

Notice of a Meeting

Adult Services Scrutiny Committee Tuesday, 25 September 2012 at 10.00 am County Hall

Membership

Chairman - Councillor Jim Couchman

Deputy Chairman - Councillor Mrs Anda Fitzgerald-O'Connor

Councillors:

Jenny Hannaby

John Sanders

Alan Thompson

Alyas Ahmed

Dr Peter Skolar

David Wilmshurst

Charles Mathew

Richard Stevens

Notes:

Date of next meeting: 13 November 2012

What does this Committee review or scrutinise?

- Adult social services; health issues;

How can I have my say?

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

For more information about this Committee please contact:

Chairman	-	Councillor Jim Couchman E.Mail: jim.couchman@oxfordshire.gov.uk
Committee Officer	-	Simon Grove-White, Tel: (01865) 323628 simon.grove-white@oxfordshire.gov.uk



Peter G. Clark
County Solicitor

September 2012

About the County Council

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

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

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

About Scrutiny

Scrutiny is about:

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

Scrutiny is NOT about:

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

What does this Committee do?

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

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

A hearing loop is available at County Hall.

AGENDA

1. **Apologies for Absence and Temporary Appointments**
2. **Declarations of Interest - see guidance note**
3. **Minutes** (Pages 1 - 6)

To approve the minutes of the meeting on June 12th 2012, and discuss any matters arising.

4. **Speaking to or petitioning the Committee**
5. **LINK Annual Report and Update** (Pages 7 - 48)

10:15

Adrian Chant, LINK Core Group Member, will discuss the LINK annual Report (**AS5a**) and update the committee on recent developments (**AS5b**).

The item will include a Healthwatch update (**AS5c**) from Lisa Gregory, Engagement Manager.

6. **Commissioning Intentions for Older People** (Pages 49 - 92)

10:30

Sara Livadeas, Deputy Director for Joint Commissioning, will present a paper outlining the commissioning intentions for older people for 2012 to 2015.

A summary paper is attached (**AS6a**), which summarises the position of the full document (**AS6b**).

7. **Review of Services** (Pages 93 - 102)

11:00

Alan Sinclair, Lead Commissioner for Older People, will deliver a report on services aimed at preventing unnecessary hospital admissions and facilitating timely hospital discharge. This will include in depth discussion of the reablement service, the crisis response service, and supported discharge.

The full report (**AS7a**) is supplemented by a summary paper (**AS7b**).

8. Director's Update

11:50

John Jackson will update the committee on national and local issues in Adult Social Care.

9. Adopt a Care Home (Pages 103 - 108)

12:25

Sara Livadeas will present a paper (**AS9**) outlining proposals aimed at involving members in the promotion of good quality care for people living in care homes by encouraging councillors to 'adopt a care home'.

The committee is invited to comment on the proposals.

10. Working Group on Quality

13:00

In the light of recent changes to the membership of the scrutiny committee, members will be invited to consider the member/officer group on quality and its make-up.

11. Close of Meeting

13:15

Declarations of Interest

The duty to declare.....

Under the Localism Act 2011 it is a criminal offence to

- (a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
- (b) provide false or misleading information on registration, or
- (c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose interests must be included?

The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**

- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?

The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *“You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself”* or *“You must not place yourself in situations where your honesty and integrity may be questioned.....”*.

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:

Employment (includes *“any employment, office, trade, profession or vocation carried on for profit or gain”*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members’ conduct guidelines. <http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/> or contact Rachel Dunn on (01865) 815279 or Rachel.dunn@oxfordshire.gov.uk for a hard copy of the document.

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Agenda Item 3

ADULT SERVICES SCRUTINY COMMITTEE

MINUTES of the meeting held on Tuesday, 12 June 2012 commencing at 10.00 am and finishing at 12:55

Present:

Voting Members: Councillor Jim Couchman – in the Chair

Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman)

Councillor Jenny Hannaby

Councillor Alyas Ahmed

Councillor John Sanders

Councillor C.H. Shouler

Councillor Dr Peter Skolar

Councillor Alan Thompson

Councillor David Wilmshurst

Councillor Liz Brighouse (present as substitute for Cllr Richard Stevens)

Other Members in Attendance:

By Invitation:

Officers:

Whole of meeting John Jackson
Sara Livadeas
John Dixon
Giacomo Esposito

Part of meeting Ann Nursey
Ian Bottomley
Ben Threadgold

Agenda Item Officer Attending

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting [, together with a schedule of addenda tabled at the meeting/the following additional documents:] and agreed as set out below. Copies of the agenda and reports [agenda, reports and schedule/additional documents] are attached to the signed Minutes.

217/12 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Cllr Richard Stevens sent apologies and nominated Cllr Liz Brighthouse as a substitute.

218/12 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE

(Agenda No. 2)

Cllr Jenny Hannaby declared an interest as Chairman of the newly formed Friends of Health and Wellbeing Centre.

219/12 MINUTES

(Agenda No. 3)

The minutes of the meeting on April 24th were signed and approved.

The committee **AGREED** that Cllr Larry Sanders could continue as a member of the Quality Assurance Workgroup.

220/12 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

None received.

221/12 DIRECTOR'S UPDATE

(Agenda No. 5)

John Jackson, Director of Social and Community Services, updated the committee on local and national issues in Adult Services. The key points and actions arising are summarised below.

Members we invited to contact the Director for further information relating to Adult Services should they need it, particularly those new to the committee.

Cllr Arash Fatemian, Cabinet Member for Adult Services, joined the meeting.

OCP latest position

Negotiations are continuing. A number of issues have been agreed but some points are still outstanding. We continue to work within the framework set out in the Cabinet report and the discussions that took place at the Scrutiny Committee in January. Any proposal that would move away from that framework would come back for further member consideration.

Discussion focussed on where the responsibility of care lies. The Director said that whilst primary responsibility sits with the provider, the directorate has a robust monitoring system in place for providers, which prevents placements being made where concerns arise.

The Director suggested that members may want to have a further session with Sara Livadeas, Deputy Director, Joint Commissioning on the subject of quality.

It was added that the importance of strengthening quality and contract management was reflected by the recent appointment of Stephen McHale as lead for Quality, Contracts and Procurement within Joint Commissioning.

Consultation on transport for day services

The Director informed the committee that the consultation had begun.

Deputy Director Adult Social Care

The committee were informed that Lucy Butler has been appointed to this role and will begin on 23rd July. There will be an overlap of 2 weeks before John Dixon finishes his assignment. A recent communication about Lucy's appointment provided a short pen picture of her experiences and skills.

In anticipation of the new appointment, both the committee and the Director thanked John Dixon, Interim Deputy Director, Adult Social Care for his hard work whilst in post.

Letter re takeover of Southern Cross

A copy of the letter announcing the takeover of Southern Cross by Terra Firma was shared with the committee recently. This reduces the debt of the organisation but also raises questions about the long term intentions of the new owner. We shall continue to monitor the situation carefully both in terms of the financial sustainability of the 5 homes in Oxfordshire and the quality of care.

Members expressed some concern at the takeover by Terra Firma. Concerns focused on the risks associated with involving private equity firms with care facilities.

The Director recognised these concerns and said that they pointed to a need for good commissioning that achieved value for money whilst ensuring the financial sustainability of providers. It was stated that the directorate undertook regular checks of care providers to ensure the council was alert to any emerging issues concerning the standard of care or a provider's financial stability.

Adult social care white paper

It is still unclear when the White Paper will be published. It is possible that it may be next month. It could be delayed until July (but would have to be published before 18th July when Parliament rises). It is also possible (although we don't know whether this is likely) that it could be delayed until Parliament returns in September.

Provider action plan - Appropriate Care for Everyone

The focus of the Appropriate Care for Everyone is on what is called a provider action plan led by Oxford University Hospitals Trust, Oxford Health and the operational side of adult social care (with John Dixon leading).

Delays in recent weeks have fallen from a high of 201 in March. They were down to 133 the week before last.

The Chairman asked what the average waiting time for a delay was. Officers agreed to provide this information at a later date.

Members emphasised the importance of preventing unnecessary hospital admissions.

Further discussion focused on whether the council would meet its year end targets for delays. Officers replied that they were confident targets would be achieved by year end, but recognised there will still much work to be done. John Dixon said that the directorate was currently exploring the possibility of assigning an officer to each patient to guide them through the care pathway.

222/12 HEALTH AND WELLBEING STRATEGY

(Agenda No. 6)

John Jackson presented the draft Joint Health and Wellbeing Strategy for Oxfordshire and invited members to comment on the priorities, particularly for Adult Health and Social Care.

Members broadly praised the objectives and targets outlined in the report, with further discussion focusing on how these targets would be achieved.

The Director stated that officers would have to come up with implementation plans for the targets.

Members expressed concern that some areas such as drug and alcohol use, and long-term advice on health were not included as priorities.

The Director emphasised that the strategy was designed to highlight the priorities for Oxfordshire, and that whilst work was still ongoing to tackle drug and alcohol abuse, this area wasn't considered a priority. It was also pointed out that providing long-term advice on health fell within the remit of the Health Improvement board.

223/12 JOINT PHYSICAL DISABILITY COMMISSIONING STRATEGY

(Agenda No. 7)

Sara Livadeas, Ian Bottomley, Deputy Head of Partnerships at Oxfordshire Clinical Commissioning Group, and Ann Nursey, Lead Commissioner (Adults), presented the Joint Physical Disability Commissioning Strategy.

Officers explained that the strategy was an example of how the Joint Health and Wellbeing priorities were being implemented, and that to this end, an overarching theme of the strategy was to help people live as independently as possible for as long as possible.

Ian Bottomley updated the committee on the results of the recent consultation.

There was a discussion on the subject of pooled budgets. Ann Nursey said that work was underway to reassess the physical disability pooled budget and emphasised that the strategy would be important in helping to prioritise the effective allocation of resources.

Members expressed concerns that any proposals for pooled budgets didn't impact negatively on service users. In particular, members asked whether the proposed changes would make the transition from 64 to 65 years old less smooth for service users.

Ann Nursey recognised these concerns, stating that they pointed to a need for a personalised, joined-up approach to commissioning that prevented any drastic changes to how users received services through the duration of their lives. Ann Nursey said the new Joint Commissioning structure in the council reflected this need.

Members were assured that there would be pooled management of the physical disability pooled budget.

224/12 INTEGRATED COMMUNITY SERVICES

(Agenda No. 8)

John Dixon delivered a report on the integration of community service teams; outlining work underway to improve integration of Health and Social Care teams at locality level.

It was explained that the starting point of this work had not been structural considerations, but rather a need to create teams focused around the patient.

Members agreed that creating a single point of contact for GPs was a worthy aspiration, but added that delivering such aspirations was often very difficult in practice.

John Dixon recognised these concerns, stating that the directorate was working closely with the newly formed Customer Services Centre to help tackle these difficulties.

225/12 EQUALITY ACT AND EQUALITY DUTY
(Agenda No. 9)

Ben Threadgold, Senior Policy and Performance Officer, Chief Executive's Office updated the committee on the Equality Act 2010 and the Equality Duty and its relevance to scrutiny.

Members noted the Equality Duty as something that both Officers and Members should be mindful of.

226/12 LINK UPDATE
(Agenda No. 10)

Adrian Chant, LINK Host Manager, and a member of the LINK Core Group delivered an update from the Local Involvement Network.

Members were informed that the LINK would be bringing the Social Care Hearsay report to the committee in September.

227/12 CLOSE OF MEETING
(Agenda No. 11)

The meeting closed at 12:55.

..... in the Chair

Date of signing

Your voice on Health and Social Care

Annual Report 2011-2012

(1st April 2011 - 31st March 2012)



Oxfordshire Local Involvement Network

www.oxfordshirelink.org.uk

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Oxfordshire LiNk is hosted by



Copies of all reports and responses referred to in this Annual Report, together with project outcomes through which the LiNk has helped to improve your local Health and Social Care services, can be obtained on request from the LiNk office or via the LiNk website.

Oxfordshire LINK Core Group

Introduction by Chair

This has been a year of continual change as we progress towards HealthWatch, the new consumer champion for Health and Social Care. A change of host in April 2011 to ORCC, a respected local organisation with good community networks meant a greater focus on outcomes and engagement in key areas of work identified by users of a range of services. This was despite a cut to funding which inevitably meant a cut too in the staff team, which caused some interruption in work programmes.

We have been challenged to think innovatively to reflect on the structure of the organisation as we move forward and despite difficulties there have been many achievements. The successful model of consultation - 'Hearsay!' - produced some illuminating reports for Social Care and LINK supported the research work of emerging organisations and generated the launch of a new consortium of organisations representing neurological conditions, learning disability and self-directed support, respectively. Specific projects by LINK groups and volunteers to 'Enter and View' Care Homes and to work with the former Oxford Radcliffe Hospitals Trust also led to the production of reports. It is important here to recognise the time and commitment of individuals who have been involved in giving their views and experiences.

Relationships with new partner organisations as members are essential for a successful transition and LINK has positioned itself to embrace strategic development for the Shadow Health and Wellbeing Board, with involvement in drafting guidelines with other counties and with the Clinical Commissioning Group for Oxfordshire. It is also well placed with representation at a national level on the National Association of LINK Members (NALM) and South East region of LINKs and HealthWatch England, to interpret Government guidance and regulations for effective and proactive change management to HealthWatch.

There is a good distance to go and there will be healthy debate still to come, but the foundations of proactive wider public engagement have been laid to develop further partnerships and a new style of collaboration. My thanks are to the Priority and Core Groups, Host staff and all LINK members for remaining consistent during a long period of continual national change and the inevitable uncertainty this brings, as we work to embed effective and efficient services for all.

