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Notice of a Meeting

Adult Services Scrutiny Committee
Tuesday, 26 October 2010 at 10.00 am
County Hall

Membership

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

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

Notes: *All members of the Committee are asked to note that a pre-meeting will be held in meeting room 2 at 9.30 am and that lunch will also be provided.*

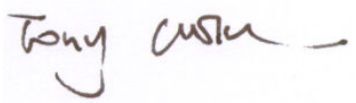
Date of next meeting: *7 December 2010*

What does this Committee review or scrutinise?
- Adult social services; health issues;

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

For more information about this Committee please contact:

Chairman	-	Councillor Don Seale E.Mail: don.seale@oxfordshire.gov.uk
Committee Officer	-	*Kath Coldwell, Tel: (01865) 815902* *E-Mail: kath.coldwell@oxfordshire.gov.uk*



Tony Cloke
Assistant Head of Legal & Democratic Services

October 2010

About the County Council

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

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

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

About Scrutiny

Scrutiny is about:

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

Scrutiny is NOT about:

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

What does this Committee do?

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

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

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments (Pages 1 - 18)

2. Declarations of Interest - see guidance note

3. Minutes (Pages 19 - 56)

To approve the minutes of the meeting held on 7 September (**AS3**) and to note for information any matters arising on them.

4. Speaking to or petitioning the Committee

5. Director's Update

10.15

The Head of Adult Social Care will give an oral update on key issues on behalf of the Director for Social & Community Services.

SCRUTINY MATTERS

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

6. Transforming Adult Social Care: Progress Update and Q&A (Pages 57 - 60)

10:45

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

It has been agreed that a report on transforming Adult Social Care will be brought to every meeting of this Committee (**AS6**) and will include detail on self directed support.

Today's report focuses on the Adult Social Care Information and Advice (and Advocacy) Strategy.

The Cabinet Member for Adult Services and Mr Sinclair will attend to answer any questions the Committee may wish to ask.

The Self Directed Support Task Group is also invited to give its progress update to the Committee as part of this item.

[Task Group comprises Councillors J. Hannaby, S. Hutchinson, L. Sanders and D.

Seale].

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

Oxfordshire LINk

(a) **Link report on Self Directed Support Research Project** (Pages 61 - 84)

11:30

Ms Margaret Melling (Oxfordshire LINk Researcher) will present the Oxon LINks' report on the findings of the Self Directed Support Research Project (**AS7(a)**) and will be accompanied by Ms Sue Butterworth and Mr John Hutchinson.

The Committee will then be invited to conduct a question and answer session.

Members' attention is drawn to the Executive Summary at the front of the report.

Mr Alan Sinclair (Programme Director – Transforming Adult Social Care) will also attend for this item.

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

(b) **To receive any updates from the Oxfordshire LINk** (Pages 85 - 88)

12:15

An update from the Oxfordshire LINk is attached at **AS7(b)**.

The Committee is invited to receive the update from the Oxfordshire LINk.

SANDWICH LUNCH 12.30 – 13.00

8. Strategic Commissioning Framework for Day Opportunities for Older People: Final Proposals (Pages 89 - 122)

13:00

Contact Officer: Paul Purnell, Head of Adult Social Care, tel: (01865) 323576

A report detailing the final proposals on the Strategic Commissioning Framework for Day Opportunities for Older People in Oxfordshire is attached at **AS8**.

Colour copies of relevant appendices will be brought to the meeting and are viewable online.

The Consultation is due to end on 12 November and the strategy will be considered by the Cabinet on 16 November.

It is anticipated that a detailed implementation plan will have been developed by the

end of December 2010 and that implementation of the revised arrangements will have taken place by October 2011.

The Head of Adult Social Care will lead this item, accompanied by Mr Andrew Colling (Service Manager – Contracts).

The Cabinet Member for Adult Services will also attend for this item.

This Committee is invited to consider and comment on the final proposals.

9. Delayed Transfers of Care (Pages 123 - 126)

14:00

Contact Officer: Paul Purnell, Head of Adult Social Care, tel: 01865 323576

The attached report (**AS9**) provides the following information:

- purpose of the report
- performance on Delayed Transfers Of Care in 2010/11
- recent actions
- medium term strategy to address DTOC
- conclusion

Mr Paul Purnell (Head of Adult Social Care) will attend for this item, together with Ms Sonia Mills (Chief Executive – Oxfordshire PCT) and the Cabinet Member for Adult Services, in order to answer any questions which the Committee may wish to ask.

The Committee is invited to conduct a question and answer session on Delayed Transfers of Care.

BUSINESS PLANNING

To consider future work items for the Committee

10. Forward Plan

14:45

The Committee is asked to note any possible items of note on the current version of the forward plan which covers the time period November 2010 to February 2011.

11. Scrutiny Work Programme

14:50

The Committee is asked to note the following items logged for future scrutiny consideration:

7 December 2010

- **Dementia Strategy – progress update**
- **Services for Adults on the Autistic Spectrum** – *ongoing* – including draft report to be used as the basis for the outline commissioning strategy
- **Report on Transforming Adult Social Care including Task Group update**
- **LINK update**

8 March 2010

- **Extra Care Housing**
- **Carers Information Pack**
- **Report on Transforming Adult Social Care including Task Group update**
- **LINK update**

12. Tracking Scrutiny Items

14:55

- **Response to NHS White Paper – 'Equity and Excellence – Liberating the NHS'.**

  This Committee considered the relevant aspects of the White Paper and consultation documents at its September meeting and submitted its response to the Cabinet as detailed in the Minutes.

  The Council's response was subsequently agreed by the Leader of the Council and the Cabinet Member for Adult Services and submitted to the Department of Health.

13. 15:00 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, 7 September 2010 commencing at 10.30 am and finishing at 3.35 pm

Present:

Voting Members:	Councillor Don Seale – in the Chair
	Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman) Councillor Jenny Hannaby Councillor Dr Peter Skolar Councillor Sarah Hutchinson Councillor Alan Thompson Councillor Tim Hallchurch MBE Councillor Larry Sanders Councillor David Wilmshurst Councillor Stewart Lilly (in place of Councillor Anthony Gearing) (until Agenda Item 10)
Other Members in Attendance:	Cabinet Member for Adult Services: Councillor Arash Fatemian
Officers:	
Whole of meeting	K. Coldwell and D. Fitzgerald (Chief Executive's Office); J. Jackson (Social & Community Services)

Part of meeting

Agenda Item	**Officer Attending**
5.	A. Sinclair (Social & Community Services)
5(a)	A. Chant (Help and Care) & A. Sinclair (Social & Community Services)
5(b)	S. Butterworth & J. Hutchinson (Oxfordshire LINk) & A. Sinclair (Social & Community Services)
5(c)	A. Chant (Help & Care) & A. Sinclair (Social & Community Services)
7.	Director for Social & Community Services & A. Colling
8.	Director for Social & Community Services, J. McWilliam (Director of Public Health) and S. Mills (NHS Oxfordshire)
9.	Director for Social & Community Services
10.	Director for Social & Community Services
11.	D. Fitzgerald (Chief Executive's Office)

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 and agreed as set out below. Copies of the agenda reports and schedule are attached to the signed Minutes.

75/10 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Councillor Stewart Lilly attended in place of Councillor Anthony Gearing.

76/10 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE
(Agenda No. 2)

Councillor David Wilmshurst declared a personal interest at Agenda Item 7 by virtue of being on the Management Committee of Chinnor Community Centre which runs a day centre three times a week.

77/10 MINUTES
(Agenda No. 3)

The minutes of the meeting held on 8 June 2010 were approved and signed.

78/10 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 4)

Mr Dermot Roaf, Chair of the Oxon LINk Stewardship Group, addressed the Committee on behalf of the Stewardship Group at Agenda Item 8.

79/10 TRANSFORMING ADULT SOCIAL CARE: PROGRESS UPDATE AND Q&A
(Agenda No. 5)

The report before the Committee (AS5) included a short update on progress in relation to the policy for the operation of personal budgets for Adult Social Care in Oxfordshire (the Resource Allocation Policy), together with the Quarterly Milestones self assessment report (Annex 1).

Mr Alan Sinclair (Programme Director – Transforming Adult Social Care) attended before the Committee, together with the Cabinet Member for Adult Services, in order to answer any questions which the Committee wished to ask.

The Committee noted the update from Mr Sinclair as detailed in report AS5.

Mr Sinclair reported as follows:

In relation to Social Capital/Community Building the work undertaken by the Institute of Public Care was now completed and a revised approach would be taken in this area. A document had been produced which identified characteristics where communities were and were not supporting people well and the Directorate wanted to devise a checklist based on this evidence for communities to use.

Issues challenging TASC were:

- transferring existing long term service users (c 3000) to personal budgets by April 2010. There was a large number of people to be transferred, all of whom would need reviewing and were likely to be given a smaller budget than the current cost of the services they were receiving (although it was anticipated that they will be able to purchase services more cheaply in future);
- revamping the ICT system – this is the area of TASC where the least progress was being made. The required capital investment was still to be confirmed in the current financial climate, which was appropriate given the circumstances. (Capital investment was agreed shortly after this meeting);
- officers were struggling with implementing the workforce strategy. However, they were right to stall, as this too needed to be re-examined in light of less money.

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

- **In relation to Milestone 3: Prevention and cost effective services – the document states that by April 2011 there should be evidence that cashable savings have been released as a result of the preventative strategies and that overall, social care has delivered a minimum of 3% cashable savings. The likelihood of achieving the milestone by this date has been assessed as 'fairly likely'. Surely this should say 'very unlikely', won't it take years to be quantifiable?**

  The overall impact will be longer term, but we need a system where we can record soon that an intervention has led to an outcome and to a reduction in expenditure. In terms of falls prevention and continence services, work here has an immediate outcome and payback. Careful monitoring needs to take place so that we can see where the financial savings occur.

- **How fundamental is a properly functioning ICT system for self directed support – such as assessments and record keeping – surely this must be dependent on a properly functioning system? When are you going to get it and what are you going to do?**

  There are a number of solutions that can help us with ICT. The current ICT system which we are using is not fit for purpose now and will not be adequate to administer self directed support in future. We are having to bolt on "add ons" to enable administrative type functions to be performed. Developing the Resource Allocation System (RAS) does require some upfront investment but once the model is running it will be relatively straightforward and cost effective. The issue is whether the allocations are recorded on paper or electronically.

- **Personal budgets are an area that is supposed to deliver efficiency savings. Are there still more savings to find in this area?**

  We won't know until October the extent of the overall savings that we have to make (Comprehensive Spending Review). The RAS can deliver as many savings as you want it to but the issue is can people still buy the care and

support that they need with the personal budgets they are given. Officers will need to test the average unit costs as the market changes in response to personalisation. In six month's time we will need to see if people have managed to buy the level of services that they need. Managing demand will be based upon eligibility criteria and prevention activities.

- **There has been a lot of coverage in the national media about people using their personal budgets to purchase sexual services. How will this be mitigated against in Oxfordshire?**

  The Directorate will not be producing a list of "do's and don'ts" but people will only be allowed to spend their personal budgets on services that are safe, legal and affordable.

- **How many personal assistants (PAs) are there at the moment in Oxfordshire?**

  We don't know the number of PAs in Oxfordshire. People have been employing neighbours and friends for a number of years. About 60 people are going through the Council's 'Support with Confidence' scheme now, but this will still not be a sufficient number of PAs to meet the expected demand. We are looking at how many people we think we will need in future.

- **If people are going from council assistance to non council PAs will you be monitoring the quality of care provided?**

  All aspects of self directed support are currently being monitored, eg the number of assessments carried out, the number of people with a care plan, whether people are using council approved PAs or not and which services people are purchasing. People are being advised to purchase services that are safe and certified. If officers thought that a vulnerable person wanting to employ their neighbour was at risk they would check that everything was ok before approving their budget and depending on the circumstances be reviewing them more often.

This Committee then **AGREED** to advise the Cabinet that it endorsed the requirement for a new ICT solution and agreed that a new system with the right requirements to meet the changing needs of adult social care would make a significant difference to personalisation and help to deliver subsequent efficiencies.

The Committee also noted:

- that Mr Sinclair would focus on the Adult Social Care Information and Advice (and Advocacy) Strategy as part of the next TASC report to Scrutiny;
- the progress update from the Self Directed Support Task Group and **AGREED** to nominate Councillor Don Seale to join the Group.

The Committee noted that the Self Directed Support Task Group would be monitoring all of the changes over the next few months, including:

- monitoring the impact and outcome of changes on service users, carers and staff;
- meeting with brokers and user-led organisations to find out how it feels to go through the process;
- looking at the sustainability of the changes once the TASC team is disbanded.

(a) Oxfordshire LINk update

The Committee noted the Oxfordshire LINk update (AS6(a)) which was given by Mr Chant (Help & Care). The current work plan would run for the final 7 months of the contract with Help & Care, which would end in March 2011. Staff were still collecting and scoping issues that would be on the table into 2011. Discussions would take place in the autumn regarding the transition year before Healthwatch came into being in April 2012.

(b) Interim report from LINk research project relating to self directed support

The Committee noted the Interim report for the LINk research project relating to self directed support (AS6(b)) which was presented by Mr Hutchison and Mrs Butterworth (Oxfordshire LINk). The Group had difficulty in finding enough people receiving self directed support to come forward – even using the council's contacts – and was only able to interact with 4 people receiving self directed support, one of whom was using a personal budget, the rest of whom were using traditional services. The report before the Committee today was an interim report. Despite this, very useful comments were coming forward and a full report would be provided to this Committee's October meeting.

(c) Oxfordshire LINk Annual Report

The Committee noted the Oxfordshire LINk Annual Report (AS6(c)), which was presented by Mr Chant. Development work was needed to recruit a more diverse group of people to the Oxon LINk. Work was underway to try to engage with unrepresented communities. The subgroups had connections with user led organisations and smaller organisations. The development officers had been working hard to increase diversity and officers had been recruiting a wider range of participants to take forward the three health projects: GP appointments - extended hours, Podiatry Services and Community Mental Health - access to Psychological Therapy services.

80/10 PROPOSALS ON DAY OPPORTUNITIES FOR OLDER PEOPLE
(Agenda No. 7)

The Director for Social & Community Services, together with the Cabinet Member for Adult Services and Mr Andrew Colling (Service Manager Contracts – Social & Community Services) attended before the Committee for this item.

The Director for Social & Community Services gave a presentation on the proposals for the Strategic Commissioning Framework for Day Opportunities for Older People, a copy of which is appended to these Minutes and to the signed Minutes.

The Committee noted that:

- the commissioning proposals for the Resource and Wellbeing Centres (RWBCs) were not asking for a lower quality or level of service than that currently provided and therefore asking for expressions of interest should not lead to worse outcomes;
- there were differing views between current users of the RWBCs and people receiving a personal budget;
- there had been no opposition to the proposal that Tier 2 services be based on the 14 'Closer to Communities' locality areas (based on the market towns);
- stakeholder feedback was that the county council did not necessarily need to provide transport, but that transport did need to be provided (eg by volunteers);
- transport was still a contentious issue:

    - The Director for Social & Community Services was not convinced that value for money was being obtained from existing transport services, and did not see transport provision as a core function of Social & Community Services;
    - however, the Transport Advisor pilot scheme was proving successful (Oxfordshire Travel Advice Line, 01865 323738, oxtail@oxfordshire.gov.uk. This service provides free impartial journey planning and advice for people aged over 65 and those with a high level of support needs and is also able to provide information on joining a transport scheme as a volunteer, and promote relevant services);
    - many people would not volunteer to perform intimate tasks, but would volunteer for cleaning, house help and driving.

The Committee then asked a number of questions.

The Director for Social & Community Services undertook to provide information to all members of the Committee on how many of the Council's vehicles are specialist vehicles and whether they can also be used for other purposes.

The Cabinet Member for Adult Services undertook to provide written responses to the Committee's more detailed questions, as listed below:

- What happens to Centres if they do not generate sufficient income?
- How can we encourage youth/inter-generational work?
- Please advise on Volunteer Driver Insurance.
- How do we intend to support people to access transport?

The Committee then **AGREED** to advise the Director for Social & Community Services as follows:

Service Provision

This Committee:

- notes current service users' appreciation of the Council's Resource and Wellbeing Centres (RWBCs) and their wish for the Council to continue to run them; whilst recognising that because evidence suggests that people with personal budgets choose alternatives to traditional day services it is necessary for the Directorate to put the RWBCs out to tender to ensure that they are well placed to attract people with personal budgets in order to generate sufficient income to be sustainable;
- endorses the Directorate's intention to market-test services, as a proactive and risk averse strategy.

Transport

This Committee:

- recognises the importance of good transport provision for older people and notes that whilst the intention is for many older people to use day opportunities close to home, transport remains a concern;
- notes current County Council provision and also notes that discussions regarding future provision are still underway;
- wishes all avenues for future transport provision to be explored, including community based transport services; and
- asks for more detail on how the Directorate will continue to support people to access transport.

Volunteering

This Committee:

- strongly endorses the need to consolidate, review and extend existing volunteer and good neighbour schemes (including befriending services) as a means to increase people's mental and physical wellbeing and reduce social isolation;
- wishes to encourage the Council to promote more youth/intergenerational work county-wide, which has proven to be highly beneficial to both young and old alike;
- considers that there needs to be identified people to recruit and support volunteers, who could either be volunteers themselves, or paid staff where necessary.

81/10 RESPONSE TO NHS WHITE PAPER - 'EQUITY AND EXCELLENCE - LIBERATING THE NHS'

(Agenda No. 8)

The Committee had been provided with copies of the NHS White Paper 'Equity and Excellence: Liberating the NHS', together with the following consultation documents: Liberating the NHS: Increasing democratic legitimacy in health and Liberating the NHS: commissioning for patients – consultation on proposal. The Department of Health was consulting on elements of the proposals and welcomed comments on the implementation of the proposals requiring primary legislation. A response to the views

raised on the White Paper and associated papers would be published prior to the introduction of the Bill.

The Committee had before it the following papers:

- Public Health in Oxfordshire: Implications of the Coalition Government's Plans
- Health White Paper - Implications for Adult Social Care (report by Director for Social & Community Services)
- The NHS White Paper (report by Health Scrutiny Review Officer)
- Local Democratic Legitimacy in Health (report by Health Scrutiny Review Officer).

and was asked to consider the changes in light of:

- Public Health
- Democratic Accountability
- Adult Social Care including integration with Health.

The Director for Social & Community Services, together with the Cabinet Member for Adult Services, Dr Jonathan McWilliam (Director of Public Health) and Ms Sonia Mills (Chief Executive – NHS Oxfordshire) attended before the Committee in order to discuss issues arising from the White Paper and to answer the Committee's questions.

Mr Dermot Roaf, Chair of the Oxon LINk Stewardship Group, addressed the Committee on behalf of the Stewardship Group, drawing the Committee's attention to the points set out on the schedule of addenda as listed below:

The Oxfordshire LINk (Local Information Network) succeeded (in 2008) the former Patient Forums and the even more former Community Health Council as a way in which the public could comment on local health and social care. It consists of about 650 members of the public who have registered an interest - of whom eight elected volunteers form a "Stewardship Group" to co-ordinate responses to their concerns. The County Council appointed Help and Care of Bournemouth to develop the LINk and support the volunteers from August 2008 to March 2011. The LINk has certain statutory powers to require commissioners and providers of health and social care to answer questions and allow visits. It does not deal with individual complaints. It has reported on matters of concern to the Health Trusts, to Social Services and to the two Scrutiny committees. I am the Chair of the Stewardship Group and have been discussing the White Paper with other Chairs in the South East. I am speaking on behalf of the Stewardship Group; the wider membership has not been consulted and Help and Care may well have different views.

The White Paper proposes that the LINk be transformed into a local "HealthWatch" in 2012 with similar duties, except that the County Council can, if it wishes, commission advocacy and other help for individuals and their complaints. The HealthWatch would be set up by and accountable to the County Council and would also be accountable to a national quango "HealthWatch England".

The Stewardship Group has discussed the HealthWatch proposal and is happy with it, subject to detailed discussions with the County Council. There is one immediate concern which is the interim arrangements between the end of the contract with Help and Care in 2011 and the initiation of HealthWatch in 2012. The County Council has suggested that support might be provided in house for that period and we would accept this (subject to detailed discussions).

