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Notice of a Meeting

Adult Services Scrutiny Committee Tuesday, 7 December 2010 at 10.35 am County Hall

Membership

Chairman - Councillor Don Seale

Deputy Chairman - Councillor Mrs Anda Fitzgerald-O'Connor

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

Notes:

A pre-meeting will be held for all members of this Committee at 10.05 am in meeting room 2.

A working lunch will be provided for all members of the Committee.

***Date of next meeting:** 8 March 2011 (budget meeting for all scrutiny committees on 20 December).*

What does this Committee review or scrutinise?

- Adult social services; health issues;

How can I have my say?

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

For more information about this Committee please contact:

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



Peter G. Clark
County Solicitor

November 2010

About the County Council

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

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

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

About Scrutiny

Scrutiny is about:

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

Scrutiny is NOT about:

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

What does this Committee do?

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

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

A hearing loop is available at County Hall.

AGENDA

1. **Apologies for Absence and Temporary Appointments**
2. **Declarations of Interest - see guidance note**
3. **Minutes** (Pages 1 - 10)

To approve the minutes of the meeting held on 26 October 2010 (**AS3**) and to note for information any matters arising on them.

4. **Speaking to or petitioning the Committee**
5. **Tracking Scrutiny Items**

10:50

- **Strategic Commissioning Framework for Day Opportunities for Older People**

On 16 November the Cabinet approved the implementation of the strategic commissioning framework to move to day opportunities for older people and carers within Oxfordshire.

INFORMATION SHARE

10:54

- **Progress Report on NHS White Paper 'Equity and Excellence' – Liberating the NHS**

To receive a verbal update from Councillor Dr Peter Skolar.

BUSINESS PLANNING

6. **Forward Plan**

11:04

The Committee is asked to note any items from the current Forward Plan which covers the time period December 2010 to March 2011.

SCRUTINY MATTERS

To consider matters where the Committee can provide a challenge

to the work of the Authority and its Partners

7. Transforming Adult Social Care: Progress Update and Q&A (Pages 11 - 14)

11:05

Contact: 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 (**AS7**) and will include detail on self directed support.

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 L. Stratford].

The Committee is invited to track progress, conduct a question and answer session and receive the update from the Self Directed Support Task Group.

8. Update from the Oxfordshire LINK (Pages 15 - 18)

11:20

An update from the Oxfordshire LINK is attached at **AS8**.

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

9. Update on Progress in relation to the National Dementia Strategy

11:30

Contact Officers: Varsha Raja, Assistant Head of Adult Services, (01865) 323618; Suzanne Jones – Senior Service Development Manager, Older People, NHS Oxfordshire, (01865) 334613.

In April this Committee received a progress update in relation to the national dementia strategy and agreed to review further progress in six month's time. It is now time to review progress.

A report is attached at **AS9(a)**, together with a minute from the Committee's April question and answer session (**AS9(b)**).

Ms Varsha Raja (Assistant Head of Adult Services) will attend to present the paper and to answer the Committee's questions, together with Mr Paul Purnell (Head of Adult

Social Care) and the Cabinet Member for Adult Services.

Mr Duncan Saunders (Service Development Manager - Older People's Mental Health – NHS Oxfordshire) will also attend for this item.

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

Working Lunch 12.30 – 12.45

- (a) Implementing the National Dementia Strategy in Oxfordshire - Briefing on Progress to Date as at 28 October 2010_ (Pages 19 - 28)**
- (b) Dementia Q&A Minute from the Committee's April meeting_ (Pages 29 - 34)**

10. Director's Update

12:45

The Director for Social & Community Services will give an oral update on key issues, to include an update on service and resource planning.

11. 14.30 approx 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.

ADULT SERVICES SCRUTINY COMMITTEE

MINUTES of the meeting held on Tuesday, 26 October 2010 commencing at 10.00 am and finishing at 2.40 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 Larry Sanders

Councillor David Wilmshurst

Councillor A.M. Lovatt (in place of Councillor Anthony Gearing)

Councillor Dave Sexon (in place of Councillor Tim Hallchurch MBE)

Other Members in Attendance: Cabinet Member for Adult Services: Councillor Arash Fatemian

Officers:

Whole of meeting K. Coldwell and S. D. Carter (Chief Executive's Office);
Head of Adult Social Care (Social & Community Services)

Part of meeting

Agenda Item

Officer Attending

6 A. Sinclair & A. Thompson (Social & Community Services)

7 (a) S. Butterworth (Oxon LINK), H. Grimwade (MM Consulting Ltd), J. Hutchinson (Oxon LINK), M. Melling (MM Consulting Ltd) & A. Sinclair (Social & Community Services)

7 (b) J. Hutchinson & S. Butterworth (Oxon LINK)

8 A. Colling & P. Purnell (Social & Community Services)

9 P. Purnell (Social & Community Services) & S. Mills (Oxfordshire PCT)

11 S. D. Carter (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.

88/10 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Councillor A. M. Lovatt attended in place of Councillor Anthony Gearing.

Councillor Dave Sexton attended in place of Councillor Tim Hallchurch MBE.

89/10 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE

(Agenda No. 2)

Councillor David Wilmshurst declared a personal interest at this Agenda Item in relation to Agenda Item 8 by virtue of being on the Management Committee of Chinnor Community Centre which runs a day centre three times a week.

Councillor Dr Peter Skolar declared a personal interest at this Agenda Item in relation to Agenda Item 12 by virtue of being Chairman of the Oxfordshire Joint Health Overview and Scrutiny Committee.

90/10 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 7 September 2010 were approved and signed.

The Committee thanked Ms Coldwell for the comprehensiveness of the minutes and asked for it to be minuted that the Committee is of the view that this level of recording is essential.

Matters Arising

80/10 – Proposals on Day Opportunities for Older People – Mr Colling undertook to provide the Committee with the responses to its questions as detailed on page 5 of the minutes (actioned).

