

Notice of a Meeting

Adult Services Scrutiny Committee Tuesday, 24 April 2012 at 10.00 am County Hall

Membership

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

Councillors:

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

Notes: *Date of next meeting: 12 June 2012*

What does this Committee review or scrutinise?

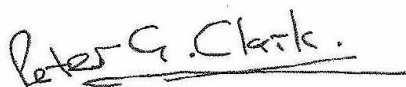
- Adult social services; health issues;

How can I have my say?

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

For more information about this Committee please contact:

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



Peter G. Clark
County Solicitor

April 2012

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)

The committee are invited to approve the minutes of the meeting held on March 6th 2012 (**AS3**) and to receive information arising from them.

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

5. **Director's Update**

10:00

John Jackson, Director for Social and Community Services, will update the committee on local and national issues in Adult Social Care.

6. **Improving the Reablement Service** (Pages 9 - 10)

11:00

Alan Sinclair, Lead Commissioner for Older People, will lead a discussion on the steps being taken to improve the Reablement Service in Oxfordshire with Oxford Health.

A paper outlining recent developments is attached (**AS6**). The paper was originally delivered as a response from the Cabinet Member for Adult Services to a question from Councillor Jenny Hannaby at the meeting of the County Council on April 3rd.

7. **Equality and Human Rights Commission report on home care for older people 'Close to Home'** (Pages 11 - 16)

11:40

John Jackson will outline the county council's position on the findings of the Equality and Human Rights Commission report on home care for older people 'Close to Home'. The committee are invited to comment on the implications of the report.

An executive summary of the report is attached (**AS7**) for information. A briefing note reflecting the county council's position will be circulated prior to the meeting (due to the timing of the request, Officers have been unable to prepare this in time for inclusion in the agenda).

8. **LINK Update** (Pages 17 - 24)

12:00

Adrian Chant, LINK Host Manager, and a member of the LINK Core Group will deliver

an update from the Local Involvement Network and answer the committee's questions.

A newsletter outlining recent developments is attached (**AS8**).

9. Close of Meeting

12:20

Declarations of Interest

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

The duty to declare ...

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

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

Whose interests are included ...

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

When and what to declare ...

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

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

Taking part if you have an interest ...

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

"Prejudicial" interests ...

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

What to do if your interest is prejudicial ...

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

Exceptions ...

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

Seeking Advice ...

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

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Public Document Pack **Agenda Item 3**

ADULT SERVICES SCRUTINY COMMITTEE

MINUTES of the meeting held on Tuesday, 6 March 2012 commencing at 10.00 am and finishing at Time Not Specified

Present:

Voting Members: Councillor Don Seale – Chairman

Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman)
Councillor Jenny Hannaby
Councillor Ian Hudspeth
Councillor Larry Sanders
Councillor Richard Stevens
Councillor Alan Thompson
Councillor David Wilmshurst
Councillor Charles Shouler (as substitute for Councillor Peter Jones)
Councillor Lawrie Stratford (as substitute for Councillor Peter Skolar)

Other Members in Attendance: Councillor Arash Fatemian

By Invitation:

Officers:

Whole of meeting John Jackson
Sara Livadeas

Part of meeting Jonathan McWilliam
John Dixon
Simon Kearey
Martin Bradshaw
Adrian Chant
Yvonne Cox

Agenda Item Officer Attending

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.

194/12 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Councillor Arash Fatemian, Cabinet Member for Adult Services, sent apologies.

Councillor Lawrie Stratford substituted for Councillor Peter Skolar and Councillor Charles Shouler substituted for Councillor Peter Jones.

195/12 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE

(Agenda No. 2)

Councillor Jenny Hannaby declared an interest as Chair of the Wantage Day Centre.

196/12 MINUTES

(Agenda No. 3)

The minutes of the meeting of the meeting of January 17th 2012 were signed and approved. Future correspondence between the monitoring officer and Councillor Richard Stevens regarding matters arising from the minutes, will be sent to members of the committee.

197/12 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

None

198/12 DIRECTOR'S UPDATE

(Agenda No. 5)

John Jackson, Director for Social and Community Services, updated the committee on national and local developments. A summary of these are presented below:

National Items

Adult Social Care White Paper

There are lots of stories in the media about what this will include (in particular whether it will address the recommendations from the Dilnot Commission). There are also reports (such as in this week's Observer) that it will not be issued this month. From my perspective I have no intelligence about when it will be published except that it will not be published in April (due to the local elections in early May). If it does not address Dilnot then this will be an opportunity missed in my opinion.

Local Items

Oxfordshire Care Partnership

I promised the Committee that I would update you on developments. However, at this stage I have nothing to report other than that the negotiating team are discussing a series of very detailed issues with the Orders of St. John and Bedford Pilgrims

Housing Association. We are still working to the approach agreed by the Cabinet. Nick Graham has responded to some questions raised by Cllr Stevens. Members of this Committee have been copied into that correspondence. Cllr Stevens came back with some further questions yesterday. Nick Graham will respond to those questions as soon as possible.