The Stewardship Group has not formally discussed the other proposals in the White Paper, but some members have expressed concern about the dangers to the excellent co-operation between the Health Trusts (in particular the PCT) and Social Services if General Practice Commissioning Consortia do not give a high priority to that co-operation. The suggestion that there could be a Health and Well-being Board may be the best way forward, provided that it has teeth.

The Committee noted that the Oxon LINk Stewardship Group had not discussed specifically whether HealthWatch England should be overseen by the Care Quality Commission, although they had been discussing how HealthWatch England should be appointed to, for example, to what extent it should have appointees from the grassroots who were close to communities and understood the situation on the ground. It was also hoped that HealthWatch would report to all three scrutiny committees.

Ms Sonia Mills (Chief Executive – NHS Oxfordshire) then made a number of points. Key points are listed below:

- discussions needed to take place about the commissioning structures. GPs were very engaged and there would be discussions about how to run the consortia;
- the primary care contracts would go to whatever regional structure the commissioning board would be;
- discussions needed to take place regarding where staff would be transferred to and how the connection between Health and the local authority could be strengthened;
- there would be very significant gaps in staffing if the current structure was maintained by the deadline date;
- on the provider side all of those functions would have to go to Foundation Trust status;
- it would be necessary to ensure that the economic regulator supported rather than opposed local arrangements;
- at the same time, NHS Oxfordshire was faced with the challenge of reducing 40% of its expenditure and this structural change would be taking place amidst a very flat funding position;
- there would be a gap of approximately £180m if demand, demography and the existing range of services provided continued.

The Director for Social & Community Services made a number of points, including the need to determine how advocacy would be provided in future. Under the Mental Capacity Act if someone was deemed not to have the capacity to make decisions, another person would be authorised to act on their behalf. The County Council commissioned people to act as advocates and one issue was how this would relate

to the proposed role for HealthWatch in this respect, as those individuals would need assistance to make health and social care decisions. Other points which needed to be discussed included the role of the local authority in terms of supporting GPs with commissioning (eg Oxfordshire County Council was currently the lead commissioner for learning disabilities), what would happen with mental health (eg NHS Oxfordshire Community Services would go across to the Oxfordshire and Buckinghamshire Mental Health Partnership NHS Foundation Trust) and what would happen regarding the commissioning of services for people with long term needs in terms of using those resources in the most effective way. Genuine joint budgets would need to be set up for them.

The Director for Public Health commented that once the changes were implemented the local authority would be the only public body with fixed boundaries who could co-ordinate policy. For example, the GP Consortia would not have fixed boundaries. Therefore the Health and Wellbeing Partnership Board would have an important role in binding together all of the relevant public sector bodies.

Following discussion, the Committee agreed to advise the Cabinet as follows:

- **With regard to the implications for public health in Oxfordshire:**

  This Committee:

  - endorses the Director for Public Health's recommendation that a high-level group led by the major public sector stakeholders is set up now on an informal basis, to ensure that public sector organisations in Oxfordshire work closely together over the coming months to secure the continuation of a successful Public Health function for the future;

  - awaits publication of the Public Health White Paper in December - which should provide further clarity - thus enabling these arrangements to be formalised;

  - recommends Councillor involvement at some level to ensure that the transfer of the public health function from Health to the local authority is carried out satisfactorily.

- **With regard to health scrutiny:**

  This Committee strongly urges that:

  - Health Overview and Scrutiny Committees should retain all of their existing functions and powers, to enable them to scrutinise effectively and work to ensure that health services continue to provide equity of access, equity of outcome and improvement in the quality and safety of services for patients and carers, as evidenced by the notable successes of the Oxfordshire Joint Health Overview and Scrutiny Committee;

  - these powers and functions should not be transferred to the Health and Wellbeing Board on the grounds that:

    - the Board needs to focus on being an effective decision making forum;

- it is questionable as to how the Health and Wellbeing Board could be perceived as independent if it was also tasked with undertaking health scrutiny, when it could be central to many of the decisions that were to be scrutinised, including co-ordinating those partnerships which it would be scrutinising.

- **With regard to joint working between Health and Social Care:**

  This Committee:

  - welcomes the emphasis on joint working between health and social care and the role of the Health and Wellbeing Board in joining up the commissioning of local NHS services, social care and health improvement;

  - (whilst recognising that Oxfordshire County Council is to be viewed as exemplary in terms of joint working with Health in comparison with other local authorities in England), acknowledges that there is still scope to improve joint working in Oxfordshire, especially in terms of people with long term conditions, notably older people;

  - wishes to emphasise the importance of joint working between Health and Children's Social Care in order to prevent another 'Baby P';

  - wishes to emphasise that local authorities have considerable expertise and experience in commissioning adult social care services over the past 20 years and already lead on commissioning some health services - for example, health services for adults with learning disabilities in Oxfordshire - and also work closely with PCTs on commissioning other health services. Examples in Oxfordshire include work on stroke, falls and continence. Therefore it will be important for local authorities to explore in conjunction with GPs and the PCT what role they can play to support the role of the GP Consortia;

  - wishes to emphasise that in order for stronger joint working to take place and further efficiencies to be achieved, the necessary infrastructure needs to be in place supported by appropriate attitudes from all partners;

  - advises that policy and financial decisions must come together into a single place and therefore strongly recommends that the government should prescribe in the forthcoming legislation that joint commissioning and pooled budgets must apply in appropriate circumstances (eg learning disabilities, mental health and supporting people with long term conditions). This would enable public resources to be used to best effect based on the needs of the local population. Therefore it is paramount that joint working is underpinned by statutory powers.

82/10 DIRECTOR'S UPDATE
(Agenda No. 9)

The Committee noted the update from the Director for Social & Community Services as listed below:

National level

- *The NHS White Paper* (Refer previous agenda item);

- *The government's spending review* – submissions for efficiency savings had been made by each department (these were not public) and directorate. The Director for Social & Community Services had been working on the adult social care submission which would be approved by the Local Government Association Executive on 16 September;

- *Funding of long term adult social care* – the government had now come forward with proposals to look at funding – the Commission had a quite broad terms of reference and was due to report next summer. There would then be a White Paper on adult social care in 2011;
- *Support for younger adults with disabilities* – decisions had been made in March to cut back on the Independent Living Fund which awards payments directly to people with disabilities to support the cost of their personal care and/or domestic assistance. The government had also increased the amount that local authorities must contribute to support packages to £340 per week which was causing pressures for adult social care. The Director for Social & Community Services stated that he had just received a letter from the Department for Health which stated that the funding might be transferred to social services. New applicants would not be entitled to any funding. Discussions with the Association of Directors of Adult Social Services (ADASS) had not yet taken place. Adult Social Care was quite heavily dependent on such benefits and Supporting People funding, as well as other funding.

Local Level

- *Internal Home Support Service* – the future of this was a challenging issue. Discussions with staff would need to take place. There was a very good internal work force but people with personal budgets could choose where to go to for care. The Resource Allocation Policy assumed an hourly rate of £15 per hour for home care. This was in line with the average rate. Some local authorities in the South East paid £12 per hour. The cost of employing a home support worker was currently £11 per hour. The Directorate were going to market to get providers would provide services for £15 per hour.

- *Carers' Strategy* – the Directorate had been heavily involved with a number of different forums regarding carers' issues and the Director had recently spoken to a large group of carers about their issues. It was important to emphasise that the changes in service provision for carers was not being driven by the need to make efficiency savings but about enabling people to look after themselves and to reach a much larger number of carers. Although some people did heavily use the carers' centres, they were only being used by approximately 15% of carers in Oxfordshire and money was being spent on buildings and infrastructure which could be better invested elsewhere. The key point was the need to reach more people and better advertise existing services

to them. The new Carers' Strategy was been based on feedback received from carers. The new Customer Service Centre would assist with identifying and advising carers. Everyone who telephoned the Centre with any query would be asked if they had a caring responsibility and if they needed any assistance. Some of this marketing of information would be carried out through the new Information and Advice (and Advocacy) Strategy.

A few members of the Committee then expressed the following concerns regarding the new approach:

- a number of carers would not have any other connection to adult social care and might not telephone the call centre with any queries relating to council services;
- people needing help might be put off from seeking help because they did not want adult social care involvement;
- carers often needed more than just information. The lack of certainty regarding future funding for services caused considerable anxiety for carers and carers faced complex issues. Many carers needed to sit and talk face to face with another person, especially at points of crisis;
- a lot of carers would need more help than the carers' centres or a help line could provide;
- working with GPs was very important because they treated the patients for physical and mental symptoms but often did not see beyond this. GPs needed to be trained in asking the right questions and signposting, not just giving someone an information sheet;
- Surely the call centre and outreach approach had implications for people without good English or for whom English was not their first language?;
- One stop shops were often not being used and should be subsidised by the county council. The one in Wantage had closed.

The Director for Social & Community Services stated that these were all important points and responded as follows:

- Carers often did not identify themselves as carers and identifying how to reach them was key, hence the suggested approach for the Customer Contact Centre. A lot of older people came into contact with adult social care via the Access Team and officers needed to think about how to publicise the importance of people coming forward. Many carers did not like the term 'Access Team' and the term 'Social Services' carried a stigma for many people. People often did not know anything about adult social care until they had a problem. There was a need for more signposting to information on the county council's website, for example, how to adapt your house to changing needs;
- Outreach workers would be tasked with going out into communities and identifying carers needing assistance;

- The single person translation service was based in the Access Team and thus is now part of the Customer Contact Centre. There were also community development workers who spoke the language(s) of and worked with particular ethnic communities;

- There was no reason why the existing Carers' Centres could not continue to operate but they did need to use a different model.

A few members of the Committee then put forward a number of suggestions to increase identification of carers. These included:

- using the Media for publicity;

- using local parish councils to gather intelligence. For example, the parish clerks could be asked to raise awareness of the need to identify carers who needed help and parish magazines were also useful sources of publicity;

- People that ran luncheon clubs and the like could also be a valuable source of information;

- Councillors could also be useful conduits of advice and information.

The Cabinet Member for Adult Services then responded as follows:

- with regard to the Customer Contact Centre, people often did not identify themselves as a carer. For example, they might ring up wanting to report a pot hole as their husband had gone over it on their mobility scooter. A discreet approach could then be taken, ie "You sound like a carer, do you need any help?";

- publicity was important but officers needed to wait until outreach was in place across the county before spreading the word in local parish magazines as local carers services needed to be put in place first;

- funding was being withdrawn from the Carers' Centres on the grounds that it could be better spent elsewhere. They were no longer fit for purpose in the current model and money was being reallocated to different ways of delivering services. The Chief Executive of Carers' UK had endorsed this service change on the grounds that a new model of delivery was more suitable to current demand.

The Director for Social & Community Services advised the Committee that should they have any queries regarding casework if they emailed him directly or his PA they would receive a comprehensive response.

- *Day Opportunities* – this was about trying to protect and improve provision.

- *Older People's Pooled Budget* – there had been pressures on this for some time. It would be important to reduce very significantly the spending on residential care for older people. The Directorate was being careful about when it started care packages, which was therefore impacting on delayed transfers of care, as people were staying in hospital for longer. However, the key point was to keep people well for longer to avoid admission to hospital, as

going into hospital often led to further deterioration in physical and mental wellbeing, for example, loss of confidence and mobility. Discussions were underway with the Oxford Radcliffe Hospitals NHS Trust (ORH) and NHS Oxfordshire.

The Whole System pilot was taking forward ideas form Professor Ian Philp – the previous government's older person's tsar (author of 'Better Health in Old Age'), now Professor of Health Care for Older People at Sheffield University and a part-time medical director at Warwickshire PCT. His speech at a seminar had highlighted the importance of trying to prevent older people going to the acute sector as quickly, trying to reduce their length of stay in hospital and discharge them quickly and avoid the need for them to require more provision once discharged. The PCT, Adult Social Care and Community Health Oxfordshire were working with consultants in the ORH to implement this approach.

Following the update, it was **AGREED** that an oral update on the current position of the Council's internal home support service would be provided under the Director's update at the Committee's next meeting.

83/10 SERVICE AND RESOURCE PLANNING PRESENTATION

(Agenda No. 10)

The Director for Social & Community Services gave a presentation to the Committee which provided a high level overview of the services provided by the Directorate and the challenges which would need to be addressed to meet the savings target. A copy of the presentation is appended to these Minutes and to the signed Minutes.

With regard to the finer detail on the slides, the Committee noted that 'Income' was the money paid by non-eligible service users and that the gross spend on Supporting People was not from the Directorate's budget as the Director was not the decision maker (it is wholly grant funded and overseen by the Commissioning Body). However, a significant amount of Supporting People money funded services in Adult Social Care, for example, a £5m contribution to Learning Disability Services. There was limited scope to increase the Directorate's income although there would be increased charges for home support and day services. The major demographic pressures were coming from older people and the increasing number of young people with a profound disability reaching adulthood and living for longer.

The key point was that the county council needs to find £200m from its non-school budgets (£500m) which is 40% of the budget. All services need to look at how they can contribute to this. However, it would be important to protect those areas of spending which will cost the County Council more money in the longer term if they are reduced in the short term (eg support for carers). The government spending review would report on 20 October and more information would be released late November/early December.

The Committee noted that there was a statutory requirement to meet eligible care needs but that the Directorate has discretion regarding how to meet those needs. The Directorate faced significant challenges in making further efficiency savings but

would be focusing on prevention and early intervention to limit the need for social care and therefore save money, ensuring that there were still sufficient resources to deal with safeguarding and other crises and using the remaining resources on those with the greatest needs.

A member of the Committee expressed her concern regarding the drop in the amount of money the Directorate was contributing towards residential care home fees (reduced by £25 a week), and the possible impact on safety, adding that constituents had already told her that they would either have to pay the top up fee or take their relative(s) out of the home.

The Director responded that the Contracts Team carefully monitored safety and if a home received a poor rating from the Care Quality Commission the Directorate treated it as a safeguarding issue. However, there did not appear to be a correlation between the amount of money charged by a home and the quality of a home. Reducing fees for residential care for older people was a difficult issue as there were limits as to how far prices could be squeezed. Keeping people in their own homes or moving into a different house, using telecare and alert services was often a good approach as many people would not need to go into residential homes with the right equipment and adaptations. The ageing successfully strategy emphasised the need for people to prepare in good time for their old age.

At the request of the Committee, the Director for Social & Community Services undertook to provide the following information to all members of the Committee:

- the number of people receiving assistance under the council's Adult Placement Service ("Shared Living") (Oxfordshire is viewed as one of the best examples in the country); and
- any empirical evidence (if available) on whether the number of adults with mental health problems has increased over the past few years (dementia is increasing but it not classed as a mental illness).

84/10 FUTURE ITEMS FOR POSSIBLE SCRUTINY CONSIDERATION

(Agenda No. 11)

The Committee noted the following items logged for future meetings are listed below:

26 October 2010

- Delayed Transfers of Care – Q&A
- Report on Transforming Adult Social Care including Task Group update
- LINk research report into personalised budgets
- LINk update

7 December 2010

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

- Dementia Strategy – progress update

- Report on Transforming Adult Social Care including Task Group update

- LINk update

Councillor L. Sanders undertook to provide a ½ page summary on case law surrounding the application of NHS Continuing Health Care to all members of the Committee.

Councillor Wilmshurst drew the Committee's attention to uncollected income for fairer charging which was being addressed, and also monitored by a working group under the Audit Committee.

85/10 FORWARD PLAN
(Agenda No. 12)

No items were identified for consideration.

86/10 CLOSE OF MEETING
(Agenda No. 13)

..... in the Chair

Date of signing .....

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Adult Social Care Scrutiny Committee

Strategic Commissioning Framework for Day Opportunities for Older People

John Jackson

Director for Social & Community Services

7th September 2010

Working for you

OXFORDSHIRE COUNTY COUNCIL
www.oxfordshire.gov.uk

Purpose of this Presentation

- Last came to this committee on 8th June 2010
- Now want to
  - Update you on feedback received from stakeholders
  - Explain my proposals to you
  - Share the details of the emerging model
  - Highlight likely issues that we will face
  - Advise Members of the next steps
  - Hear your views on my proposals

Background

1. We spend c.£4.8m on day services for older people across all service areas (inc transport).
2. In 2008 the Fundamental Service Review of Day Services (FSR) gave us a clear strategy
3. Our investments in day services are more than twice as high as the average. We support twice as many places as others.
4. Approximately 30% of people using day services are eligible for our support under FACS.
5. The County Council's Financial Strategy requires us to make savings over the next few years.

Background

6. Personal Budgets will empower individuals to make their own choices about their support arrangements.
7. Individuals will purchase directly from providers - funding from the County Council will change because of this.
8. Evidence is suggesting that people with Personal Budgets are choosing alternatives to traditional day services.
9. There remains considerable uncertainty about the future of day services for older people.

Consultation with Stakeholders

- Day Service Providers (2 meetings in May)
- Internal Briefing Note to Staff (June)
- Age Concern Health & Social Care Panel (June & July)
- Annual Commissioning Conference (June)
- Individual provider meetings (x 4) (August)

We presented 2 ‘views’ to stakeholders

1. 30% of day services funding should go into the Resource Allocation System (RAS) to support Personal Budgets.

2. The County Council should continue to invest in day services

We also promoted 3 'ideas' for comment

1. We should adopt a three-tier day service model with Resource and Well Being Centres in our larger towns (Tier 3) run by either the Council or other providers.
2. That in other areas/communities we should consider
   - Local determination of funding for day services in village halls/community centres (Tier 2)
   - Small grants to fund community based initiatives which benefit older people (Tier 1)
3. We want to hear views about what should happen to transport

Key messages from stakeholders

- General support for our proposed strategy.
- Stakeholders wish to see more of the details
- We have been asked to take the following issues into consideration.
  - More service user involvement in developing the model
  - Future organisational sustainability, if providers are unable to attract sufficient business/income

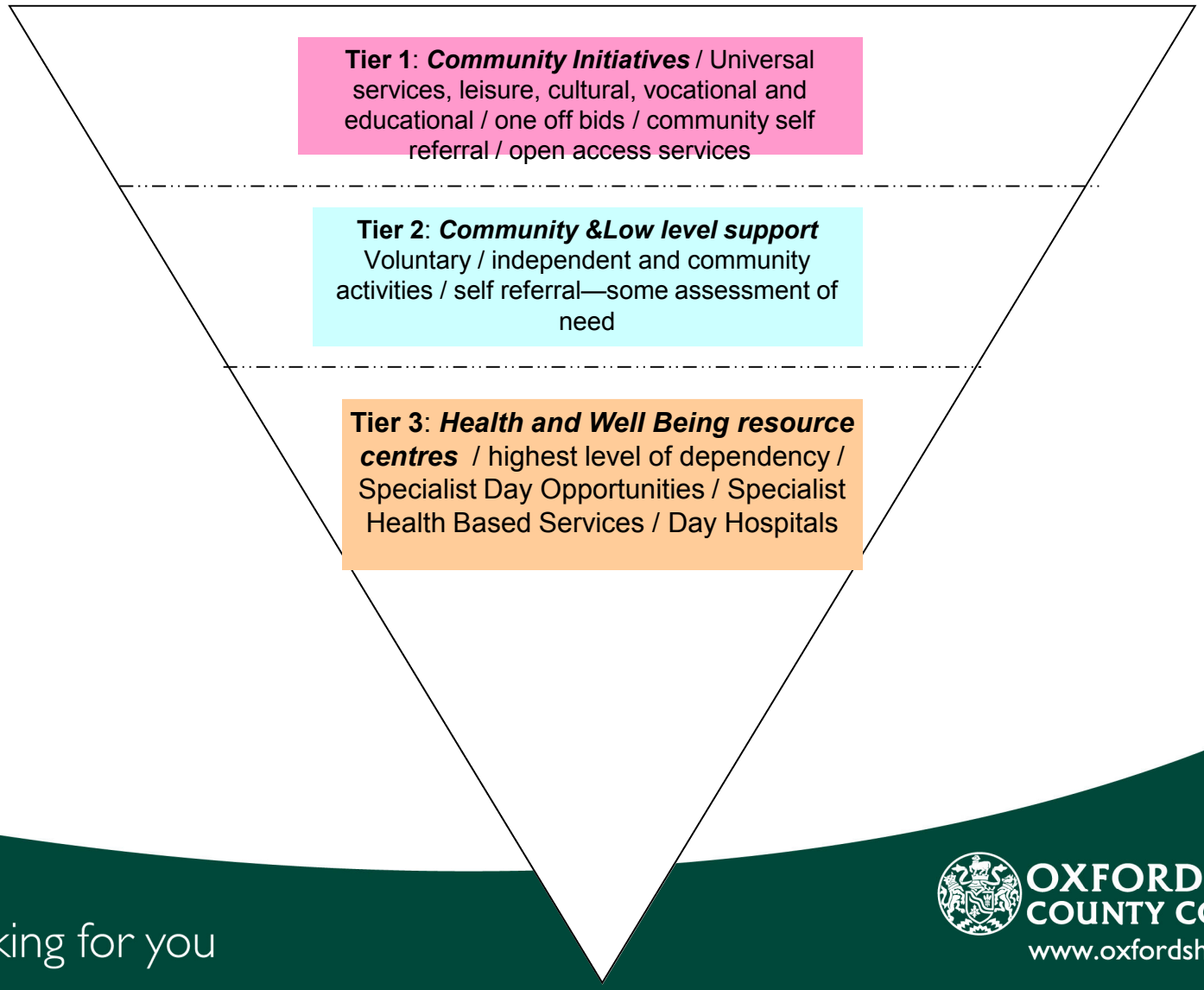
Key messages from stakeholders

- Ensure that locality determination takes into account issues of deprivation and diversity
- Involve Members in locality distribution and decision making
- Robust governance arrangements must be in place for local determination
- Concerns raised about opening up OCC services for market testing
- Ensure adequate transport arrangements

Context of the emerging model

- Move from day services to wider day ‘opportunities’
- Emphasise independence, choice and well-being as outlined within the ‘Ageing Successfully’ framework
- Promote a vision that supports flexible and personalised support
- Reduction in isolation and the maintenance of independence.
- Changing business model & income streams for providers of service.

