Scrutiny Tracking Control Sheet

Title:	SINGLE POINT OF ACCESS TO REHABILITATION AND CARE	Ref:	SC009
Parent Committee:	Social & Community Services Scrutiny Committee (now Adult Services)		
Date Started:	24 October 2007	Date Completed:	August 2008
Members:	Cllrs Mrs Anda Fitzgerald O'Connor and Tim Hallchurch MBE	Scrutiny Officer:	Julian Hehir
Tracking Member(s):	CllrS Hallchurch & Fitzgerald O'Connor	Directorate Contact:	Simon Kearey

REC 1	**The Cabinet was RECOMMENDED:** **1. That the Access Team is provided with training concerning the range of advice (especially financial guidance) they may offer to clients.**	
Cabinet – 25th November 2008	**The Cabinet accepted all of the recommendations 1 – 9. It noted that many of the recommendations were in train or had happened. Patient confidentiality was always a difficult topic. Recommendation 10 was rejected as it was not appropriate at the time to engage in a joint statement. It was noted that the Chief Executives met regularly to discuss the situation. The Chief Executive added that reporting lines were beginning to come together and staff were being recruited.**	**Next Review**

Review 1 – 12th October 2009	<u>**Questions**</u>: Has the Access Team been provided with a range of training courses? What about training specifically on financial guidance? Has the Access team been re-structured? <u>**Review**</u> From 1st September 2009 the Access Team and the Intermediate Care Duty Desk merged to create one main access route. The new route is provided for both the public and professionals, and will deliver health and social care advice, information and access to services. There is one number to ring which is a real step forward in streamlining access to services and removes the need for customers to try and work out which number they should ring. The training requested in the recommendation is being provided. In addition, members of staff are required to attend induction and staff conferences where the training requirements are being reinforced. Substantial work on "Local View" http://mymaps.oxfordshire.gov.uk/lvinternet/ is enabling people to access services by local area and customers can do so themselves through SCS's public information network. All staff are resourced with a generic information brochure, comprehensive disability guide and other service databases etc.

Review 2 – 17th November 2009	As well as the training issues, there was some concern at the time of the review about the level of staff turnover. This has stabilised during the year since.
Review 3	

REC 2	**2. To note that Social &Community Services contact assessment forms are held electronically and that it is desirable to attach to them images of GP referral letters; there should be further investigation of the possibility of incorporating GP's letters in the contact assessment forms.**
Cabinet – 25th November 2008	**Please refer to the Cabinet's decisions at recommendation 1 above.** **Next Review**
Review 1 – 12/10/09	**Questions:** Has there been any further investigation? Can GP letters be attached to contact assessment forms yet? **Review** GP's letters can be scanned into the electronic social care records which form part of the contact assessment forms.
Review 2 - 17th November 2009	
Review 3	

REC 3	**3. To authorise the Director of Social & Community Services to advertise the Access Team's contact details and to promote it as the Single Front Door in future editions of the Oxfordshire Care Directory, with consideration for a further study.**
Cabinet – 25th November 2008	**Decisions at recommendation 1 above.** **Next Review**
Review 1 – 12/10/09	**Review** The latest edition of the Directory dated 2009 advertises the Access Team's details frequently, especially during the opening pages. It's clearly intended to emphasise that it is the initial single front door to services. The contact details have been publicised elsewhere too; eg bookmarks have gone out to mobile libraries, the contact details are provided in carers' packs and advertised at park and ride sites.

	Questions: What feedback and contact have resulted from this?
Review 2 - 17th November 2009	
Review 3	
REC 4	**4. That the Authority should aspire to a Single Front Door Access to all public services.**
Cabinet – 25th November 2008	**Refer to 1 above.** Next Review
Review 1 – 12/10/09	**Questions:** How is this being implemented in practical/tangible ways? **Review** Corporate Customer Services Team is working on this aspiration/principle for the council as a whole. Within the SCS Directorate, the Access Team and other services are working seamlessly and looking towards consolidating a single contact number in the near future.
Review 2 - 17th November 2009	This is a longer term aspiration being led corporately.
Review 3	
REC 5	**5. To acknowledge the "mobile solution" using tablets and laptops to support the development of Electronic Social Care Records and to endorse these if the trial is successful when evaluated in September.**
Cabinet – 25th November 2008	**Refer to 1.** Next Review
Review 1 – 12/10/09	**Questions:** Has the mobile solution been extended as a result of the trial? What were the outcomes of the evaluation of the trial? If the mobile solution has not been extended what were the reasons for this? **Review** The "mobile solution" that was being trialled in September was extended, mainly around occupational therapy services. Practitioners are continuing to use the laptops.

