

## Notice of a Meeting

### **Adult Services Scrutiny Committee** **Tuesday, 27 April 2010 at 10.00 am** **County Hall**

#### **Membership**

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

*Councillors:*

Jenny Hannaby	Sarah Hutchinson	Larry Sanders
Dr Peter Skolar	Alan Thompson	David Wilmshurst
Anthony Gearing	Tim Hallchurch MBE	

**Notes:** A pre-meeting will held at 9.30 am for all members of this Committee in meeting room 2.  
A working lunch will be provided at 1pm in meeting room 2.

**Date of next meeting: 8 June 2010**

#### **What does this Committee review or scrutinise?**

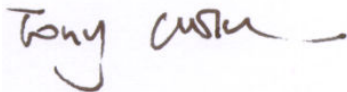
- Adult social services; health issues;

#### **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	-	<i>Kath Coldwell, Tel: (01865) 815902</i> E-Mail: kath.coldwell@oxfordshire.gov.uk



Tony Cloke  
Assistant Head of Legal & Democratic Services

April 2010

## **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. Election to Chairman for Current Council Year
2. Election to Deputy Chairman for Current Council Year
3. Apologies for Absence and Temporary Appointments
4. Declarations of Interest - see guidance note on the back page
5. Minutes (Pages 1 - 12)

To approve the minutes of the meeting held on 10 February 2010 (**AS5**) and to note for information any matters arising on them.

6. Speaking to or petitioning the Committee
7. Director's update

**10:15**

The Director for Social & Community Services will give a verbal update on key issues.

### SCRUTINY MATTERS

To consider matters where the Committee can provide a challenge to the work of the Authority

8. Services for Adults on the Autistic Spectrum (Pages 13 - 20)

**10:25**

Contact Officers: Fenella Trevillion (01865) 334626, Martin Mellors (01865) 334652, Ann Nursey (01865) 323669

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) will attend for this item.

A report is attached at **AS8**.

The Committee will have the opportunity to hear from two young people with Asperger's

Syndrome, Ms Lindsay Smith and Mr Paul Isaacs, who will start this item by describing the issues they face and what would help them.

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

The contact officers will then talk to their paper and the Committee will conduct a question and answer session.

***The Committee is invited to conduct a question and answer session.***

**9. Progress Update on the Delivery of the National Dementia Strategy (Pages 21 - 26)**

**11:15**

*Contact Officers: Varsha Raja, Assistant Head of Adult Services, tel (01865) 323618; Suzanne Jones – Senior Service Development Manager, Older People, NHS Oxfordshire, tel (01865) 334613.*

A report on progress is attached at **AS9**.

Ms Varsha Raja (Assistant Head of Adult Services) will attend to present the paper and to answer the Committee's questions, together with the Director for Social & Community Services and the Cabinet Member for Adult Services.

Mr Duncan Saunders (Service Development Manager - Older People's Mental Health – NHS Oxfordshire), together with ex carers Mrs Meg Barbour and Mrs Joyce Ruiz will also attend for this item.

***The Committee is invited to conduct a question and answer session in relation to progress, with a particular focus on the issues and gaps in provision identified at its October meeting.***

**10. Transforming Adult Social Care: Progress Update and Q&A (Pages 27 - 32)**

**12:00**

*Contact: Alan Sinclair, Programme Director – Transforming Adult Social Care (01865 323665)*

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 and Mr Sinclair will attend to answer any questions the Committee may wish to ask.

The Self Directed Support Task Group is also invited to give an update on their work as

part of this agenda item. The Group comprises Councillors Jenny Hannaby, Sarah Hutchinson and Larry Sanders.

***The Committee is invited to track progress and conduct a question and answer session.***

## **BUSINESS PLANNING**

### **To consider future work items for the Committee**

#### **11. Forward Plan**

**12:30**

The Committee is asked to note any items for possible consideration.

The current version of the Forward Plan covers May to August 2010.

#### **12. Scrutiny Work Programme**

**12:35**

Members of the Committee are reminded that last October they had agreed to include the following items in their future work programme:

- **Duty to involve** – Q&A and report at its February meeting on what this new statutory commitment involves and what the Council will be doing Completed;
- **Services for Adults on the Autistic Spectrum** – Q&A and report at its April meeting or once the Joint Needs Assessment has been finalised if later Completed;
- **Dementia Strategy** – Q&A and report at its April meeting in order to monitor progress in relation to issues and gaps in provision Completed;
- **Telecare** – Q&A and report at its October 2010 meeting;
- **Domiciliary Care** – consider at a future meeting once both inspections have been completed. Possibly to the October 2010 meeting.

The Committee will also look at the current situation with regard to delayed transfers of care at its June meeting.

Given that the Committee has now considered a number of these items, Members are invited to put forward any suggestions for future scrutiny consideration.

It would be appropriate for any suggestions to be related to the Council's priorities and the remit of this Committee, although suggestions which cut across more than one scrutiny committee could also be put forward for consideration.

Committee members are asked to submit any suggestions prior to the meeting and as soon as possible to Mr Fitzgerald.

Proposal forms working up these ideas will then be brought to this Committee's June meeting for consideration.

Members are reminded that a proposed scrutiny work programme will be brought to Committee for consideration later in the year.

***Members of this Committee are invited to put forward any items for future scrutiny consideration.***

**13. Tracking Scrutiny Items (Pages 33 - 34)**

**12:45**

A response from the Leader of the Council on this Committee's budgetary advice is attached (**AS13(a)**).

**INFORMATION SHARE**

**12:50**

Listed below are reports for information and links to background information that may be of interest to Members for noting only.

<b><u>Subject Matter</u></b>	<b><u>Document</u></b>
<b>Update from the Oxfordshire LINK including verbal update on the recent Hearsay Event.</b>	<b>AS13(b)</b>

**14. Close of Meeting**

**13:00**

Following the meeting members of the Committee will have the opportunity to receive a presentation on NHS Continuing Health Care from Ms Sandra Stapley (Assistant Head of Adult Social Care – Older People & Physical Disabilities).

*Members of the Committee are asked to note that a working lunch will be provided in committee room 2 prior to the presentation.*

## 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, ie 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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# Agenda Item 5

## ADULT SERVICES SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Wednesday, 10 February 2010 commencing at 10.00 am and finishing at 1.00 pm

**Present:**

**Voting Members:** Councillor Don Seale – in the Chair

Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman)  
Councillor Arash Fatemian  
Councillor Jenny Hannaby  
Councillor Anthony Gearing  
Councillor Sarah Hutchinson  
Councillor Alan Thompson  
Councillor Tim Hallchurch MBE  
Councillor Larry Sanders  
Councillor Dave Sexon  
Councillor Jim Couchman (in place of Councillor Dr Peter Skolar)

**Other Members in Attendance:** Cabinet Member for Adult Services: Councillor Jim Couchman

**Officers:**

Whole of meeting K. Coldwell & J. Mullan (Corporate Core)

Part of meeting

**Agenda Item**

**Officer Attending**

5	L. Gregory (Social & Community Services) & C. Stow (Corporate Core); A. Higham & D. Roaf (Oxfordshire LINK), A. Chant (Help & Care)
6	Director for Social & Community Services, H. Ellis, P. Purnell & S. Thomas
7	Director for Social & Community Services & A. Webb (Oxfordshire PCT)
8	A. Sinclair & S. Thomas (Social & Community Services)
10	A. Higham & D. Roaf (Oxfordshire LINK) & A. Chant (Help & Care)

*The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.*

**42/10 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 1)

Councillor Dave Sexon in place of Councillor Dr Peter Skolar.

**43/10 MINUTES**

(Agenda No. 3)

The Minutes of the meeting held on 2 December 2009 were approved and signed.

**(a) Order of Business**

The Committee **AGREED** to vary the order of business as indicated in these Minutes.

**44/10 TRANSFORMING ADULT SOCIAL CARE: PROGRESS UPDATE AND Q&A**

(Agenda No. 8)

It had been agreed that a report on Transforming Adult Social Care (TASC) would be brought to every meeting of this Committee and would include detail on self directed support.

The Committee had before it a progress update in relation to TASC (AS8), together with the Putting People First Milestone Self Improvement Framework (Oxfordshire's first quarterly report to the end of December 2009 on progress against the government's high level measures and milestones which need to be achieved over the next 18 months and which will be reported on a quarterly basis to the Department of Health for all Councils) (Annex 1) and the Programme Definition Document for Transforming Adult Social Care with an updated risk register (Annex 2).

The Cabinet Member for Adult Services, together with Mr Alan Sinclair (Programme Director – Transforming Adult Social Care) and Mr Steve Thomas (Performance Information Manager) attended for this item in order to answer Members' questions.

Mr Sinclair summarised progress in relation to TASC as set out in report AS8, reporting as follows:

- in relation to the need to better involve and engage with the Districts and the City Council, there was a need for more information on TASC to be provided by the City Council and he would be attending a meeting of the City Council's scrutiny committee that evening;
- although there was already much work underway in relation to the financial systems needed to support the delivery of personal budgets, more was needed to be done as the systems were not yet in place. Plans were in place to do this but they needed to be implemented;
- three hundred people had now been allocated a personal budget;
- the programme would be going into delivery stage this year (all new service users to have a personal budget by October 2010) and his concern was to ensure that the system was sustainable for the future in terms of local commissioning. Altering commissioning and contracting arrangements to enable providers to offer choice and flexibility had been limited to date in

relation to older people and people with physical disabilities. In relation to the extent to which users, carers, providers and third sectors had been involved in developing the commissioning strategy, the involvement of service users was more developed in learning disabilities and mental health and was beginning to happen for older people and people with a physical disability. Officers were currently working on the strategy for people with a physical disability;

- officers had now gone out for an expression of interest for brokerage;
- the Resource Allocation would be discussed at a Workshop to be held in March;
- the future of the community building aspect of the programme would be discussed by the end of March;
- there was only a year's funding left for TASC so officers were looking at what they needed to be prioritising, for example, by looking at what they could do in relation to community building, promoting independence and prevention in the last year of the programme.

