

## Notice of a Meeting

### **Adult Services Scrutiny Committee** **Tuesday, 26 April 2011 at 10.00 am** **County Hall**

#### **Membership**

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

*Councillors:*

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

#### **Notes:**

*Date of next meeting: 7 June 2011*

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

- Adult social services; health issues;

#### **How can I have my say?**

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

#### **For more information about this Committee please contact:**

Chairman	-	Councillor Don Seale E.Mail: don.seale@oxfordshire.gov.uk
Committee Officer	-	<i>Sarah Carter, Tel: (01865) 894844</i> E.Mail: SarahD.Carter@oxfordshire.gov.uk



Peter G. Clark  
County Solicitor

April 2011

## **About the County Council**

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

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

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

## **About Scrutiny**

Scrutiny is about:

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

Scrutiny is NOT about:

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

## **What does this Committee do?**

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

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

**A hearing loop is available at County Hall.**

## AGENDA

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

To approve the minutes of the meeting held on 8 March 2011 (**AS3**) and to note for information any matters arising on them.

### 4. **Director's Update** 10.15

The Director for Social & Community Services will give a verbal update on key issues. The Cabinet Member for Adult Services will also attend for this item.

### **SCRUTINY MATTERS**

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

### 5. **Update on Delayed Transfers of Care** 11.00

A verbal statement on the current position in respect of delayed transfers of care in Oxfordshire. This is an update on the position reported in the paper that was discussed at the March meeting. The item will be presented by John Dixon (Deputy Director, Adult Social Care). Alan Sinclair (Assistant Head of Adult Social Care for Older People and Physical Disability Services) and the Cabinet Member for Adult Services will also be present to answer any questions raised.

### 6. **Report on Turnaround Project (Pages 9 - 12)** 11.30

*Contact Officers: Jon Ray, Senior Project Manager and Rachel Lawrence, Service Manager, Promoting Independence and Prevention.*

A report on the Turnaround Project is attached at **AS6**. The item will be presented by John Dixon (Deputy Director, Adult Social Care).

The Committee is invited to conduct a question and answer session on the Turnaround Project.

### 7. **Update on Progress in relation to the National Dementia Strategy** (Pages 13 - 20) 12.00

*Contact Officer: Varsha Raja (Assistant Head of Adult Services) and Suzanne Jones, Senior Commissioning Manager Older People, Directorates of Service Redesign*

Attached at **AS7a** is copy of the minute on this item from the meeting on 7 December 2010 and at **AS7b** a report giving an update and details of the current position in relation to the local implementation of this strategy. Ms Varsha Raja and Ms Suzanne Jones will be present to answer any questions.

## **8. Update from Oxfordshire LINK (Pages 21 - 28)**

**12.30**

The Committee is invited to receive the update from the Oxfordshire LINK as at (**AS8a**). Adrian Chant (Locality Manager) and Dermot Roaf (Chair of LINK Stewardship Group) will be present to answer any questions on the report.

A document is attached as at (**AS8b**) which promotes the work being carried out by the recipients of the Community Chest/'Have a Say' Fund 2010 grants.

### **BUSINESS PLANNING**

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

## **9. Forward Plan**

**12.45**

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

### **INFORMATION SHARE**

**13.00 Close of Meeting**

## Declarations of Interest

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

### **The duty to declare ...**

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

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

### **Whose interests are included ...**

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

### **When and what to declare ...**

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

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

### **Taking part if you have an interest ...**

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

### **"Prejudicial" interests ...**

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

### **What to do if your interest is prejudicial ...**

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

### **Exceptions ...**

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

### **Seeking Advice ...**

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

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## ADULT SERVICES SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Tuesday, 8 March 2011 commencing at 10.00 am and finishing at Time Not Specified

**Present:**

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

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

Councillor Jenny Hannaby

Councillor Anthony Gearing

Councillor Tim Hallchurch MBE

Councillor Larry Sanders

Councillor Richard Stevens

Councillor Alan Thompson

Councillor David Wilmshurst

**Other Members in Attendance:** Councillor (for Agenda Item )

**By Invitation:**

**Officers:**

Whole of meeting

Part of meeting

**Agenda Item                      Officer Attending**

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

### **113/11 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 1)

Apologies were received on behalf of Councillor Peter Skolar

Councillor Richards Stevens has now formally replaced Councillor Sarah Hutchinson on the Committee.

### **114/11 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE**

(Agenda No. 2)

None

**115/11 MINUTES**

(Agenda No. 3)

The minutes of the meetings held on 7 December 2010 and on 20 December 2010 were agreed and signed.

**116/11 DIRECTOR'S UPDATE**

(Agenda No. 5)

The Director for Social & Community Services gave *an update on*:

National developments:

The Dilnott Commission on Long Term Care, originally due to report in July this year is now likely to be reporting earlier in May and so likely be available for discussion for at the June Adult Services Scrutiny Committee meeting.

The Health & Social Care Bill – Oxfordshire is an early implementer for GPs Consortia and for the Health & Wellbeing Board. It was pointed out that there is an existing health and wellbeing body chaired by Cllr Arash Fatemian but that this will need to be modified to meet with the requirements of the new legislation. The new Board will be across all partners although is formally the responsibility of Oxfordshire County Council to set up. The focus of the board will to be develop a local health and wellbeing strategy for Oxfordshire.

It has been confirmed that Health Overview and Scrutiny Committees are to be retained.