Four Seasons Healthcare

Members have understandably shown a key interest in what is happening to the homes that Four Seasons Healthcare took over in Oxfordshire that were currently previously run by Southern Cross. Southern Cross ran 6 homes in Oxfordshire, 5 of which were transferred to Four Seasons Healthcare, bringing the total number of Four Seasons Healthcare homes in Oxfordshire to 6. We have carried out quality monitoring visits to all the former Southern Cross homes in Oxfordshire including those that transferred to Four Seasons Healthcare. Staff who carried out the monitoring visits noted an improvement in quality at all of them. There is a notable improvement in staff morale coupled with significant investment (reported by Four Seasons to be in the region of £200,000) in the buildings and equipment. All the homes have new managers and staff training for all staff is being refreshed. New care documentation from Four Seasons Healthcare will be launched next month and we believe this will lead to further improvements.

The Crown, Harwell

That said I do need to report that Four Seasons Healthcare announced last Friday that one of the homes transferred from Southern Cross will close – The Crown in Harwell. This is a very small home (only 16 places) with a proportionately high number of vacancies (there are only 7 residents currently – 4 funded by the County Council and 3 funded privately). Significant financial investment would be required to improve the home and Four Seasons Healthcare has received no applicants for the post of Home Manager, which is currently vacant. The home was transferred to Four Seasons Healthcare under a management agreement; the landlord has now decided to sell the building. Whilst its closure is not necessarily a surprise, the 7 residents and their families are concerned are worried about their future. We were present when they residents and relatives were informed and we shall be providing all the necessary support to make sure that they are transferred to an alternative care home that meets their needs. The local member, Cllr Lilly has been informed and is keen to be kept briefed on what is happening.

Care Home Fees

Members will be aware that in some areas care home fee reviews have received national media attention and in a small number of cases have been challenged by providers. In Oxfordshire we have had initial exploratory discussions with Oxfordshire Care Homes Association about how we might approach the market to discuss the same. Our view is that we need to engage with a broad range of care home providers about the cost of care in Oxfordshire and to this end we are about to begin a consultation process to help support this work. The outcome of this consultation will be reflected in a report to the Cabinet in due course and this will help

to inform proposals for future care home fees reviews. I will of course keep Members informed of progress as we move through this exercise.

Adult Social Care Crisis Response Service

The Crisis Response Service is a new service being trialled (started January 2012) countywide in Oxfordshire for older people or adults with a disability, who are genuinely in crisis, at risk of admission to hospital or a care home, and need an immediate (within 4 hours) social care response. The service is available 24/7 and can be up to a maximum of 72 hours, 24/7. As the Service is a pilot, it hasn't been advertised to the general public but anyone can refer via the Council's Social and Health Care Team via Customer Services during working hours or during out-of hours via the Emergency Duty Team, to the Provider, Community Voice. Community Voice are working towards full strength in terms of numbers of staff, which means that during the initial period of operation – to end March 2012 – we may not be able to respond in all cases that would otherwise be eligible. So far we have received 73 enquiries from people who meet the eligibility criteria and have been able to provide a service to 57 of them. 81% of those service users were still in their own home after receiving the Service.

Members broadly welcomed this development and agreed that the low publicity pilot approach was sensible. It was **AGREED** that the Deputy Director for Joint Commissioning, would bring a report on the outcomes of the pilot to the committee in September 2012. The report will discuss the range of services aimed preventing unnecessary entry into hospital.

Ridgeway Trust

This Learning Disability Trust decided that they had to look to a larger partner since they were judged too small to become a Foundation Trust. There has been a lengthy merger and acquisitions process which has been overseen by the Strategic Health Authority. Ann Nursey has provided input into the process on behalf of both the Primary Care Trust and the County Council. Southern Health NHS Foundation Trust has been selected as the preferred acquisition partner. This news has been communicated to employees of the Trust, employees of the County Council who work closely with them and also with service users and carers.

Joint Commissioning Service

The Joint Commissioning Service is undergoing a restructure to centralise commissioning and contracting activity for adults and children. The cross cutting support service – Strategy & Performance and Public Engagement is largely in place. The proposals for Commissioning and Contracting are out to staff consultation. This includes strengthening our contract management function, bringing procurement support into the team and improving our communication with external providers. We have beefed up the website sourceoxfordshire.com to include information on the joint commissioning team and posted up all our most recent commissioning strategies – to help providers.

199/12 THE NEW AGENDA FOR "HEALTH SOCIAL CARE AND WELLBEING IN LOCAL GOVERNMENT"

(Agenda No. 6)

Jonathan McWilliam, Director of Public Health, delivered a presentation on the opportunities for local government under the proposed reforms to the health system. The presentation covered the structure of the Health and Wellbeing Board and sub-committees, with particular reference to the continuing relevance of the role of scrutiny.

Members questioned whether the structure of sub-committees for Children and Adult Services risked creating an unnecessary bureaucratic burden. The Director responded that some bureaucracy was essential to ensure accountability. It was pointed out that counties without sub-committees have found that the Health and Wellbeing Board lacks the powers to implement strategy and affect change.

Responding to concerns about the difficulties inherent in increased partnership working, the Director suggested that this was a matter of relationships and leadership. It was pointed out that existing good practice at in Oxfordshire means that the county is well placed to take advantage of the changes.

The committee sought clarification on the resource implications of the transfer of Public Health into the County Council. There was some concern that this might mean extra responsibilities for the County Council without extra funding. The Director pointed out that the Public Health budget is relatively small at around £20m, and that the new arrangements would greatly increase the scope to influence the strategic direction of health and social care resulting in a more joined up ecosystem.