A selection of the Committee's questions, together with Mr Sinclair's responses, is listed below:

- **Did the people who were part of the accelerated review process and transferring to a personal budget understand what the Directorate was trying to do, why they had received a smaller budget and why this was acceptable?**

Mr Sinclair undertook to circulate a summary paper to the Committee's next meeting summarising comments from the people who had been reviewed for self directed support and had received a personal budget, giving information on their understanding of the process, their views and the outcomes.

- **How could safeguarding be addressed in terms of brokerage, especially as members of the family did not need to be registered?**

Officers were doing a joint piece of work with the Safeguarding Adults Board on safeguarding and self directed support which covered how people would be supported universally through the process, together with targeted support for people that were being abused. This would be taken to the TASC Programme Board and the Safeguarding Board. Officers would also be encouraging people to use brokers that were contracted by the Council although it would not be mandatory.

- **What was happening in terms of community building and who was responsible for it?**

The Head of Community Services was responsible for community building and this part of the programme has been one of the least developed areas. Officers were interested in looking at areas of good practice both within and outside of the county in terms of what makes a community work well for people that are vulnerable. Some work had been undertaken in the South East which had focused on small projects and areas, but it had not looked at how the whole community could support vulnerable people.

- **Under ‘Upcoming key dates for the programme’ the report stated that by April 2011 existing and new eligible people would have a personal budget. Under milestone 2 it stated that the target for April 2011 was for at least 30% of eligible service users/carers to have a personal budget. When would this number increase to more than 30%? Under this milestone it also stated that self directed support and personal budgets would go mainstream for May 2010, but if officers worked on a 3% increase on a quarterly basis the target would still be 6% short by April 2011.**

All eligible service users/carers would receive a personal budget by April 2011. The 30% target had been set by the Department of Health. This target also counted a number of different groups as service users, who in reality would not be eligible for a personal budget. The Directorate interpreted the target as all eligible service users.

- **With regard to Milestone 4 (Information and Advice) was there a strategy in place to create universal information and advice services?**

There was not at present but a strategy would be in place by April 2010. The risk related to how the strategy was implemented. The standard of information provision in adult social care had historically been poor and therefore problem areas needed to be improved. Some of those risks had been quite high. The mitigation action related to how the strategy would be implemented.

- **If officers were told to make more rapid progress and implement TASC by the end of this month, what progress could be made?**

The roll out of personal budgets county wide could not be carried out by the end of the month.

- **How quickly could personal budgets be rolled out?**

There was a difference between doing this well and doing it quickly. Twelve thousand people were currently in receipt of services from adult social care. Five hundred of these service users would be reviewed by the end of March. Therefore, it might in principle be possible to review everyone by the end of June or July. However, to do so would mean that all adult social care staff would have to solely focus on this task to the detriment of other important work such as safeguarding and responding to emergencies. Rolling out personal budgets too quickly could also put vulnerable people at risk as they might not have been allocated the right amount of money.

The Committee thanked Mr Sinclair for his informative update and also noted that an analysis of the potential impact of free personal care on the Transforming Adult Social Care programme would be undertaken shortly and would be reported to this Committee’s next scheduled meeting.

**45/10 ANNUAL REPORT BY THE CARE QUALITY COMMISSION ON ADULT SOCIAL SERVICES**

(Agenda No. 6)

(Agenda No. 6)

The 2008/09 report for Oxfordshire was before the Committee (Annex 1 to report AS6).

The Directorate had been judged as 'performing well', as had 108 of the 148 authorities nationally and 18 of the 19 authorities in the South East. One third of all local authorities had been given a rating of 'adequate' in relation to maintaining personal dignity and respect, as had Oxfordshire.

Eleven areas for improvement had been identified, which was a similar number of areas to those flagged up in previous years.

The Cabinet had considered this report on 19 January and had agreed to review progress on the areas for development through the quarterly monitoring of the directorate balanced scorecard.

The Cabinet Member for Adult Services, together with the Director for Social & Community Services, Mr Paul Purnell (Head of Social Care for Adults), Mr Steve Thomas (Performance Information Manager - Social & Community Services) and Mr Hugh Ellis (Safeguarding Adults Manager) attended before the Committee in order to answer Members' questions.

The Committee conducted a question and answer session. A selection of the Committee's questions, together with the officers' responses, is listed below:

- **The Care Quality Commission (CQC) had stated 'the report acknowledges an improving picture of performance in safeguarding adults in Oxfordshire, with some areas of positive performance and a clear commitment to further raising of standards'. Was this a fair summary? Had the Inspectors been looking at the possibility of things going wrong or things that had gone wrong?**

The Inspectors had been given a hundred referrals from the previous year. From this, they had chosen eight cases to read in detail and had interviewed staff and clients and had held group interviews. The Inspectors had wanted to look at how well the cases had been dealt with and to assess whether they thought that the situation would improve. Their judgement had been that the arrangements were adequate, but that there were promising prospects for improvement. Standards were understandably very high in this category and only one local authority had been given a rating of 'excellent'.

- **Why wasn't a rating of 'adequate' ok for safeguarding, given the County Council's financial situation?**

This was a question to put to the regulator. A rating of 'adequate' was a reasonable benchmark. A rating of 'performing well' meant that an authority had added value and done extra work. Pursuing a score of 'performing excellently' was not that relevant to service users. Service users needed to know that the Directorate was doing well and therefore the Directorate was aiming for a future score of 'performing well' in terms of safeguarding.

- **How much would it cost to get from 'performing adequately' to 'performing well'? Was money being spent wisely? Would the Directorate be spending money to get a better performance rating when money would be best spent elsewhere?**

Safeguarding was a national priority and was much higher on the agenda than it had been in previous years. Officers had looked for strengths and weaknesses in their existing services and had found both strengths and weaknesses. The CQC took safeguarding very seriously and was awarding harsh scores in this area. Processes that had been put in place before the Inspection had been viewed by the Inspectors as not having been in place for a sufficient amount of time.

The difference between both ratings was not about money. The Dignity in Care report by Sir Michael Parkinson 'My Year as National Dignity Ambassador', which had been recently circulated to members of this Committee had made the point that improving dignity, respect and quality life was related to how people were treated. For example, staff not addressing older people by their first name could make a big difference to their wellbeing. It was important to share best practice in this area.

- **What was meant by a safeguarding referral?**

A referral would take place the moment that officers knew that a person might be at risk of harm in terms of abuse or neglect.

- **Was there any evidence of under-reporting in terms of safeguarding?**

Yes, and this was a national problem. There had been under-referrals the previous year, but this year the number of referrals had doubled.

- **Under-referrals were not in the Directorate's hands. Did officers try to promote referrals?**

Officers trained staff to spot safeguarding issues including the Council's partners, for example, Oxfordshire PCT and Thames Valley Police. Literature was routinely sent to all services and service users to raise awareness of what to do if there were issues.

- **Who should any referrals be sent to?**

Any referrals should be sent to the Access Team who were the first point of contact and would then immediately forward them to the appropriate team. This information was on the internet and the intranet. The Access Team was also the first point of contact for children's safeguarding issues.

- **Did GPs know what to do?**

Officers were currently working with Oxfordshire PCT to ensure that this was the case. An increasing number of referrals did come from PCTs and GPs.

- **In relation to Outcome 1 (Improved health and emotional wellbeing) the inspection report had stated 'the effectiveness of Oxfordshire and its NHS partners' combined performance in achieving independence for older people through rehabilitation and intermediate care was below that of the average of similar council areas. This indicates that the council and the NHS in partnership need to be more effective in helping people achieve independence through rehabilitation and intermediate care'. What progress had been made in relation to this?**

Officers had not agreed with all of the inspection findings and had strongly disagreed with this statement. There were more intermediate beds in Oxfordshire than in many other counties. A new indicator had been used by the Inspectorate. It was clear that the Directorate had submitted its figures on a different basis and had therefore resubmitted its figures, but they had not been permitted to resubmit. In reality, performance in achieving independence for older people through rehabilitation and intermediate care was above average. Officers wanted enablement to be the prime focus of any referral, although it would take some time to achieve this.

- **What were the gaps in arrangements to ensure that people who wished to die at home were effectively enabled to do so?**

This was a very important priority for the PCT and the County Council and was being worked on. However, on average, more people were able to die at home in Oxfordshire than elsewhere. This and all of the other issues raised were in the Directorate's action plan.

- **The report stated that the council had not delivered on its plan for additional extra care housing in the last year due to delays in construction and this had impacted on the number of people helped to live independently and in a better environment. What was the current situation?**

Most of the delay had not been within the Council's control as it had been dependent on the availability of land and work with registered social landlords and the District Councils. The Council was still intending to open 140 units by the end of this financial year. If there was any delay it would only be by a few weeks. Builders were on site in Banbury and Bicester and officers were looking very hard at Wychwood and Chipping Norton. There was likely to be an exchange on the

Chipping Norton site. The programme had been slow to get off the ground and was to some extent due to planning permission not having been agreed at the Shotover Site but was now well underway.

