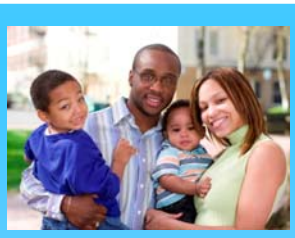
Oxfordshire LINk

Your voice on local health and social care

Annual Report

April 2009 — March 2010


Appendices

Oxfordshire Local Involvement NetworK

Your Voice on Social Care and Health Services

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APPENDIX 1

Oxfordshire LINk – Record of Engagement and Outreach Activities

Organisation	Remit	Date	Approximate number of people participating *
Ridgeway NHS Trust	Info exchange / update	01-Apr-09	4
Health & Wellbeing Partnership Board (OCC)	Information exchange / update	23-Apr-09	2
Duty to Involve Seminar/Training (OCC)	Info session on new legislation	27-Apr-09	12
Mental Health Strategy Implementation Group pre-meeting	Information exchange / update	28-Apr-09	9
Ask Oxfordshire Steering Group (OCC)	Regular meeting / progress reports	11-May-09	12
Social Care Open Forum planning	Care Quality Commission / OCC request for LINk involvement in adult social care inspection	11-May-09	5
Oxon Joint Health Overview & Scrutiny Committee	Update on LINk progress / developments + feedback on HOSC issues	14-May-09	45
Local Health Communities Change Board (Primary Care Trust / OCC)	Information exchange from all Oxon NHS Trusts & OCC	18-May-09	10
Disability Information Fair	LINk promotion and feedback on health and social care issues	20-May-09	145
Primary Care Trust / OCC planning Health & Social Care induction	Information session	21-May-09	3
Independent Complaints & Advocacy Service	Info / update session with ICAS advocates	27-May-09	5
'Oxfordshire Voice' and LINk	Update and feedback on OCC 'Safeguarding Adults' literature	5-Jun-09	4
Kidlington Community Lunch	Information session	8-June-09	25
Witney Community Lunch	Info exchange among organizations	9-June-09	15
Abingdon Community Lunch	Information Session and info exchange	17-June-09	25
Care Quality Commission Inspection of Adult Social Care	Public Open Forum	24-June-09	45
Gypsy Forum	Information exchange	25-June-09	40
Adult Social Care Launch	Networking	25-June-09	75
'Ask Oxfordshire' Board	Information Session and info exchange/LINk update	29-June-09	9

Oxon Joint Health Overview & Scrutiny Committee	Update on LINk progress / developments + feedback on Health Overview & Scrutiny Committee issues	16-July-09	40
Independent Complaints and Advocacy Service	Information exchange	16-July-09	2
Oxon Racial Equality Council AGM	Presentation on LINks + networking	20-July-09	50
Cottsway Housing Association	Information exchange	21-July-09	4
Abingdon Care Centre	Raise awareness, gain registrations and seek views	23-July-09	20
Care Quality Commission Annual Review	Support for LINk	23-July-09	8
Wantage Care Centre	Raise awareness, gain registrations and seek views	24-July-09	18
Eynsham Day Centre	Raise awareness, gain registrations and seek views	27-July-09	21
Didcot Day Centre	Raise awareness, gain registrations and seek views	28-July-09	16
Ridgeway NHS Trust	Raise awareness with Supported Living Managers	29-July-09	13
Social and Community Services Complaints Manager & LINk lead	Info exchange	5-Aug-09	3
Cross border LINk meeting	Info sharing with LINks hosts and steering group members in other Counties	24-Aug-09	12
OCC Consultation and Involvement Network meeting	Duty to Involve event with OCC directorates	04-Sep-09	22
Social and Community Services Duty to Involve Planning meeting	Information exchange	07-Sep-09	30
Oxford Carers Centre AGM	Promote LINk and the forthcoming meetings	08-Sep-09	45
Witney Community Lunch	Info exchange among third sector organizations	08-Sep-09	15
BME Mental Health event	LINk promotion	09-Sep-09	11
Oxford Citizens Housing Association	Information exchange	10-Sep-09	1
LINk meeting in public for South Oxon	Meeting to raise awareness, gather concerns and encourage people to join project groups	15-Sep-09	22
AGM South Central Ambulance Service	Supply info about LINks	17-Sep-09	20
Oxon Joint Health Overview & Scrutiny Committee	Update on LINk progress / developments + feedback on HOSC issues	17-Sep-09	30
Rural Inclusion Group Meeting	Information exchange	23-Sep-09	10
Meeting with OCC LINk lead + Mental Health Commissioner	Info exchange	25-Sep-09	3

EU Info Day	Raise awareness of LINK, gain registrations, receive issues / concerns	26-Sep-09	50
DAAT / LINk meeting in public	Discuss the replacement of the improved Drug Recovery Project. Form a Project Group to take issues forward	29-Sep-09	28
'Ask Oxfordshire' Board Meeting	Information Session and info exchange/LINk update	30-Sep-09	10
LINk Public Meeting – Banbury	Update on LINks work / projects	01-Oct-09	20
Mental Health Wellbeing Event, Faringdon	Information exchange	05-Oct-09	70
LINk Public Meeting – Oxford.	Self Directed Support Update on LINks work / projects	06-Oct-09	20
LINk Public Meeting – Witney.	Community Health Update on LINks work / projects	16-Oct-09	15
Social & Community Services Development Officers Meeting	Information exchange	22-Oct-09	5
Age Concern	Information exchange	26-Oct-09	1
South Oxon Housing Association Neighbourhoods Team	Information exchange	06-Nov-09	8
Promoting Independence Conference	Information exchange and LINk promotion	13-Nov-09	30
Mental Health Network	Information exchange	18-Nov-09	25
Oxon Joint Health Overview & Scrutiny Committee	Update on LINk progress / developments + feedback on HOSC issues	19-Nov-09	40
Social and Community Services	Project proposal for Rural Transport Research in West Oxon	20-Nov-09	3
Child Brain Injury Trust	Project proposal for research into reporting of Acquired Brain Injury	20-Nov-09	4
Social and Community Services Directorate Managers Group – 'Good Involvement'	LINk representation	23-Nov-09	95
LINk event with Independent Complaints Advocacy Service, Care Quality Commission & South East Advocacy Partnership	Information share and workshops	25-Nov-09	25
Rural Inclusion Group, Oxfordshire Rural Community Council	Information exchange	27-Nov-09	10
Duty to Involve Reference Group	LINk members engaging with other groups & Social and Community Services on involvement strategy	30-Nov-09	18
Witney Community Lunch	Info exchange among organisations	07-Dec-09	15

Service User event planning in partnership with Social and Community Services	LINk hosted event	11-Dec-09	12
User Led Organisation workshop	LINk representation	15-Dec-09	30
Crisis House Committee Meeting	To see how LINk support could help in their development	11-Jan-10	7
Meeting with Oxfordshire Unlimited	Explore LINk partnership with Physical Disability ULO	18-Jan-10	4
Oxfordshire County Council	Self Directed support Project Update	19-Jan-10	6
Oxon Joint Health Overview & Scrutiny Committee	Update on LINk progress / Developments. Submission of Drug Recovery Project report	21-Jan-09	40
Intermediate Care Sub Group	Project Group Meeting	21-Jan-10	4
Didcot Day Centre	Attend open day	21-Jan-10	50
Age Concern Information Fair	Promotion	22-Jan-10	60
Primary Care Trust - Keeping People Well Consultation	Seeking views of users	26-Jan-10	20
Meeting with Primary Care Trust	Information exchange	27-Jan-10	2
Primary Care Trust – Keeping People Well consultation	Seeking views of users	28-Jan-10	80
Intermediate Care Sub Group	Project Group Meeting	5-Feb-10	4
Adult Services Scrutiny Committee	Update on LINk progress	10-Feb-09	20
South East Regional LINks Summit 2010	Information exchange, networking	11-Feb-10	90
Child Brain Injury Trust	Project proposal meeting for research into reporting of Acquired Brain Injury	12-Feb-10	4
Oxfordshire Unlimited	Further exploration for LINk support	17-Feb-10	3
Volunteering and Funding Info Fair	Promotion	23-Feb-10	20
Meeting with Chair of Unlimited	LINk support discussion	24-Feb-10	1
Meeting with Primary Care	Improving communications with the LINk	24-Feb-10	2
Primary Care Trust	Community engagement	26-Feb-10	2
User Led Organisation Steering Group	First meeting of new steering group	26-Feb-10	14
Meeting re HEARSAY Event	Event facilitation and planning	02-Mar-10	2

Rural Inclusion Group, Oxfordshire Rural Community Council	Information exchange	03-Mar-10	10
OCC Community Development Team	Community engagement	05-Mar-10	2
Chair of User Led Organisation Steering Group	Potential of LINk support for the ULO	08-Mar-10	1
Marie Curie cancer care	Information exchange	9-Mar-10	3
Blackbird Leys Children's Centre	Community Engagement	11-Mar-10	2
Oxon Joint Health Overview & Scrutiny Committee	Update on LINk progress / Drug Recovery Project response from Commissioners	11-Mar-09	40
Meeting with Oxfordshire Radcliffe Hospital Trust	LINk / ORH update	11-Mar-10	1
LINk Hearsay! Event	To obtain services users and carers opinions on Adult Social Care services	12-Mar-10	120
Oxfordshire Rural Community Council	Community Engagement	15-Mar-10	2
Meeting with Chair of Unlimited	Promotional materials for Unlimited	15-Mar-10	2
Age Concern Information Fair	Promotion	17-Mar-10	31
Meeting with Social and Community Services Compliments and Complaints Manager	Information sharing	17-Mar-10	1
Didcot Day Centre	Information exchange	18-Mar-10	3
Social Marketing Workshop	Information exchange Workshops	23-Mar-10	30
MENCAP meeting	Information exchange	24-Mar-10	2
Home Instead	Information exchange	24-Mar-10	2
Oxford Strategic Partnership Information and Networking Event	Info share	30-Mar-10	70
Restore	Community engagement	31-Mar-10	35
Total participants		**2009-2010**	**2232**

* Please note that the above figures reflect attendance at events, meetings and other activities, however in some cases the number of people attending does not reflect the number of people directly engaging with the LINk

APPENDIX 2

Your voice on local health and social care

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Drug Recovery Project

an Oxford City based health and housing solution providing detoxification and residential treatment for vulnerably housed and rough sleeping addicts

A report prepared by Oxfordshire Local Involvement Network (LINk) Drug Recovery Project Group

January 2010

Oxfordshire LINk is hosted by
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Contents:

Oxfordshire LINk Drug Recovery Project (DRP) Group report for the Oxfordshire Joint Health Overview and Scrutiny Committee meeting on 21st January 2010.

Introduction

Dear Overview and Scrutiny Committee Chair and Members,
Whilst Oxfordshire LINk acknowledges the good work undertaken by commissioners, partners and providers in the county's drug and alcohol area it is not the remit of this report to highlight this, rather to bring to attention areas of public concern. This report requests that the HOSC scrutinise the process of the DRP closure and clarify why replacement provision is still not in place. It is hoped, by the committee undertaking this piece of work, that publicly funded, well functioning drug and alcohol services within the county will in future not be closed without consultation or appropriate replacement provision being in place.

This report is informed by the November 2009 'Oxfordshire LINk DRP, Project Group Statement and Recommendation for the LINk Stewardship Group' which is included below and forms an integral part of the report.

Oxfordshire LINk DRP Project Group Statement and Recommendation for the LINk Stewardship Group meeting November 2009.

Abbreviations:
DRP – Drug Recovery Project: an Oxford City based health and housing solution providing detoxification and residential treatment for vulnerably housed and rough sleeping addicts.
NTA – the National Treatment Agency: a branch of the NHS set up ten years ago to implement, administer and regulate the government's Ten Year Drug and Alcohol Treatment Strategy.
DAAT – the Drug and Alcohol Action Team: the commissioner of county wide drug and alcohol treatments. A public funded arm's length organisation hosted by a public body, NHS Oxfordshire, formerly Oxfordshire Primary Care Trust.
SMART - Substance Misuse Arrest Referral Team: a local provider of drug treatment services who won the tender to run the replacement unit to the DRP
Ley Community – a local residential drug and alcohol treatment centre.
OBMH – Oxfordshire and Buckinghamshire Mental Health Care Trust, responsible for:
SCAS – Social and Community Addiction Service: the part of OBMH which assesses and funds people for detoxification and residential drug treatment programmes and also prescribes methadone, an opiate substitute. SCAS provided previous clinical cover for the DRP.
OUT – Oxfordshire User Team: a charity run by drug service users which runs workshops and also represents the service users voice to both commissioners and providers.
OJHOSC – Oxfordshire Joint Health Overview and Scrutiny Committee: has more powers than the LINk and both are expected to work closely together and complement each others' work.
LINks – Local Involvement Networks: the public's voice on health and social care services.
LINk SG – LINk Stewardship Group: a governance group of ten elected representatives.
ECHG – English Churches Housing Group: the provider of the Drug Recovery Project previously located at 170 Walton Street, Oxford from 2002 until the closure in 2007.

Brief history/background:

The DRP was a unique service for vulnerably housed addicts including rough sleepers and people experiencing homelessness. It was set up in Oxford because the City has the highest proportion of people experiencing homelessness per head of population outside of London and it had been acknowledged that the drugs service provision did not satisfy the needs of this vulnerable minority group. It was open from 2002 – 2007. Oxford still has the highest proportion of people experiencing homelessness per head of population outside of the capital.

DRP project group:

A project group was set up after the LINk organised meeting on 29th September 2009 which was well attended by a variety of different stakeholders within the homelessness sector as well as homeless and Drugs Services clients, the Rt. Hon Andrew Smith MP, Nicola Blackwood conservative Prospective Parliamentary Candidate, the chief executives of the Ley Community and SMART, the director of the DAAT, a representative from Oxfordshire User Team, the practice manager of Luther Street Medical Centre, a specialist community addiction nurse and other concerned citizens. An informed letter written to Oxfordshire LINKs for this meeting from Dr. Angela Jones is included at the beginning of '*Appendix 1*: *LINK notes from September 2009 meeting'* for information.

The DRP project group has met once per week since the meeting and has gathered signatures from the close neighbours of the former project who attest to not experiencing any problems during the five years that the project was in existence; *(copy available on request)*. This information was gathered to support the DAAT and SMART in their process of setting up a replacement unit – the main function of the Group. Darren Worthington, Chief Executive of SMART expressed his thanks for this valuable information. To gather background information, the Project Group also engaged with OUT, SCAS senior management, the City and County councils, former DRP employees and others including DAAT.

Over the course of these meeting and after thoroughly discussing and reviewing the information obtained, the Project Group **made a request to the LINk SG for a decision on whether the discrepancies and LINk non-compliance listed below warranted referring to OJHOSC in the form of a report.** This was agreed at the SG meeting of 25th November 2009

The Project Group came to this recommendation on account of the following:

1. The answers to a series of questions from the LINk to DAAT have often been answered evasively and on one occasion late.

