

ADULT SERVICES SCRUTINY COMMITTEE

MINUTES of the meeting held on Tuesday, 27 April 2010 commencing at 10.00 am and finishing at 1.45 pm

Present:

Voting Members: Councillor Don Seale – in the Chair

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

Councillor Jenny Hannaby

Councillor Dr Peter Skolar

Councillor Anthony Gearing

Councillor Sarah Hutchinson

Councillor Alan Thompson

Councillor Tim Hallchurch MBE

Councillor Larry Sanders

Councillor Ray Jelf

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.

50/10 ELECTION TO CHAIRMAN FOR CURRENT COUNCIL YEAR

(Agenda No. 1)

Councillor Don Seale was elected to Chairman for the current Council year.

51/10 ELECTION TO DEPUTY CHAIRMAN FOR CURRENT COUNCIL YEAR

(Agenda No. 2)

Councillor Mrs Anda Fitzgerald O'Connor was elected to Deputy Chairman for the current Council year.

52/10 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 3)

Councillor Ray Jelf attended in place of Councillor David Wilmshurst.

53/10 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE ON THE BACK PAGE

(Agenda No. 4)

Councillor Dr Peter Skolar declared a personal interest at Agenda Item 9 (Progress Update on the Delivery of the National Dementia Strategy) in relation to that item on the grounds that:

- His mother in law is now in a care home and is suffering from dementia
- He was a GP for 40 years.

54/10 MINUTES

(Agenda No. 5)

The Minutes of the meeting held on 2 December 2009 were approved and signed subject to the following amendments in bold italics and strikethrough:

Councillor Dave Sexon ~~Councillor Jim Couchman~~ (in place of Councillor Dr Peter Skolar)

55/10 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No.)

Agenda Item 8 – Ms Lindsay Smith, Mr Paul Isaacs and Ms Kathy Erangey (all by invitation).

Agenda Item 9 – Mrs Meg Barbour (by invitation).

56/10 DIRECTOR'S UPDATE

(Agenda No. 7)

The Director for Social & Community Services gave a verbal update on key issues, a summary of which is given below:

- there was national debate underway in relation to the National Care Service White Paper (Building the National Care Service) which had been published at

the end of March and it was hoped that the debate would continue in the new parliament;

- the Personal Care at Home Bill was now an Act. The Government had accepted a delay in implementation until 1 April 2011 if it was to go ahead. This had financial implications for the County Council that would be covered in the monthly monitoring report to Cabinet. The Act would only be implemented if passed by both Houses in the next parliament;
- in terms of the Annual Performance Assessment the Directorate held regular meetings with the Area Manager and a follow up meeting had been held in response to the Inspection that took place last year. The Inspectorate were happy with progress including that made on safeguarding issues. Key statistics supported this as there had been a large increase in the number of referrals and a considerable improvement in the speed of completion of referrals. It was hoped that these improvements would be reflected in the Annual Performance Assessment in December;
- in light of self directed support and the personalisation agenda, information in relation to initial ideas on the future of Day Services for Older People would be provided to this Committee's June meeting. The Directorate wished to consult with providers and service users prior to discussion with Scrutiny and would be doing this at the end of May. Letters would be sent out that week;
- the Directorate had gained two awards from Improvement and Efficiency South East (IESE): an award for the work undertaken by the Council to support carers who work for the Council and an award in relation to extending the benefits of personalisation to people in residential care homes. Even if people were paying for residential care they were still left with some money which they could use, for example, to be taken out fishing or to visit the hairdressers;
- John Bolton, whilst Director of Strategic Finance at the Department of Health had looked at the use of resources in Adult Social Care in comparison with his visits to other local authorities and had provided the Directorate with positive feedback in relation to its effective use of resources;
- Members would be tasked with agreeing the Resource Allocation System (RAS) for self directed support and would need to agree a budget which led to a fair outcome for all service users. It was important that the budget was not "age biased" ie, there would need to be equity between younger and older adults. The RAS must also be fair to council tax payers in that an appropriate level of resources must be given to both self directed support - neither too much nor too little - and to other services, as doing so would have serious consequences for the Council;
- an information booklet for older people and their carers had been produced which had been approved by Age Concern Oxfordshire and had cost the taxpayer nothing as it was purely funded by advertising revenue;
- Age Concern and Help the Aged had merged nationally to form Age UK. Age Concern Oxfordshire was an independent organisation from Age Concern England (effectively a federated body rather than a national branch) but would be changing its name to Age UK Oxfordshire;
- in terms of NHS Continuing Health Care (CHC) the Strategic Health Authority cited operation in Oxfordshire as best practice. National statistics showed a variation country wide of 10:1. The South East was below the average but was not the lowest region. This huge variation was being discussed by Adult Social