- **Why was it the case that the percentage of care management assessments leading to service provision for people was higher in 2007/08 but lower than the average for similar councils?**

Officers' view was that this was an indicator that assessed poor performance and was therefore not a useful indicator. The Directorate was trying to avoid giving services following an assessment, as the focus was on enabling people to remain independent in their own homes and therefore only directly intervened if people were in need of those services. Local authorities had also been asked to report how many service users received a service without needing an assessment (for example, attended a day centre) and the Council was in the top quartile for that indicator. This was even after taking into account that services that were not viewed as Council services had not been counted and the Council often signposted people to other services.

- **The service inspection had found that the Council's arrangements for managing complaints and compliments needed to be strengthened. What was being done about this?**

Work was underway in relation to this area. The main issue was the need to learn from any complaints and to record compliments. For example, comment books were available at the county's day centres and most of the comments had been compliments but these had not been logged.

- **The report stated that more people who use drugs were benefitting from being in effective treatment programmes as a result of increased engagement. What were the current waiting times for drug and alcohol treatment programmes and the reasons for this?**

Mr Thomas undertook to obtain this information from Jo Melling (Oxfordshire Drug and Alcohol Action Team (DAAT)) for circulation to the Committee.

- **Why were there waiting lists for people who were unable to get a place at the county's day centres?**

The Director for Social & Community Services undertook to look into this issue, commenting that one of the issues regarding day centres was that people had not been turning up and that the day centres were not being fully utilised. Therefore the Directorate was looking to make savings in this area.

It was **AGREED** that the Committee would consider a report on day services for older people, together with the strategy, at its June meeting.



- **In terms of increased choice and control the Directorate had been awarded a rating of ‘excellent’ in 07/08 but this had dropped to ‘well’ in 08/09. How much was this a wording issue and if this wasn’t was it of concern?**

The difference between ‘well’ and ‘excellent’ seemed quite borderline and subjective, which was why there was no point in striving for a rating of ‘excellent’. The directorate’s performance had not declined in this area. The Inspectors had said that the directorate was not at the forefront in terms of TASC. However, as stated earlier, there was no point rushing TASC, as it had to be rolled out properly.

Following the question and answer session, the Committee **AGREED** to request that a report on the rationale behind and eligibility criteria for Adult Social Care services and NHS services be circulated to all members of the Committee, as background information for future discussion on NHS Continuing Health Care.

Members noted that the action plan to address the areas for improvement from both the June inspection and the annual performance assessment for 2008/09 would be circulated to the Committee prior to Cabinet consideration.

#### **46/10 INTEGRATED WORKING BETWEEN OXFORDSHIRE PCT AND ADULT SOCIAL CARE**

(Agenda No. 7)

The Cabinet Member for Adult Services, together with the Director for Social & Community Services, Mr Paul Purnell (Head of Adult Social Care) and Mr Alan Webb (Director of Commissioning – Oxfordshire PCT) attended before the Committee in order to answer Members’ questions.

The Committee had before it two papers:

- The Development and Implementation of the Ageing Successfully Strategy (AS7(a));
- Partnership Working with the NHS – Creating a Healthy Oxfordshire Programme (AS7(b)).

Report AS7(a) set out the overall vision, aims and objectives of the Ageing Successfully Strategy, which the County Council’s Social & Community Services and Oxfordshire PCT were developing together and implementing with the involvement of the District and City Councils and the voluntary and independent sectors.

The strategy was being prepared because at present the statutory agencies in Oxfordshire did not have an agreed, robust and overarching vision of what services for older people in the County should be, nor what the priorities, objectives, vision and underlying principles were. This had led to a lack of clarity and focus for the provision and development of services. There had not been a clear enough framework within which the voluntary, independent and for profit sectors could develop their own services, confident in their understanding of what service commissioners wished to see. It had also hampered the involvement of service users and carers in the development and delivery of services.

The Strategy would give the basis for a thorough review of the current pooled budget arrangements and integrated commissioning would be based on outcomes. Integrated commissioning was about improved efficiencies and improved services. For example, it was not good practice for people to be seen twice in order to receive services.

Mr Webb stated that integrated commissioning and pooled budgets was the way forward but was quite challenging for Health as Health did not always commission by defined areas of the population. The area of older people cut across commissioning for a number of services such as acute services, accident and emergency and out of hours, as well as services for people with long term conditions such as chronic breathing disorders and other conditions that mainly affected older people. This was the direction of travel and officers were currently working on how to get there. A workshop on integrated working would be held that afternoon.

In relation to paper AS7(b), Members noted that the proposed work streams which were of most relevance to this Committee were integrated commissioning, integrated community services provision and patient responsibility and engagement.

#### **47/10 DUTY TO INVOLVE - QUESTION AND ANSWER SESSION** (Agenda No. 5)

This Committee had agreed as part of its scrutiny work programme that it wished to look at the new statutory duty to involve, which will affect all parts of local government, not just Social & Community Services.

Ms Gregory (Taking Part Team Manager), together with Mrs Carole Stow (Consultation and Involvement Manager) attended before the Committee in order to provide Members with information on what this new duty involved and what the Directorate would be doing in response to this, and to answer the Committee's questions.

Mrs Anita Higham and Mr Dermot Roaf (Oxfordshire LINK), together with Mr Adrian Chant (LINKs Locality Manager – Help and Care) also attended before the Committee.

The paper before the Committee (AS5) set out the background and key issues associated with the Duty to Involve, the arrangements in place to support the Council to meet its statutory obligations; and in particular how Adult Services was meeting its statutory obligations.

Mrs Stow reported that the duty came into force on 1 April 2009 under section 138 of the Local Government and Public Involvement in Health (LGPIH) Act 2007. Its aim is to embed a culture of engagement across local government and it requires the Council to take steps to involve representatives of local persons in the exercise of the Council's functions where it is considered to be appropriate. However, the Council had long recognised the benefits of involving service users and the ethos of the duty already underpinned the Council's strategic frameworks and was integral to its corporate plans, strategies and processes. Mrs Stow further reported that as the

County Council's Consultation and Involvement Manager she had the strategic overview of all of the Directorates and each Directorate has nominated an officer responsible for have an oversight of consultation and involvement activities in relation to that Directorate. Information resulting from consultation activities was then fed to her to enable her to share widely.

Ms Gregory reported that the Taking Part Team existed to support staff and enable them to strengthen service user involvement, for example, by providing examples of best practice. She added that it was very easy to get involvement wrong and therefore it required specialist knowledge to get it right. Involving service users at an early stage resulted in better services and happier service users. Although consultation had been undertaken in Social & Community Services for many years it was now co-ordinated centrally to ensure that work was not replicated across Directorates.

In relation to a Member's question, Ms Gregory responded that she managed the Oxfordshire LINK contract, as LINKs were part of the wider duty to involve. The Team might flag up an area of interest to them, but as LINKs were independent of the Council it would not be appropriate to instruct or request them to carry out any activities.

Mrs Higham stated that her task was to implement the legislation with regard to the Oxfordshire LINK. She added that the Duty to Involve enshrined the principle that the public sector had to look at the quality of service it was providing and consider whether the tax payer was obtaining value for money and whether public sector staff were trying to look at what is was like to stand in the service users' shoes, as people did in the private sector. This was complemented by the November 2007 legislation that had asked how did service users really experience services from the cradle to the grave. The Oxfordshire LINKs' task was to ask service users what it was like to be on the receiving end of services.

Following the brief question and answer session the Committee thanked both officers for attending and **AGREED** that it wished to have sight of the quarterly reports that were going to be submitted by each of the Directorates in future, together with Mrs Stowe's audit report.

Ms Gregory undertook to circulate the information to be placed on the Council's consultation portal to all members of this Committee.

**48/10 SELF DIRECTED SUPPORT TASK GROUP - PROGRESS UPDATE**  
(Agenda No. 9)

It was **AGREED** that an update would be given to the Committee's next meeting.

**49/10 FORWARD PLAN**  
(Agenda No. 10)

No items were identified for consideration.

Councillor Larry Sanders reported that Essex County Council had gone into partnership with the Relatives and Residents Association to go into old people's homes and to encourage them to set up Relatives and Residents Associations. He undertook to find information that had been published on the project and provide a copy to Councillor Seale.

**INFORMATION SHARE**

Mrs Anita Higham (Oxfordshire LINK elected member) attended before the Committee, together with Mr Dermot Roaf (Chairman of the LINK Stewardship Group) and Mr Adrian Chant (Locality Manager – Oxfordshire LINK).

The Committee had before it an update on the work of the Oxfordshire Local Involvement Network (LINK).

The Committee noted that work was underway to publicise the Oxfordshire LINK more widely and that more issues would subsequently be added to the LINK's work programme. All GP surgeries had already been sent letters.

The Committee thanked Mrs Higham, Mr Roaf and Mr Chant for their input, and noted that the LINK's report into self directed support would be considered at this Committee's September meeting following consideration by the Director for Social & Community Services.

..... in the Chair

Date of signing .....



## Adult Services Scrutiny Committee Tuesday, 27 April 2010

### Services for Adults on the Autistic Spectrum

#### Introduction

The Governments' strategy for people with autism, '*Fulfilling and rewarding lives*', published in March 2010, defines autism as *a lifelong condition that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them. The three main areas of difficulty, which all people with autism share, are known as the 'triad of impairments'. They are difficulties with:*

- *social communication (e.g. problems using and understanding verbal and non-verbal language, such as gestures, facial expressions and tone of voice)*
- *social interaction (e.g. problems in recognising and understanding other people's feelings and managing their own)*
- *social imagination (e.g. problems in understanding and predicting other people's intentions and behaviour and imagining situations outside their own routine).*

*Many people with autism may experience some form of sensory sensitivity or under-sensitivity, for example to sounds, touch, tastes, smells, light or colours.*

*People with autism often prefer to have a fixed routine and can find change incredibly difficult to cope with. Many people with autism may also have other conditions such as attention deficit hyperactivity disorder (ADHD), a learning disability or dyspraxia. Autism is known as a spectrum condition, both because of the range of difficulties that affect adults with autism, and the way that these present in different people. For example, Asperger syndrome is a form of autism. People with Asperger syndrome typically have fewer problems with speaking than others on the autism spectrum, but they do still have significant difficulties with communication that can be masked by their ability to speak fluently. They are also often of average or above average intelligence.*

Across the country, around half of all people who have autism also have a learning disability (IQ below 70) and receive support and services from learning disability teams. However, those who have average or above average IQ (Asperger syndrome or high functioning autism) often find it difficult to access support or understanding of their needs. It is this group of people whose needs are the particular focus of the Government's Autism Bill and Autism Strategy, and to whom the work described in this paper relates.

