

Oxfordshire County Council – Review of Daytime Support Response to the consultation: January 2017

Introduction

1. This report sets out our responses to the report of the consultation on daytime support in Oxfordshire. It should be read in conjunction with the cabinet paper setting out the recommended way forward.
2. In developing our understanding of the needs for daytime support in Oxfordshire, we listened to over 600 people who use daytime support, their carers, as well as providers of care and support, and community groups. People told us their priorities, and we took these into account in developing a new, sustainable model for daytime support.
3. The public consultation on this model launched on 1 November 2016 and closed on 20 December 2016. More than 1000 people responded. A wide range of people took part, including people who use services, carers, providers and professionals. People responded in various ways, including survey responses, focus groups, workshops, and written submissions, e-mails and calls. There were also three petitions. The analysis and full report of all responses was undertaken by The Campaign Company. The Consultation Report is available in the associated papers.

Key messages from the consultation

4. There are concerns about the funding changes to familiar and trusted services. The other significant concern consistently raised was the impact in the reduction of centres and staff on the quality of services experienced by people who use services. While these options were not universally supported, there was a preference shown for Community Support Service option A: Centre-based option for the Community Support Service over Option B: Mixed Option for the Community Support Service.
5. There was concern about the changes to transport and the importance of accessibility of services was emphasised. There was also an emphasis on the need for transition time and resources for currently funded services.
6. Key needs that were highlighted in addition to those already outlined in the questionnaire, included: carers' opportunities for work, the importance of routine and security, as well as independence and stimulating activities for people using services; and access to expert support. Specific references were also frequently made to the needs of people with autism.
7. Concern was expressed that people who are not classified as 'vulnerable', but who rely on daytime support centres, will be disproportionately affected. Many people also raised that there will be a specific negative impact on carers, due to less respite as a consequence of fewer centre-based activities.
8. There were also comments on the consultation process itself. This included a view that the proposals do not meet the needs of people who use services and

stakeholders, with some people saying that they do not take into account the feelings raised in previous engagement. Some people also expressed that more, and clearer information was needed on the proposals.

Response

The key changes or decisions in response to the feedback received are set out below. The full recommended way forward in response to feedback, is set out in the Cabinet paper.

Supporting people to live well – community & voluntary sector support

9. In response to the majority of people thinking our proposals for supporting the community and voluntary sector would not sustain and develop community-based daytime support well, we have made a number of changes.
10. To respond to how much people want to prioritise funding for existing, valued services, we are recommending to increase the **Sustainability Fund** to **£250,000** per year. We recognise the concern that defining high need narrowly according to areas of multiple deprivation may exclude services which are unable to become self-sustaining and are delivering much valued services to people in need. We will ensure that the criteria are set to reflect a **broad understanding of high need**, drawing on the index of multiple deprivation as well as the information we hold on the sustainability of services, the needs and resources of the local community, and how the service meets our aims for daytime support.
11. There were mixed views on the value the **Innovation Fund**, with many people using existing services, or providing them, wanting support to be focused on enabling these services to continue. However, there was some support for enabling the creation of new opportunities, to provide a broader range of sustainable options. We are proposing it is taken forward at **£100,000 per year**, and we will **co-produce the criteria** as recommended by Age UK Oxfordshire.
12. We understand the importance of **accessibility and transport**. We will focus our **voluntary and community sector infrastructure support** – led by Oxfordshire Community and Voluntary Association (OCVA) – on supporting the 50% of currently funded services which use council-provided transport, to identify alternatives.
13. There were recommendations to increase the time and resources available to community and voluntary sector services to transition towards more self-sustaining models. In response we are recommending an additional **£550,000** in a **Transition Fund** in the first two years, alongside additional **voluntary sector fundraising support**. This will provide more funding, time and support to enable these services to continue and adapt, developing and actioning their sustainability plans. This is dependent on cabinet's decision in relation to the adult social care precept.

Community Support Service – option A

14. We are recommending that **option A** – the centre-based option – is taken forward, in line with the preference shown during the consultation. How we are proposing to

deliver this – including information on buildings and costs – is set out in the Cabinet paper, and further detail in response to common particular concerns raised is provided in this paper.

15. There was some concern expressed that the benefits of the building-based model option A will only apply to those who can travel to the centres. This will be a countywide service, which will directly provide transport for people who are eligible for this support. Everyone who needs this support will receive it, irrespective of where in the county they live – this includes people living in more isolated, rural areas.