2. The DRP closed in October 2007; the reason for the closure provided at the time was the Oxford City council owned property was no longer available and that performance needed to be improved. Freedom of Information requests to the City and County council have revealed that the closure of the project was not property related. This information is at variance with the reason given at the time of the closure by DAAT to Nicola Blackwood (Prospective Parliamentary Candidate) and to the response given to Andrew Smith MP in his request for information made to Oxfordshire Primary Care Trust earlier this year. Nicola and Andrew have been informed of the FOI request responses, as has the PCT. An independent 60 page report into the DRP in 2005 previously provided to the LINk Stewardship Group stated in the conclusions that 'Overall, the evaluators were impressed with the Drug Recovery Project, describing it in feedback to commissioners as "…a cracking little project". In terms of both qualitative outcomes for service users, and value for money, on a 'unit cost' basis, the evaluators were unable to identify any other initiatives able to challenge the DRP. However it is measured, the 'success rate' for the DRP is to be particularly applauded given the often entrenched and multiple needs of its target client group'; *Appendix 2.*

3. Evidence has been found by the Project Group that a consultation on the closure did not take place; *Appendix 3.*

4. The replacement unit cannot open without clinical cover. Darren Worthington, the chief executive of SMART explained in emails to the project group that responsibility for clinical cover for the new unit is with the DAAT and would be provided by a SCAS addictions nurse specialist, *Appendix 4.* In communications with the previous and present SCAS service managers, *Appendix 5*, it is noted that previous negotiations between SCAS and DAAT took place seven to eight months ago and finished without agreement due to governance and financial concerns raised by SCAS and that these remained. Previous negotiations in mid 2009 with the Ley Community to provide property for the 'Howard House Project' replacement unit also broke

down due to governance concerns they raised. This information conflicts with repeated statements that providing a replacement unit has remained a priority over the past 27 months.

In the light of these discrepancies and considering the remit of the LINk and what is in the present and future best interest of the public, the Project Group agreed to ask the LINk SG to take a decision on whether these issues are best served by being referred to OJHOSC so the Project Group can focus future work on supporting the process of setting up a replacement unit.

Oxfordshire LINk report to OJHOSC continued:

This report requests the OJHOSC scrutinise the process of the DRP closure and clarify why replacement provision is still not in place. It is hoped that by the committee undertaking this piece of work that publicly funded, well functioning drug and alcohol services within the county will in future not be closed without consultation or replacement provision being in place as commissioners will have been told by the committee that this is unacceptable.
We would also request that a clear message is given to commissioners that full co-operation with Oxfordshire LINk is required, specifically that requests for information are to be answered clearly, to the point and on time. We further request the committee to instruct commissioners to ensure that sufficient funding is provided for appropriate clinical cover for the required replacement unit as it strongly appears that this has been the cause on at least one previous occasion as to why no replacement unit is still in place after a 27 month gap.

Closure due to commissioning a replacement service is now illegal within the NHS (Lord Darzi's final report); closure is to occur when the newly commissioned unit is ready to take over. Commissioners are often far removed from the 'coal face' and, as in this case, a major service review and commissioning decision has been made without consultation, resulting in a highly vulnerable and minority group losing out on a unique and highly valued service for far too long.

Concern and shock was expressed around the time of the DRP closure to the DAAT director Jo Melling by the 2 main groups of organisations working within the homelessness sector, specifically the single homelessness group by its chair Leslie Dewhurst; *Appendix 6*, and the Network Meeting group by its representative Victoria Mort via Nicola Blackwood. Responses to both parties explained the closure was due to the property being no longer available. FOI requests, *Appendix 7*, to both city and county councils clarify the closure was due to a replacement unit being commissioned after a strategic review and was not property related. A later explanation to Oxford MP Andrew Smith from Oxfordshire PCT added that the project's performance needed to be improved, *Appendix 10.*

The Committee are aware that locally Oxfordshire PCT allowed the previous Oxford community hospital (OXCOMM) get to a stage whereby closure was inevitable and it was only with the committee's robust intervention that the interim provision was questioned and the replacement unit given the emphasis it required, so that Oxford now has an improved community hospital serving its growing number of vulnerable older citizens. Similarly it would appear in this instance that commissioners allowed tenders and leases, rather than bricks and mortar, to expire so their ending could be used to warrant closure.

It is the opinion of the LINk Stewardship Group that justification for the lack of a consultation on the closure of the DRP is repugnant; *Appendix 3,* (that it only served a small number of overall clients 'in treatment'). It is important to note the differences in treatment provision available within the county and that a high proportion of those 'in treatment' are not receiving detoxification and residential treatment such as the DRP provided, but rather maintenance and harm minimisation prescribing and other community-based treatments. Consultations are imperative because realities on the ground (in this instance that it will be very difficult to find a suitable replacement building) often come to light when they are carried out, thus informing commissioning decisions.

We request the Committee clarify with the City Council whether, if requested, they would have had a problem with the property continuing to be used until a replacement unit was up and

running and likewise with the previous provider ECHG. Over the past twenty seven months, whilst potential DRP clients have not had access to an often life-saving and life changing service, significantly higher financial savings have been made by both former DRP funding organisations (Oxfordshire DAAT and Supporting People) than those allocated (and unused) to 'fill the gap' (£40,000 DAAT), *Appendix 8*. Papers at the meeting of the Supporting People Commissioning Body held 11/12/09 confirm Supporting People reduction in spending last year being £83,000 due to there being no DRP service. It has been confirmed by SCAS senior management; *Appendix 5*, that previous negotiation for clinical cover at a new unit broke down due to governance concerns and because there was not enough money on the table to pay for what was needed. LINk request the Committee obtain assurance from commissioners to ensure that sufficient funding is provided for appropriate clinical cover for the required replacement unit.

We should also report that concerns were raised at the LINk organised meeting on 29th September that commissioners seemed to be favouring one provider, SMART, and that in the case of the DRP some considered it unwise that the tender had been given to them, a provider with no experience of providing housing and residential detoxification. These were part of wider concerns expressed regarding a monopoly of non NHS drug and alcohol service provision within the county. As the saying goes, 'one size/approach does not fit all', and this certainly applies within substance misuse treatment services whereby choice of different providers using different styles of approach is imperative to suit service users different needs. It is the LINk view that near monopoly of provision is not in clients' best interests. *Appendix 9* lists part of the series of questions LINk has asked the DAAT and the responses it has received. It is because of the nature of these responses that the following recommendations are put forward.

Recommendations to OJHOSC:

1. HOSC scrutinise the DRP closure and clarify why replacement provision is still not in place.

2. HOSC instructs commissioners: to ensure sufficient funding is provided for appropriate clinical cover for the required replacement unit; that it is not acceptable that well functioning drug and alcohol services are closed without consultation and replacement provision being in place: that any replacement unit continues to also serve entrenched Oxfordshire substance misusers who are vulnerably housed, homeless or rough sleeping; that full co-operation with Oxfordshire LINk is required, specifically that requests for information are to be answered clearly, to the point and on time.

3. HOSC clarifies with the City Council whether, if requested, they would have had any concerns with the property continuing to be used until another building had been found to locate the replacement unit and what the City Council have done with the property at 170 Walton Street, Jericho, Oxford since the closure.

4. HOSC notes the widespread concerns of which the LINk has been made aware around near monopoly of non-NHS service provision and informs commissioners of the probable detrimental impact this approach will have, as evidenced by the DRP case. It is generally accepted that monopoly often stifles competition which in turn stifles innovation. One size does not fit all.

Conclusion:

Whilst LINk has no doubt that commissioners, their host, funding and other partners wish to provide an improved version of the former DRP (an already highly acclaimed unit) and that this desire is to be applauded, we note with accompanying sadness of how vulnerable people suffer due to an apparent lack of foresight. Consultations are important, hence their status in law (regardless of how many people they serve). Lord Darcy's decision for the NHS in regard to commissioning new services closed loopholes that often left people without appropriate services for years. Where instructed by Oxfordshire citizens, as in this case, we will continue to advocate that Lord Darcy's decision be replicated across the county within well functioning health and social care services, thus helping to ensure continuity of appropriate provision.

Report ends

This content of this report was checked by the LINk DRP Project Group including the project leader and LINk steering group member Barrie Finch and the LINk locality manager Adrian Chant on 6th January 2010.

Appendices:

1: Letter to LINk and abbreviated notes from LINk meeting 29/09/09.

2: Extract from the 2005 independent report into the DRP commissioned by the DAAT.

3: Shortened response to letter from MP Andrew Smith 09/07.

4: SMART email response to LINk DRP project group.

5: SCAS service managers' emails to LINk DRP project group.

6: Letter to LINK/JHOSC from Leslie Dewhurst.

7: County and City council FOI responses.

8: DAAT email confirming 'unspent, fill the gap' funding allocation.

9: LINk questions to DAAT and responses.

10: Oxfordshire PCT response 07/04/09 to the Rt Hon Andrew Smith MP.

***Appendix 1**: Informed letter to LINk followed by edited notes from LINk meeting 29/09/09.*

Dear Oxfordshire LINKs,

My name is Dr Angela Jones and I am an NHS GP. I am writing to present my concerns regarding the closure of the Drug Recovery Project (DRP) to the meeting which I gather will be held on 29th September 2009. I am sorry that I cannot attend this meeting, but I will be away on a course which has been booked for several months. My own history and justification for having an opinion on this matter is as follows. I was a principal in general practice for 10 years in South Wales before returning to Oxford and joining Luther Street Medical Centre, the homelessness practice, where I was employed from 1999-2007 as, at various times, a salaried GP, joint Medical Director, clinical lead and shared care GP providing drug and alcohol services for people experiencing homelessness in Oxford. During that time, I set up a Postgraduate Course on the Provision of Health Care to People Experiencing Homelessness with the University of Oxford and ran 3 annual international conferences on Health and Homelessness which attracted over 100 delegates from all over the world.

For the last two years of my employment (and for a further year after leaving the employ of Oxfordshire PCT), I was seconded to the Office of the Deputy Prime Minister, later Communities and Local Government as their specialist adviser on Health and Homelessness and worked alongside Department of Health colleagues on a number of initiatives, culminating in the publication of the most recent rough sleeper strategy, "No One Left Out". I now work in Oxfordshire as a GP in the Didcot Resource Centre, a drug treatment centre for more hard to reach clients in South Oxfordshire, in the out of hours primary care service in Oxford City and as a GP for homeless people in Westminster. I am Chair of the Health Inequalities Standing Committee of the Royal College of General Practitioners and recently co-founded a small social enterprise, Inclusive Health, which aims to improve health care for socially excluded groups. I was part of the Management Team at Luther Street Medical Centre when the Drug Recovery

Project was set up and responsible for the clinical management of the clients and the supervision of the clinical staff working there. The model was that of a pre-rehab, in other words, it was a facility where rough sleepers, in particular, had the opportunity to exit the streets, to stabilise their drug use, to select a rehab facility and to gradually reduce their substitute medication in readiness for admission to their chosen rehabilitation facility.
During their three to four month stay at the DRP, they engaged in health promotion activity as well as participating in the life of the house, sharing in tasks etc and attending one to one and group sessions, all excellent preparation for rehabilitation, and designed to maximise the chances of successfully completing rehab. During this time, they were cared for by their usual GP who could monitor their mental and physical health and offer a unique level of continuity during this difficult phase.

The DRP was designed to enable rough sleepers with addiction problems and who wished to aim for abstinence to make a step change in their lives, one that was linked to addressing their substance misuse. It was felt to be necessary because the relentless pressures of the life of a rough sleeping drug user allow very little, if any, space for undertaking the necessary actions needed for change. Safe accommodation and structure are vital to foster change and although the direct access hostels within the city worked for some people, for many rough sleepers, there was not sufficient structure or support to provide for their needs. Many of the clients of the DRP had revolved in and out of the shelter / hostel accommodation, without making any ongoing progress and clearly needed different input: The DRP was one method of providing this more intensive structure and support and definitely filled a gap. (I would also have liked to see a similar model made available for those who for whatever reason did not feel able to aim for abstinence and wished to intensively address their issues in the context of maintenance.) I was no longer working at Luther Street when the DRP closed. My understanding is that some additional funding for residential detoxification was provided but it is clear from the above that a brief (5 to 7 days) admission in no way replaces the stabilisation and therapeutic value of the DRP. Thus, this very vulnerable group of clients have lost a vital element in their options for care and Oxfordshire lost a facility which had been recognised as best practice nationally.

The new Rough Sleeper Strategy stresses the link between complex trauma and rough sleeping. It is increasingly recognised that severe and enduring mental health and psychological problems related to childhood trauma frequently underpin many experiences of homelessness and this is the subject of ongoing work within CLG and several areas of the Department of Health. I strongly urge commissioners to ensure that a service, such as the DRP, providing a 'safe haven' for people who have become so marginalised as to find themselves sleeping on the streets, is once again developed and fostered, so that we can be seen to provide a humane and effective response to their situation and to enable them to leave the streets and find and maintain a home of their own.

I am grateful for this opportunity to share my thoughts on this issue.
Yours sincerely

Angela Jones

Dr A M Jones
MA BM BCh DCH DRCOG DFFP MRCGP

Meeting notes from 29/09/09: ***of particular note for report numbers 3, 4, 6 and on page 9 the 2nd paragraph highlighted in italics.***

1. Welcome & introductions
Anita Higham (AH) in the Chair, welcomed all to the meeting and introduced Jo Melling (JM), Director of Oxfordshire Drug & Alcohol Action Team (DAAT), Richard Lohman (RL) from the LINk Stewardship Group and Adrian Chant (AC), Locality Manager,

Oxfordshire LINk. AH provided a brief outline of the meeting's content, and informed people that LINk hopes to set up a small Project Group of 3 or 4 people following this meeting, to follow up any issues raised. A further meeting will then be organised for this group to report back to on progress.

2. What is the Oxfordshire LINk?
Adrian Chant gave a brief introduction to Oxfordshire LINk and explained what its statutory powers are, including the ability to request information about a service and receive a response within 20 days and visiting rights to view services as they are being provided. This is not an inspection, but a way of obtaining further information about a specific service. He encouraged people to register to receive future information and become involved.

3. Drug Recovery Project: update on the new service
AH asked Jo Melling to provide an update on the progress of a replacement service for the Drug Recovery Project (DRP): The DRP was set up as a housing-based project for Oxfordshire rough sleepers and homeless people requiring an in patient detox program. This project came to an end two years ago and the DAAT tendered for a new provider for an Oxfordshire based detox facility. SMART (a registered charity working with clients who have substance misuse issues) won the tender. They have had difficulty in finding suitable premises however report ongoing negotiations with housing providers. JM explained more about her role and the DAATs work in general:
JM is the Director of the DAAT for the whole of Oxfordshire. The DAAT is hosted by the PCT. The DAAT designs and tenders for services, it also performance manages, commissions and purchases services on behalf of its partners.

4. Questions to Jo Melling from the audience

Q – Wouldn't it have been better to keep the DRP open until somewhere new was found?
The City Council needed to sell the premises where it was located. There were a lot of things that we did not have a choice about when it came to closing the DRP. We did not think there would be a two year gap before the service was up and running again.

Q – There is a massive need for the service that the DRP used to provide. What is being done to re-provide this service?
The difficulty with the DRP is that is was a very unique service. We are continually trying to find new premises. We are going out to tender for a residential re-hab and looking at other options elsewhere. There is a lot of bureaucracy to wade through and a legal framework to adhere to. We hope to get a new DRP set up by the end of the year. There is a problem with people not wanting this facility on their doorstep and with this type of premises not obtaining planning permission. If a Project Group was set up, it could help lobby for the DRP.

General comments made
People need proper direction and help. Surely the Council could help find a place?
The people that are not visible need to be reached. People could come into the DRP for a short time and then go back to normal life. The DRP functioned very well.

Q – How can we move this issue forward for this group of vulnerable people?
We need a group of committed people to support the DAAT.

Q – Does the DRP have to be located in the City Centre?
No, it can be anywhere.

Q – Is this service just for people in Oxfordshire?
Yes. Homeless people come to Oxford for the service it offers, but can't use this service because they have to have a 'local connection'. There is a problem with services being inundated and they do not want to deny Oxfordshire residents the chance to use the service. The 'local connection' criteria is that you have to have an Oxford based GP.