Increasingly, support in areas such as accessing employment, developing social skills and networks, supporting carers, enabling access to housing and housing-related support, obtaining diagnosis, and maintaining health have emerged as key areas of need. Providing timely support in many of these areas can enable people to develop a greater level of independence and wellbeing for the rest of their lives.

People with Asperger syndrome have a higher incidence of mental health problems than the general population. These problems have been dealt with via normal mental health service routes, but there is considerable evidence that they may not best meet their needs, and that some of the intrinsic issues of AS may be confused with mental health problems and not be properly treated. There is also the issue that if they are 'fortunate' enough to not have low IQ (and so be picked up by Learning Disability services) or to develop a specific diagnosable mental illness, there are few services for adults with AS. Tailored services would potentially ease the issues of people with AS, as well as prevent specific mental health problems from arising, and deal with them more suitably when and if they do.

### **National context**

In recent years the Government has begun to issue specific guidance in relation to people with autism:

- **2006**
  - Better Services for People with Autistic Spectrum Disorder' published.
  - Letter to Directors of Social Services raising the profile of this group.
- **2009**
  - Consultation on the future strategy for Adults with Autistic Spectrum Condition – 'A Better Future'
  - The 'Autism Act' was passed which sets out a timetable for the publication of statutory guidance for Local Authorities regarding services for adults on the autistic spectrum. Publication is due in December 2010 and will compel Local Authorities to take into account the needs of this group when planning services.
  - DH published "Service for adults with autistic spectrum conditions (ASC) – good practice advice for primary care trust and local authority commissioners",
- **March 2010**
  - 'Strategy for adults with autism in England' published as required by the Autism Act, 2009.
- **31<sup>st</sup> December, 2010**
  - Statutory Guidance for Local Authorities and the NHS on the implementation of its Autism Strategy to be published.
- **2013**
  - The Strategy will be formally reviewed

For the first three years, the Autism Strategy focuses on:

- Increasing awareness and understanding of autism among frontline professionals

- Developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment
- Improving access for adults with autism to the services and support they need to live independently within the community
- Helping adults with autism into work, and
- Enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities

## Local Context

About half of people who have autism also have a learning disability. This group of people receive support from learning disability services which are commissioned by the Council through a pooled budget and lead commissioning arrangement on behalf of both the PCT and the Council. People with Asperger syndrome or Higher Functioning Autism have an IQ in the normal range or above and so do not meet the criteria for learning disability services. Historically, people with Asperger syndrome have not had a clear route to assessment, diagnosis or support and have often fallen between mental health and learning disability teams. In Oxfordshire there has been a growing interest in the needs of this group of people. Parents of people with Asperger syndrome have campaigned for action from the statutory sector. Locally there are no dedicated services for people with Asperger syndrome or high functioning autism although a number of people with the diagnosis of Asperger Syndrome are the users of mental health or learning disability services, or access the Council's supported employment service.

## Prevalence levels

It is difficult to quantify the number of adults with autism, and even more so the number of adults with AS/HFA. There is a lack of data on prevalence rates due to difficulties caused by variable identification rates and lack of accurate record-keeping.

Recent estimates suggest that there are around 500,000 people with autism in England, of whom around 400,000 are adults, and that autism is three to four times more common in men than women (NAO, 2009). This equates roughly to 1 person in 100 being on the autism spectrum (Uk Gov, 2008; NAS website, 2010). In Oxfordshire, this would suggest there are in the region of 5,000 autistic adults of whom at least 2,500 have Asperger syndrome or high functioning autism. Estimates from Autism Family Support in Oxfordshire suggest this figure could be as high as 3,900 people.

The following excerpt from the website of the National Autistic Society sums up the position:

*“Estimates of the proportion of people with autism spectrum disorders (ASD) who have a learning disability, (IQ less than 70) vary considerably, and it is not possible to give an accurate figure. It is likely that over 50% of those with ASD have an IQ in the average to high range, and a proportion of these will*

*be very able intellectually. Some very able people with ASD may never come to the attention of services as having special needs, because they have learned strategies to overcome any difficulties with communication and social interaction and found fulfilling employment that suits their particular talents. Other people with ASD may be able intellectually, but have need of support from services, because the degree of impairment they have of social interaction hampers their chances of employment and achieving independence.”*

### **Outline of needs analysis**

Oxfordshire PCT and Oxfordshire County Council have been working together in the past year to gather information about the needs of people with Asperger syndrome or HFA in Oxfordshire and to develop a strategy for consultation. This work has built on research initiated by OBMH to collate data.

We are working with the parent of a young man with Asperger’s syndrome, who is acting as a consultant and qualified expert by experience, to carry out this work. A steering group has been established which includes senior OCC, PCT, OBMH and Ridgeway Partnership staff. Practical assistance is also being given by the National Autistic Society, Autism Family Support, a voluntary sector autism-specific service provider to children and young people and their families. The pooled budget managers from the mental health and learning disability pools are both involved.

We have conducted a range of ‘desktop’ research into the national and international research, a number of very well attended focus groups for ‘Aspies’ and their parents or carers, and discussed the issues with a range of statutory and voluntary sector representatives who provide support and help to people, as well as collating statistical information about services and people in need. The project milestones are as below.

<b>Month</b>	<b>Event/Task</b>
November 2009	Agree PID/Brief
December 2009	Establish project Steering Group Scope work for next 3 months Gain approval from Steering Group
January 2010	Arrange focus groups Mail out to providers Commence literature search Gain information from LD team via A Nursey



February 2010	Conduct focus groups Correlate responses from providers
March 2010	Conduct focus groups Complete draft literature search Complete correlation of OBMH information
April 2010	Compile information from focus groups Bring together all research strands Submit draft report
May 2010	Submit draft report
June 2010	Finalise report

The report will incorporate recommendations from the Autism Act 2009 and our research as to what type of services should be provided for this client group. Such service provision is likely to involve a re-shaping of other services (Mental Health and Learning Disabilities) as there is currently no allocated new funding for Aspergers/autism services. Consultation on the proposals will take place from the summer onwards.

### **Costs to the system**

In totality, these are difficult to fully ascertain, as is the degree to which they are preventable once better, more directed services are provided. According to the 2009 NAO report, “supporting people with adults with autism through adulthood”, there is a greater than 99% chance that providing a specialist service for adults with AS/HFA will save £67 million to the public purse once it is established and if 8% of adults with AS/HFA are identified by the service. If 14% are identified, the savings to the public purse could be £159 million. However, it is very important to understand that not all of these savings would be realised within health and social care – many of them relate to costs that would be saved on employment benefits, in the criminal justice system and elsewhere.

### **Emerging trends/information**

Five themes have been identified by previous research undertaken by the National Autistic Society, the National Audit Office and other organisations, and the questions used in Oxfordshire’s Consultation were based around these themes:

1. Diagnosis and Support
2. Help in the Community
3. Employment and Other Meaningful Activity
4. Housing and Support
5. Health

In Oxfordshire, at six Focus Groups for adults with Asperger's syndrome/High Functioning autism across the county in February 2010, data was collected from 134 people around the five themes and this is currently being collated. It is likely that the results will be similar to the findings of the NAS research report 'I exist' (2008) - which were supported by the NAO report 'Supporting people with autism through adulthood' (2009). Namely, that adults with autism are isolated, unable to access support and are dependent on their families:

- 63% of adults with autism do not have enough support to meet their needs
- 92% of parents are either very worried or quite worried about their son or daughter's future when they are no longer able to support them
- 60% of parents say that a lack of support has resulted in their son or daughter having higher support needs in the longer term
- 33% of adults with autism have experienced severe mental health difficulties because of a lack of support
- Only 15% are in full time employment
- 66% are not working at all (including voluntary employment)

### **Potential service models**

Service models specific to adults with AS/HFA are still in their infancy in England, with one of the best established services, the Liverpool Asperger Team, having begun in 2003. Gloucester, Windsor and Maidenhead and Edinburgh have also developed teams. Although they vary in size and make up, common features are multi-disciplinary team work and staff with specialised expertise in autism.