Clustering arrangements are now being implemented to manage the transition phase for the removal of Primary Care Trusts – for Oxfordshire this means Oxfordshire and Buckinghamshire PCTs will be combined including a single Chief Executive and management team.

*And on the following:*

Local issues

Proposals on Day Opportunities for Older People were positively received by Cabinet when it met in November and the strategy is currently being implemented. It should be noted that there has been a change to tier 3 which had originally proposed that the health and wellbeing resource centres would be reduced from 8 to 7. However, in response to feedback during consultation, this proposal has now been reversed and the Centre in Wallingford will be retained.

Transport - service and resource planning assumes that Adult Social Care will cease to fund elements of the community transport service. This is as a result of the move towards personal budgets causing uncertainty over how people will want to spend



their budgets. Further consultation is now being undertaken, and plans could involve investing in voluntary arrangements. Cabinet will be asked to make a final decision in September with proposals coming to Adult Services Scrutiny before that in June and it was agreed that the full consultation document would be available and alongside this an overview report that would be produced to give the main principles.

Carers – the new contract has been awarded to Age UK. The County Council will be working closely with provider organisations to ensure a smooth transition for both organisations and carers.

Oxfordshire Care Partnerships – the strategy is focused on ways to circumvent people from residential care by increased reliance on domiciliary care. The strategy also includes the development of extra care housing. There is a Cabinet decision tabled for April and so may be brought to either the June or September meeting of Adult Services Scrutiny Committee.

Formal proposals on Internal Home Support will also be brought to the Cabinet Committee in April.

Continuing health care – a briefing on the responsibilities of the NHS and the Local Authority for the assessment and provision of care has been sent to Cllr Larry Sanders in response to questions he raised at the October meeting. It was AGREED that this will be circulated to all Members on the Committee.

#### **117/11 ANNUAL REPORT BY THE CARE QUALITY COMMISSION ON ADULT SOCIAL SERVICES**

(Agenda No. 6)

The Report was welcomed by the committee and in particular the improvement to the target of maintaining dignity was noted. It was also noted that this will be the last such annual report from the CQC. John Jackson referred to the Government view that accountability in future will be more focused around local and sector-led improvements, and in Oxfordshire local services, users and carers should be in a position to drive improvements for example through the Hearsay events, the next being due to take place later this week on 11 March.

#### **118/11 DELAYED TRANSFERS OF CARE**

(Agenda No. 7)

The report was presented and attention was drawn to two graphs contained in the report which showed that delayed transfers of care had been reduced. It was also pointed out that delayed transfers of care fall into three key groups, those due to people waiting for:

- Health care or a community hospital placement
- Social care, care home or carer package
- Both health and social care support

John Jackson explained that less than half of delays are due to social care delays and that these have been brought down from 100 to the current figure of just under

40 and the plan is to reduce these to under 20. But also pointed out, due to the complexity of the issue, this will never be completely eradicated.

The following questions were posed by the Chairman and answers were provided by Steve Thomas [*Answers in italics*]:

a. Can it be confirmed and made clear that only those who "pass" the eligibility criteria are counted. Do people become eligible during or immediately after, their hospital treatment while still in the acute hospital.

*Answer: No, the delayed transfers of care figures include those who may not have a need for onward care as it is not known at this point and also includes people who are self-funding.*

b. From when, after the doctors pronounce a person as ready for discharge, does the clock start ticking to be included as a DTOC .

*Answer: To be counted as a delay a person must be:*

- (i) medically fit to leave*
- (ii) clinically stable with an agreed place to go*
- (iii) safe to discharge*

c. If a patient is moved to a "holding " ward in the acute hospital, does this show as a DTOC.

*Answer: There are no holding wards in acute hospitals in Oxfordshire.*

d. Do we have a record showing how long the patients recorded as DTOC actually remain in the acute hospital.

*Answer: We do not record this information at present although could collect it in the future.*

e. Are we sure that the reporting and recording system in Oxfordshire conforms to the practices in other UK Counties.

*Answer: It is difficult to say whether the reporting and recording system are the same in Oxfordshire as elsewhere because the guidance is both convoluted and lacks detail. There are anomalies between areas, for example delays for community hospitals are only counted for areas that have them so the figure describes the configuration of services in your area. It is perhaps more useful to look at trends in your area over time.*

f. Do other Authorities accept a patient's refusal to move out of the acute hospital

*Answer: There are very few options in this situation save for going down a legal path which is not the policy in Oxfordshire.*

There followed a discussion about the appropriate approach and focus for efforts to reduce delays. It was AGREED that progress on the medium term strategy set out at paragraph 13 of the report should be reported back at a future Scrutiny committee meeting.

**119/11 TRANSFORMING ADULT SOCIAL CARE: PROGRESS UPDATE AND Q&A**  
(Agenda No. 8)

The report was presented by Jon Ray and summarised as looking at: where the programme is currently; what's next, and; what is being delivered. The Programme has delivered well against the milestones and with the Programme formally closing on 31 March it was acknowledged that there is a need to continue to work on embedding the work delivered under the Transforming Adult Social Care Programme. Two key areas of focus were highlighted:

- (i) IT systems need further work to ensure all processes are automated, and;
- (ii) The workforce need further support to be able to enable clients and help create choice

Although work will be done as part of business as usual there will be specific funding which is carried forward to enable the continued embedding of developments within the day to day business.

The TASC Taskforce group will continue and Martin Bradshaw will lead on this from April 2011.