Personal budgets for people with eligible needs – supporting choice

16. We recognise that personal budgets and the choice it brings are not wholly welcome, and that for many people managing these and making informed choices is difficult. Nonetheless, it is important that people using daytime support have the opportunity to find out what is available and decide what works best for them, with the support they need to do this. We are proposing to invest an additional **£100,000 per year**, in **supporting people to make choices**. We will **co-design** this with people who would be eligible to use daytime support.

Tailored support for vulnerable people – expertise

17. The potential to help people on a one-to-one basis through the Wellbeing and Employment Support Service and the Dementia Support Service was praised in principle, but deliverability and cost were questioned.
18. In response to concerns about direct support delivery, we will work with the providers of the Dementia Support Service (led by Age UK Oxfordshire) to refocus it to **maximise direct delivery** of one-to-one support.
19. The consultation highlighted a lack of awareness about the Wellbeing and Employment Support Service. Whilst this could be expected at this stage as this is a relatively new service, we will work with the providers of this service (led by Kennedy Scott) to **increase publicity** and maximise the take-up of the opportunities it provides.
20. We received some feedback – primarily from specialist providers – that the Wellbeing and Employment Support Service is not well-equipped to support people with autism, and there is also a need in the county for additional dementia support. In response, we are proposing to invest an additional **£25,000 a year** in increasing the capacity of these services to support people with **autism**, and to enable them to train other daytime support services in **dementia support**.

Needs and impact

21. Key needs that were highlighted are addressed in this paper. Potential impacts on particular groups and how these will be mitigated, is set out in the updated Service and Community Impact Assessment.

Consultation process

22. We acknowledge that there were comments on the consultation process itself. This included a view that the proposals do not meet the needs of people who use services and stakeholders, with some people saying that they do not take into account the feelings raised in previous engagement. Some people also expressed that more, and clearer information was needed on the proposals.
23. We recognise that this was a complex consultation, involving a range of different services. We ensured that there were a wide range of options for contributing, and support available. We also provided information in different formats, including for example face-to-face and phone opportunities, and questionnaires in Easy Read. We identified key stakeholders as people currently using services directly affected by the proposals, their carers, and providers of these services. We worked with providers to share information and provide a range of opportunities for people to respond. We also sought to ensure other people were able to share their views, including people using services which do not receive direct funding from the county council, and worked with our partners Oxfordshire Community and Voluntary Action in this. Information was shared through a range of media, including in the local press.
24. The feedback we received during the engagement phase was critical to the development of the proposed options, though we acknowledge that some people felt that the options did not reflect this. The proposed model involves some difficult decisions to ensure that daytime support is sustainable and fit for the future in a challenging financial context. Nonetheless the model for daytime support is broad and provides a range of opportunities, from local, community-based support to specialist services. It also includes opportunities for continued development, including for new services to meet gaps for example through the Innovation Fund. We will work closely with partners throughout the transition and beyond, to ensure people are aware of the changes, their options and how they can get support.
25. We will take into account the detailed feedback on the consultation process, in planning future consultations.

<h2>Response to particular issues</h2>
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Additional needs identified

26. Carers' opportunities for work – We will ensure that people with daytime support needs who need full days of support, and carers who need full days of respite, are able to access this. The Community Support Service will work flexibly, providing support to meet the needs of working carers and carers with other responsibilities.
27. Importance of routine and security, as well as independence and stimulating activities for people using services – The recommended way forward for supporting currently funded community and voluntary sector services, is intended to support as many of these services as possible to continue and adapt. The Community Support Service will be delivered from 8 buildings, in response to people's preference for this model. Some of the reasons expressed for this were its familiarity, and the routine that a building-

based model is able to provide. Skilled and experienced staff – supported by volunteers with particular skills and interests – will ensure that stimulating activities are provided. People currently using services will be involved in designing the new Community Support Service.

28. Access to expert support and meeting particular needs – People with eligible needs can use their personal budgets on a range of services, including specialist support services targeted at particular groups. This includes, for example, support for people with autism, people with neurological conditions, people with multiple sclerosis, people with dementia, and people with learning disabilities. As above, we are proposing to invest in increasing the capacity of the tailored support services – the Wellbeing and Employment Support Service and the Dementia Support Service – to support people with autism, and to enable them to train other daytime support services in dementia support. Community and voluntary sector services supporting people to live well in their local communities, can also be targeted at particular groups. The Innovation Fund will support the development of new, self-sustaining initiatives, which includes those filling particular gaps. The Community Support Service will provide flexible, person-centred support by skilled and experienced staff, to meet a wide range of needs.