Sue Butterworth

Chair Oxfordshire LINK



Oxfordshire LiNk Host Organisation

Oxfordshire Rural Community Council

The last year has seen the LiNk go through yet another upheaval in its life and come out safe on the other side. The change of 'Host' organisation last May inevitably caused disruption to the staff team as they moved from Witney to Worton, to join Oxfordshire Rural Community Council, at our offices in Jericho Farm. The transfer also meant less money for the LiNk, and sadly two of the former staff were made redundant – meaning less capacity for administration and communication. The change of home base provided the right moment for the redevelopment of the former 'Stewardship Group', whose small membership welcomed the addition of new blood. The 'Core Group' as it became known, has since included all those actively involved in running LiNk projects – including 'Enter and View' visit to Care Homes, Omega and Personal Budgets. Members of the wider LiNk continue to be warmly welcome to attend the Core Group meetings to meet others and find out about what the LiNk is doing.

A year on, the LiNk staff, and the LiNk itself, has emerged stronger than before, with good quality work being commended by both the Health *and* Adult Social Care Scrutiny Committees, and constructive relationships in place with key partners. More news about these appear elsewhere in the pages of this report.

And now, more change is on the way. For some months, the LiNk has been preparing for the new HealthWatch arrangements, carefully staying abreast of the political decisions that will affect what will be required – and carefully considering how to create a system that will work best for Oxfordshire. For whatever the system, we must remember that it is patients and the wider public who are at the heart of it; and it is they – you - whose interests we are here to serve.

And finally....my sincere thanks to the staff team for dealing with profound change with such good heart, and to Sue Butterworth, who as Chair has steered the LiNk through the last year with amazing charm, grace and skill.

Linda Watson

Chief Executive

ORCC

ORCC Oxfordshire LiNk Staff Team:

Adrian Chant - Locality Manager

Man Clark - Communications and Online Support Officer (until May 2011)

Nancy Darke - Administration Assistant (until May 2011)

Sue Marshall - Development Officer

Nicky Robinson - Development Officer

Oxfordshire LINK Commissioner

As commissioners of the LINK, Oxfordshire County Council has been very pleased to see significant development during 2011 and 2012. The LINK has delivered some extremely challenging and informative work that has contributed to better services for the people of Oxfordshire. Specifically there has been some very helpful work in Social Care (including visits to Residential Care Homes), Personal Budgets and Mental Health.

The LINK has raised its profile this year by taking opportunities to ensure that the views of people are central to the work of Health and Social Care such as taking a seat on the new Health and Wellbeing board and Public Involvement Network.

Our hopes for this year are to see the LINK use its learning from the past to ensure a smooth transition to HealthWatch in 2013.

Lisa Gregory

Engagement Manager

Joint Commissioning

Oxfordshire County Council



Oxford University Hospitals **NHS** NHS Trust

The Oxford University Hospitals NHS Trust has liaised with the Local Involvement Network, through the Core Group, to develop communication links and a constructive working relationship. The Trust is a firm supporter of stakeholder involvement and we are enthusiastic about continuing to develop that relationship during the coming year.

During the last twelve months Oxford University Hospitals NHS Trust has liaised with LINK on a regular basis.

To follow up progress from a small survey previously carried out, a presentation was given about ongoing work to improve patients' experience of discharge from hospital. The Deputy Chair of the LINK chaired an Oxfordshire NHS Trusts 'listening day' to inform work on promoting fair access and equal outcomes in health service provision.

NHS Oxfordshire and Oxford University Hospitals worked with the LINK and several other members of the public, to create a baseline measure/grade for patient services, with respect to promoting a fair and diverse health service locally.

Thank you

We are very grateful to the following for their time and commitment to the LINK during the year,
and to the wider Core Group for their continued support.
(please see page 25 for the full list of Core Group members)

Stewardship Group up to May 2011

Dermot Roaf, CBE (Chair)

Sue Butterworth

Barrie Finch

Anita Higham, OBE

John Hutchison

Mary Judge

Richard Lohman

Gene Webb

Priorities and Finance Groups from May 2011

Sue Butterworth (Chair)

Anita Higham, OBE (Deputy Chair)

Sheila Browne

John Hutchison

Mary Judge

Jean Nunn-Price

Lionel Revell

Dermot Roaf, CBE

Christine Standing

Patricia Wells

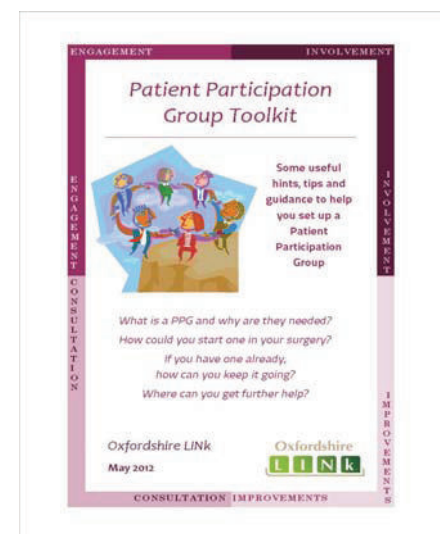
Project Groups

Work agreed by the LINK based on developments in Local Health & Social Care

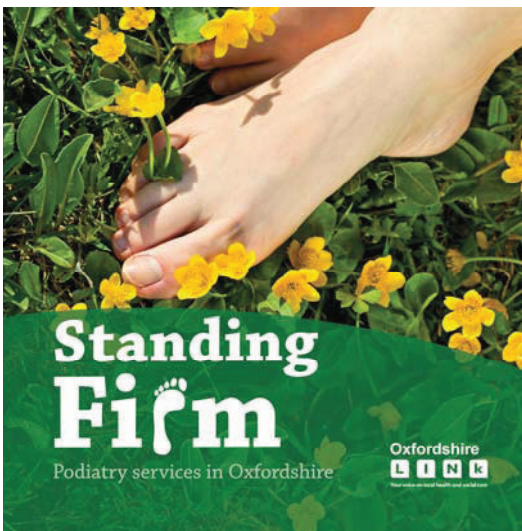
Patient Participation Group Toolkit

LINK took part in a series of Oxfordshire Clinical Commissioning Group (OCCG) events around the county to encourage as many as possible to join a consultation on the future of public engagement and to provide information about HealthWatch. The Primary Care Trust collected views on their draft Communications and Engagement Strategy for OCCG on how public and patients should be involved in decisions about local services.

We have also put together a 'Tool Kit' to provide information to assist with establishing and working with PPGs. We are currently planning how we take this forward with GP Practices, to work alongside their own strategies for patient & public engagement.



Podiatry



Following public comments regarding a lack of knowledge about foot care services and alternative treatments available, the LINK team put together a new booklet 'Standing Firm' to provide advice and guidance. It contains specific information about where people can access the services they need. Over 1,000 copies of the booklet have been distributed to GP Surgeries, Libraries, Age UK, Pharmacies, Leisure Centres, Day Centres, Children's Centres and Disability Organisations. The booklet and an electronic version of the Directory are also available to download from the LINK website. Feedback from GP practices and patients has been very positive and several organisations have requested additional copies for distribution.

Luther Street Medical Centre

As part of work to support Patient Participation Groups (PPGs) the LINK assisted Luther Street Medical Centre in the development of its PPG. The Medical Centre is open to anyone in Oxford who is homeless or vulnerably housed. In partnership with a seconded Social Work student, LINK facilitated an initial PPG meeting with clients, held at Crisis Skylight, in March. The feedback received was positive and constructive. LINK is currently reviewing the best means to support this group in the future.

"Oxfordshire LINK provided support and help with many aspects of the group. They also empathised with how important it was that the PPG was empowering and set up to reassure the patients their views were important and not just a *tick box* exercise" Misty-Rose Baker, Social Work Student, Luther St Medical Centre

Have a Say Fund

Small grants programme enabling communities to make a difference

Katherine House Hospice



The Project enabled day hospice patients to access creativity and relaxation through horticultural therapy. All those who participated were encouraged to give feedback on the services they are using, and were each given LINK information leaflets and response cards, to enable them to do so.

"We would like to thank LINK for enabling us to take this very worthwhile project forward".

Pat Smith,
Senior Nurse,
Day Hospice.

Oxfordshire Neurological Alliance

ONA used the 'Have a Say' fund grant to pay towards the costs of a facilitator for their consultation evening. The evening enabled 50 people with a range of neurological conditions to give their views on their priorities for improving local services and to help shape the organisation's business plan.

Eve Women's Well Being Project

The grant paid towards the production costs for the first performance of 'VOICES FROM THE DARK': 'A poignant selection of stories told by 21st century women of over coming mental, physical and emotional illness'. The benefits to the women involved have been immense, building their confidence and self-esteem as well as being very therapeutic in having their stories heard and responded to so positively.

Eve are currently in the process of getting a book of the stories published to work alongside the production. This book and a film of the event will be distributed to providers of healthcare and other stakeholders to highlight some of the problems that women face.

Crisis House Project

The central principle of the Crisis House Project is to pay full attention to Mental Health service users' needs and concerns. At a series of meetings over many years, service users have made clear their desire for a refuge to go to when they are unable to cope at home, but are not ill enough to go to hospital. This Project consisted of a survey, to gain views from a large number of current users, as to the desirability for such a facility. The responses revealed that there is still a gap in the crisis service and that there is a need for a residential non-hospital facility for people in mental health crisis.

Enrych (formerly Ryder Cheshire Volunteers)

"We know there are more people still to reach in the area and so our work continues...." Sue Linnett.

ENRYCH used the money from the 'Have a Say' fund to promote their services in West Oxfordshire, through a series of information events, networking events and meetings, as well as leaflet distribution. This promotional work resulted in 20 referrals in the past 18 months.



Partnerships

LINK working together to create a stronger voice for service users and carers

Oxfordshire Family Support Network

Oxfordshire Family Support Network is a small registered charity and company limited by guarantee. It is an organisation that is user-led and provides information, advice and support by and for family carers of people of all ages with a learning disability.

"We are very grateful for the support we have received from LINK throughout the last year to enable us to carry out a number of activities"

Jan Sunman, OxFSN

- **Continence service evidence gathering**

OxFSN worked with LINK to gather evidence from families about the impact of changes made to the continence service. The gathered information was passed to the OCC Sounding Board for follow-up. Key issues identified were the quality of products and flexibility of provision under the new service.

- **LINK Support for Family Information Fair**

The OxFSN Family Information Fair, which was designed to give information to families who have relatives of all ages with learning disabilities, was held in November 2011 and attended by over 300 people. LINK had an information stand at this event. There was also a stand to seek the views of families on the new HealthWatch structures in Oxfordshire.

- **Older Carers**

Following the receipt of a small grant from the 'Have a Say Fund' in 2010, LINK provided further funding to continue project work with older carers of people with learning disabilities. This support made it possible for OxFSN to receive additional funding from Comic Relief to be able to expand on the learning from this project and to start to develop a support service for older carers, called 'Changing Scenes'.

Some of the key issues that have been identified are:

- Significant health issues affecting carers over 60 that impact on their caring role and make it a challenge to deal with their own health needs
- The need for extra support in order to maintain a social life for their son / daughter
- The need for easy to understand information about topics that they are unsure about
- The challenge for those with mild to moderate learning disabilities to have sufficient to do during the day
- Lack of advice and information on volunteering and work opportunities for those with mild to moderate learning disabilities
- Concerns around ensuring that parents can be contacted and supported in an emergency, alongside worries about the safety and vulnerability of their son / daughter
- Changes to day service providers and the impact this will have on carers
- Person centred planning and personalisation – help with understanding the process and how it can help and support carers, alongside help to make robust plans
- Lack of flexibility in the way that respite care is provided and a lack of awareness of other alternatives that may provide the flexibility carers sometimes need

Partnerships

LINK working together to create a stronger voice for service users and carers

OMEGA - Oxfordshire ME Group for Action

An important new research project into the views of GPs in Oxfordshire was started in early 2012. Funded by the LINK, OMEGA is repeating a survey first carried out 10 years ago to find out what GPs think of information and services for people with CFS/ME (Chronic Fatigue Syndrome/Myalgic Encephalomyelitis) in the county.



The previous survey found that 54% of GPs were not aware of the services available or were not satisfied with existing provision. It gave evidence of need for treatment for the most severely affected – including the 25% of people housebound and often bedridden because of the illness.

The findings in 2002 provided critical evidence which helped to win Department of Health funding for the multi-disciplinary Oxfordshire Community CFS/ME Team (OCCMET) which is now well established. This new piece of work will look at how support and information for GPs has changed over the past 10 years and whether GPs believe services need further improvement – particularly for children suffering from this disabling condition.

OMEGA is the support and campaigning group for people with ME (also called ME/CFS). For further information on the work that OMEGA does, or about ME please see www.oxnet.org.uk/omega.

Self-Directed Support Launch

LINK co-sponsored this whole day event entitled 'Taking Control – Choices and Challenges'. This event was the formal launch of The Oxfordshire Wheel, and was designed to give an opportunity for individuals, families and professionals to come together and explore the choices and challenges of the personalisation agenda.

Over 130 people attended the event, and provided the opportunity to look at what is working and what can be improved for people using personal budgets and gather their experiences and comprised of a conference, information stands and workshops. A detailed report on the findings from the day has been produced.

Patient Environment Action Team (PEAT) Inspections



This year the LINK was asked to provide volunteers to help local Community Hospitals carry out inspections with their Patient Environment Action Teams. Five LINK Authorised visitors were involved as lay representatives carrying out these inspections at eight local hospitals:

Abingdon, Bicester, Didcot, Oxford, Henley-on-Thames,

Wallingford, Wantage, Witney

Inspections are self-assessed and cover standards across a range of services including food, cleanliness, infection control and patient environment, including bathroom areas, décor, lighting, floors and patient areas. Some suggestions for general improvements that were noted by visitors were easier door access to disabled toilets, a need for pedestrian walk areas in the car park, alternative tea time menu for those not wanting sandwiches and improvements in food generally.