JM observed that all the comments people made were very useful. She also said the following: The DAAT is committed to having a local DRP. Approx 140 people went through the DRP when it was running. They are not in a crisis situation, but they are taking this very seriously. The DAAT are sending people outside of Oxford to get the treatment they need. There are only a handful of other such facilities across the Country. We need to look to the future, not dwell on the past.

Further audience comments:
The tender for the new project was won within 6 months of the old one being closed. How could they have won the tender when they had no new building in place? The DRP was developed in Oxfordshire because there is a need for it. The DRP gave people the time they needed in a safe environment. It's difficult for some people to travel outside of the County. The DRP is really missed.

5. What are the countywide drug and alcohol support services?
JM gave an update on the services DAAT offers across the County. They have recently re-commissioned all their services and have separated out the Drug and Alcohol services. The provider of these is SMART. They are developing Family Support Services – setting up and developing family champions, 1:1 support and support groups. They are doing research into any unmet need there still is. They have a new Centre opening at the Banbury Health Centre. They are extending their premises in Witney. They have a new Mobile Treatment Centre that will be going out to rural villages. It will be a drop-in service, with treatment being facilitated from this

6. Questions

Q – All these services have been taken over by SMART. A lot of users aren't comfortable with them and don't want to access services provided by them. They won't be able to go anywhere else because they run everything. Where can they go? Can SMART answer some of our questions?

The representative from SMART had left, but it was suggested that some of these questions could be brought to the meeting in January.

7. How the LINk can help
People were asked if they would like to be part of the Project Group, looking at next steps and practical outcomes. This will be an informal group. Five people expressed interest.

8. Closing remarks and next steps
AH thanked everyone for coming, and extended her thanks to JM in particular.

Website: www.makesachange.org.uk
Email: OxfordshireLink@makesachange.org.uk
LINk Office Tel: 01993 862855

Anita Higham – Member of Oxfordshire LINk Steering Group, chair of meeting
Richard Lohman - Member of Oxfordshire LINk Steering Group, work programme group leader
Jo Melling – Director, Oxfordshire DAAT
Adrian Chant – Locality Manager, Oxfordshire LINk

The Project Group has met every Wednesday evening since 29/9/09. It consists of 2 service users, 2 LINk steering group members and a homelessness housing provider member of staff. Discussions with the chief executive of SMART during a break in the meeting of 29/9/09 revealed that the main impediments to the new unit had been public opinion and planning committees. In order to address these issues and support DAAT and SMART the project group agreed to try and gather signatures from neighbours of the former DRP attesting that they had experienced no problems whilst the unit was in place. If necessary this petition will be presented

at future planning committee meetings by the project group leader who would also give a brief 5 minute presentation. The project group has also agreed to formally approach the LINK for support in setting up a public meeting for the neighbours of the future unit should the neighbours express anxieties. This meeting would provide a forum for any questions to be answered, showcase the petition from previous neighbours of the DRP and allow the sharing of personal stories by ex-addicts who are now productive members of society.

A snapshot survey in mid October has revealed 22 people experiencing homelessness in the city fulfilling the criteria for the DRP and showing motivation for treatment provided by such a specialist unit. This figure consists of thirteen residents in Lucy Faithful House hostel, seven in O'Hanlon House (Oxford Night Shelter) and a few rough sleepers (Street Services Team). A countywide survey was not undertaken.

28/10/09 – All the close neighbours of the former DRP signed a statement saying that they experienced no problems whilst the unit was in place.

***Appendix 2**: Extracts from the 60 page Independent 2005 report into the DRP.*

An evaluation of the
Drug Recovery Project

July 2005
Consultants
Andy and Lynn Horwood

Conclusions
'Overall, the evaluators were impressed with the Drug Recovery Project, describing it in feedback to commissioners as 'a cracking little project'. In terms of both qualitative outcomes for service users, and value for money, on a 'unit cost' basis, the evaluators were unable to identify any other initiatives able to challenge the DRP. However it is measured, the 'success rate' for the DRP is to be particularly applauded given the often entrenched and multiple needs of its target client group'.

***Appendix 3**: Shortened copy of reply letter dated 09/07 to Andrew Smith MP (of particular note for this report – 3rd sentence and last paragraph)*

Dear Andrew,

Thanks for sending the reply from Ox PCT regarding the imminent closure of the Drugs Recovery Project. The DRP is specifically designed for rough sleepers as a needed stepping stone treatment prior to accessing residential rehabilitation; it is the only service of its kind. The reply from the DAAT via the PCT seems to say that as the DRP only treats 15-20 people a year and this is a minority of overall Oxon people in treatment there was no need for a consultation, this negates the status of rough sleepers as a minority group: it's like saying we wont bother consulting on black peoples views because they only make up a small percentage overall. The closure of the DRP has a significant impact on the rough sleeping population it was designed to serve and it will not be available for at least 5 months, therefore it surely required a wider consultation (wider than members of the commissioning group - I have spoken to OUT who informed me that they did not consult with users regarding this prior to the decision being taken).
The DAAT have informed me that they did not know that the lease of the property was ending! I find this hard to understand; surely as main purchaser of the service they would be aware.
The PCT/DAAT response states that during the tender process the council decided to take the property back (was there no contractual timeframe then?) I am aware that due to the lack of information regarding the closure being disclosed to DRP staff, that staff anxiety and staff

sickness levels rose. I would be grateful if you could raise the issue of why it would have been appropriate to have a consultation.

One last point, it seems that DAATs' across the country are not subject to the FOI Act despite being funded by public monies, could they be included within the current framework or would it need amending? My FOI request for details of any consultation was refused by the DAAT. Thanks for the swift response

Warm regards,

Richard Lohman.

Appendix 4: *SMART email to DRP project group (of particular note for the report is the 1st sentence).*

From: DWorthington@smartcjs.org.uk
To: richardntlohman@hotmail.com; adrian.chant@helpandcare.org.uk
Hello Richard,

Re: Details of the programme:

Clinical input/management is being provided by a dedicated SCAS nurse who will oversee all prescribing needs.

The therapeutic activities, programme design and auditing processes are aligned to NICE, Models of Care and Clinical Governance expectations respectively.

The programme is structured across 7 days and provides a range of support functions including; dedicated one-to-one sessions, support groups, education workshops and complementary therapies. All of this set against the backdrop of needing to support the longer-term housing needs of the majority of our service users, and developing the skills they need to live independently. When designing the programme we remained mindful that the unit is not intended as a 'residential rehabilitation centre'.

Re: Negotiations so far: As referenced in my previous mail, negotiations so far have broken down as a result of problems with actual and potential planning applications. Public opinion was the key obstacle during our application to Cherwell District Council whilst all other Councils, bar the West, have voiced concerns over a project of this type in their locale prior to going to planning.

Where partnership proposals have been in place with housing providers, the sourcing of suitable premises has been the main obstacle.

Thank you once again for the support.

Darren Worthington

CEO
SMART CJS

Appendix 5: *SCAS service managers' email response. Of particular note for the report the response on the bottom of page 11.*

From: Richard Lohman
To: steve.thwaites@obmh.nhs.uk
29/10/09
Dear Steve, please see attached as per our discussion this morning. I will contact Pauline Scully to see if things have moved on and note that when you were involved around 6 months ago that

nothing had been confirmed in regard to a dedicated scas nurse due to the concerns you had.

The LINks website is www.makesachange.org.uk and you will be able to access the local Oxfordshire LINks office tel nr and other details there

warm regards,

Richard Lohman.
Oxfordshire LINks steering group member.
LINks: your voice on local health and social care.

From: RICHARD LOHMAN
Sent: 29 October 2009 10:13
To: Scully Pauline (RNU) OBMH

Dear Pauline,

my name is Richard Lohman and I sit on the Oxfordshire LINks steering group. LINks replaced patient and public involvement forums however also covers social care. Oxfordshire LINks has been up and running with an elected steering group in place since March of this year, more details can be found at the website www.makesachange.org.uk including contact details of the Oxfordshire office in Witney.

The Steering Group is focussing on several areas raised by the public and one of these is the replacement of the former DRP which as you are probably aware was shut down 2 years ago. The unit provided residential detox and therapy for especially vulnerable substance misusers, particularly rough sleepers and people experiencing homelessness.

I was given your name by Steven Thwaites after we had a chat this morning and I am seeking clarification on whether it has now been confirmed by scas that a dedicated scas nurse would be overseeing all prescribing needs (see email below from Darren Worthington) in the new unit or whether this is still being looked at due to the concerns that Steven had raised circa 6 months ago.

I understand that you must be extremely busy and yet I would be grateful if you could respond as soon as you are able

With kind regards

Richard Lohman.
Oxfordshire LINk steering group member.
LINks: your voice on local health and social care.

From: Pauline.Scully@obmh.nhs.uk
To: richardntlohman@hotmail.com
29/10/09

Dear Richard,

Steve has informed me of your conversation this morning. *I can confirm that there has been no agreement at this point that SCAS will provide a dedicated nurse for this service. The concerns raised by Steve earlier stand, we have had no recent discussions with the DAAT about this.* We do remain open to discussing this with the DAAT in the future.

Best wishes
Pauline
Pauline Scully, Service Manager

Appendix 6: *Letter to LINK/OJHOSC from Leslie Dewhurst.*

January 2010

Drugs Recovery Project

I am writing in support of the LINKS Project Group's request to the County Council Health and Overview Scrutiny Committee to look into the closure of the DRP in Walton Street.

As chair of Single Homeless Group, I wrote to Supporting People and the DAAT back in early 2008, to express concern about the lengthy interim period between the closure of the DRP in Walton Street and the new contract being awarded in April 2008. It was with dismay that we then heard that the new service was not likely to be up and running until autumn 2008. It seemed unfortunate planning to close one service before the replacement service was ready to commence.

Of course, the expected opening of SMART's new service in autumn 2008 was then delayed and has still not opened. Though I appreciate the problems of securing appropriate premises and the relevant planning consents, this does seem to be an unacceptable length of time to go without a service which has been deemed both necessary and strategically relevant.

I do hope that you can do whatever is necessary to help bring this sorry situation to a speedy and satisfactory conclusion.

Yours faithfully,

Lesley Dewhurst
Chief Executive, Oxford Homeless Pathways
Chair, Single Homeless Group

Appendix 7 and 7a: *County and City council FOI responses (of note for this report the last 2 sentences in italics of appendix 7 and the 2nd paragraph in appendix 7a).*

Date: Mon, 16 Nov 2009
From: Grace.Mayo@Oxfordshire.gov.uk
To: richardntlohman@hotmail.com

Dear Mr Lohman

Thank you for your recent enquiry regarding the closure of the Drugs Recovery Project at 170 Walton Street, Jericho, Oxford.
I can confirm that yes, the Drug Recovery Project was provided at this address by English Churches Housing Group. From 1 April 2003 until the end of September 2007 the housing related support service provided to residents was funded by Oxfordshire County Council under the Supporting People programme.

This service was subject to a strategic review and was re-commissioned following a competitive process, to be provided by a difference provider and at different premises. Therefore the closure of the service at this address was not property related.

With Best Wishes
Grace Mayo
Quality & Performance Officer
Social & Community Services
Oxfordshire Supporting People Team

Appendix 7a
Subject: 1734 FOI - Drug Recovery Project
Date: Tue, 8 Dec 2009
From: James.Willoughby@Oxfordshire.gov.uk
To: richardntlohman@hotmail.com

Dear Mr Lohman

Thank you for your request of 30 November 2009 in which you asked for the following information: I would like to make a freedom of information request regarding the closure of the Drug Recovery Project at Walton Street, Oxford in 2007. The request is for the details of any consultation on the closure which took place, either with Oxford organisations working with the homeless and/or with service users.

Further to our telephone conversation of 4 December regarding your request, I have contacted the Supporting People Team as you suggested. However, after consulting this and several other teams within the County Council, I must inform you that no information regarding a consultation is held by the council.

However, this does not mean that a consultation did or did not take place, only that the council holds no information about it.
Please let me know if you have further enquiries. I would be grateful if you could use the reference number given at the top of this email.
Yours sincerely,
James Willoughby
Complaints and FOI Manager
Oxfordshire County Council

Appendix 8: *extract from 16/11/09 DAAT email confirming 'unspent, fill the gap' funding allocation.*

"… We increased the budget available to the residential rehabilitation placement team by £40K as an initial buffer after the project closed, this was not spent …"

Appendix 9: *LINk questions to DAAT and responses. The pertinent aspects are in italics.*

The following email was sent from Adrian Chant to Jo Melling on 4th September – both of the following questions were not answered as requested for or at the meeting 29/09/09.

1. How many rough sleepers accessed the DRP in the final two years of its operation?
2. Of the additional monies set aside after the closure to fill the gap in services how much has been spent on people who were rough sleeping?

The questions were not answered at the meeting or subsequently as needed within the 20 working day timeframe. A reminder email of the same was sent 12/10 repeating both questions. A reply was received on the same day which again did not answer the question or provide a reasonably helpful response, i.e. provide the numbers of No Fixed Abode clients for which figures are held.

04/09/09

Dear Jo,

We have received a request from the Steering Group if the following 2 questions could be prepared for discussion at the 29 September meeting (or supplied in advance as appropriate):

1. How many rough sleepers accessed the DRP in the final two years of its operation?
2. Of the additional monies set aside after the closure to fill the gap in services how much has been spent on people who were rough sleeping?

If it would help to discuss further I will be available in the office next week or on the mobile number below. Many thanks.

Kind regards,

Adrian

12/10

Dear Adrian

Regarding your questions below, The DAAT commission Drug and alcohol treatment we are not commissioners of housing, therefore the data we collect relates directly to an individual's treatment and treatment outcomes. *The national data requirements on the national database for treatment services (NDTMS) collects the following fields related to housing*

NFA (No Fixed Abode), Housing Problem, No Housing Problem

Therefore we did not collect data on rough sleepers. The project was not commissioned by us as a rough sleeper project as it would be inappropriate for us to commission a project on this basis as we are commissioners for treatment. So in brief I cannot give you the statistics you are asking for. Negotiations for new premises are well underway and we hope to make an announcement within the mouth.

Regards

Jo

The following letter was sent 22/10/09, a reminder email sent of the same was sent 5/11, a further request for response 12/11, a response was received 16/11.

Dear Jo,

The project group would like to be informed as to:

How much funding was set aside to fill the gap and was it ring fenced, and if so, how much of that funding was allocated and spent on what services?
If not ring fenced, again how much was allocated and spent, and on what services?

Your email of 12th October stated "Negotiations for new premises are well underway and we hope to make an announcement within the month". Please can you advise if this is still on target for announcement by the middle of November?

The LINK would like to be in a position to report back to Oxfordshire Joint Health Overview and Scrutiny Committee as part of the LINK update for their next meeting on 19th November and I would therefore be appreciative of a reply within the normal timescale of 20 working days under the LINKs legislation.

Thank you for your help.

Yours sincerely,

Adrian Chant,

12/11/09
Dear Jo,

I would be grateful to receive a response to my previous email. The LINk will be providing an update to the next meeting of Oxfordshire Joint Health Overview and Scrutiny Committee on 19th November and wish to be able to do this on current information received many thanks.

Kind regards,

Adrian

16/11/09

Adrian

My understanding was that the project group that LINKs set up was to work with providers in moving forward, does the group have terms of reference? Therefore I am not sure how productive it is to keep going over old information that is no longer relevant. I have sent over a large amount of information over that last few months on *a project which closed over two years ago and in its entire life span saw just over 100 people*, when the overall treatment system treats over Two Thousand Three Hundred Individuals per year. I appreciate that this is an emotive subject to some people, at the meeting and during all the correspondence we have stated that we continue to look for premises to develop a local residential detoxification facility. Something that others areas do not have, so Oxfordshire is not being denied a service that is everywhere else, quite the opposite. We have clearly indicated we are always happy to work with people to move forward and would welcome a more positive approach to this piece of work.