In terms of accountability and measuring success, the committee was informed that one of the first tasks of the Health and Wellbeing Board would be to agree a set of priority measures and outcomes which would be assessed periodically.

200/12 WAITING LISTS IN ADULT SOCIAL CARE

(Agenda No. 7)

John Dixon, Interim Deputy Director for Adult Services, introduced the paper on Waiting Lists in Adult Social Care. Current performance on a number of timeliness indicators was discussed and the workstreams in place to improve the transition of clients at known bottlenecks in the system were highlighted.

Members received the report positively stating that problems were apparently being managed appropriately. However, it was felt that a more detailed assessment of the affect of care at home on the severely disabled might be needed. Officers acknowledged the fact that care at home is not suitable for everybody and for this

reason the council will continue to need residential and nursing care placements for people with complex needs.

201/12 DAY SERVICES - TIER 3 SERVICES AND TRANSPORT

(Agenda No. 8)

Simon Kearey, Head of Strategy and Transformation, and Sara Livadeas, Deputy Director for Joint Commissioning, discussed the attached document outlining the developments in the strategy for day opportunities.

Officers drew attention to the two key changes to the strategy: the reduction in the savings target; and the continued provision of transport, funded by increased fees.

It was pointed out that the proposed increased fees (to £15) for day opportunities is driven by Self-Directed Support, which means that services must remain attractive to ensure their sustainability. It was pointed out that fee increases would only effect non-FACS eligible clients.

Whilst members were complementary of the quality of the report and the level of detail provided, an opinion was expressed that the principles of the report should not be agreed since the costs appeared to be too high, and no account had been taken of the variable levels of affluence across the client group. Officers agreed to explore the potential to introduce a waiver on transport fees for clients under difficult financial circumstances.

It was suggested that the increase in fees could be phased to align with the development of an increasingly attractive offer.

202/12 QUALITY ASSURANCE AND MONITORING

(Agenda No. 9)

Sara Livadeas, Deputy Director for Joint Commissioning, and Martin Bradshaw, Strategic Lead Major Projects, introduced the paper outlining the principles on which the development of the Quality Assurance service is progressing.

The key aim, as agreed with the scrutiny workgroup, was to take an intelligent approach to contract monitoring, based on a number of factors such as the size of contract and workforce, and the level of risk.

Officers stated that there is a need to be realistic about the level of oversight and intervention the organisation can have once a contract is established and therefore a need to ensure that the right organisations are contracted in the first place.

Members welcomed the report and agreed the principles on which the programme will proceed. It was felt that a clear statement was needed about the importance of whistleblowing and the mechanisms needed to ensure its effective functioning.

On the question of the appropriate level of member involvement for care home monitoring, a range of views were expressed. Whilst it was felt that this would increase member understanding of the services and increase scrutiny of the service, the committee also felt that without extensive training there could be inconsistent application. Officers agreed that member involvement should be informal with an aim to increase the traffic in and out of homes as opposed to any official inspection capacity.

203/12 LINK UPDATE
(Agenda No. 10)

Adrian Chant, LINK Locality Manager, and Yvonne Cox, delivered an update from the Local Involvement Network. They discussed focussed work being undertaken by Oxfordshire Wheel to assess what works well with regards Personal Assistants and Support services. A report will be shared with the committee at a future date.

204/12 FORWARD PLAN
(Agenda No. 11)

None

205/12 CLOSE OF MEETING
(Agenda No. 12)

The meeting closed at 13:20

..... in the Chair

Date of signing

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“What steps are being undertaken by the County Council to improve re-ablement services with Oxford Health?”

Response of Councillor Arash Fatemian given at meeting of County Council on April 3rd.

We have conducted a procurement exercise to identify a new provider for the Reablement Service. Oxford Health NHS Foundation Trust, the current service provider, has been identified as the Council's Preferred Provider. We are in the process of finalising the contract terms with them, including performance criteria.

Under the new contract, Oxford Health will be paid for the number of people it supports (reablement episodes). It will receive a bonus if it achieves the Council's targets for number of new people (in-take) and good outcomes for service users. Outcomes are measured by the increase in independence following the end of the reablement episode. Payment by episode introduces a very significant incentive for Oxford Health to increase the number of people it supports – if it does not do so, it will not be paid. The agreed targets for the new contract are 3,250 episodes of reablement in Year 1 and 3,750 episodes in Year 2. If Oxford Health achieves these targets the benefits will be quickly felt by the wider system, as the current in-take is just 1,800 episodes a year. By getting more people into the service we should see a knock-on reduction in delayed transfers of care from acute and community hospitals.

The Council is taking steps to strengthen its arrangements for contract and performance monitoring of the Reablement Service, ahead of the new contract coming into effect. Contract and performance monitoring will focus on:

- a) Strategic overview – maintaining a high level, strategic overview of service / contract performance, with monthly, Director-level meetings between the Council and Oxford Health to discuss performance.
- b) Oxford Health's capacity & capability – a range of contract monitoring activities aimed at establishing whether they are and remain capable of delivering the performance required, including monitoring of staffing levels, deployment, training, complaints and user satisfaction, handling of serious incidents etc.
- c) The Service's effectiveness – delivering the service and the performance required – performance monitoring activities focused on assessing the Provider's performance against the targets and KPIs, including in-take levels, responsiveness and outcomes for service users.