Care Directors as there was a need for the consistent application of CHC. Although the Government had issued guidelines last summer these were not being applied consistently nationally.

The Committee thanked the Director for his update and **AGREED** that this new agenda item was very useful and should continue at future meetings.

Members of the Committee were asked to provide any further feedback on this new agenda item to the Director or via Ms Coldwell.

57/10 SERVICES FOR ADULTS ON THE AUTISTIC SPECTRUM (Agenda No. 8)

Ms Fenella Trevillion (Head of Joint Commissioning, NHS Oxfordshire), Mr Martin Mellors (Service Development Manager – Mental Health, NHS Oxfordshire) and Ms Ann Nursey (Assistant Head of Adult Social Care - Learning Disabilities) attended for this item in order to update the Committee and to answer Member's questions. The Cabinet Member for Adult Services also attended for this item.

A report was before the Committee (AS8) which covered a definition of autism, the national and local contexts, prevalence levels, an outline of the needs analysis, costs to the system, emerging trends/information, potential service models and issues for discussion.

Two young people with Asperger's Syndrome, Ms Lindsay Smith and Mr Paul Isaacs also attended for this item in order to describe the issues they faced and what would help them and people on the autistic spectrum in future.

They were accompanied by Ms Kathy Erangey, the parent of an eighteen year old son with Asperger's Syndrome, who was also assisting Oxfordshire County Council and NHS Oxfordshire with the work they were doing on Asperger's Syndrome specific service development as both a Consultant and an expert by qualification and experience.

Ms Smith began the discussion by making the following points:

- support was needed at college. It would be helpful if there was a room where students with Asperger's Syndrome could go if they wanted to be on their own for a while. Socialising was hard work;
- it would be helpful to have someone to talk to once a week, for example, about going to college or finding a job.

Mr Isaacs then made the following points:

- diagnostic services for people with Asperger's Syndrome needed to be improved. He had been to Charter House in Thame (Thame Adult Community Mental Health Team) for an assessment and on requesting his notes had discovered that he had been misdiagnosed with schizotypal personality disorder and psychosis and also as having Asperger's traits with a complex

personality. He would not be able to tell a future employer that he had Asperger's traits with "a complex personality" as it was a bizarre and meaning less diagnosis;

- he had finally managed to obtain a Statement of Special Educational Needs from a specialist in Asperger's Syndrome at Littlemore Hospital;
- too many people with Asperger's Syndrome were being misdiagnosed and wrongly labelled, which was upsetting for both the person concerned and for their family;
- a cluster of symptoms created this complex syndrome: dyspraxia (includes clumsiness and co-ordination/motor difficulties), social emotional agnosia (eg "blindness" to body language, facial expressions and the intentions of the individual) and alexithymia (eg. understanding of one's own feelings), as well as being on the autistic spectrum (eg restricted social capabilities);
- coping at work was very difficult for many people with this condition. Pre-diagnosis he had experienced a nervous breakdown as a result of finding work difficult but had not been sure what was wrong with him. Many people with Asperger's Syndrome found it difficult to find work and not being able to obtain benefits or work support were also common problems. The Benefits Service was not clued up as how to assist people with Asperger's Syndrome;
- he had started an Asperger's social group in Thame at The Well (a cafe). It would be helpful if the Council could provide funding for this group. It met once a month which meant that only £576 per year was needed;
- social groups for people with Asperger's Syndrome were very important because they enabled people to come together to help each other and learn how to relate to other people. People with autistic spectrum disorders often had very strong interests and it was good to enable them to share them, relax and be free from the anxieties of mixing with the "outside world". There should be more social groups for people with Asperger's Syndrome. This would also help to raise awareness of the condition. Specialists (eg. Psychiatrists) could be invited to the group in order to learn more about the condition which would raise awareness and increase correct diagnosis;
- people with the condition should be provided with Disability Living Allowance (DLA) as soon as the condition was diagnosed. He had been to Oxfordshire Welfare Rights for assistance with claiming DLA. DLA was useful in that it helped people to have a better life and was also recognition that the person receiving it had a disability;
- Job Centre Staff needed to be more understanding towards people with Asperger's Syndrome who were on Job Seekers' Allowance. For example, they might need to rephrase some of the questions that they were asking that people with this condition found hard to answer. There was a need for mutual understanding on both sides.