#### Liverpool Asperger Team

- 2001 steering group formalised; 2003 recruitment
- Established 5 years, seen some 500 people, evaluating at present (in 2009)
- Joint funding – Central Liverpool PCT & the Local Authority
- Staff:
  - Team Manager (Speech & Language Therapist)
  - Administrator
  - 2 x Community Nurse
  - Social Worker
  - Clinical Psychologist
  - 2 x Support Worker
  - Psychologist
  - Consultant Psychiatrist (1 session per week)
  - Registrars on elective placement
  - Trainee Psychologists

#### Offering:

- Assessment & Diagnosis
- Person Centred Approach

- Specialist knowledge, information & advice
- Awareness training
- Clinical Interventions

#### Gloucestershire

- Joint funded post Autism Co-ordinator by NAS & Gloscc CC
- An identified Team for AS services to sit within – Physical Disability
- Training – Social Workers to have basic awareness training plus 2 from each team have further training – being done by NAS

#### Windsor & Maidenhead

- Community Team, LD services funded £10,000 research post.
- New Service – 10 months old (in 2009):
  - 3 staff: 1 funded by LD, 1 by MH, 1 new post, 1 more being recruited
  - Covers whole autism spectrum
  - Service overloaded already – need 8 staff for current workload
  - 1/6<sup>th</sup> size of Oxfordshire

#### Edinburgh:

- One stop shop HFA/AS 16+
- Criteria includes – prevention of need for critical intervention
- Service provided by Autism Initiatives UK
- Medical professionals use building for appointments & group work
- Staff:
  - Employment/training co-ordinator
  - Outreach worker – support in own homes & community
  - Volunteer Co-ordinator – befriending, support at social groups & drop in centre
  - Sessional worker
  - Administrator

Work to identify future commissioning options in Oxfordshire will continue through the established group which draws together the PCT, Council, mental health and learning disability services, voluntary organisations, people with Asperger's syndrome and their families. Proposals will be costed and consulted on widely during 2010-11.

#### **Issues for discussion**

- Potential cost to social and health care of currently hidden demand, rising expectations
- Training is a key strand of the Government's strategy and this also includes awareness raising across a wide range of professions and the general public. Are there innovative ways the Council and NHS might be able to take this forward with limited resources?

- Savings are realised much more widely than health and social care but investment is likely to fall largely on health and social care. The national strategy suggests the establishment of partnership boards – how might we best engage the full range of partners in this?



## ADULT SERVICES SCRUTINY COMMITTEE - 27 APRIL 2010

### PROGRESS UPDATE ON THE DELIVERY OF THE NATIONAL DEMENTIA STRATEGY

#### 1. Purpose of the paper

- 1.1 Members of the Adult Services Scrutiny Committee were updated on the national dementia strategy in October 2009. This briefing included an outline of Oxfordshire's approach. Members of the Adult Services Scrutiny Committee requested to be provided with a progress update in April 2010.
- 1.2 This paper provides an update on areas of the development of the dementia strategy in Oxfordshire.

#### 2. Oxfordshire Approach

- 2.1 A small officer working group considered the detail of the national strategy and recommended a framework, priorities and governance structure to oversee the delivery of the strategy. The work was classified within five work streams. Development of the framework was also informed by the current gaps in services (Refer Appendix 1). Outlined below is the agreed framework:

Oxfordshire objective	Agreed Priorities & actions for next two years	Lead Officer
Improved quality of life	Research models of café style day care and peer support for carers and people with dementia	Liz Maughn
	Outcome focused home support	
	Intensive training support for carers	
	Pilot technology in day care and care homes	
	Workshops with care home providers to develop standards	
	Research reduction in the use of anti psychotic medication in care homes	Jane Fossey

<b>Early Diagnosis &amp; complex care</b>	Agree model and design for existing memory services  Commissioning pathways for dementia  Review intermediate care services  Provide Mental Capacity Act (MCA) and Deprivation of Liberty (DoL) training for informal carers  Review OBMHT contracts	Duncan Saunders
<b>Early onset dementia</b>	Undertake demand analysis for dementia for people of working age Demand analysis for dementia for people with Learning disabilities Better understand and undertake demand analysis of alcohol related dementia	Duncan Saunders
<b>Improved information for people with dementia and their carers</b>	Implement DH demonstrator site dementia advisor pilot  Establish volunteer information line  Develop improved links with the Voluntary sector Dementia Advisors based within memory clinics  Develop Information prescriptions  Dementia Opera event organised for 23 <sup>rd</sup> May 2010	Mary Barrett
<b>Cross Cutting</b>	Workforce competencies Commissioning strategy in place Commissioning pathway	Varsha Raja & Suzanne Jones

### 3. **Progress to date**

#### 3.1 ***Improved quality of life***

3.1.1 Research and evaluation of café style day models has been completed and we are moving to developing a service model. There are two planned provider developments and commissioners will work closely with the provider services to ensure that these developments will fit in the overall plan.

3.1.2 An outcomes based home support tender for a pilot has been completed and two providers have been selected. The service will commence delivery as of the middle of April.

**3.1.3** All the various elements of intensive support for carers of people with dementia is now in place and the service will start to take referrals from 1<sup>st</sup> May 2010.

**3.1.4** A small working group has considered three aspects of work: improved standards (including a reduction in the use of antipsychotic medication), workforce training and support and the use of technology to support people in the community. All areas are at early stages of development.

### **3.2 *Early diagnosis and complex care***

**3.2.1** A project is in place to review the existing memory services. At present two models of service are being delivered in the County and the project is considering a streamlined referral route and a consistent model of services across the County.

**3.2.2** Care of people with dementia in acute hospital settings has been identified as a priority area by the Dementia Development and Implementation Board and as such has been added to the work programme for 2010/2011. This work is due to begin in May 2010 and will tie in with work being undertaken by the South Central Strategic Health Authority (SHA).

**3.2.3** With the planned closure of the Radcliffe Infirmary and its services transferred to the John Radcliffe Hospital, a review of Older People's bed based mental health services was carried out. This review proposed the transfer of 1.2 million from bed based care to a new older people's community Intermediate Care. The new service was implemented in 2008/09 to be an integral part of the county wide intermediate care services delivering specific areas of care by mental health nurses and occupational therapists.

Intermediate care in Oxfordshire is an integrated service from health and social care practitioners and support workers with a single management structure.

### **3.3 *Early onset dementia***

**3.3.1** A project to map the life pathway of Younger People with Dementia is in progress. The links between this project and the Early Diagnosis project are established. This project will lead to the identification of the specific needs of Younger People with Dementia with subsequent development of specific services to meet these needs.

**3.3.2** Initial meetings have taken place regarding the needs of People with Learning Disabilities. A full needs assessment of the needs of People with Learning Disabilities and dementia, including likely incidence, will begin later in 2010.

### **3.4 *Improved information provision for Carers and people with dementia***

**3.4.1** The Department of Health pilot is developing well. Three Dementia Advisors (DAs) have been appointed and deliver advice and support from four GP surgeries. Identified surgeries and GPs have been very enthusiastic, though

referrals have been slow. However this is partly to be expected as any new service takes time to pick up. As at Monday 12<sup>th</sup> April, 12 referrals have been processed. To ensure that the DA capacity is better utilised, we have just completed negotiations with three further surgeries. We have established a relatively simple system for the provision of information prescriptions and we are also exploring possibilities of linking up with NHS Choices for a more sophisticated and IT based solution for the future.

**3.4.2** Procurement and tendering for the volunteer information line has just been completed. It is anticipated that this will be up and running delivering support as of 1<sup>st</sup> May 2010. The potential delay is likely to be due to the recruitment of volunteers to be available to deliver information.

**3.4.3** Oxfordshire County Council and Oxfordshire NHS, in partnership with the Ashmolean Museum and the Randolph Hotel are at advanced stages of planning a dementia awareness day scheduled for 23<sup>rd</sup> May 2010. The planned event is an all day programme. Morning and noon sessions will be open to members of the public on a drop in basis. An extensive programme of stalls and workshops will be in place. Significant effort has been made to target carers and people with dementia to attend the day. The finale for the day will be a dementia opera 'The Lions' Face' developed and delivered by the Oxford Playhouse. We estimate a couple of hundred people to drop in, with approximately 50 people attending the evening event. This is a unique event organised by Oxfordshire and is attracting a lot of national attention.

### **3.5 Cross cutting areas of work**

**3.5.1** An early draft of the commissioning strategy is in place. However this is an area of work that we consider to be work in progress and will go through a number of iterations. The strategy will then be consulted on and finally agreed. However key areas of development continue to be managed within tight time scales and within our project management structures.

**3.5.2** The redesign of the diagnosis pathway is in progress. The key aim is to create a clear and consistent pathway, allowing more people to receive a diagnosis and to receive it earlier in the course of dementia. A draft pathway has been created which will be the subject of a public consultation once the General Election has taken place. The final pathway is due to be seen by the PCT Clinical Executive in June, with implementation to follow. Work around the pathway for Younger People with Dementia and involvement of GPs in the pathway is taking place as part of the project.

**Contact Officers:** Varsha Raja – Assistant Head of Adult Services, Social & Community Services, Tel: (01865) 323618

Suzanne Jones – Senior Service Development Manager, Older People. NHS Oxfordshire, Tel: (01865) 334613

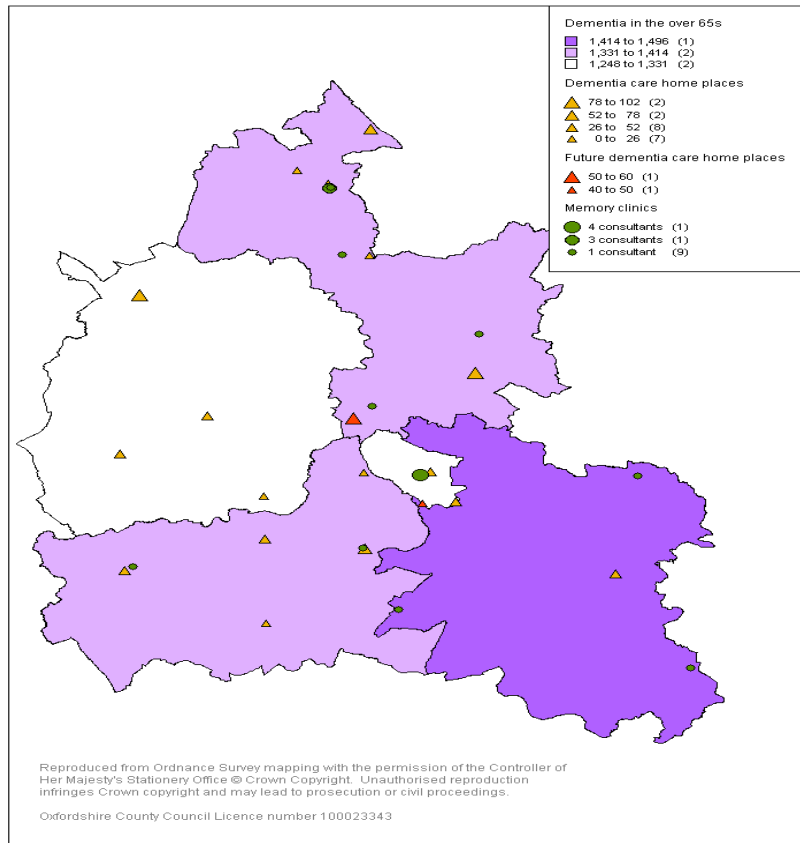
April 2010



**Issues and Gaps**

- 3.1 The following service provision exists in Oxfordshire. However it is clear that there is a lack of universal access across the County to these services. More detailed analysis is required to assess the quality of provision. Some gaps in services are clearly evident.