These activities and the intelligence gained at each tier above will inform the others and the over-arching commissioning process. Oxford Health currently provides monthly reports on their service activity and performance. We will be requiring weekly reporting and initiating from May 2012 a series of monthly performance monitoring meetings, including director-level meetings, to increase the focus and pressure on Oxford Health to improve its performance.

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Close to home

An inquiry into older people and human rights in home care

Executive summary



Inquiry into older people and human rights in home care

Nearly 500,000 older people receive essential care in their own home paid for wholly or partly by their local authority.

For too many this care delivered behind closed doors is not supporting the dignity, autonomy and family life which their human rights should guarantee.

Good quality home care is invaluable in providing older people with the support they need to keep their independence and control over their lives in familiar surroundings.

The inquiry, the first of its kind into this issue, has found that although many older people receive care at home which respects and enhances their human rights, this is by no means a universal experience. It uncovered areas of real concern in the treatment of some older people and significant shortcomings in the way that care is commissioned by local authorities.

It also found that the legal safeguards provided by the Human Rights Act, which should be used to guarantee respect for the human rights of older people, including preventing inhuman or degrading treatment, are not as widely used as they should be.

Bare compliance with the Act is not enough; public authorities also have 'positive obligations' to promote and protect human rights. There is also a significant legal loophole which means that the majority of older people who receive care at home – that is, if they pay for all or part of it themselves or if it is delivered by a private or voluntary sector organisation – are not protected by the Act.

www.equalityhumanrights.com/homecareinquiry

Key findings

The experience of older people receiving home care

Around half of the older people, friends and family members who gave evidence to the inquiry expressed real satisfaction with their home care. At the same time the evidence revealed many instances of care that raised real concerns such as:

- Older people not being given adequate support to eat and drink (in particular those with dementia) and an unfounded belief that health and safety restrictions prevent care workers preparing hot meals.
- Neglect due to tasks in the care package not being carried out, often caused by lack of time.
- Financial abuse, for example money being systematically stolen over a period of time.
- Chronic disregard for older people's privacy and dignity when carrying out intimate tasks.
- Talking over older people (sometimes on mobile phones) or patronising them.
- Little attention to older people's choices about how and when their home care is delivered.
- Risks to personal security, for example when care workers are frequently changed sometimes without warning.
- Some physical abuse, such as rough handling or using unnecessary physical force.
- Pervasive social isolation and loneliness experienced by many older people who lack support to get out and take part in community life.

Many of these incidents amount to human rights breaches. The cumulative impact on older people can be profoundly depressing and stressful: tears, frustration, expressions of a desire to die and feelings of being stripped of self-worth and dignity – much of which was avoidable. Many affronts to dignity stemmed from easily rectifiable issues, such as not covering somebody with a towel while washing them. The underlying causes of these practices are largely due to systemic problems rather than the fault of individual care workers and are caused by a failure to apply a human rights approach to home care provision.

The effects of different commissioning practices for home care services

Many of these problems could be resolved if local authorities made more of the opportunities they have to promote and protect older people's human rights in:

- the way home care is commissioned
- the way home care contracts are procured and monitored.

It appears that commissioning is not being consistently used to protect human rights effectively. Indeed some commissioning practices make the experiences that older people described more likely to happen. Although practices varied a great deal, very few seemed to be consistently underpinned by local authorities' awareness of their duties under the Human Rights Act, including their positive obligations to promote and protect human rights. Local authorities appear to have a patchy understanding of these obligations, as reflected in their commissioning documents.

We found that:

- Some commissioning was driven by quality, and referred to human rights standards throughout the process, while other practices focused foremost on price. Cost pressures lead to shortened care visits and increase the risks to older people's human rights and to the quality and safety of their care.
- Whilst financial restraint is an inescapable reality, our evidence shows that some local authorities are still successfully finding innovative ways of doing things differently, rather than doing less of the same.
- In some cases, the terms for delivering home care were so tightly defined and inflexible that older people received a 'one size fits all' service that did not take into account their diverse preferences based on their religion, gender, sexual orientation, disability or cultural heritage. A 'time and task' approach which did not reflect people's wishes or fluctuating needs made some older people feel like "a task to be undertaken". Most said they had little or no choice over what support they got or the timing of care visits.
- Monitoring of contracts often focused on checking outputs and processes. Good practice, using a more person-centred approach, looked at quality of outcomes including human rights standards.
- There is a clear need for supportive senior leadership on the central importance of quality, including respect for human rights principles such as dignity and personal autonomy, in the services commissioned.
- Local authorities who use telephone contact lines to decide whether a person needs a community care assessment may be screening out older people from being assessed for care without first understanding their needs.
- Where there is good practice by local authorities who understand their legal obligations under the Human Rights Act, their commissioning approach benefitted from listening to older people.

