as carers and took leaflets and contact details with them. Several requested face to face support from the outreach worker to discuss issues in more detail. Many were signposted on to the Customer Service Centre. Building on this success a programme of outreach events at supermarkets to cover the whole county has been drawn up to identify new carers from both customers and supermarket employees. One man left and returned some time later with his friend who was so deeply relieved to find that help was available to him.

The recent Road Show at Unipart resulted in approximately 50 new carers identifying themselves and receiving timely information and advice and face to face support. Feedback from Unipart has been very positive and the event is being followed up with a monthly carer's surgery, a peer support group within Unipart, a 'Confidence 2 Care' programme and further road shows. All carers attending said that they had no idea that services and support were available to them: *'This has been a wonderful opportunity for me to find out about is available for carers, I had no idea where to start to look for help so was determined to come today'*. This model for

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working with carers in employment will be rolled out to other large employers in Oxfordshire – Oxford Brookes University and Oxford County Council is next in line.

In East Oxford, the following case study from a GP surgery is evidence of successful work in primary care settings:

'Mr S had been devotedly caring for his wife who was struggling with bad health and now needed to use a wheelchair all the time. Mr S was advised that his wife might be entitled to Attendance Allowance. Mr S applied on her behalf – it was a long and detailed form - and he was puzzled and depressed when the claim was turned down. He didn't know what to do next and mentioned it to his GP, who was concerned about the strain that Mr S was under and wanted to help.

Fortunately for Mr S , the surgery had recently invited a Carers Oxfordshire Outreach worker to run sessions at the surgery every month offering one to one advice and support to people looking after spouses or other relatives. So Dr P referred Mr S to the outreach worker who phoned the Benefits Agency to find out what the problem was and offered Mr S a further appointment at the surgery a few days later. Mr S was supported to write a letter to the Benefits Agency about the claim, to explain the situation more fully. Dr P agreed to write a letter of support. 2 weeks later, Mr S heard that his wife had been awarded Attendance Allowance, which she could use to pay for extra help, for a break or holiday, or to buy things that would make their lives a bit easier.'

Impact on Staff and Partners

The Carers Support Service and Customer Services Centre are working well together to develop services and ensure that carers receive high quality service in a timely and relevant manner and respond appropriately to carers contact. Having one point of access has made marketing more focussed and carers are increasingly confident in contacting the Customer Services Centre. It has also allowed the Carers Support Service to develop communication with carers through the quarterly newsletter, which not only carries Carers Support Service information, but information from a wide variety of carers support organisations throughout Oxfordshire. The Carers Support Service monthly email to over 300 professionals highlights carers services, opportunities, grants and other relevant information and advice.

Next steps

The attached marketing Plan sets out the significant steps that cares Oxfordshire will be undertaking to continue to improve developments for carers (Appendix one)

JOHN JACKSON
Director for Social & Community Services

Background Papers: (Appendix Carers Oxfordshire marketing plan)

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Alert Project

Report to Adult Services Scrutiny Committee 25th October 2011

The objectives of the Alert project

As the Committee is aware, helping people to stay in their own homes is a key part of the Adult Social Care strategy and is also a key aim of the Supporting People programme overseen by the County Council, the District and City Councils and the Primary Care Trust. The ALERT service is a key element in the way this will be achieved for older people.

The Supporting People Commissioning Board agreed to bring together the funding for Community Alarms, Warden Support and Telecare services into one service. This brought together Supporting People funding and funding from adult social care for Telecare. In addition, there has been a further injection of resources of £300,000 from the extra money from the NHS for adult social care. .

By introducing the new service we aimed to redress the variable provision existing prior to this point:

- Emergency response was not available everywhere in the county
- Planned support was not available to people living outside of sheltered housing schemes
- Personal care in an emergency was either not available or if provided, not compliant with care regulations
- Telecare sensors were not available to sheltered housing tenants
- Charges for similar support services ranged widely and were inequitable

The new service was rolled out across the county from April 2010 to March 2011.

The new service consists of 4 service elements

- Monitoring via a call centre - provided by Seniorlink Eldercare
- 24/7 support - emergency response – provided by Community Voice
- Planned support – visits - provided by Community Voice in South Oxfordshire and West Oxfordshire, Oxford Citizens Housing Association in Oxford City, Sovereign Vale in the Vale area and Charter Housing in the Cherwell area
- Equipment – including sensors – provided by Tunstall

At the end of September 2011 there were nearly 3800 clients directly supported by this service and a further 700 supported under private arrangements, with more than half of all of these receiving Planned Support and 24/7 Emergency Response.

What did we aim to achieve?

The fundamentals of the Alert project were to transfer roughly 4500 people either in sheltered housing or receiving a telecare service to a new better service which would support their needs in a more efficient and effective way.

The strategic aims were to:

- Develop a 24 hour 7 day a week service, including personal care in an emergency

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- Make housing related support available to older people irrespective of housing tenure
- Ensure funding is spent exclusively on older people who need housing related support
- Ensure geographic equity
- Ensure a steady pace of change to help individuals cope with the new arrangements

Have we met our objectives?