84/10 – Future Items for Possible Scrutiny Consideration – Councillor L. Sanders drew the Committee's attention to the information which he had circulated regarding case law surrounding the application of NHS Continuing Health Care.

91/10 DIRECTOR'S UPDATE

(Agenda No. 5)

The Committee noted the update from the Head of Adult Social Care as listed below:

- *Internal Home Support Service* – the full proposals would be brought to this Committee's December meeting for comment;

- *Adult Placement Service (Shared Living)* – the Committee had previously requested data on the number of people receiving assistance, which was as follows:
 - 21 people with mental health problems;
 - 26 people with physical disabilities;
 - 87 people with learning disabilities;
 - 16 older people.

Net costs varied between £303 and £461 per week. The costs were at the higher end, as the service users were predominantly people with learning disabilities. However, this was a cost effective service. Officers had tried to increase the number of older people using this service in the past. The service was now under new management and it was probably timely to try to increase the number of people using the service, including older people.

The Cabinet Member for Adult Services stated that at the last panel meeting it had been encouraging to see that younger people were coming forward to offer the service to people, as well as older people. He further stated that there did not seem to be a problem with recruitment at the moment.

- *Prevalence of mental health problems in adults* – the Committee had previously requested any empirical evidence on whether the number of adults with mental health problems had increased over the past few years. Some data had been circulated to Members via email, but overall the statistics were hazy as there was little data at a national or local level. The available data showed that there had been an increase in common mental disorders between 1993 and 2007, by 17% overall and by 20% for women. Work on gathering more evidence was being undertaken by Oxfordshire PCT. This was important as the Directorate could then take this into account in its medium term planning and any further data would be circulated to the Committee once available.
- *Carers Services* – the procurement exercise for the new carers services was underway. Eight organisations had been shortlisted and invited to tender and two had dropped out. The intention is that the new contract will start on 1 April 2011.

The same amount of money would be spent on carers as previously, but it would be reallocated differently. Slightly less money would be spent on the new contracts to enable extra funds to be put towards personal budgets.

Officers were currently developing a service level agreement with the new Customer Contact Centre, who were engaging very positively with the brief. In two month's time, the Committee would have the opportunity to see the final Service Level Agreement. All staff in the Customer Service Centre would be trained to a basic level and there would also be some staff who would be designated specialists. Mystery shopping would also be carried out for quality control. There would be a number of options depending on carers' levels of need. If their level of need was deemed to be higher than information provision

they could be passed onto a social worker who would undertake a full community care assessment and offer them a home visit from a Carers' Support Worker if necessary. They could also be signposted to other Carers' Support Organisations.

A member of the Committee asked if there would be sufficient funds to provide the necessary additional support to carers.

The Head of Adult Social Care stated that it was anticipated that most carers could be signposted to places other than to a social worker and that this would be monitored in due course.

The Cabinet Member for Adult Services stated that the Council now wished to put more resources into services to carers rather than spend resource on infrastructure (ie the cost of the buildings for the Carers' Centres).

- *Intermediate Care Short Stay Beds* – a decision had been made in August of this year to end the contracts with Watlington Care Home (13 beds) and Millhouse Care Home (9 beds) which are both private providers. These contracts had already ended, but were being rolled over on a month by month basis whilst the Directorate decided whether or not it wished to renew them. The decision to terminate the contracts would save approximately £800,000 per annum. A decision had been made to spend this money on the re-ablement service, which was part of the strategy to reduce delayed transfers of care. The decision regarding Watlington Care Home had caused concern amongst some Members and the NHS. However, the occupancy rate was about 86% whereas officers would be looking for the mid 90's and this was one of the factors that officers had taken into account when making their decision. Officers had decided to review this decision in light of the concern and would be doing so at the meeting of the Joint Management Group on 12 November. The Head of Adult Social Care would be reporting to the Oxfordshire Joint Health Overview and Scrutiny Committee (OJHOSC) on 11 November on the current position.

The Chairman of the OJHOSC stated that the process used in making the decision was its concern, rather than the decision itself.

- *Service and Resource Planning and Star Chamber* – Star Chamber had been held the previous week and there was a lot of follow up work to be done. There were areas where it was thought that savings could be identified. Another star chamber would be held on 24 November.
- *Pilot with the NHS – Abingdon Whole Systems Pilot* – This pilot was designed to avoid unnecessary acute admissions of older people to the Horton and John Radcliffe Hospitals and was one of the Oxfordshire PCT Chief Executive's top priorities. Officers had decided to call the system a 'diagnosis and triage unit'. A multidisciplinary team of doctors, therapists and social workers would work as a team with local GPs to bridge the gap between acute hospitals and primary care. GPs would make referrals for older people that they thought needed to go to hospital and the triage unit would attempt to deal with them to avoid the need for admission to the JR or Horton.

- *Implications for Adult Social Care from the Comprehensive Spending Review*

There were three main financial implications:

- approximately £1 billion by year 4, starting at approximately £800,000 would go from NHS capital to revenue, then should be made available for 'social care that supports health'. This could result in about £8m per annum to Oxfordshire. All councils would have to wait to see how much of the £1b goes to Adult Social Care;
- the second tranche of money from the NHS to local authorities would be £1b per annum to the revenue support grant. However, the overall impact on local government is a 26% reduction in funding including the £1b;
- the Learning Disabilities and Health Reform Grant – further detail was awaited on this. It was thought that this was existing money going from the NHS to local authorities and officers had already transferred this money.

92/10 TRANSFORMING ADULT SOCIAL CARE: PROGRESS UPDATE AND Q&A (Agenda No. 6)

The report before the Committee (AS6) focused on the Adult Social Care Information and Advice (and Advocacy) Strategy.

Mr Alan Sinclair (Programme Director – Transforming Adult Social Care) attended for this item, together with Ms Anni Thompson (Business and Customer Service Manager and Workstream Lead for TASC Information and Advice Workstream).