Other challenges to older people's human rights

A number of other interlinked factors are contributing to the human rights risks identified in our findings. Our evidence points to:

- Differential treatment related to age. Human rights are universal – they should not be conditional on age or any other status. However there was evidence of ageist attitudes towards older people, and indications that less money is spent on their care compared to other age groups, with care packages unlikely to support activities outside the home. However, age discrimination in services has not yet become unlawful.
- A lack of suitable information on the different processes and options for obtaining care and on the quality and different specialisms of care providers, so as to allow older people to make informed choices. People require more guidance than just being given a list of local care providers.
- Patchy or no advocacy and brokerage support on offer to assist older people interested in self-directed personalised home care.
- The lack of investment in care workers – the low pay and status of care workers – is in sharp contrast with their level of responsibility and the skills they require to provide quality home care. Poor pay and conditions also affect staff retention, causing a high turnover of care workers visiting older people.

How can threats to human rights in home care be brought to light?

Many difficulties older people are experiencing with their home care go undiscovered and unresolved. It was striking how reluctant older people are to make complaints. They did not want to get their care workers into trouble, feared being put into residential care and did not want to 'make a fuss'. The vast majority want low level, informal methods of resolving issues without making a formal complaint. Whilst some local authorities and care providers have taken steps to create a regular dialogue between providers and older people, we found that the current ways for older people to raise issues about their home care service are either insufficient or not working effectively for these reasons:

- Many older people are not clear how to make a complaint or how to find out about making one. This is even less clear for self-funders.
- Few older people had taken an active part in arranging their care. Many of those whose care was set up and managed by their local authority felt they had little say, and some were surprised to hear they had any choice at all.
- Older people do not know what standards of home care they should expect when their human rights are respected.
- Too much reliance is placed on self-assessment of quality by care providers and more could be done to allow the unconstrained voices of older people to be heard by local authorities, regulators and providers so that any threats to human rights can be picked up and resolved as early as possible.

Our recommendations

This inquiry has been undertaken at an important point for social care, when the funding and delivery of care faces fundamental reform. This presents a good opportunity to make the changes we recommend. Our full report makes a number of detailed recommendations which fall into the following three categories:

Proper protection

The gaps in the current legal system need to be closed so that older people receive better protection. In particular, the loophole in the Human Rights Act needs to be closed so that home care is covered in the same way as residential care. The Commission will be working to secure support for these essential changes.

More effective monitoring

Local authorities need to do more to incorporate human rights into the ways in which they commission care services and need to overcome the barriers which many older people face when raising concerns or making complaints. Problems in care delivery do not come to light quickly enough. The Commission will support local councils in understanding what they need to do and what is best practice.

Better guidance

Older people and their families need to have access to better information when making choices about care provision and also need to know more about how their human rights should be protected when care is delivered. The Commission will work with private providers and the voluntary sector to provide accessible guidance on human rights for older people receiving care.

Clearer guidance on human rights obligations should be provided to local authorities for use in the commissioning process. The Commission will work with partners to produce this guidance.

A copy of the full inquiry findings report which includes recommendations for change is available separately on our website, together with supplementary reports which were obtained or prepared in the process of our evidence collection at

www.equalityhumanrights.com/homecareinquiry.

Spring 2012

Oxfordshire LINK Newsletter

Welcome to the Spring edition of the LINK newsletter. You are amongst almost a thousand LINK participants across Oxfordshire working together to improve the health and social care services that you, your friends, family, and colleagues receive. With a busy start to 2012, LINK has already held two Hearsay! events, and with new projects in the pipeline and HealthWatch on the horizon, it looks set to be an interesting year.



Message from the Chair of Oxfordshire LINK

Change is the only constant factor at the moment and whilst it can be uncomfortable, it can also be energizing if you feel passionate about matters that affect you, your family and friends or if you are supporting a neighbour. You will already know that there are huge changes afoot in Health and Social Care as the Government's Health and Social Care Bill has now been passed through Parliament following amendments.

In Oxfordshire the County Council and the newly formed Oxfordshire Clinical Commissioning Group have been working hard to establish plans for change. Central to this is public engagement, this means 'you and me' being involved to give our views and opinions about essential services to enable their improvement across the generations. This will involve collaboration between NHS and Social Care departments and meaningful partnerships between voluntary organisations to share good practice to ensure efficiency and maximize effective services.

Many of you will have been involved with public consultation meetings set up by Oxfordshire County Council and the Local Clinical Commissioning Groups to look at what the Community needs in the future and will agree that it has been refreshing to hear the views of children and young people. There will be further development of Patient Participation Groups attached to GP surgeries directly at local level. It is important that where we can, individuals and people in villages, towns and the community join in with this opportunity.

Oxfordshire LINK has been continuing with its own public engagement as it moves towards HealthWatch scheduled to be established by April 2013. I commend the staff and officers of OCC who have encouraged the successful Hearsay! meetings to hear people's views. Thank you to those of you who attended any of the three Social Care consultations and the recent Hearsay! event for mental health. From the recommendations made at these meetings both the Local Authority and Oxford Health undertake to make amendments and changes to services where users and carers have raised concerns.

It does work, so it is over to you – and LINK looks forward to seeing you at future events.

Sue Butterworth

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Oxfordshire LINK host team

Adrian Chant
LINK Manager

Nicky Robinson
Development Officer

Sue Marshall
Development Officer

Do you have an idea for a LINK project?

Canvass young mothers on access to children's services...?

Survey signage in your local hospital for people with visual impairment..?