<b>Services</b>	<b>Comments</b>
Memory clinics	The provision of memory clinics is not evenly distributed against need
Just Checking and Wandering technology	This is identified as an area for development
OBMHT Specialist care	This is an area of further development
Care Home beds	South of the County under supplied (Map attached)
Home support	No specialist dementia service. Service provision is task-focused and not outcome-focused
Day services	Range of quality available. Majority is traditional in approach. Need to explore café style provision
Alzheimer's society	Information and carers support. Area of further development
Carers support	Range of services in place, however still an area of development
Intermediate care	CPN's, Mental health OTs & specialist support workers are part of the service. Require an evaluation to ensure that the provision is effective and meeting rehabilitation needs of people with dementia



### 3.2 Gaps in provision and development needed have been identified:

- GP training to aid early diagnosis within primary care
- Specialist in reach teams from Mental Health Teams
- Local dementia advisory service with a single point of contact
- Range of housing options that support people with dementia, e.g. specialist Extra Care Housing, technology to support extended assessment and support safe wandering
- Specialist care homes to support people with complex dementia. Nationally it is said that only 57% of care home placements were provided in settings dedicated to the condition. There is an assumption that Oxfordshire is no different.
- Develop skills, and awareness of dementia for staff that deliver generalist care, in hospital, care homes and in people's own homes.
- Skilled and trained staff to deliver person centered care to improve quality of life and reduce the use of dangerous antipsychotic drugs.
- Research into the provision of day time opportunities for people with dementia
- Specialist Home support teams to provide care and support to people with dementia.

Division(s): All

## **ADULT SERVICES SCRUTINY COMMITTEE – 27 APRIL 2010**

### **TRANSFORMING ADULT SOCIAL CARE – UPDATE ON PROGRESS**

#### **Report by Director for Social & Community Services**

#### **Headlines for this update:**

- Over 420 people now have a personal budget
- Accelerated Review Process working well with over 130 people reviewed
- Organisational Review to move into consultation with staff
- First draft of Public Information and Advice Strategy completed
- Support Brokerage Invitation to Tender underway
- First Personal Assistant Approved through the Support with Confidence Scheme
- Improving Lives award received for personalisation in care homes

#### **Introduction**

1. This report summarises the progress being made by Social & Community Services (S&CS) in implementing the Transforming Adult Social Care (TASC) change programme. It also summarises the impact of the Accelerated Review Process currently underway in Older Persons Services.

#### **Background**

2. The Transforming Adult Social Care Local Authority Circular LAC (DH) (2010) 1 issued on the 29<sup>th</sup> March 2010 confirmed the continuation of the Social Care Reform Grant and Oxfordshire's final year allocation of £2,295,195 and an additional allocation of a capital grant to Oxfordshire of £290,527. The capital grant is to support the delivery of personal budgets and transformation in adult social care.
3. The Circular also confirms the 5 main priority areas to help Councils be clear about what good progress in implementing Putting People First will look like and to help prioritise the use of the grant in the final year. These are:
  - Effective Partnerships with people using services, carers and other local citizens.
  - Ensuring everyone eligible has self directed support and a personal budget
  - Ensuring universal access to Information and Advice
  - Commissioning a range of services to ensure people have choice
  - Delivering services in a cost effective and efficient manner to use the available resources well.

## Overall Progress

4. The final quarter (Jan-March 2010) Putting People First Milestones self assessment has been completed. Oxfordshire is still well placed to achieve all the milestones and there is minimal change from the previous quarter's report. We have also recently had some positive feedback on the progress we are making and the approach we are taking from a meeting with John Bolton, Director of Strategic Finance at the Department of Health and our routine business monitoring meeting with the Care Quality Commission.

### Progress Against the specific Milestones:

5. **Milestone 1 – Effective Partnerships with People**

The work on the TASC programme has representation from service users, carers and voluntary organisations throughout its whole structure. The Programme Assurance function has representation from service users, carers and local citizens. Oxfordshire is a demonstrator site for the South East as part of its work on our user led organisation (ULO).

Our Service User and Carer Reference Group is continuing to work well and represents a variety of local voluntary organisations, carers and service users. For more specific elements, such as the Resource Allocation System (RAS), user led organisation and turnaround we have held workshops with local people, service users and carers. The Oxfordshire Local Involvement Network (LINK) is closely involved through the Service User and Carer Reference Group and helping to scrutinise the benefits of the programme for individuals.

6. **Milestone 2 – Self Directed Support & Personal Budgets**

There are currently over 420 people with a personal budget in Oxfordshire with self directed support being the mainstream activity in the north of the county. This operating model for self directed support has been agreed and the following elements are underway to support embedding this into the organisation:

- Organisational restructure will commence consultation with staff in April/May 2010.
- Review of high cost service users to transition to self directed support (Accelerated Review Process).
- Training all of our staff which will help with transitioning this to business as usual
- Resource Allocation System and associated policies will be agreed by July 2010
- Commissioning of external support brokerage is on track with 27 providers expressing interest at the prequalification stage and the Invitation to Tender being sent to 14 short listed providers. Our support brokerage approach is acknowledged as being innovative with the focus being on maximising community resources.
- Piloting payment cards to support people manage their direct payments to enable real choice
- Work is progressing well on developing Personal Health Budgets
- Demonstrator site for the South East on our work in mental health across Buckinghamshire and Oxfordshire

7. A workshop to review the development of our **Resource Allocation System (RAS)** took place on the 10<sup>th</sup> March 2010. This meeting looked at:
- Which of the Councils SCS budgets and parts of budgets will be included as part of the RAS. This also included a discussion on how to manage the impact of the shift of resources from acute to prevention.
  - How the RAS will be managed which included setting indicative levels of budgets based on the expected price of services.
  - Managing the Impacts of the known budget changes/efficiency savings already agreed by Council over the next four years.
  - Developing the RAS Policy Framework that will need to be an easy to understand public document. It is intended that this will be based on a targeted costs approach across a number of bandings. The Policy will need to be agreed by Council by the end of the summer to ensure that this is in place for the formal roll out of Self Directed Support across the rest of Oxfordshire in October.
8. There is still further work and development needed in each of these areas and a further update will be provided to this Committee in the next progress report.
9. **Milestone 3 – Prevention and Cost Effective Services**  
Our joint commissioning strategy, Ageing Successfully, has been signed off by the Oxfordshire Health & Wellbeing Partnership Board. This strategy outlined our intention for joint commissioning. In addition to this we have already undertaken a series of research exercises, with the Institute of Public Care, to help transition funds from the longer term care system to early intervention and preventative services. The initial work has led to the following projects:
- **Continence** – We have been working across health and social care to develop a best practice model for our continence services which will then be implemented.
  - **Turnaround** – We are developing approaches to understand how we can provide targeted preventative support that can help improve people's independence.
  - **Reablement** – We have reablement services in Oxfordshire which we want to develop and extend to all who could benefit.
  - **Social Capital** – We are working with the Institute of Public Care to develop best practice models that we will look to trial in Oxfordshire.
10. **Milestone 4 – Information and Advice**  
Oxfordshire has been one of two local authorities in England to implement the Information Standard. Our Public Information and Advice Strategy has been completed with the supporting implementation plan being delivered from June 2010. In advance of this we have been delivering a series of 'quick wins' such as auditing and ensuring our website is accurate and up to date.
11. **Milestone 5 – Local Commissioning**  
We have been working closely with providers to ensure they have the understanding and skills to adapt to the emerging market. We have been running a series of provider reference groups, workshops and one to one support. The development of the 'turnaround' approach has seen the creation

of a specific provider reference group and provider workshops to help development of the concepts.

12. We are delivering a number of elements to ensure that the transformation agenda is embedded within our commissioning strategies and the marketplace:

- **Support with Confidence** – this is our approval scheme for non-registered services. The scheme has been developed in conjunction with Trading Standards. Our approach will help support development of new mechanisms such as personal assistants. This work has seen strong local and national interest. We have our first Personal Assistant approved through the Support with Confidence Scheme.
- **Individual Service funds** – our work has recently won an award from Improvement and Efficiency South East (IESE). In partnership with the Office for Disability Issues (ODI) we have been extending the benefits of personalisation to those in care homes. This work has seen excellent outcomes for people: life enhancing outcomes through closer community involvement, as well as being affordable and sustainable. This work is being rolled out county wide.