Mr Sinclair reported as follows:

- Transition of all existing clients receiving long term support in the community to self directed support had started, with an expected completion date of March 2011. However, there were still 3,500 clients to be moved;
- Transferring the required number of people to self directed support by December was proving difficult and was the biggest challenge facing Adult Social Care at the moment;
- The new Independent Support Brokerage Service had started on 4 October. Although the capacity was good, insufficient brokerage had been purchased to provide for the number of people that were being transferred onto self directed support as part of the accelerated review process. This was because the Brokerage contract had been set up before it was intended to transfer people in a shorter period of time;
- The new Locality Teams were taking shape to meet the start date of 6 December 2010. The Locality Managers had been recruited and officers would be confirming the social workers and occupational therapists that would be in post that week;

- The TASC Team was running a series of Public Information Days on Adult Social Care (Refer report);
- The Transforming Adult Social Care programme would be ending by April 2011 and handover to business as usual was scheduled for that date. Scrutiny needed to be supporting the Directorate to ensure that there was a “safe pair of hands” for work to be handed over to.

A member of the Committee asked in relation to the current lack of sufficient brokerage for people who were being transferred to self directed support whether the Directorate would be focusing on the “most needy” and whether there would be some people without brokers who would have to set up their own support.

Mr Sinclair responded that brokers would be targeted and that Care Managers would ensure that all other people would be undertaking the brokerage role and supporting people to have their needs met.

Ms Thompson then updated the Committee on the Information and Advice Project.

Key points are listed below:

- The overall objective is to make high quality information and advice available to all adults and carers who need it;
- A summary of the Adult Social Care Information and Advice (and Advocacy) Strategy will be placed on the county council’s website;
- Oxfordshire County Council is the only local authority to have been accredited with the Information Standard and this means that a logo can be put on all publications. The website, leaflets and all other information must also go through the information standard process. All information must have been consulted with users and approved by Communications & Marketing before it goes live;
- The Directorate tries to go for no cost publications where possible;
- The Council’s web pages will be topic based in future which means that users will not have to first define themselves as a certain type of client (eg older person);
- All signposters will be provided with the same information - including the Customer Service Team - and there will be a public information database (the Information Hub). This is a comprehensive directory and one stop solution for online signposting, which will enable officers to aggregate information from partners’ websites with their approval. It will automatically harvest information from other websites and information will be automatically updated as other websites are updated. Information can be given from the Information Hub at any location;
- Marketing of the information will be very important so that people know what information is available to them and a marketing plan has been drawn up and will be finalised after Christmas. Meetings will also be taking place with a number of key stakeholders to ensure that they use this information and it will be important to ensure that there is no duplication of information. It will also be important to explore with stakeholders who will take responsibility for advising on a particular subject.

The Committee then noted the Self Directed Support Task Group update and that Councillor Lawrie Stratford is still a member of the Self Directed Support Task Group.

Ms Carter undertook to schedule a programme of Task Group meetings that co-ordinate with the scheduling of this Committee's meetings.

(a) Link report on Self Directed Support Research Project

Ms Margaret Melling (Oxfordshire LINK Researcher), accompanied by Ms Helen Grimwade (Oxfordshire LINK Researcher Assistant), Ms Sue Butterworth and Mr John Hutchinson (Oxfordshire LINK) presented the Oxon LINK's report on the findings of the Self Directed Support Research Project (AS7(a)).

The Committee also had before it the Directorate's response (Refer Addenda) which included the Directorate's responses to the summary of findings and research recommendations, which the Directorate accepted.

Mr Sinclair stated that Social & Community Services welcomed the research, which added to research already undertaken by the Directorate. Communication did need to be improved and people did need to realise that there were people to assist with the administration of personal budgets.

The Committee thanked the Oxfordshire LINK for its qualitative research, noted the Directorate's response and noted the LINK research group's wish to undertake further longitudinal research next year, which would also look at the impact of the Adult Social Care Information and Advice (and Advocacy) Strategy and the restructure of the Occupational Therapy Service and Care Management.

(b) To receive any updates from the Oxfordshire LINK

The Committee received the update from the Oxfordshire LINK (AS7(b)).

93/10 STRATEGIC COMMISSIONING FRAMEWORK FOR DAY OPPORTUNITIES FOR OLDER PEOPLE: FINAL PROPOSALS

(Agenda No. 7)

A report detailing the final proposals on the Strategic Commissioning Framework for Day Opportunities for Older People in Oxfordshire was before the Committee (AS8).

The Consultation was due to end on 12 November and the strategy would 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 Committee was invited to consider and comment on the final proposals.

Mr Paul Purnell (Head of Adult Social Care), accompanied by Mr Andrew Colling (Service Manager – Contracts) and the Cabinet Member for Adult Services attended for this item. Mr Purnell reported as follows:

- The Directorate spent £1.6m on transport out of a budget of approximately £5m (Older People). Most of this money was spent on special transport. This was not delivering the best service to people who might be sat on a bus for 1 ½ hours before they arrived at a day centre. Officers planned to leave £1/4m in the budget for community transport, such as Volunteer Linkup;
- Mobile Services had worked well in other parts of the country;
- The consultation period was still underway and there didn't appear to have been any objections to the overall shape of this strategy;
- As a result of the consultation the Directorate had decided to extend existing day services provision for another six months.

The Committee **AGREED** to advise the Directorate that it endorsed the final proposals for the Strategic Commissioning Framework for Day Opportunities for Older People, which in its view are very encouraging.

The Head of Adult Social Care undertook to pass on Councillor Seale's suggestion that a podiatry service be installed in the mobile services.

94/10 DELAYED TRANSFERS OF CARE (Agenda No. 8)

Mr Paul Purnell (Head of Adult Social Care) attended 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 have wished to ask.

The report before the Committee (AS9) provided 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.