Ms Smith then made the following comments:

- she found it useful going to social groups for people with Asperger's Syndrome as you could "be yourself" and relax, without other people thinking that you were weird or being judged harshly or having to make a conscious effort to fit in and be "normal";
- everyone she knew with Asperger's Syndrome either did not have a job or struggled with this;

- people with the condition had many interests and needed support to enable them to develop themselves. It was hard for them to work it out for themselves and they often needed prompting.

Ms Erangey stated that as the parent of an eighteen year-old son with Asperger's Syndrome she concurred with the points made by Ms Smith and Mr Isaacs, and then made the following points:

- there was a huge need for understanding of the needs of people with Asperger's Syndrome - particularly in terms of support at college, with employment and socially;
- people with the condition often found it hard to fit into social groups because they thought differently and did not have the innate social instinct that most people were born with;
- not all people with Asperger's Syndrome wanted to have a social group especially for people with this condition. They also wanted to socialise with people without the condition but would need support to do so initially, which could then be gradually withdrawn.

The Committee then asked Mr Isaacs and Ms Smith a number of questions, a selection of which, together with their responses, is given below:

- **[To Mr Isaacs] Did you manage to amend your medical records?**

Yes.

- **Should there be more training (eg focus groups) for employers to explain autistic spectrum conditions?**

Yes.

- **Would you want formal or informal social services intervention or would you prefer to set up your own groups for people with Asperger's Syndrome?**

Ms Smith stated that it was nice when people with Asperger's Syndrome could start these groups on their own because it helped to reduce feelings of alienation, as people with Asperger's Syndrome knew that it had been started by people "like them". However, they did need to be provided with funding as a lack of funding deterred people from starting up groups.

Ms Erangey commented that not everyone with Asperger's Syndrome was capable of setting up their own group and therefore a range of services was needed. For example, a considerable number of people on the autistic spectrum had difficulties with organisation.

- **Do you have one special person to go to other than your parents if you have problems or are too many people involved?**

Mr Isaacs stated that he relied a lot on his parents - probably more so than someone who was not on the autistic spectrum - and that his parents were worried that he would not be able to lead an independent life due to his condition. In his view there needed to be more help and more people involved and there was no such thing as too much support. Support to parents was also important.

Ms Smith stated that she relied heavily on her mother and that it was sometimes difficult to assert her independence as a result. She added that she sometimes did want to speak to someone that was not her mother, but as she found communication difficult she had not managed to speak to anyone else.

Ms Erangey stated that there needed to be a bespoke service available that people with Asperger's syndrome could ring to speak to someone about their worries.

- **Would it be helpful for people to be invited to speak to the Asperger's Groups, for example, to provide benefits and careers advice?**

Yes.

- **[to Ms Smith] At Oxford University some colleges had set up a buddying system for people on the autistic spectrum on a voluntary basis, whereby people not on the autistic spectrum provided support. Would this be helpful and do you already have any experience of this?**

A buddying system would be helpful and she did not have any experience of this.