	However, among the findings of the trial it was identified that there weren't real efficiencies to be made in this area. `CS does not foresee that a mobile solution will be rolled out any further. There is another project within Shared Services to roll out laptops to other council services. However, there is a great deal of change going on within Adult Social Services – for instance, extending brokerage in adult care services under Self Directed Support. It would not be particularly appropriate or timely to extend laptop use when many of the brokers and others are not directly employed by SCS. Simultaneously, SCS is exploring other means of working more flexibly and efficiently through BOP, working from home etc. At this point it is not inclined to roll out the new technology.
Review 2 17th November 2009	In light of the above, it is very unlikely that the laptops will be extended out across the whole of care management services.
Review 3	

REC 6	**6. To ask the Director of Public Health (Oxfordshire) to lead work to implement Oxfordshire's Information Sharing Protocol by December 2008 and in the light of (7), to remove all barriers that prevent the e-mailing of records between Health and Social Care.**	
Cabinet – 25th November 2008	**Refer to 1.**	
		Next Review
Review 1 – 12/10/09	**Questions:** Has the Director progressed implementation of the protocol? How have barriers been removed to e-mailing of records? **Review** SCS now has an agreement with the PCT and Oxford Radcliffe hospitals to share client information between one another. It will be signed off by three Caldicott Guardians, (senior NHS staff responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing) in the near future and ratified by the Information Governance Group during October. Information is already being shared. In the meantime, there are further discussions about obtaining "implied consent" from clients before the agreement is ratified. E-mailed records are password protected. "N3 Connectivity" is required by Health but SCS is developing "Govt Connect" as it has to have compliancy agreements with ICT. In the next few months, specific e-mail addresses will be set up which will enable SCS discussion with government agencies, of records. We have been assured that a Govt Connect secure e-mail account can send e-mails to a NHS secure e-mail account. *(See also the progress report for recommendation 9 below.)*	

Review 2 17th November 2009	
Review 3	
REC 7	**7. With respect to issues around patient confidentiality, to explore further the possibility of implementing an encrypted e-mail system to allow protected shared access to patient information. [note, a link encrypted e-mail system is not appropriate).**
Cabinet – 25th November 2008	**See 1.**
Review 1 – 12/10/09	**Questions:** Have there been further investigations concerning an encrypted e-mail system? What did the investigations consist of? If it has been decided not to progress this principle any further, what were the reasons for this? **Review** See commentary at recommendation 6 above providing the rationale for the progress that has been made.
Review 2	
Review 3	
REC 8	**8. To request that a feasibility study is carried out to establish whether it is possible to transfer NHS patient identification numbers locally onto S&CS so that a unique patient reference can be used in common across agencies.**
Cabinet – 25th November 2008	**See 1.** **Next Review**

Review 1 – 12/10/09	**Questions:** Did a feasibility study take place? If so what were the outcomes? How did these influence any further decisions about whether or not to create a unique patient reference across agencies?

	Review As Oxfordshire's representative at the Association of Directors of Adult Social Services, Simon Kearey is exploring the transfer of NHS patient identification numbers locally onto SCS. Oxfordshire is leading the way in this area. However, development of a comprehensive system of the kind envisaged is still some way into the future. It is beset by the problem that there is no comprehensive database as such, of NHS numbers.
Review 2 **17th November 2009**	
Review 3	

REC 9	**9. To ask for a report from the Oxfordshire Information Governance Steering Group annually identifying improvements in information sharing that occurred in the previous year.**

Cabinet – 25th November 2008	**See 1.**	
		Next Review

Review 1 – 12/10/09	**Questions:** What is the Steering Group? What is its role? Do annual reports get produced? Has the requested annual report been made? Was it satisfactory in identifying improvements in information sharing and what did it say? **Review** There is an Oxfordshire Information Governance Steering Group. In reality the group mostly addresses information sharing issues. The group is a mixture of IG specialists and practitioners. There is also a Health Information Governance Steering Group which consists principally of information governance specialists. The OIGS Group does not produce annual reports in the form requested by the recommendation, as such. However:

Review 2 **17th November 2009**	**Review** The headlines on progress are as follows: • OCC is working towards signing up to the N3 Connecting for Health network, which will give access to NHS data such as NHS numbers. • OCC is now accredited to Government Connect, which will provide us with secure

	e-mail for communicating with some external partners. • An agreement has been put in place with ORH about sharing of data in connection with Delayed Transfer of Care. • OCC is close to signing a sharing agreement with District Councils and key Housing Association partners re sharing of personal data for Housing related needs. A further report on improvements to interconnectivity and prospects for the future would be appreciated. OCC is also working to ensure that encryption is used on all mobile devices, so as to guard against inappropriate disclosure of personally identifiable information while in transit. At the same time, OCC laptop users are being enabled to connect through NHS wireless facilities at hospital and PCT sites; and joint teams are enabled to access OCC sites via the Electronic Social Care Record (ESCR) system desktop.	
Review 3		
REC 10		
	10. Alongside the Oxfordshire PCT and the acute hospital trusts, to issue a joint statement in response to this Review setting out a set of clear shared expectations as to what degree of integration and coordination can be expected by 2010.	
Cabinet – 25th November 2008	**Refer to recommendation 1 above. Recommendation 10 was rejected as it was not appropriate at this time to engage in a joint statement. It was noted that the Chief Executives met regularly to discuss the situation. The Chief Executive added that reporting lines were beginning to come together and staff were being recruited.**	**Next Review**
Review 1 – 12/10/09	This recommendation was not agreed to. Therefore, no further action can be expected for the time being. **Questions:** How are reporting lines coming together and what can be revealed from Chief Executives' joint meetings? **Review** The agreement and solutions discussed at recommendation 6 were achieved through the close collaboration between SCS, the PCT and Radcliffe hospitals. Whilst a joint statement was not appropriate at the time, the Committee can be assured that there are closer reporting lines and liaison between the Council, SCS, the PCT and hospitals.	
Review 2 17th November 2009		
Review 3	Review 3	