The Committee noted the update.

95/10 FORWARD PLAN (Agenda No. 9)

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

No items were identified for consideration.

96/10 SCRUTINY WORK PROGRAMME

(Agenda No. 10)

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

Rescheduled and additional items are listed below:

December 2010

- Internal Home Support Service – discussion post Cabinet consideration.
- Update on NHS White Paper ‘Equity and Excellence – Liberating the NHS’.

March 2011

- Service Level Agreement for the Customer Service Centre.
- Services for Adults on the Autistic Spectrum – *ongoing* – including draft report to be used as the basis for the outline commissioning strategy.

97/10 TRACKING SCRUTINY ITEMS

(Agenda No. 11)

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

..... in the Chair

Date of signing

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Division(s): All

ADULT SERVICES SCRUTINY COMMITTEE – 7 DECEMBER 2010

TRANSFORMING ADULT SOCIAL CARE – UPDATE ON PROGRESS

Report by Director for Social & Community Services

Headlines for this update:

- Over 1,500 now have a personal budget
- Slow but improving progress on moving existing clients receiving long term community services to receiving a personal budget
- New locality teams go live on the 6 December 2010
- Start of trial of Turnaround project
- Successful Information Events

Introduction

1. This report summarises the key developments in implementing the Transforming Adult Social Care (TASC) change programme since the last update in October 2010 and will have a particular focus on the sustaining the change part of the programme.

Key Developments

2. **Key Developments since last months update are summarised below:**
 - Over 1,500 people now have a personal budget – this includes people who already have a direct payment.
 - Transition of existing clients receiving long term support is underway but is slow mainly due to the restructuring of care management.
 - The independent brokerage service is meeting its contracted levels and is working well
 - The new Locality Adult Social Care teams go live on the 6th December 2010.
 - Agreement to proceed with a revised approach to prevention
 - Trial of turnaround approach in north Oxfordshire has started
 - Public Information Days have gone well with good attendance and positive feedback. There is one further event to be held on 10 December in Didcot at the Cornerstone from 1-4pm.
 - Work is progressing well to improve the way we provide information on adult social care including Local Looking, the information hub and the changes to the web site.
 - The trial of payment cards has been agreed by the Programme Board

Sustaining the Change

3. The Transforming Adult Social Programme will end on the 31 March 2011. The programme will deliver against the agreed elements but there will be both new

and ongoing requirements that will need to be delivered to ensure that the changed way of working will continue to be delivered and sustained.

4. It is expected that where possible these areas of work will be undertaken as business as usual within the Council – both within Social and Community Services, Quality and Compliance and Shared Services. There are some financial requirements in 2011/12 that have been identified and will be funded by the remainder of the social care reform grant.
5. Overall there will need to a nominated lead person/service area to be confirmed before the end of March 2011 to own and ensure that the good progress against the programme deliverables are continued. The main areas here are:
 - Information and Advice
 - Prevention and Early Intervention – including the re-ablement, Turnaround and continence projects
 - Self Directed Support and Personal Budgets
 - Resource Allocation System
 - Brokerage
 - Support with Confidence Scheme
 - Market support and development
 - Working with communities and voluntary organisations
 - ICT systems and process development to support transformation
 - Organisational change
 - Workforce development and planning
 - Communications, marketing and engagement
 - User led organisation
6. The specific elements of continuing the work of the programme that need to be undertaken during 2011/12 can be broken down into 3 areas:
 - Delivering the efficiencies
 - Sustaining the change (Transformation)
 - Business development
7. **Delivering the Efficiencies includes:**
 - Ongoing development of the Support with Confidence scheme
 - Brokerage – contract monitoring and administration/allocation support
 - FACE Resource Allocation System development
 - Budget Monitoring and Financial Administration of personal budgets
8. **Sustaining the Change (Transformation) includes:**
 - Supporting the continuation of the work on prevention and early intervention
 - Information and advice support
 - Strategic manager, operational lead and project manager support for 6 months to oversee the ongoing development of transformation
 - Finance officer to lead and support the ongoing development of the Resource Allocation system
 - HR support to support the directorate with the number of major workforce changes

- Project management support to support the implementation of personalisation in mental health.
9. **Business Development includes:**
- ICT Developments: solution to support people find and engage support, payment cards, flexible/mobile working, calculating personal budgets, Looking Local and the Information Hub.
 - Training of social care staff in the new locality teams
10. We will also need to be clear about the future roles and responsibilities of the Programme Assurance Group the User and Carer Reference Group and the Scrutiny task force. All these groups have been critically important in the development of the deliverables of the programme. They currently have different roles and functions but are all becoming mostly focussed on the impacts of the changes on people.
11. This is the penultimate progress report from the Transforming Adult Social Care programme. The final report will be presented at the March 2011 Adult Services Scrutiny meeting. The report will cover the progress that has been made in achieving the agreed deliverables, the impact on clients and carers and the Council as well as the progress being made on handover of the key deliverables to business as usual.
12. **Upcoming key dates for the programme:**
- December 2010
10 December Public Information Event in Didcot
Adult Locality Teams started
Looking Local and Information Hub developed
Turnaround project trial
Transition of existing clients to SDS through to April 2010
- January 2011
Improvements to Social Care Internet web pages
Looking Local started
- February 2011
Sustaining the change areas confirmed
- March 2011
Information hub started
- 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

November 2010

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Your voice on local health and social care

Oxfordshire Local Involvement Network Update for Adult Services Scrutiny Committee meeting 7th December 2010

Public, patient and carer concerns, issues and compliments collected through LINK engagement and outreach activities during the summer and autumn have resulted in the following projects being taken forward during the remainder of this year. These are described below alongside existing project work:

Ongoing projects/engagement:

Self Directed Support (Personal Budgets)

The final report on this phase was presented at the last Scrutiny meeting and a written response received from Alan Sinclair. The LINK wishes to follow up on the research once re-assessments of those clients still receiving traditional services have been completed and after they are in receipt of Individual Budgets. We also intend carrying out research with minority and 'hard to reach' groups - a project plan is being drawn up to initiate this. As SDS develops, the LINK project would need to continue this work into the next financial year and is dependent on sufficient funding being available for the LINK during the transition year 2011-12 to make the full scope of the research viable.