- **[to Ms Smith] If you did ask for support at college did they try to meet your needs?**

Ms Smith stated that she had found it too hard to ask for support at college until she was desperate for help. Her mother had helped her to ask but she had not received much support. Ms Smith further stated that she had to leave college due to a lack of support and that a buddying system would have helped.

- **Would you relate to an office situation? What about volunteering? How would you prefer to ease yourselves into employment?**

Mr Isaacs stated that he was currently volunteering at Autism Resource Base (Thame) and that he was at an advantage in that he could relate to the children and their behaviour. Staff at the base had told him that his involvement had been of benefit to the children.

In terms of employment Mr Isaacs stated that staff did not have to be experts in autistic spectrum conditions, but did need to have a basic understanding of what a person with such a condition could and could not instinctively do. For

example, many people with Asperger's Syndrome took things literally and misinterpreted instructions. He added that having a mentor would be helpful possibly for the first six months. This support could then be gradually reduced when the individual had settled into work and felt more comfortable.

Ms Smith stated that she had done a lot of voluntary work and it was a good way to gain skills and confidence as "you weren't expected to be perfect". However, in her experience, it seemed to hardly ever lead to paid employment even if the volunteer was very good and had been volunteering for a long time. Finding paid work afterwards was problematic.

Mr Isaacs stated that many people with autistic spectrum conditions were loyal, reliable and hard working. In his view, it was less likely that they would get involved with office politics and gossip.

The officers present then spoke to the Committee.

Ms Trevillion stated that as Head of Joint Commissioning (NHS Oxfordshire) she was the lead for mental health and was therefore the lead budget manager for the pooled budget for mental health. Therefore she was speaking on behalf of the single arrangements which brought both pots of money together. She added that Ms Nursey (Assistant Head of Adult Social Care – Learning Disabilities) was the lead for learning disabilities and the lead budget manager for the pooled budget for learning disabilities.

Ms Trevillion then made the following points:

- service development for adults on the autistic spectrum was being led by mental health because at least 50% of people with autism did not have a learning disability;
- however, people with Asperger's syndrome had a higher incidence of mental health problems than the general population. People with Asperger's Syndrome had a great deal of insight and therefore negatively responded to the appalling experiences they may have had. Unfortunately, misdiagnosis was prevalent;
- however, in recent years the Government had begun to issue specific guidance in relation to people with autism. In March 2010 the Strategy for Adults with Autism in England was published as required by the Autism Act 2009; and by 31st December 2010 statutory guidance for Local Authorities and the NHS on the implementation of its Autism Strategy was to have been published;
- better services for people on the autistic spectrum was a cross party issue and was not likely to be discontinued after the elections
- Ms Erangey had led on the six focus groups in Oxfordshire for adults with Asperger's syndrome/High Functioning autism across the county, which had identified key themes including diagnosis, employment, housing and health. Many people with these conditions felt isolated and unrecognised;
- on a positive note Goldman Sachs provided a good case study for the successful recruitment and retention of people with Asperger's Syndrome. A number of senior managers at the company had sons or daughters with the

condition. They had set up a workstation for this group of employees (who all happened to excel at IT) in a small part of the office to provide them with a calmer, less distracting environment in which to work. Training was carried out on an individual basis or in small groups. Other employees were then asked to email them to avoid distracting discussions. The outcome for this group of employees and the organisation was very positive and they were so hard working that they had to be reminded to go home;

- many of the issues which had been raised at today's meeting would be covered in the commissioning strategy that was being developed.

Ms Nursey stated that although adults with Asperger's Syndrome who did not also have a learning disability did not meet the eligibility criteria for services from the learning disability teams there was a great deal of expertise in supporting people with autism in those teams. She added that some people with the condition were supported by both the mental health and learning disability teams and that expertise had been drawn from both teams.

Mr Mellors added that many of the issues experienced by people with Asperger's Syndrome related to how they interacted with the world, which was something that they needed help with.

The Committee then asked the officers present a number of questions, a selection of which, together with their responses, is given below:

- **What would be done to improve training, diagnosis and support?**

Mr Mellors stated that plans were being developed. He had spoken to Ms Erangey regarding the needs analysis which she had been working on and people had been identified who needed help now. Actual or virtual teams also needed to be set up who were trained in recognising symptoms and providing appropriate support. The development of these services would then attract people that needed the services.

