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Notice of a Meeting

Adult Services Scrutiny Committee
Tuesday, 8 June 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 be held at 9.30 am in Committee room 2 for all members of this Committee.*

A working lunch will be provided for those Members attending the presentation on NHS Continuing Health Care.

Date of next meeting: *7 September 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	-	*Kath Coldwell, Tel: (01865) 815902* *E-Mail: kath.coldwell@oxfordshire.gov.uk*

Tony

Tony Cloke
Assistant Head of Legal & Democratic Services May 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. **Apologies for Absence and Temporary Appointments**

2. **Declarations of Interest - see guidance note**

3. **Minutes** (Pages 1 - 18)

   To approve the minutes of the meeting held on 27 April 2010 (**AS3**) and to note for information any matters arising on them.

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

5. **Director's Update**

   10:15

   The Director for Social & Community Services will give an oral update on key issues.

SCRUTINY MATTERS

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

6. **Day Services for Older People - Presentation**

   10:45

   Contact Officer: John Jackson – Director for Social & Community Services, tel 01865 323574

   The Director for Social & Community Services will give a presentation on initial ideas on the future of Day Services for Older People.

   The Cabinet Member for Adult Services, together with the Head of Adult Social Care and the Head of Strategy and Transformation will also attend for this item to answer Members' questions.

   It is anticipated that the proposals will have been finalised by September.

   The Committee is invited to discuss the issues raised in the presentation and offer any comment at this initial stage.

7. Transforming Adult Social Care Update: Principles of a Resource Allocation System (RAS)

11:45

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

Mr Sinclair will give a short presentation on the principles of a Resource Allocation System and how officers are looking for it to work in Oxfordshire.

The Committee is invited to receive the presentation.

8. Self Directed Support Task Group - Progress Update

12:15

Contact Officer: Des Fitzgerald, Policy and Review Officer, 01865 810477

[Task Group comprises Councillors J. Hannaby, S. Hutchinson & L. Sanders]

The Committee is invited to receive an update on the work of the Group.

BUSINESS PLANNING

To consider future work items for the Committee

9. Scrutiny Work Programme

12:35

Contact Officer: Des Fitzgerald, Policy and Review Officer, 01865 810477

<u>The Committee is asked to note the following items for future consideration:</u>

- **Services for Adults on the Autistic Spectrum** – *ongoing* – including draft report to be used as the basis for the Outline Commissioning Strategy to be considered at the September 2010 meeting.

- **Dementia Strategy** – *ongoing* – including progress update to the October 2010 meeting.

- **Telecare** – Q&A and report at the October 2010 meeting.

- **Domiciliary Care** – possible Q&A at the October 2010 meeting.

- **Delayed Transfers of Care** – Q&A at the September 2010 meeting.

- **Day Services for Older People** – comment on final proposals at the September 2010 meeting.

10. Forward Plan

12:40

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

The current version of the Forward Plan covers June – September 2010.

INFORMATION SHARE

12:45

To receive any updates from the Oxfordshire LINk.

Subject Matter	**Document**
Oxfordshire LINk newsletter	**AS10 (a)**
Oxfordshire LINk Hearsay report	**AS10 (b)**

11. Tracking

13:25

Report back on advice given by this Committee to the Cabinet, full Council, other scrutiny committees, relevant strategic partnership bodies and other organisations where appropriate.

No items have been identified for tracking at this meeting.

12. 13.25 APPROX Close of Meeting

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 for those members staying on 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.

Agenda Item 3

ADULT SERVICES SCRUTINY COMMITTEE

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

Present:

Voting Members:	Councillor Don Seale – in the Chair
	Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman) Councillor Jenny Hannaby Councillor Dr Peter Skolar Councillor Anthony Gearing (part of meeting - until Agenda Item 10) Councillor Sarah Hutchinson Councillor Alan Thompson (part of meeting - until Agenda Item 10) Councillor Tim Hallchurch MBE Councillor Larry Sanders Councillor Ray Jelf (in place of Councillor David Wilmshurst) (part of meeting – until Agenda item 10)
Other Members in Attendance:	Cabinet Member for Adult Services: Councillor Arash Fatemian

Officers:

Whole of meeting	K. Coldwell and D. Fitzgerald (Corporate Core); J. Jackson (Social & Community Services)

Part of meeting

Agenda Item	**Officer Attending**
7.	J. Jackson (Social & Community Services)
8.	F. Trevillion & M. Mellors (NHS Oxfordshire); A. Nursey (Social & Community Services)
9.	J. Jackson & V. Raja (Social & Community Services); D. Saunders and M. Seaton (Social & Community Services and NHS Oxfordshire)
10.	A. Sinclair (Social & Community Services)
12.	D. Fitzgerald (Corporate Core)
13.	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.

50/10 ELECTION TO CHAIRMAN FOR CURRENT COUNCIL YEAR

(Agenda No. 1)

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

51/10 ELECTION TO DEPUTY CHAIRMAN FOR CURRENT COUNCIL YEAR

(Agenda No. 2)

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

52/10 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 3)

Councillor Ray Jelf attended in place of Councillor David Wilmshurst.

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

(Agenda No. 4)

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

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

54/10 MINUTES

(Agenda No. 5)

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

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

55/10 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No.)

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

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

56/10 DIRECTOR'S UPDATE

(Agenda No. 7)

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

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

variation country wide of 10:1. The South East was below the average but was not the lowest region. This huge variation was being discussed by Adult Social Care Directors as there was a need for the consistent application of CHC. Although the Government had issued guidelines last summer these were not being applied consistently nationally.

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

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

57/10 SERVICES FOR ADULTS ON THE AUTISTIC SPECTRUM

(Agenda No. 8)

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

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

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

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

Ms Smith began the discussion by making the following points:

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

Mr Isaacs then made the following points:

- diagnostic services for people with Asperger's Syndrome needed to be improved. He had been to Charter House in Thame (Thame Adult Community Mental Health Team) for an assessment and on requesting his notes had discovered that he had been misdiagnosed with schizotypal personality disorder and psychosis and also as having Asperger's traits with a complex personality. He would not be able to tell a future employer that he had Asperger's traits with "a complex personality"' as it was a bizarre and meaning less diagnosis;

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

Ms Smith then made the following comments:

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

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

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

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

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

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

  Yes.

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

  Yes.

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

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

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

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

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

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

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

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

  Yes.

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

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

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

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

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

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

In terms of employment Mr Isaacs stated that staff did not have to be experts in autistic spectrum conditions, but did need to have a basic understanding of what a person with such a condition could and could not instinctively do. For example, many people with Asperger's Syndrome took things literally and misinterpreted instructions. He added that having a mentor would be helpful possibly for the first six months. This support could then be gradually reduced when the individual had settled into work and felt more comfortable.