LINK enables local people to have a voice and make a difference. We gather information on local health and social care services,

what's working and what isn't, what could be done better and how, and feed it back to those providing the services. We help local groups and individuals with projects to make changes to their services. There are many and varied ways you can contribute. With the support of our experienced Development Team, you will



be guided through the process. If you would like to put a Project proposal to LINK please contact the office to obtain a Project Pack, which is also available on-line.

LINK Core Group

The next Core Group meeting in public is being planned for June/July in South Oxfordshire.

For further details about the Core Group and more information about the next meeting, please [contact](#) the office.

Enter and View

Enter and View visits to Residential Care Homes across Oxfordshire are being carried out to review the quality of care and services. A second series of visits to 23 Care Homes selected by

provider, size and location began in March with a report to follow, once this round of visits has been completed.



OMEGA

A new project proposal, supplied to the LINK Priorities Group, has been accepted from Oxfordshire ME Group for Action (OMEGA) to carry out a survey of GPs.

The aim of the survey is to help us to understand:

- The level of awareness of the guidelines and treatment for Chronic Fatigue Syndrome / Myalgic Encephalomyelitis in Oxfordshire
- Are GPs making use of the agreed referral criteria?
- Have there been changes in the GP recorded prevalence of CFS/ME?

- How best to communicate with GPs, compare the use of a paper questionnaire versus email and explore the role of the Practice Manager.

Once the survey data has been collated, a report will be written and shared both locally and nationally later this year.

Patient Participation Groups

As part of work to support Patient Participation Groups, the LINK has been assisting Luther Street Medical Centre in the development of its PPG. The Medical Centre is open to anyone in Oxford who is homeless or vulnerably housed, and who is not currently registered

with an Oxford City GP. The first meeting of the group took place in March with those attending reporting positive experiences of services provided by Luther Street. LINK is currently looking at the best means to support this group in the future.

We have also been putting together a 'Tool Kit' to provide information to assist with establishing and working with PPGs. This is still in its draft stage, but we are intending to have this finalised to offer to GP practices over the next few months.



Healthwatch

What is a Local HealthWatch (LHW)?

It is an organisation which supports the right of all citizens to Social Care and to Health Care. LHW will monitor the quality of the Social Care and Health Care being commissioned and provided and also how all the people in an area experience the Social and Health Care which they receive.

What will it offer the people of Oxfordshire, those who live elsewhere and to others who use services within Oxfordshire?

In the many cases of long-term conditions in children, young people and adults, and other issues concerned with the elderly, children and young people, the providers of Health Care and of Social Care must work seamlessly together. LHW will monitor wherever patients and their carers experience a breakdown or disconnection in

the essential work between Social Care and Health Care professionals. LHW will also monitor the quality of patients' experience of: GPs, Dentists, Podiatrists, Optometrists, Pharmacists, Out of Hours Service Providers, Community Hospitals, District Nurses, Health Visitors, Speech and Language Therapists, Physiotherapists, Occupational Therapists, all aspects of clinical and social Mental Health care, the Ambulance service, the quality of Acute Hospital services, Residential Care homes, Social Workers, Domiciliary Care Workers, etc.

The Oxfordshire LHW will also offer two further services:

- An Advocacy service, to help those who seek to understand what choices are available to them and to give guidance in managing how to proceed in all aspects of Health Care and of Social Care; and

- An Advice and Complaints service, about any aspect of either Social Care or of Health Care provision.

Furthermore, LHW will have a duty to ensure that patients and service users contribute to the commissioning decisions of both the NHS and the County Council, with regard to Social Care and Health Care. To this end LHW will seek to inform and to educate different groups within local communities, so as to enable them to participate and to contribute appropriately to shared decision making within the NHS and County Council's Social and Community Care Directorates for Adults, Children and Young people.

An extended version of this article can be found [online](#). To receive a hard copy, please [contact](#) the LINK office.

Health and Wellbeing Board

The second meeting of the shadow Health and Wellbeing Board was held in public on 22nd March. This was to agree the decisions made at the inaugural meeting on 24th November 2011 and to approve the Terms of Reference for the Partnership boards listed below. It included an overview of the new emerging powers and duties of the Health and Wellbeing Board.

Members of the Board present were as follows:

Chair - Keith Mitchell CBE - leader of OCC (this will change when he retires shortly)

Vice-Chair - Dr Steven Richards - OCCG lead GP

Joanna Simmons - Chief Executive, OCC

Dr Jonathan McWilliam - Director of Public Health, OCC

John Jackson - Director of Social Care, OCC

Peter Clarke – Head of Law and Governance, OCC

Representatives of the three Boards:

1) Cllr Mark Booty, Chair of **Health Improvement Board** (District Council lead)

2) Cllr Louise Chapman, Chair **Children's and Young People's Board**

3) Dr Joe McManners, vice-chair **Adult Health and Social Care Board**

4) Sue Butterworth, interim Chair **Public Involvement Board**

Dr McWilliam gave an overview of the new and emerging powers and duties where they relate to member organisations and of the Board itself.