Proposed 3-Tier Model



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Tier 1 - Community engagement

Key objective

- To promote a sense of health and well being by becoming and remaining a valued member of the community

Two strategies proposed

- Fund creative and innovative one off bids (no more than £750) that will promote a sense of well being
- Consolidate, review and extend existing volunteer and good neighbour scheme

Tier 2 - Community and low level support

- Contribute to the wider prevention agenda
- Form a key building block for reduced social isolation
- Enable people to be a valued member of the community
- Funding of services to be locally determined
- Based on 14 ‘Closer to Communities’ locality areas

Tier 2 - Community and low level support

- Based in community centres/village halls
- Outcome-based focus for each individual
- Enablers for access to Tier 1 services
- Provide health promotion activities
- Facilitate access to relevant sources of financial, health, social care information
- Address the needs of socially excluded groups

Tier 2 – Locality Based Funding

- Base on 14 ‘Closer to Communities’ boundary areas.
- Numbers of 75+ within each
- Numbers of people in receipt of attendance allowance
- Levels of deprivation
- The impact of living in rural Oxfordshire
- Adjusted for existence of Health & Well-Being Centre

Tier 3 - Health & Well-Being Centres

- 7 specialist building based centres in major market towns and the City
- Meet the highest levels of dependency
- Extended day and seven days per week opening
- Range of health and social care services plus respite opportunities for carers
- Universal support available
- Complemented by a mobile unit to ensure equity & availability for people living in rural Oxfordshire

Tier 3 - Health & Well-Being Centres

- Market-testing to establish who is best placed to deliver these services based on –
  - Innovation to achieve specified outcomes for older people
  - Demonstration of financial sustainability
  - Best use of building based resources.
  - Use of volunteers to deliver services.
  - Empowerment of older people

Future Transport Arrangements

- Transport is a key issue for older people
- Existing transport arrangements have served us well
- Do not see transport as S&CS core business
- People will have choices about transport options
- Transport Advisor pilot scheme proving successful
- Expect most eligible people to attend H&WB centres
- Discussions continue

Future Funding Principles – Tier 3

- We have a changing business model for all
- Day Opportunities funded through 3 main income streams
  - Personal Budgets
  - Income generation - those not eligible for OCC support.
  - Funding from OCC for universal services to promote health and wellbeing
- Future sustainability will require more income generation
- Providers will need to charge realistic unit costs

Locality Determination
Key Governance Requirements

- Devolved commissioning responsibilities and budgets
- Effective engagement of local communities
- Clear processes for decision making
- Equitable bidding process
- Investment recommendations within a best value framework
- Dispute Resolution
- Appeals Panel led by Senior Manager
- Effective central support throughout

Locality Determination
Suggested Area Board Membership

- Local County and District Elected Members
- Relevant County & District Council Officers
- LINks/ Health Watch members
- GP Consortia representatives
- Public Health input
- Parish Council representation
- Older People representatives

Taking Our Proposals Forward

- Formal consultation during September/October
- 'Preparing the Providers' - Workshop 20th September 2010
- Meet Day Services providers - 29th September 2010
- Further discussion about transport arrangements
- Final decisions by late October/November
- Full implementation by 1st October 2011

Taking Our Proposals Forward

- Generates a 12 months transition 'window' to
  - Develop and confirm locality arrangements
  - Market test Health & Well-Being Centres
  - Support providers throughout this transition
  - Help providers to plan their response
  - Help providers to prepare for the proposed changes

Summary

- Ambitious agenda for future day opportunities for older people of Oxfordshire
- Supports our 'Ageing Successfully' strategy
- Delivers services fit for the 21st Century
- Wide range of day opportunities will be available
- Locality based to ensure that people do not travel long distances to access opportunities
- People enabled to be a valued member of the community
- Supports the Directorate Efficiencies Strategy

Service and Resource Planning
Adult Social Care

Adult Services
Scrutiny Committee
7th September 2010

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Budgets

	Gross Spend £m	Income £m
Older People	87	19
Adults with learning disabilities	54	6
Services to all client groups	14	1
Adults with physical disabilities	8	
Adults with mental health problems	8	
Strategy and Transformation	4	
Supporting People	16	

What do we get for this money? Older People

- £47m residential and nursing homes: 1,600 individuals
- £20m home support: 1,700 individuals
- £3m day services: 2,000 individuals
- £6m on the jointly run Assessment & Enablement Service providing re-ablement: over 8,000 individuals
- £2m on Intermediate Care and £1m on transitional beds
- £5m on care management

What do we get for this money? Adults with learning disabilities

- £30m supported living: 600 individuals
- £17m residential care: 300 individuals
- £7m day services: 600 individuals
- £3m direct payments/personal budgets: 150 individuals (at April 2010)
- £1m commissioning; £1m care management
- Genuine pooled budget with contributions from the PCT. Most of the resources will transfer to the County Council

What do we get for this money? Services for all client groups

- £4m Occupational Therapy Service (including equipment)
- £6m Carers (supporting 9,000 carers)
- £2m employment service
- £2m Adult Placement Service

What do we get for this money? Physical Disabilities/Mental Health

- Residential Care
- Home Support
- Day Services
- Care management (PD)
- Community Mental Health Teams (jointly funded)
- Drug and alcohol work (through the DAAT)

What do we get for this money? Strategy & Transformation/ Supporting People

- Change Management
- Strategy & performance management
- Contracts
- Leadership Team
- Supporting People: housing related support service wholly grant funded overseen by Commissioning Body

What is statutory?

- Statutory requirement to meet care needs providing they meet our eligibility criteria
- Individuals have to pay towards their care if they have the means to do so (currently being reviewed nationally)
- We have discretion on how we meet those care needs
- We also provide some services which are generally available. They are intended to prevent people needing care or avoid needing more expensive forms of care

Overall Strategy

- “support strong communities so that people live independent and successful lives”
- This is what people want.
- It also reduces the demand for adult social care
- We have been following this strategy for several years now

Savings already planned I

- Investing in prevention and early intervention to reduce spending on residential care for older people
- Reducing fees for residential care for older people
- Investing in extra care housing (which is less expensive than residential care)
- Reducing the cost of home care – high hourly rate
- Increased charges for home support and day services
- Reviewing large care packages and support people to become more independent

Savings already planned II

- Reduced cost of internal home support and internal LD services
- Supported accommodation review (LD)
- Framework tender (LD)
- Contract reassessments (LD)
- Variety of savings in Strategy & Transformation
- Holding down price increases
- Adult Social Care reorganisation

Future financial challenges

- County Council needs to find £200m from its non-school budgets (£500m)
- This is 40%
- All services need to look at how they can contribute towards this
- Some of the savings on the previous 2 slides will contribute
- To find more savings we need to decide
  - whether we should stop providing some services
  - reduce spending across all services
  - or look at doing things differently
- More complex changes will take time

Core elements of our response

Focus on:

1. Prevention and early intervention: to limit the need for social care
2. Ensure that there are sufficient resources to deal with safeguarding and other crises
3. Use remaining resources on those with the greatest needs

What would this mean?

- Reduce very significantly the spending on residential care for older people
- Ensure that all other possible efficiency savings are explored
- Work with service users, carers and providers to identify options if personal budgets were reduced by up to 25%
- Protect those areas of spending which will cost the County Council in the longer term if they are reduced in the short term (e.g. carers)

Division(s): All

ADULT SERVICES SCRUTINY COMMITTEE – 26 OCTOBER 2010

TRANSFORMING ADULT SOCIAL CARE – UPDATE ON PROGRESS

Report by Director for Social & Community Services

Headlines for this update:

- Over 700 people will have a personal budget by the end of October 2010
- Go Live for self directed support for all new clients 4th October 2010
- Moving all existing clients receiving long term community services to receiving a personal budget has started
- New locality teams taking shape to meet start date of 6th December 2010
- New Independent Support Brokerage Service started 4th October 2010
- Information Events taking place during November and December 2010

Introduction

1. This report summarises the key developments in implementing the Transforming Adult Social Care (TASC) change programme since the last update in September and will have a particular focus on the Information part of the programme.

Key Developments

2. **Key Developments since last months update are summarised below:**
   - Self directed support for all new eligible clients started on 4th October 2010. All Care management teams have now been trained.
   - Transition of all existing clients receiving long term support in the community to self directed support has started with an expected completion date of March 2011.
   - Recruitment of staff to the new locality teams will be completed by the end of October 2010.
   - Getting the new locality teams fit for purpose for the 6th December 2010
   - Public Information Days set up for 5th November in Banbury, 19th November in Oxford, 26th November in Witney and 10th December in Didcot.
   - Policy for the operation of Personal Budgets for Adult Social Care approved at Council on the 14th September 2010 subject to the ongoing monitoring of both the benefits and the potential risk and the importance of involving all service users.
   - Capital Funding of £166,000 has been released for 2010/11 to support the interim and immediate ICT arrangements required to support the implementation of self directed support, Brokerage and Information provision.
   - New approach to prevention and early intervention is being developed including the development of reablement and turnaround.

- Sustainability and handover to business as usual plan developed.
- The Oxfordshire LINk has completed its research into self directed support and a separate response from S&CS will be available at the meeting.
- The self assessment update for progress against the Putting People First milestones is due to be completed and returned to the Department of Health and the Association of Directors of Adult Social Services by 15th October 2010. Copies of this report will be available to Councillors prior to the meeting.

Milestone 4 – Information and Advice

3. The outcomes to be delivered by the information and advice project were defined as:
   - Improved business process for the provision of information
   - Focused and targeted distribution of information based upon priorities, complexity and cost
   - Increase in awareness of services provided by the directorate

4. The outputs to be delivered were defined as:
   - A Strategic approach to information management and distribution across all partners
   - To reduce the number of leaflets and brochures available by bringing together similar information in one single publication where appropriate
   - To improve access to information by identifying suitable, additional channels for information provision – e.g. libraries, designated OCC offices, third party locations.
   - To increase awareness of available information by advertising a single phone number (i.e. the Access Team) and locations where information can be found (libraries and offices, web sites, etc.)
   - To ensure information is accessible for people with specific needs – e.g., Braille, language needs, large print, etc.
   - To ensure there is support in place for people to interpret information and what it means for individuals and to support the delivery of key messages about choice and the potential that available services have to help
   - To rationalise the process by which information is made available
   - To ensure that the information and advice is provided in as a creative and accessible way for the target audience to understand and engage with

5. A Public Information and Advice Strategy for adult social care was approved by the Transforming Adult Social Care Programme Board in April 2010. This has 30 recommendations for improvement. These have since been refined into the following areas to be developed before April 2011.

Information Management

Managing Content

- Recruitment of an information specialist
- Document Library of existing information regarding adult social care supported by a plan to ensure sustainability

Managing Presentation of Content

- Restructuring of Web Content
- Key content available in accessible and modern formats
- Training for key stakeholders on editing content
- Procurement and implementation of an information hub
- Implementation of Looking Local in Social & Community Services

Information Standard
- Contents checklist for information in any standard and links to third party sources
- All information produced adheres to the information standard
- Agreed minimum standards for all content

Marketing and Raising Awareness
- Design and resource a marketing plan
- Develop an annual calendar of marketing activities
- Develop a regular public presence promoting adult social care
- Increased use of library services to promote information delivery

Liaison with Key Stakeholders
- Key Stakeholder network established to support information development and delivery
- Joint information sharing sessions and training
- Support for outreach / community workers
- Testing & Evaluation with Key Stakeholders.
- Delivery of ongoing mechanism for testing and evaluating the information approach

6. Upcoming key dates for the programme:

<u>October 2010</u>
All eligible new service users with a personal budget from 4th October
New Support Brokerage service started
Recruitment of staff for new Locality Teams
Support with Confidence extended to brokers
Revised Approach to Prevention and Early Intervention

<u>November 2010</u>
Start of public Information Events
Training and Development of Locality Team members
Revised Approach to Community Building
Refresh of Putting People First priorities expected

<u>December 2010</u>
Public Information Event
Adult Locality Teams starting
Looking Local and Information Hub developed

January 2011
Improvements to Social Care Internet web pages

April 2011
Existing and new eligible people with a personal budget
Close of the Programme and handover to business as usual completed

JOHN JACKSON
Director for Social & Community Services

Background Papers: Nil

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

October 2010

LINk research into
Self Directed Support in Oxfordshire

6th October 2010

Oxfordshire LINk
Your voice on local health and social care

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We are very grateful to the social care clients and carers who gave their time to answer our questions.

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1 Introduction

The Oxfordshire Local Involvement Network (LINk) has a mandate to find out what people like and dislike about local services and to help bring about positive change to health and social care.

As part of this work the LINk commissioned an independent qualitative research project, starting in 2010, to understand people's experience of the new system of Self Directed Support and Personal Budgets in Oxfordshire.

Self Directed Support has been piloted in the Banbury area since December 2008 and, according to the Oxfordshire County Council (OCC) Transforming Adult Care newsletter of August 2010, there are 555 people with a personal budget in Oxfordshire.

1.1 Research method

Planning the research method took into account that:

- Gathering information and opinion from social care clients with "critical and substantial" needs (those most likely to be eligible for a PB) **must be carried out with great care and sensitivity**.
- It is important to **understand the circumstances of the client** in some depth as essential background to opinions on the quality of care received.
- **The system of Personal Budgets (PBs) is still very new in Oxfordshire**. It may be that the early recipients of PBs in Oxfordshire - during the pilot trial in the north of the county – have received a "gold plated" service and that feedback will be influenced by the newness of the system.
    - *The national evaluation of the Individual Budgets Pilot programme[1] found in 2008 that the feedback from users was affected by the process of changing to the new system rather than reflecting simply on the new system itself.*

For these reasons the chosen methodology was in-depth face-to-face discussions (qualitative research) carried out by a trained healthcare professional, Helen Grimwade.

- Helen Grimwade has trained and worked as a nurse, health visitor and smoking cessation specialist, the latter role for Oxfordshire Primary Care Trust. Most

[1] Individual Budgets Evaluation Network (IBSEN) on behalf of Dept of Health php.york.ac.uk/inst/spru/pubs/1119/

recently Helen led Age Concern Oxfordshire's Community Development team where she delivered projects that included consultation and evaluation working directly one-to-one with older people or within a group setting.

In addition it was decided that the sample would be split between those already on Self Directed Support and those still receiving "traditional" services so that experiences could be compared.

It is planned that this study will be developed into longitudinal research with follow up discussions in 2011 at a time when the respondents have been transferred to SDS.

1.2 Developing the research sample

Despite the early offer of help from Oxfordshire County Council Social and Community Services (Transforming Adult Social Care), the process of developing the research sample – finding people to interview – has not been straight forward.

Oxfordshire County Council (OCC) already had a system of contacting people with Personal Budgets to find out whether they would be willing to be interviewed about their experience. An OCC-sponsored report on SDS[2], based on a feedback from 7 clients was published in October 2009 and a follow up report was planned in 2010.

Starting April 2010 OCC gave priority to finding research respondents for this new LINk-sponsored research, but by June 2010 only one person had come forward who subsequently became too ill to participate.

This left the LINk research project with no respondents directly provided by Social and Community Services.

In June 2010 an intense effort was made by the LINk to find respondents via:

- Local press and radio including an interview on Radio Oxford;
- Contact with local voluntary groups including Age UK, Carers Centres, OCVA, ORCC, Stroke Association, Headway, Neurological Alliance, Leonard Cheshire, Oxfordshire Unlimited;
- Contact with attendees of the "Hearsay!" event (a joint OCC/LINk event);
- Other publicity via the health bus and LINk newsletter.

This effort meant that the research was able to proceed, albeit with fewer SDS clients than we would have liked.

[2] Self Directed Support learning exercise evaluation, 15th October 2009, Nick Horn

This report is in three main sections plus an annex:

- Section 2 provides a summary introduction with an **overview of the main findings**;
- Section 3 summarises and then provides details of clients' and/or carers **views of Self Directed Support**;
- Section 4 summarises and then provides details of clients' **personal and social networks and their experience of social care**.
- The Annex gives a **profile of the research sample**.

2 Summary of findings and recommendations

This section provides a summary of the main findings and the recommendations.

2.1 Overview

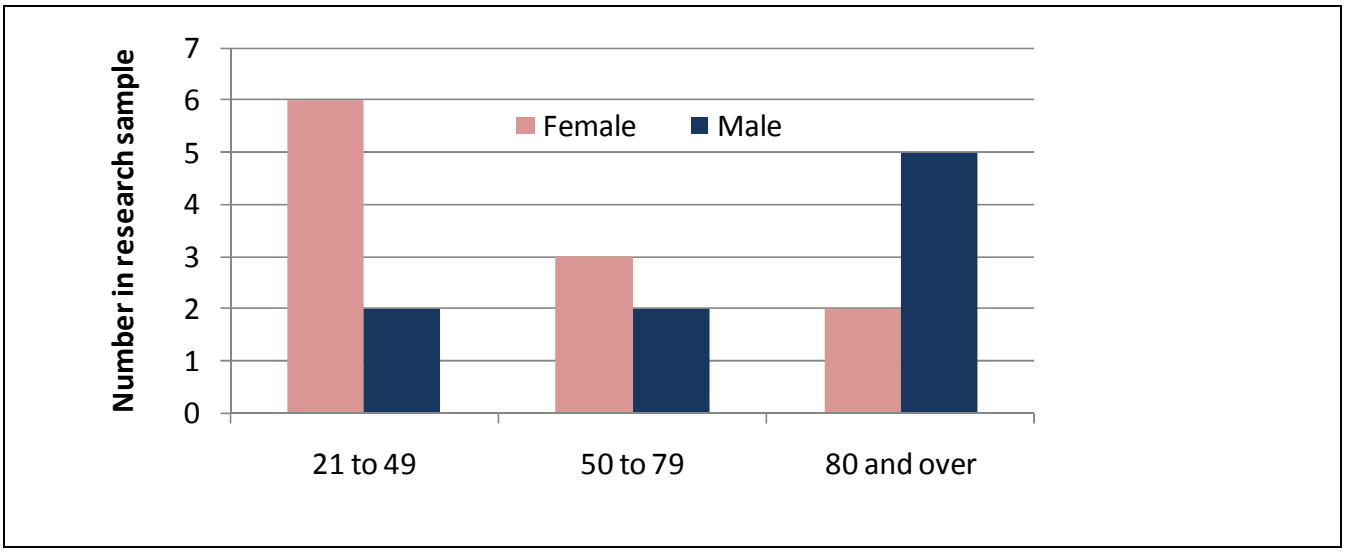
20 recipients of social care services in Oxfordshire have been interviewed in the first phase of a qualitative longitudinal research project looking at experience of Self Directed Support.