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

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

The officers present then spoke to the Committee.

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

Ms Trevillion then made the following points:

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

- on a positive note Goldman Sachs provided a good case study for the successful recruitment and retention of people with Asperger's Syndrome. A number of senior managers at the company had sons or daughters with the condition. They had set up a workstation for this group of employees (who all happened to excel at IT) in a small part of the office to provide them with a calmer, less distracting environment in which to work. Training was carried out on an individual basis or in small groups. Other employees were then asked to email them to avoid distracting discussions. The outcome for this group of employees and the organisation was very positive and they were so hard working that they had to be reminded to go home;
- many of the issues which had been raised at today's meeting would be covered in the commissioning strategy that was being developed.

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

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

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

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

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

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

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

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

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

  Officers were currently looking at an appropriate housing strategy.

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

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

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

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

(Agenda No. 9)

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

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

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

Mrs Barbour made the following points:

- her husband had died five years ago. He had been very well educated and had worked in the Department of Nuclear Physics at Oxford University. They had four children together and he had run a Cub Scouts pack;
- he had retired at age sixty four and the following year the family were told that he had possible dementia. It is not possible to recover from dementia, and prospects for the person's carer are quite sad;

- at the time of diagnosis people didn't talk about it. She had to search for the information as there was not much information available;
- Mr Barbour never accepted the diagnosis and thought that he was fine;
- early diagnosis is very important because you have to get the person's consent to manage their affairs whilst they still have the mental capacity to give it;
- a diagnosis of dementia is very isolating. It is easy to feel that you are the only person in that situation;
- help for the carer of the person with dementia is very important. She had received assistance from a "flexible carer" from Age Concern once a week and a support worker from the Alzheimer's Society. She had also received great support and assistance from a carer's support group;
- she had taken her husband to her WI group. He was a very private man and would not have wished to go when well, but did not mind at that stage. As time went on she had to stop taking him out and apart from a day centre that he went to twice a week she was with him constantly. She had found respite support very important;
- she was very excited to be involved in the implementation of the new dementia strategy.

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

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

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

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

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

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

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

  Yes. Mrs Barbour made the following points:

  - she organised lunches for people with dementia and the people that care for them;

  - the dementia support groups required only a cup of tea and a facilitator and sometimes a speaker, but were not expensive. They were very useful because carers needed to know where to go for information and where to get help;
  - she was also a trustee at Daybreak Oxford which provides specialist day care for dementia sufferers;
  - her husband finally went into a nursing home for the year before he died, because she was unable to cope physically with the demands of looking after him;
  - in the early stages of dementia people often get lost and forget where they are going, for example, if they are driving. However, it is still often possible to have a “normal” conversation with them. Just an hour respite for a carer is of huge benefit to them.

- **How did you find the availability of respite care?**

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

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

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

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

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

- two contracts had just been awarded for outcome focused home support. To change the whole of the home support system at once might destabilise the market, therefore it was being reconfigured incrementally;
- intensive training support for carers was very important. Officers were taking forward a learning exercise which was receiving national attention;

- officers were also looking at technology and had already introduced certain elements, for example, the Just Checking and Wandering technology which triggers alarm bells to the carer if a person is wandering;
- in terms of memory services there were still insufficient numbers of people receiving a diagnosis. It was not possible to receive appropriate support prior to receiving a diagnosis.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- thank Mrs Barbour for sharing her moving and frank personal experiences with them;
- thank officers for their contribution;
- keep progress on the National Dementia Strategy under review and look again at progress at its October meeting;
- note that:

  - the number of referrals to Dementia Advisors from GP surgeries was now 33 people (not 14 or 15 as listed in the report);
  - it would receive a report on the Carers' Support Project in due course.

Councillor Dr Peter Skolar undertook to:

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

59/10 TRANSFORMING ADULT SOCIAL CARE: PROGRESS UPDATE AND Q&A

(Agenda No. 10)

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

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

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

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

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

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

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

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

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

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

60/10 FORWARD PLAN

(Agenda No. 11)

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

61/10 SCRUTINY WORK PROGRAMME

(Agenda No. 12)

Following discussion the Committee **AGREED**:

- to keep ‘Services for Adults on the Autistic Spectrum’ and ‘Progress in relation to the delivery of the National Dementia Strategy’ under review, including looking at the report on the outline commissioning strategy (or draft strategy if it is ready) in September and progress in relation to the latter item in October;

- to continue to monitor NHS Continuing Health Care - given the financial pressure on all PCTs from the Strategic Health Authority - and that a paper on the above from Ms Stapley with the Director’s comments should be sent to the Oxfordshire Joint Health Overview and Scrutiny Committee.

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

62/10 TRACKING SCRUTINY ITEMS

(Agenda No. 13)

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

The Committee:

- noted Councillor Mitchell’s response in relation to its budget advice and was pleased to see that the Cabinet had accepted the Directorate’s risk analysis in relation to the two risks to the service identified by the Director;

- thanked Mr Chant for the Oxfordshire LINk update and noted that:

    - the Directorate Leadership Team would consider the LINk Hearsay report on 6 May;

    - the LINk Research Group into personalised budgets was about to notify Mr Sinclair of its findings.

63/10 CLOSE OF MEETING

(Agenda No. 14)

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

.... in the Chair

Date of signing 2010

LINks
Your voice on local health and social care

Oxfordshire Local Involvement Network Update for Adult Services Scrutiny Committee meeting 8th June 2010

The main projects which have been taken forward during 2009/10 are now being reviewed by both the LINk Stewardship Group and Host staff team. Those issues raised and collected through engagement activities will be prioritised for additional project work during 2010/11. A revised work programme will be available for the next Adult Services Scrutiny meeting. Some of this new work is described below:

Hearsay! Report (Social and Community Services)

Being presented at this meeting.

Self Directed Support (Personal Budgets)

As members will be aware, Oxfordshire LINk 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 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?
Findings will be incorporated in the final report to be published in the Autumn.

Drug Recovery Project (DRP)

Following 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. Premises for the new service in Oxford are in the process of being secured and work on refurbishment is anticipated to commence shortly. The LINk will be holding a meeting in public on 29th June at West Oxford Community Centre to provide an update for those who attended the first LINk meeting about the DRP and let those involved with the project know what has happened since.

LINk Annual Report 2009/10

The Department of Health has issued instructions about the statutory requirements and information needed for LINks' Annual Reports nationally. The Oxfordshire report will be published on 30th June, will be sent to all stakeholders and partners and will be publicly available as required by the LINk legislation.

'Enter and View' visiting team

The LINk now has a small team of authorised individuals who, under the legislation, are entitled to carry out visits to health and social care providers to view services as they are being delivered. The LINk is in the process of arranging a short programme of visits in collaboration with Health Trusts, initially, as a means of obtaining information about a small selection of services to better inform potential LINk projects in the future.