'Social Care' Hearsay

The next quarterly report is due at the end of December. SCS have a detailed forward plan in place to address remaining actions from this year. A small group of Hearsay participants will be invited to meet SCS directors for more detailed discussion about specific issues raised through Hearsay. Planning is underway for the second annual event (provisionally on 11th March 2011) to hear if the quality of services people receive has improved, receive an update from the 2010 key recommendations, explore what further the LINK and Oxfordshire County Council can do to change or improve services and to set further recommendations for 2011-12. The full report for this year can be obtained from the LINK office or

www.makesachange.org.uk/cms/site/news/oxfordshire/hearsay-report.aspx

'Enter and View' visits to Care Homes

The LINK is making arrangements to carry out visits to 31 Care Homes initially, the criteria being size, locality to evenly cover the County and a range of service providers. LINK authorised visitors (in pairs) are now making arrangements with the Homes which they have been asked to visit. Managers of all Care Homes have been informed by both Andrew Colling and the ones selected to visit by the project lead, Mary Judge. Questionnaires for both staff and residents have been drawn up for consistency across the visits. There have inevitably been some delays before the visits can start and it is unlikely that we can produce a report before the end of February at the earliest.

'Health' Hearsay event – 26th October

Using the Hearsay model, this an engagement event to gain patient and carers views on Outpatient Services provided by the Nuffield Orthopaedic Centre (NOC) and to give patients & carers the opportunity to speak directly to those who manage and deliver the services and make suggestions for improvements, feedback what works well and

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together form a list of key priorities. A commitment has been gained from the NOC to look at these comments and to implement improvements suggested, where feasible, or obtain clarification as to what services or procedures are not able to be changed. (The event had not taken place at the time of writing – a verbal report will be shared at this Scrutiny meeting).

Drug Recovery Project

The new Residential Detoxification Project was opened at Howard House in Oxford on 1st November. The LINK will be holding a further meeting in public during January 2011 to report back to those who have taken part in the project and on the new service as it develops. We will also arrange a visit to the service, for information purposes, once it has become established.

Other projects:

Community Mental Health Services

A questionnaire is being used with those who have approached the LINK to find out more details of people's experiences with services provided through Community Mental Health Teams (CMHTs). We are working alongside the CMHT service manager and OBMH PPI lead, receiving information about all nine CMHTs regarding caseloads, vacancies, availability of interim support and waiting times for various services including 'Talking Space' (Psychological Therapy Service). A Project Group Open Day took place on 12th November to disseminate information, receive further first hand experiences and agree next steps. OBMHT, Oxfordshire MIND and Oxfordshire PCT will be informed about initial findings.

GP appointments (extended hours)

Interviews have taken place with those who have referred comments to the LINK, to provide a framework for issues and the project remit. The first focus group meeting took place on 26th October. A report from the group is about to be finalised and will inform the next steps, alongside PCT and GP Patient Practice Groups (PPGs). Further work will be required in 2011 to inform PPGs and GP consortia about engagement potential, with support from the LINK leading towards the establishment of GP Commissioning and local HealthWatch.

Podiatry

The LINK is collaborating with the PCT on a survey being conducted, which will also inform service users about the LINK and the project. We are following up with respondents to gain a better insight into their experiences of service provision. There is a specific concern about Podiatry services in the Headington area – individuals have contacted the LINK and we are looking to establish a user group to inform the PCT of issues.

LINK Partnerships:

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

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Oxfordshire Unlimited

The membership project is underway to assist in the development of this User Led Organisation for those with physical disabilities in Oxfordshire. This partnership project is providing Unlimited with the ability to increase its membership and become better known throughout the county and hence to offer to the community a key reference base for information and services in the future. Copies of membership packs will be available at the meeting.

Oxfordshire Neurological Alliance

The LiNk is providing ongoing support for the local branch - supporting ONA to publicise its work and raise public awareness - and the LiNk is helping to produce promotional materials, publish a website and provide additional channels of contact with local people.

Community Chest / 'Have a Say' Fund

The LiNk wants local people to have a voice and to recommend changes to services. We recognise the difficulties facing small groups & organisations with limited finances and the LiNk is offering the opportunity to apply for small grants (maximum £500 each). Constituted voluntary and community groups have been 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. Five applications have been received to date and will be assessed by the LiNk Steering Group and Host representatives. The fund will continue to be promoted until the end of the year.

Current and past LiNk newsletters and bulletins can be found at

www.makesachange.org.uk/cms/site/news/oxfordshire/latest-oxfordshire-link-newsletter.aspx

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Update 23/11/10

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ADULT SERVICES SCRUTINY COMMITTEE – 7 DECEMBER 2010

Implementing the National Dementia Strategy in Oxfordshire

Briefing on progress to date – as at 28 Oct 2010

Previous reports

This report describes progress with implementing the dementia strategy over the last three months. This is an update of the position in the July report (Refer Appendix 1). Full background material is found in the July report.

Outcomes of change for Oxfordshire

The overall aims for Oxfordshire are as follows:

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

Oxfordshire work to date and next steps

The Dementia Development and Implementation Board (Members = Oxfordshire PCT and Social & Health Care commissioners, providers, clinical leads, voluntary organisations and patient / carer representatives) was established in 2009 to oversee and direct the work.

The priorities have been divided into five work areas:

1. Living well with dementia
2. Early diagnosis and complex care
3. Early onset dementia
4. Information provision
5. Cross cutting work

The work so far under each of the workstreams is presented below, along with the next steps:

1. Living well with dementia

Peer Support

A peer support approach has been agreed and pilots for this approach are being implemented. 4 pilot projects have been agreed, with 2 of the 4 service specifications produced.