Difficulties with developing the research sample have meant that the majority of respondents (16 out of 20) are currently receiving traditional social care services and 4 are receiving SDS. However all clients have provided views on the potential opportunities and issues with the concept of (or reality of) SDS.

It is recommended that interviews with these respondents are repeated in 2011 to allow the LINk to understand the process of transfer onto SDS.

Respondents in this sample are relatively well distributed by age, gender and geographical location and are representative of a wide range of health conditions (see annex for full details). In our view all clients would be categorised as having "critical and substantial" needs.

Figure 1 LINk research sample by client's age and gender



2.2 Main findings

1. **Respondents have highlighted the perceived and actual advantages of Self Directed Support as a system giving more choice, flexibility and an opportunity to meet social needs.**
    - *Could help to improve client's stimulation and access new opportunities* [client with traditional services]
    - *SDS could be an opportunity to develop interests* [client with traditional services]
    - *"SDS has been good for providing more options including more flexible and better respite"* [SDS client]
    - *SDS is "cutting out the bits in the old system that didn't work [for us] – like the evening carers". Now daughter does the evening shift which means money can be used for things the client enjoys and wants to do* [SDS client]
2. **A good broker is important in successful delivery of SDS.**
    - *"Broker was KEY"* [SDS client]
    - *A lot of changes at the start (including a change of day centre) but broker supported them throughout.* [SDS client]
    - *"Process of setting up was good because of the work of the broker"* [SDS client]
    - *Broker seemed to "reduce the time that everything took to arrange"* [SDS client]
3. **There is experience of (and a fear of) an additional burden of administration on clients and carers.**
    - *SDS clients need to be able to use a computer – "if [you are] not computer literate then how else would you do this?"* [SDS client]
    - *"the paperwork is a CHORE I'd rather not have but can't see how the personalisation element would work if I didn't get involved"* [SDS client]
    - *you "do have to think of everything in advance and let everyone know" (taxis, day centre etc) – whereas in the old system there was "one port of call and they cancelled everything"* [SDS client]
    - *"They're offloading the bureaucracy onto Carers. I'm 77 and the last thing I want is more paperwork"* [client with traditional services]

- *"Finding new Personal Assistants is very hard"* [client with Direct Payments]

4. **Consistent and personalised communication at every stage is very important.**
    - *"Having maximum amount of choice and control is really good. But at the same time it's good to have advice and support in setting it all up"* [client with Direct Payments]
    - *"Wish it wasn't so hard to find out where to get help from and that the help was proactive"* [client with Direct Payments]
    - *"No one explained to me properly what Self Directed meant"* [SDS client]
    - *"The lines of communication have been blurred, who does what"* [SDS client]
    - *"Would have been nice to have someone come in from OCC amongst all this upheaval and tell me what was happening with the changes. I would have felt more involved in the process"* [client with traditional services]
    - *"Rules are so complex"* [client with Direct Payments]
5. **There is a need for properly independent user-led support.**
    - *A4E are "more like Social Services" – there has been a blurring of independence. "They [A4E] really don't know what it's like.* [client with Direct Payments]
6. **There is the possibility of rural disadvantage.**
    - *We are a "bit remote and were asking for 45 mins per day, 3-4 days per week. Couldn't get anyone to come and help".* [client with traditional services]

3 Views of Self Directed Support

All respondents in the survey were asked for their view of Self Directed Support.

- In the case of those still in receipt of traditional services, respondents were asked first whether they were aware of SDS and were then given some information on the new system (provided to us by Oxfordshire County Council) before being asked for their reaction / opinion.
- In the case of respondents already in receipt of SDS, the discussion focused on the details of the process of being moved to SDS and then how that experience was for the client - "how was it for you".

This section reports on the views of these two groups (non-SDS and SDS) separately.

3.1 Non-SDS respondents

Respondents in this study who were still receiving traditional care services **were generally aware of Self Directed Support** although some were confused about the difference between SDS and Direct Payments.

- It may be that the relatively high level of awareness is influenced by the sample which has mainly been drawn from people already in contact with the LINk (some having attended a LINk/OCC event) and who are, therefore, likely to be more informed than the average.

Direct Payments was mentioned by four of the non-SDS group (two are currently in receipt of DPs, one has given up with DPs and one had heard about it from others). There were clearly some issues with the current Direct Payments system.

- *Used to do Direct Payments. The system" is confusing" and it is "a bit of a minefield" trying to become an employer.*
- *"Finding new Personal Assistants is very hard".*
- *"Others experience of Direct Payments is that it is complicated and slow and you have to write it all down".*

Our assessment of the discussions with non-SDS respondents shows that **most were neutral or positive about the idea of Self Directed Support**.

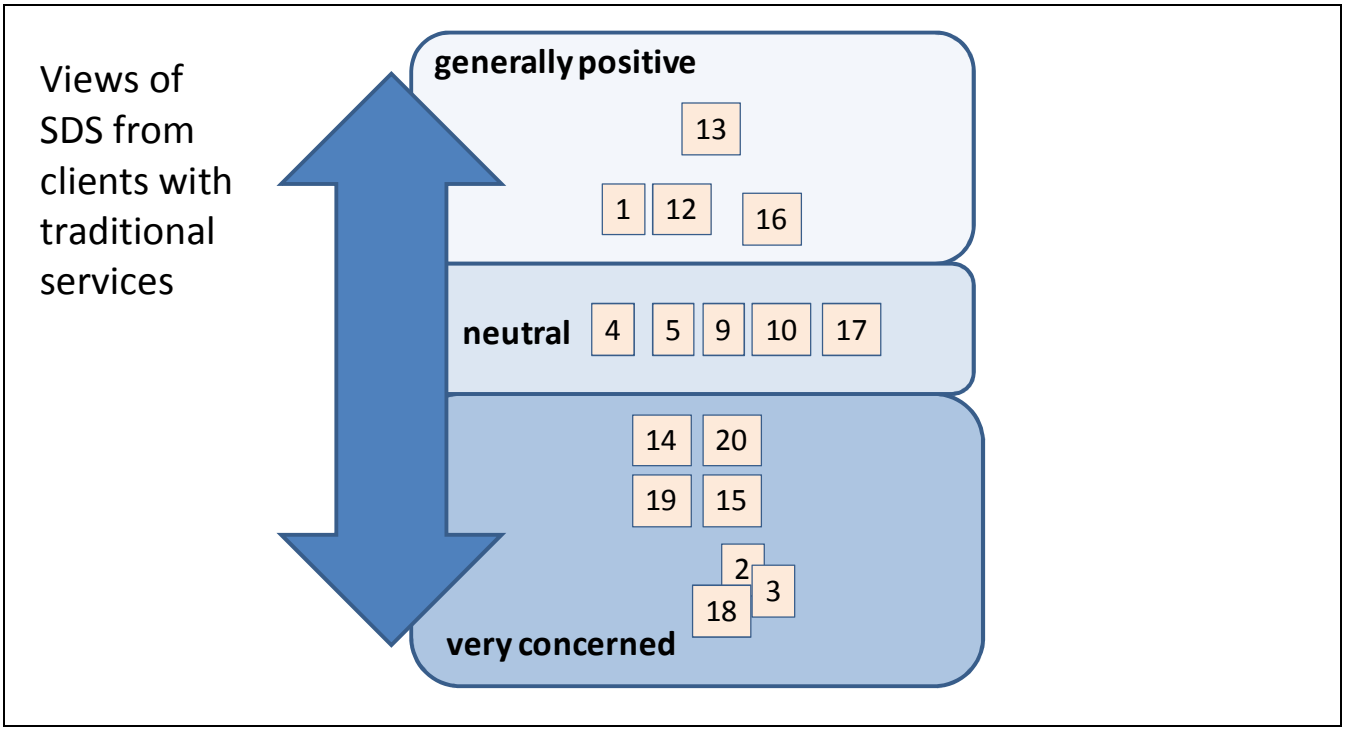
- *"Have heard about SDS but don't know whether it will be any good".*
- *Could help to improve [client's] stimulation and "access new opportunities".*
- *SDS "sounds simple, positive". Like the idea of a broker to help.*

7 out of 16 however had some concerns.

- *"Why fix something that isn't broken".*
- *"have heard that SDS is complicated".*
- *"They're offloading the bureaucracy onto Carers. I'm 77 and the last thing I want is more paperwork".*
- *"I would rather it would carry on as it is. It works OK"*

The following chart shows how the view of non-SDS respondents' varied – from generally positive to very concerned (each number is a separate response).

Figure 2 Non-SDS respondents' views of Self Directed Support (number = respondent reference)



Analysis of discussion in section 4 of guide "Awareness of SDS"

We also found some suspicion of the motivation for introducing Self Directed Support and a worry that costs will go up.

- *"is it being brought in to save OCC money?"*
- *"I bet everything would be more expensive if we had to pay"*

Table 1 Non-SDS respondents' views of SDS – in detail

Ref	View of Self Directed Support
1	*Responses provided by main carer (daughter)* "Sounds like a good idea" Not likely to employ carers Would employ someone to take client out Could help to improve client's stimulation and access new opportunities Would be happy to manage the financial side
2	*Responses provided by client* "a bit worried about SDS" "can't see it would change [the support] as I would still need an agency to provide all the care components" "SDS might be more flexible but so are my agency" "Why fix something that isn't broken"
3	*Responses provided by main carer (mother)* OCC "keep changing things all the time".. "a little bit worrying" Would be good to arrange a holiday – maybe that would help – but you would still have to pay for the day centre as well.. so might not be enough money? "I bet everything would be more expensive if we had to pay"
4	*Responses provided by client and carer (son)* "would it [SDS] mean more work for my son? [carer]" "is it being brought in to save OCC money?"
5	*Responses provided by client* "sounds alright to me" Wouldn't change anything at the moment, already pays for everything and sorts out payment etc
9	*Reponses provided by main carer (spouse)* Client receives Direct Payment which covers a Personal Assistant Wish it wasn't so hard to find out where to get help from and that the help was proactive Carer feels client is between physical health/NHS and the mentally ill network and that at times they fall down between – with nothing really being achieved Carer suggests that what is needed is:

	• Partners assessed as individuals (not as a couple) • A key person for advice and information • Someone available to help carer organise finances and respite etc
10	*Reponses provided by main carer (spouse)* Carer needs more confidence in the services provided for client. Feels "at a loss" with regard to respite. Main issues are the loneliness and expense of things
12	*Reponses provided by main carer (spouse)* SDS "sounds fine" Would like a wheelchair (replacement) and a holiday. (Have already got hand rails everywhere)
13	*Reponses provided by client and main carer (mother)* SDS sounds good It would be good for the client to be able to get out and about more and become more independent. Client used to attend college and was able to travel independently. SDS could be an opportunity to develop interests.
14	*Reponses provided by main carer (aunt)* Main issue is the importance of training for carers and other professionals in the appropriate way to communicate with the client ("not talk over the person"). No strong views about SDS
15	*Reponses provided by main carer (mother)* "have heard that SDS is complicated. That you need a broker" Others experience of Direct Payments is that it is complicated and slow and you have to write it all down. Main issue is where client will live in the future – in a flat/house or in a community setting.
16	*Responses provided by client* SDS "sounds simple, positive". Like the idea of a broker to help. But "we're OK at the moment" Used to do Direct Payments via A4E but couldn't find anyone to come out to the village and help for the hours needed (45mins per day on 3-4 days per week). Direct Payments system "is confusing" and it is a "bit of a minefield" trying to become an employer

17	*Responses provided by spouse of main carer* Have heard about SDS but don't know whether it will be any good. Main (recent) issues are need for a downstairs shower (which OCC are not able to prioritise) and the lack of interpreters (client unable to speak English) at the JR.
18	*Reponses provided by main carer (spouse)* Reaction to the idea of SDS: "They're offloading the bureaucracy onto Carers. I'm 77 and the last thing I want is more paperwork". Will have to show where the money has gone. "oh no leave things as they are" "To be honest – once you've been given the money the Care Agencies will put their prices up (that's what I think anyway)"
19	*Responses provided by daughter* Opinion of SDS: "I would rather it would carry on as it is. It works OK" Happy with Carer, the company seems good. Can't think that SDS would improve it
20	*Responses provided by client* Client receives Direct Payments which covers employment of Personal Assistants. "Not sure of the difference between SDS and Direct Payments". Don't know how Care Managers will get involved. It is a difficult balance – control vs support "Having maximum amount of choice and control is really good. But at the same time it's good to have advice and support in setting it all up." So a good broker would allow as much control as would want. Some people wouldn't be able to take responsibility. With a personal budget perhaps things (eg assessment for wheelchair) will be faster. Finding new PAs is very hard. Took a huge effort to find a new one – could have benefited from more support in that process. But support would need to fit with client's abilities (i.e. NOT 6 interviews in one day)

3.2 Respondents already moved to SDS

The small number of respondents (4 out of 20) already on Self Directed Support that we were able to include in this 2010 phase of the research (see introduction) gave mixed feedback on their experience.

Positive comments highlighted **the important role of the broker and the flexibility of Self Directed Support.**

- *A lot of changes at the start (including a change of day centre) but broker supported them throughout. Broker protected them from "pushy day centre staff" wanting to know how much money the client had to spend from the assessment.*
- *Broker seemed to reduce the time that everything took to arrange.*
- *"Some money worries are reduced".*
- *"SDS has been good for providing more options including more flexible and better respite".*
- *SDS is "cutting out the bits in the old system that didn't work [for us] – like the evening carers". Now daughter does the evening shift which means money can be used for things the client enjoys and wants to do.*

Issues included **a lack of communication and the burden of administration**.

- *"No one explained to me properly what Self Directed meant"*
- *"The lines of communication have been blurred, who does what"*
- *lack of clarity about extra respite hours*
- *SDS clients need to be able to use a computer – "if not computer literate then how else would you do this?"*
- *"the paperwork is a CHORE I'd rather not have but can't see how the personalisation element would work if I didn't get involved".*
- *you "do have to think of everything in advance and let everyone know" (taxis, day centre etc) – whereas in the old system there was "one port of call and they cancelled everything".*

There was also an issue about **lack of information** in the process of setting up care.

- *Had to find carers personally - was difficult "how can you choose if there is no-one to choose from?"*

Table 2 SDS respondents' views of SDS – in detail

Ref	Views of Self Directed Support
6	*Responses provided by client* SDS is meeting care needs and improving well-being Relieved that some of the money worries are reduced (was receiving no care before SDS) Has asked OCC to take back the management of SDS finances Concerned that SDS clients need to be able to use a computer Had to find carers personally - was difficult "how can you choose if there is no-one to choose from?"
7	*Reponses provided by main carer (mother)* Huge issues with organisation of SDS "No-one explained to me properly what Self Directed meant". Means test process was not good. Real problem for client's family keeping track of "who is doing what". The client contribution was not explained until it was too late and the care had been established. Response was "weren't you told…" hears this a lot from OCC. Broker left and mother had to take over all the organisation of SDS. The lines of communication have been blurred, who does what etc Transport money not being taken out of account. Delay meant money built up in SDS account (8 weeks payment is maximum allowed). SDS has enabled client to go to day centre which client "enjoys a lot" BUT at a cost emotionally to family's wellbeing especially mother.
8	*Most responses provided by main carer (mother)* "Broker was KEY" A lot of changes at the start (including a change of day centre) but broker supported them throughout. Broker protected them from "pushy day centre staff" wanting to know how much money the client had to spend from the assessment. No issues with the financial side of SDS However the respite time for carer is taken up with SDS paperwork "the paperwork is a CHORE I'd rather not have but can't see how the personalisation element would work if I didn't get involved".

11	*Responses provided by client and daughter* Broker assessed needs and developed support plan. But currently there is lack of clarity about extra respite hours. Finances all sorted by A4E, invoices are sent to A4E who then reimburse. SDS has been good for providing more options including more flexible and better respite – the days needed. Used a PA at the start – worked very well but as they live in a rural village and had to pay travel time it was too expensive. Would "love" to have this again. Broker seemed to reduce the time that everything took to arrange. SDS is "cutting out the bits in the old system that didn't work [for us] – like the evening carers". Now daughter does the evening shift which means money can be used for things the client enjoys and wants to do. However you "do have to think of everything in advance and let everyone know" (taxis, day centre etc) – whereas in the old system there was "one port of call and they cancelled everything".

4 Are care needs met?

Our discussions with respondents – clients and carers – included general background on the client such as the clients' hobbies and social networks.

This section provides an overview of this aspect of the research – the role of informal carer(s), family members and friends, and the degree to which the client is able to interact with others.

It also includes the client's (or carers) perspective on the degree to which their care needs are met.

4.1 Social contact

Most people in this research have limited social contact outside of their immediate family/carers. This is perhaps unsurprising given that clients in our sample were living with serious and limiting health conditions.

Some people however were able to stay in touch with a wide group of friends despite being in relatively poor health or with limited mobility.

4.2 Experience of care

Some clients have experienced difficulties in establishing an appropriate level of care.

- There was an issue with a client finding care in a rural village. *"Difficult to get help if looking for a small number of hours";*
- *Setting up SDS did not go well.*

Many of the survey respondents mentioned the need for better communication about care - access to information or to help and advice in the process of changing care.

- *[Contact with Social Services] is "never smooth sailing, constantly hanging on the phone trying to get through".*
- *"Would have been nice to have someone come in from OCC amongst all this upheaval and tell me what was happening with the changes. I would have felt more involved in the process".*
- *"Rules are so complex".*

Four out of the seven respondents attending day centres made unprompted positive comments about their centre.

- *"Loves the day centre"*

- *Day centre is "really really terrific"*
- *"Well looked after at day centre"*

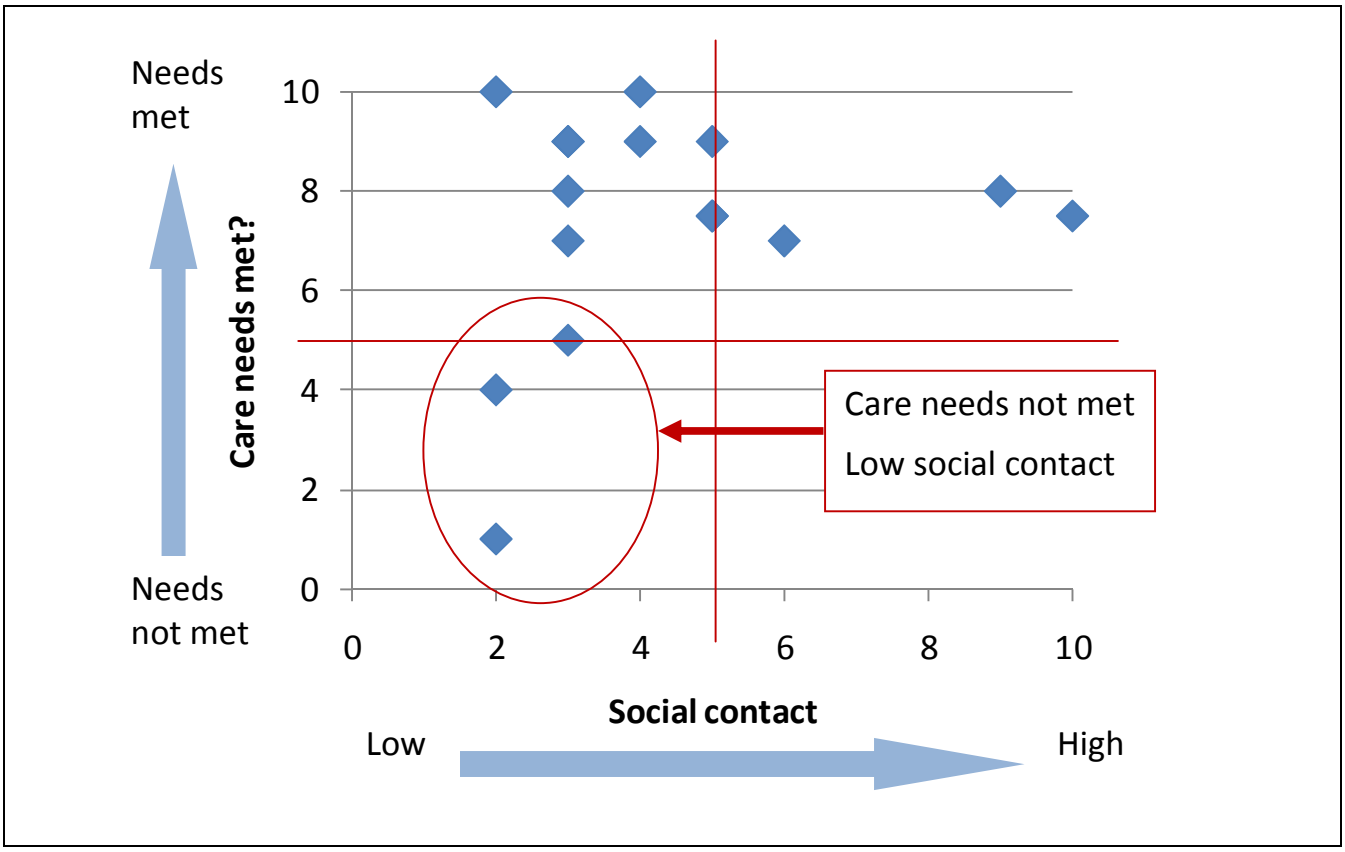
The following chart maps the respondents' assessment of whether care needs are currently met against our assessment of their current level of social contact.