Alan Sinclair confirmed that the 30% target for those people being given an opportunity to receive a personal budget by the end of March 2011 has been reached.

Adult Scrutiny Committee may decide to undertake a Review of the Transforming Adult Social Care Programme in the future.

...

**120/11 'REPORT ON PLANS TO MEET THE NEEDS OF PEOPLE WHO HAVE ASPERGER'S SYNDROME OR HIGH FUNCTIONING AUTISM, AND UPDATE ON IMPLEMENTATION OF THE AUTISM ACT IN OXFORDSHIRE.'**  
(Agenda No. 9)

The item was introduced by Kathy Erangey. Nationally, the Guidance on the National Strategy for Autism was published in December 2010. Locally, a needs assessment was completed and published in autumn 2010 and that there was good engagement with the consultation process that informed this. Key issues around low awareness within the community and the public sector were highlighted. In particular there is a need for improved understanding on the part of GPs and the police service.

An example of poor awareness within the police service was given by Paul Isaacs. Recounting an experience of another service user, Paul explained how a person he was aware of who has aspergers syndrome had been picked up by the police. The

reason he was picked up was because it was thought he was out late at night acting suspiciously. Paul told the committee that the person in question was more comfortable going out at night when there were less people about and that his behaviour was harmless and stemmed from his condition.

Plans to take things forward include autism awareness training, an Autism Partnership Board being set up that will encompass the full autism spectrum and age range, and establishing a working group to look at the care pathway and diagnosis.

Transition from school to adulthood for a person with autism and especially Aspergers Syndrome was noted as being particularly difficult and there is evidence to suggest that there is often very little support in place once a person leaves the education system.

The Committee expressed concerns about the serious nature of the issues presented particularly the lack of awareness and lack of services for people with autism and acknowledged that there is a very significant amount of work required to make the changes needed with relatively very little money. Therefore, it was AGREED by the Adult Services Scrutiny Committee to RECOMMEND to Cabinet that they consider whether further resources and support are required to enable the successful delivery of this work.

#### **121/11 UPDATE FROM OXFORDSHIRE LINK**

(Agenda No. 10)

Representatives from the Oxfordshire LINK, Adrian Chant and Dermot Roaf presented the report giving an update on recent work and news.

It was suggested that it would be good for the LINK to collaborate with the TASC Taskforce to improve opportunities to hear service user views and take account of these in and feedback to scrutiny committee.

It was noted that plans to reduce funding for this service have been altered so that the reduction is from £200k to £150k (rather than the £100k reduction previously planned). It was noted that the new contract for this service will have a different specification although will address mainly the same issues.

#### **122/11 FORWARD PLAN**

(Agenda No. 11)

The Committee noted the information listed on the face of the agenda.

The Committee AGREED to add a review of the Transforming Adult Social Care programme to the forward plan.

The Committee will *consider* adding a Review of Carers Services at a later date.

It was AGREED that the implications of service and resource planning in respect of learning disability services should be brought to either the April or June meeting.

**123/11 TRACKING SCRUTINY ITEMS**

(Agenda No. 12)

The Committee noted the information listed on the face of the agenda.

**124/11 CLOSE OF MEETING**

(Agenda No. 13)

..... in the Chair

Date of signing .....

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## The Turnaround Project

### Report by the Interim Deputy Director for Adult Social Care to Scrutiny Committee, 26<sup>th</sup> April 2011

#### 1 Introduction

- 1.1 This report provides an update on the development of the Turnaround Project – a key initiative in Adult Social Care (ASC) which aims to identify people who may be at risk of admission to residential care, and turn them back. It explains what has been learnt through the delivery of the project and how the learning from the project will now feed into the development of ASC's approach to prevention and early intervention.

#### 2 Background

- 2.1 The Turnaround Project was one of several important initiatives to emerge from work undertaken by the Council on prevention as part of the Transforming Adult Social Care (TASC) Programme. Other initiatives have included the redesign of Continence Services in the county, the development of the Re-ablement Service, and the development of a new model for prevention in Adult Social Care.
- 2.2 The Turnaround concept emerged from the Council's work with the Institute of Public Care (IPC) in 2009/10 to learn more about older people's pathways into intensive social care services, and what could be done to prevent or delay their need for residential care in particular. The research indicated that it may be possible to identify people who are at risk of admission to residential or nursing care, and turn them back.
- 2.3 The Turnaround Project was established to see whether this vision could be made real and whether the new approach would prove to be effective. Key questions posed by the project were:
- Can we identify people who are at risk of high dependency of ASC services and admission to residential care?
  - Can we identify people who would benefit from this new type of service and who also have the capacity and motivation to change and "turnaround"?
  - Can we make preventative services for older people more targeted, more proactive and more effective?
- 2.4 The project approach involved:
- An initial development phase to develop the concept, test assumptions and develop the tools that would be need to turn the Turnaround concept from theory into practice.
  - A "Mini Trial" – work with practitioners in Banbury to identify candidates and test out the Turnaround approach

- Wider locality trials – to increase the number of clients involved
- Evaluation and business case preparation

2.5 However, difficulty in finding service users with whom to trial the Turnaround approach proved to be a major barrier for the project. There were a number of reasons for this, including:

- **Finding suitable candidates** - Currently the ASC system does what it was designed to do by identifying and providing support to people with critical and substantial needs, but also by ‘screening out’ everyone else. People with low or moderate needs are deflected and currently ASC retains no information about them following their contact us. This makes it hard, if not impossible, to find people who might benefit from targeted early intervention, including future Self-Funders - people who fund their own social care but who may ultimately rely on our highest cost services. Currently, a significant proportion of recipients of ASC funding for residential and nursing care are people who originally funded their own care but only ‘appear on our radar’ when their funding has run out.
- **Risks of targeting ‘too soon’ or ‘too late’** – The project has exposed the high financial risks involved in targeting service users either ‘too soon’ or ‘too late’ on their journey into and through ASC services. ‘Too soon’ and there is a risk that money will be wasted on people who are not in fact at risk of admission to residential care. ‘Too late’ and the person may lack the capacity for recovery and restoration.
- **Managing scarce resources** – the majority of candidates deemed potentially suitable for the Turnaround approach had recently received the Re-ablement Service but were still in need of ongoing support. This raised the question as to whether it was appropriate – given the relatively high cost of Re-ablement - to invest even more resources in pursuit of an outcome that had not been achieved by the Re-ablement Service, which is designed specifically to ‘turn people around’

### 3 Learning from the project

3.1 The Turnaround project has informed our understanding of what is needed for ASC to be able to deliver effective preventative services and evidence their effectiveness, particularly around:

- When and who to target with preventative initiatives
- Current challenges in identifying and targeting people with ‘low and moderate’ social care needs
- The need for services that can address clients’ emotional as well as functional needs
- The potential for the Re-ablement Service to deliver much of the Turnaround approach



- The focus of our existing services and support - are we already working proactively to 'turn people around' or just holding them steady?
- The need for better data and information about client needs, their use of our services and the factors that trigger progression into and through ASC services

3.2 It has shown that if ASC is to improve its ability to identify and target individuals who are likely to need or progress toward our most costly services, then we will need to improve our understanding of the interaction between clients' needs and social care spending. Although a significant proportion of the ASC budget is spent on preventive services and interventions, the project has shown that we need to:

- Improve our understanding of the conditions and circumstances that give rise to higher spending and which will be most receptive to intervention – so that we can be clear that our resources are being targeted to greatest effect
- Optimise the effectiveness of our combined resources and “menu” of preventative services – so that we can help more people to maintain their health, wellbeing and independence and protect remaining resources for the minority who will need them, when and only when this need is unavoidable

## 4 Conclusions and next steps

4.1 Following a formal review of the project in February 2011 it was decided that the issues arising from the Turnaround Project need to be considered within the context of ASC's overall approach to prevention and early intervention. The following issues and 'lines of enquiry' will now be taken forward in this context:

- **What data and tools does ASC need to improve its targeting and management of its resources?** – the work undertaken by the Turnaround Project has helped us to see how ASC could improve its use of data to better target resources and prevent or delay progression through the social care system. We will now take this forward and seeking to develop tools and guidance that will help our staff to identify people who may be at risk and better target our efforts and resources.
- **Re-ablement** – We consider, and specify as required, how this key service can play a greater role in identifying people who may be at risk of high dependency on our services and also how it might be made more effective with a stronger focus on client's emotional as well as functional needs.
- **Identification of people with low and moderate needs** – We will consider and evaluate the case for changing our procedures to

capture information about these clients to enable us to better target services. No data is currently retained for these clients and this will be a major barrier to improving targeted early intervention unless it is addressed.

- **Bereavement and loneliness** – We will consider the impact of these circumstances on service users’ capacity to remain independent and how we can best address the current gap in the system / community’s response to these needs.
  - **Permission to personalise and go the extra mile** – We will consider what would help practitioners to deliver more creative and effective care plans that might turn people around rather than merely hold people steady / prevent further decline.
- 4.2 Alongside the Turnaround Project, and as part of the TASC programme, we have developed a “New Model for Prevention in Adult Social Care”. This new approach shifts the thinking around prevention firmly towards a Value for Money approach where the focus is on the effectiveness of our substantial investment in preventative services and interventions. The approach moves away from individual and ad hoc preventative initiatives to an integrated approach that is focused around core objectives for prevention, joins services and budgets together to achieve greater synergies in terms of improved outcomes and efficiency savings, and is supported by robust management information and performance management systems.
- 4.3 ASC’s Strategic Commissioning Team is currently preparing the commissioning programme for 2011/12 and is considering how the work needed to develop and implement the New Model for Prevention and the work emerging from the Turnaround Project will be taken forward, within a whole system context and also taking account of key developments, such as GP commissioning.
- 4.4 We are aware of the high level of interest in this area from the Scrutiny Committee and among many other stakeholders. We will be considering as part of this process how we can best engage with stakeholders and we will keep you informed on developments.

JOHN DIXON  
Director Director Adult Social Care

Contact Officer:  
Rachel Lawrence  
Service Manager, Promoting Independence & Prevention  
(01865) 323867

## **ADULT SERVICES SCRUTINY COMMITTEE**

**TUESDAY 26 APRIL 2011**

**Minute of the meeting on 7 December 2010**

### **107/10 UPDATE ON PROGRESS IN RELATION TO THE NATIONAL DEMENTIA STRATEGY**

(Agenda No. 9)

Implementing the National Dementia Strategy in Oxfordshire - Briefing on Progress to Date as at 28 October 2010

(b) Dementia Q&A Minute from the Committee's April meeting

Committee considered a progress update in relation to the national dementia strategy AS9(a), together with a minute from the Committee's April question and answer session (AS9(b)).

Ms Varsha Raja (Assistant Head of Adult Services) attended for this item, together with the Cabinet Member for Adult Services.