Next steps:

- Produce remaining service specifications, commence pilots and agree evaluation methods.

Improved community personal support

Additional work has taken place to market the service. The service now supports 19 service users, with capacity to continue to maintain those packages until the end of the pilot in March 2011.

Next Steps:

- The service has undergone an evaluation process with the recommendation (due to the length of the pilot) that it continues, in order for there to be a more detailed evaluation, to ascertain the outcomes associated with the scheme and, in particular, to what extent there may be cost savings to Oxfordshire County Council.

Implementing the National Carers Strategy

A specific service for carers of people with dementia has been set up. This includes training for carers. The first training session took place in July. 3 of the 4 courses for family carers have delivered dementia specific training to 20 carers. 4 further courses aimed at care workers and managers have been delivered to 40 staff.

The provision of the additional Cognitive Behavioural Therapy (CBT) element has been agreed with Oxfordshire and Buckinghamshire Mental Health NHS Trust (OBMHT) and a Clinical Psychologist for the CBT element has been recruited.

The general Caring with Confidence Training Programme for family carers is fully booked (50 carers attending).

Next steps:

- Evaluation of the CBT element will complete in October 2011
- A further business case to continue Caring with Confidence is being submitted by the carer's forum.

Housing support and assistive technology

An assistive technology forum was held on 30 June. This brought together suppliers and housing/care providers to investigate new technologies and how these can be best used.

Next steps:

- There will be a pilot of 3 or 4 specific pieces of technology within Oxfordshire, with an evaluation of their impact on keeping people independent.
- This work has still to be developed. The Telecare service will be taking this forward.

Living well with dementia in care homes

Projects are looking to ensure we reduced the prescribing of antipsychotic medication .in care homes and improve care generally. The projects have completed the following:

1 Publish and distribute. “Best practice Guidelines” for care home staff working with people with dementia. Final draft will be completed by Friday 26 November.

Next steps:

- Distribution and implementation with a training plan for staff within care home settings December 2010.
- Office of Disability Issues (ODI) project enabling people with dementia to engage in meaningful activity within and outside the home. Through the use of personal budgets small amounts of funding will ensure that the cared for take up meaningful activities. It is only a pilot at this point in time in a small number of homes.

2. Early Diagnosis and Complex Care

Early diagnosis of dementia

An agreed pathway for dementia diagnosis has been agreed within health providers, Oxfordshire PCT and Social and Community services. A contract variation with OBMHT was signed off in November 2010.

Next steps:

- Baseline activity recording will take place December 2010 – April 2011
- Full implementation will follow in the financial year 2011/12.

Improved care in general hospitals

A clinical lead for Oxford Radcliffe Hospitals NHS Trust (ORH) has been appointed: Dr Sarah Pendlebury. A project team to look into the care of people in general hospitals in Oxfordshire has been established, to be chaired by Dr Pendlebury.

Next Steps:

- Baseline recording of dementia in ORH taking place September and October 2010
- A Pilot process for cognitive assessment on admission is taking place September and October 2010
- The business case will be prepared by November 2010
- Implementation will begin January 2011, with full implementation to follow through 2011/12

Improved intermediate care

Intermediate care for people with dementia is already in place across the county, and is being reviewed currently, along side all community rehabilitation services.

Next steps:

- The production of a clear service specification for community rehabilitation services.

End of life care

An action plan for End Of Life Care (EOLC) in dementia has been created.

Next steps:

- The identification of models of good practice for EOLC in dementia.
- A training event for EOLC at Sobell House on Dementia is planned for April
- There will be a 30% increase in people with dementia on the EOLC register by the end of the year.

3. Early Onset Dementia

The needs of Younger People with Dementia (YPWD) have been scoped by a project team. The team, chaired by The Clive Project, has investigated the current pathway for YPWD and has looked at services for this group in different areas of the country.

Next steps:

- The needs assessment for YPWD will be expanded to include the needs of people with learning disabilities and dementia, and those with an alcohol related dementia.
- A service proposal/business case for an Oxfordshire service for YPWD will be developed, based on the work which has taken place.
- The comprehensive needs assessment will be produced during the financial year 2010/11 with the recommendations following this for the financial year 2011/12.

4. Information Provision

Good quality information for people with dementia

The Information Line is now up and running and a Coordinator has been appointed to manage the line. Marketing of the line has started to take place and the Dementia Advisors are actively promoting the service to people with dementia and their Carers.

Next Steps:

- Further marketing to take place.
- Coordinator has started to recruit volunteers and it is anticipated that volunteers will be recruited and trained and operating by February of next year.
- This will enable the second phase of the contract to take place and the extension of the service until 10pm at night and at weekends.

Objective 4: Enabling easy access to services

Oxfordshire is part of the national demonstrator site work for Dementia Advisors (DAs).

Dementia Advisors now provide a service in 21 GP surgeries. Evaluation of the services has taken place, with a recommendation that the service continues. Administration time has been allocated to support the DA function, enabling them to provide the service to more GP surgeries, but also to provide them with more time for face to face contact. Development of the Information Prescription tool is underway, with an anticipated end date of 30 November.

Next Steps:

- Recruit an additional DA to offer services to more GP practices. Roll out the Information Prescription Tool to partner organisations.

5. Cross cutting work

All objectives: Workforce, strategy and pathway plus national deliverables

The group has investigated the resources available for the implementation of the National Dementia Strategy (NDS) in Oxfordshire, and currently used to provide services for dementia.

Next steps:

- The group will oversee the finalisation of a commissioning strategy for dementia in Oxfordshire.