As far as funding is concerned what we do not and cannot do is have money sat unspent. *We increased the budget available to the residential rehabilitation placement team by £40K as an initial buffer after the project closed; this was not spent* and was used to offset the county councils decrease in the residential rehabilitation funding. Budgets in this form as not 'ring fenced' but allocated as described above. The money available for residential rehabilitation is part DAAT funding and part county council funding; the budget is management by the county council. Residential Rehabilitation placements are county council contracts.

We are progressing with the premises agenda and have meetings in place to discuss the move forward with a third party. We hope to have some information within the next 2

weeks; I cannot risk the process of negotiation by informing people of discussions when no agreement has yet been made. I am as keen as everyone to be able to make the announcement that we have premises and that a new project will soon be opening. In short I do hope that this will be forthcoming in November.

Kind regards,

Jo

The following email was sent 7/12/09 for which a response was received on 23/12/09.

Dear Jo,

I provide below information from the LINk project group:

As you are probably aware the DRP project group formed after the LINks initiated meeting has gathered signatures from the close neighbours of the former project attesting that they experienced no problems over the duration of the project and that this information has been passed onto Darren Worthington, where it is hoped it will be of use in the process of setting up the replacement unit. *If you have ideas on anything further the project group could do to support the process during this phase please do let us know.*

At the last meeting of the Oxfordshire LINk Stewardship Group, in order for the project group to focus solely on supporting the process of setting up the replacement unit, it was unanimously agreed that the information gathered by the project group in regard to the former DRP be forwarded to Oxfordshire Joint Health Overview and Scrutiny Committee for their attention. This is the normal referral process for LINk projects, the OJHOSC having requested reports of current activities from all LINk projects for their next meeting on 21st January 2010. Part of the report from the DRP project group will cover some discrepancies in information received in the course of the group's inquiries into the former DRP and its closure.

In order to complete our report I would be grateful if you can confirm whether any public consultation on the closure of the DRP took place at the time and if so, can we be provided with details of the type and scope of this?

Please do not hesitate to contact the group via the LINKs office with any work which the project group may be able to undertake in supporting the process of setting up the replacement unit to the DRP or should you require any further information/clarification.
Many thanks for your continued help.
Yours sincerely,

Adrian Chant,

23/12/09.

Dear Adrian, Thank you for your letter, it is great news this is going to the Oxfordshire Joint Health Overview and Scrutiny Committee, can I please have a copy of your report.

To confirm, there was no public consultation regarding the end of the contract that ECHG had for the DRP.

Regards
Jo

APPENDIX 2

OXFORD DRUG REHABILITATION PROJECT

(Agenda Item No. 7 of OJHOSC minutes 20th May 2010

The Committee welcomed Jo Melling, DAAT Director; Alan Webb, Oxfordshire PCT; Darren Worthington, Chief Executive of SMART; Glenda Daniels, service user involvement coordinator of OUT; Dr Angela Jones, GP formerly working at the Luther Street Medical Centre; and Richard Lohman, Steering Group member of Oxfordshire LINk to the meeting;

Alan Webb introduced the item giving a brief resume of the situation to date, stating that the service had been retendered in 2007 as a result of a change in its major funder, which had previously been Housing Services. Since then the major challenge had centred around finding suitable premises. He reported that property had now been found in Iffley Road, Oxford and would be secured in the near future. Mr Webb pointed out that when the PCT as host commissioner had gone out to re-tender, the DAAT had been assured that the service would not be disadvantaged and that funding would be provided from out of county placements if needed.

Jo Melling added that, when re-commissioning the service, the principal aim had been to develop a good, effective local treatment programme which was different from other services provided in other areas. At the time, practitioners had been consulted on the new service, but the premises issue had been sprung upon them and there had thus been no opportunity to go out to further consultation. Her view was that the clients had not felt disadvantaged by this, citing statistics from an annual user survey. No individual cases of people disadvantaged had been brought to light by service users themselves of by other organisations. In response to a question from the acting Chairman asking if she was sufficiently confident that there had been sufficient consultation, Ms Melling and Glenda Daniels assured the Committee that the service consulted constantly and that they were satisfied with the level of involvement. Some cases had been resolved via advocacy over the last three years and each had been assured that placements could be provided out of county. Moreover the new service was working with SMART to ensure that there was ongoing service user consultation. Users were happy with the service provided.

In response to a question from a member of the Committee asking if all the service users were happy to work with SMART, and if there was a reciprocal consultation arrangement with other counties, Glenda Daniels commented that SMART was a criminal justice focused service and that there had been a cohort of people stating their dissatisfaction with this. She added that much work had been done to rebrand SMART in light of the different nature of services they were to provide and it was her view that a new side to SMART would be experienced when the new drop in centre was established. Darren Worthington added that SMART now provided a range of services for each stage of recovery and indeed

provided services across the Thames Valley region, not just to the DAAT. Jo Melling confirmed this, adding that although SMART as an organisation had been established in Oxford 14 years ago, it was now competing against large national providers at a national level. Moreover, its processes demonstrated a robust transparency.

At this point the Chairman invited Dr Angela Jones, who had been a GP working in the Luther Street, Oxford Medical Practice for the Homeless, during the period when it was a charity until it subsequently became a PCT provided service, to speak. She made the following points:

• Prior to when the DRP was set up it had been an 'old fashioned' service with providers who were able to meet need in a flexible, rapid way;
• The DRP was set up in response to an identified need to address the requirements of a marginalised, core group of insecure users, a group which, in her view, cost the County, the NHS and the Criminal Justice System a significant amount of money. The DRP would put service users on a pathway from use of prescription medication to when they moved on to County rehabilitation services. She added that she would have liked to see the service extended to stabilization of the client within the community;
• The DRP was a very valuable and creative project in which rough sleepers were given the opportunity to become socially acclimatized once again by embarking on a structured programme of cooking, cleaning etc. It had 'astonishing' results, clients blossomed, and the DRP could have filled the Unit many times over;

In response to Dr Jones' query as to whether the views of the local GPs had been sought with regard to the new unit, Jo Melling responded that they had not asked every City GP, but consultation took place on a regular basis with GPs via the GP Forums which met on a bi-annual basis. Glenda Daniels added that service users were given a structured, hour long interview in which they were asked their thoughts about every service. There was also a county-wide piece of research undertaken each year. She added that this work had proved very valuable in for her in her role as a member of the commissioning group for the DAAT.

Dr McWilliam expressed concern about seeing a service reduction for people suffering from substantial social problems, due to budgetary problems. He asked Dr Jones her view, in her capacity as a national expert. On the new tender plans. Dr Jones responded that she had not seen them and indeed did not now have the local knowledge with which to do so. She advised that the views of the clinicians working in the City be sought, particularly of those working directly with Luther Street.

Members of the Committee asked a number of questions of the panel of invitees, a selection of which are included below:

Q Will the plans still include the service for rough sleepers so valued by Dr Jones?
R(Jo Melling) Yes. It will take complex cases who will require long term detox programmes. However, it will be directed at users from the whole county, not simply for rough sleepers.

Q When you consult, do you involve the families of service users'? Some may not be the best position to comment themselves.
R (Jo Melling) We haven't in the past engaged families as well as we could have. We are committed to engaging the service users' stakeholders. We do have a Family Support service and this will be addressed this year.

Q Could you give us an idea of the long term success rate for the project? How much does it cost the tax payer and does it bring value for money?
So far we have only referred to drugs, is there a danger that there is too much focus on drugs and too little on treatment for alcohol abuse?
R (Jo Melling) The cost of the DAAT overall is £7m and the PCT contributes on a local basis. We retain over 70% of people entering treatment over a 12 month period. Our national database indicates that Oxfordshire is currently ranked fifth in the country for treatment effectiveness, which is a service this county can be proud of. We do provide a service for those suffering from alcohol abuse but it is very much a 'poor relation'. Many drug users have alcohol problems also. We do, however hope to develop a service . The DAAT is trying to drive forward the community safety aspects of alcohol abuse.

Q Would it be possible to use the new unit for income generation?
R (Jo Melling) This cannot be ruled out and could be considered when we have the building specification.

Q When will the new service be begin operating?
R (Darren Worthington) We have begun negotiations with a landlord on the Iffley Road, Oxford and we are very shortly to start discussions with the local council with regard to planning permission. We estimate that it will open in late summer 2010.

Jo Melling commented that the search for premised had been wider than just Oxford City.

Q Will it have 8 beds?
R (Darren Worthington) We are looking to it operating with 10 beds. There will be a dedicated nurse working at the unit.

Q What lessons have the PCT/DAAT learned from this? Does the LINk have good cause for concern?
R (Alan Webb) We need to look at the communications issues across all parties

with regard to when a service is to be re-provided and/or when there is a service break. He expressed his confidence that there were no governmental issues, as he chaired the DAAT. He added that, although there were lessons to be learned, the DAAT had an excellent track record and this should be kept in focus. The PCT were anxious to ensure that service users were not compromised in any way with the new service.

Richard Lohman was invited to give a response to the debate on behalf of the LINk DRP Group. He put forward the following comments:

• In terms of value for money, a review of the former DRP undertaken in 2005 stated that nowhere in the country could one find a better cost per unit. The unit was exceptionally good value for money;
• The National Treatment Agency for Substance Misuse (NTA) carried out an audit of 22 outcomes and found that 10 out of the 22 were not auditable. It is difficult to assess where a person is in terms of whether they have become a productive member of society within a 2 year period;
• Interviews carried out with some service users have echoed the statements given by Glenda Daniels and Daniel Worthington that SMART was now able to offer a much broader service;
• Dr Andrew McBride had confirmed that unless money was earmarked for detox provision for rough sleepers, the provision offered would be unworkable. Darren Worthington, who has worked closely with the DRP Project Group, is very optimistic that the new service will cater for this treatment group by redirecting funding from elsewhere;
• The LINk had experienced some difficulties in extracting information from the Supporting People Team.

It was **AGREED** to:

(a) Thank the Oxfordshire LINk for their report;
(b) Request Mr Edwards to write to Oxfordshire PCT and the DAAT giving the Committee's view that the DRP should be re-provided as soon as possible and that the services should be at least to the standard of those that were provided formerly, particularly the 'base' level services offered to people prior to entry to rehabilitation;
(c) Any planning or nursing issues that would be likely to halt or delay reprovision, be reported to this Committee at the earliest possible moment;
(d) Oxfordshire PCT be reminded of the importance of consulting with this Committee should there be any change for service users; and
(e) The Oxfordshire Supporting People Team, Oxfordshire PCT and the DAAT be reminded of their duty to respond to requests for information from the Oxfordshire LINk.

Oxfordshire LINk
Your voice on health and social care

Health

Education

Adult

Responsibility

Social

Attitude

Your voice

HEARSAY!

What happened at our HEARSAY! Event?

Annual Report

May 2010

Contents

Introduction

Who?

The Oxfordshire Local Involvement Network (LINk) was set up in April 2008 to give everyone an opportunity to say what they think about local health and social care services. The LINk is independent of the local council and the NHS.

The LINk wants to know what is working well and what is not so good and to give people an opportunity to monitor and check how services are planned and run.

The LINk listens to what local people say about their needs and about their experiences of services whether they are provided by the NHS, a local authority, charities, or a private company or voluntary organisation under contract to Social and Community Services. Social and Community Services is the part of the County Council which is responsible for adult social care.

The LINk feeds back this information to the people in charge so that things can change for the better. LINk also has powers to ask the NHS and Social Services for information and to make recommendations.

What?

On the 12th March 2010 Oxfordshire LINk, working with Oxfordshire County Council, ran an event called **Hearsay!** We invited people who use adult services provided by Social and Community Services to come along with people who care for them such as their friends and family members. We wanted to meet and talk directly to people using services.

Why?

The purpose of the day was to ask local people what they most wanted to see changed about adult social care services and to come up with suggestions about how to do it. The day was a huge success with over 80 people coming to have their say about what is important to them and suggest ways in which things could be improved.

People were able to talk to each other, share their experiences and speak directly to the Director and County Councillor responsible for Adult Social Care in Oxfordshire and other council staff.

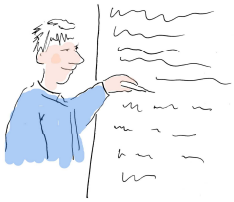
On the day

Our aim at the LINk is to listen to what people say about their services and feed this back to the provider of those services, in this case the Council.

We feel it is important to take notice of everyone's comments. We knew a little bit about what people would like to talk about but also wanted to give people the chance to raise other issues.

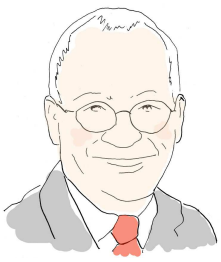
To make the whole day run smoothly, we employed an independent person to chair the event and make sure everyone had their say during the day.

On the day everyone was asked to join a group table with LINk members, staff, Council and Primary Care Trust representatives and others from local organisations. We also had staff from the Care Quality Commission (CQC), who inspect and regulate adult social care.



There was a note-taker on each table who recorded what was discussed and what was most important to each person.

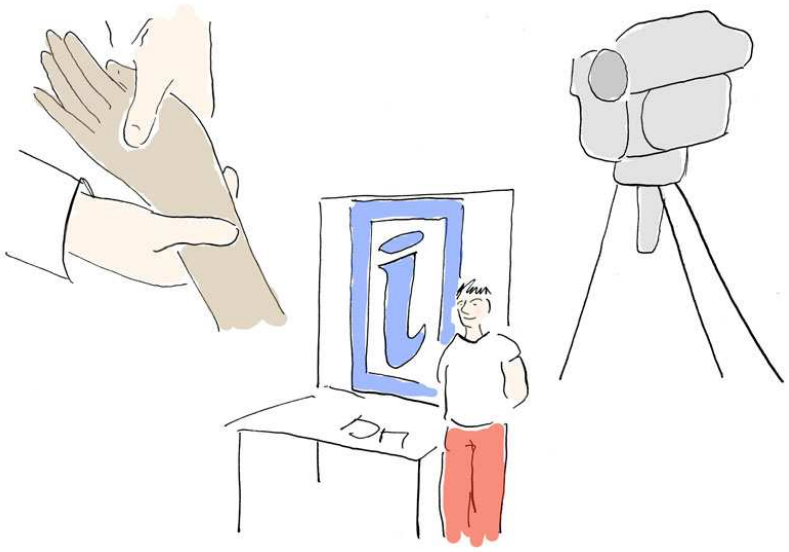
"We welcome feedback about our services, both positive and critical and we encourage people to come forward with their comments."
said John Jackson, Director for Social and Community Services, Oxfordshire County Council.



Information stalls and lunch

Over a wonderful lunch, we had the opportunity to talk to each other away from the tables and there was the chance to have a relaxing hand massage and give feedback about the day by video.

During the lunch break, we also provided organisations and departments of the Council the chance to hold information stalls where guests could find out about services available to them.