Feedback from service users, providers and other stakeholders, and service monitoring data suggest that the service is on track to deliver its strategic aims:

- Emergency response and personal care in an emergency are available across the county for the first time and are well utilised. E.g. in September 2011 the Call Monitoring Centre received over 5000 calls, of which 2% were deemed life critical, with half requiring attendance by an ambulance. Emergency response staff attended on 400 occasions, with many visits being triggered by falls, ill health or anxiety. Personal care in an emergency was provided on 25 occasions. Most call outs are made by more vulnerable and frail people aged 75 and over.
- The service is meeting steady demand for low level preventative support, with over 650 new people entering the service since April 2010. Most are requiring emergency response and are living in the community. The majority of referrals are being made by health and social care staff, including GPs, with a steady rate of self-referrals.
- The service is mainly being provided for older people who need support, most of whom cannot afford to buy this service privately. Re-assessments of current need and financial eligibility of all service users are taking place in a planned way. This process is enabling older people to exercise choice about service options available to them; not just those on low incomes, but also those who were previously and remain in the private housing sector (either as home owners or tenants).
- We have increased the standards of service being provided, by requiring the contractors for the Alert service to maintain higher service accreditations than required under the previous contracts.
- There is evidence of service growth in priority areas, e.g. in West Oxfordshire, which has seen a 65% increase in client numbers (111 people) since April 2010.
- The transition to the new arrangements was phased over 12 months and was completed by March 2011. It proved more complex than was envisaged by all parties and was managed well in most aspects according to feedback from both service providers and customers. Roll out of the new generation of telecare equipment has been brought forward for operational reasons and is on target to be completed by April 2012.

The service has also delivered additional benefits:

- Older people with more complex needs (e.g. dementia, high risk of falls, sensory impairment) are beginning to benefit from access to specialist equipment, e.g. support packages for nearly 100 people include 3 sensors for each individual property increasing up to 6 in more complex cases.

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- Overall the new service model is working. This service is now used as an example of innovative development by other authorities and recognised by provider market leaders, e.g. Tunstall. We are also taking part in a research project led by Leeds and Oxford Universities, funded by the Technology Strategy Board that is looking at benefits of telecare for service users and their carers in terms of prevention of falls and management of dementia.
- We expected the new service design to trigger a growth in the private market. It has and there are new businesses entering into the marketplace in Oxfordshire.

Re-assessments of clients

Progress and issues to date

An annual programme of re-assessments of existing clients started in June by geographical area: Oxford City, Cherwell, Vale, South Oxfordshire and West Oxfordshire.

By the end of August more than 500 clients had been re-assessed in Oxford. Most of these people received planned support from Oxford Citizens Housing Association and are tenants of either Oxford Citizens Housing Association or Oxford City Council. Outcomes of these re-assessments resulted in a much higher than predicted conversion rate from planned support to the emergency response service. This development raised immediate concerns as to the guidelines surrounding service eligibility and the requirements for appropriate support from ourselves as well as from many service users, carers, providers and stakeholders, including Oxford City Council councillors.

In response, the Alert project managers met in early September with a range of stakeholders, including service users, Age UK Oxfordshire and all Alert service providers to better understand these concerns and agree a way forward.

It became evident that whilst all providers confirmed that the assessments had been carried out using the agreed eligibility criteria - it was the guidelines around those criteria that needed to be amended. The operational guidance in question was revised and implemented on 1 October, following an agreed two-week pause in the process, to allow operational staff to be briefed on agreed changes.

Way forward

Following a request from service commissioners, Oxford Citizens Housing Association support staff provided additional supporting evidence of current need for planned support for those 500 service users.

Initial analysis of this information shows that:

- In 42 cases (8%) the review upheld the assessment outcome, which found clients to be eligible for planned support
- In 243 cases (46%) the review confirmed that these clients were not eligible for planned support at this point in time
- In the remaining 233 cases (45%) the review outcome was that under the revised guidance clients should be eligible for planned support in contrast to the initial assessment

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Analysis of this last group of cases is taking place as a priority. We are planning to complete this validation exercise by the end of October and set benchmarks for eligibility for planned support within the current service specification.

If these revised outcomes were to stand the validation check, then roughly half of the current clients in Oxford City would continue to receive planned support, with the other half continuing to receive emergency response. This is more in keeping with the expected levels of need and service requirement envisaged by Commissioners and from providers and in line with budget assumptions.

In the meantime Oxford City clients continue to receive planned support visits, pending final confirmation of their eligibility for this service element. It is worth noting that subsequent planned reviews will take place annually, and that service users and their carers are able to request an un-planned review at any point in time, should their circumstances change.

Re-assessments in the Cherwell and Vale areas started in the week commencing 11th October using the new revised guidance. It is planned to complete this work by the end of January. Reviews in South Oxfordshire and West Oxfordshire will be completed by the end of March 2012. The outcomes of these re-assessments are monitored weekly and will inform future strategic priorities for the service.

Natalia Lachkou
Supporting People Programme Manager