Partnerships

LINK working together to create a stronger voice for service users and carers

Self Directed Support Forum

Oxfordshire Self Directed Support Forum is a group of users, carers and representatives of users or carers who have, over the past 4 years, been a reference group throughout Oxfordshire County Councils development and introduction of self directed support (SDS).

The group, currently about 10 people, meet quarterly and have gained and shared a huge amount of knowledge about SDS and individual budgets. They have questioned, commented, challenged and influenced Oxfordshire County Council (OCC) on all aspects of the system, including how to contest or complain about a budget, independent brokers and what their role is, design of the SDS leaflets, personal assistants and individual experiences of the process.

Now that SDS is being introduced to most clients the groups role has been defined as:

‘Working to ensure that self directed support is a positive experience for those who need care. To achieve this through comment, influence, challenge and monitoring the implementation of SDS and its affects on those who receive, or care for people who receive, it. Improve knowledge, support and understanding of SDS and to promote best practice and good news stories in the County’.

Forum members decide the issues they wish to discuss and invite relevant people to give presentations, listen to comments, and address any issues raised. Most recently, guests from the Primary Care Trust have attended to explain and discuss personal health budgets and how they interconnect with personal budgets for social care. The Deputy Director for Adult Social Care also presented the findings of the Oxfordshire County Council review into SDS and the improvements they were making following this review. In the future, the group look at how people are supported when they are not happy with the care they have purchased with an individual budget.

If you would be interested in being part of the Forum please contact Michelle Evans on 01235 520440 or admin@oxoncarersforum.org.uk

Alice Runnicles

Director of Information & Empowerment

Age UK Oxfordshire

The Oxfordshire Wheel

“We are very grateful for the active support that has been received from LINK, it helped to make a reality of one of our first aims: working together to promote independent living through our launch event held in March”.

Yvonne Cox, Oxfordshire Wheel

The Oxfordshire Wheel is a newly formed organisation, which was developed in 2011 by a group of user and carer led organisations. It has been set up as a multi-stakeholder co-operative, and its purpose is to promote the improvement of existing services, and develop innovation which supports self-directed support across health and social care.

Partnerships

LINK working together to create a stronger voice for service users and carers

Patient Voice

Patient Voice listens to the people of Oxfordshire who are, or have been, patients in any of the county's acute hospitals, and ensure that they have a say in influencing the quality of their care.

Following the study of hospital discharge procedures carried out in 2010/2011 members of Patient Voice met staff of the OUH NHS Trust in October 2011 who described in detail the improvements and changes they had begun to make. This has centred around top five actions for the 'Home for Lunch' initiative:

- All patients to have an Estimated Date of Discharge (EDD) in Case Notes within 24 hours of admission
- All patients to be given a copy of the '*Leaving Hospital*' leaflet on admission and have their discharge process clearly explained to them
- All '*To Take Out*' medications to be completed the night before discharge.
- All patients requiring a community hospital to be sent to the first available community bed
- All patients moved to transfer lounge or day room by 10am on day of discharge, 7 days per week.

As part of the LINK 'Have a Say Fund' grant scheme, Patient Voice carried out a survey on hospital food and drink, including accessibility. The terms were as follows:

1. Undertake research based on questionnaires completed by patients from ORH and NOC NHS Trusts in the last 6 months.
2. Ascertain patients' experiences of eating on wards
3. Assess quality and appropriateness of food and drinks and whether patients were able easily to access the food, regardless of the degree of their physical capability.

The report was presented to the LINK Stewardship Group in April 2011 and forwarded to both Hospital Trusts. There was some positive feedback regarding the food, though many patients were critical. Regarding accessibility, dignity and nutrition, there were concerns.

In July 2011 the Care Quality Commission published: '*Dignity and Nutrition for Older People: Review of Compliance: Oxford Radcliffe Hospitals NHS Trust*'. The report stated:

Outcome 1: *People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run*

Overall, they found that the John Radcliffe was meeting this essential standard but, to maintain this, they suggested some improvements were made.

Outcome 5: *Food and drink should meet people's individual dietary needs*

Overall, they found that improvements were needed for this essential standard.

The Care Quality Commission asked the ORH NHS Trust to send a report within 10 days of them receiving the report, setting out the action they would take to improve. The CQC would check to make sure that the improvements were made. The CQC's findings echoed the findings of Patient Voice's survey. The Trust formed an action plan which was presented to the OUH NHS Trust Board in September 2011.

HealthWatch

The new consumer voice for Health and Social Care

HealthWatch Oxfordshire

Last year's Annual Report explained the background to the development of 'HealthWatch', envisaged in the Department of Health's 2010 White Paper. The Health and Social Care Act (March 27th 2012), places on every English Local Authority (with Social Care responsibilities) the statutory duty to establish, from April 2013, a Local HealthWatch (LHW). This must be a not-for-profit corporate body, with statutory functions. It must be totally independent, both of the NHS and of the local authority, and accountable to the people of Oxfordshire. It is responsible to Oxfordshire County Council (OCC) for its funding, which is provided by central government. Each LHW will be guided and advised by HealthWatch England (HWE), a statutory committee of the Care Quality Commission (CQC). HWE comes into operation on October 1st 2012.

LHW Oxfordshire's overall task is to ensure that people's rights to equality and justice in Health Care, Public Health Care and Social Care are respected. It must monitor the quality of the commissioning and of the provision of these three services. LHW Oxfordshire must be representative of the area's people, geographically, demographically, ethnically and of those with learning and/or physical disabilities.

Members of the Oxfordshire LINK have contributed alongside OCC in every aspect of the Council's consultation and preparation for 'HealthWatch'.

The Chair of Oxfordshire LINK, Susan Butterworth and the Deputy Chair, Anita Higham, are members of the County Council's HealthWatch steering group. This includes a wide range of people covering different ages, geographical areas, disability and ethnicity.

During the past year, Anita Higham has been re-elected to represent the South East of England LINKs on the Department of Health's HealthWatch Reference Group, which in turn elected her to represent its 10 regional members at the Department's HealthWatch Programme Board. She continues to be a member of the NHS Alliance's national Patient and Public Involvement steering group, and has been elected to represent the South of England on the steering group of NALM, (National Association of LINK Members). She continues as a LINK representative on the CQC's 'Dignity and Nutrition Inspection' group. Her membership of these various groups provides significant opportunities to contribute to the development of Oxfordshire's HealthWatch.

The 2012 Act also places on OCC a further statutory duty to establish a Health and Well-Being Board (H&W-BB). This was established in 'shadow form' in January 2012 and is scheduled to start in April 2013. The overall duty of the H&W-BB is to ensure that, once the county's strategic needs for health care, public health care, and social care have been thoroughly assessed, all the H&W-BB members commit to a 'Strategic Plan' to improve the health and well-Being of the local population, through the NHS and local authority as commissioners.

The LHW is a statutory member of this Board. The new Act stipulates that the LHW representative(s) on the H&W-BB must ensure that the evidence which the LHW obtains about Oxfordshire people's experiences, is consistent with the Board's agreed 'Strategic Plan' for improving the Health and Well-Being of the county's people. If it is not, LHW must robustly challenge the commissioners.

Susan Butterworth is currently the LINK member of the shadow H&W-BB and Anita Higham is a member of the 'Health Improvement Board' which addresses the Public Health agenda.

Susan Butterworth is also a member of the Public Involvement Network which underpins the Board's public involvement.

Following OCC's public HealthWatch meeting in April 2012, a working group was established in the form of a partnership including Oxfordshire LINK, with the aim of creating a corporate body. This would then be able to tender for the county's Local HealthWatch contract. It is hoped that this group will have concluded its work by September 2012.

Anita Higham OBE, South East elected Representative Member, Department of Health's HealthWatch Advisory Group and Programme Board, Deputy Chair Oxfordshire LINK

HealthWatch

The new consumer voice for Health and Social Care

Health and Wellbeing Board

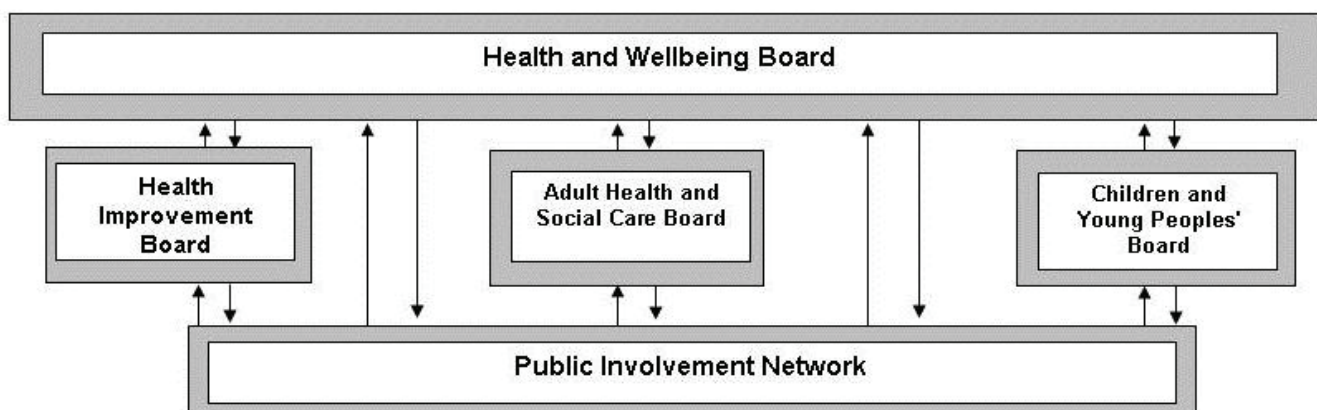
The Health and Wellbeing Board is in development to improve the health and wellbeing of the people of the County through partnership working.

The Board is a partnership between Local Government, the NHS and the people of Oxfordshire. Members include local GPs, Councillors, the Local Involvement Network and senior Officers from Local Government.

Early tasks for the board have been to look at the biggest challenges facing the wellbeing of Oxfordshire's people and to set out the Board's initial ideas in a draft strategy ('Draft Joint Health and Wellbeing Strategy').

The Board have consulted with the people of Oxfordshire and a wide range of organisations in a debate to refine and improve its initial proposals.

What does the Health and Wellbeing Board look like?



The purpose of each of the Partnership Boards and the Network are outlined below:

Adult Health and Social Care Board

To improve outcomes and to support adults to live independently with dignity by accessing the support and services they need while achieving better value for money.

Children and Young People's Board

To keep all children and young people safe; raise achievement for all children and young people and improve the life chances for our most disadvantaged and vulnerable groups

Health Improvement Board

To add life to years and years to life, focusing on the factors underpinning wellbeing, while levelling up differences in the health of different groups in the County

Public Involvement Network

To ensure that the genuine opinions and experiences of people in Oxfordshire underpin the work of the Health and Wellbeing Board.

HealthWatch

The new consumer voice for Health and Social Care

Health and Wellbeing Board

What are the priorities for Oxfordshire's Draft Health and Wellbeing Strategy?

Adult Health and Social Care



Priority 1: Making health and social care services better for older people and their carers, by working together closely

Priority 2: Supporting older people to live with dignity and greater independence



Priority 3: Supporting adults with long-term health conditions or disabilities to live independently and achieve their potential

Children and Young People



Priority 4: Keeping all children and young people safe

Priority 5: Helping all school children, young people and school leavers to achieve greater things



Priority 6: Making sure our most disadvantaged children and young people do as well as they can



Priority 7: Making sure all children have a healthy start in life and then that they stay healthy

Health Improvement



Priority 8: Preventing early death and improving quality of life in later years



Priority 9: Preventing long term disease by tackling obesity and increasing exercise

Priority 10: Improving housing



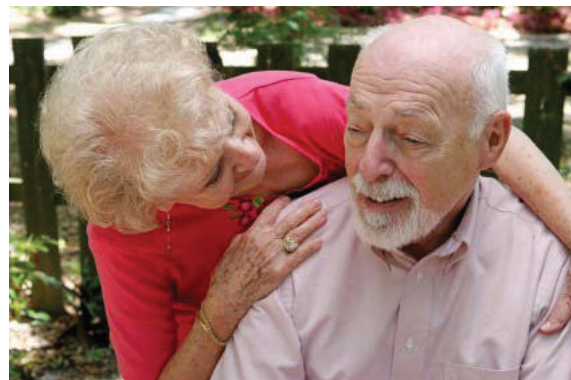
Priority 11: Stopping disease spreading, through immunisation

Enter and View

Enabling communities to influence the care they receive

Oxfordshire LINK Authorised Visitors

- Sheila Browne
- Sue Butterworth
- Philip Clayton
- Monica Collings
- Fatima Elawad
- Pamela Fletcher
- Tom Griffin
- John Hughes
- Marion Judd
- Mary Judge
- Richard Lohman
- Caroline Molloy
- Emily Norton
- Jean Nunn-Price
- Chris Ringwood
- Dermot Roaf
- Margaret Simpson
- Evelyn Taylor
- Irene Taylor
- Ann Thompson
- Ann Tomline



Visits to Care Homes

Volunteers are continuing to visit Oxfordshire Residential and Nursing Care Homes under the LINK 'Enter and View' project

Members new to the project were given training over the winter months, which included an information session on dementia delivered by two carers with very differing experiences of dementia care and support in residential homes. LINK, in partnership with Oxfordshire County Council, also delivered a session which covered the Legal Framework and Code of Conduct and also provided an opportunity to meet two residents from a care home in Chipping Norton who generously gave their time to provide an insight into the kind of questions and discussions which could help during the visits.

The criteria for choice of home were similar to the previous visits, except that some smaller homes have been included. We have tried to ensure that visits cover the whole county, with a variety of owners – private, charitable, not-for-profit, and as local as possible to the visitors' homes

Some changes to the guidelines suggested by our experiences of the first phase of visits were made, so that all were working to the same pattern. Homes were informed by LINK of our wish to visit, with a clear statement of our intention to visit and not to inspect. Two volunteers were allocated to each Home, who then made mutually convenient arrangements for the visit .