‘Health’ Hearsay event
The LINk is in discussion with Health Trusts and the PCT to plan a service user and carer event later in the year along similar lines to the successful Social Care event. Further details will be available shortly including the focus for which Health providers and services will be involved.

Other projects:
Alongside the main work programme, the LINk has been approached by various Oxfordshire groups and organisations to work in partnership with the LINk Host and Stewardship Group in order to improve or develop services and to provide the LINk with a wider base of participants:

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

Oxfordshire Neurological Alliance – providing ongoing support in establishing a local branch, support ONA to publicise its work and raise public awareness, the LINk has helped ONA to produce promotional materials, publish a website and to provide additional channels of contact with local people.

Patient Voice
Hospital discharge survey in progress. A report will be presented for consideration to the LINk Stewardship Group at its June meeting.

LINk Engagement and Promotion

Health Bus Roadshow

Oxfordshire residents will have the chance to jump on the Health Bus and give their views on local health and social care services. The LINk is ‘driving’ a Health Bus on a cross-county roadshow this spring and summer. The Health Bus will visit several locations, and provide people with an easy method to have their say about the services they use in their community. People can find out more about the LINk, alongside other information, in participation with local health organisations, about a healthy diet and active life style.

Adrian Chant (LINks Locality Manager)
01993 862855 Update 20/05/10

Health

Education

Adult

Responsibility

Social

Attitude

Your voice

Oxfordshire
LINk
Your voice on health and social care

HEARSAY!

What happened at our HEARSAY! Event?

Annual Report

May 2010

Contents


Oxfordshire
LINk
Your voice on local health and social care

Introduction

Who?

The Oxfordshire Local Involvement Network (LINk) was set up in April 2008 to give everyone an opportunity to say what they think about local health and social care services. The LINk is independent of the local council and the NHS.

The LINk wants to know what is working well and what is not so good and to give people an opportunity to monitor and check how services are planned and run.

The LINk listens to what local people say about their needs and about their experiences of services whether they are provided by the NHS, a local authority, charities, or a private company or voluntary organisation under contract to Social and Community Services. Social and Community Services is the part of the County Council which is responsible for adult social care.

The LINk feeds back this information to the people in charge so that things can change for the better. LINk also has powers to ask the NHS and Social Services for information and to make recommendations.

What?

On the 12th March 2010 Oxfordshire LINk, working with Oxfordshire County Council, ran an event called **Hearsay!** We invited people who use adult services provided by Social and Community Services to come along with people who care for them such as their friends and family members. We wanted to meet and talk directly to people using services.

Why?

The purpose of the day was to ask local people what they most wanted to see changed about adult social care services and to come up with suggestions about how to do it. The day was a huge success with over 80 people coming to have their say about what is important to them and suggest ways in which things could be improved.

People were able to talk to each other, share their experiences and speak directly to the Director and County Councillor responsible for Adult Social Care in Oxfordshire and other council staff.

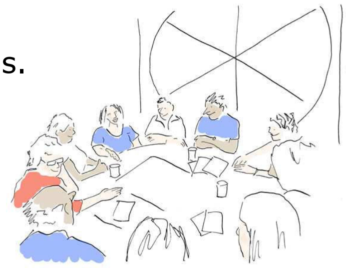
On the day

Our aim at the LINk is to listen to what people say about their services and feed this back to the provider of those services, in this case the Council.

We feel it is important to take notice of everyone's comments. We knew a little bit about what people would like to talk about but also wanted to give people the chance to raise other issues.

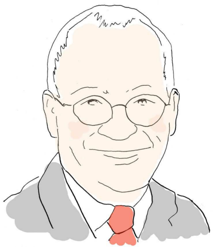
To make the whole day run smoothly, we employed an independent person to chair the event and make sure everyone had their say during the day.

On the day everyone was asked to join a group table with LINk members, staff, Council and Primary Care Trust representatives and others from local organisations. We also had staff from the Care Quality Commission (CQC), who inspect and regulate adult social care.



There was a note-taker on each table who recorded what was discussed and what was most important to each person.

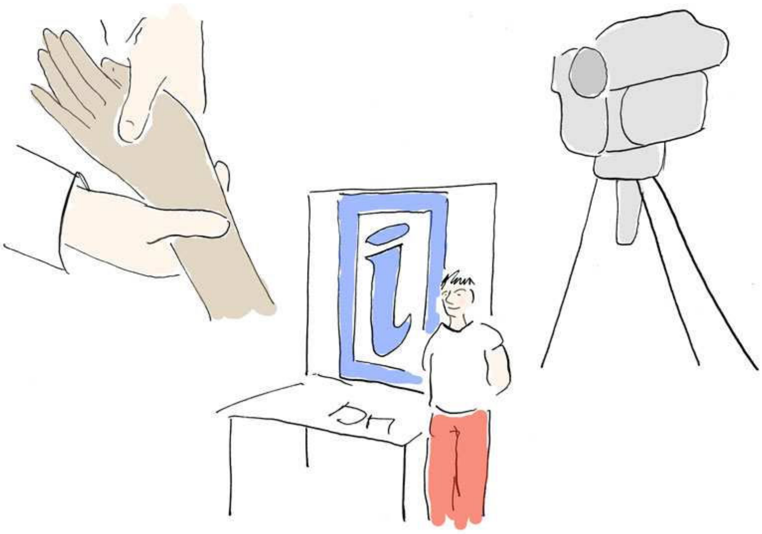
"We welcome feedback about our services, both positive and critical and we encourage people to come forward with their comments."
said John Jackson, Director for Social and Community Services, Oxfordshire County Council.



Information stalls and lunch

Over a wonderful lunch, we had the opportunity to talk to each other away from the tables and there was the chance to have a relaxing hand massage and give feedback about the day by video.

During the lunch break, we also provided organisations and departments of the Council the chance to hold information stalls where guests could find out about services available to them.



These included:

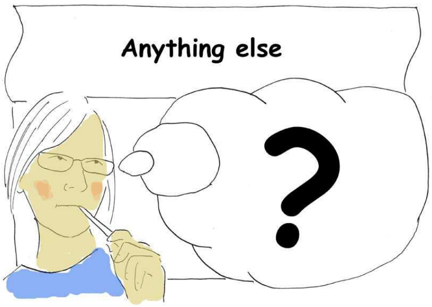
West Oxfordshire Branch of MS Society
Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust
Learning Disability Team, Oxfordshire County Council
Cornhill Centre and Good Neighbours scheme
Rethink Carers Support Service
Wantage Day Centre
Didcot Day Centre
Home Instead
Access Team, Oxfordshire County Council
Taking Part Team, Oxfordshire County Council
The Transforming Adult Social Care Team, Oxfordshire County Council

The Council's Comments and Complaints Manager was available to talk with people about specific individual concerns.