Ms Erangey stated that she was organising a conference on autism to be held in June which aimed to reach a wider range of people. Mr Isaacs and Ms Smith had both spoken at events and had been very well received. However, it was notable that not many GPs attended these events.

- **What was happening with regard to the transition from children's to adult services?**

Transition processes were not perfect but a number of systems were in place. There were clear processes for identifying young people when they reached the age of fourteen who might require services (eg. The Transition Panel) and officers tried to direct people to the "best fit" team.

- **Did officers speak to the District Councils regarding appropriate housing?**

Officers were currently looking at an appropriate housing strategy.

Following the question and answer session the Committee then **AGREED**:

- to thank Ms Smith and Mr Isaacs for sharing their moving and informative personal experiences and suggestions, which will help to shape responsive services for people with Asperger's Syndrome;
- to thank Ms Erangey and officers for their contribution; and
- to keep this service area under review, including considering a report on the outline commissioning strategy (or the draft Strategy if it is ready) at its September meeting.

Councillor Dr Peter Skolar undertook to draw the attention of the Oxfordshire Joint Health Overview and Scrutiny Committee to the lack of diagnosis of Asperger's Syndrome by many GPs and the need for more training and awareness raising to be provided to them.

58/10 PROGRESS UPDATE ON THE DELIVERY OF THE NATIONAL DEMENTIA STRATEGY

(Agenda No. 9)

The Director for Social & Community Services, together with Ms Varsha Raja (Assistant Head of Adult Services), Mr Duncan Saunders (Service Development Manager – Older People's Mental Health – NHS Oxfordshire) and Ms Marie Seaton (Head of Joint Commissioning – Older People – Oxfordshire County Council and NHS Oxfordshire), attended for this item in order to update the Committee on progress and to answer Members' questions. They were accompanied by the Cabinet Member for Adult Services.

Mrs Meg Barbour (ex carer) also attended for this item in order to share her personal experiences with the Committee.

The Committee had before it a report on progress (AS9) which covered Oxfordshire's approach and progress to date in terms of improved quality of life, early diagnosis and complex care, early onset dementia, improved information provision for carers and people with dementia and cross cutting areas of work.

Mrs Barbour made the following points:

- her husband had died five years ago. He had been very well educated and had worked in the Department of Nuclear Physics at Oxford University. They had four children together and he had run a Cub Scouts pack;
- he had retired at age sixty four and the following year the family were told that he had possible dementia. It is not possible to recover from dementia, and prospects for the person's carer are quite sad;
- at the time of diagnosis people didn't talk about it. She had to search for the information as there was not much information available;
- Mr Barbour never accepted the diagnosis and thought that he was fine;

- early diagnosis is very important because you have to get the person's consent to manage their affairs whilst they still have the mental capacity to give it;
- a diagnosis of dementia is very isolating. It is easy to feel that you are the only person in that situation;
- help for the carer of the person with dementia is very important. She had received assistance from a "flexible carer" from Age Concern once a week and a support worker from the Alzheimer's Society. She had also received great support and assistance from a carer's support group;
- she had taken her husband to her WI group. He was a very private man and would not have wished to go when well, but did not mind at that stage. As time went on she had to stop taking him out and apart from a day centre that he went to twice a week she was with him constantly. She had found respite support very important;
- she was very excited to be involved in the implementation of the new dementia strategy.

A selection of the Committee's questions to Mrs Barbour, together with her responses, is given below:

- **Did you have a problem obtaining an early diagnosis?**

Obtaining a diagnosis at a GP surgery can be a big problem. She was lucky in terms of GP awareness, as one of the doctors at their surgery had suffered from dementia. She was quickly sent to a memory clinic at the Radcliffe Infirmary to obtain a diagnosis for her husband. It was also recommended that they participate in a dementia research project called OPTIMA (the Oxford Project To Investigate Memory & Ageing) and they did this until her husband died. They regularly tested and questioned her husband while he was alive, then they received his brain for research after his death.