Members of the LINK will agree a final report which will be submitted to the Joint Health and Adult Social Care Scrutiny Committees and to the Care Quality Commission before being published and information contained in the report will be fed back to the providers and to Oxfordshire County Council.

At this stage it is too early for many conclusions, but there are noticeable changes since the last report. We have made some repeat visits where it was thought to be necessary. Visitors have been welcomed by almost all the managers and it has provided an opportunity to explain what Oxfordshire LINK does, and to introduce them to Local HealthWatch.

Hearsay

Come and hear what people have to say - Come to have your say

Explanation of Hearsay! Engagement Work

We use a model of engagement at Oxfordshire LiNK called Hearsay! To explain the name – ‘Hear’ – come and hear what people have to say – ‘Say’ – come to have your say.

Hearsay! is all about listening and being heard by the LiNK (independent of any other organisation) and by the providers of a service. We strongly believe service users and their carers, friends and family members have the right to speak directly to the service providers so they can tell them first hand, with support in a safe, well-facilitated environment, exactly how their services affect them - what is good and needs to continue, what isn't working well, ways they could be improved and also what is actually wrong with the service or lack of service.

The key lies in getting the commitment of the service provider to listen to everything that is being said and documented, however difficult or frustrating, and to respond to people in a timely and assessable fashion. After a Hearsay! event, where everything that is said is recorded, the LiNK produces a report and agrees the main priorities, from which the service provider(s) and commissioner(s) produce an action plan detailing how they can make improvements and changes to services.

This action plan is reviewed quarterly and updates from the service provider are sent to the guests involved. We always involve service users and carers in the planning of a Hearsay! event and at each feedback stage.

We have now held five successful Hearsay! events since its inception, with positive feedback received from the majority involved. Hearsay! provides a great opportunity for services to work in partnership.

“I have worked on three Hearsay! events with the LiNK and have found it informative, creative and inspiring. The staff and the people of Oxfordshire who they are in contact with bring real experiences of looking for support and using the services the council provides. Hearing the stories they bring is the start of making a difference to what we do. We work together in partnership but the important part is that the LiNK challenge the council and hold us to account.”

Val Wilson, Complaints and Information Manager, Oxfordshire County Council



Hearsay

Come and hear what people have to say - Come to have your say

Social Care Hearsay

Since March 2010 Oxfordshire LINK have been running an annual Hearsay! event, in partnership with Oxfordshire County Council, for users of social care services. We invite people who use adult services provided by Social and Community Services to come along to have their say on the services they are using.

During the day we ask those attending what changes they most want to see made to the services they use and to come up with suggestions on how these changes can be made. Our guests are able to talk to each other, share their experiences and speak directly to John Jackson, the Director for Social and Community Services, Council staff and the County Councillor responsible for Adult Social Care in Oxfordshire.

After each event a report is produced by Oxfordshire LINK containing key priorities from the day, along with an action plan from the Council detailing how it will address the issues that arose.

Between each event Oxfordshire LINK monitors the Council closely to see how it has been working to meet the priorities set in the report. We work together to provide feedback to guests on the action plan every three months. We also ask guests to complete a survey following each event to see if they have noticed any improvements to the services they are using - 45% of those attending said they have. The actions which are not met over the year are taken forward as part of the priorities in the next report, to ensure all actions are continually monitored from one year to the next.

Guests are also asked to join our Hearsay! planning group and along with the Council, we plan future events together, to ensure they meet the needs of the people we are aiming to help. We hear directly from John Jackson at the planning meetings and he explains what Oxfordshire County Council has been doing to complete the priorities set out in the report. The Council takes everything that is said at a Hearsay! event seriously and are totally committed to the process.

Social Care Hearsay—2012 Key Priorities

PRIORITY 1 – To ensure all information is easy to access

PRIORITY 2 – To look at the assessment process

PRIORITY 3 – To improve the training and consistency of carers

PRIORITY 4 – To monitor the quality of care provided in a transparent way

PRIORITY 5 – To look at housing and transport concerns

PRIORITY 6 – To complete the outstanding actions from last year

For previous reports listing priorities set out in 2010 and 2011, please contact the office or see the LINK website

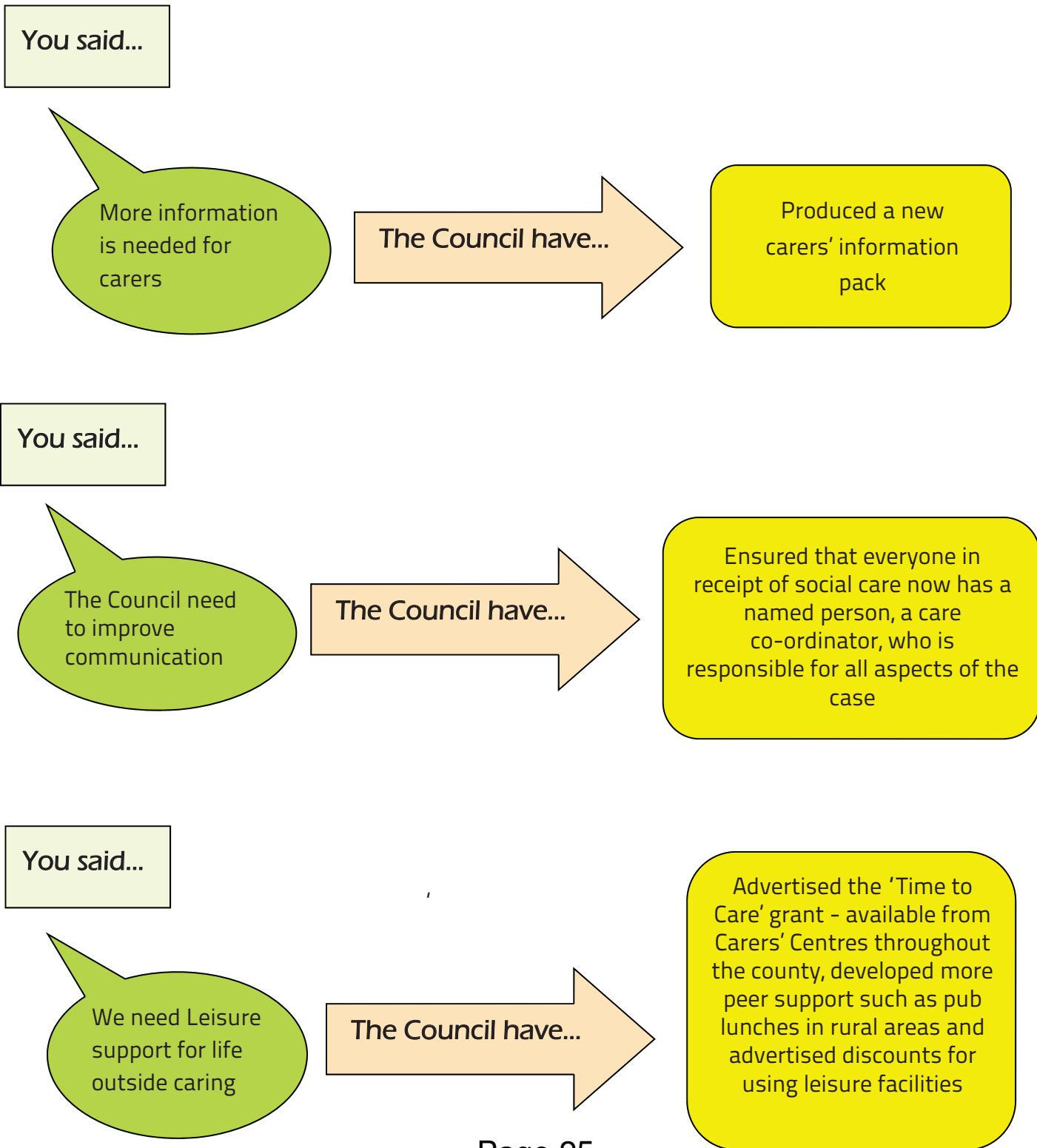
Hearsay

Come and hear what people have to say - Come to have your say

What has Social Care Hearsay achieved?

Working in partnership with the Council, we are satisfied that Hearsay! has achieved what LINK set out to do. Through listening carefully to our guests we are able to explain to the Council exactly what improvements are needed and staff have worked hard to make the changes people have asked for.

Some examples of what has been achieved:



Hearsay

Come and hear what people have to say - Come to have your say

Mental Health Hearsay

The aim of holding this event was to enable people who currently use (or have used in the last 3 years) Mental Health services in Oxfordshire, and their friends, carers and family members, to meet with people who organise, commission and deliver these services. Previously, there was an engagement system in place called the Mental Health Sounding Board, which enabled people to feedback their comments on the services they use. This system was modified to become consistent with the successful Hearsay! model.

LINK invited representatives from Oxfordshire County Council, Oxford Health, Oxfordshire PCT and Oxfordshire LINK, to enable people to describe and explain to the service providers and commissioners, how the services are working to meet their needs, or if improvements can be made. We wanted to discuss such things as the pathway to care; whether there are gaps in the services and if services are available and accessible to everyone.

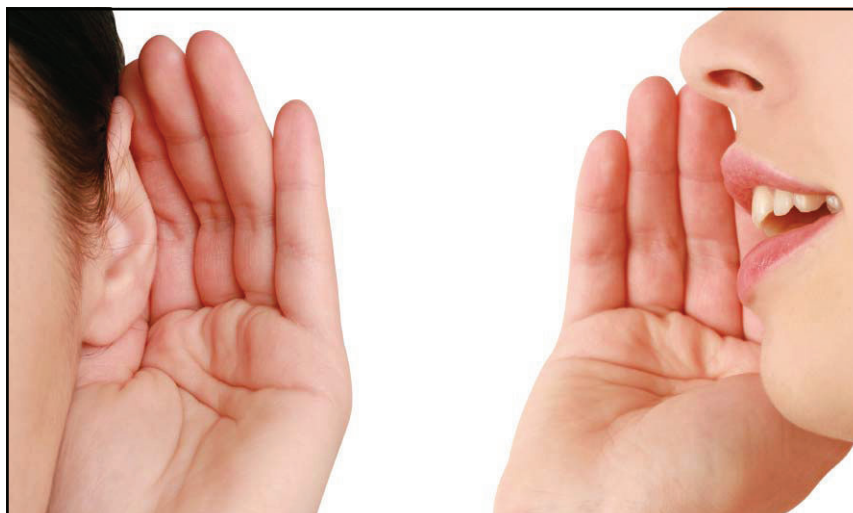
The programme for the day was not set in advance, but agreed by people at the event, depending on what issues arose and what people wanted to discuss. We aimed for every comment to be listened to, taken seriously and noted down for inclusion in the overall report.

The event was independently facilitated by Jeremy Spafford, who has previously facilitated Mental Health Sounding Boards and other Hearsay! engagement events. On the day we had talks from Fenella Trevillion, Head of Partnerships, Oxfordshire Clinical Commissioning Group, showing their commitment to the process, David Bradley, Chief Operating Officer from Oxford Health, together with other senior managers and support staff in attendance.

Following the event, five key areas were prioritised that guests would like the service provider to work on. These are:

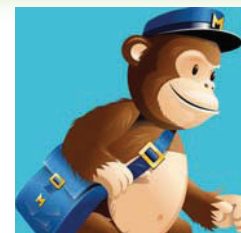
1. Pathway to care and access to services
2. Relationships – between physical and mental health services between different services, service user, carer and family
3. Carers
4. Confidentiality
5. Communication and Information

A report and action plan is being agreed at the time of writing.