These included:

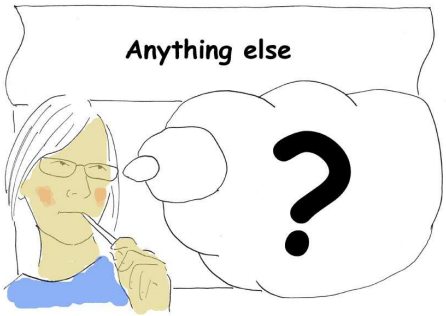
West Oxfordshire Branch of MS Society
Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust
Learning Disability Team, Oxfordshire County Council
Cornhill Centre and Good Neighbours scheme
Rethink Carers Support Service
Wantage Day Centre
Didcot Day Centre
Home Instead
Access Team, Oxfordshire County Council
Taking Part Team, Oxfordshire County Council
The Transforming Adult Social Care Team, Oxfordshire County Council

The Council's Comments and Complaints Manager was available to talk with people about specific individual concerns.

Oxfordshire LINk would like to take this opportunity to thank those people involved for their time and providing their information for guests.

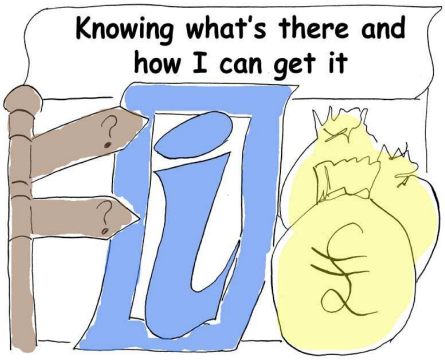
How it worked

Each table had six cards with the following topics on to discuss. The topics were chosen because they were the issues people had already raised most often in consultations with the LINk and the council.:



We put a large pie chart on the wall divided into 6 sections, one for each of the topics and asked each table to say which 3 topics they felt were the most important to them.

The three topics that scored the highest were:



(To read all of the comments made at the event, please see Appendix 1 at the end of the report)

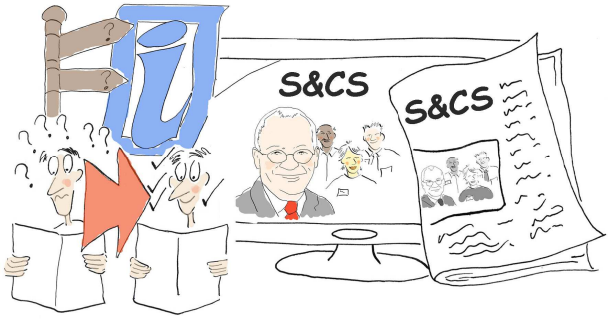
What LINk did with your comments

The LINk looked through all the comments that were made on the day and pulled out 5 key priorities by which things were most frequently raised. Below each priority is the evidence (what was said on the day) and suggestions from people on how the Council could make changes.

Key priorities from Hearsay!

Priority 1 -

Social & Community Services need to make information easier to access



Evidence -
People felt there is a lack of information regarding services available; carers particularly are too busy to go out and find information; information needs to reach people at the right time; it's not user-friendly; some people do not have access to the internet or want the information in this way; people are unsure what the complaints procedure is; not aware of who/what the Access Team are – name isn't self explanatory; more information needed on leisure, benefits, money

Suggestions –
One main database that holds information on services; a helpline answered by a person not an answering machine; publicise the Access Team and possibly change name; information packs needed, especially at reassessment; phone numbers on back of envelopes; all information available in one place; clear advice and advocacy around how to complain and support through the whole procedure; information available at GPs

Priority 2 -

Communication needs improving especially between services

Evidence –
People felt that the response time from Social and Community Services was too slow; the services do not connect and there is no real co-ordination between them; people don't know who their care managers are; lack of communication between Social and Community Services and existing voluntary groups

Suggestions –
Delays in contact are explained; Social and Community Services need to phone people back; improve communication between care manager/care staff/clients; better communication within Social and Community Services departments; access to a key worker not several different people; improve links with health departments especially GPs; County Council to support groups that already exist, rather than setting up new ones

Priority 3 -

There needs to be a higher quality of care received in the home.

Evidence –
People expressed issues with carers – no continuity of staff, reliability, time-keeping is an issue, standard of care varies; lack of communication especially if no care worker turns up; very inconsistent and varies between providers

Suggestions –
Involve service users in interviewing for home care services; people need continuity of care staff; home care supervisor needs to be contactable; improve training, with an emphasis on hygiene e.g.: washing hands before touching clients and around food hygiene; a 'person-centred' plan is needed

Priority 4 –

More support needed for carers.

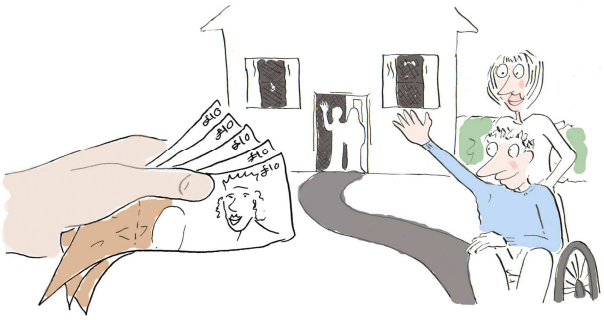
Evidence –
Carers (by this we mean family and friends who provide care) feel isolated with no support; what happens when carer is unwell and unable to care? no emergency help; carers needs are not fully met; no access to transport – stuck unless carer drives; unable to access services; no leisure time

Suggestions –
Listen to what clients and carers needs are and act upon them; provide more solutions for working carers; need for development and support for leisure and social activities, carers social groups, leisure clubs at reduced prices

Priority 5 –

Access to respite care needs improving.

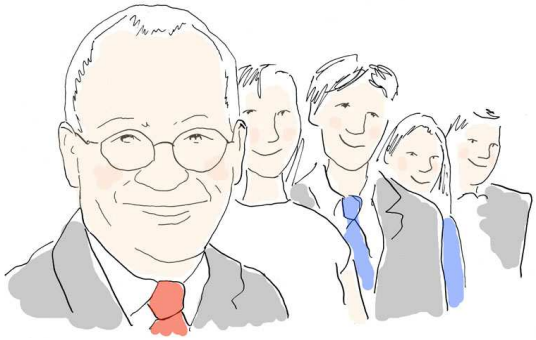
(Respite care is when care is provided to allow the family members or friends to have a short break)



Evidence –
Availability seems to be very limited; puts additional stress on carers; worries around paying for care; inflexible; long wait for respite care

Suggestions –
Improve the respite facilities and adult placement; needs to suit different people's needs; more 'homes away from home'; person-centred respite

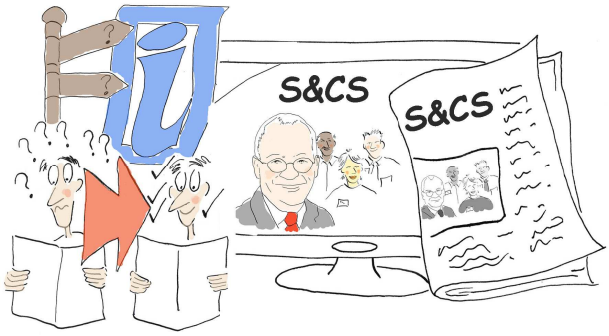
How Oxfordshire County Council responded to your comments



The LINk then sent these priorities to the Council and they have responded with how they will make changes.

Oxfordshire County Council's Response to Priority 1 –

Social & Community Services need to make information easier to access.



The council accepts the issues raised in this section. The following table explains what we will do.

Issue	OCC response	How we will know we have done it	OCC lead
Easier access to information	The council is implementing a new Information and Advice Strategy and will ensure the LINk agree the recommendations and are involved in the implementation	• LINk will be invited to attend the steering board of the Information and advice strategy • A set of recommendations will be produced by an agreed date	Anni Thompson
Information for carers	A carers' information pack will be produced. We will ask carers to sign off the pack as being fit for purpose (through the carer focus groups being run	• Pack produced by September 30 • We will measure the number of carer packs sent out as a percent of referrals from October	John Pearce

	following the carer's survey). Packs will be made available • for all carers calling the council, • visiting carer centres, • or being assessed or reviewed by the council	2010 to March 2011 • We will measure the percent of assessment or reviews of clients where a carer is identified who receive the information pack	
Comments & Complaints procedure unknown	The council will provide a standard letter for all new clients (i.e. someone who is being assessed) to provide details of what they can expect - including key information including a copy of the comments and complaints leaflet. This will be provided to every client at review from July 1 onwards. Copies of the leaflet will be on view in all social care establishments	• We will ensure all new clients have a standard letter telling them of their entitlements, including the comments and complaints procedure, from October 1. • We will ask for clients and carers to provide feedback at review on whether they have received a copy of the procedure • We will ask the LINk to mystery shop our offices and establishments to check the procedure is available	Alan Sinclair (Standard letter in Self Directed Support) Nancy Kurisa and Sakina Bi (provision of comments and complaints leaflet) Steve Thomas to organise feedback monitoring.
Awareness of Access Team	The council will change the (publicly facing) name of the access team and change all related materials. The name change will directly reference adult social services or social care and will be checked with users and carers.	• Name to be changed by October 1 • All information to be changed within a year • All correspondence from adult social care will be in envelopes with the access team number from December 1.	Lorraine Cheshire
Information on leisure, benefits and money	This should be included in the Information Booklet (shared at HEARSAY event). We will republish this booklet by April next year. We will ask the LINk to provide users and carers to agree to the content of the revised brochure.	• Revised Information Booklet produced by April 2011, with LINk sign-off • Information Booklet to be extended to cover all client groups by April 2011 • Information will be included in the standard	Simon Kearey

	Information on benefits will be provided to people who refer for services, with details of advice services funded by the council. This to be included in the standard letter produced when people become a client	letter to new clients	
Information to be available at GP surgeries	The information booklet and complaint procedures will be sent to each GP and hospital in Oxfordshire by Sept 1.	• Booklet and complaints leaflet to be in all GP surgeries by September 1 • We will ask the LINK to mystery shop GP and hospital sites and report back on availability of this information	Simon Kearey

Oxfordshire County Council's Response to Priority 2 –

Communication needs improving especially between services.

The council accepts the issues raised in this section. The work on self directed support and the use of brokers within the system should improve co-ordination and communication between the council and services. It should also give service users and their family and friends more control over their services.

Issue	OCC response	How we will know we have done it	OCC lead
Improve co-ordination of services and increase control for service users	Implement self directed support for all service users by April 2011	• All eligible clients will be on self directed support by April 2011 • An agreed form of user feedback will be put in place by April 2011 to	Alan Sinclair (Self Directed Support) Steve Thomas (feedback system)

		service users to ensure the system is delivering the benefits outlined	
Response times to services are too slow	The council will publish its expected key response times in the standard letter to new clients. These will be monitored and publishes measures to include • Time to response to initial referral • Time to complete an assessment • Time to produce a support plan	• Agreed standard response times will be published by September 2010 • Monitoring of key response times will be published monthly • User views of timeliness to be collected at review and published	Paul Purnell to agree standard response times. Steve Thomas (monthly monitoring and user views of timeliness)
Improve communication	The council will implement the role of care co-ordinator for each case. A named person responsible for all aspects of the client's case.	• Care co-ordinators will be in place from October 1	Alan Sinclair

Oxfordshire County Council's Response to Priority 3 –

There needs to be a higher quality of care received in the home.

The council accepts the comments made in this section. As with the comments in section 2 this process should change with self directed support.

Issue	OCC response	How we will know we have done it	OCC lead
Service users and carers to be involved in interviewing	This will be implemented for all internal services from September 1 We will put this into all contracts for external service	• We will measure the number of carers employed in the period and the number where a service user was involved • Contracts – *arrangements to be confirmed*	Simon Kearey
Training	We will amend training arrangements to ensure that induction courses for all care staff include a section with service users stating their required standards	• We will provide statistics on staff attendance on courses for both internal and contacted services from October 1 • Induction training to include users and carers from October 1 • Specific figures will be provided on attendance at hygiene courses	Simon Kearey
Time keeping		• The council will publish figures on timeliness of client visits by agency	Steve Thomas

Oxfordshire County Council's Response to Priority 4 –

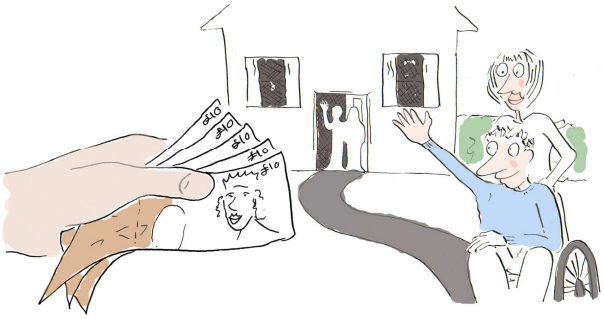
More support needed for carers.

The council accepts the comments made in this section.

Issue	OCC response	How we will know we have done it	OCC lead
Isolation	Peer support through additional provision via the community development team	Dementia groups and cares groups to increase	John Pearce / Varsha Raja
Emergency Help	Targeted outreach from current provider has been requested	Increased access from county areas showing low uptake	
Low level Preventative support	Development of the Good neighbourhood schemes	Increase in uptake and use of Good Neighbourhood Scheme	Anne Honeyball
Transport support	Trial a transport advisor role to support carers access transport	In post in May and evaluated	John Pearce/ Varsha Raja
Leisure support life outside caring	Carers centres time to care grant to be advertised throughout the county. Discounts to be advertised for using leisure facilities	Contract monitoring to evaluate uptake	

Oxfordshire County Council's Response to Priority 5 –

Access to respite care needs improving.



The council accepts the comments made in this section.

Issue	OCC response	How we will know we have done it	OCC lead
Limited availability of respite care	The council will • Re-introduce direct payments for flexible respite care and target 500 carers receiving their service in 2010/11 • Increase the number of nights of respite care from adult placement	• Number of people receiving flexible respite care • Number of people receiving respite care from adult placement	Paul Purnell

What people thought of the event

The LINk asked for feedback on how well the event was organised and this is what people said

Did you like the venue?

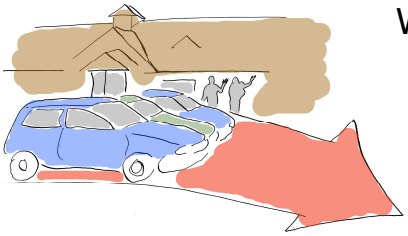
85% said YES

Were you able to say what you wanted to?

94% said YES

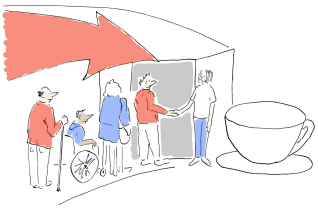
Did you enjoy the lunch?

94% said YES



Were your transport arrangements ok?

73% said YES



Are you glad you came today?

97% said YES

Quotes from our guests

'Listening was just as important as talking'

'I met some interesting people'

'We learnt a lot from other people'

'It was helpful to meet others with the same problems'

'Really enjoyed the lunch'

'Hope that comments made will be taken into account'

'Impressed by the organisation of the day'

'Need a larger venue for that amount of people'

'Excellent facilitators'

'LINks went to a great deal of effort to make the event attractive'

'I felt able to say what I wanted too'

'I enjoyed the experience'

'Useful to meet other carers'

'Same issues being raised'

What happens now?

The most important question of the day – what happens now? Now the LINk has all these comments and has passed them to the Council, how will we know if any changes have been made?

We will provide feedback from the Council every three months, telling you what they have been doing. We have decided to hold a Hearsay! event every year to talk to guests and get direct feedback to see if things are different.

The LINk would welcome any comments you have on how you would like to receive the feedback and how often. We would like to take this opportunity to say a huge THANK YOU to those of you that attended Hearsay! and for those of you that couldn't but passed on your comments to us.

We hope to see you all at Hearsay! 2011!