However, GPs often seem to feel that there is no point in diagnosing dementia because they feel that nothing can be done.

- **Was telecare available at that point in time? If not, would it have helped?**

They didn't know much about telecare in those days. Telecare can be useful where the carer has the mental ability to use it. If someone with dementia was trying to use it without a carer then this would be problematic.

- **Do you agree that respite care is essential for carers of people with Dementia?**

Yes. Mrs Barbour made the following points:

- she organised lunches for people with dementia and the people that care for them;
- the dementia support groups required only a cup of tea and a facilitator and sometimes a speaker, but were not expensive. They were very

useful because carers needed to know where to go for information and where to get help;

- she was also a trustee at Daybreak Oxford which provides specialist day care for dementia sufferers;
 - her husband finally went into a nursing home for the year before he died, because she was unable to cope physically with the demands of looking after him;
 - in the early stages of dementia people often get lost and forget where they are going, for example, if they are driving. However, it is still often possible to have a “normal” conversation with them. Just an hour respite for a carer is of huge benefit to them.
- **How did you find the availability of respite care?**

Mrs Barbour stated that she had needed daily respite care to begin with. The care had been available and she had been able to obtain it. She added that home support provided by social services was inadequate because a fifteen minute visit was insufficient. Toileting, washing and dressing a person with dementia could be very time consuming.

- **Do you think that the medical model in relation to whether or not to diagnose dementia is inappropriate?**

Mrs Barbour stated that it was important that early diagnoses be given for the sake of the carers. Dementia could not be cured with pills. The carer was hanging in on there and still had a life. Their GP would probably have to treat them for depression, ill health and possibly deal with their suicide unless they were kind enough to refer them to someone. The carer would suffer if the GP did not give a diagnosis.

Ms Raja reminded the Committee that the National Dementia Strategy was a five year plan that the authority was required to have in place. A joint team comprising officers from the Council and NHS Oxfordshire was looking to implement it and many of the issues cut across both organisations. A small officer working group had been set up in Oxfordshire since the publication of the strategy and Mrs Barbour and Ms Ruiz had helped to shape Oxfordshire’s plan. There was still much to be done, for example, services were still not fit for purpose and care home staff had not all received training in dementia skills and awareness.

Ms Raja then updated the Committee in addition to the information provided in report AS9. Key points are given below:

- two contracts had just been awarded for outcome focused home support. To change the whole of the home support system at once might destabilise the market, therefore it was being reconfigured incrementally;
- intensive training support for carers was very important. Officers were taking forward a learning exercise which was receiving national attention;
- officers were also looking at technology and had already introduced certain elements, for example, the Just Checking and Wandering technology which triggers alarm bells to the carer if a person is wandering;

- in terms of memory services there were still insufficient numbers of people receiving a diagnosis. It was not possible to receive appropriate support prior to receiving a diagnosis.

Mr Saunders reported that NHS Oxfordshire was leading on the early diagnosis and complex care and early onset dementia work streams. Dementia for the under sixty-five's was still a rare condition and the biggest risk in terms of developing dementia was age. Increasing the early diagnosis of dementia was very important as currently two thirds of people with dementia had not received a diagnosis. In terms of reviewing the existing memory services officers were looking to create a single pathway of care with a single point of access as there were currently no clear guidelines as to why people should chose one model of service over the other and no consistency of service. Officers were also looking at the provision of support post diagnosis, which - as Mrs Barbour had made very clear - was devastating. It was important that people must be provided with access to that support regardless of where they had received the diagnosis.

The Committee then asked the officers a number of questions, a selection of which, together with the officers' responses, is given below:

- **Was there sufficient money to action the plans arising from the national dementia strategy and were any of these funds under threat?**

The Director for Social & Community Services stated that there had to be money to address dementia as improving the diagnosis and treatment of dementia - including improved information for people with dementia and their carers - would save money in the long term, as dementia was a key reason for people going into residential and nursing care and was half of Adult Social Care's current expenditure. He added that there was also a moral duty to address this issue.