Oxfordshire LINk would like to take this opportunity to thank those people involved for their time and providing their information for guests.

How it worked

Each table had six cards with the following topics on to discuss. The topics were chosen because they were the issues people had already raised most often in consultations with the LINk and the council.:



We put a large pie chart on the wall divided into 6 sections, one for each of the topics and asked each table to say which 3 topics they felt were the most important to them.

The three topics that scored the highest were:

(To read all of the comments made at the event, please see Appendix 1 at the end of the report)

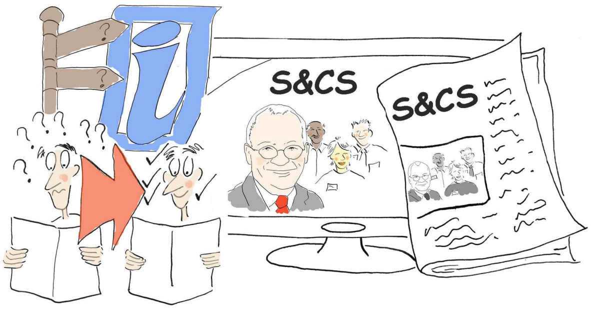
What LINk did with your comments

The LINk looked through all the comments that were made on the day and pulled out 5 key priorities by which things were most frequently raised. Below each priority is the evidence (what was said on the day) and suggestions from people on how the Council could make changes.

Key priorities from Hearsay!

Priority 1 -

Social & Community Services need to make information easier to access



Evidence -
People felt there is a lack of information regarding services available; carers particularly are too busy to go out and find information; information needs to reach people at the right time; it's not user-friendly; some people do not have access to the internet or want the information in this way; people are unsure what the complaints procedure is; not aware of who/what the Access Team are – name isn't self explanatory; more information needed on leisure, benefits, money

Suggestions –
One main database that holds information on services; a helpline answered by a person not an answering machine; publicise the Access Team and possibly change name; information packs needed, especially at reassessment; phone numbers on back of envelopes; all information available in one place; clear advice and advocacy around how to complain and support through the whole procedure; information available at GPs

Priority 2 -

Communication needs improving especially between services

Evidence –
People felt that the response time from Social and Community Services was too slow; the services do not connect and there is no real co-ordination between them; people don't know who their care managers are; lack of communication between Social and Community Services and existing voluntary groups

Suggestions –
Delays in contact are explained; Social and Community Services need to phone people back; improve communication between care manager/care staff/clients; better communication within Social and Community Services departments; access to a key worker not several different people; improve links with health departments especially GPs; County Council to support groups that already exist, rather than setting up new ones

Priority 3 -

There needs to be a higher quality of care received in the home.

Evidence –
People expressed issues with carers – no continuity of staff, reliability, time-keeping is an issue, standard of care varies; lack of communication especially if no care worker turns up; very inconsistent and varies between providers

Suggestions –
Involve service users in interviewing for home care services; people need continuity of care staff; home care supervisor needs to be contactable; improve training, with an emphasis on hygiene e.g.: washing hands before touching clients and around food hygiene; a 'person-centred' plan is needed

Priority 4 –

More support needed for carers.

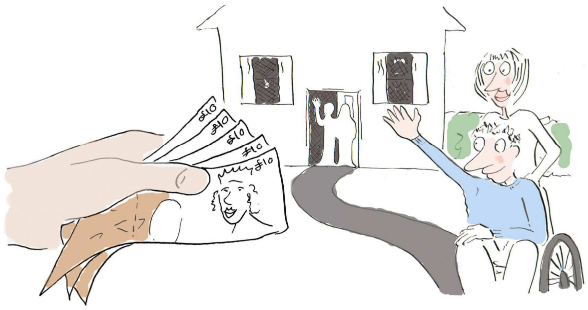
Evidence –
Carers (by this we mean family and friends who provide care) feel isolated with no support; what happens when carer is unwell and unable to care? no emergency help; carers needs are not fully met; no access to transport – stuck unless carer drives; unable to access services; no leisure time

Suggestions –
Listen to what clients and carers needs are and act upon them; provide more solutions for working carers; need for development and support for leisure and social activities, carers social groups, leisure clubs at reduced prices

Priority 5 –

Access to respite care needs improving.

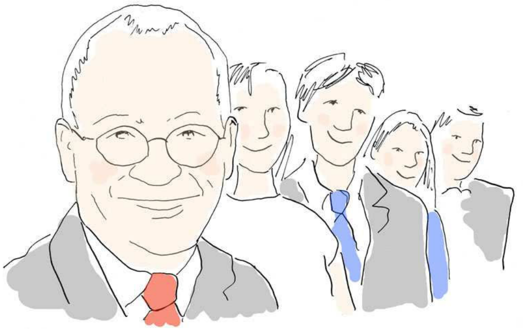
(Respite care is when care is provided to allow the family members or friends to have a short break)



Evidence –
Availability seems to be very limited; puts additional stress on carers; worries around paying for care; inflexible; long wait for respite care

Suggestions –
Improve the respite facilities and adult placement; needs to suit different people's needs; more 'homes away from home'; person-centred respite

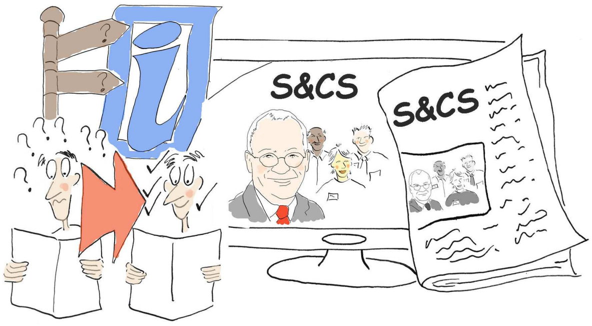
How Oxfordshire County Council responded to your comments



The LINk then sent these priorities to the Council and they have responded with how they will make changes.

Oxfordshire County Council's Response to Priority 1 –

Social & Community Services need to make information easier to access.



The council accepts the issues raised in this section. The following table explains what we will do.