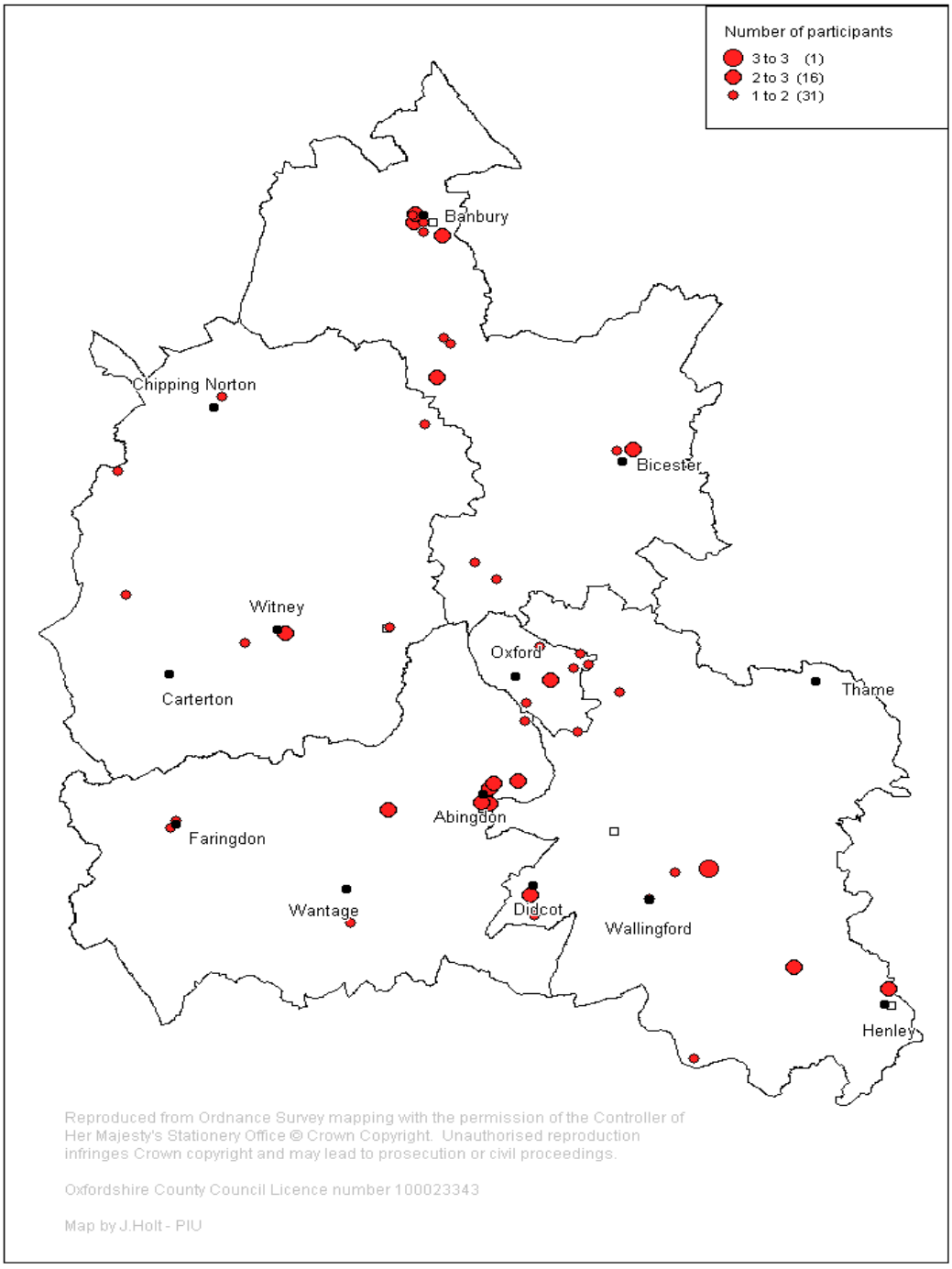
Sue Marshall
Lead Development Officer for Hearsay!
Oxfordshire LINk

Stuart Young, Accessible Project Leader for Oxfordshire County Council, provided the illustrations for this report

For further information on this event or if you are interested in getting involved with the LINk or the County Council, please contact Sue at the LINk on:

Oxfordshire LINk
Bourton House
18 Thorney Leys Business Park
Witney
Oxfordshire
OX28 4GE
sue.marshall@helpandcare.org.uk
(01993)862855

Map showing where our guests came from
to the Hearsay! event in Witney



Appendix 1

Your comments from Hearsay!

Comments you made at the HEARSAY event

March 2010

Information

- Lack of knowledge before people need to access services
- Information needs to reach people earlier
- Database that hold information on Council recommended domestic services, e.g. Cleaners, gardeners, etc that clients and carers can access
- Lack of forthcoming information from social services
- Information and advice needs to be easy to access
- People need to be well informed
- We don't have the time to go out there to find information - this needs to come to you
- Information needed about carers grant – don't know what this is had no information
- A helpline for carers
- Carers are too busy caring to spend absorbing information
- Who are the access team?
- Information that would be useful is not getting to the right people when it's needed, especially information relating to money
- Users feel that responsibility falls on themselves to source information rather than SCS getting it out
- Publicise the access team
- Distribute the cards
- The named "access team" is not self-explanatory
- "Care Direct" might be a suggestion
- Direct marketing to known carers
- Think about language used
- Benefits
- Leisure
- Information packs at reassessment including leisure information and info such as the County Council's Volunteer Scheme
- Phone numbers on back of envelope, 'put this by your telephone'
- A one-stop shop
- A physical place to go to and have a one-to-one consultation
- When you talk to the access team we want to speak as well
- All information available on the Internet and in one place
- To identify in each Town a place where physical information can be reached plus to have more detailed access via the Internet
- Data Protection is too rigid; "families" need to be better defined so that information can be sent to family members rather than an individual able to understand the information being sent

- Find out information by default ; people want to speak to a person and not a machine and would like one place to access all information
- One stop shop – a physical place served by people not just the telephone line with a possible emergency helpline
- When you phone the access team you want to speak to a person
- Have all the information on the Internet available in one place
- Find a place in every town information can go to, e.g. CABs, GPs, Post Offices
- Need easy access to advice and information
- Better information distribution e.g. in libraries, post offices, information on credit card size so that it's easy to carry
- Information – how do you get the right information especially if we don't use the Internet
- Information not user friendly; forms too long
- Information – don't assume IT expertise
- There was a specific request for the telephone number of the Access Team to be put on LINk material, and again a request for an emergency contact number.
- Set up a database of services that people can access e.g. gardeners, domestic help, etc
- Social Care Services should realise that Internet Technology may not be convenient for all. Some clients may not even have a computer. How to engage with clients other than via Internet.
- Too many organisations are involved with the provision of information to clients/carers; there ought to be an Access Team and someone to contact in the first instance. Useful to have one person, a care co-ordinator
- GPs should give out more information, particularly about availability of wheelchairs
- More leaflets should be available at GP surgeries
- there ought to be a leaflet outlining the complaints procedure to clients/carers and the quality standard to expect. It should give clear information on how to complain, with phone numbers of Access Teams plus phone numbers of advocacy resources. There should be information on the leaflet to show clients and carers they have the power to challenge when quality is not good and they should be made aware of the monitoring procedures of the care agencies.
- Clients ought to know who and where to complain if they are not happy about a particular care worker. There should be clear procedure when a client wants to complain, backed up with advocacy.
- To provide an 'avenue' to make it easier for Service Users to complain. It was required that they "advertise" how this could be done. An example was to use Consumer Programmes to make it clear to the public how they could raise their concerns. If they received no joy after the original complaint it should be taken further up to the CC.
- Appropriate actions should be taken when a complaint is lodged, and the client/carer kept informed. Clients/carers feel no action has been taken when care worker still around after a complaint.

Self Directed Support

- Allowing independence outside of SDS
- How do Dementia services fit in with SDS?
- What is a direct payment?
- More variety in the ways services are provided – recognise that self-directed support will do this but some people want it done for them
- SDS – lack of clear information
- Direct payments - co-ordinate the service; Make the best use of the Budget; Clarify what reductions are going to be made; Iron out inconsistencies in the way that it is implemented; Put in place a specific plan for re-assessment – when there were changing needs/ deterioration.
- Co-ordination of services
- Best use of budget, what reductions are going to be made?
- Direct payments, how will it work?
- Changing needs – will there be a new assessment?
- Inconsistency in the way this is being implemented
- Inadequacy of time for service cuts
- Respite services not available or not good and information not readily available
- Pay to get good care

Dementia

- Lack of information available to families, not just for GPs
- Lack of Dementia Services
- How does this fit with self-directed support?
- We don't have the time to go out there to find information - this needs to come to you.
- How do GPs make suggestions to clients
- Needs two people- one-to-one
- Everyone should have long-term contact with the broker, not stopping when care managers steps in (needs will change)
- Progressive "line plan" not just a set offer of six weeks
- Lots of paperwork (again need extra support for this process to be carried out)
- Carers' assessments – paperwork rapidly offered, grant eventually forthcoming, but no feedback as yet (six months ago) on form content

Communication/ Who talks to who

- Communications between care staff changes
- Services Talking to each other
- Response from SCS is too slow
- Initial response is too slow
- Too long between contacts
- Don't know who my care manager is
- People don't always ring abck
- One agency is very slow
- When you speak to someone they should know your circumstances
- At each contact, information will be read and SCS will ensure systems are able to support this
- Prompt initial response is needed
- Delays are explained
- However care is good
- Better communication within OCC
- Services don't connect – no real coordination
- Improve communication during handover/change of staff and between care managers and service users
- Carers – lack of communication
- Care Managers – too many people involved! Clients/carers feel they should have access to a key worker and not having to deal with different individuals all the time.
- There ought to be better communication between social care service departments
- There ought to be better and clearer information/communication between client/carer and social care services; clients/carers need to know that someone cares
- Phoning back when we say

Health

- More help needed to support users to give up smoking
- Free chiropractic services
- GPs or a member of their team ought to keep in regular touch with clients/carers
- Links with GPs
- GPs ought to offer more support to client. They should give better advice on what's available and where clients/carers can get appropriate help, e.g. getting hold of wheelchairs. They should also contact vulnerable clients every now and then to ensure everything is OK
- Patients being discharged too early with lack of good intermediate care
- Not enough District Nurses
- Need for more specialist nurses
- Issues over care in hospital
- Discharge from hospital when no care in place
- Hospital experience; discharges not smooth; poor service
- Hospital – how to raise concerns

Care at home

- People don't know their care managers
- Continuity of staff members
- Inconsistency
- Timing issues
- Costing is based on time allocated
- Continuity of staff – personal care
- Consistent versus varied team
- Waste management/resource and budget implications (incontinent services)
- Better communication and person-centred
- Involve service users in interviewing for home care services
- Communication – home care supervisor to be contactable
- "Person-centred" planning
- Worries about paying for home care
- Home care – people are not kept informed when staff can't make it and lack of respect for people's homes
- Consistency of carers not necessarily the same person all the time but two or three people who get to know you over a certain number of days
- Have services users on interview panels for various jobs
- Issues with carers – adequate/good/turn up on time
- Food hygiene
- Carers – consistency of who turns up, when they come, lack of communication
- Set of standards for carers
- Care for the incontinent (and specialised waste). It was suggested that Oxfordshire County Council arrange a specialised collection for this type of waste, or alternatively arranged specialised "drop off" points.
- Home care was considered inconsistent and depended on the provider. Most of this care was outsourced by the CC and some providers were better than others. There was generally inconsistency on timing issues and the mornings were particular bad. In many cases there was not a continuity of staff and this problem needed to be addressed.
- It was considered that it would be good to have in place a Care Co-Ordinator – this person should take on the role of co-ordination and train and teach their staff so that they are knowledgeable in all aspects of the enquiry.
- Problems with younger social care workers. Standard not up to scratch. Some are brilliant and some awful. Care workers ought, for example, to be given basic training on hygiene such as washing their hands before touching clients. Social care workers should be accompanied for a while as part of their basic training.
- Paid carers working to their own timetable and to the carer's
- Suggest that "caring" be promoted in the same way as fostering, with a Bank of people who might be able to provide some temporary respite care when urgently required

- Some care workers are reliable, others not – time-keeping an issue. Carers feel their concerns fall on deaf ears.
- Standard of care varies
- Staff training - Clarity as to who gets what training
- Training for private care as well as social workers
- Younger care workers should be accompanied for a while to ensure the clients' needs are being met. They ought also to be accompanied unexpectedly every now and then
- Emphasis on hygiene should be a basic element of training
- Having a "person-centred" plan

Care away from home

- When it's necessary to move to care home, thresholds and assessments are too wide, managing place allocation (relates to budgets)
- Visiting care home a long way away and can't go out in the evening
- Improve the respite facilities and adult placement (places)
- Respite Care - availability of this was considered to be very limited, and this put additional stress on "Carers". It was not readily available and quite often it was necessary to "pay" in order to ensure that they got good service.
- The thresholds for assessment were considered too wide and everyone was unclear what needed to happen when the person could no longer be cared for in their own home and needed to be moved to a Care Home.
- Insufficient respite care
- Day centres need to be improved with a wider range of activities
- Need more respite care to suit different people's needs
- Respite care – lack of places and you are governed by the care services rather than your own needs
- Respite care – "more homes from home" and person-centred groups
- Advertising campaign regarding home from home care
- Closures of centres for elderly and disabled
- Flexible day services e.g. café dropping day centre
- Respite care needs to be more flexible and person-centred
- Care when away - Sharing care
- Not feeling guilty
- Respite reviews
- Day care - Too costly for second week but good service
- Insufficient respite care
- Day centres need to improve
- Need a better and wider range of activities
- Need more person/carer centre respite breaks
- Long wait for respite care

Users & Carers Needs

- Listen to what clients and carers needs are and act upon it
- Care for carers needs to improve
- Informal carers are not getting enough support when they are not “official carers” ie getting benefits and accessibility of services
- When contacting SCS you get the Duty Officer not a named person
- Access into Mental Health Services is very difficult once you are assumed to be coping
- Concerns about care in the event of the death of the carer
- Early intervention is needed, both from professionals and service users/carers
- Present social care in a more attractive way
- Advocacy (particularly within learning disability services) - Who does advocacy for service users?
- Choice control over services - Allowing people to have independence
- 24/7 care (not a Monday to Friday service)
- Clients like to choose who cares for them and decisions not to be taken on their behalf without their knowledge or consent
- Tailored care for clients’ needs, not one size must fit all
- Volunteer scheme
- Need for development and support for evening and social activities
- Social Care Services are oblivious to the fact that most carers need to work for a living. They assume carers are available 24 hours a day and have no life of their own. Carers need more support on a day-to-day basis.
- County Council ought to be more efficient in the handling of clients’ finances; they often send incorrect invoices and the carers are having to sort these out themselves; they feel they have enough on their hands and could well do without this extra burden.
- There ought to be joined up deliveries and out-of-hours service, as carers do have a life of their own and cannot always access services during working hours.
- Leisure clubs, including private ones
- Reduced price or free access
- County Council to work with District to develop availability of leisure and social activities
- Carers social groups
- Helicopter rides!
- Services that will not just dump me
- Staff training
- When a carer completes an Assessment form, results are required afterwards. Use information, not destroy it.
- Social Care Services should accept that sometimes the carers know what’s best for the clients. The clients do not necessarily express their needs or are unable to do so.
- Carers felt that completing the Assessment form (which takes quite a while to fill in) is a waste of time as no further action seems to be taken. One carer had to provide a copy of his Assessment form to a member of the Stop Team as the original was “lost” and despite this no action has yet been taken.
- More supports with depression

- Social life
- Funding
- Loneliness
- Feedback needed
- Care – if I can't care anymore – fear for the future
- Social life in the evening
- Transport – during the evening and accessible
- Getting care and access to help
- Carers who are not "official " carers
- SCS to ensure there are annual reviews for all current users and periodically contact carers and past users who may still have needs
- People feel isolated with no support
- Difficulty in accessing different services - physical and mental
- The Archway Foundation funding is being cut
- If you are a family who is a carer with no training
- Issues over carers' allowance being stopped once you receive a pension
- There is no back-up for volunteers from the County Council
- Changes when you move from child to adult services
- There needs to be a person-centred plan for all care services
- Provide more solutions for "working" Carers and come up with some new ideas for those people who work but are also carers.
- Carers' needs are not fully met
- A need for a person to call upon who knows about individuals' situations
- What happens when carer is unwell and unable to care for spouse?
- No emergency help
- Access to transport – stuck unless we drive
- Help from the Council for voluntary sector to keep going and providing services
- Carers' needs
- Never get to speak to care manager
- No named key worker and lack of communication between staff
- Need for carer assistance
- No facility for old people in Oxford
- Care managers keep changing
- Care for carers needs to be improved
- The Council should nominated a named member of staff who could support in times of difficulty
- Set up a voluntary "sitting" service
- Set up a voluntary "drive you somewhere" service
- Transport – more good neighbour schemes needed

Anything else

- Crisis house
- Real Integrated services
- Empowered staff
- Need to record positive feedback
- Big advertising campaign needed for adult placement
- Using personalised advert with support
- Training to encompass dignity and respect and to involve service users' stories in training
- Reliable care managers and better communication
- Cuts in adults services for elderly
- Funding for care services
- Mobility scooters – help and support in using
- Lack of social workers and psychiatrists
- County Council need to support voluntary organisations - rather than setting up new groups use those that already exist
- Potential Closures
- Transport (who provides the funding for local taxis or dial-a-ride?)
- General Funding of services.