- **Where were the three Dementia Advisors located?**

Initially in four GP surgeries: Banbury Hightown, Abingdon Malthouse, Shipton under Wychwood and Kennington. All of the above surgeries had expressed an interest in dementia. Due to insufficient numbers of referrals Kidlington, Islip and Bicester had also been identified.

- **Was it correct that keeping people with dementia at home was better for them than going into a nursing or residential home and was there also a deficit in the number of beds for people with dementia?**

A residential or nursing home was a new setting for a person with dementia and therefore Extra Care Housing might be more appropriate. It was true that staying at home provided an improved quality of life for the person with dementia than a residential or nursing home and was a more cost effective means of supporting people. The Carers' Support Project was an important part of this and it was hoped that four hundred carers could be supported. There were a significant number of contracted beds with the Order of St John.

- **Were people with dementia going into residential or nursing homes because the carer could not cope any more?**

Mrs Barbour stated that this was often the case. She added that in her view the optimum way forward was for day care to be provided, then respite care, then the possibility of long term nursing/residential care if the situation worsened. If this care could be provided from the same building this would be fantastic. Sheltered housing would also be good.

- **Did the Strategy look at helping the carer to deal with bereavement and get back into work if they needed to?**

This was the most important area of support in the Strategy. Mrs Barbour and Ms Ruiz's caring responsibilities had come to an end and they were both helping to influence the strategy. Officers were trying to visit a number of carers support groups attended by carers and people whose caring responsibilities had come to an end and they looked at rebuilding their social networks. There were four elements of support to the carer's package from which carers could pick and chose. This included giving people psychological, emotional and physical tools such as a direct payment of £150 to help people to take up alternative therapies or adult learning courses to aid stress relief, and as the training courses for carers were delivered informal social networks often developed as a result where people helped each other. The Directorate also asked a significant number of carers what they needed (c 400), which helped to shape services.

- **This assistance was costly. Nationally PCTs had been allocated £60m in the first year and £90m in the following year. Had Oxfordshire PCT received any of this money and how was it being used?**

Ms Seaton stated that there was over £2.7m in the CHC budget which was specifically focused around dementia. NHS Oxfordshire had invested £116,000 this financial year for developments around dementia and no financial savings from this area were expected for this financial year. It was expected that this amount of money would be invested in future years.

- **Would the savings requirement for NHS Oxfordshire be increasing the next financial year?**

In relation to the NHS operating framework there would be no area that remained untouched but NHS Oxfordshire was giving a very strong commitment to this area.

The Director for Social & Community Services reminded the Committee that savings would be generated by developing the types of services set out in report AS9.

- **The apparent loss in day care with day hospitals going was a concern.**

The Directorate had carried out a great deal of consultation with carers about this. Carers had said that they wanted there to be a range of options in place such as day hospitals, day services and care homes. They also wanted respite care to be provided in their own homes.

Care homes also provided carers with breaks for a short period of time, but it could be difficult coping with the person with dementia once they were back home due to their disorientation and behavioural changes.

Officers had identified areas where respite was not being heavily used and had decommissioned this and provided a direct payment to people instead which gave them more flexibility, choice and control. For example, they could use the money to arrange a short holiday.

Following the question and answer session the Committee then **AGREED** to:

- thank Mrs Barbour for sharing her moving and frank personal experiences with them;
- thank officers for their contribution;
- keep progress on the National Dementia Strategy under review and look again at progress at its October meeting;
- note that:
 - the number of referrals to Dementia Advisors from GP surgeries was now 33 people (not 14 or 15 as listed in the report);
 - it would receive a report on the Carers' Support Project in due course.

Councillor Dr Peter Skolar undertook to:

- draw the attention of the Oxfordshire Joint Health Overview and Scrutiny Committee to the issue of Dementia; and
- suggest that it advises the Medical Committee and NHS Oxfordshire to look at the need to communicate to GPs about the ongoing importance of correctly diagnosing dementia - given that some GPs may be of the view that there is not much that they can do to assist following a diagnosis and that there are not many services in place - and to highlight the importance of early diagnosis both in terms of Health and Social Care for both the patient and their carer and family.