Background Papers:

The main documents underpinning this work are listed below. All are available from the contact officer for this report:

- Draft Oxfordshire Dementia Commissioning Strategy 2010 – 2012
- Living well with dementia: A National Dementia Strategy' February 2009
- Quality outcomes for people with dementia: Building on the work of the National Dementia Strategy September 2010
- Improving Dementia Services in England - an Interim Report by the Controller and Auditor General, National Audit Office, January 2010

Contact Officer: Duncan Saunders, Service Development Manager, Older People's Mental Health - Service Redesign Directorate, Oxfordshire PCT, (01865) 334663

Implementing the National Dementia Strategy in Oxfordshire Briefing on progress to date 1 July 2010

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

Therefore, this briefing is to outline the development work that all organisations across Oxfordshire are undertaking in Partnership to implement the National Dementia Strategy.

Background

In February 2009, the first National Dementia Strategy (NDS) for England was published. This strategy is a 5 year plan to improve services for people with dementia and contains 17 objectives, covering the life of a person with dementia from before diagnosis until end of life, with significant focus on national objectives such as increased research into dementia and greater public awareness of the condition. The objectives of the dementia strategy are set out below. The full version of the NDS can be found online at

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

There are currently approximately 700,000 people with dementia in England, which will double to 1.4 million over the next 30 years. In Oxfordshire, the number of people over 65 with dementia will increase by 19.3% from the current estimate of 6829 to 8150 by 2016. This increase will fall unevenly across the county, with the south of Oxfordshire seeing the biggest increases:

District	Over 65	Under 65
	Below current numbers and predicted % increase by 2016	
Oxford City	1249 to increase by 4.1%	26
Cherwell	1376 to increase by 24.1%	36
South Oxfordshire	1496 to increase by 20.8%	35
Vale of White Horse	1391 to increase by 23.1%	32
West Oxfordshire	1316 to increase by 23%	28

(source: POPPI & PANSI)

Oxfordshire work to date and next steps

Strategically, dementia is contained within “Ageing Successfully”, the overarching policy document for older people in Oxfordshire. It has always been identified in the county that dementia is an issue that affects all areas of an individual’s life and that of their carers, family and community. Therefore a county wide Dementia Development and Implementation Board was established in 2009 to oversee and direct the work. This has meant that all partners, commissioners, providers, clinical leads, voluntary organisations and patient / carers representatives are working together with a shared direction of travel.

To deliver the changes required NHS Oxfordshire with Oxfordshire Social and Community Services agreed to joint commissioning leadership in the delivery of the dementia strategy locally, identifying two commissioning managers to share the programme management as part of their portfolio and two project leads to take the work forward. The NDS has been divided into five work streams in the county, these are:

6. Living well with dementia.

Covers NDS objectives 5,6,7,10 and 11

7. Early diagnosis and complex care.

Covers NDS objectives 2, 8, 9 and 12

8. Early onset dementia.

This is not a specific area of focus for the NDS; however developing and implementing a service model for this group is seen as a priority within Oxfordshire.

9. Information provision.

Covers NDS objectives 1, 3 and 4

10. Cross cutting work

Covers NDS objectives 13 and 14, as well as overseeing the local involvement in Objectives 15, 16 and 17, which are national deliverables.

The implementation of the NDS in Oxfordshire is overseen by the Dementia Development and Implementation Board (DDIB); comprising members of the NHS trusts within Oxfordshire and Oxfordshire County Council, as well as key local voluntary sector organisations and carer representatives. The DDIB also sets the local vision and priorities for dementia services.

The work so far under each of the workstreams is presented below, along with the next steps:

6. Living well with dementia.

Objective 5: Structured Peer Support

A Draft Oxon Peer Support Models paper has been produced and consultation meeting held on the subject of Peer Support.

Next steps: Models of Peer Support are to be agreed. An implementation Group has been set up; it will meet on 1st July. This group will finalise the model; following this, pilots will be agreed.

Objective 6: Improved community personal support

A new model of community support has been commissioned, based on people’s individual needs rather than being task focussed and time limited.

The service has been procured and teams have completed Dementia Training. The new service now available to take referrals. As of 17th June 2 people are awaiting assessment. Meetings with local teams have been arranged to promote the service.

Next steps: Increase in the number of referrals to service.

Objective 7: Implementing the National Carers Strategy

A specific service for carers of people with dementia has been set up. This includes training for carers and Cognitive Behavioural Therapy (CBT).

Next steps: The first training session will take place in mid July, with the CBT element to begin later in the year.

Objective 10: Housing support and assistive technology

An assistive technology forum will be held on June 30th. This will bring together suppliers and housing / care providers to investigate new technologies and how these can be best used.

Next steps: There will be a pilot of 3 or 4 specific pieces of technology within Oxfordshire, with an evaluation of their impact on keeping people independent.

Objective 11: Living well with dementia in care homes

Allied to project work funded through the Office of Disability Issues (ODI), several projects for improving life within care homes have been established. These include the production of a “Best Practice” booklet for care home staff working with people with dementia and a training plan for staff within care home settings. Additionally, the ODI project has seen innovative work in enabling people with dementia to engage in meaningful activity within and outside the home. There is also an ongoing project to look into the prescribing of Antipsychotic medication to people with dementia in care homes and how this can be reduced.

Next Steps: The “Best Practice” booklet will be ready for publication by the end of July. The training implementation plan will be in place by the end of August.

7. Early Diagnosis and Complex Care

Objective 2: Early diagnosis in dementia

A pathway for dementia diagnosis has been created, bringing together the two providers of memory assessment into a single service in Oxfordshire. This will include agreed standards for memory clinics, an agreed point of access for memory assessment services and routine follow up performed in community settings by specialist nurses. A consultation on this pathway took place in May, with an online / paper questionnaire, a consultation event and the pathway presented at the dementia awareness day on May 23rd.

Next steps: An implementation group for the new pathway will be established in July. This group will produce a detailed implementation plan for the new service, including timescales.