Issue	OCC response	How we will know we have done it	OCC lead
Easier access to information	The council is implementing a new Information and Advice Strategy and will ensure the LINk agree the recommendations and are involved in the implementation	• LINk will be invited to attend the steering board of the Information and advice strategy • A set of recommendations will be produced by an agreed date	Anni Thompson
Information for carers	A carers' information pack will be produced. We will ask carers to sign off the pack as being fit for purpose	• Pack produced by September 30 • We will measure the number of carer packs sent out as a	John Pearce

	(through the carer focus groups being run following the carer's survey). Packs will be made available • for all carers calling the council, • visiting carer centres, • or being assessed or reviewed by the council	percent of referrals from October 2010 to March 2011 • We will measure the percent of assessment or reviews of clients where a carer is identified who receive the information pack	
Comments & Complaints procedure unknown	The council will provide a standard letter for all new clients (i.e. someone who is being assessed) to provide details of what they can expect - including key information including a copy of the comments and complaints leaflet. This will be provided to every client at review from July 1 onwards. Copies of the leaflet will on view in all social care establishments	• We will ensure all new clients have a standard letter telling them of their entitlements, including the comments and complaints procedure, from October 1. • We will ask for clients and carers to provide feedback at review on whether they have received a copy of the procedure • We will ask the LINk to mystery shop our offices and establishments to check the procedure is available	Alan Sinclair (Standard letter in SDS) Nancy Kurisa and Sakina Bi (provision of comments and complaints leaflet) Steve Thomas to organise feedback monitoring.
Awareness of Access Team	The council will change the (publicly facing) name of the access team and change all related materials. The name change will directly reference adult social services or social care and will be checked with users and carers.	• Name to be changed by October 1 • All information to be changed within a year • All correspondence from adult social care will be in envelopes with the access team number from December 1.	Lorraine Cheshire
Information on leisure, benefits	This should be included in the Information Booklet (shared at	• Revised Information Booklet produced by April 2011, with LINk	Simon Kearey

and money	HEARSAY event). We will republish this booklet by April next year. We will ask the LINk to provide users and carers to agree to the content of the revised brochure. Information on benefits will be provided to people who refer for services, with details of advice services funded by the council. This to be included in the standard letter produced when people become a client	sign-off • Information Booklet to be extended to cover all client groups by April 2011 • Information will be included in the standard letter to new clients	
Information to be available at GP surgeries	The information booklet and complaint procedures will be sent to each GP and hospital in Oxfordshire by Sept 1.	• Booklet and complaints leaflet to be in all GP surgeries by September 1 • We will ask the LINK to mystery shop GP and hospital sites and report back on availability of this information	Simon Kearey

Oxfordshire County Council's Response to Priority 2 –

Communication needs improving especially between services.

The council accepts the issues raised in this section. The work on self directed support and the use of brokers within the system should improve co-ordination and communication between the council and services. It should also give service users and their family and friends more control over their services.

Issue	OCC response	How we will know we have done it	OCC lead
Improve co-ordination of services and increase control for service users	Implement self directed support for all service users by April 2011	• All eligible clients will be on self directed support by April 2011 • An agreed form of user feedback will be put in place by April 2011 to service users to ensure the system is delivering the benefits outlined	Alan Sinclair (SDS) Steve Thomas (feedback system)
Response times to services are too slow	The council will publish its expected key response times in the standard letter to new clients. These will be monitored and publishes measures to include • Time to response to initial referral • Time to complete an assessment • Time to produce a support plan	• Agreed standard response times will be published by September 2010 • Monitoring of key response times will be published monthly • User views of timeliness to be collected at review and published	Paul Purnell to agree standard response times. Steve Thomas (monthly monitoring and user views of timeliness)
Improve communication	The council will implement the role of care co-ordinator for each case. A named person responsible for all aspects of the client's case.	• Care co-ordinators will be in place from October 1	Alan Sinclair

Oxfordshire County Council's Response to Priority 3 –

There needs to be a higher quality of care received in the home.

The council accepts the comments made in this section. As with the comments in section 2 this process should change with self directed support.

Issue	OCC response	How we will know we have done it	OCC lead
Service users and carers to be involved in interviewing	This will be implemented for all internal services from September 1 We will put this into all contracts for external service	• We will measure the number of carers employed in the period and the number where a service user was involved • Contracts – *arrangements to be confirmed*	Simon Kearey
Training	We will amend training arrangements to ensure that induction courses for all care staff include a section with service users stating their required standards	• We will provide statistics on staff attendance on courses for both internal and contacted services from October 1 • Induction training to include users and carers from October 1 • Specific figures will be provided on attendance at hygiene courses	Simon Kearey
Time keeping		• The council will publish figures on timeliness of client visits by agency	Steve Thomas

Oxfordshire County Council's Response to Priority 4 –

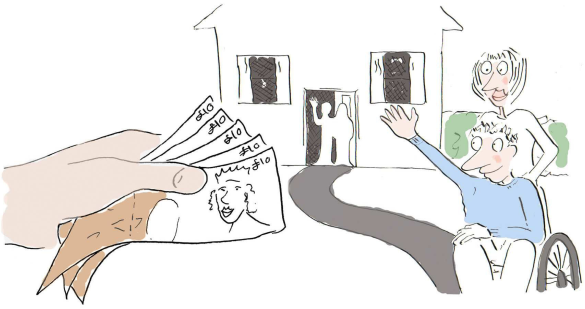
More support needed for carers.

The council accepts the comments made in this section.

Issue	OCC response	How we will know we have done it	OCC lead
Isolation	Peer support through additional provision via the community development team	Dementia groups and cares groups to increase	John Pearce / Varsha Raja
Emergency Help	Targeted outreach from current provider has been requested	Increased access from county areas showing low uptake	
Low level Preventative support	Development of the Good neighbourhood schemes	Increase in uptake and use of GNS	
Transport support	Trial a transport advisor role to support carers access transport	In post in May and evaluated	
Leisure support life outside caring	Carers centres time to care grant to be advertised throughout the county. Discounts to be advertised for	Contract monitoring to evaluate uptake	

Oxfordshire County Council's Response to Priority 5 –

Access to respite care needs improving.



The council accepts the comments made in this section.

Issue	OCC response	How we will know we have done it	OCC lead
Limited availability of respite care	The council will • Re-introduce direct payments for flexible respite care and target a 500 carers receiving their service in 2010/11 • Increase the number of nights of respite care from adult placement	• Number of people receiving flexible respite care • Number of people receiving respite care from adult placement	Paul Purnell

What people thought of the event

The LINk asked for feedback on how well the event was organised and this is what people said

Did you like the venue?

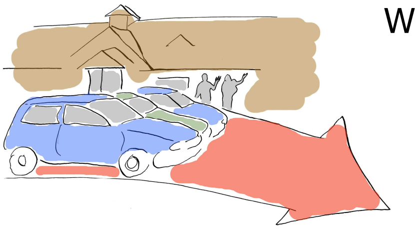
85% said YES

Were you able to say what you wanted to?

94% said YES

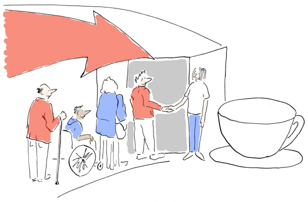
Did you enjoy the lunch?