Mr Duncan Saunders (Service Development Manager - Older People's Mental Health – NHS Oxfordshire) was also in attendance.

Ms Raja informed the Scrutiny Committee that dementia continued to be a priority for the national agenda. The Minister had made a key note speech setting out the revised priorities;

- Good quality services, early diagnosis and intervention;
- Improved quality of care in general hospitals;
- Living well with dementia in care homes; and
- Prescription of anti-psychotic drugs for dementia.

The approach being taken locally would be reshaped to take account of the revised priorities.

Responding to a question from the Chairman, Ms Raja advised that the revised criteria on continuing health care for people with dementia focussed on those with challenging behaviours and psychological problems. This would mean that older people as they became frailer would see care withdrawn with the result that responsibility fell on the Local authority and families. Asked how information was gained so that funding was withdrawn, such as by re-assessment, Ms Raja stated that their was a key final piece of work as there was a need to understand the local position. It was suggested by Councillor Dr Peter Skolar that this was another way that the PCT was seeking to reduce its core funding and that he would wish to monitor it very carefully. Ms Raja undertook to provide a briefing note on this matter including an explanation of the way in which re-assessments would take place.. She added that the funding was in a pooled budget but that it was accounted for separately. Further work was needed to understand the local position.

It was AGREED that the Committee return to this matter as part of their meeting in March 2011 and that officers discuss a possible referral to the Joint Health Overview & Scrutiny Committee.

The Chairman commented that there was still lack of awareness of telecare and queried what could be done to correct this position? Ms Raja indicated that they had just awarded a contract to expand the service which had been patchy. There would be a co-ordinated service across Oxfordshire.

Asked about the provision of information on dementia services Ms Raja commented that there was a great deal of information but that it was a struggle to personalise the information to individual needs.

Responding to a query about the work of Dementia Advisors in doctor's surgeries Ms Raja advised that they were extremely successful. Initial analysis indicated that with 4 Advisors it would be possible to deliver a County wide service.

In response to a question about the formal diagnosis rate the Committee was advised that currently 34% of people received a formal diagnosis and the target was to increase to 70%.

## **Briefing paper for Adult Services Scrutiny Committee 26<sup>th</sup> April 2011**

### **The impact of Oxfordshire's approach to the delivery of the national dementia strategy**

#### **1. Purpose of the paper**

The purpose of this paper is to update the Members of Adult Services Scrutiny Committee of the impact of the delivery of the national dementia strategy in Oxfordshire.

#### **2. National Context and background**

The National Dementia Strategy was published on 3<sup>rd</sup> February 2009, with the aim of providing a guide to high quality dementia services. The strategy is focused on outcomes and identifies 17 objectives, which have been grouped into three broad themes:

- Raising awareness,
- Early diagnosis
- Living well with dementia

In the revised NHS National Operational Framework for 2010/11, the coalition government made it clear that the development of support and care for people with dementia is one of its top priorities.

The publication of 'Quality outcomes for people with dementia: Building on the work of the National Dementia Strategy' in September 2010 set out revised priority objectives for the delivery of the national dementia strategy. These are:

- good quality early diagnosis and intervention for all
- improved quality in general hospital
- living well with dementia in care homes and
- reduced use of antipsychotic medication

#### **3. Oxfordshire approach**

Improved services for people with dementia and their carers, remains a key priority for the County Council and NHS Oxfordshire. Strategically, the approach to supporting people with dementia is contained within "Ageing Successfully", the overarching strategy document for older people in

Oxfordshire. Dementia is an issue that affects all areas of an individual's life and that of their carers, family and community.

A county wide Dementia Development and Implementation Board established in 2009 continues to oversee and direct the work of all partners, ensuring a shared vision and direction of travel.

#### **4. Outcomes of change for Oxfordshire**

The Dementia Commissioning Strategy agreed by the Dementia Development and Implementation Board have set out a vision and the following outcomes for people with dementia.

“People with dementia in Oxfordshire will retain as much control over their lives as possible; they will be enabled to participate as active and equal citizens. They will have the best possible quality of life and treated with maximum dignity and respect”

The overall aims for Oxfordshire are as follows:

- The number of people with dementia who have a formal diagnosis will increase to 70% by 2013
- Everyone diagnosed with dementia, and their carers as appropriate, will have access to a personalised package of information and a named point of contact
- People with dementia will receive the best possible care wherever they live and whatever services they receive
- People with dementia will retain as much control over their lives as possible and will be enabled to participate as active and equal citizens

#### **5. Outline of the programme of work**

Oxfordshire have set out an ambitious work plan to deliver the outcomes and the vision set in the Dementia Commissioning Strategy and agreed by the Dementia Development and Implementation Board. Four key project groups have been tasked to deliver the detail set out in the plan for this year.