The chart shows that most people in our survey have low or limited contact with others (5 or below on the horizontal scale) although two in the group are very well connected.

Most rated their care needs as 7 or above (vertical scale) – i.e. their need for personal care is currently mostly or fully met.

However there is a small group (three respondents) with low social contact and where their need for care is (by their own – or their informal carers - assessment) not yet adequate.

Figure 3 Care needs met vs social contact



Analysis of discussion in section 2 of guide "Your personal and social networks"

Table 3 Personal & social networks and experience of support – in detail

Ref	Personal and social networks	Experience of support	Care needs met?*
1	Unable to join in activities or conversation Frequent contact with family No connection with community other than health services	Daughter has to make contact with social services and notify if client is admitted to hospital (because of carers allowance). This is "never smooth sailing, constantly hanging on the phone trying to get through". Confusing information given on whether or not to notify.	7
2	Very sociable and well connected Sees family and friends regularly Is known to shop staff who support the shopping visits Has daily carers	Generally re OCC "they do listen" 3 years ago OCC decided to change to a new company providing care. Would have helped if someone had come out to explain the change (had got to know carers really well "bit of a shock"). "Fears were unjustified" the new carers are "very reliable and punctual" "Would have been nice to have someone come in from OCC amongst all this upheaval and tell me what was happening with the changes. I would have felt more involved in the process".	7.5
3	Main social contact is with mother (main carer) Regular at the local day centre	"Loves the day centre" OCC "keep changing things all the time. A little bit worrying" Happy with the way things are at the moment Does feel that OCC listens	7.5
4	"spends a lot of time sitting" Has daily carers and attends local day centre Some contact with friends and family	Care manager is "very responsive" Lack of choice of care companies. Current company is "becoming bad". Carers loaded with too many clients. Day centre is "really really terrific" Not warned about increasing cost of incontinence pads	10
5	Has daily carers and visits day centre Has warden on site Able to read Some contact with family Limited connection with other groups	Smooth process from GP to getting OCC round and implementing care package "Good carers" But "sometimes carers don't come until 11am and that is half the day gone, I have always been an early riser" "Well looked after at day centre"	9

6	Lives with spouse Very limited contact with other family Not able to be part of local groups or local community Carer once a week	Client is on SDS All new to the client as wasn't receiving anything before SDS PB meets care needs and has improved wellbeing of spouse	9
7	Lives with immediate family Attends Day Centre Not able to form relationships in community	Client is on SDS Very poor experience of SDS Setting up SDS did not go well. Main carer is client's mother who worries a lot about the money in the SDS account and feels her wellbeing has suffered as a result. Example of taxis always late but taxi companies only taking instruction from OCC transport "it's horrible, you think something is sorted…"	7.5
8	Main social contacts are immediate family, support worker and day centre	Client is on SDS Mum is main carer, didn't look for personal care but for help with socialising and keeping client occupied. All new as wasn't receiving anything before SDS SDS has meant client is more connected to the wider world – laptop, Day Centre, Support worker "good experience so far"	9
9	Loss of confidence due to illness Client does not like to socialise much Limited social contact	Client on Direct Payments Clients needs have changed over past 2 years but spouse doesn't know how to get this reviewed. Spouse finds it exhausting and wearing keeping track of where you are and who you have had conversations with "I am an intelligent and reasonable person – how do others cope?" Would help if those helping were proactive – "a person who can approach us and tell us what is available instead of me having to go cap in hand to them" Feels client is between Physical Health/NHS network and Mentally Ill network and teams don't communicate so they fall down between both. "Rules are so complex" Spouse very interested to hear about broker system	4

10	Can't join in many activities Some contact with immediate family Has daily carers Attends a day centre	Had bad experience with respite when husband ended up in hospital with dehydration Worst part of arranging care has been having to share finances with OCC – spouse felt "all exposed, we had been such a private family up until then" "there are expenses that people just don't understand when you are looking after someone"	5
11	Social contact limited to main carer (daughter) Attends lunch club in the village Attends day centre Has relief respite carer	Client is on SDS Needs are mainly met Process of setting up was good because of the work of the broker Lacks a key person at OCC who "glues it all together" Issues of sorting transport and training of carers to use hoist (especially when in clients home)	8
12	Unable to get out much Telephone contact with immediate family Able to call neighbour in an emergency	When Social Services came the client was between care home and hospital. According to Carer: "I was so confused I didn't know what was going on. I couldn't think straight". "Everyone was good. It was all very smooth. Person from Social Services was very very good. I sent a card after saying "thank you"."	*No response*
13	Client is sociable but doesn't like crowds or noise	Main support is the provision of the place at the residential home. Is in the process of moving to new home with more independent living, Wants more choice and control particularly over finances and buying food Would be good if client could find things to do personally – not relying on others all the time. Likes to be independent.	*No response*
14	Not able to join in activities	Big issues with Carers including one carer found to be an illegal immigrant and removed. This upset client and aunt as they had been close to the carer. Transport has always been an issue.	*No response*
15	Very active and very well supported by family and social groups Main support from immediate family. Other support from Personal Trainer, church, sports and social clubs	"On the whole OCC have been quite good". Parents have had to be firm about getting client access to activities. Otherwise may have ended up being allocated less. Chose NOT to go onto direct payments. Have heard from others that Direct Payments is complicated and slow – "you have to write it all down".	*No response*

16	Don't go out much Sit and watch TV most of the day Doesn't do anything alone	Have the support of spouse most of the time Two hours help per week from OCC Difficult to get help if looking for a small number of hours	7
17	Not able to join in activities	"Carers are a great help but they don't have enough time" As client can no longer go upstairs has to be bathed in the toilet downstairs "very undignified". Have asked OT for shower but told "can't put [client] on the priority list" why not? Trying to contact Care Manager not always easy. Have to leave messages.	1
18	Confined to house	Process of organising carers was fine and did take into account views of client and wife. Problem with respite is that it runs from Wednesday to Wednesday. "I have nothing but good to say about the carers group at Didcot"	10
19	"quite likes own company" "does own garden" Has daily carer Neighbour checks daily	Care was organised via social services at JR – all was fine with this process. Carer lives close by and is the regular Carer unless on holiday. Doesn't attend day centres, daughter thinks "it would do [client] good" won't be persuaded	9
20	Unable to participate in as many activities as would like Has "varied from being housebound to virtually bedbound" A lot of social contact	Has Direct Payment to employ PAs Given "Alternative to Day Care" grant, more flexible than PAs Although it is hard work "Direct Payments works well for me"	8

*Support needs met? Is from question with a scale of 1 to 10 where 1=Very unhappy, needs not met; 5=needs partly met; 10=Very happy, needs fully met

ANNEX 1 – Profile of respondents

A total of twenty people in receipt of social care services have participated in this study. Four of the twenty respondents are on Self Directed Support and two others have Direct Payments.

The research sample is relatively well distributed by age, gender and geographical location. Client respondents are representative of a wide range of health conditions (see tables below).

Table 4 LINk research sample by client's age and gender

Aged..	Female	Male
21 to 49	6	2
50 to 79	3	2
80 and over	2	5
TOTAL	**11**	**9**

Table 5 Link research sample by district of home location

Cherwell	3
Oxford	5
South Oxfordshire	3
Vale of White Horse	5
West Oxfordshire	4

Table 6 LINk research sample by living arrangements

Living alone	4
Lives with husband/wife and no others	6
Lives with family	9
In residential home or hospital	1

Table 7 LINk research sample by ethnicity

White British	19
Asian or Asian British (Indian)	1

Table 8 Health condition of clients in LINk research sample

Blind and has learning disabilities
Degenerative neurological condition
Development Delay, poor spatial awareness, limited language/social skills
Downs Syndrome
Generally in good health. Recently broke a hip
Housebound due to poor health
Has had strokes, poor memory, poor mobility
Learning disabilities, epilepsy
ME
Multiple Sclerosis
Parkinsons and Dementia
Parkinsons and depression/anxiety
Poor mobility
Poor mobility & bad arthritis
Poor mobility, breast cancer
Stroke, dementia
Stroke, prostate cancer
Wheelchair, neurological condition
Wheelchair, progressive heart problems
Wheelchair, stroke

All respondents are happy to be contacted again by the researchers.

Oxfordshire LINk Newsletter

Your voice on local health and social care

Autumn 2010

Calling volunteers for LINk Health Projects

Special points of interest:

Calling volunteers for 3 new projects

Inside this issue:

LINk Project Updates

'Have A Say' Fund

White Paper Consultation

Personalisation Events

Oxfordshire LINk has been busy over the summer months with the Healthbus, community engagement and collecting feedback from across the County about *your* health and social care services. Information gathered from the public, patients and carers has been collated and the following issues have been identified as current priorities:

- **GP Appointments system / Extended Hours Service**

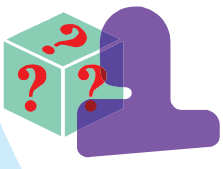
We are establishing a focus group to look into extended hours appointment systems in GP surgeries, to find out areas of concern, what works well and how that can be documented and shared with patients to improve knowledge and involvement in their local practices. For more information and to take part please contact ***Adrian Chant:*** adrian.chant@helpandcare.org.uk

- **Podiatry User Involvement Group Oxfordshire**

The project will assist in setting up a forum for Podiatry to help patients learn about and influence the availability of these services. We aim to improve public involvement in Podiatry service planning and design, enable those receiving podiatry services to be better informed about thresholds for receiving treatment in Oxfordshire. If you are interested or have any questions please contact ***Nicky Robinson:*** nicky.robinson@helpandcare.org.uk

- **Community Mental Health Services**

Do you have something you would like to say about the Community Mental Health services in your area? Would you like to be part of a project group looking at these services and how they work? Have you or someone you know used these services and had a good or poor experience? We would like to hear from you. If you have any comments or would like to be part of the group, please contact ***Sue Marshall:*** sue.marshall@helpandcare.org.uk



LINk Project Updates

Hearsay!

As promised at our Hearsay! event earlier this year, Oxfordshire LINk has been in touch with Social & Community Services at Oxfordshire County Council to find out progress with making the changes set out in the Hearsay! report. One of the priorities that came out of Hearsay! was that Social & Community Services needed to make information easier to access.

As a direct response to this, Oxfordshire County Council has produced a Carer's Information Pack. Over 600 packs have been distributed already and they are widely available from Carers Centres, via Social and Community Services' Access Team and from Oxfordshire LINk. Another response to the report is the 'Comments, Compliments and Complaints' leaflet has been sent to all GP surgeries and to all Social Services establishments in the County.

If you would like full details of the changes the council have been making and their plans for future improvements to your services, or to receive a copy of the Carers Information Pack and the Hearsay! recommendations, please contact Sue at the LINk office.

Personal Budgets

Earlier this year, the LINk commissioned an independent qualitative research project to understand people's experience of the new system of Self Directed Support and Personal Budgets in Oxfordshire. Self Directed Support has been piloted in the Banbury area since December 2008 and, according to the Oxfordshire County Council 'Transforming Adult Care' newsletter of August 2010, there are now 555 people with a personal budget in Oxfordshire. The final report is almost complete and will be presented to Social and Community Services and to the Council's Adult Services Scrutiny Committee later this month, at which time it will be available on request from the LINk office, on the website and a summary will be included in the next LINk newsletter.

Drug Recovery Project (DRP)

As LINk participants will be aware, concerns had been raised over the closure of the previous DRP service in 2007. We are pleased to have received information about the new service due to be implemented shortly:

The Howard House Project offers residential drug and alcohol detoxification and treatment for Oxfordshire residents over the age of 18. The 10 bedded unit is mixed, male and female and is situated in Oxford. This is a partnership project between SMART Criminal Justice Service, St Mungo's (homelessness support) and the Specialist Community Addiction Service. The project will be ready for its first resident from 1st November.

The service provides medically-monitored detoxification from drugs and/or alcohol. Residents stay for between four and 12 weeks (to be agreed on assessment & depending on assessed need). Anyone entering treatment at Howard House will be committed to becoming abstinent from drugs and/or alcohol and to changing their lifestyle. Treatment at Howard House includes:

- Daily support from a Residential Detox Key Worker
- Weekly appointments with a Detox Nurse
- Sessions with our Moving-on Worker to arrange accommodation and an exit plan ready for your departure
- Daily groups and support sessions with other residents
- Regular one-to-one sessions

'Have a Say' fund

Oxfordshire LINk is making a total of £5,000 available to local groups. We recognise the difficulties facing small groups & organisations with limited finances - the LINk will be offering the chance to apply for small grants (capped at a maximum of £500 each). Constituted voluntary and community groups are invited to put forward proposals that meet the LINk remit and grant priorities:

- Engaging with local people so that they can have their say on health and social care issues that affect them personally or the population as a whole;
- Engaging with people who use health and social care services;
- Engaging with groups and organisations who are helping to supply people with appropriate health and social care services.

*Application deadline: **15th November 2010***

If you have an idea for a project then please get in touch with the LINk office to receive an application pack.

Liberating the NHS Consultation

The government wants to make the NHS more efficient and improve the way that patients and carers get the treatment and care they need, so it is proposing the most radical shake up of the NHS in decades. These are outlined in a White Paper called **EQUITY AND EXCELLENCE: LIBERATING THE NHS.**

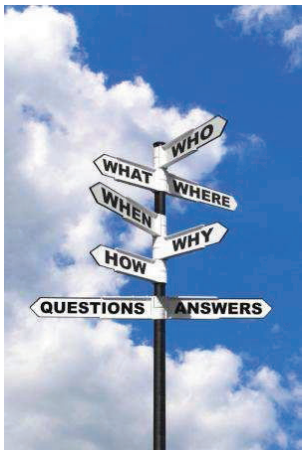
The government is now consulting on its ideas and proposals. To help this consultation, Oxfordshire LINk launched an online survey taking some of the issues identified in the White Paper, and asking about the most important priorities from the viewpoint of the public, patients, service users, carers.

To date we have received 28 replies and we would like to hear more from you. The survey will close on 8th October, we will collate all LINk participants' responses and submit a report to the Department of Health.

Community News & Events

Oxfordshire personalisation events

Oxfordshire County Council is holding four public events about personalisation in adult social care organised by the Transforming Adult Social Care programme.



- **5th November: The Mill Arts Centre, Banbury 1- 4pm**
- **19th November: County Hall, Oxford 4-7pm**
- **26th November: Windrush Leisure Centre, Witney, 1- 4pm**
- **10th December: The Cornerstone, Didcot, 1- 4pm**

What are the events about?

The events are intended to inform the public about personal budgets.

Who are we inviting to attend?

Anyone with an interest in personalisation, and very specifically the people who use care and support services for themselves, as well as carers.

For more information, please get in touch with

Transforming Adult Social Care
Social & Community Services, County Hall, New Road, OXFORD, OX1 1ND

Telephone: 01865 323667

Email: TASC@oxfordshire.gov.uk

Oxfordshire Local Involvement Network

Meet the Oxfordshire LINk Staff Team

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

Freepost RSAJ-YJXC-ATAT
Oxfordshire LINk,
Bourton House,
18 Thorney Leys Business Park,
Witney, Oxfordshire
OX28 4GE

01993 862855 (office) or
0300 111 0102 (information line)

OxfordshireLINk@makesachange.org.uk

www.oxfordshirelink.org.uk

Oxfordshire LINk would like your views about your health and social care services.

Strategic Commissioning Framework:

Day Opportunities for Older People

1. Introduction and Context

1.1 This paper outlines the strategic direction that Oxfordshire County Council will take in developing day opportunities for older people and their carers. It provides a commissioning framework, indicating the principles and processes that will underpin commissioning activities in line with national guidance, best practice and local priorities.

1.2 By 'day opportunities' we mean the things people want to do during the day. This covers all opportunities for older people whether it be the day, evening or at the weekend. This is different to 'day services', which refers to those services commissioned by Social & Community Services such as traditional, building based centres. The change in terminology reflects a shift from building based 9 to 5 'day care' which once entered became a lifelong service to a concept of offering a range of support and services on different days of the week in different venues that maximise independence and offer activities tailored to meet individuals' needs.

1.3 Older people need activity and interaction to live meaningful lives. For many people, this means occupational activity, making social contact and developing interests in the community and at home. Those eligible for social care services want to participate in their local communities in similar vein; some people need more specialist facilities and support to enable them to do so.

1.4 A Fundamental Service Review[1] was carried out in response to national policy direction which emphasises 'Independence, Choice and Well Being' and sets a new vision for the future of adult social care.[2] This approach was reinforced by the development of 'Ageing Successfully'[3] that sets out a strategic framework to support an ageing population in Oxfordshire and reflects these key policy drivers:

- Personalised services will promote independence, choice and control through the use of personal budgets to meet individual needs;
- A focus on health and well being, prevention, early intervention and community building to support people closer to home and avoid unnecessary admissions to hospital or residential care;
- More focused support for those with long term conditions such as stroke or dementia;
- Support will be relevant to marginalised and excluded groups, such as those from black and ethnic communities;
- Access to universal services information and advice is a priority.

1.5 Currently the majority of day services are funded through block contracts provided by the County Council. We have established that approximately 70% of the people who attend day services do not meet our eligibility criteria.

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[1] Fundamental Service Review of Day Services Oxfordshire County Council 2007/08

[2] 'Our Health, Our Care, Our Say: a new direction for community services' White Paper 2006; 'Putting People First: a shared vision and commitment to the transformation of adult social care' Department of Health 2007.

[3] 'Ageing Successfully- Forward from 50' March 2010.

Older people who are eligible for our services will receive a Personal Budget.

In the future and as more people elect to purchase their service themselves using a direct payment the County Council's ability to offer direct contribution to these services will diminish as it redirects its funding towards personal budgets. This will shift the purchasing decisions and power from commissioners to individuals who make their individual choices.

This means that providers will need to market their services to, people who have a personal budget as well as those that will directly access the service.

We found from our evaluation of the pilot for personal budgets in North Oxfordshire that "Previously people would have visited a day centre but people are now using their budget to pay for a personal assistant to take them out or using their budget to pay for a taxi to take them to and from hair appointments rather than visiting traditional day centres." Of 461 older people who were assessed and provided a personal budget, only 26 chose to spend part of their budget in day centres. We believe there is scope to increase the proportion of service users who use their personal budgets for day opportunities providing that the services are good and well marketed.

2. Current Position in Oxfordshire

2.1 Social & Community Services currently funds a range of day services for older people that are building based. These services are either delivered by internal staff or through directly provided services, commissioned from the independent sector (private, voluntary and community) or part funded through grants (Community Development). A much wider range of occupational or activity opportunities are provided by voluntary agencies, community groups and special interest groups.

2.2 The Fundamental Services Review (FSR) of day services in 2007/08 identified three categories of service provision (Appendix 1):

- Directly provided 7 County Council services based on resource centre and day centre models where most activity takes place in the building;
- 52 externally contracted services delivered mostly by the voluntary sector organisations based on day centre and luncheon club models;
- A number of independent non-contracted services that exist throughout the county e.g. in 1998 OXCIS published a list of 3,000 community groups and organisations operating in Oxfordshire. The County Council at the time of the FSR listed 2,000 organisations on its website. These provide opportunities for social contact for older people and are self financed

2.3 The FSR found that day services had developed incrementally resulting in geographical variability and inequity of provision across the County. Recent analysis suggests the service profile remains the same (Appendix 1). A few of the contracted services have stopped operating. There is evidence of internal services diversifying to provide outreach support and double shifts to meet additional demand within building based resources. However this is not

happening systematically across all centres. There is little evidence of improvement in extended or week end opening.