Marketing and Promotion

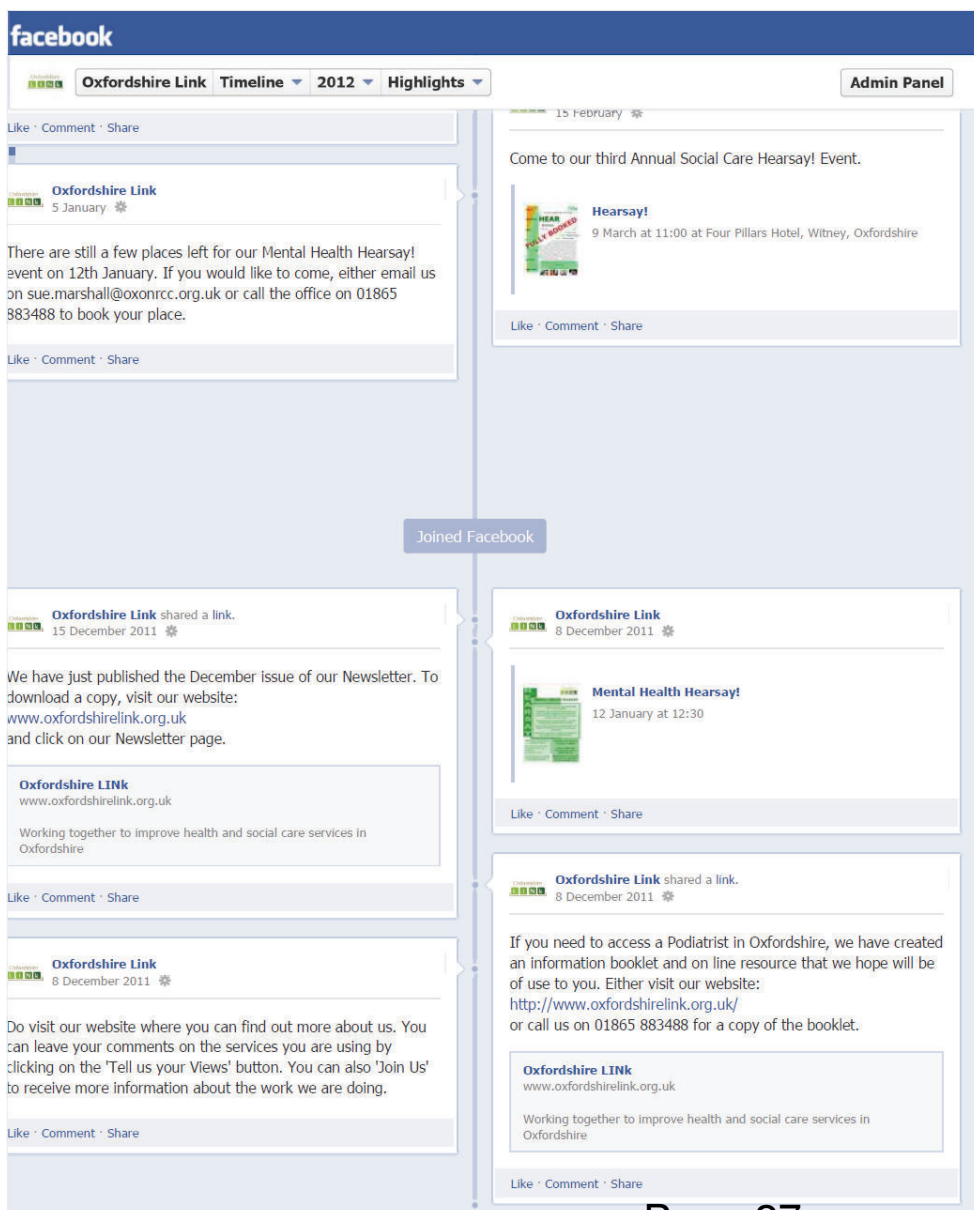
The public face of the LINK



Mailchimp

During 2011 we began using an online email system 'Mailchimp' to enable emails to be sent more effectively to all those registered with the LINK. Through an improved database system, it will be possible to identify and target email recipients accurately by postcode, level of participation and individual or organisational representation, for example. This will be used in conjunction with data gathered from the Oxfordshire Data Observatory and the increased use of social networking to bring additional participation and involvement to the work of the LINK. A Social Media plan, which we will revisit in 2012, will focus on the promotion and support for specific project work and publicise the results of engagement work and reports, alongside promotion of Local HealthWatch during the transition year.

Newsletters and E-bulletins



We continued to use Facebook, Twitter, Press Releases, Local radio, direct mailings, e-bulletins and printed newsletters, to promote and support LINK project work. Facebook proved particularly useful in advertising our Hearsay events, and gathering feedback on the services which were being examined.



Marketing and Promotion

The public face of the LINK

New website!

A NEW LINK website was successfully launched in 2011

www.oxfordshirelink.org.uk



There are several new features to the website, including an events calendar (see left), advertising events and meetings for other organisations as well as for LINK.

A 'News and Updates' section keeps people informed about latest LINK developments, as well as other local and national information (see below).



Anyone can register on-line and receive updates with our new 'Join Us' button' (see below).



We also have pages dedicated to current LINK projects; Hearsay events; and a resources page.

There's also a new facility that people can use to tell us their views on the services they are using (see right).



Work Planning for 2012–2013

LINK ⇌ *Local HealthWatch*

In this final year for LINKs, with Local HealthWatch becoming an increasingly large ingredient as the transition phase moves closer, it's especially important that Oxfordshire LINK ensures that ongoing projects are completed on time and that legacy reports and information is available to continue the work which LINK has taken forward since 2008.

Some projects will conclude, other work will be maintained into the next phase. These will include the Hearsay! engagement events for both Social Care and Health; the development of Patient Participation Groups under the new local commissioning structures; and the Partnership work with other local organisations, which has proved to be an important element to this year's engagement activities.

At the time of writing there is one new project which the LINK has agreed to take forward:

Maternity Services Review

Through previous engagement work, LINK received a variety of comments relating to maternity services in Oxfordshire. We are planning to work with Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) to look at issues, specifically around post-natal maternity services. We will work with other organisations and undertake additional research to obtain a comprehensive, up to date picture of how people feel about post-natal services. As with all Oxfordshire LINK's projects, the results and suggestions from our work will be shared with the relevant service provider and commissioners and a request for a response made.

Post-natal maternity services are those services used after birth including breastfeeding clinics, the newborn screening programme, neonatal unit, Special Care baby unit (SCBU), Birth Afterthoughts and includes community health visitors.

Oxfordshire Link will be circulating questionnaires and gathering information via the following avenues:

Family support websites, for example 'Netmums' Oxfordshire		
Local press	Children's Centres	
Mother and Baby groups, toddler groups		
Facebook	Twitter	Oxfordshire LINK website

Organisations or groups Oxfordshire LINK will be working with, include:

- Oxford University Hospitals Trust, Children's and Women's Division
- Maternity Service Liaison Committee
- Oxfordshire PCT
- Oxford Health
- Locality Clinical Commissioning Groups
- Voluntary Sector
- HOSC working group



Appendix 1

Key Facts and Figures for Oxfordshire LINK

NAME, ADDRESS AND CONTACT DETAILS FOR THE LINK

Until 30th April 2011:

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

From 1st May 2011

Oxfordshire LINK
Jericho Farm
Worton
Witney
Oxon OX29 4SZ

Tel: 01865 883488

Email: LINK@oxonrcc.org.uk

NAME, ADDRESS AND CONTACT DETAILS OF THE HOST ORGANISATION

From 1st May 2011

Oxfordshire Rural Community Council
Jericho Farm
Worton
Witney
Oxon OX29 4SZ

Tel: 01865 883488

Email: orcc@oxonrcc.org.uk

Registered Charity number: 900560

Registered Company number: 2461552



For the period of this report until 30th April 2011:

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**Stewardship Group up to May 2011**

Sue Butterworth
Barrie Finch
Anita Higham
John Hutchison
Mary Judge
Richard Lohman
Dermot Roaf (Chair)
Gene Webb

Core Group (including Priorities & Finance) from May 2011

Sheila Browne
Sue Butterworth (Chair)
Yvonne Cox
Anita Higham (Deputy Chair)
John Hutchison
Mary Judge
Lionel Revell
Dermot Roaf
Christine Standing
Patricia Wells

Wider Core Group representatives from May 2011

Barrie Finch
John Hughes
Richard Lohman
Barbara Lyons
Rob Murdoch
Jean Nunn-Price
Fraser Old
Jacquie Pearce-Gervis
Chris Ringwood
Jan Sunman
Gene Webb
Ann Whitford

STATISTICS – LINK participants / members on 31st March 2012

Total number of registered members on 31/03/2012	1,270			
Total number of registered members on 31/03/2011	1,143			
Unsubscribes were 70 (8.5%) during the year due to an improved email & database system, however all of these have been counted as participants in the LINK at some point during the year and are included in the above figures.				
Level of participation	Total	Of which:		Of these:
		Individual participants	Interest group participants	People with a social care interest
Informed participation	1,029	460	569	639
Occasional participants	200	156	44	144
Active participants	41	20	21	15
Total number of interest groups on 31/03/12 which represent sections of the community who could be described as 'seldom heard' or 'hard to reach' including: Age, Gender, Language, Religion, Ethnicity, Race, Disability, Sexual Orientation.		51 such groups and organisations participated in some form of LINK engagement		
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.		<p>1. 'Hearsay!' model of engagement with Social Care and Mental Health service users, carers, providers & commissioners.</p> <p>2. Partnership working with statutory and voluntary sectors. i.e. Patient Participation Groups, Oxfordshire Wheel.</p> <p>3. Project work through developments in the personalisation and self-directed support agenda.</p>		

Requests for information in 2011-12

How many requests for information were made by your LINK during 2011-12?	4 (including project actions plans containing more than one request)
Of these, how many of the requests for information were answered within 20 working days?	3
How many related to social care?	2

Enter and View in 2011-12

How many enter and view visits did your LINK make?	26
How many enter and view visits related to health care?	8
How many enter and view visits related to social care?	18
How many enter and view visits were announced?	26
How many enter and view visits were unannounced?	None

Reports and Recommendations in 2011-12

How many reports and/or recommendations were made by your LINK to commissioners of health and adult social care services?	44 recommendations contained within 6 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?	36 recommendations contained within 3 reports
Of the reports and/or recommendations that led to service review, how many have led to service change?	15 (+ ongoing during 2012-13)
How many of these reports/recommendations related to health services?	27
How many of these reports/recommendations related to social care services?	17

Referrals to Overview and Scrutiny Committees in 2011-12

How many reports were made by your LINK to an Overview & Scrutiny Committee (OSC)?	5
How many of these reports did the OSC acknowledge?	5
How many of these reports led to service change?	3 through working in partnership with providers & commissioners

Appendix 2

LINK Finances

Oxfordshire LINK Financial Report for the period
1st April 2011 to 31st March 2012

Income in 2011-12	
Amount allocated to the local authority by the Department of Health	£223,000
Amount of funding received by the Host from the local authority	£138,000
Amount of funding received by the LINK from the Host	£20,000
Amount of funding carried over from previous year	£20,911
Other income (if known)	None
Total budget for 2011-12	£158,911
Spending in 2011-12	
Total spend by Host organisation	£132,000
Total spend by LINK	£20,066
Total spend	£152,066



Join us!

If you want to make your voice heard:

- Register online:
www.oxfordshirelink.org.uk
- Call the LINK office: 01865
883488
- Email: LINK@oxonrcc.org.uk
- Write to us:

FREEPOST RSUC-BRXH-JGEH

Oxfordshire LINK

ORCC

Tithe Barn

Jericho Farm

Worton

Witney

OX29 4SZ

On behalf of the LINK Core Group and the Host Staff Team, we would like to convey grateful thanks to all the people of Oxfordshire who have contributed to the work of the LINK over this year.



▶ Your voice on Health and Social Care



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Summer 2012



Oxfordshire LINK Newsletter

Message from the Chair of Oxfordshire LINK

It has been a busy few months in the LINK office hitting targets to complete current pieces of work whilst reviewing on-going projects, and communicating the massive change in Health and Social Care to the public.

Having suffered cuts to funding in 2011, and a reduction in the staff team, we have now had an opportunity to make a new appointment and have welcomed Margaret Eaglestone to support Communications and Projects. Margaret has already made an impact co-ordinating activity to draw in new contacts and consolidate project work that allows others in the team to focus on key work and reports. This greater productivity is reported in the newsletter highlighting the range of projects and engagement in the community, and the invaluable work of the experienced volunteers involved.

There was a good turnout at the Core Group meeting in Wallingford with lively debate encouraged by speakers from Oxford University Hospitals Trust, and Oxford Health, and an update on the innovative reorganisation and monitoring of the medical bags used by District Nurses to improve efficiency in patient care. There was much interest and feedback about the new Patient Participation Groups and LINK's PPG toolkit.

It is stimulating to listen to the views of local people which has been vital to the progression of LINK as has been shown by the success of our Hearsay! events. We are now planning the inclusion of new projects covering NHS dentistry and maternity services. If you wish to be involved in any particular topic of interest to you, please contact the LINK office - there is likely to be an opportunity to participate in your own area.

Annual Report 2011 - 2012

Welcome to the Summer edition of the LINK newsletter. As a member of the public you have a right to be involved in decisions about health and social care services in Oxfordshire. By sharing experiences and ideas with your Local Involvement Network you can influence the way services are run. The job of Oxfordshire LINK is to find out what people like and dislike about services. The LINK then feed this information back to health and social care providers, helping them to plan and deliver better services that reflect the wishes of local people. The more people who get involved in LINK the stronger and more influential we are. You can [contact the office](#) for a copy of our Annual Report to find out more.



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Oxfordshire LINK host team

- [Adrian Chant](#)
LINK Manager
- [Nicky Robinson](#)
Development Officer
- [Sue Marshall](#)
Development Officer
- [Margaret Eaglestone](#)
Communications &
Support Officer

LINK Core Group

The Core Group meeting was held on the 12th July in Wallingford. We were delighted that a number of Patient Participation Groups were represented at the meeting.

Elaine Strachan-Hall, Chief Nurse, Oxford University Hospitals Trust, has been in position since February 2007, and now heads the four hospitals in the Trust: the John Radcliffe, the Horton General, the Churchill and the Nuffield Orthopaedic Centre. She gave a talk on several topics - Developments with Food and Nutrition following the Care

Quality Commission Review; improving experience of the discharge process; The 'Productive Ward' initiatives; and The Patient Engagement Structure.

Tessa Slater, the Programme Facilitator of 'The Productives Programme' from Oxford Health NHS Trust, explained that the aim of the programme is to eliminate waste and increase efficiency.

Finally, Adrian Chant provided an overview of the Annual Report and work that LINK has done this year.

LINK Core Group

The next Core Group Meeting

will be on 18th October

1.30pm Refreshments & Networking

2-4pm Meeting

Yarnton Village Hall

Please [contact the office](#) for more information

Volunteers needed for Oxfordshire Dentistry Survey

Would you be willing to help conduct a survey of NHS Dental Practices in South Oxfordshire? Oxfordshire LINK is recruiting a team of volunteers to carry out a survey of information provided for patients by NHS Dental Practices. The survey will be looking at information on the range of services offered, the charges relating to those services, and about entitlement to receive certain services on the

NHS. LINK volunteers who conduct the survey will find out if the information is clear and helpful to patients and highlight areas of good practice or good examples of clear information.

If you would like more information on volunteering on this project, please [contact the office](#) for more information.