These are:

1. Quality of care in the community delivered services
2. Improved quality of care for those with dementia in general hospitals
3. Early diagnosis for dementia and treatment in the community
4. Development of the wider community support

##### 5.1 Quality care in the community:

- Improved care in care homes
- Reduction in the use of antipsychotic medication
- Support and training for carers of people with dementia

**Progress to date:**

- *Improved care in care homes*

*Required standards have been written up. 4 carers or ex carers of people with dementia have been supported through training to undertake reviews of 3 homes in Oxfordshire. The carers have just completed their training and the reviews have only just commenced.*

- *Reduction in the use of antipsychotic medication*

*Base line information of prescription of anti psychotic medication is in place. We are now in the process of establishing variations in prescribing. We will also be modelling the impact of increased prescribing costs of Dementia drugs and ascertaining service and care support that will be required to manage the reduction in use of anti psychotic medication.*

- *Support and training for carers of people with dementia*

*To date a total of 126 Carers of people with dementia have received or are due to receive support from this project. Carers have accessed a range of training support. 22 'Caring with Confidence', 31 Cognitive Behavioural Therapy and 62 have taken part in the Carers Dementia Training.*

**5.2 Improved dementia care in general hospital**

- Improving the training of ward based staff, resulting in a change of culture within the hospital regarding dementia care
- Reduce length of stay in general hospital (local audit work and an analysis of diagnostic codes identified that people with dementia stay in hospital significantly longer than those without dementia who are in hospital for the same reason. This is in line with national findings contained within the National Dementia Strategy)

**Progress to date:**

- *Improved the training of ward based staff*

*Funding for enhanced mental health liaison for older people with mental health problems is included within the PCT QIPP plan for 2011/12. A business case has been prepared and awaits the approval of the dementia strategy implementation Board. A clinical champion has been identified.*

- *Reduced lengths of stay*

*Detailed financial analysis outlining levels of savings due to reduced length of stay has completed. Initially, a target of 1 day in the reduction in length of stay has been included within the outcomes for the service. Training provision will also be a key role for this service and will be included within the service outcomes.*

**5.3 Early diagnosis for dementia and intervention in the community**

- To design and commission a single Memory Assessment Service for Oxfordshire, including an agreed point of access and information provision at diagnosis.
- Review and improve access to rehabilitation and intermediate care support for people with dementia

- Training and support for GP's

**Progress to date:**

- *Memory assessment service*

*Review of the Memory Assessment Services has been completed and led to a revised specification for redesigned services being in place. Implementation of the revised specification is evidencing improved results. The rates of diagnosis are estimated to be 50% and this puts us on course to deliver the target of 70% by 2013.*

- *Targeted information for people with dementia and their carers*  
*Oxfordshire is one of the 8 national demonstrators for Dementia Advisors. This work has involved the employment of 4 Dementia Advisors in GP surgeries, to provide tailored information to people with dementia and their carers, and also to provide a Dementia Advisors cover to all 85 surgeries across Oxfordshire*

*An innovative bespoke IT system has been developed to support the Advisors with the provision of information.*

*A volunteer led information line for dementia has been commissioned and work has been undertaken to improve the Dementia website, [www.dementiaweboxfordshire.org.uk](http://www.dementiaweboxfordshire.org.uk) a countywide site created to be a straightforward clear resource to show services and information, accessible to people with dementia and carers. These services will tie into the wider information services available across the health and social care services and will also be linked to the work of the Dementia Advisor demonstrator site.*

- *Training support for GP's*

*There is an agreement that the support and training for GP's will focus on revised Memory services in Oxfordshire. The plan is due to be approved by the Dementia strategy implementation Board in early May.*

- *Intervention in the community*

*Oxfordshire has had intermediate care services in place for three years; we have recently re-specified the service delivered by Oxford Health NHS Foundation Trust. This service is part of the whole system review in delivering improved community services to meet the growing demands of an ageing population.*

**5.4 Community support:**

- Carers peer groups
- Information and awareness of dementia across the communities and wider public
- Strong communities to offer inclusion for people with dementia

**Progress to date:**

*This area of work plan is now led and delivered jointly by Age UK Oxfordshire and the Regional Alzheimer Society. They have undertaken a review of*



*existing carer support groups. There is a proposal in development that is being formulated with Dementia Innovation. This will result in the formation of a Community Dementia Forum. It is anticipated that the launch will align with the dementia awareness week (Week commencing 9<sup>th</sup> JULY).*

## **6. Next steps:**

Considerable progress has been achieved over the last 2 years in the improvement of support and care for people with dementia and their carers. We now understand the current services, the aspirations of people with dementia, their family and carers, and where services in Oxfordshire are not meeting those aspirations.

Oxfordshire County Council and NHS Oxfordshire has a full year development plan in place for 2011/12, working in partnership with the voluntary sector, Oxford Health NHS Foundation Trust, Oxford Radcliffe Hospital Trust and smaller providers across the county. This work plan is overseen by a county board consisting of a wide range of participants and Chaired by a GP, who monitor the progress to meet the challenging targets we have set to improve services and outcomes for those with Dementia

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**Oxfordshire Local Involvement Network  
Update for Adult Services Scrutiny Committee  
Tuesday 26 April 2011**



Public, patient and carer concerns, issues and compliments collected through LINK engagement and outreach activities have resulted in the following projects being taken forwards. Further Health and Social care issues will be prioritised to produce a workplan for 2011-12.

## **LINK Host Contract**

Oxfordshire Rural Community Council is to take over as the 'Host' organisation for the Oxfordshire LINK from 1<sup>st</sup> May, following a tendering process that took place during the early part of the year. The contract will run until 31<sup>st</sup> March 2012, when the new 'HealthWatch' arrangements will be introduced. Linda Watson, Chief Executive of ORCC, has warmly welcomed the opportunity to act as host. She says: "ORCC's staff team have a great deal of expertise about creative ways of involving communities and individuals, combined with an intimate knowledge of Oxfordshire. I am confident that our organisational strengths will mean we can provide a strong and supportive framework for the LINK to operate within".