2.4 Therefore, the FSR recommended a more equitable distribution of resources based on three elements: resource and well being centres in the larger towns; contracted services provided in other localities and the encouragement of community based activities often without any financial support from the County Council. This strategy was endorsed by the former Social & Community Services Scrutiny Committee.

2.5 Oxfordshire County Council spends above the average of comparator authorities on day services- more than twice as high as the average. This reflects the fact that we support twice as many places as others. An analysis of current day services usage and referral routes for existing services suggests that approximately one-third of the attendees are FACS (Fair Access to Care Service) eligible, and therefore in future will receive a personal budget to purchase their services. The Council spends the following amounts on supporting day services for older people:

Current Oxfordshire County Council Day Services Spend		
Category	**External £**	**Internal £**
Resource centre model	**305,137**	**1,508,522****
Luncheon clubs	**54,134**	**-**
Older people mental health	**277,368**	**See note ***
Rest of the provision	**840,376**	**148,507**
Volunteer link up + Good Neighbour Schemes	**80,000**	
Transport	**1,596,479**	
	TOTAL £4,810,523	

* Expenditure for internal services delivering support for older people with mental health needs has not been split as most of the centres deliver care for a number of people in this category already.
** This allocation includes 3 current services (Banbury, Wantage and Didcot) that are either in development or will be developed to a full Resource Centre Model.

4 internal day centres that are currently not delivering a full resource centre model due to building limitations.

3. Vision for Day Opportunities in Oxfordshire

3.1 Oxfordshire County Council promotes a vision that supports flexible, personalised support to older people that enables them to take advantage of opportunities to:

- Enjoy social and leisure activities of their choice;
- Have access to community and social networks that maintain their independence;
- Take part in meaningful community, occupational and leisure activities;
- Participate in mainstream activities to meet aspirations to live as normal a life as possible without stigma.

3.2 The aims of remodelled day opportunities are to ensure that the older people of Oxfordshire have:

- Access to local and personalised services that are efficient and cost effective and involve communities, individuals and partners in their development;
- Access to support and services, which promote health and well being, allow real choices, based on wide availability of information;
- Support focused on improving their independence, health and well-being; and enable engagement in civic life
- Carers have access to short term breaks at times which suit them (including evenings and weekends)

4. Rationale and Key Issues for Future Day Opportunities

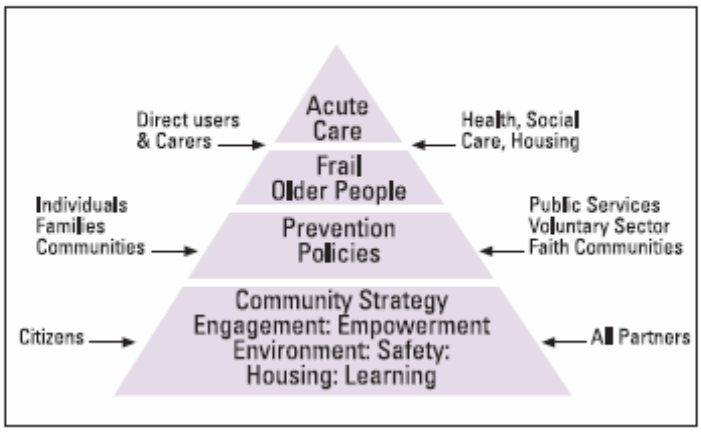
4.1 The medium-term future holds three key challenges:

- A potential increase in demand for health and social care associated with an ageing population and changing expectations;
- A reduction in the growth of public funding for health and social care;
- The predominance of chronic health conditions, which means more people require long term, complex care and support, e.g. Dementia, Stroke.

4.2 'Ageing Successfully' and the development of day opportunities place much greater emphasis and investment on promoting and maintaining well being and consequently deferring and preventing the need for more expensive, acute and intensive interventions. 'All our Tomorrows: Inverting the Triangle of Care'[4] states most resources for older people are focused on those with the most severe needs. Central to the Ageing Successfully strategy is inverting the 'triangle of care'. In Figure 1 the statutory services are concentrated at the tip of the triangle.

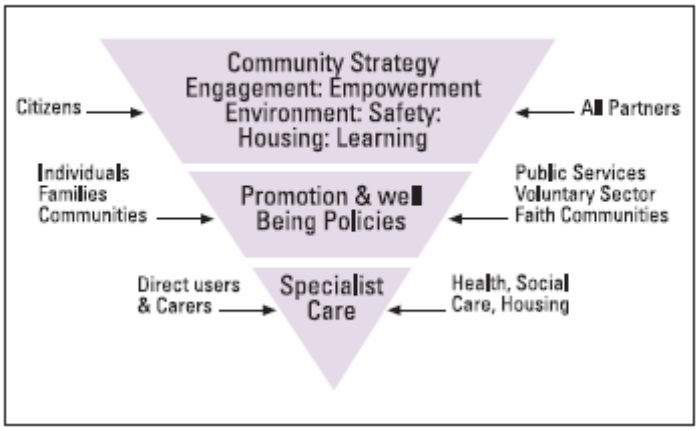
[4] 'All our Tomorrows: Inverting the Triangle of Care' LGA and ADASS 2004

Support for Older People Today *Figure 1*



The objective is to reverse the trend by inverting the triangle so that the community strategy and promotion of well being is at the top of the triangle and the extension of universal services for **all** older people is seen as crucial to **all** agencies, see Figure 2.

Support for Older People Tomorrow *Figure 2*



4.3 The ageing population is expected to place increased demands upon the health and social care system. Although national projections provide an indication of the potential implications for public expenditure, there are a wide range of factors that will shape outcomes in the longer term. For example, promoting healthier lifestyles and technological change (Telecare) will affect outcomes in health and social care as individuals are able to live longer and more independently.

Nationally:

- There are currently around four people under the age of 65 to every one person above that age. By 2029, this ratio will fall to three to one, and by 2059 it will become two to one.
- Approximately 1.26 million adults receive local authority-funded social care now. Over 1.7 million more adults are expected to need care and support in 20 years' time.

- In the next 20 years, the number of people over 85 in England will double, and those over 100 will quadruple.
- A fifth of the population of England is over 60, and older people make up the largest single group of patients using the NHS.
- Older people currently account for nearly 60% of the £16.6 billion gross social care expenditure by local authorities (2008/9).

4.4 For Oxfordshire, the Joint Strategic Needs Assessment predicts a large increase in the over 85s age group, especially in rural areas. This ageing population is healthier than the national average. Approximately 60% of general and acute hospital spend is for those over 65 years and a similar proportion of adult social care spend is on those over 65.

Population projections

Aged	**2001 census**	**2010***	**2015***	**2020***	**2025***	**2030***	**Growth on 2010**
65-69		28,400	34.800	31,800	35,400	40,900	44.0%
70-74		23,600	26.400	32,600	30,000	33,400	41.0%
75-79		19,300	21,400	24,300	30,100	27,900	44.6%
80-84		14,800	16,200	18,500	21,300	26,600	79.7%
85 and over		15,100	17,700	21,100	26,000	32,000	111.9%
Total	**87,900**	**101,200**	**116,500**	**128,300**	**142,800**	**160,800**	**58%**
Growth on 2010			**15.1%**	**26.8%**	**41.1%**	**58.9%**	

*Based on Office for National Statistics projections

4.5 Future day opportunities need to ensure:

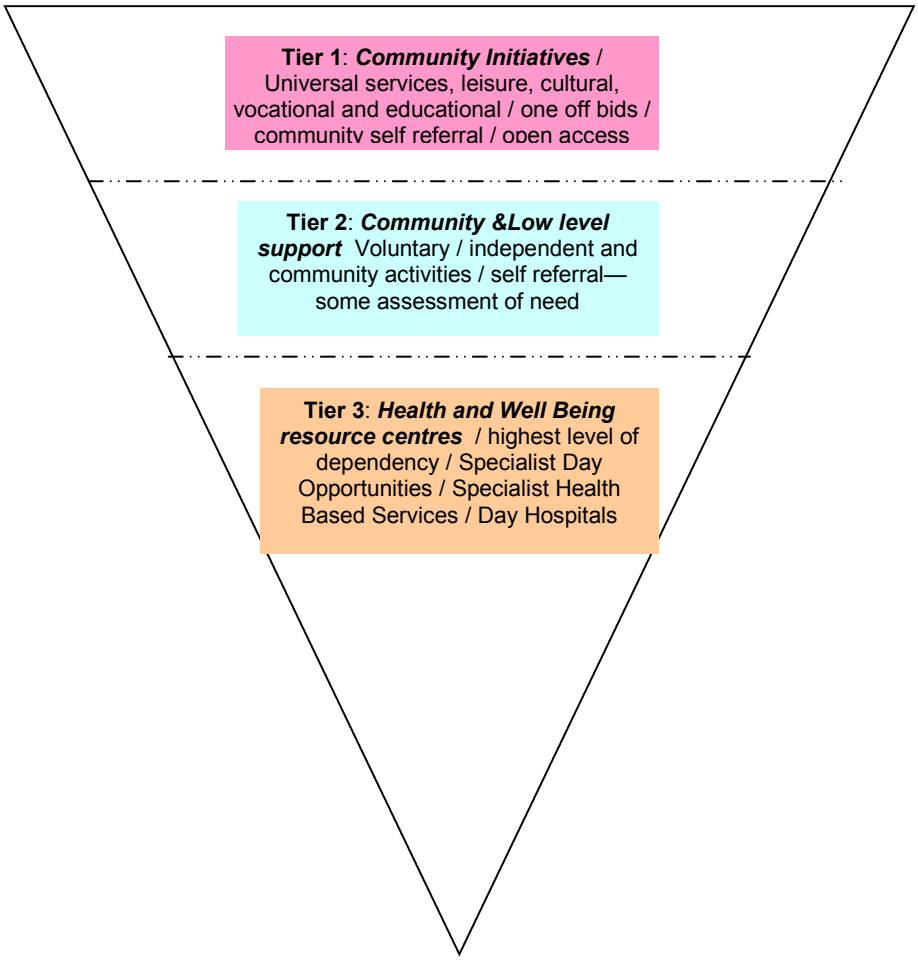
- Flexible support through extended week days and week end provision and services that are well connected with community based resources;
- Sufficient capacity to meet demand for specialist provision for those with long term, complex support needs
- Choice to meet the needs of black, ethnic minority and isolated rural communities
- Opportunities exist to develop further partnership working with health to maximise effective use of resources across the whole system of health and social care;
- Targeted towards the promotion health and well being, 'rehabilitation and enablement'
- To develop or maintain existing social networks, community links and activities;
- Carers receive respite in the evenings and at weekends.

5. Proposed Day Opportunities Model

5.1 The national and local developments outlined above should ensure older people to become better integrated within their communities. Reducing social isolation and the maintenance of independence is primary.

5.2 To deliver these objectives a strategic framework is required to underpin effective development of a flexible range of options and choices that can meet individual needs, not only of current users but those likely to need services in the future. This framework inverts the Triangle of Care (see Figure 2 above). Universal services become predominant. The need for older people to have information about what is available locally to meet their particular needs becomes paramount. The model is based on three tiers reflecting the range of universal services, specific support, and specialist social and health care provided to individuals and their carers (Figure 3).

Figure 3: Triangle of Care Three Tier Model



5.3 Tier 3 Specialist Health and Well Being Resource Centres (Building based) plus Mobile Services

This section of the paper describes the key aspects of tier 3 of the day opportunities model. It is proposed that tier 3 will have two key elements:

- Building based Health and Wellbeing Resource centres that will be available in major market towns
- And mobile services that will deliver very similar approach but will be there to specifically meet the needs of older people living in rural Oxfordshire.

It is proposed, that 7 existing building based services will be defined as Health and Wellbeing Resource Centres and ensure an equitable geographical distribution of resources across the County. They cover the major towns across Oxfordshire, (Banbury, Bicester, Witney, Oxford City, Abingdon, Didcot and Wantage).

Two of the above building based centres require updating and modernising (Wantage and Didcot). NHS Oxfordshire is also in process of modernising their day hospitals and it is therefore proposed that both organisations will explore possibilities to link the future development opportunities.

Users of the Health and Wellbeing Resource Centres are likely to be those who are assessed as having high levels of needs and are allocated a personal budget. There will be others who wish to purchase care and support.

All Health and Wellbeing Resource Centres will provide universal services, including information and advice. They will also encourage and support people who would like to attend the Centre but do not have a very high level of need.

5.4 A joint approach with health means there is the potential to provide specialist support short or long term to meet the assessed needs of those with the highest level of physical and mental frailty. This will include physiotherapy, occupational therapy, respite care, community nursing, speech therapy, chiropody, any step up/step down primary care provision and care coordinators to assess and review changing needs. In delivering this model service providers will be encouraged to work in partnership with other organisations and join-up services to provide innovative solutions to local issues. There will also be a need to harness support from volunteers.

5.5 It is proposed that all the future resource centres will be renamed and referred to as **Health and Well Being Resource Centres** (the practice already adopted for the Centres in Bicester, Witney, Oxford and Abingdon)**.** The key features of the provision in these centres will be to:

- Promote the health and wellbeing of older people and support their emotional and psychological well being;
- Provide early short term rehabilitation where there is the potential to increase or regain independence;
- Improve or rebuild confidence following a bout of illness so that people can live independently at home;
- Provide information and advice to reduce risk of falling, improved health and respiratory care, diabetes care, etc;
- Provide access to a range of universal health support (dentistry, podiatry, eye check etc);
- Improve awareness of the importance of healthy eating and nutrition
- Use self-assessment tools for simple services, like smaller aids and equipment and appropriate occupational therapy support and provision of mobility and equipment for daily living;
- Provide respite opportunities to support break for carers (7 days per week basis)

- Access to Occupational Therapy assessments and Community Psychiatric Nurses support for people with dementia;
- Provide a range of social, leisure, learning and exercise (7 days per week basis including evening opportunities);
- Respond to the use of personal budgets and develop imaginative, individualised support package which use mainstream services to meet needs;
- Targeted support for small groups of people who have similar needs or interest

Scenario:

1. Mrs J is 75year old and lives alone at home. She has had 2 falls where paramedics have attended. Mrs J was taken to hospital and was hospitalised on both occasions. After her last admission she was discharged after two weeks and referred to the specialist falls team for an assessment. The falls assessment nurse noticed that Mrs J had lost confidence, was not going out as much and she was showing signs of depression. Mrs J visited her GP who felt that she was depressed and made a referral to social care. Following an assessment Mrs J was offered a personal budget. Her Broker suggested attendance at her local Health and Wellbeing Resource Centre as she would be able to get access to lots of services. Mrs J decided to spend part of personal budget on transport and one day attendance at the centre. Staff at the centre felt that Mrs J would benefit from targeted therapy input and exercise classes to help her with her confidence and also suggested a range of social activities. In a few weeks Mrs J gained confidence and continues to attend the centre. Her centre also offers evening and week end activities. Mrs J has decided to attend evening line dancing and week end exercise classes. Mrs J also took up the offer of a free eye test available at the centre and was informed that she required new glasses. This was a possible factor in her previous fall. Mrs J's moods have improved (noticed by her GP) and she has not had any further falls.

2. Mr G. Mrs B and Mr Z have all had a stroke and have been allocated personal budgets. All of them have elected to attend their centre on a one day per week basis, to give their carers a break. Centre staff organised OT assessments and each one of them have equipment to help them with mobility. Staff have also organised a Speech Therapist to visit as all three have Aphasia (damage caused by stroke to one or more language areas of the brain). All three have continued to live in the community. Mrs B's daughter works full time. So Mrs B's attendance at the centre has increased. Mrs B comes 5 days a week from 8 am to 5.30pm so that her daughter can bring her to the centre and pick her up. This enables Mrs B's daughter to have peace of mind and continue in full time employment.

5.6 Mobile Services

Oxfordshire is the most rural County in the South East. Existing levels of financial resources and the changing financial landscape means that there is not the required levels of funding to replicate greater numbers of building based services across the County.

Therefore to meet these challenges, there is a need to ensure that building-based services are provided for those who need them most and who are unable to access services in other ways.

Building based services have their limitations as they tend to be more costly because of the necessary overheads, such as rent, building maintenance, heating and lighting costs. There may also be accessibility issues for people with a physical disability when a service is provided in an older rented building. The cost of transport is also a major challenge to the sustainability of these services.

It is proposed that there is investment in an adult mobile centre that would provide and deliver a range of universal services in the form of information advice provide targeted support. This is a proactive service that is targeted at older people in their own communities.

The purpose of the mobile service would be to provide a range of information, advice and access to services to vulnerable, isolated older people in both rural and urban areas including:

- Health information, advice and services, including access to assessment and low level equipment
- Other information and/or advice
- Improved outcomes as people are better informed to make choices
- An opportunity for isolated older people to meet with others in their community

A detailed model is being developed and will form part of the transformation of day services in 2011/12.

5.7 Tier 2 Community and Low Level Support

Currently, there is a wide range of day services beyond those provided in the resource and well being centres. Provision is a mixture of day centres and luncheon clubs. These are important for two reasons. Firstly, they exist in areas where access to a resource and well being centre is limited. This is applicable to both rural and urban areas which may be some distance away from resource and well being centres. This includes people for example living in Thame, Faringdon, Chipping Norton and Cutteslowe. There are currently approximately 50 contracted services, all run by small and medium sized voluntary sector organisations, that have the potential to move to a more preventative-based service which offers lower level support and/or acts as a bridge to Tier 1 support described below.

5.8 It is envisaged that the type and range of support for Tier 2 will be locally determined and people who use these services will tend not be eligible for social care support. Tier 2 services are likely to be used by carers who are seeking respite from caring those people who are frail or vulnerable but do not have high levels of need. It is suggested the 14 locality 'Closer to Communities' boundary areas are the focus for Tier 2 (**Appendix 3**). Local decision making will decide how the resources should be used in a locality taking account of local needs and the availability of universal services and community activities which do not require funding. The support therefore should have the potential to be delivered in a range of venues (including support in peoples own homes). It is envisaged that the needs will be locally identified. Communities will be instrumental in determining the best possible means of responding to meet these needs.

5.9 Tier 2 funded services for older people will need to ensure that they:

- Focus on the outcomes for each individual;
- Wherever appropriate act as enablers for individuals to access Tier 1 services;
- Contribute to the broader prevention agenda through the provision of health promotion activities e.g. the provision of a nutritious meal; prevention of hypothermia;
- Facilitate access to relevant sources of financial, health, social care etc;
- Address the needs of socially excluded groups, such as those from black and ethnic minority communities.

A community mentor or coordinator will facilitate groups in the community, supporting like minded people to get involved in a range of activities. The aim is to work closely with people to rekindle their interest in life, by encouraging them to get involved with planning activities. The outcome for individuals will be improved confidence and well being. This approach has universal appeal as it can be easily replicated for groups that have specific cultural needs.

It is anticipated that like minded local older people are supported actively in the short term (e.g. up to 12 sessions) to engage in activities of choice. After this short term support the group could be independent and be facilitated by members themselves. It is vital to have small groups so that the sessions can be of a high quality. Whilst active mentoring support will cease, regular contact will continued to assess the progress of the group and follow up on new ideas.

Scenario:

Mrs S was recently widowed. She had no children and lived in a small rural, isolated area. Mrs S never learned to drive and now finds herself totally isolated from the wider community. During a routine GP visit, Mrs S indicated that this level of loneliness and isolation was making her depressed and requested assistance with admission to a care home. Mrs S believed this to be her only option. Her GP was aware of the local community mentor scheme and offered to refer her to the scheme. Mrs S accepted this offer and was put in touch with people in similar situation. Within a few weeks and with the help of the mentor she joined a group of 12 people and was engaging in stimulating activities, exercise classes and other creative opportunities. Mrs S has now formed a network of friends and is able to engage in activities as well as socialise on a regular basis. She was supported to use public transport and use of alternatives as part of her community mentoring plan. Mrs S now uses taxis and public transport for shopping and socialising and has access to volunteer transport. Her depression has lifted and she has recently advised her GP that admission to a care home is no longer her priority.