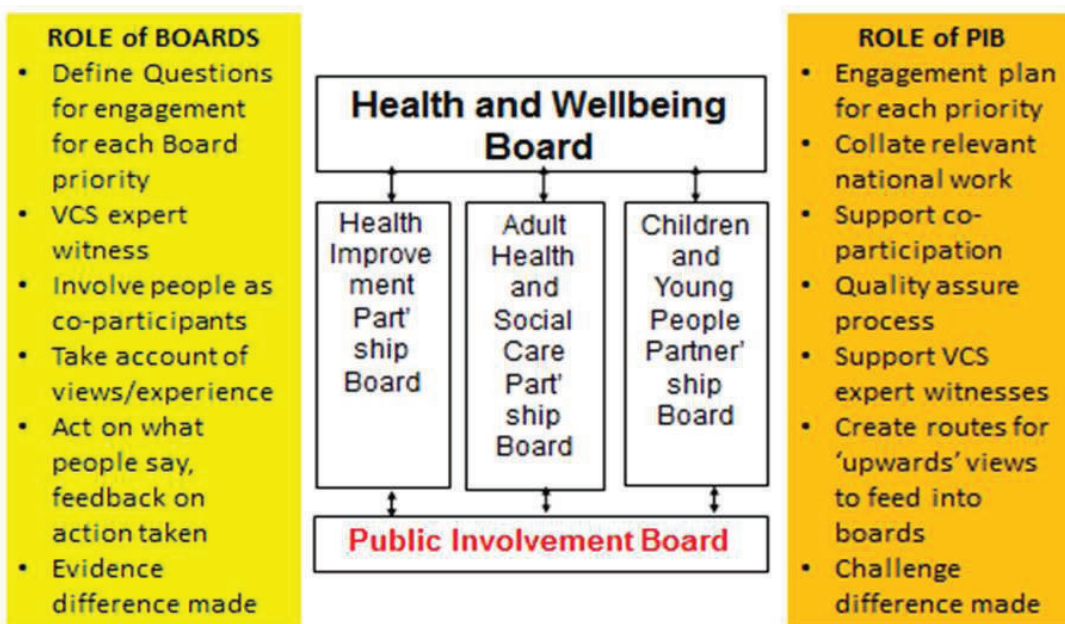
Key topics covered were a proposal for tackling the highest priorities identified for each of the Boards and to agree the process and timing for the production of the

draft Joint Health and Wellbeing Strategy. Also included were the implications of the Health and Wellbeing priorities for the work of partner organisations. Presentations were made by the Chair or Deputy Chair of each of the Boards: Health Improvement, Adult Health and Social Care, the Children's and Young People Partnership and the Public Involvement Board.

The diagram below shows the structure of the Health and Wellbeing Board and how the emphasis is on engagement with the public and community across Oxfordshire to show how critical it is to inform the H&WB Boards about the future design and delivery of services.

*Note that the H&WB Board is now underpinned by a *network* and not a Board - 'PIB' as illustrated. The recent proposal via the consultation of people

across Oxfordshire, with whom there has been wide and in-depth discussion, was that the structure of public involvement should be different and not chaired in the interim by Oxfordshire LINK. Whilst this proposal was accepted by the HWB Board it was recommended that the Chair of LINK will continue as an interim member of HWB Board.



Oxfordshire Neurological Alliance

AGM

5.45pm–8.50pm, 26th April 2012

at Headway Oxfordshire, 4 Bagley Wood Road,
Kennington, Oxford, OX1 5PL

To register contact:

The Secretary, Oxfordshire Neurological Alliance

Email: secretary@oxna.org.uk • Tel: 0208 438 0841

Acquired Brain Injury Forum

In partnership with Headway Oxfordshire and the Child
Brain Injury Trust.

Supporting Those Affected By Acquired Brain Injury

LAUNCH MEETING

Date: 3rd May 2012

Time: 9.30am

Venue: The Kassam Stadium, The Quadrangle
Grenoble Road, Oxford OX4 4XP

If you would like further information please contact
Victoria May at

vmay@bowerandbailey.co.uk

01865 311133

Autism Awareness Event

incorporating

Autism Alert Card Scheme Launch

11am – 12 noon, Thursday 26th April 2012 at
Langdale Hall, Market

Square, Witney, Oxfordshire, OX28 6AB

Come along to hear about the scheme from people on
the autism spectrum, family carers, representatives of
Thames Valley Police and members of the steering
group.

Contact: info@autismoxford.org.uk 01844 353292

HEARSAY! Events

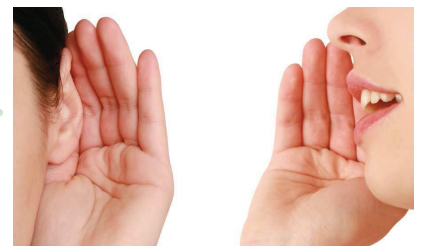
As a member of LINK you may have heard of Hearsay! - but what exactly is it?

Hearsay! engagement events provide people who use health or social care services in Oxfordshire with the opportunity to speak directly to the people who coordinate the services you receive. You can tell them how they are working or not working to meet your needs.

The service provider commits to listening to all the comments made and works with the LINK to produce an action plan to help make improvements to services. This is closely monitored by the LINK and is reviewed with service users to see if changes have been made and improvements directly felt. We have always

received positive feedback from you about the events and there have been important changes made to the services, which have been noticed by those who use them.

For more information about Hearsay! please [contact Sue](#) at the office



Mental Health Hearsay!