The LINK office base will be moving to Jericho Farm, near Cassington. Details of how to contact the LINK team will be published as soon as possible.

## **Ongoing projects and engagement:**

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

Following the first phase of LINK-sponsored research into the experience and perceptions of clients of traditional social care services and Self Directed Support which was carried out in June 2010 and reported in September 2010, this additional piece of qualitative research will involve a small group of SDS clients from Black and Minority Ethnic groups.

The main questions for this research are:

1. What are the benefits to clients of SDS, what are the drawbacks?
2. How does the type of service available under SDS compare with previous experience of traditional support services?
3. Are there any specific issues with accessing Self Directed Support services that have been encountered by people from BME groups?

The sample for the research will be provided via the Council's Taking Part team, who will identify BME clients of SDS and will write to each (with a reply pre-paid envelope) asking permission to pass on their contact details to the LINK. We will then contact those willing to be interviewed to set up a discussion. The interviews may require the use of translators and we will seek OCC's help in finding people with experience of translation.

As in 2010 and where appropriate, the views of the client will be supplemented by (or provided by) a proxy such as a carer, family member or caring professional. The LINK budget for this work allows for 8 face-to-face interviews. If there are fewer than 8 Oxfordshire County Council BME clients willing to be interviewed then we will re-contact people who were interviewed in the 2010 research project for a follow-up discussion – as many as the time will allow. The findings and report will be available by the end of June 2011

### **Second ‘Social Care’ Hearsay event – 11<sup>th</sup> March 2011**

As members will know, this event is for people who use Adult Social Care services with their carers, friends and family members being given the opportunity to give their views directly to the Director and Senior officers in Social and Community Services. The 2011 event was very successful and substantially oversubscribed with approximately 50% of the audience who came last year and 50% of new clients. Service Users and their companions heard if the quality of services people receive has improved, were given an update from the 2010 key recommendations, explored what further the LINK working in partnership with Social and Community Services can do to change or improve services and to set further goals and made recommendations for 2011-12. The report detailing this years action plan with the priorities taken from the event will be presented to the leadership team in Social and Community Services on 12<sup>th</sup> May. The final report will be agreed and distributed by the end of May with a summary provided for the 7<sup>th</sup> June ASSC meeting. All reports and updates are available on the LINK website: <http://www.makesachange.org.uk/cms/site/news/oxfordshire/hearsay-update.aspx> There is a proposal to hold additional Hearsay events to cover different parts of the county during this year subject to resources.

### **‘Enter and View’ visits to Care Homes**

The LINK has carried out a series of visits to 35 Care Homes, the criteria being size, locality to evenly cover the County and a range of service providers. The report will be available at the beginning of May with a view to carrying out a second series of visits shortly.

### **‘Health’ Hearsay in partnership with the Nuffield Orthopaedic Centre**

The first progress update from the NOC is due in May from the ‘Making Change’ report’s 5 key priorities covering ‘before, during and after the appointment’, which patients and carers wished to see changes made. These are grouped under the general headings of: Communication, Environment and Clinic Issues. The full report can be obtained from the LINK office or <http://www.makesachange.org.uk/cms/site/news/oxfordshire/health-hearsay-feedback.aspx>

**Other projects (ongoing or concluding):**

**Podiatry**

An information resource, comprising an attractively designed booklet, website pages and other means of communicating comprehensive information about Foot Care is about to go to print. This will be available by the end of April and widely circulated. The PCT, Age UK and local Podiatry & Chiropody practitioners are supporting the project.

**LINK Partnerships:**

Alongside the main project programme, the LINK is working alongside several Oxfordshire groups and organisations in order to improve or develop services and to provide the LINK with a wider base of interested participants:

Oxfordshire Unlimited

The six month membership project has now completed and has helped develop this User Led Organisation for those with physical disabilities in Oxfordshire. This project provided Unlimited with the ability to increase its membership and become better known in the county and hence to offer to the community a key reference base for information and services in the future.

Oxfordshire Neurological Alliance

LINK is providing ongoing support for the local branch, supporting ONA to publicise its work and raise public awareness, the LINK has helped to produce promotional materials, publish a website and to provide additional channels of contact with local people. LINK has funded the facilitation of a successful business planning workshop, from which a plan for the next stages of development is being taken forward following their AGM at the end of March.

Community Chest / 'Have a Say' Fund

Following an interesting and varied response to this grant fund, the LINK awarded 11 grants to local organisations to assist in their engagement with service users, carers and the public. Progress reports are being supplied at various stages in the different projects. The LINK has published a booklet to promote the work being carried out by the recipients made possible by the grants (attached).

**Current and past LINK newsletters and bulletins** can be found at [www.makesachange.org.uk/cms/site/news/oxfordshire/latest-oxfordshire-link-newsletter.aspx](http://www.makesachange.org.uk/cms/site/news/oxfordshire/latest-oxfordshire-link-newsletter.aspx)

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 Update 14/04/2011

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# Oxfordshire



Your voice on local health and social care



Oxfordshire Local Involvement Network is made up of individuals and community groups who care about health and social care services and work together to improve them.

The **goal** of Oxfordshire LINK is to be **Your Voice on Local Health and Social Care**, which includes finding out what you like and don't like about the services you use and what new services you need.

The **role** of Oxfordshire LINK is to talk with and listen to local people in lots of different ways. The LINK will collect feedback and work with health and social care organisations to improve services based on what people have said.

This may involve talking directly to health and social care providers about a service that is not being offered, or suggesting ways that an existing service could be improved.