Community Support Service

29. We understand that people are concerned about the impact of a reduced number of centres on the impact and quality of care that people receive. This section will respond to particular concerns and how we will ensure that the new service provides good-quality, person-centred care and support to meet a wide range of needs.
30. Overcrowding and oversubscription – We have modelled the daily numbers of people we anticipate for each location, taking into account current and anticipated usage and potential demand, to ensure that suitable locations were identified which provide sufficient space. Everyone’s safety and wellbeing is paramount, and we will ensure that there are a range of different spaces to meet different people’s needs. Our skilled and experienced staff will involve people using current services in planning the future service, to ensure that it meets people’s needs.
31. Mixing people who use services with very different needs – We recognise that providing a single service for people with very different needs presents challenges. The general view in the working group held during the engagement phase of the review, including people who use services and carers, was that this could work providing buildings were large enough to accommodate groups with different requirements, enabling activities to happen alongside each other. Whilst there were concerns raised about the suitability of some people to mix, positives were also identified of opportunities for mutual support and meeting people based on shared interests, particularly beneficial for older people with learning disabilities for example.
32. Person-centred support - We recognise how important it is to ensure that personalised support is provided by experienced and skilled staff, to meet people’s particular needs and provide stimulating support. Our staff are highly skilled in enabling communication, including with people who are non-verbal, in order to support them to

have choice and control. The service will work with people to plan their support, to ensure it meets their needs and interests. Staff are experienced in involving people in service planning to meet their needs and we will ensure that staff are trained and equipped to deliver this. Each person will have a named support worker, to ensure their needs are heard, listened and responded to. Support planning will be a key part of the transition process, and the ongoing choices people want to make. Support will be reviewed and monitored throughout each year, to ensure it is helping people to achieve their personal goals and is meeting their various needs.

33. Difficulty of change – We understand that change is unsettling for people, and that some people with more complex needs have particular needs for continuity and consistency. We understand that change can be extremely difficult, and will ensure that our skilled and experienced staff provide full support to people in coping with these changes, throughout the transition.
34. Accessibility – There was some concern expressed that the benefits of the building-based model option A will only apply to those who can travel to the centres. This will be a countywide service, which will directly provide transport for people who are eligible for this support. Everyone who needs this support will receive it, irrespective of where in the county they live – this includes people living in more isolated, rural areas. We do not anticipate people needing to travel significantly further than they do now. For many people we anticipate that it will reduce, as smaller vehicles will be used and transport will be provided flexibly by support staff.
35. Transport – Using smaller, wheelchair accessible vehicles driven by staff enables us to offer more flexible, person-centred, community-focused and cost-effective support than our current arrangements. People who are self-funding their support can opt to purchase this transport support. Some of the council-services already provide transport in some areas, and current transport roles and responsibilities for staff will be further developed to meet the needs of the new service. Transport will be provided by support staff as part of their role, enabling them to further plan support around people's individual needs. The overall service will be robustly managed, and we will ensure that people's needs are met.
36. Transition – We will ensure the transition to the new service is robustly planned and managed. Our staff will fully involve people who choose to use the new service, in their transition. This includes supporting people to visit new sites, to understand new environments on an individual or group basis. Staff will use various communication tools to support people to understand the changes, and discussion groups in current services will help us to shape the new service to ensure it meets people's needs and aspirations. Staff will actively involve carers and families in this process. Each person will have a named support worker, working with them to understand the changes and to express what is important to them. They will work closely with the Transitions Team, in supporting people to make choices about their support.
37. Training – Our current staff have significant training in many aspects of social and health care. This includes, for example, person-centred support, total communication, intensive interaction, dementia, complex health needs. The competence and knowledge of the workforce will be reviewed and appropriate training made available

throughout transition, so our staff are fully equipped to meet the needs of people using the new service.

38. Role of volunteers – The core staff team in each service will have responsibility day to day for supporting people. We really value our loyal volunteers, who offer their skills and experience to benefit the people we support. We will continue to encourage volunteering in the new service, and we will explore further opportunities for specific activities and skill-sharing.
39. Meals – We recognise how much many people value having a nutritious meal, together with others. Staff will work with people to plan their support, and options for food will be varied. This could include cooking as part of a small social group, or as part of a skills for life session. It can also include the preparation of a simple hot meal by staff, or people choosing to bring in their own food.
40. Integrated support – Multi-functional spaces will provide further opportunities to support people with their range of health and social care and general support needs.