94% said YES



Were your transport arrangements ok?

73% said YES



Are you glad you came today?

97% said YES

Quotes from our guests

‘Listening was just as important as talking’

‘I met some interesting people’

‘We learnt a lot from other people’

‘It was helpful to meet others with the same problems’

‘Really enjoyed the lunch’

‘Hope that comments made will be taken into account’

‘Impressed by the organisation of the day’

‘Need a larger venue for that amount of people’

‘Excellent facilitators’

‘LINks went to a great deal of effort to make the event attractive’

‘I felt able to say what I wanted too’

‘I enjoyed the experience’

‘Useful to meet other carers’

‘Same issues being raised’

What happens now?

The most important question of the day – what happens now? Now the LINk has all these comments and has passed them to the Council, how will we know if any changes have been made?

We will provide feedback from the Council every three months, telling you what they have been doing. We have decided to hold a Hearsay! event every year to talk to guests and get direct feedback to see if things are different.

The LINk would welcome any comments you have on how you would like to receive the feedback and how often. We would like to take this opportunity to say a huge THANK YOU to those of you that attended Hearsay! and for those of you that couldn't but passed on your comments to us.

We hope to see you all at Hearsay! 2011!

Sue Marshall
Lead Development Officer for Hearsay!
Oxfordshire LINk

Stuart Young, Accessible Project Leader for Oxfordshire County Council, provided the illustrations for this report

For further information on this event or if you are interested in getting involved with the LINk or the County Council, please contact Sue at the LINk on:

Oxfordshire LINk
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18 Thorney Leys Business Park
Witney
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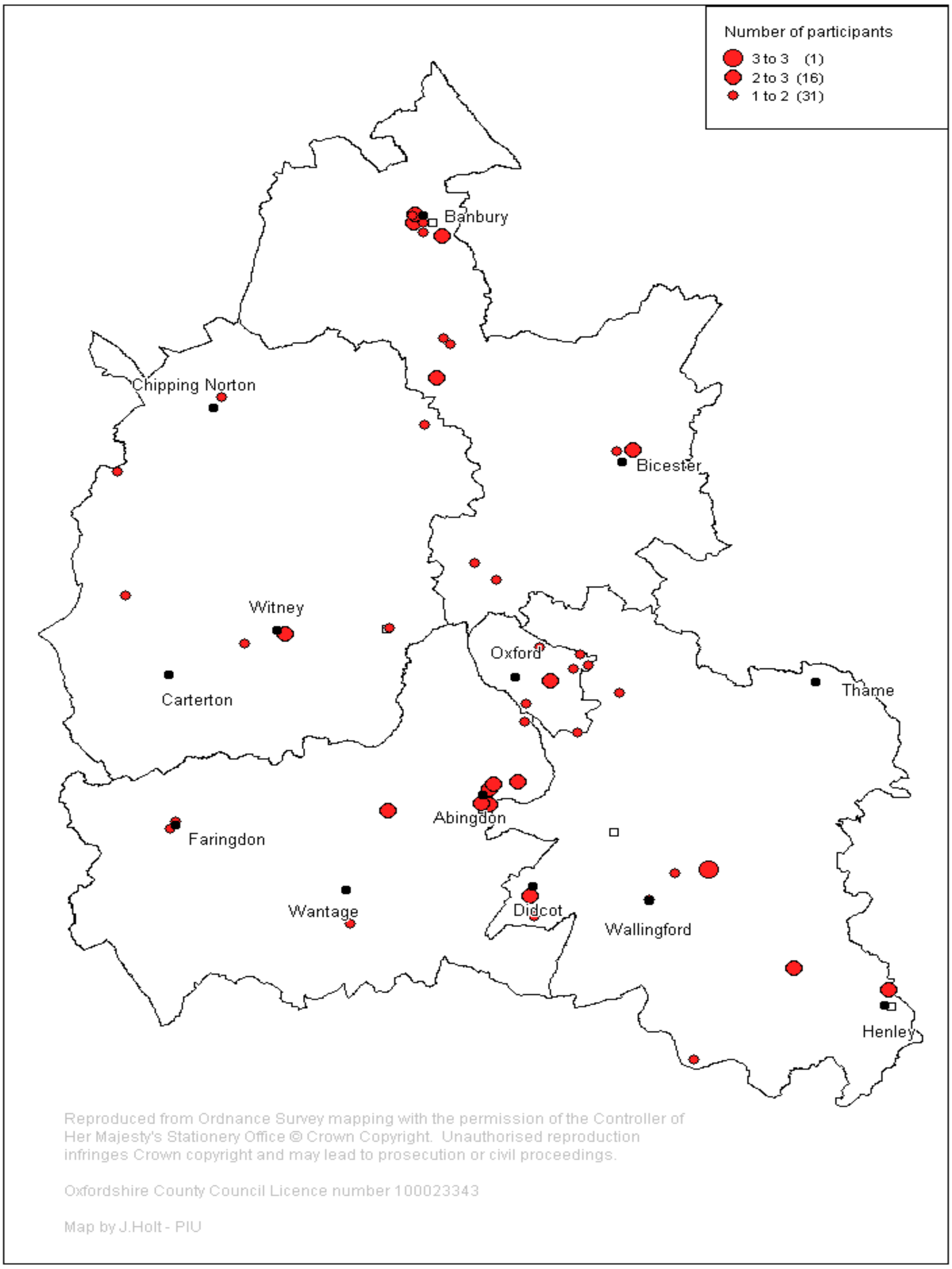
OX28 4GE
sue.marshall@helpandcare.org.uk
(01993)862855

Map showing where our guests came from to the Hearsay! event in Witney



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Map by J.Holt - PIU

Comments you made at the HEARSAY event

March 2010

Information

- Lack of knowledge before people need to access services
- Information needs to reach people earlier
- Database that hold information on Council recommended domestic services, e.g. Cleaners, gardeners, etc that clients and carers can access
- Lack of forthcoming information from social services
- Information and advice needs to be easy to access
- People need to be well informed
- We don't have the time to go out there to find information - this needs to come to you
- Information needed about carers grant – don't know what this is had no information
- A helpline for carers
- Carers are too busy caring to spend absorbing information
- Who are the access team?
- Information that would be useful is not getting to the right people when it's needed, especially information relating to money
- Users feel that responsibility falls on themselves to source information rather than SCS getting it out
- Publicise the access team
- Distribute the cards
- The named "access team" is not self-explanatory
- "Care Direct" might be a suggestion
- Direct marketing to known carers
- Think about language used
- Benefits
- Leisure
- Information packs at reassessment including leisure information and info such as the County Council's Volunteer Scheme
- Phone numbers on back of envelope, 'put this by your telephone'
- A one-stop shop
- A physical place to go to and have a one-to-one consultation
- When you talk to the access team we want to speak as well
- All information available on the Internet and in one place
- To identify in each Town a place where physical information can be reached plus to have more detailed access via the Internet
- Data Protection is too rigid; "families" need to be better defined so that information can be sent to family members rather than an individual able to understand the information being sent