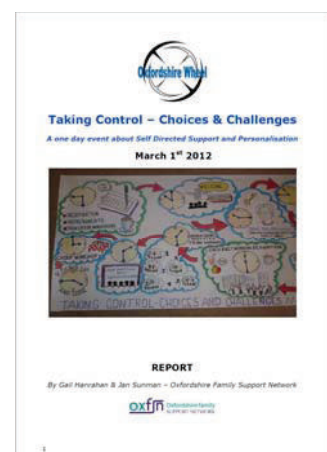


Taking Control - Choices and Challenges: Self Directed Support Report

On the 1st March, The Oxfordshire Wheel held a one day event about Self Directed Support and Personalisation, which was called 'Taking Control – Choices and Challenges'.

Comments received demonstrated that personal budgets, increased flexibility, choice, independence and freedom and were working well.

But comments on what is *not* working exceeded what *is* working, and there is still much to be done to improve information and support. Although many acknowledge that the theory behind personal budgets and self directed support is good, the reality does not match this, with many feeling their choices have been limited. Please [contact the office](#) for more information.



New Maternity Project

We are currently working with Oxfordshire Joint Health Overview and Scrutiny Committee to carry out a review of post-natal maternity services in Oxfordshire and are in the process of forming a project group to carry out the work over the next few months. We want to obtain a comprehensive, up to date picture of how people feel about their maternity services by gathering views. As with all Oxfordshire LINK's projects, the results and suggestions from our work will be shared with the

relevant service provider(s) and a request for a response made.

Post-natal maternity services are those services used after birth including; breastfeeding clinics, the newborn screening programme, neonatal unit, Special Care baby unit (SCBU), birth afterthoughts and includes community Health Visitors.

If you have any comments about these services that you would like to share please [contact Sue Marshall](#) via the LINK office. If you have any spare time and

would like to be part of the project group to help with research gathering we would value your input.

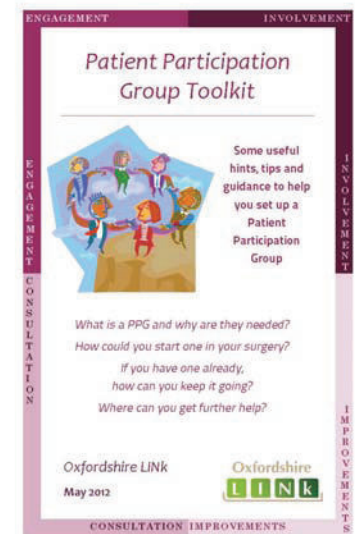


Patient Participation Group (PPG) Toolkit

LINK has put together a toolkit to provide information to assist with establishing and working with PPGs. It is designed as a means to help each PPG develop according to the needs and wishes of the patients in the practice. Along with some ideas on how to set up and keep a PPG going, the booklet also includes some useful documents that could be adapted for individual use, for example: Ground Rules;

Roles within your PPG; Terms of Reference; Tips on successful involvement, funding and reporting. Please [contact the office](#) if you would like a copy, or [download](#) it from our website.

We are also looking into the possibility of running an event for PPGs, involving well established groups sharing their stories, advice, expertise and examples of success with new groups.



Enter and View

Enter and View volunteers have been visiting Residential and Nursing care homes across Oxfordshire to find out more about the quality of care provided. Pairs of trained volunteers follow set guidelines to ensure that similar issues are considered on each visit.

Around 75% of the planned visits have taken place and a report, due later in the year, will be submitted to the Joint Health Overview and Adult Social Care Scrutiny Committees and to the Care Quality Commission before being published. Information in the report is fed back to OCC for comment and action where appropriate.



Social Care Hearsay!

Since March 2010 Oxfordshire LINK has been running an annual social care engagement event called Hearsay! to provide people who use social care services with the opportunity to speak directly to the people who coordinate these services. Click [here](#) to download a copy of the report from this years event, which outlines the key priorities from the day and an action plan from Oxfordshire County Council on how those issues will be addressed. Please [contact the office](#) if you would like a hard copy.

Key Priorities 2012

- To ensure all information is easy to access
- To look at the assessment process
- To improve the training and consistency of carers
- To monitor the quality of care provided in a transparent way
- To look at housing and transport concerns
- To complete the outstanding actions from last year

Mental Health Hearsay!

An event was held for people who currently use (or have used) Mental Health services in Oxford, and their friends, carers and family members, to meet with people who organise, commission, and deliver these services. LINK invited representatives from OCC, Oxford Health, Oxfordshire PCT/CCG, and LINK to tell them about their experiences.

At the time of writing, the report from the event is about to be published. We realise it has been a long time since the event itself and do appreciate your patience.

Key Priorities Mental Health Hearsay!

- Pathway to care and access to services
- Relationships—between physical and mental health services, service user, carer and family
- Carers
- Confidentiality
- Communication and Information

15 Steps Challenge

The *15 Steps Challenge* is a short, simple toolkit to help NHS Trusts gain a better understanding of what patients feel about the care they provide. The NHS Institute worked with patients, carers, staff and board members to develop it. The Challenge includes a ward walkaround, seeing the ward through a patient's eyes. A small 15 Steps Challenge team, consisting of a patient/carer, a staff member and a board member, walk onto the ward and take note of their first impressions. Do these build confidence and trust? The Challenge toolkit helps structure these observations, and is underpinned by the Care Quality Commission's essential standards. After the ward walk around, the 15 Steps Challenge team feeds back to staff and senior leaders in the trust. Feedback focuses on good practice to share, and areas for improvement. The Challenge is repeated on a regular basis, to cover all ward areas and to ensure that improvements are being progressed. The Challenge enables patient's views about care to be heard. It supports staff and patients to work together to identify the improvements that can enhance the patient experience, and highlight what is working well and what might be done to increase patient confidence.

The NHS Institute is now developing additional versions of the 15 Steps Challenge. A version for mental health inpatient care, and a version for community services – care in patients own homes. These versions are currently being field tested with a number of organisations. If you are interested in finding out more, or commenting on the draft toolkits, please get in touch with alice.williams@institute.nhs.uk

Blue Badges

The Government is taking forward important reforms to the welfare system. One of these reforms will involve changes to Disability Living Allowance and will affect eligibility for a Blue Badge. About a third of all badges are currently issued to people who receive the higher rate of the mobility component of Disability Living Allowance. The Department for Transport is therefore seeking your opinions on the options for dealing with the impact of the changes. The consultation period began on 10 July 2012 and will run until 2 October 2012. Please ensure that your response is sent before the closing date. If you would like copies of this consultation document, it can be found at www.dft.gov.uk/topics/access/blue-badge or you can contact Sally Kendall if you would like alternative formats (Braille, audio CD, etc).

Please send consultation responses to: Sally Kendall, Traffic Division, Department for Transport Zone 3/26, Great Minister House, 33 Horseferry Road, London, SW1P 4DR Email: bbes@dft.gsi.gov.uk

Deadlines introduced for NHS continuing healthcare funding

The Department of Health has recently announced the introduction of deadlines for retrospective requests for NHS continuing healthcare funding assessments. The deadlines apply to periods of care, between the 1 April 2004 and 31 March 2012, which have never previously been assessed. Any retrospective applications for funding should now be made by the following dates:

Period in which care took place	Deadline
1 April 2004 – 30 September 2007	30 September 2012
1 October 2007 – 31 March 2011	30 September 2012
1 April 2011 – 31 March 2012	31 March 2013

The DOH have introduced deadlines so that individuals who should have been assessed from 1 April 2004 onwards are identified and considered for eligibility as soon as possible. This is because as time passes, detailed recorded evidence of an individual's needs for the period of time in question may no longer be available. www.oxfordshirepct.nhs.uk/your-health/continuinghealthcare.aspx

Oxfordshire County Council's (OCC) Day and Resource Centres consultation

The reason for the consultation is that OCC is planning changes and would like to hear people's views on:

- A proposed increase in the attendance charge (from £4.18 per day to £15.00 per day)
- A proposed increase in the transport charge (from 82p to £5)
- An improved service (lots more inclusive activities including bathing, manicures, counseling, etc . See attached: "Additional inclusive activities").

The proposed changes only affect Day and Resource Centres run by Oxfordshire County Council (in Abingdon, Banbury, Bicester, Didcot, Oxford, Wantage, Wallingford) and the Leonard Cheshire run Day Centre in Witney. For further info please contact Claire Soper: claire.soper@oxfordshire.gov.uk or Rachel Taylor: rachel.taylor@oxfordshire.gov.uk

Partnership - is it the way forward to Healthwatch?

Change is fast paced at the moment and none less so than in the developments of Health and Social care, but one common element is the importance of partnership and alliances between organisations and institutions. This requires a shift in thinking to develop trust to recognise and respect the business of another in order to engage and participate jointly.

There are some new examples, one being the integration between [Southern Health NHS Foundation Trust](#), and the [Ridgeway Partnership](#), formerly Oxfordshire Learning Disability NHS Trust. This will mean sharing a future vision and strategy and pooling resources and expertise that will bring other opportunities. Is this scary stuff or is it invigorating?

The Oxford University Hospitals NHS Trust has four main sites: the Churchill, John Radcliffe, Nuffield Orthopaedic Centre in Oxford and the Horton in Banbury, and a joint vision for a future Foundation Trust underpinned by the Trust's founding partnership with the University of Oxford. They are working with active partners across healthcare, education and research as well as being a provider of essential general services for the local population. This will form an effective bridge across development in clinical research and evidenced based best practice in care.

The strength of partnering another agency is also shown in the Health and Wellbeing Board following eight weeks consultation on the draft guidance for the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategies (JHWS). The Health and Wellbeing Board is made up from the Clinical Commissioning Group, Local Authority, patient representatives, Public Health and Childrens' and Adult Social care who will decide how services will be commissioned emphasising joined-up working across Health and Social care services. This aspect has been long needed and promoted by users and carers, so we will watch with interest as the JSNA and JHWS sets out local needs and agrees priorities to underpin local community plans – that means services that affect you and me.

The development of HealthWatch, scheduled for April 2013, needs a combined approach to set in place the legal and regulatory requirements. The recently appointed Chair of HealthWatch England, Anna Bradley will be leading these changes to guide the national structure allowing for local differences to carefully consider the options and views of people as Local HealthWatch is established in each area. In Oxfordshire, the County Council has new time scales for the procurement process (now starting in November 2012) to enable local groups to consider how best Local HealthWatch could be delivered. A collaborative consortium of local organisations will consider the OCC service specification within the context of earlier public engagement and what they have heard people in the community say.

There is much to do to build partnership relationships across another important group. The voluntary sector is well known to be in tune with its specific client group. Bringing organisations together to look at joint interests, with the potential to share resources and expertise will benefit what we all feel passionate about – the users of the service, that is so often overlooked in the battle for funding.

It is timely to look outward to identify common ground. Shared ethics and delivery of services from a like-minded 'neighbour' where a joint action may well work better in providing a stronger influence from wider evidence based practice. To coin a phrase from the Olympics, we need to 'inspire the next generation' to cope with the opportunities offered by change.

Sue Butterworth

Oxfordshire LINK Chair

Health and Wellbeing Board

What are the priorities for Oxfordshire's Draft Health and Wellbeing Strategy?

Adult Health and Social Care



Priority 1: Making health and social care services better for older people and their carers, by working together closely

Priority 2: Supporting older people to live with dignity and greater independence



Priority 3: Supporting adults with long-term health conditions or disabilities to live independently and achieve their potential

Children and Young People



Priority 4: Keeping all children and young people safe

Priority 5: Helping all school children, young people and school leavers to achieve greater things



Priority 6: Making sure our most disadvantaged children and young people do as well as they can



Priority 7: Making sure all children have a healthy start in life and then that they stay healthy

Health Improvement



Priority 8: Preventing early death and improving quality of life in later years



Priority 9: Preventing long term disease by tackling obesity and increasing exercise

Priority 10: Improving housing



Priority 11: Stopping disease spreading, through immunisation



Do you know aboutOMEGA?

The Oxfordshire ME Group for Action started in 1989. It is a volunteer run self-help support and campaign group for people with ME, and their families, friends and carers. OMEGA also welcomes people with Chronic Fatigue Syndrome, Fibromyalgia and Post-Viral Syndrome. OMEGA represents the interests of its members and continuously campaigns for improved health services, improved treatments, and more biomedical research into the causes of the illness. OMEGA also campaigns for the extension of NHS services to children.

"I would have given anything to have known about OMEGA five years ago when my ME was really bad. The recognition of my illness has been really important to me and the support from other members."

An OMEGA member

ME is an illness which affects an estimated 250,000 people in Britain, and 2,400 in Oxfordshire. ME is classified as a neurological illness by the World Health Organisation. The most common symptom is a profound, persistent, and debilitating fatigue, often made worse by exertion. Other symptoms can include muscle pain, headaches, dizziness, digestive disorders, sensitivity to light and sound. Many people suffer memory and concentration problems. It affects people to varying degrees irrespective of lifestyle, age or gender.

If you are a health professional, OMEGA offers information and training to promote understanding of ME/CFS amongst health professionals interested in knowing more about ME/CFS.

Email: enquire.omega@gmail.com

Telephone: 01865 766310

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E mail: link@oxonrcc.org.uk



Healthwatch Newsletter

This newsletter gives you the latest on our journey to build local Healthwatch in Oxfordshire – the independent consumer champion that will help the public to have their say about health and social care services from April 2013 and share the decision making with the commissioners of services.

It describes the work that Oxfordshire County Council has done with the people of Oxfordshire to shape a local Healthwatch for our County. It also describes the Government's wider plans.

“ Healthwatch will be the local consumer champion for health and social care * ”

** Health & Social Care Act 2012*

What will stay the same?

Healthwatch Oxfordshire will keep the involvement and monitoring functions of the current LINK, these are :

- ✓ promoting involvement in decision-making
- ✓ obtaining views
- ✓ monitoring health and care services
- ✓ making reports and recommendations
- ✓ carrying out Enter & View visits

What will be new?