59/10 TRANSFORMING ADULT SOCIAL CARE: PROGRESS UPDATE AND Q&A (Agenda No. 10)

It has been agreed that a report on transforming Adult Social Care will be brought to every meeting of this Committee (AS10) and will include detail on self directed support.

The Cabinet Member for Adult Services together with Mr Sinclair (Programme Director – Transforming Adult Social Care) attended for this item in order to answer any questions which the Committee may have wished to ask.

The Committee noted that four hundred and sixty-six people now had a personal budget.

A number of communication leaflets were tabled which provided the Committee with a flavour of work underway. These would be distributed to libraries and GP surgeries amongst other places and an article would be published in Oxfordshire News in September.

Following the update the Committee **AGREED** to:

- thank Ms Irving (Self Directed Support Development Officer) on the Improving Lives Award received for her work on extending the benefits of personalisation to people in residential care homes;
- note that:
 - it would consider a report on the Adult Social Care Resource Allocation System Policy post Cabinet consideration (20 July), which would be aligned with the report covering the new guidance in relation to adult social care eligibility criteria that had been issued earlier in the year;
 - the Institute of Public Care research on Community Building (which would be used to develop best practice models) would be forwarded to the Committee for information once it was available.

The Self Directed Support Task Group also gave an update on its work as part of this agenda item (Councillors Hannaby, Hutchinson and Larry Sanders). They were looking forward to sitting in front of a computer and seeing how the resource allocation system would work in practice.

In response to concern expressed by Councillor Sanders, Mr Sinclair undertook to undertake some further analysis on the results of the Accelerated Review Process for Older People and provide this information to the Committee. He stated that although significant savings had been made, the review process had been robust, fair and equitable and that the reviews had been done properly and well. Officers had looked at different ways of meeting people's needs which were cheaper.

Mr Sinclair also undertook to circulate a summary version of the Draft TASC Information and Advice Strategy to the Committee.

Any members of the Committee wanting a copy of the full report (over 120 pages) were asked to contact Mr Sinclair directly.

The Committee noted that the Retender for Young People and Teenage Parent Services would be considered by the Cabinet Member for Adult Services on 1 June.

61/10 SCRUTINY WORK PROGRAMME
(Agenda No. 12)

Following discussion the Committee **AGREED**:

- to keep ‘Services for Adults on the Autistic Spectrum’ and ‘Progress in relation to the delivery of the National Dementia Strategy’ under review, including looking at the report on the outline commissioning strategy (or draft strategy if it is ready) in September and progress in relation to the latter item in October;
- to continue to monitor NHS Continuing Health Care - given the financial pressure on all PCTs from the Strategic Health Authority - and that a paper on the above from Ms Stapley with the Director’s comments should be sent to the Oxfordshire Joint Health Overview and Scrutiny Committee.

Ms Coldwell undertook to ask Dr Alvi to provide the scope for the Safer and Stronger Communities Scrutiny Committee’s Select Committee into Community Pride to be held at its July meeting to Councillor Larry Sanders once available, as he had expressed an interest in this topic.

62/10 TRACKING SCRUTINY ITEMS
(Agenda No. 13)

A response from the Leader of the Council on this Committee’s budgetary advice was before the Committee (AS13(a)).

The Committee:

- noted Councillor Mitchell’s response in relation to its budget advice and was pleased to see that the Cabinet had accepted the Directorate’s risk analysis in relation to the two risks to the service identified by the Director;
- thanked Mr Chant for the Oxfordshire LINK update and noted that:
 - the Directorate Leadership Team would consider the LINK Hearsay report on 6 May;
 - the LINK Research Group into personalised budgets was about to notify Mr Sinclair of its findings.

63/10 CLOSE OF MEETING
(Agenda No. 14)

The Committee **AGREED** to defer the presentation on NHS Continuing Health Care to the rising of its June meeting.

..... in the Chair

Date of signing 2010