- Find out information by default ; people want to speak to a person and not a machine and would like one place to access all information
- One stop shop – a physical place served by people not just the telephone line with a possible emergency helpline
- When you phone the access team you want to speak to a person
- Have all the information on the Internet available in one place
- Find a place in every town information can go to, e.g. CABs, GPs, Post Offices
- Need easy access to advice and information
- Better information distribution e.g. in libraries, post offices, information on credit card size so that it's easy to carry
- Information – how do you get the right information especially if we don't use the Internet
- Information not user friendly; forms too long
- Information – don't assume IT expertise
- There was a specific request for the telephone number of the Access Team to be put on LINk material, and again a request for an emergency contact number.
- Set up a database of services that people can access e.g. gardeners, domestic help, etc
- Social Care Services should realise that Internet Technology may not be convenient for all. Some clients may not even have a computer. How to engage with clients other than via Internet.
- Too many organisations are involved with the provision of information to clients/carers; there ought to be an Access Team and someone to contact in the first instance. Useful to have one person, a care co-ordinator
- GPs should give out more information, particularly about availability of wheelchairs
- More leaflets should be available at GP surgeries
- there ought to be a leaflet outlining the complaints procedure to clients/carers and the quality standard to expect. It should give clear information on how to complain, with phone numbers of Access Teams plus phone numbers of advocacy resources. There should be information on the leaflet to show clients and carers they have the power to challenge when quality is not good and they should be made aware of the monitoring procedures of the care agencies.
- Clients ought to know who and where to complain if they are not happy about a particular care worker. There should be clear procedure when a client wants to complain, backed up with advocacy.
- To provide an 'avenue' to make it easier for Service Users to complain. It was required that they "advertise" how this could be done. An example was to use Consumer Programmes to make it clear to the public how they could raise their concerns. If they received no joy after the original complaint it should be taken further up to the CC.
- Appropriate actions should be taken when a complaint is lodged, and the client/carer kept informed. Clients/carers feel no action has been taken when care worker still around after a complaint.

Self Directed Support

- Allowing independence outside of SDS
- How do Dementia services fit in with SDS?
- What is a direct payment?
- More variety in the ways services are provided – recognise that self-directed support will do this but some people want it done for them
- SDS – lack of clear information
- Direct payments - co-ordinate the service; Make the best use of the Budget; Clarify what reductions are going to be made; Iron out inconsistencies in the way that it is implemented; Put in place a specific plan for re-assessment – when there were changing needs/ deterioration.
- Co-ordination of services
- Best use of budget, what reductions are going to be made?
- Direct payments, how will it work?
- Changing needs – will there be a new assessment?
- Inconsistency in the way this is being implemented
- Inadequacy of time for service cuts
- Respite services not available or not good and information not readily available
- Pay to get good care

Dementia

- Lack of information available to families, not just for GPs
- Lack of Dementia Services
- How does this fit with self-directed support?
- We don’t have the time to go out there to find information - this needs to come to you.
- How do GPs make suggestions to clients
- Needs two people- one-to-one
- Everyone should have long-term contact with the broker, not stopping when care managers steps in (needs will change)
- Progressive “line plan” not just a set offer of six weeks
- Lots of paperwork (again need extra support for this process to be carried out)
- Carers’ assessments – paperwork rapidly offered, grant eventually forthcoming, but no feedback as yet (six months ago) on form content

Communication/ Who talks to who

- Communications between care staff changes
- Services Talking to each other
- Response from SCS is too slow
- Initial response is too slow
- Too long between contacts
- Don’t know who my care manager is
- People don’t always ring abck
- One agency is very slow
- When you speak to someone they should know your circumstances
- At each contact, information will be read and SCS will ensure systems are able to support this
- Prompt initial response is needed
- Delays are explained
- However care is good
- Better communication within OCC
- Services don’t connect – no real coordination
- Improve communication during handover/change of staff and between care managers and service users
- Carers – lack of communication
- Care Managers – too many people involved! Clients/carers feel they should have access to a key worker and not having to deal with different individuals all the time.
- There ought to be better communication between social care service departments
- There ought to be better and clearer information/communication between client/carer and social care services; clients/carers need to know that someone cares
- Phoning back when we say

Health

- More help needed to support users to give up smoking
- Free chiropractic services
- GPs or a member of their team ought to keep in regular touch with clients/carers
- Links with GPs
- GPs ought to offer more support to client. They should give better advice on what’s available and where clients/carers can get appropriate help, e.g. getting hold of wheelchairs. They should also contact vulnerable clients every now and then to ensure everything is OK
- Patients being discharged too early with lack of good intermediate care
- Not enough District Nurses
- Need for more specialist nurses
- Issues over care in hospital
- Discharge from hospital when no care in place
- Hospital experience; discharges not smooth; poor service
- Hospital – how to raise concerns

Care at home

- People don't know their care managers
- Continuity of staff members
- Inconsistency
- Timing issues
- Costing is based on time allocated
- Continuity of staff – personal care
- Consistent versus varied team
- Waste management/resource and budget implications (incontinent services)
- Better communication and person-centred
- Involve service users in interviewing for home care services
- Communication – home care supervisor to be contactable
- "Person-centred" planning
- Worries about paying for home care
- Home care – people are not kept informed when staff can't make it and lack of respect for people's homes
- Consistency of carers not necessarily the same person all the time but two or three people who get to know you over a certain number of days
- Have services users on interview panels for various jobs
- Issues with carers – adequate/good/turn up on time
- Food hygiene
- Carers – consistency of who turns up, when they come, lack of communication
- Set of standards for carers
- Care for the incontinent (and specialised waste). It was suggested that Oxfordshire County Council arrange a specialised collection for this type of waste, or alternatively arranged specialised "drop off" points.
- Home care was considered inconsistent and depended on the provider. Most of this care was outsourced by the CC and some providers were better than others. There was generally inconsistency on timing issues and the mornings were particular bad. In many cases there was not a continuity of staff and this problem needed to be addressed.
- It was considered that it would be good to have in place a Care Co-Ordinator – this person should take on the role of co-ordination and train and teach their staff so that they are knowledgeable in all aspects of the enquiry.
- Problems with younger social care workers. Standard not up to scratch. Some are brilliant and some awful. Care workers ought, for example, to be given basic training on hygiene such as washing their hands before touching clients. Social care workers should be accompanied for a while as part of their basic training.
- Paid carers working to their own timetable and to the carer's
- Suggest that "caring" be promoted in the same way as fostering, with a Bank of people who might be able to provide some temporary respite care when urgently required