- ✓ From April 2013 the duties of the Oxfordshire LINK will pass to a new organisation
- ✓ Healthwatch Oxfordshire will have further statutory duties: to provide information about services to patients and service users and to support them to make choices. It will also monitor how people experience the quality of health care and social care in the county.
- ✓ There will be at least one Healthwatch Oxfordshire representative on the Oxfordshire Health & Wellbeing Board. This Board will include local councillors, the directors of public health, children's and adult services and NHS Clinical Commissioners. They will be responsible for joining up all the Health and Social Care work of the County Council with the local NHS. A lead representative of Oxfordshire's Local Healthwatch will be a member of this Board, representing the views of Oxfordshire people, ensuring people's views and experiences are at the heart of decision making and planning.
- ✓ From April 2013 Oxfordshire County Council will have contracted with a new organisation, which will support and speak for people who want to complain about the NHS. The Council has decided that initially this will be a separate contract from that for Healthwatch Oxfordshire

When will this happen?

The statutory responsibilities of Links will be taken over and extended when the Local Healthwatch Oxfordshire contract begins in April 2013.



Currently this complaints service (known as ICAS) is funded and organised at a national level: in Oxfordshire this is currently delivered by SEAP. Complaints about social care will continue to be managed through the Local Authority Government Ombudsman process.

The story so far.....

Under the Health and Social Care Act 2012, all (top tier) Local Authorities, will be responsible for commissioning a Healthwatch Oxfordshire by April 2013.

Healthwatch Oxfordshire will have a number of statutory functions:

- Provide information and advice to the public about accessing health and social care services and choice in relation to aspects of those services
- Make the views and experiences of people known to Healthwatch England helping it to carry out its role as the national champion
- Make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it, go direct to the CQC with their recommendations, for example if urgent action were required by the CQC)
- Promote and support the involvement of people in the monitoring, commissioning and provision of local Health and Social Care services
- Obtain the views of people about their needs for and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of all care services.
- Hold at least one seat on the Health and Wellbeing Board.
- Prepare an annual report and make reports and recommendations about how health and social care services could or should be improved, including challenging the providers of health and social services whenever it is necessary.
- Contribute to the County's strategic needs assessment to improve the county population's overall health and well-being.
- Additionally, local authorities will take on the responsibility for commissioning NHS complaints advocacy from April 2013.

A wide scale consultation was undertaken in the autumn 2011, with a wide range of people and organisations to shape the plan for Healthwatch Oxfordshire

Within the parameters of the statutory requirements under the Health and Social Care Act 2012, a vision for Healthwatch Oxfordshire has been developed, based on these findings.

Healthwatch Oxfordshire will be 'the voice of the people', an independent consumer champion bringing together people's views and experiences to improve health and social care. It will be:

- A well led, high quality organisation that is effectively and professionally managed and organised
- Built on existing local knowledge and expertise, using partnerships and collaborations to provide high quality services and to reach out across the whole of the county
- Well known, independent and accessible to everyone; and
- Influential, respected and trusted by local people, decision-makers and service providers

This vision has been used to draw up a draft service specification which has been co-developed with stakeholders. It is currently being finalised.

So - what next?

Procurement of Healthwatch Oxfordshire

Procurement is the process by which the Local Authority 'buys' a service that it requires. For Healthwatch, the Government has specified what the Local Authority must provide, and the local consultation process has honed this to develop a specification which provides a 'best fit' with the local context.

We have been carefully considering the options we have as a local authority for undertaking our statutory obligations in relation to the establishment of Healthwatch Oxfordshire by April 2013.

We have taken into account the views of the local providers, and have additionally sought advice from the Department of Health and the Local Government Association's Regional Advisor for Healthwatch. We have considered a number of options and decided that the best and most likely option at this stage is to develop a procurement process for Healthwatch Oxfordshire

To help potential bidders have sufficient time to establish themselves, we have revised our original timescales. This will also enable the council to consider the service specification within the context of the public engagement work already carried out by the council and its partners.

The planned procurement process will be as fair, open and transparent, and as accessible as possible to all potential bidders. This ensures the council meets its responsibilities to enter into a contract with an organisation which is best able to meet both the local service specification and the requirements and statutory functions of all Healthwatch organisations across England.

The new timescales mean that the initial stages of the procurement process will start in November 2012 and complete in February 2013 to ensure sufficient time to complete any necessary transition arrangements.

Procurement of Independent Complaints Advocacy Service

Oxfordshire County Council has decided to procure the complaints advocacy service separately from the other functions of Healthwatch, and we are currently in discussion with neighbouring counties regarding regional procurement. We are also in the process of reviewing all advocacy services in Oxfordshire so as to give us the opportunity to ensure that all advocacy across Oxfordshire be coordinated in order to meet the needs of the people of Oxfordshire.

Healthwatch England

Alongside the establishment of Healthwatch Oxfordshire organisations across England, Healthwatch England will also be established in October 2012. Healthwatch England will:

- ✓ be a national body that enables the collective views of all who use NHS and Social Care services to influence national policy, advice and guidance
- ✓ be a statutory committee of the Care Quality Commission (CQC) chaired by Anna Bradley, who was appointed in July (see <http://mediacentre.dh.gov.uk/2012/07/26/anna-bradley-chair-healthwatch-england/>)
- ✓ have its own identity within the CQC, but be able to use the CQC's expertise and infrastructure
- ✓ be funded as part of the Department of Health's grant in aid to the CQC
- ✓ provide leadership, guidance and support to Healthwatch organisations
- ✓ provide advice to the Secretary of State, NHS Commissioning Board, Monitor and English local authorities all of whom must have regard to that advice
- ✓ be able to escalate concerns about health care and social care services raised by any Healthwatch organisation to the CQC, which in turn will be a required to respond to the advice from Healthwatch England
- ✓ have a strong principle of continuous dialogue with Healthwatch organisations, keeping communication lines open and transparent to facilitate Healthwatch England's responsibility to provide national leadership and support
- ✓ be required to make an annual report to Parliament, having received an annual report from each Healthwatch organisation
- ✓ be an organisation which the Secretary of State is required by law to consult.

The recent consultation on membership for Healthwatch England has now been published and can be found on:

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132433.pdf

The Healthwatch England website is up and running. As well as providing up-to-date information the website is the first step in providing public information about Healthwatch (see www.healthwatch.co.uk)

Want more...?

Department of Health: <http://healthandcare.dh.gov.uk/what-is-Healthwatch>.

Local Government Association:

http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3492011/ARTICLE-TEMPLATE

Adult Services Scrutiny Committee – 25th September 2012

Summary of Commissioning Intentions for Older People 2012-2015

Report by the Director for Social & Community Services

1. Introduction

- 1.1 This short report summarises the key elements of the County Councils Commissioning Intentions for Older People.

'Ageing Successfully' set the strategic direction for our approach to improving outcomes for older people in Oxfordshire in 2009 and this new commissioning intentions document outlines the areas that Oxfordshire County Council will focus on to support the delivery of Ageing Successfully. It summarises our vision for older people and outlines the approach we will take to commissioning services for people who are ageing and their carers over the next three years. The document has been developed in conjunction with a range of stakeholders but mostly with the support of older people and their carers.

2. Our Intentions

- 2.1 We celebrate our ageing population. We want all people as they age to lead lives that are healthy and personally and socially fulfilling. Our ambition for older people in Oxfordshire is:

To enable people to live independent and successful lives

- 2.2 To achieve this, we are intending to invest in a range of community services to support people to live independently and well at home and reduce the need for hospital and inappropriate residential care and ensuring quality of care in services.

The document explains the changing profile and increasing number of older people who will be living in Oxfordshire and identifies 7 priority areas that the Council working with its NHS Oxfordshire partners will be working on.

- 2.3 Key data from the Joint Strategic Needs Assessment identifies that:
- The number of older people in Oxfordshire continues to grow as expected.
 - The growth in the number of older people is not uniform across the county. It is markedly higher in our more rural districts than in the urban areas.
 - Older people rightly demand and expect a flexible range of services built around their individual needs so that they can maintain independence and stay close to home for as long as possible.
 - An increasing number of people are engaged in caring for elderly friends and relatives and many more volunteer their help. Many of these people are elderly themselves.
 - There are a growing number of people with dementia in the County who require access to new emerging treatments.

- 2.4 New approaches to supporting and managing the care of older people are critical and must include:
- Working with older people to put their care into their own hands where it is possible to do so.
 - Preventing disease where possible in the middle decades of people's lives, investing in services backed by scientific evidence.
 - Minimising the impact of disease once it has begun through early detection programmes and expert patient approaches.
 - Balancing universal services for common conditions faced by the vast majority with specialist or targeted services for these with rarer conditions and commissioning these specialist services selectively and with care.
 - Balancing services which are closer to home while delivering modern, high quality services.
 - Creating a climate in which communities can draw on their own resources to help themselves

3. Seven Priority Areas

1. Ensure older people have access to a range of services that promote their independence and support them to keep well.
2. Ensure there are a range of day opportunities to support people to live independently and avoid isolation.
3. Increase the capacity, choice and range of high quality and safe providers for people to be supported at home.
4. Ensure that family carers are supported to continue their caring role.
5. Ensure there is a range of nursing and residential home provision with the right quality and at the right price and develop a range of alternatives.
6. Support the Delivery of the Appropriate Care for Everyone (ACE) programme to ensure that older people get the right service at the right time in the right place.
7. Improve the efficiency and effectiveness of the way we work. Including developing a true pooled budget for older people.

4. Next Steps

- 4.1 The joint commissioning team are delivering a range of service changes to support each of the priority areas and these will be monitored on a regular basis and checked against the health and well-being strategy targets.
- 4.2 The OCCG have also developed a commissioning intentions document that reflects and supports the delivery of the Councils intentions.
- 4.3 Officers from the Council and the OCCG are working with a group of key stakeholders including older people and carers to develop a joint commissioning strategy based on the two intentions documents. This will be the topic of the first Adults Board workshop and will be consulted on during November and December with the intention of being completed and ready for implementation in April 2013.

4.4 Work is underway to ensure that key work undertaken by the District Councils and the City Council are aligned with and supported by the joint commissioning strategy.

John Jackson
Director for Social & Community Services

Sara Livadeas
Deputy Director Joint Commissioning

September 2012

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Commissioning Intentions for Older People

2012-2015

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1. Introduction

- 1.1 'Ageing Successfully' sets the strategic direction for our approach to improving outcomes for older people in Oxfordshire:

“We celebrate the fact of our ageing population. We want all people as they age to lead lives that are healthy and personally and socially fulfilling. Our mission will be to achieve significant and measured improvement in how we plan and deliver services so that our community will be supported to age successfully.”

(Oxfordshire Health and Well Being Partnership Board, March 2009)

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- 1.2 The purpose of this document is to outline the areas that Oxfordshire County Council will focus on to support the delivery of Ageing Successfully. It summarises our vision for older people and outlines the approach we will take to commissioning services for people who are ageing and their carers over the next three years.
- 1.3 We celebrate the fact of our ageing population. We want all people as they age to lead lives that are healthy and personally and socially fulfilling. Our ambition for older people in Oxfordshire is:

To enable people to live independent and successful lives

- 1.4 To achieve this, we will invest in community services to achieve better outcomes for people and reduce the need for hospital and inappropriate residential care, including ensuring quality of care in services.
- 1.5 This overarching document is supported by more detailed service plans that set out our specific commissioning priorities for 2012/13. These service plans will be refreshed annually to reflect performance in delivering our ambitions.

2. Understanding Our Population

- 2.1 Oxfordshire is a relatively healthy and wealthy county. Of the 152 councils which are responsible for arranging adult social care, Oxfordshire is around the 10th most healthy. We would expect that the number of older people accessing adult social care will be lower than elsewhere.
- 2.2 Positive improvements in life expectancy mean the County has a growing older population. The over 65 population is forecast to increase by 77%, the over 85s by 265% and the over 90s by 368% between 2008 and 2033 (ONS population estimates). Age has been found to be the most reliable predictor of need for adult social care. As the population ages the demand for support will increase. In 2011/12, the council's records shows that a person over 90 was 5 times more likely to need care than a person over 65. More information about the population of older people in Oxfordshire is attached at Annex 1.

¹ Ageing Successfully 2009 Joint Strategy between NHS Oxfordshire and Oxfordshire County Council

- 2.3 Not all older people need social care support but we know that age is the most reliable predictor of care needs. As people age they can become more frail and can suffer from conditions such as dementia, stroke and other long term conditions that impact on their health and well-being and may lead to people needing support.
- 2.4 Key data from the Joint Strategic Needs Assessment identifies that:
- The number of older people in Oxfordshire continues to grow as expected.
 - The growth in the number of older people is not uniform across the county. It is markedly higher in our more rural districts than in the City.
 - Older people rightly demand and expect a flexible range of services built around their individual needs so that they can maintain independence and stay close to home for as long as possible.
 - An increasing number of people are engaged in caring for elderly friends and relatives and many more volunteer their help. Many of these people are elderly themselves.
 - There are a growing number of people with dementia in the County who require access to new emerging treatments.
- 2.5 New approaches to supporting and managing the care of older people are critical and must include:
- Preventing disease where possible in the middle decades of people's lives, investing in services backed by scientific evidence.
 - Minimising the impact of disease once it has begun through early detection programmes and expert patient approaches.
 - Balancing 'everyday' services for common conditions faced by the vast majority with specialist services for these with rarer conditions and commissioning these specialist services selectively and with care.
 - Balancing services which are closer to home while delivering modern, high quality services.
 - Working with older people to put their care into their own hands where it is possible to do so.
 - Creating a climate in which communities can draw on their own resources to help themselves
- 2.6 The promotion of choice for older people and their family carers to have more control over the support and services they receive will also be critical. The service people receive will be decided by people and their families themselves and Councils will need to ensure that services are available locally that people can choose to use close to where they live. Services could include support at home, personal assistants, community support, day services, assistive technologies.