What's going well

- Happy with my Dad's care – consistent
- This meeting
- Mind and day services
- Day centre
- I'm very lucky!
- Several comments about being happy with care

Appendix 2

Letter from John Jackson,
Director of Social & Community Services,
Oxfordshire County Council,
to the LINk

OXFORDSHIRE
COUNTY COUNCIL
www.oxfordshire.gov.uk

County Hall
New Road
Oxford
OX1 1ND

John Jackson
Director for Social & Community Services

Date: 18th May 2010

This matter is being dealt with by John Jackson
Email: john.jackson@oxfordshire.gov.uk

Direct Line: 01865 323572

Dear Colleagues

Thank you for organising the HEARSAY! event on 12th March. I found the event uplifting and enjoyed meeting so many people who are affected by the services the council provides. The discussion was positive and the suggestions about how things could be changed were very helpful. I would like to thank all the people who attended the event and contributed to such a lively day.

The social care leadership team at the council has read this report, accepted the recommendations and agreed with you what changes we will make.

We are pleased that the LINk will be monitoring progress. A senior manager (sometimes me) will attend your steering group to provide updates throughout the year.

Thank you for giving us this opportunity. I look forward to attending a similar event this year.

Best wishes

John Jackson

John

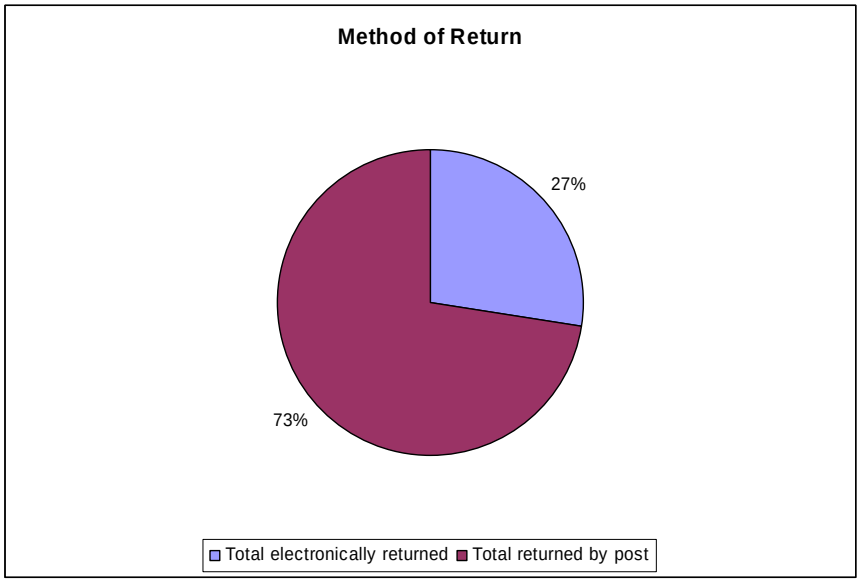
Oxfordshire LINks
Your voice on local health and social care

APPENDIX 4

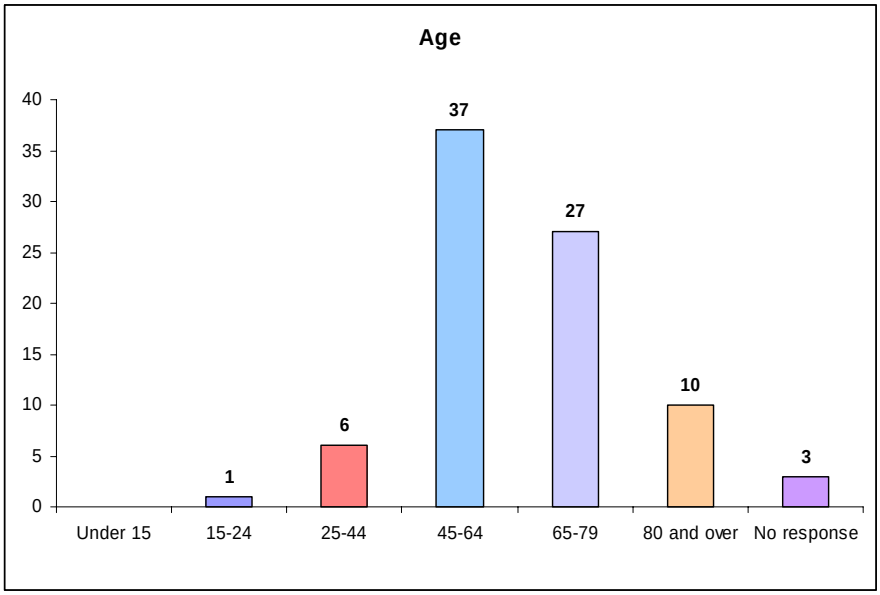
Oxfordshire LINk Diversity Survey

Oxfordshire LINk conducted a Diversity Survey in September 2009.

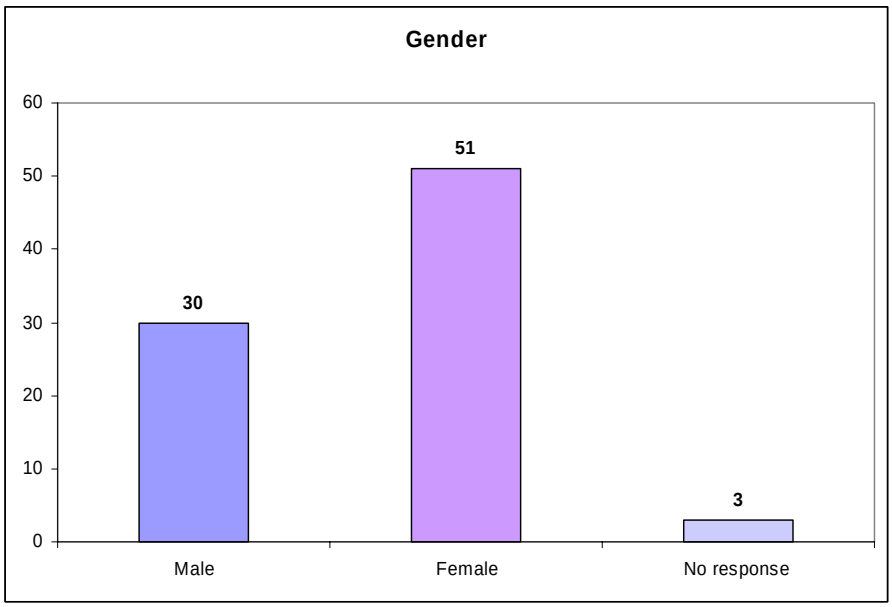
A total of 487 surveys were distributed to those on the Oxfordshire LINk database, either via email or post. The survey was also put on the 'Makes A Change' website and a link to this was circulated in the ebulletin – giving people a number of different ways in which to return their completed survey.
A total of **84** (**17% of**) surveys were returned:



Age Group
The majority of people who filled in this survey were between the ages of 45 and 79, with very little representation from those under 25. No surveys were received from those under 15, which is understandable as the survey asked for individual responses and was filled in by one person. It is therefore not representative of all family members / members of a household.



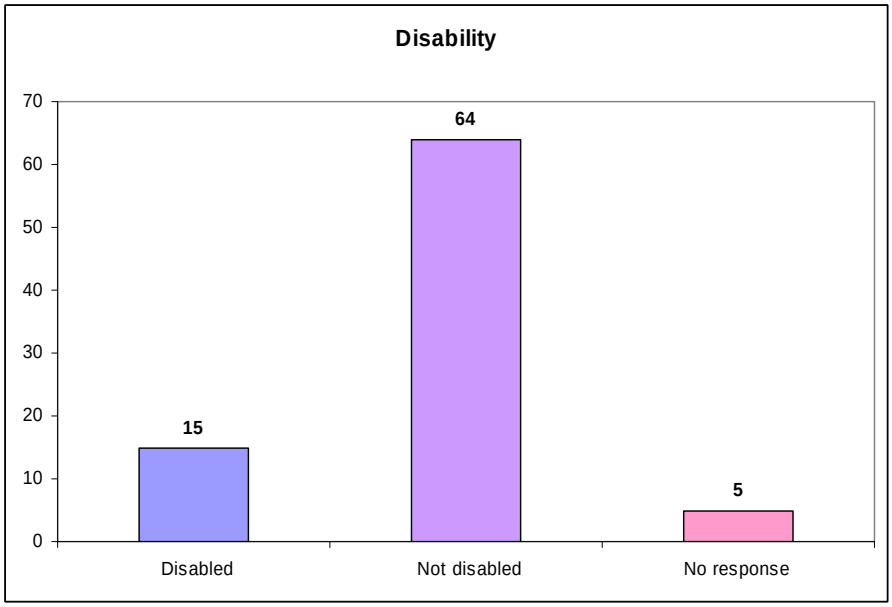
Gender

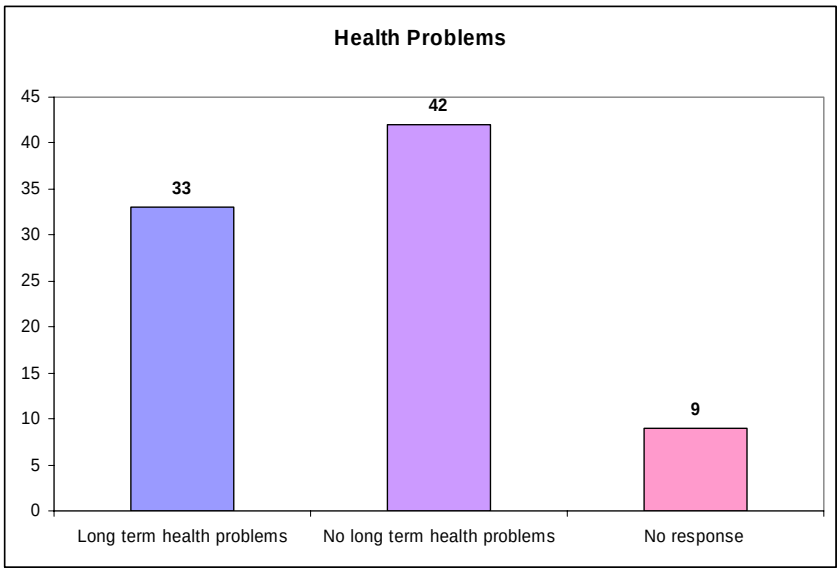


The survey also asked:

Is your gender identity the same as the gender you were assigned at birth?
81 people said that it was the same, while 3 people either ticked 'Prefer not to say' or did not answer the question.

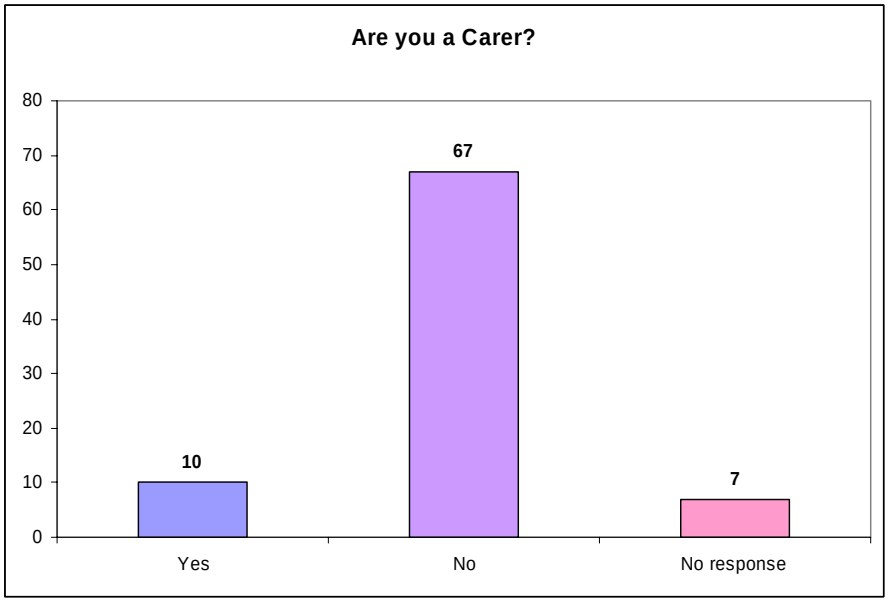
Disability and Health



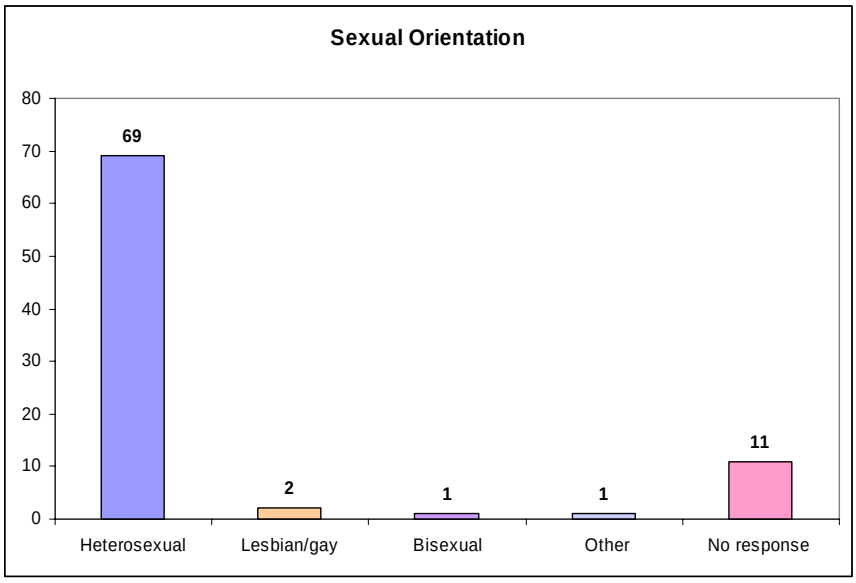


A high percentage of respondents – 39% - have long term health problems.