Your voice on local health and social care



# 'Have a Say' Fund Awards 2010



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[www.oxfordshirelink.org.uk](http://www.oxfordshirelink.org.uk)



Oxfordshire Local Involvement Network



### **Oxfordshire LINK 'Have a Say' Fund 2010**

Oxfordshire LINK wants local people to have a voice and to make changes to health and social care services. It recognises the difficulties facing groups with limited finances and allocated a small fund to provide grants to local groups and networks. Voluntary and community groups were invited to put forward proposals that meet the LINKS remit for public engagement. Following an interesting and varied response to the grant fund, the LINK awarded 12 grants to local organisations and groups to assist in their engagement with service users, carers and the public.



#### **Organisation:**

Katharine House Hospice  
[www.katharinehouse.co.uk](http://www.katharinehouse.co.uk)

#### **What they do:**

Provide specialist palliative care for adults with life-limiting illnesses. Services offered include: in-patient care, day hospice, community nurse support, home night nursing, palliative care support at the Horton Hospital, out-patient work and bereavement support.

#### **How the grant will be used:**

Providing a horticultural therapist to run sessions with day hospice patients, using the opportunity, in a therapeutic setting, to gather feedback on the services they use.



**STREETSREVOLUTION**

#### **Organisation:**

Streets Revolution  
[www.streetsrevolution.moonfruit.com](http://www.streetsrevolution.moonfruit.com)

#### **What they do:**

An organisation that uses Sport and Leisure as a tool to engage marginalised sections of the community.

#### **How the grant will be used:**

For a project to enable participants to have their say about local health and social care services through a questionnaire and forum groups. It will then assess the barriers that are preventing participants from accessing the services that they are entitled to.

#### **Organisation:**

Oxfordshire Neurological Alliance  
01235 818284

#### **What they do:**

ONA is an association and collaboration of people and voluntary organisations with an interest in supporting people affected by a neurological condition.

#### **How the grant will be used:**

To fund a facilitator for a half-day consultation event to gather views and opinions to improve services and identify gaps in the treatment of those with a neurological condition.





**Organisation:**

Patient Voice

01993 862855

**What they do:**

Ensure that people in Oxfordshire who are, or have been, patients in any of the county's acute hospitals have a say in stating the quality of their experiences.

**How the grant will be used:**

To conduct a survey of hospital food.

**Organisation:**

Oxfordshire Crisis House Project

07731 378458

**What they do:**

A steering group who are researching the need for a facility for people in mental health crisis in Oxfordshire.

**How the grant will be used:**

For publicity materials in order to aid engagement with people who use mental health services.

**Organisation:**

AFRICOL UK

07401 135109

**What they do:**

Improve the health and wellbeing of African people within their own communities.

**How the grant will be used:**

To run a Health Awareness day, to coincide with Refugee week, involving health and social care organisations in Oxfordshire to provide information and resources.

**Organisation:**

EVE Womens Wellbeing Project  
[www.evewomenswellbeing.org](http://www.evewomenswellbeing.org)

**What they do:**

The aim of the project is to help counter the isolation felt by women who live in rural areas, who are impacted by mental, physical and emotional problems.

**How the grant will be used:**

To put on a production featuring women from the "Head to Toe" Project, to enable them to tell their stories about abuse, addiction, disability and mental illness. A book and DVD will accompany the production and will be distributed to providers of healthcare to highlight some of the problems that women are facing.

**Organisation:**

OXSU'N (Oxfordshire Service Users Network)

01865 777477

**What they do:**

A group who are dedicated to ensuring that the voice of people who use mental health services in Oxfordshire is truly represented at meetings of statutory and voluntary sector mental health services.

**How the grant will be used:**

To fund community meetings with people using mental health services to take note of their concerns and opinions. To then represent these views at service provider meetings and feedback to people how their views have been received and acted upon.

**Organisation:**

Banbury MDS Local Support Group

01608 685293

**What they do:**

Support local people who have MD (Macular Degeneration i.e. central vision loss).

**How the grant will be used:**

On-going support for local people. In particular, to fund a visit to the Oxfordshire Association for the Blind Head Quarters, to be shown what visual aids and other assistance is available, and in particular to access IT resources to help assist with online patient feedback.



The Macular Disease Society

**Organisation:**

Ryder Cheshire Volunteers (RCV)

[www.rcv.org.uk](http://www.rcv.org.uk)

**What they do:**

RCV works with people who have a physical disability to fulfill their leisure and learning needs in order to overcome social isolation and add value to their lives.

**How the grant will be used:**

To expand their service to cover more of the County, identifying further leisure and learning needs, and also helping to identify people's health needs and what services they use and require.

**Organisation:**

Community Glue

07817 977762

**What they do:**

The objectives of the company are to carry on activities which benefit the community and in particular to provide and organise support for people suffering from a mental or physical disability or who are otherwise in need by reason of ill health or old age.

**How the grant will be used:**

To run community lunches for people who use mental health services, to enable them to talk about their experiences and how services could be improved.

**Organisation:**

Oxfordshire Family Support Network

[www.oxfsn.co.uk](http://www.oxfsn.co.uk)

**What they do:**

Support families of people with learning disabilities, providing information, advice and training to ensure that their voices are heard by those who deliver services.

**How the grant will be used:**

To develop a pilot project to identify the future planning and support needs of older carers and address key issues by holding small, informal coffee mornings. To explore the support families need and what information they would find helpful to be published in a guide for families.