In addition we are developing an action plan to implement the workforce strategy and will be producing the Systems Review report and recommendations in the next quarter.

13. **Accelerated Review Process Update**

Over 130 older people have had their care plans reviewed up to the end of March 2010 as part of the Accelerated Review Process. Attached at Annex 1 is the summary update provided to Scrutiny after the February 2010 meeting. All people have had the review process and the move to self directed support explained to them.

**Upcoming key dates for the programme:**

April 2010

- Public information and advice strategy agreed
- Prevention Strategy (joint with the PCT) developed within Ageing Successfully Strategy
- Formal staff consultation on new organisational structure commenced (self directed support project)
- Continence Service redesign proposals
- Workforce Plan approved

July/Aug 2010

- Implementation of new structure begins
- RAS Policy approved by Council
- New financial system
- New brokerage providers confirmed

October 2010

- All new service users with a personal budget
- New structure in place

April 2011

- Existing and new eligible people with a personal budget

JOHN JACKSON  
Director for Social & Community Services

Background Papers: Nil

Contact Officer: Alan Sinclair Programme Director Transforming Adult  
Social Care Tel: (01865) 323665

April 2010

**ANNEX 1**

### **Summary Briefing for Adult Services Scrutiny Committee Accelerated Review Process Older Persons Services S&CS**

Purpose - To make the most effective use of our resources we have put in place dedicated staff time to bring forward the reviews of 500 older people who are in receipt of services. The outcome we are expecting is to reduce the financial commitment in the older persons Care Management Purchasing Budget and transition individuals to receive a personal budget to provide opportunities for greater choice and control through Self Directed Support.

In summary, at the end of the first 2 months of the accelerated reviews process - the grid below show the outcomes so far.

98 of the 109 people are now in receipt of a Personal Budget.

<b>Outcomes following review:</b>	<b>Of the 109 people</b>
Change to size and method of delivery e.g. - reduction and transfer to direct payment	32
Change to method of delivery only e.g. - transfer to direct payment	3
Change to size of package only	17
No change to either size or delivery of care package.	45
Total	98
Review on hold due to various reasons, e.g. - admission to hospital or receiving further rehabilitation.	11
Following the reviews the number of people who have chosen to use the brokerage service	47

Previously all of these cases would have ordinarily had their current care packages reviewed by a Social Work Support Worker, however this is now being completed by a qualified Social Worker and where appropriate an Occupational Therapist jointly. (36 out of the 109).

Whenever any review of services is proposed where there may be a reduction there will obviously be anxieties and concerns that there will be a negative impact on people. Prior to each review an appointment letter clearly indicating the dual purpose of the review is sent to the service users and where appropriate family members. A leaflet explaining Self Directed Support and Personal Budgets is also enclosed for information.

Through this robust reviewing process we have looked carefully at levels of needs and how they have changed, as people have improved their need for care has been reduced. We are therefore confidently able to withdraw any care which is not required or does not meet the current Council approved Fair Access to Care eligibility.

The approximate savings so far made for year end 2009/10 are £38,000. For 2010/11 the savings for those 109 clients who have been reviewed so far is approximately £372,000. A proportion of these savings has already been built in to our annex 3 savings. A further proportion has been identified to improve the level of activity we can deliver in 2010/11.

At the outset of these reviews many people have had a fairly limited understanding of Self Directed Support but this has increased following this process. Some family members prior to the reviews have researched the topic and have been keen to take this opportunity to have greater flexibility and more choice for their relative.

Informing people about the amount of their budget for their support plan has generated some interest and surprise; this level of transparency is very new as previously this was not shared with the service user. Due to this in many cases the Social Workers have then been better able to explain why it is vital as a County Council and as taxpayers we ensure that we get good services that are value for money.

Melanie Pearce  
Service Manager

27 February 2010



## Councillor Mitchell's response to this Committee's budgetary advice

Advice	Councillor Mitchell's response
This Committee:	
a) wishes to express its concern regarding the capability of the Council's ICT facilities to support the transformation of Adult Social Care, with particular regard to the roll out of Self Directed Support;	In the light of the serious overspend in ICT, the Cabinet shares concerns about capability and capacity. We have requested the Audit Committee to review and report on the overspending that has arisen. The Deputy Leader will be keeping a very firm eye on the ability of ICT to support a number of programmes of which Adult Social Care Transformation is one.
b) wishes the Directorate to continue its close liaison with NHS Oxfordshire (formerly Oxfordshire PCT), with particular attention to the grave financial situation facing NHS Oxfordshire which will have ramifications for Adult Social Care given the amount of services that are delivered in partnership;	I am pleased to report continuing good working relationships with the NHS. Senior level staff changes in NHS Oxfordshire and the John Radcliffe Hospital Trust are now largely in place and regular meetings continue between the NHS and County Council.
c) notes the importance of community development initiatives which aim to increase social capital, wellbeing and independence thus aiming to reduce demand for residential care and acute services; and that while there are already some good examples of this, there is still more to be done, including work to ensure that there is a cohesive system of integrated local community services in place;	I note this view. I am keen to see work on strengthening community self-reliance and have asked the Safer and Stronger Communities Scrutiny Committee to pick up on this role. Our <i>Closer to Communities</i> strategy, based on 14 localities, should help in this area as well. The Cabinet is conscious of the level of national debt and the inevitability of spending cuts over the medium term. We are therefore cautious about committing more funding here unless they help to prevent the need for more expensive services.
d) notes that the Adult Social Care budget for 2010/11 is balanced, while noting the two risks to the service identified by the Director, which are: <ul style="list-style-type: none"> <li>I. the major overspend on the older person's pooled budget (which the Directorate plans to reduce); and</li> <li>II. the financial implications for</li> </ul>	<p>The Cabinet accepts the Director's risk analysis.</p> <p>I am pleased to note the NHS has contributed substantially to their share of the pooled budget overspend. We understand pressure will continue in the future and will be keeping a close eye on balancing the pooled budget. Careful financial management has reduced the overspending on the</p>

local authorities of the potential introduction of free personal domiciliary care for people with the highest levels of need, as outlined by government sources.

County Council's share of the pool to a level which will be manageable in 2010/11.

I welcome the Lords' amendments and am delighted the government has conceded deferment of this most important reform. The Cabinet is supportive of the principle of free Adult Social Care but remains deeply concerned that Gordon Brown's scheme would place all of the financial risk on local government based on deeply flawed estimates of the likely total cost



Your voice on local health and social care

## **Oxfordshire Local Involvement Network Update for Adult Services Scrutiny Committee meeting 27<sup>th</sup> April 2010**

*(Extracts from LINK Newsletter published March 2010)*

Oxfordshire LINK has set up project work to take forward some of the key health and social care issues which have been raised by LINK participants:

### **Hearsay! event – 12<sup>th</sup> March**

This event was hosted by Oxfordshire LINK, in partnership with Social and Community Services. The purpose of the day was to listen to views of local people about adult social care services. From comments and evaluation received, the day was judged to be a big success, with everyone contributing to produce a list of priority issues which concern them. Approximately 90 members of the public came to have their say, including service users and their carers, friends and family members. People shared their experiences and spoke directly to SCS directors and other staff. They gave their views on current services and suggested things that could be improved. Examples include: lack of information and timely communication about services, information about personal budgets, availability of respite services, support for carers, transport and care at home.

"We felt like Social Services were wanting to listen and benefit all services." "We would be happy to be involved in future events like this again." – comments from service users.

In collaboration with SCS officers, the LINK lead officer is now in the process of producing a report based on the responses collected, which will be considered by SCS Directorate Leadership Team in May and finalised for presentation to the Adult Services Scrutiny Committee in advance of the 8<sup>th</sup> June meeting. All those who attended the event will receive the final report and it will be publicly available. The LINK will ensure that Social and Community Services take on board the foremost concerns which were raised and review at regular intervals during the year to help ensure that services are changed for the better. A similar event will be staged in March 2011 to hear what has been achieved during the year and to obtain new feedback.

### **Self Directed Support (Personal Budgets)**

From responses received, Oxfordshire LINK Stewardship Group made the decision to include Personalised Budgets as part of the LINK work programme for 2010. The LINK will be carrying out individual case studies and will produce a report that will be presented to Social & Community Services and to Scrutiny Councillors. The project will include evaluation to find out: How has having an Individual Budget impacted upon your life? Has having the freedom to use your budget in the way you decide improved the quality of your care and wellbeing? Where carers are concerned, has this also helped to improve the life of the carer? The LINK welcomes comments & feedback about good or bad experiences from people receiving a personalised budget. Findings will be incorporated into the final report.

### **Intermediate Care**

The LINK is carrying out a survey on how patients are currently experiencing the 'Choose and Book' system for hospital or clinical appointments. There is a survey form available for which we would be grateful to receive views.

### **Drug Recovery Project**

Following a thorough examination by the LINK Drug Recovery Project Group of the situation and events which led to the closure of the service in 2007 and subsequent delays in the opening of a new residential detoxification facility, the LINK Group supplied a report to Oxfordshire Health Overview and Scrutiny Committee for their January meeting. This resulted in a full response from the Drug and Alcohol Action Team (commissioner), the PCT and the Substance Misuse Arrest Referral Team (local service provider) at the March meeting of the OJHOSC. The Committee acknowledged the concerns of the LINK that there had not been a full public consultation about service change and the statement that no-one has been disadvantaged since the DRP closure, needed to be explained. At the time of writing the LINK is awaiting recommendations from the OJHOSC - the good news is that premises for the new service in Oxford are in the process of being secured and work on refurbishment is anticipated to commence by the end of March 2010.