- Some care workers are reliable, others not – time-keeping an issue. Carers feel their concerns fall on deaf ears.
- Standard of care varies
- Staff training - Clarity as to who gets what training
- Training for private care as well as social workers
- Younger care workers should be accompanied for a while to ensure the clients' needs are being met. They ought also to be accompanied unexpectedly every now and then
- Emphasis on hygiene should be a basic element of training
- Having a "person-centred" plan

Care away from home

- When it's necessary to move to care home, thresholds and assessments are too wide, managing place allocation (relates to budgets)
- Visiting care home a long way away and can't go out in the evening
- Improve the respite facilities and adult placement (places)
- Respite Care - availability of this was considered to be very limited, and this put additional stress on "Carers". It was not readily available and quite often it was necessary to "pay" in order to ensure that they got good service.
- The thresholds for assessment were considered too wide and everyone was unclear what needed to happen when the person could no longer be cared for in their own home and needed to be moved to a Care Home.
- Insufficient respite care
- Day centres need to be improved with a wider range of activities
- Need more respite care to suit different people's needs
- Respite care – lack of places and you are governed by the care services rather than your own needs
- Respite care – "more homes from home" and person-centred groups
- Advertising campaign regarding home from home care
- Closures of centres for elderly and disabled
- Flexible day services e.g. café dropping day centre
- Respite care needs to be more flexible and person-centred
- Care when away - Sharing care
- Not feeling guilty
- Respite reviews
- Day care - Too costly for second week but good service
- Insufficient respite care
- Day centres need to improve
- Need a better and wider range of activities
- Need more person/carer centre respite breaks
- Long wait for respite care

Users & Carers Needs

- Listen to what clients and carers needs are and act upon it
- Care for carers needs to improve
- Informal carers are not getting enough support when they are not “official carers” ie getting benefits and accessibility of services
- When contacting SCS you get the Duty Officer not a named person
- Access into Mental Health Services is very difficult once you are assumed to be coping
- Concerns about care in the event of the death of the carer
- Early intervention is needed, both from professionals and service users/carers
- Present social care in a more attractive way
- Advocacy (particularly within learning disability services) - Who does advocacy for service users?
- Choice control over services - Allowing people to have independence
- 24/7 care (not a Monday to Friday service)
- Clients like to choose who cares for them and decisions not to be taken on their behalf without their knowledge or consent
- Tailored care for clients’ needs, not one size must fit all
- Volunteer scheme
- Need for development and support for evening and social activities
- Social Care Services are oblivious to the fact that most carers need to work for a living. They assume carers are available 24 hours a day and have no life of their own. Carers need more support on a day-to-day basis.
- County Council ought to be more efficient in the handling of clients’ finances; they often send incorrect invoices and the carers are having to sort these out themselves; they feel they have enough on their hands and could well do without this extra burden.
- There ought to be joined up deliveries and out-of-hours service, as carers do have a life of their own and cannot always access services during working hours.
- Leisure clubs, including private ones
- Reduced price or free access
- County Council to work with District to develop availability of leisure and social activities
- Carers social groups
- Helicopter rides!
- Services that will not just dump me
- Staff training
- When a carer completes an Assessment form, results are required afterwards. Use information, not destroy it.
- Social Care Services should accept that sometimes the carers know what’s best for the clients. The clients do not necessarily express their needs or are unable to do so.
- Carers felt that completing the Assessment form (which takes quite a while to fill in) is a waste of time as no further action seems to be taken. One carer had to provide a copy of his Assessment form to a member of the Stop Team as the original was “lost” and despite this no action has yet been taken.
- More supports with depression

- Social life
- Funding
- Loneliness
- Feedback needed
- Care – if I can’t care anymore – fear for the future
- Social life in the evening
- Transport – during the evening and accessible
- Getting care and access to help
- Carers who are not ”official “ carers
- SCS to ensure there are annual reviews for all current users and periodically contact carers and past users who may still have needs
- People feel isolated with no support
- Difficulty in accessing different services - physical and mental
- The Archway Foundation funding is being cut
- If you are a family who is a carer with no training
- Issues over carers’ allowance being stopped once you receive a pension
- There is no back-up for volunteers from the County Council
- Changes when you move from child to adult services
- There needs to be a person-centred plan for all care services
- Provide more solutions for “working” Carers and come up with some new ideas for those people who work but are also carers.
- Carers’ needs are not fully met
- A need for a person to call upon who knows about individuals’ situations
- What happens when carer is unwell and unable to care for spouse?
- No emergency help
- Access to transport – stuck unless we drive
- Help from the Council for voluntary sector to keep going and providing services
- Carers’ needs
- Never get to speak to care manager
- No named key worker and lack of communication between staff
- Need for carer assistance
- No facility for old people in Oxford
- Care managers keep changing
- Care for carers needs to be improved
- The Council should nominated a named member of staff who could support in times of difficulty
- Set up a voluntary “sitting” service
- Set up a voluntary “drive you somewhere” service
- Transport – more good neighbour schemes needed

Anything else

- Crisis house
- Real Integrated services
- Empowered staff
- Need to record positive feedback
- Big advertising campaign needed for adult placement
- Using personalised advert with support
- Training to encompass dignity and respect and to involve service users' stories in training
- Reliable care managers and better communication
- Cuts in adults services for elderly
- Funding for care services
- Mobility scooters – help and support in using
- Lack of social workers and psychiatrists
- County Council need to support voluntary organisations - rather than setting up new groups use those that already exist
- Potential Closures
- Transport (who provides the funding for local taxis or dial-a-ride?)
- General Funding of services.

What's going well

- Happy with my Dad's care – consistent
- This meeting
- Mind and day services
- Day centre
- I'm very lucky!
- Several comments about being happy with care

OXFORDSHIRE
COUNTY COUNCIL
www.oxfordshire.gov.uk

County Hall
New Road
Oxford
OX1 1ND

John Jackson
Director for Social & Community Services

Date: 18th May 2010

This matter is being dealt with by John Jackson
Email: john.jackson@oxfordshire.gov.uk

Direct Line: 01865 323572

Dear Colleagues

Thank you for organising the HEARSAY! event on 12th March. I found the event uplifting and enjoyed meeting so many people who are affected by the services the council provides. The discussion was positive and the suggestions about how things could be changed were very helpful. I would like to thank all the people who attended the event and contributed to such a lively day.

The social care leadership team at the council has read this report, accepted the recommendations and agreed with you what changes we will make.

We are pleased that the LINk will be monitoring progress. A senior manager (sometimes me) will attend your steering group to provide updates throughout the year.

Thank you for giving us this opportunity. I look forward to attending a similar event this year.

Best wishes

John Jackson

John