People were also asked if they are a Carer:

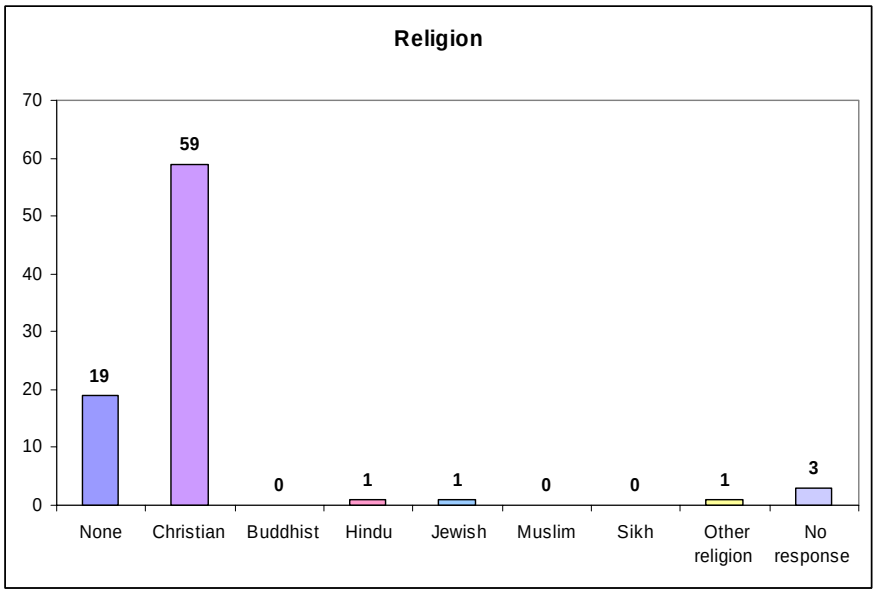


Sexual Orientation

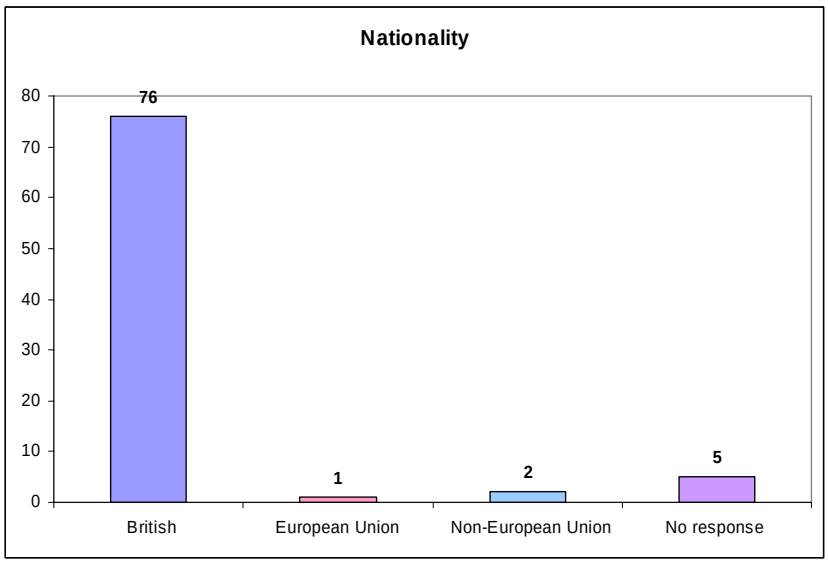


A number of people either 'preferred not to say' or did not give a response to this question.

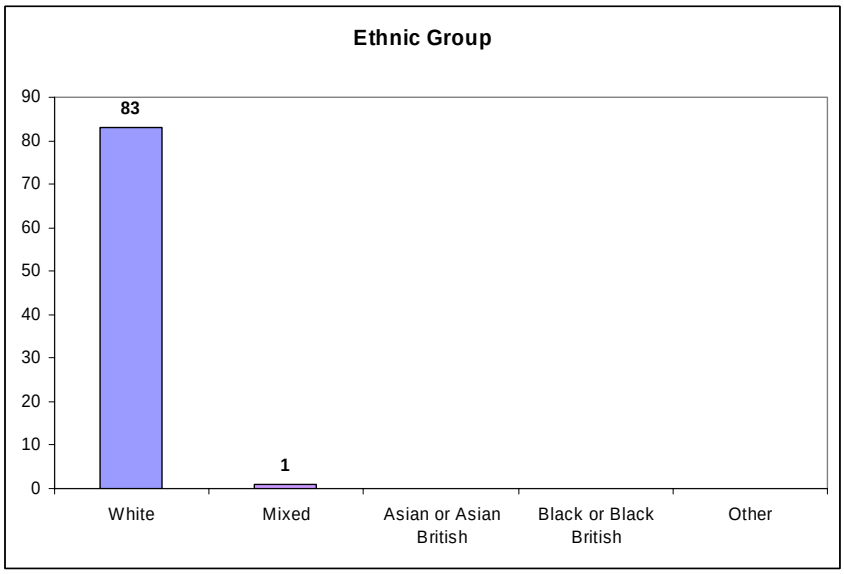
Religion



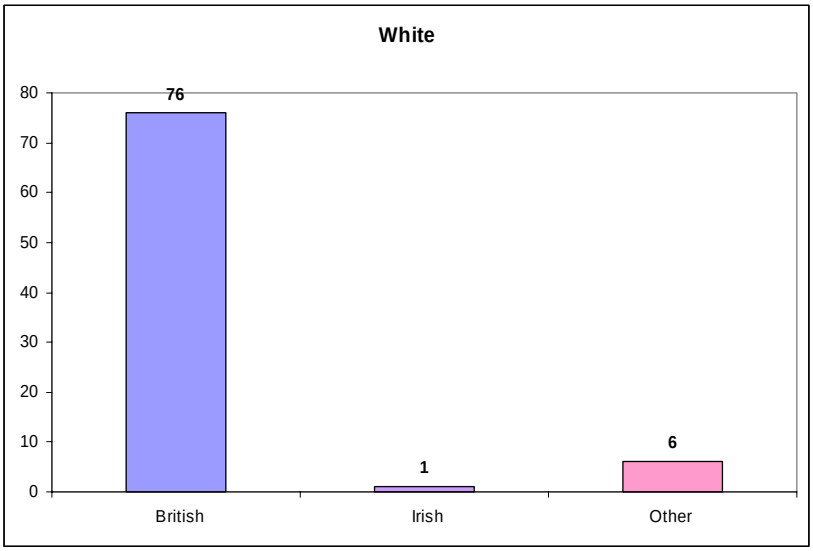
Nationality and Ethnicity

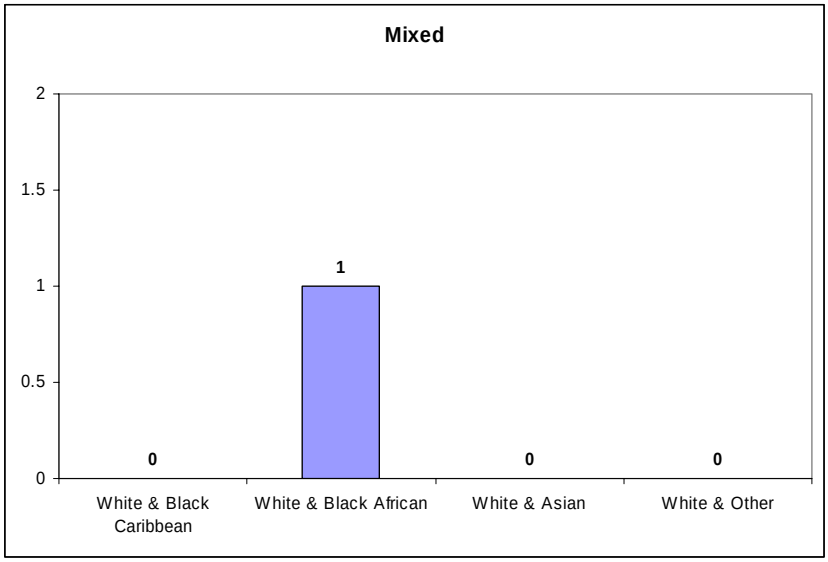


Respondents were also asked to firstly state which Ethnic Group they belong to:

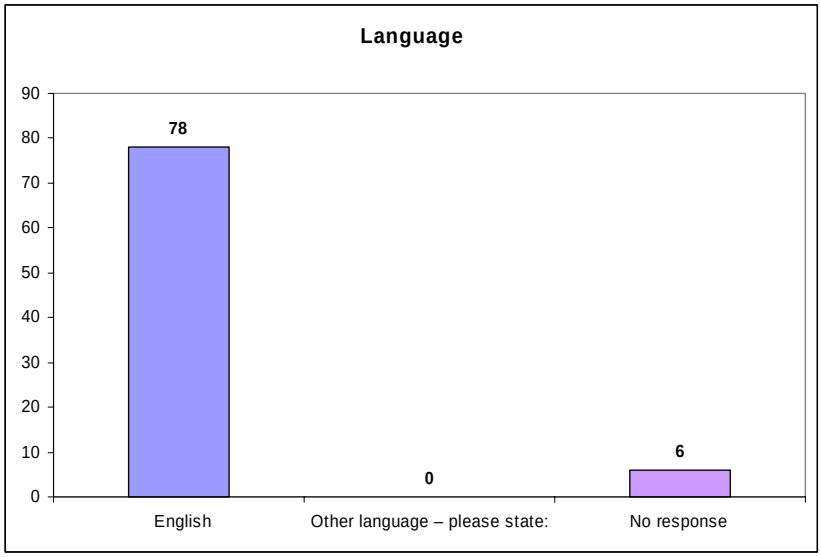


And then which 'Sub-Group' within these Groups:

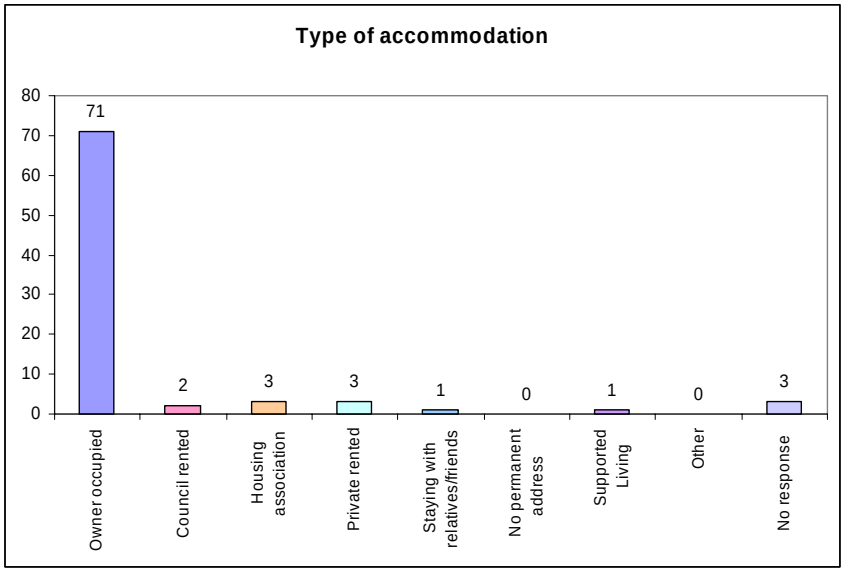




Respondents were also asked to give their preferred language:



Location



Respondents were also asked to give the first half of their postcode. Of the 34 that did give this information, the postcodes can be broken down as follows:

OX2	4	**OX17**	1
OX3	6	**OX26**	1
OX4	2	**OX28**	3
OX7	2	**OX29**	1
OX11	4	**OX44**	1
OX12	3	**SN7**	3
OX14	3		

***PLEASE NOTE – where people have given 'no response' they either ticked a box that said 'Prefer not to say' or gave no answer at all**

APPENDIX 5

Key facts and figures for Oxfordshire LINk

NAME, ADDRESS AND CONTACT DETAILS FOR THE LINK

Oxfordshire LINk
Bourton House
18, Thorney Leys Business Park
Witney
Oxon OX28 4GE

Tel: 01993 862855
Email: OxfordshireLink@makesachange.org.uk

NAME, ADDRESS AND CONTACT DETAILS OF THE HOST ORGANISATION

Help & Care
The Pokesdown Centre
896 Christchurch Road
Bournemouth
BH7 6DL

Tel: 0300 111 0102

Registered Charity Number: 1055056
Registered Company Number: 3187574

NAMES OF INDIVIDUALS WHO WERE INVOLVED IN MAKING RELEVANT DECISIONS

Elected Stewardship Group 2009/10

Catharine Arakelian
Sue Butterworth
Barrie Finch
Anita Higham
John Hutchison
Mary Judge
Richard Lohman
Barbara Pensom
Dermot Roaf
Gene Webb

Total number of registered members as of 31/03/2010	561
Total number of registered members as of 31/03/2009	423
Total number of members as of 31/03/2010 of which represent the ethnicity and diversity of your population including: Age – Gender Language – Religion Ethnicity – Race Disability Sexual Orientation	Refer to Diversity Survey – Appendix 4
Total number of interest groups as of 31/03/10 which represent under-represented sections of your community including: Age - Gender Language - Religion Ethnicity - Race Disability Sexual Orientation	139 groups and organisations receive information from the LINk
Number of **active** members involved in Management Boards, sub groups, representing the LINk externally etc	31

How many people were engaged (i.e. you sought **and received views**) by your LINk during 2009-10?	463
How many related to social care?	Approx 80%
What have been the top three most effective ways your LINk has used to engage local people that have **yielded the most feedback**? Place in order of effectiveness with the most effective first.	1. 'Hearsay!' Social Care event 2. Community development and outreach in Oxfordshire communities 3. Partnerships with, and LINk support for, local community and voluntary organisations and groups

How many requests for information were made by your LINk during 2009-10?	3
Of these, how many of the requests for information were answered within 20 working days?	3
How many related to social care?	None

How many enter and view visits did your LINk make?	None
How many enter and view visits related to health care?	None
How many enter and view visits related to social care?	None

How many reports and/or recommendations were made by your LINk to commissioners of health and adult social care services?	9 recommendations in 2 reports
How many of these reports and/or recommendations have been acknowledged in the required timescale?	All
Of the reports and/or recommendations acknowledged, how many have led / or are leading to service review?	5
Of the reports and/or recommendations that led to service review, how many have led to service change?	Service changes are being progressed
How many of these reports/recommendations related to health services?	4

How many of these reports/recommendations related to social care services?	5

How many referrals were made by your LINk to an Overview & Scrutiny Committee (OSC)?	1
How many of these referrals did the OSC acknowledge?	1
How many of these referrals led to service change?	None at time of writing

Your Voice on Health and Social Care

Please tear off this form, place it in an envelope (no need for a stamp) and post to:

Freepost RSAJ-YJXC-ATAT
Oxfordshire LINk, Bourton House, 18 Thorney Leys Business Park,
Witney, Oxfordshire OX28 4GE
or email: OxfordshireLink@makesachange.org.uk

Join us, make your voice heard!

Name _____

Address _____

_____

Postcode _____

Telephone _____

Email _____

Do you want to speak out about a social care or health service in your area? For example, care homes, GPs, hospitals, dentists, etc. You can use this space to tell us about your experiences good and bad, and how you think services can be improved — *together we will make changes*.

Oxfordshire LINk

Your voice on local health and social care

01993 862855

www.oxfordshirelink.org.uk

OxfordshireLink@makesachange.org.uk

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Company Number 3187574.
Charity Number 1055056