### **Other projects**

Alongside the main work programme themes, the LINK has been approached by various groups and organisations in the county with a view to working in partnership to improve or develop services:

Oxfordshire Unlimited – assisting in the development of a 'User Led Organisation' for those with physical disabilities in Oxfordshire. This partnership project will provide Oxfordshire Unlimited with the ability to develop its membership and hence to offer to the community a key reference base for information and services.

Oxfordshire Neurological Alliance – providing support in setting up a local branch, support ONA to publicise its work and raise public awareness, the LINK has helped ONA to produce promotional materials, build a website and to provide additional channels of contact with local people. ONA represents people affected by a neurological condition in Oxfordshire, such as cerebral palsy, epilepsy, motor neurone disease and multiple sclerosis, and provides them with access to high quality, joined up and appropriate services with good relevant information from early diagnosis and throughout their lives.

Child Brain Injury Trust – research into the quality of information and consistency of service received by children, young people and their families who are admitted to A&E and/or a ward with any event that could also be associated with an acquired brain injury.

The LINK will be reviewing work programme priorities during the course of this year.

*Adrian Chant (LINKs Locality Manager)*  
01993 862855                      Update 13/04/10



# Oxfordshire



# Newsletter

Spring 2010

Your voice on local health and social care

## Feedback from HEARSAY! Event

A big 'Thank You' to everyone who attended this event on Friday 12th March in Witney.

This event was hosted by Oxfordshire LINK, in partnership with Oxfordshire County Council's Social and Community Services. The purpose of the day was to listen to views of local people about adult social care services. The day was a big success, with everyone contributing to produce a list of priority issues which concern them. Approximately 90 members of the public came to have their say, including service users and their carers, friends and family members. People shared their experiences and spoke directly to County Council directors and other staff; they gave their views on current services and suggested things that could be improved. These included: lack of information and timely communication about services, personal budgets, availability of respite services, support for carers, transport and care at home.

**"We welcome feedback about our services, both positive and critical and we encourage people to come forward with their comments."** said John Jackson, Director for Social and Community Services, Oxfordshire County Council.

**"We felt like Social Services were wanting to listen and benefit all services." "We would be happy to be involved in future events like this again." - Guest**

We encouraged people to sign up to participate in the LINK, with the incentive of a prize draw, the lucky winner going home with a £15 W.H. Smith voucher. We are now in the process of producing a report based on the responses collected which all those attending will receive and will be publicly available. The LINK will ensure that Social and Community Services take on board the foremost concerns which were raised and follow up at regular intervals during the year to help ensure that services are changed for the better.



### Special points of interest:

[HEARSAY! Event Feedback](#)

### Inside this issue:

[LINK Facebook Group](#)

[LINK Supporting ONA](#)

[LINK Projects Updates](#)

[GoActive Walking Course](#)

Your feedback tells us that you would like to attend LINK events more often, so please look out for future events advertised on our website and in our newsletters.

Your Voice on Social Care and Health Services

## LINK Launches Facebook Group



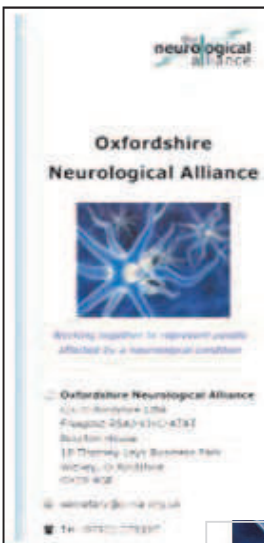
Oxfordshire LINK has launched a group on the social networking website Facebook to encourage local people to get more involved and give their views on health and social care services in Oxfordshire. The group on Facebook will allow people to find out more about Oxfordshire LINK, discuss local issues relating to health and social care services, and sign up to participate in LINK. We want to use this new and innovative way to reach out to as many people as possible in the local community to raise the LINK profile and increase the range of people who can give their views about local services.



**Facebook** is a popular social networking website with adults and young people and is used to communicate and share information on a daily basis. By setting up a group on this site it will make it easier for people to get involved with the LINK, to help improve local services.

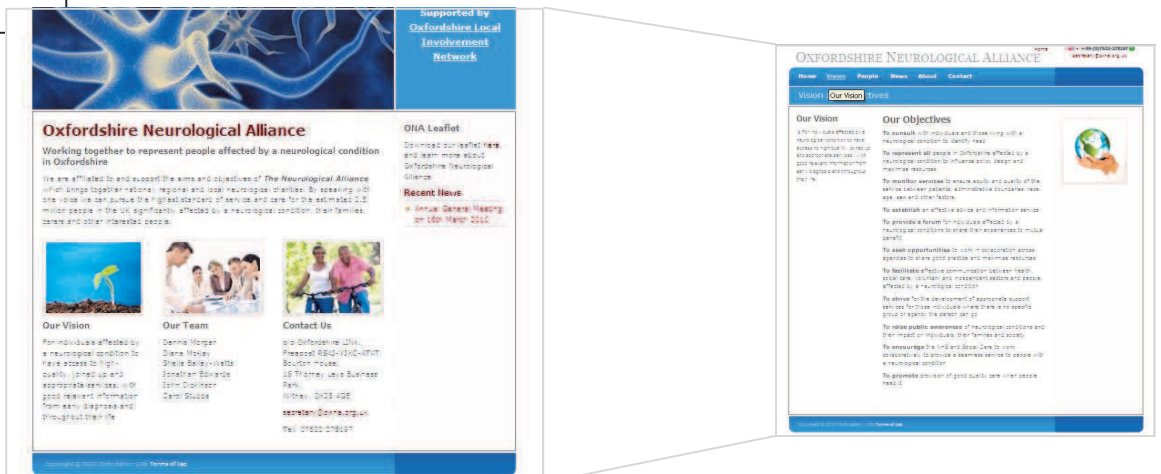
If you would like to join the LINK group go to <http://www.facebook.com/group.php?v=info&ref=ts&gid=284308567236> and click through to join the group.

## LINK Supporting Oxfordshire Neurological Alliance



The LINK has been working in partnership with the Oxfordshire Neurological Alliance to provide support in setting up a local branch. ONA represents people affected by a neurological condition in Oxfordshire, such as cerebral palsy, epilepsy, motor neurone disease and multiple sclerosis, and provides them with access to high quality, joined up and appropriate services with good relevant information from early diagnosis and throughout their lives.

To support ONA to publicise its work and raise public awareness, the LINK has helped ONA to produce promotional materials, build a website and to provide additional channels of contact with local people.



## LINK Project Work

Project and partnership groups have been set up across the County to take forward key health and social care issues which have been raised. Amongst these are:

- **Self Directed Support (Personalised Budgets)**

Oxfordshire County Council are changing the way they deliver Social Care to give people independence to choose services that meet their needs. This means that by April 2011 anyone in Oxfordshire who fulfils the criteria to receive a service, will be provided with a personalised budget.

From responses received, Oxfordshire LINK Stewardship Group made the decision to include Personalised Budgets as part of the LINK work programme for 2010. The LINK will be carrying out individual case studies and will produce a report that will be presented to Social & Community Services and Scrutiny Councillors. The project will include evaluation to find out: How having an Individual Budget has impacted upon your life? Has having the freedom to use your budget in the way you decide improved the quality of your care and wellbeing? Where carers are concerned, has this also helped to improve the life of the carer? The LINK welcomes comments & feedback about good or bad experiences from people receiving a personalised budget. Findings will be incorporated in the final report.



- **Intermediate Care**

The LINK is carrying out a survey on how patients are currently experiencing the 'Choose and Book' system for hospital or clinical appointments. There is a survey form included with this newsletter for which we would be grateful to receive your views.



- **Drug Recovery Project (DRP)**

Following a thorough examination by the LINK Drug Recovery Project Group of the situation and events which led to the closure of the service in 2007 and subsequent delays in the opening of a new residential detoxification facility, the LINK Group supplied a report to Oxfordshire Health Overview and Scrutiny Committee (OJHOSC) for their January meeting. This resulted in a full response from the Drug and Alcohol Action Team (commissioner), the PCT and the Substance Misuse Arrest Referral Team (local service provider) at the March meeting of the OJHOSC. The Committee acknowledged the concerns of the LINK that there had not been a full public consultation about service change and the statement that no-one has been disadvantaged since the DRP closure, needed to be explained. At the time of writing the LINK is awaiting recommendations from the OJHOSC - the good news is that premises for the new service in Oxford are in the process of being secured and work on refurbishment is anticipated to commence by the end of March 2010.

**Oxfordshire**



Your voice on local health and social care

- **Oxfordshire Unlimited**

The LINK will be assisting in the development of a 'User Led Organisation' for those with physical disabilities in Oxfordshire. This partnership project will provide Oxfordshire Unlimited with the ability to develop its membership and hence to offer to the community a key reference base for information and services.

Please contact the LINK office if you would like further information about these and other LINK projects or look on our website.

## Community News & Events

### New Nordic Walking courses in the Vale.....

GO Active are organizing a number of courses which will be taking place in the Vale District.

Starting **Friday 23 April, 10am-11am** for 6 weeks in Blewbury

For further information and to book (required) please contact:  
Anna Capel-Davies (GO Active Coordinator for the Vale)  
01235 540377 or [anna.capel-davies@whitehorsedc.gov.uk](mailto:anna.capel-davies@whitehorsedc.gov.uk)



# Happy Easter



## Oxfordshire Local Involvement Network

### Meet the Oxfordshire LINK Staff Team

*Adrian Chant* — Locality Manager  
*Nicky Ball* — Development Officer  
*Sue Marshall* — Development Officer  
*Jo Ord* — Development Officer  
*Man Liu Clark* — Communication & On-line  
Support Officer  
*Nancy Darke* — Administration Assistant

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