5.10 A further variation of the above mentioned approach could be a localised service that is run by approved volunteers from their own homes for people in their immediate community. A few people (3 or 4) with similar needs can be encouraged to meet at individuals homes and engage in activities of similar interest. A key feature of this variant is ensuring compatibility of volunteer hosts and service users. Additionally, there will be a need to undertake CRB police checks and risk assess homes of potential volunteer hosts. This model is particularly useful to meet the needs of small groups of people.

Scenario:

Mrs L moved to be close to her daughter and has no social networks of her own, and speaks very little English. Mrs L's daughter and her family manage a fish and chip shop in their village. Mrs L became very isolated and this was picked up by a local Community development worker. Mrs L was put in contact with local volunteer group. It became clear that to provide quality support, Mrs L needed to be with other members of the Chinese community. 4 Older Chinese people were introduced to each other and were provided a volunteer host. Mrs L was able to communicate in her own language and was introduced to English classes and was able to improve her communications skills. Mrs L enjoys her weekly meetings and continues to participate in these groups. She is also able to accompany her daughter to the fish and chip shop and is able to engage with customers. Mrs L now feels a valued member of the community and also supports other older Chinese people.

5.11 Tier 1 Community Engagement

The sense of health and well being engendered by becoming or remaining a valued member of the community is well recognised by all those supporting older people. Individuals should be enabled to access and become active contributors to the range of universal social, leisure, clubs, voluntary and learning activities based in the community. Many older people may no longer need costly specialist provision if mainstream services were better prepared to accommodate their needs. 'Ageing Successfully' includes an initiative to ensure the 'Age Proofing' of services and professional practice meet this requirement. Making mainstream services more accessible will have high impact benefits for significant numbers of people.

To ensure older people enjoy a good quality of life a need has been identified to enhance community based options over and above the ones outlined above. Two options are proposed: the development of an adult mobile centre and one off bids for small amounts (no more than £750) of funding to support older people in their communities.

5.12 Creative and Innovative One off Bids

A small funding pot will be available to support local communities to support creative and innovative projects.

Scenario:

For example a parish council area identifies low take up flu vaccinations amongst its population aged over 75. The reasons are not well understood. A leaflet drop is planned at the cost of £450. The impact is measured and there is evidence of much greater take of flu vaccinations resulting in improved quality of life for older people.

5.13 Good neighbour Schemes

There are two schemes, very similar to one another (Good Neighbour Scheme and Volunteer Link up), that draw on the skills and expertise of people across the county, specifically within their own communities.

Alongside the Volunteer link up service, Social and Community Services have recently piloted nine good neighbour schemes across the County.

Both the services (Volunteer link up and Good Neighbour Scheme) provide a range of support including

- Transport for appointments, hospital visits or to Day Centres
- Errands, shopping or collecting prescriptions
- Minor household tasks, repairs or gardening.
- Visiting or befriending.
- Letter writing or simple form-filling.
- Reading to blind or partially sighted people.
- Signposting to information, agencies and services.

There are rich examples of the benefits that a Good Neighbour Scheme and Volunteer Link up can bring to individuals and communities:

- Enabling older and vulnerable people to retain choice, control and dignity in their lives - improving active participation and quality of life.
- Promoting wellbeing and independence / preventing or delaying the need for more intensive interventions and support.
- Changing the way people feel about living independently in their homes.
- Increasing vulnerable people's sense of safety and security.
- 'Filling the gap' that statutory services cannot provide.
- Providing access to transport.
- Overcoming loneliness and isolation.
- Volunteers extending their social circle and feeling more connected to their community.

5.14 It is therefore proposed that the current investments are brought together and consolidated. Further investment should be made to extend these schemes across the County. We will l consider investing in a volunteer driver scheme and a volunteer scheme that will provide a range of practical support.

5.15 To ensure that the service is delivered in a cost effective and consistent way, it is proposed that some aspects of the service be managed centrally. The central functions will include:

- overseeing of the developments to ensure that there is a consistent approach across the County
- administering CRB checks,
- developing policies and protocols.

6. Transport

6.1 A significant proportion of older people live in rural Oxfordshire and tend have poorer access to facilities. Currently 78% of people living in Oxfordshire live within 30minutes travel time (walking or by bus) of a major market town or Oxford. This means that 22% do not (**Appendix 4**). However issues of mobility means that many older people living in rural areas will be unable to or have difficulties in accessing local facilities by the means of some forms of transport.

6.2 Access to transport is a key theme that emerges as a barrier to enable older people to participate in meaningful activities. There is separate project that is piloting transport needs of older people with high level support needs. To shape the options for this project a number of focus groups were conducted to gain a better insight into transport needs for older people. The results of the focus groups indicate that older people prioritised their transport needs as the following:

- Hospital and GP appointments
- Shopping
- Socialising

The above mentioned project has invested in a Transport Advisor and is taking forward some of the approaches trialled in the Greater Manchester POPPS[5] scheme. Though the project is at early stages it is providing valuable insight that will support future development of options. Early findings are clearly suggesting that there is a significant need to support older people to access health and GP appointments.

Our initial analysis of this project is suggesting that 75% of journeys requested by Older people are for hospital or GP appointments. 14% of the requests are to support people with shopping and socialising. These results are confirming the findings of what older people stated as their transport needs

We have explored the reasons for this and have established that the existing Patient Transport Services Criteria (Health) have been reviewed and revised criteria introduced. The revision in criteria is meaning that a number of older and vulnerable people are unable to access the Patient Transport Scheme, with the result that they are making enquiries to identify alternative choices that may be available to them.

6.3 Historically we have funded day services and transport options, as a package. However transport is not core social care business. We are proposing that in future we will encourage people to make their own arrangements and support them to make these arrangements, rather than provide a service.

6.4 There are 87 known organisations that provide some form of volunteer driving service across the County. Of this estimated 35 are dedicated transport services. A number of these are very small and are there to serve Parish Council areas and work well for the local communities. How some of these are funded is not clear. However S&CS only support the West Oxfordshire scheme, based in Witney.

6.5 Existing funding for transport to support people accessing day services is in the region of £1.6 million. The investment is providing specialist buses that collect and bring people to the day centres. The Fundamental Service Review identified that for a number of older people who live in rural Oxfordshire, the journey to day centres proves to be long and demanding. By the time people arrive at the day centres some people could spend over one hour on the bus. However there is evidence to suggest that a number of people make their own arrangements and use other means of transport to access day services.

6.6 The existing transport arrangements have served us well and were the best 'fit' to achieve the most cost effective options. However, the down side of this model is the loss of flexibility. A number of initiatives and challenges that we face going forward mean that there is a need to re-examine these arrangements.

[5] Partnerships for Older People Projects (POPPs) was launched in 2005 to develop and evaluate services and approaches for older people aimed at promoting health, well-being and independence and preventing or delaying the need for higher intensity or institutional care.

6.7 It is proposed that the investment in transport is considered within the framework of this strategy and wide ranging options are explored to provide choice for older people. Going forward older people who will meet the eligibility criteria will have a personal budget that they may chose to use on various transport options.

7. Governance and evaluation arrangements

7.1 A number of consultation and involvement meetings with various stakeholders have taken place. (**Appendix 2**) Initial feed back from stakeholders is supportive of the proposed direction of travel. However those consulted were keen to see the detailed proposals. Understandably, in a period of uncertainty concerns are being expressed by providers. These relate to the lack of long term stability that local authority contracts provide and the unpredictability of the market when individuals will be using a personal budget to purchase care and support.

7.2 The aims of this strategy are framed within the Ageing successfully strategy, which highlights the need for service provision to be joined up, community led and locally determined. This approach is in line with localism aspirations outlined in the recently published white paper Equity and Excellence: Liberating the NHS.

7.3 This section of the paper outlines possible governance arrangements for the arrangements. We need to balance local decision making with central accountability. It must be stressed that these proposals will continue to be refined.

7.4 One of the central features of tier one and two of the service model is to devolve commissioning responsibilities and budgets as far as possible to those best placed to understand local needs. It is proposed that the 5 recently appointed locality Managers within Adult Social Care will be the accountable officers and lead the process in their area of responsibility. It is recognise that this is an area of significant change and therefore these Officers will be supported by officers who specialise in commissioning and contracting.

7.5 As lead Officers, the Locality Managers will:

- Be accountable for budgets and local commissioning plans ensuring investment recommendations and decisions are made within a best value framework;
- Ensure that in formulating the above plans seek the support of Strategic commissioning to take account of JSNA (Joint Strategic Needs Assessment);
- Work with commissioning officers and have a detailed overview of the local needs;
- Take into consideration specific needs of the local community e.g. ethnicity, deprivation, rural living;
- Ensure continuous involvement of local older people;

- Liaise with Commissioning and Contracts Teams who will be responsible for the development of the bid documentation;
- Establish local Boards;
- Work with Commissioning and Contracts teams who will take a lead role to identify and develop training opportunities for proactive engagement of older people.

7.6 The primary aim of the local board will be to ensure that the needs of the local population are met in fair and transparent manner. We anticipate that the Board will have a lead role in determining the local strategy and allocation of the budgets outlined in this paper as well as any other funding streams that are identified. It is further proposed that as these arrangements are established they would be well placed to determine and influence the allocation of place based budgets.

If agreed, the local Board will bring together, Local County and District elected members, relevant District Council Officers, LINkS/ Health Watch members, the Locality Manager or their representative, representatives of GPs, Public Health Leads and representatives of older people in the area.

7.7 It is proposed that the Board will have the following main functions:

- Operate within clear terms of reference;
- Work within clear processes and protocols for decision making which will have been prescribed centrally. e.g. identify roles and responsibilities of voting members vs. non voting members;
- Oversee the development of the strategy for the area
- Ensure effective engagement of local communities and neighbourhoods;
- Involve service providers taking care to adhere to principles of fairness;
- Ensure that the process of bidding is equitable and transparent;
- Resolve issues and disputes as fairly as possible;
- Should the above not be possible, escalate these to the dispute resolution panel.

7.8 In developing the governance structure there is recognition that to work effectively, the members of the Board, LINkS/ Health Watch and the Locality Managers will require support from a number of colleagues working centrally for the County Council

It is proposed that if the Board is unable to reach a resolution, the issues will be escalated to the Director for Social & Community Services. The Director will nominate someone to be responsible for resolving disputes. This process will be developed as part of the implementation of this strategy.

7.9 Choice, control and better information will be at the heart of delivering tiers 1 and 2; however these plans will be backed by older people and local voice. Existing LINks networks will provide a collective voice and will act as powerful consumer champion on the Board.

7.10 To ensure that older people are the centre of developments it is crucial that they are involved in discussions about priorities and opportunities for improving their health and well being. This paper proposes establishment of a group of older people who will be supported to review the revised arrangements.

8. Future funding

8.1 This paper sets out an ambitious agenda for future day opportunities for older people of Oxfordshire. A growing ageing population means that a strategic and bold approach is required, as small or incremental changes will not be sufficient to meet the scale of the challenge. Commitment and investment directed to keeping older people healthy and maintaining their independence at home will contribute to the savings Oxfordshire County Council (£200m by 2014/15) has to achieve.

8.2 The personalisation agenda presents organisations that are running the Health and Well being Resource Centres with a challenge. Organisations will have to draw on innovative thinking and have very clear ideas on how they will promote and market the centres so that they are able to attract sufficient income to cover their costs. The organisations will have to be creative and seek other sources of funding or forge strategic partnerships to ensure future sustainability.

8.3 Traditionally day service providers have relied on contracts with the County Council for the majority of their funding. Our proposed Commissioning Strategy means that in the future this will no longer be the case. Our expectations are that such services will generally be funded through three main income streams.

- An increasing number of service users will access day opportunities using their Personal Budget and will be charged for services based on a realistic unit cost by the provider.

- A fundamental part of the future sustainability for these organisations must be a shift towards income generation from those who are not FACS eligible for OCC support. Providers will need to be aware of the cost of their services and ensure that they charge a realistic unit cost to maximise this income potential.

- The third element will be funding within their locality from the funds made available by the County Council. The level of funding will depend on the local decision on whether the services offered by a particular activity meet the needs identified locally.

- Health and Well Being Resource Centres (Tier 3) will receive a contribution towards the cost of running the building based services to reflect the universal services they provide.

The above reflects a major change in the funding of these services and provider organisations will need to be clear about our expectations of them in this area.

8.4 There is evidence to suggest that small and medium sized voluntary sector organisations depend on health, District Councils and County Councils for their funding. Further more, the funding from the County Council comes from various sources, Adult Social Care, Community Services and the County Council's Partnership team. There is the potential for all these streams of finances to come together and the same distribution criteria applied to all. The impact of this approach would ensure equity across the County. Initial discussions between Adult Social Care and the Partnership team have taken place and there is recognition of a need for an integrated approach. A phased approach to bring these processes and funding stream together is being investigated. However wider agreements with health and Districts are not in place and therefore the table below is considering Adult Social care funding elements only.

8.5 Outlined below is proposed strategic resource shift to deliver day opportunities of the future. The table highlights a three year plan as there is recognition that the organisations supplying day services for older people will require support and time to achieve the desired change. The County Council wants to ensure that services are not disrupted leading to adverse impact on older people who rely on these services. The proposed financial resource model will be reviewed on an annual basis with a thorough review in year 3.

8.6 Health and Well Being Resource Centres are well placed to market their services to people with personal budgets and older people who have the ability to pay for their own socialisation. Going forward it is proposed that the County Council fund a coordination function for each centre, at a cost of £50,000 per centre. The centres will need to rely on attracting service users who will pay using their personal budgets or their own resources for the services that they receive.

As stated in our initial intentions, we will be assessing bids on:

- Innovation to achieve stated outcomes for older people
- Demonstration of financial sustainability
- Best use of building based resources.
- Use of volunteers to deliver services.
- Empowerment of older people who attend the centres

The existing 4 Resource Centres cost an average of £325,000 per year. There is an average of £90,000 of expenditure for running of the buildings (including cleaning) and furniture replacement. The remaining balance is for service delivery. These figures are provided as an indication of existing costs.

The Mobile Adult Services Centre will require an immediate £80,000 investment for the vehicle plus a total of £79,000 running costs per year thereafter. This includes £15,000 for vehicle depreciation. These costs are allowed for in Table 1 below.

8.7 The formula for determining the allocation for each area for Tier 2 services has taken into account the following:

- Distribution on the basis of 14 Closer to the Communities boundary areas.
- The numbers of people aged 75 or older within each of the areas
- Numbers of people in receipt of attendance allowance
- Levels of deprivation in all areas
- Diversity needs for the City and Banbury
- the impact of living in rural Oxfordshire

In calculating the amounts weighting has been applied.

Table 1

Area	**Current allocation £**	**Proposed allocation £**
Health & Well Being Resource Centres Including Older people Mental health **(Tier 3)**	**1,813,729**	**350,000 (£50,000 per centre)**
Mobile Adult Service Centre to compliment Tier 3	**Nil**	**159,000** (Inc £80,000 capital)
Community & Low level support **(Tier 2)** Please see the table 2 for patch based allocation and 8.6 for formula applied	**1,320,305**	**1,209,005**
Community Engagement **Innovative bids (Tier 1)**	**Nil**	**200,000**
Extension and consolidation of Good neighbourhood service/ Volunteer Link up + central costs	**80,000**	**150,000**

RAS 30% 0f the service element	**Nil**	**964,213**
TRANSITION/ FUTURE DEVELOPMENTS	**Nil**	**181,826**
TOTAL without Transport	**3,214,034**	**3,214,034**
TRANSPORT	**1,596,489,**	**250,000**(Investments in community transport)
Efficiencies	**Nil**	**1,346,479**(from transport)
TOTAL	**4,810,523**	**4,810,523**

Table 2

Oxfordshire County Council Closer to communities' boundary areas Appendix 3			
Notes: the local allocation is based on the 14 Closer to the communities' boundaries. Each boundary population over the age of 75+ is outlined and identified. In calculating the allocation a weighting has been applied for numbers of people on attendance allowance, deprivation and rurality. A 30% reduction has been applied, for the seven patches where there will be centres of excellence.			
Patch	**Total population of 75 +**	**Health & Well being centre allocated?**	**Initial Funding allocation**
Banbury	**5095**	√	**124,300**
Bicester	**2270**	√	**53,800**
Chipping Norton, Charlbury & Wood stock	**3220**	×	**99,000**
Burford & Carterton	**1785**	×	**51,000**
Witney & Eynsham	**3655**	√	**78,000**

Abingdon	4985	√	110,800
Oxford City	8035	√	190,005
Wheatley, Thame & Watlington	3285	×	99,800
Berinsfield, Benson & Wallingford	2065	×	69,500
Henley on Thames & Goring	3405	×	93,000
Didcot & Wallingford	2915	√	64,400
Grove & Wantage	2295	√	50,800
Faringdon	1860	×	60,700
Kidlington & Yarnton	2185	X	63,900
TOTAL	47055		1,209,005

10. High Level implementation plan

10.1 It is not possible to provide a detailed implementation plan for this strategy as a number of interested stakeholders need to comment and agree the detail outlined in this paper. Therefore, outlined below is a high level milestones plan. This will provide a guide timescales.

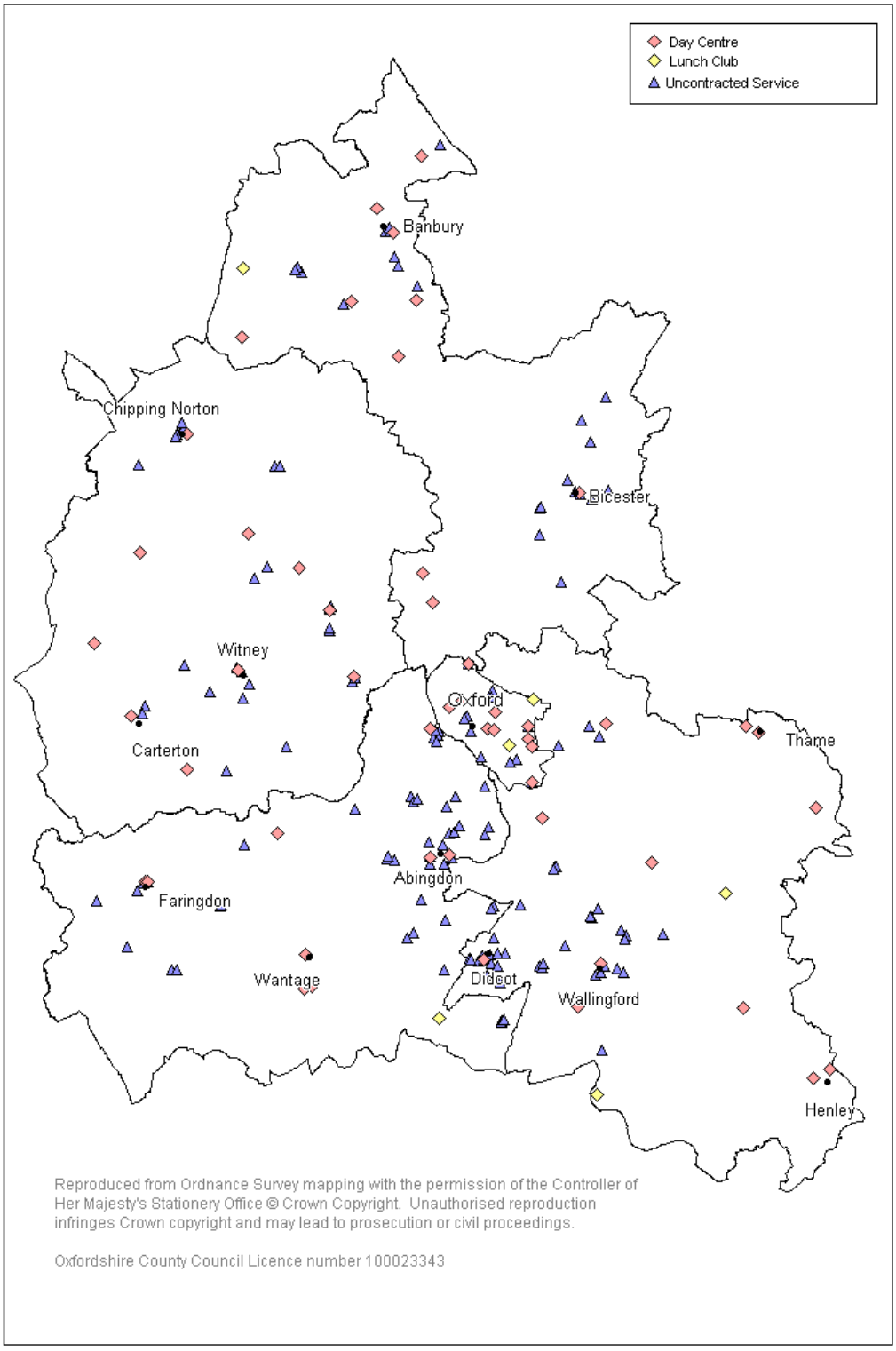
Table 3

Milestone	**Timescales**	**Lead**
Adult Services Scrutiny Committee	7 September	JJ
Draft paper	Mid September	VR
Communication with existing users of services	Ongoing/ formal October	VR/ Lisa
Provider stage 2 meeting	29th September	AC/JJ
Revised draft paper	Early October	MS/VR
Adult Services Scrutiny Committee	26th October 2010	JJ/VR
Consultation complete	12th November 2010	LG
Cabinet	16th November 2010	JJ
Develop a detailed implementation plan	End December 2010	VR/MS
implementation of revised arrangements in place	October 2011	VR/AC