Taking place on the 12th January, this event provided an opportunity for service users to express their views on the services they use.

A draft report has now been submitted to Oxford Health and the PCT Commissioners, from which an action plan for the year will be agreed

and taken forward within the Hearsay! model. A formal report will be published shortly and made available on the website and for all those who contributed.

The five key priorities for change which service users and carers would like to see are:

- ◇ Improved pathway of care and access to services
- ◇ Stronger relationship between physical and mental health services
- ◇ Support for Carers
- ◇ Issues about confidentiality
- ◇ Better communication and information

Social Care Hearsay!

The third annual Social Care Hearsay! took place on the 9th March at the Four Pillars Hotel in Witney, with the event being fully booked. Discussions covered recommendations and actions completed, still in progress, or not complete from 2011-12, together with the views of service users

and carers as to what has improved, remained the same, or become more problematic over the last year. Those who were unable to attend have been encouraged to submit their views in writing or by phone. A new action plan, detailing what issues the County Council will work on

this year is to be agreed and will be followed by new quarterly update events, which will take place in different parts of Oxfordshire during the year. Examples of the concerns expressed were centred on transport, housing and the assessment process. Look out for the full report coming soon.

NHS 111 Clinical Engagement event



The NHS 111 Clinical Engagement Event for clinicians and key stakeholders was held on 25th January. The event was a great success and enabled multi-agency planning and delivery. As a result, a significant number

of GPs are now informed and up to date with the new NHS 111 service, and what it will mean to them, their practice and patients. We also know that this information is filtering through the GP localities across Oxfordshire. There was support from the Oxfordshire Health Economy for the new NHS 111 service. An opportunity was

given to all delegates to test NHS pathways, and question experts and those with experience of the service in the UK. A full report which covers activity leading up to, and during the event, clinical engagement undertaken and items under discussion, is available from the LINK office.

Oxfordshire gets ready for care records

Reliable information about you: Oxfordshire gets ready for care records

Better access to accurate, reliable patient information means safer, quicker decisions to support your care. That is the message from NHS Oxfordshire as it starts raising awareness about the NHS Care Records Service. These care records will improve the safety and quality of your care by giving healthcare professionals faster, easier access to reliable information about your health. The secure electronic records are particularly helpful in an emergency, or if you see a doctor out-of hours when your GP practice is closed.

Care records for people in Oxfordshire will be

made up of two parts;

The National Summary Care Record

This record is held nationally and will be available across England to support emergency care and will contain only three things:

- your allergies;
- your medications;
- and any adverse reactions to medicines that you have.

The local Oxfordshire Care Summary

This is 'view only' and will contain more detailed information than the national Summary Care Record. It will provide a view of your GP clinical summary and will only be available to local healthcare professionals involved in your treatment in Oxfordshire.

If you live in Oxfordshire and

are 16 years old or over (or will be 16 by the end of June 2012), you will receive a patient letter at the beginning of April 2012, asking you to choose whether you want these care records. If you are happy to, you won't need to do anything, but if you would prefer for your information not to be included, the letter will tell you how to opt out.

If you are a parent or guardian, you will need to make this choice on behalf of your child.

For more information:

Email: health.records@oxfordshirepct.nhs.uk

or contact the information lines:

03001 233 020

01865 428 886

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NEW to LINK is our Facebook page!

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Jericho Farm
Worton
Witney
Oxon. OX29 4SZ

Phone: 01865 883488

E-mail: link@oxonrcc.org.uk

www.oxfordshirelink.org.uk

Following the Word Search in our December 2011 newsletter, we are delighted to announce the winner

MATTHEW TYE

who correctly identified that the missing word from the grid was 'council'

Many thanks to all of you who entered the competition!

Do you know about...

Oxfordshire Wheel?



Oxfordshire LINK supports emerging organisations and their projects and recently co-funded the launch event of The Oxfordshire Wheel, 'Taking Control - Choice and Challenges', at the Kassam stadium. Over one hundred users and carers joined the occasion which held informative workshops about good support planning and the opportunities and challenges of brokerage; the implications of employing personal assistants, money management and more. The event was chaired by Deputy Lord Lieutenant Helen Baker and included the high profile speaker Dame Philippa Russell, Chair of Standing Committee on Carers who was joined by a workshop given by Rachel Wallach from the Office of Disability Issues (ODI) about the personalisation agenda. Twenty eight stallholders provided further information to make an action-packed day.

Yvonne Cox, Chief Executive Officer of The Wheel, told the audience that it is a collaborative user-led organization, structured as a cooperative, to represent people with disabilities and other users of support services, including carers. It backs the delivery of the 'Putting People First' agenda in Oxfordshire, to give choice and control to users of these services. The Wheel aims to improve existing services and develop new ones, emphasising collaboration with other local organisations to empower individuals to achieve a high quality of informed choice and to promote and maximize independent living.

In the spirit of true collaboration the event was jointly planned by The Oxfordshire Family Support Network, a member of the Wheel cooperative. They are soon to publish a 'Guide for Carers: Self-Directed Support and Personal Budgets'. To find out more contact Gail Hanrahan or Jan Sunman: info@oxfsn.org.uk

For the Oxfordshire Wheel contact 07972 725724 or www.theoxfordshirewheel.org