Objective 8: Improved care in general hospitals

The Oxford Radcliffe Hospitals Trust (ORH) took part in the audit of dementia services which took place in March 2010. A clinical lead for ORH has been appointed: Dr Sarah Pendlebury. A project team to look into the care of people in general hospitals in Oxfordshire has been established, to be chaired by Dr Pendlebury.

Next Steps: The results of the audit will be published in July. Following this, the project group will meet, using the audit results as a baseline. This will feed into the production of guidelines, a workforce development plan, a care pathway and possible service redesign through the life of the project.

Objective 9: Improved intermediate care

Intermediate care for people with dementia is already in place across the county, and is being reviewed currently along side all community rehabilitation services.

Next steps: The production of a clear service specification for community rehabilitation services.

Objective 12: End of life care

An action plan for End of life care (EOLC) in dementia has been created. Scoping the level of carer support and numbers of people with dementia on EOLC registers has been completed.

Next steps: The identification of models of good practice for EOLC in dementia and the development of carer befriending. There will be a 30% increase of people with dementia on the EOLC register by the end of the year. There will also be a suitable clinical leader for the Clinical Leaders Network.

8. Early Onset Dementia

The needs of Younger People with Dementia (YPWD) have been scoped by a project team. The team, chaired by The Clive Project, has investigated the current pathway for YPWD and has looked at services for this group in different areas of the country.

Next steps: The needs assessment for YPWD will be expanded to include the needs of people with learning disabilities and dementia, and those with an alcohol related dementia. A service proposal / business case for an Oxfordshire service for YPWD will be developed, based on the work which has taken place.

9. Information Provision

Objective 3: Good quality information for people with dementia

A volunteer led information line for dementia has been commissioned and work has been done to improve the Dementia web website, a county site created to be a straightforward clear resource to show services and information, accessible to people with dementia and carers. These services will tie into the wider information services available across health and social care services and will also be linked to the work of the Dementia Advisor demonstrator site.

Next steps: The information line will begin operation from July, with the service increasing the level of service in the following months.

Objective 4: Enabling easy access to services

Oxfordshire is part of the national demonstrator site work for Dementia Advisors (DAs). This work has involved the employment of DAs in GP surgeries, to provide a tailored Information Prescription to people with dementia and their carers, and also to provide a point of contact for those people when they require more information. The work also encompasses the work of DAs employed by the voluntary sector, working in Memory Clinics.

Next steps: Further development of the Information Prescription system will be undertaken. Additionally, further work will take place around how the two types of DAs can best work together.

10. Cross cutting work

All objectives: Workforce, strategy and pathway plus national deliverables

The group has investigated resources available for the implementation of the NDS in Oxfordshire, and currently used to provide services for dementia.

Next steps: The group will oversee the finalisation of a commissioning strategy for dementia in Oxfordshire.

Outcomes of change for Oxfordshire

The overall aims for Oxfordshire are as follows:

- The number of people with dementia who have a formal diagnosis will increase to 70% by 2013
- Everyone diagnosed with dementia, and their carers as appropriate, will have access to a personalised package of information and a named point of contact

- People with dementia will receive the best possible care wherever they live and whatever services they receive
- People with dementia will retain as much control over their lives as possible and will be enabled to participate as active and equal citizens

MINUTE OF QUESTION AND ANSWER SESSION AT THE ADULT SERVICES SCRUTINY COMMITTEE ON 27 APRIL 2010

50/10 PROGRESS UPDATE ON THE DELIVERY OF THE NATIONAL DEMENTIA STRATEGY

(Agenda No. 9)

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

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

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

Mrs Barbour made the following points:

- her husband had died five years ago. He had been very well educated and had worked in the Department of Nuclear Physics at Oxford University. They had four children together and he had run a Cub Scouts pack;
- he had retired at age sixty four and the following year the family were told that he had possible dementia. It is not possible to recover from dementia, and prospects for the person’s carer are quite sad;
- at the time of diagnosis people didn’t talk about it. She had to search for the information as there was not much information available;
- Mr Barbour never accepted the diagnosis and thought that he was fine;
- early diagnosis is very important because you have to get the person’s consent to manage their affairs whilst they still have the mental capacity to give it;
- a diagnosis of dementia is very isolating. It is easy to feel that you are the only person in that situation;
- help for the carer of the person with dementia is very important. She had received assistance from a “flexible carer” from Age Concern once a week and a support worker from the Alzheimer’s Society. She had also received great support and assistance from a carer’s support group;
- she had taken her husband to her WI group. He was a very private man and would not have wished to go when well, but did not mind at

that stage. As time went on she had to stop taking him out and apart from a day centre that he went to twice a week she was with him constantly. She had found respite support very important;

- she was very excited to be involved in the implementation of the new dementia strategy.

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

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

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

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

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

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

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

Yes. Mrs Barbour made the following points:

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

it is still often possible to have a “normal” conversation with them. Just an hour respite for a carer is of huge benefit to them.

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

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

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

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

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

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

- two contracts had just been awarded for outcome focused home support. To change the whole of the home support system at once might destabilise the market, therefore it was being reconfigured incrementally;
- intensive training support for carers was very important. Officers were taking forward a learning exercise which was receiving national attention;
- officers were also looking at technology and had already introduced certain elements, for example, the Just Checking and Wandering technology which triggers alarm bells to the carer if a person is wandering;
- in terms of memory services there were still insufficient numbers of people receiving a diagnosis. It was not possible to receive appropriate support prior to receiving a diagnosis.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- thank Mrs Barbour for sharing her moving and frank personal experiences with them;
- thank officers for their contribution;
- keep progress on the National Dementia Strategy under review and look again at progress at its October meeting;
- note that:
 - the number of referrals to Dementia Advisors from GP surgeries was now 33 people (not 14 or 15 as listed in the report);
 - it would receive a report on the Carers' Support Project in due course.

Councillor Dr Peter Skolar undertook to:

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