List of Appendices

Appendix 1	Map outlining spread of existing internal, external and non contacted services
Appendix 2	Highlights of consultations
Appendix 3	Oxfordshire County Council Closer to communities' boundary areas
Appendix 4	Access to local town centres by foot and by bus
Appendix 5	Visual representation of the operational model

Appendix 1


Day Centre
Lunch Club
Uncontracted Service
Banbury
Chipping Norton
Bicester
Witney
Carterton
Oxford
Thame
Abingdon
Faringdon
Wantage
Didcot
Wallingford
Henley
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Appendix 2

Stakeholders	Date	Key messages	Actions
Members Briefing	4th May 2010	• Supportive of the overall direction • Good 'fit' supporting personalisation	• Incorporated in the strategic commissioning paper
Day Service Providers (Banbury)	24th May 2010	• Supportive of the overall direction • Require more detail • Anxieties about uncertainties this creates • Sustainability for some organisations if they were unable to secure funding	• to Scrutiny Committee 8th June 2010Decisions taken for Officers to meet with Reported sample of providers • 'Preparing the provider' workshop arranged 20th September 2010
Day Service Providers (Drayton)	27th May 2010	Same as above	• Same as above
Adult Social Care Scrutiny Committee	8th June 2010	• Full sign up to the model • Please involve members in decision making for local determination (tier 2) • Concerns about sustainability of organisations if they were unable to attract sufficient business • A need for robust governance arrangements identified	All feeds back informed the development of Strategic Commissioning document • Officers requested to attend Adult Social Care Scrutiny meeting on 7th September.
Internal Briefing Note To Staff	9th June 2010	This is available on the County Council Intranet	• Staff aware of the proposals
Age Concern Health & Social Care Panel	17th June 2010	• Support for the strategic direction • Involvement in the development of model and future monitoring	• Presentation was given and Officers invited to return in July for a further discussion
Oxfordshire Health & Well-Being Panel	17th June 2010	Report received by the panel	• Very little feed back received
Wychwoods Day Centre	24th June 2010	Concerns that the needs of those people may not be met if funding was reduced	• Officer and Member attendance at the day centre
Annual Commissioning	29th June 2010	Same as provider days	

Conference			
Headway (Oxford)	5th July 2010	• Better understanding of the future of services for people with acquired brain injury • Concerns going forward if people choose not to use day services with their personal budgets	• Officer discussion to explore benefits of offering further 'Preparing the provider' workshop • First workshop delivered 20th September2010
Age Concern Health & Social Care Panel	8th July 2010	• Concerns that services were available to all and not for eligible clients only • Access to transport • Encourage development of services • Encourage volunteering • Users to assess quality of services	• Feed back used to inform the strategic commissioning paper
Chinese Community Centre	13th July 2010	• Concerns that needs of BME communities were not over looked • Wanted to be involved in local determinations and ongoing development of services for BME groups	• Officers took away comments on the impact of proposed changes and these were fed back into the strategic commissioning document
Trustees of Daybreak Oxfordshire	29th July 2010	• Concerns that the needs of people with dementia were not part of the model	• Same as above
Cluster Day Centre	17th August 2010	• Concerns going forward if people choose not to use day services with their personal budgets	• Same as above
Headway (Oxford)	24th August 2010	• Discussion regarding how Personal Budgets might impact on the financial operating structure of the service.	• Same as above
Individual user feed back and user petition		• Users liked the internally provided services and did not want these to be market tested • Query about the external service provision	• Submitted the petition to the responsible County Council Officer • Informed the Cabinet member for Adult Social Care • Reported these actions to the Adult Social Care Scrutiny committee.

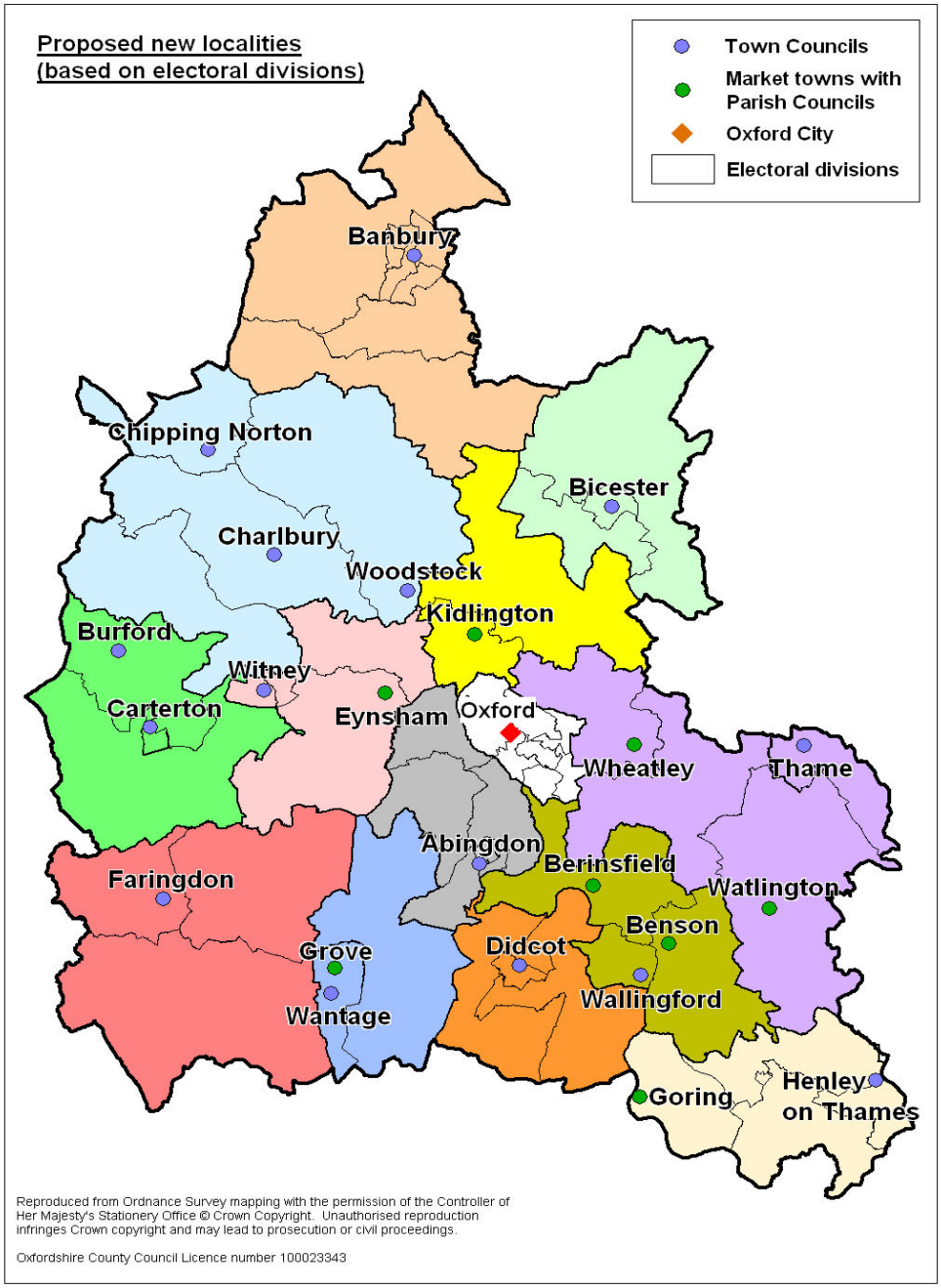
			• Individual responses sent to enquirers

Adult Scrutiny Committee	7th September	• Agreement to the proposals
		• Clarification requested:
		  ○ on Sustainability of services:
		  ○ support from S&CS
		  ○ encouraging intergenerational work,
		  ○ insurance for volunteer drivers
		  ○ Access to transport
			• Feed used to inform the development of strategic commissioning framework
			
			• Officers to attend future Adult Scrutiny Committee

Day Service Providers	29th September 2010	To feedback our proposals to Day services Providers.	

Appendix 3

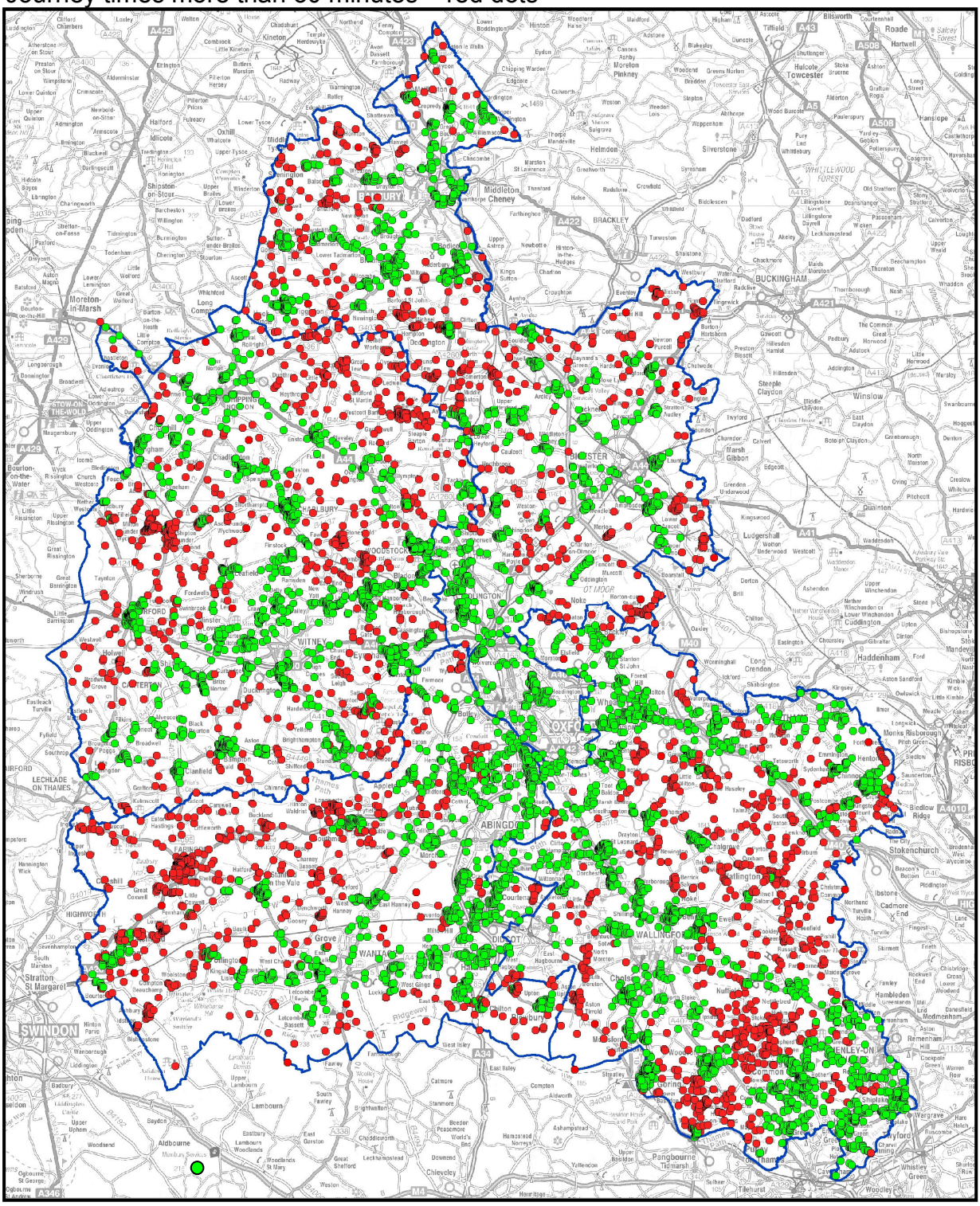
Oxfordshire County Council
Closer to communities' boundary areas



Appendix 4

Journey times less than 30 minutes – green dots

Journey times more than 30 minutes – red dots



Appendix 5 Visual Representation of the overall model

Overview of future arrangements

values	• access to a range of health and social care support under one roof • for individuals, regardless of funding status to be empowered to make informed choices • contribute to the reduction in dependency on long term intensive support • evidence of wide ranging partnerships that deliver care and support for the benefit of users attending • inclusive and geared up to meet the needs of people different social and cultural backgrounds • services are outcome focused and offer value for money • People are supported in managing risks and keeping safe • Services are flexible, responsive and accessible (extended opening vital) • Services are innovative and makes the most of locally available opportunities

	Tier 3 centres of Excellence	**Tier 2 Community & low level support**	**Tier 3 Community engagement**
Model	• Access to a range of universal health services ▪Exercise classes • Targeted prevention and • Evidence of effective rehabilitation • Access to OT assessments and equipment • One stop shop for information • Respite care for people with complex needs • Support for working carers (opening) • Extended hours socialising opportunities	• flexible community led support • small groups facilitated by community mentors • short term (up to 12 weeks basis) • self facilitated and sustained on an ongoing basis • smaller groups to meet culture specific needs (in own homes if necessary) • up to 5 weeks transport options to encourage participation	• 2 elements- mobile centre and one off small payments • Services that reaches out to people who are not able to get to services • Information advice • Access to targeted support
Target Group	Older people who: • are assessed as requiring rehabilitation support • with personal budgets who would like to attend for socialisation • wish to access range of universal	Older people who: • are not eligible for social care support • want support within their communities and not travel great distance • have culture specific need • are self funders	Older people : • In small rural communities where there are significant transport issues • In very small communities where there is a need to raise awareness of a range of issues

	health services at reasonable cost • have ability to fund their own care • wish to access information and advice	• live in rural communities	

Outcomes	• promote wellbeing in later life • ensure that older people can live independently for longer • engage older people in civic life • tackle social isolation by recognising older people's potential. • Relive carer stress by providing breaks on an extended basis • People in a position to make informed choices

Evaluation	• People enabled to continue living in their communities • Evidence of improved outcomes as a result of rehabilitation intervention • Organisations financial position demonstrating a healthy position for future sustainability • Evidence of better utilisation of building based assets • Carers reporting reduced levels of stress	▪ Evidence of reduced levels of depression in older people • Evidence of self facilitated groups sustained • Increased numbers of older people accessing socialising activities • Evidence of people enabled to make alternative choices ▪ Range of partnerships to meet the needs of older people

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ADULT SERVICES SCRUTINY COMMITTEE - 26 OCTOBER 2010

DELAYED TRANSFERS OF CARE

Report by Director for Social & Community Services

Purpose of the report

1. To update scrutiny committee on the performance, remedial action and strategy in respect of delayed transfers of care[i]

Performance on Delayed Transfers of Care in 2010/11

2. Delayed transfers of care are monitored weekly within Oxfordshire. The latest internal data is for week ending 8th October. This shows an estimated[ii] average weekly number of delays of 100. Although there were weekly fluctuations from April to June, figures remained fairly stable, averaging 70 delays. However from 27th June figures have increased and are now at 146 at 8th October.

3. The actual delays of Oxfordshire residents has been rising this year but performance remains above the level in 2007/8.

4. There have been changes in the level of demand for social care packages (especially for domiciliary care packages) which has put pressures on the resources available. This is not a reflection of any reduction in the resources available – the budget for home care is slightly higher this year than it was last year. The numbers of people being supported is similar to the numbers being supported at the same time last year.

Recent actions

5. The current situation is seen by all partners as critical and a joint working approach has enabled the following remedial actions to be taken forward. There is a joint programme board, which includes ORH, OCC and the PCT, working on a whole system approach. Performance is being monitored by senior management of both organisations at fortnightly meetings.
   - Review and re-assess 1800 domiciliary care users (October to December) to release capacity for additional discharges.
   - Negotiate further price reductions with domiciliary care suppliers to release capacity for additional discharges.
   - Prioritise the following service developments for hospital patients: dementia advisors, continence service, falls service, telecare and Alert service, day care.
   - Improve the efficiency and effectiveness of the reablement[iii] service by transferring management to Community Health Oxfordshire (rather

than shared with the County Council) and separating from the community rehabilitation service. (1st October)

- New service specifications for community rehabilitation (1st October) and reablement (end of October).
- Community rehabilitation service to use therapy rooms in resource centres to increase activity.
- Improve rehabilitation facilities in intermediate care (nursing home) beds by issuing a new service specification
- Increase therapy provision in community hospitals
- Provide 8 multi-disciplinary workshops (September to December) across wards and teams to change hospital discharge practice and culture, embed positive risk taking and early discharge, and use the full range of formal and community supports for discharged patients.
- Distribute and promote a new directory of community services to assist patient discharge.
- The Government has recently announced an additional £77m to boost reablement services in England. This will mean approx. £0.75m for Oxfordshire and work is in hand to release this as soon as possible. This funding will be used to pay for long term care for approximately 80 patients who are waiting to transfer from the reablement service. This will increase the capacity of the Enablement Service to cope with more people who are currently delayed and ensure that more people are able to cope without any care at all.

6. A review of 200 patients' discharge plans was conducted by an independent Review Team between 27-29th September to unblock delays where possible, and analyse reasons for the delays. The results of this exercise have led to a number of people being discharged and also identified a number of learning points for the system as a whole. These learning points will be incorporated into the planned multidisciplinary workshops referred to above.

Medium term strategy to address DTOC

7. The current situation indicates that the following strategy is emerging as the most effective to address the DTOC problem:
   - Challenge the risk averse nature of professionals (health and social care) which is wasting public resources and leading to poorer outcomes for individuals
   - Stop people going into acute hospitals setting by providing better support in the community (health and social care). This is being progressed by the Abingdon Whole System Pilot (multi disciplinary diagnosis and triage unit at Abingdon Hospital that starts on 1st November) and the Integrated Community Services pilot that is integrating primary care and community services on a locality basis.
   - Shift resources and services for older people from acute to community provision
   - Commission high quality intermediate care from the independent sector with high quality therapy and nursing input.

- Ensure that we have effective and efficient reablement services provided from a service run by CHO: this requires organisational change and better commissioning.
- Make much better use of universal services such as carer support, day services, information and advice, the ALERT service.
- Target new developments in dementia care, continence services, and falls services on hospital patients.

Conclusion

8. An analysis of delayed transfers of care against comparative activity and spend data suggests that demand has increased and, although we have maintained the level of investment, there are still cost pressures. The County Council has been working in partnership with the NHS to develop a strategy to address the problem of delayed transfers of care and have jointly developed and put in place a number of wide ranging plans.

9. In order to significantly reduce delays strategic and operational change is required across the whole health and social care system, and we are working hard together to improve the situation at all levels.

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[i] A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed. A patient is ready for transfer when: (a) a clinical decision has been made that the patient is ready for transfer and (b) a multi-disciplinary team decision has been made that the patient is ready for transfer and (c) the patient is safe to discharge/transfer. Nationally the average weekly rate of delayed transfers of care from all NHS hospitals, acute and non-acute, is measured per 100,000 population aged 18+ for the relevant council area.

[ii] The internal figures are estimates as figures for Oxfordshire residents in hospital beds outside Oxfordshire are not available and assumed. The figures in this report are for Oxfordshire residents only. Delays in trusts such as the ORH will be higher because of delays to people who live outside Oxfordshire.

[iii] Reablement means care staff support people in their own homes to regain the skills they had before (it differs from rehabilitation which is more therapy led).

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