3. Current Position – What we know now

- 3.1 The Council supports older people (people aged over 65 years) and their carers to live healthy, safe and valued lives. The Council ensures there is an adequate supply of good quality, cost-effective services that people want to purchase and that meet the needs of older people and their carers. There is a focus on developing a range of preventative approaches aimed at keeping people well.

The council's budget funds a range of community services: the provision of information and advice; professional assessment and brokerage; support to carers, lunch clubs and day services; the provision of equipment including pendant alarms linked to a call centre; transport; reablement and rehabilitation; care at home. It also pays for residential and specialist nursing care home placements and intermediate care.

- 3.2 As at 31 March 2012, the Council was responsible for the care of 4,353 individuals in their own homes, residential and nursing homes. The Council also provides preventative services (such as reablement, day opportunities, and equipment). Further information about the number of people the council is supporting and the range of support provided is in Annex 2.
- 3.3 The budgets for residential and nursing home placements, home support, initial assessment and enablement, day services, preventative services, continuing health care services and equipment are within a Section 75 NHS Act 2006 Partnership Agreement via a pooled budget with Oxfordshire Primary Care Trust. For 2011/12 this budget was £104.7million and for 2012/13 is £102.3m. More information about funding of services for older people, including the pooled budget, is in Annex 3.
- 3.4 The current budget for care home placements is £48.8million. This supported 1,587 individuals receiving the service at the end of March 2012. The average cost per week for an individual in a care home placement paid for by the Council is £556 per week (the equivalent of £29,000 annually) with a net cost of £372 per week (£19,000 annually) after the persons financial contribution is taken into account. 11% of people supported in care homes are under 75, 31% between 75 and 85 and 58% are over 85. The table shows the spread of placements at 31st March 2012.

Age	Nursing Home	Residential Home	Total
65-74	67	100	167
75-84	208	284	492
85+	484	444	928
Total	759	828	1587

- 3.5 During 20011/12 the council placed 558 people in a care home, a rate of just over 10 per week and an 18% increase on 2010/11. Of those placed in 2011/12, half were placed directly from a hospital bed, 21% were placed from their home and 24% were people who had placed themselves in a care home and had run out of money (known as threshold cases).
- 3.6 The current budget for care at home is £23.1m. The average gross cost per week for an individual for care support at home is £184 per week (£9,500 annually). The net cost is £143 per week (or £7.5K) annually after the persons financial contribution is taken into account. 17% of people supported in their own home are between 65 and 75, 32% between 75 and 85 and 52% are over 85.

- 3.7 In 2011/12, 1,751 new people received long term support at home. Of these 49% came direct from their own home; 35% came from the reablement service; and 16% from a hospital, community hospital or intermediate care bed.
- 3.8 The current budget for reablement in 11/12 is £4.3m. The service currently costs £263 per person per week and ideally should last no longer than 6 weeks. The current expected demand for a county of this size is for 3,500 people per year
- 3.9 In 2011/12 1,851 new people received the service with 47% of people completing the service requiring no on-going care. The aim is to make this service more widely available to improve outcomes for people.
- 3.10 The Care Quality Commission assessed the performance of Oxfordshire Social & Community Services in 2010 and reported that the local authority was performing well in terms of its commissioning of adult social care.
- 3.11 In February 2012 we undertook a survey of our Adult Social Care clients. We received over 600 responses, including 421 from older people. The responses overall and from older people in particular showed a similar pattern, with most people satisfied with the services they received (89% overall and 88% of older people, with 62% overall and 59% of older people being extremely or very satisfied) and feeling they had a high quality of life (60% overall and 88% older people).
- 3.12 However, there are areas where we know we need to do better. Spending on Older People's services in Oxfordshire is higher than might be expected compared to other areas, but satisfaction is lower than might be expected given higher levels of spending.
- 3.13 Oxfordshire has a higher use of care home placements than elsewhere, which is both costly, and can deliver poorer outcomes than for people living at home. We make fewer placements into care homes than other counties (14th lowest rate in the country – 42 people per 10,000 population aged over 65) but we have more people living in care homes overall. Taking benchmark data, the average length of stay is 5 months longer than our comparators.
- 3.14 The proportion of money that is spent in the community is lower than elsewhere (106th lowest out of 151 authorities).
- 3.15 Oxfordshire has consistently been one of the worst performing councils with respect to delayed transfers of care (DTC). More work is needed to avoid hospital admission in the first place. We need to improve and simplify our processes, working closely with our partners in the NHS.
- 3.16 The Council is keen to invest in community services as a way to achieve better outcomes for people and reduce the need for hospital and inappropriate residential care, including ensuring quality of care in services. Although it is difficult to measure the number of people accessing or receiving preventative services such as information and advice, day opportunities and prevention clinics accurately, due to the wide range of providers and potential sources from within

and beyond social care, indications are that there has been an increase in uptake and the Council is keen for this to continue.

4. What Older People are telling us

4.1 Changes in the way services are delivered have been welcomed by many people who use those services and by their families and friends. People have told us what they most value:

- Independence
- The chance to take responsibility for themselves and others
- A 'little bit of help makes a big difference'
- Working together with those who organise services to make the best decisions

4.2 However, during the past two years, issues have been raised about how to make choice and control meaningful and accessible to everyone. People want:

- High quality services to choose from – care homes; support at home; local support and social groups. Support for community and voluntary groups.

- Information about what is available – this needs to be timely and relevant, and accessible to people who don't use the internet (people over 75, are much less likely to use the internet than the population as a whole).

- Information that is accessible to people who don't have English as their first language, or prefer to be informed in ways other than written publications; and distributed in ways which reach Black and Minority Ethnic individuals and communities.

- Not to wait for services – people are willing to wait if needed but want to be kept well-informed about delays and why they are happening, and about how people are prioritised.

- To know how to complain, and that complaining won't jeopardise their services or the way they are treated

- Support to employ personal assistants and / or arrange the support they need. To have the same support workers as much as possible, and for them to arrive when they say they will.

- Practical barriers to keeping well and independent to be overcome by organisations, such as gritting and repairing pavements and accessible transport and toilets

5. Our Vision

5.1 As set out in the introduction, we celebrate the fact of our ageing population. We want all people as they age to lead lives that are healthy and personally and socially fulfilling. Our ambition for older people in Oxfordshire is:

To enable people to live independent and successful lives

- 5.2 To achieve this, we will invest in community services to achieve better outcomes for people and reduce the need for hospital and inappropriate residential care, including ensuring quality of care in services.
- 5.3 As people age people and their carers value:
- being able to live their lives safely and with dignity;
 - being supported to remain healthy for as long as possible;
 - having a right to use the same services, resources and facilities as people in the wider community;
 - being central to decisions that have an impact on their lives and supported to make informed choices;
 - accessing community based housing and support options to allow them to live independently.
- 5.4 The key focus of our approach is on promoting independence, keeping people well through investment in services that prevent some people from needing to access social care services and by reducing or delaying the need for care. This requires a shift in emphasis away from providing services ‘for’ people and ensuring that access to universal services, such as information and advice, and support for low level or emerging needs is maintained. We need to improve the support we provide to self-funders and their carers whatever their level of need.
- 5.5 We aim to prioritise investment away from bed based care and towards health promotion, preventative approaches, primary care, integrated community services, early intervention, rehabilitation and services that support people to remain living independently as long as possible at home. There are four elements of the overall Social and Community Services strategy; Prevention, Personalisation, Protection and Partnerships.

Prevention “keeping people well”

- 5.6 The provision of timely and appropriate information and advice to ensure people are able to make the right decisions at the right time. This includes encouraging the whole population to live healthy lives and keep well, as well as about the support and care options available to them. This is particularly important in providing guidance and support to self-funders to ensure they do not choose to access care services earlier than they need to.
- 5.7 By supporting people early on some individuals may not need to use adult social care services. Other people may need less support or not need it until later. Developing long term support options that prevent more people from having to go into hospital or a care home offers significant benefits to individuals and their families, and are more cost effective overall.

Personalisation “promote choice and control”

- 5.8 Personalisation is a way of working that underpins the Council’s approach, and makes sure people have more choice and control over the way they are supported in living their lives, partly through the provision of self-directed support. People who are eligible for social care support from the council can decide how

they want to be supported through their personal budget, which is calculated using a formula called the Resource Allocation System.

Protection “keeping people safe”

5.9 People should be able to live a life free from both abuse and the fear of abuse, and have care and support which meets their needs. The Council is committed to treating people as individuals and with dignity and respect. We will continue to reduce the number of adults that need to be taken into care or are in need of protection. We will also work with our partners to raise public and professional awareness of the needs of vulnerable adults

5.10 The Council will assume a renewed focus on the quality of services that are provided, with a particular emphasis on services commissioned and delivered under a contract with the Council but also taking a community leadership role, together with partners to promote high standards across the board in all services and for all people.

Partnerships “working together”

5.11 We will achieve our overall strategy through working together with people who use services, carers, the wider community and partners in the:

- health sector,
- service providers of all types
- district, parish and town councils
- community, voluntary and faith sector
- fire and rescue and police services.

6. Our Aims for the Commissioning Strategy

- There is a greater range of high quality, effective preventative approaches to support people to be as independent as possible for as long as possible, including an increase in the restoration of independence following illness and injury;
- People have a quality of life as they age, based on healthy lifestyles and a significant reduction in health inequalities;
- Services are person-centred, safe, effective, efficient and of a consistently good quality, with safeguarding systems in place to protect people who are vulnerable as they age;
- People live active lives and their involvement in work and their local communities and neighbourhoods is recognised, as this will help delay the onset of needing care
- There is a radical shift in the relationship between ‘professionals’ and older people being supported, with an enabling service culture being developed that puts decision-making in the hands of older people themselves and offers them real choice in how their needs are met.

7. Our Priorities

1. Ensure older people have access to a range of services that promote their independence and support them to keep well.
2. Ensure there are a range of day opportunities to support people to live independently and avoid isolation.
3. Increase the capacity, choice and range of high quality and safe providers for people to be supported at home.
4. Ensure that family carers are supported to continue their caring role.
5. Ensure there is a range of nursing and residential home provision with the right quality and at the right price and develop a range of alternatives.
6. Support the Delivery of the Appropriate Care for Everyone (ACE) programme to ensure that older people get the right service at the right time in the right place.
7. Improve the efficiency and effectiveness of the way we work.

These priorities will provide the focus of our approach for the next three years. For each priority we have identified a number of specific actions.

Priority 1 - Ensure older people have access to a range of services that promote their independence and support them to keep well

- 7.1 The overall approach to supporting older people to live independent and successful lives is to provide services in the community that promote independence and keep people safe and well in their own homes. The Council's ambition is to reduce the number of older people admitted to care homes and increase both the availability and awareness of alternatives to care and support such as extra care housing, equipment and assistive technology. This will provide better outcomes for people as well as achieving efficiencies for the council.
- 7.2 The Council will continue to invest in services that prevent ill health across the whole population so that people are healthier for longer, and in services that prevent or delay the need for more costly and intensive health and social care services.
- 7.3 The reablement strategy is about ensuring that there are services available to older people that can help people regain their former functioning quickly after a stay in hospital or an accident or illness. It ensures they have sufficient support to learn or relearn the skills necessary for daily living.
- 7.4 By focusing on specific conditions, such as stroke, dementia or incontinence, recovery or maintaining independence can be achieved for older people.

We will:

- a. Having now completed the procurement of the reablement service we will support the delivery of an increasingly effective service:
In 2012/13 there will be 3,140 episodes of reablement;
In 2013/14 there will be 3,500 episodes of reablement;
55% of people will need no on-going care at the end of the period.
- b. Review the rehabilitation and reablement service in partnership with the NHS and other stakeholders and decide on the future shape of that service in preparation for re-procurement in 2014/15.
- c. Develop a purchasing strategy for temporary and intermediate care or 'step down' beds to enable people to return to the community from hospital or avoid admission to hospital in a way that increases their chance of maintaining independence and rehabilitation. Consider the purchasing of additional temporary beds (to be determined).
- d. Develop an Information and Advice Strategy by July 2012, in partnership with stakeholders that will focus on the financial advice that (vulnerable) people need to maintain their independence and on basic information for people with emerging social care needs, including self-funders. We will keep advice provided to self-funders under review. Information and advice services will be re-commissioned by April 2013.

- e. Develop a range of options to help people access practical support in their own homes (such as handyman services, shopping, gardening and cleaning) by March 2014.
- f. Develop a joint (NHS, Adults and children) equipment strategy to ensure people have access to the equipment they require to live independently, including assistive technology by Dec 2012.
- g. With the OCCG develop appropriate preventative approaches to reduce falls, including falls awareness, exercise programmes, medication reviews and raising awareness of the specialist falls service.

We will support and work with the Oxfordshire Clinical Commissioning Group to develop the following:

- h. Ensure survivors of the impact of stroke have the right care delivered in the right place at the right time, first time.
- i. Develop memory clinics, early diagnosis and better information and advice for people with dementia, including a range of flexible services in peoples own homes and specialist support in care homes, in line with the older people mental health strategy.
- j. Development and delivery of a good and effective continence service.
- k. Training to people with long term conditions and their carers so that they are able to self-manage their condition.
- l. Taking a flexible approach in supporting people to make a choice of the appropriate place for end of life services
- m. Review of all services supporting people to live independently at home

Priority 2 - Ensure there are a range of day opportunities to support people to live independently and avoid isolation

7.5 The council recognises that all people need to be active, have social contact and develop interests in the community and at home. Day services are currently provided to reduce social isolation, maintain independence and skills and provide a break for family carers. The aim is to ensure that older people have:

- Access to support and services which promote health and well-being; independence and choice;
- Access to local and personalised services that involve communities and individuals in their development;
- Carers have access to short breaks at times and locations which suit them (including in the evenings and at weekends).

7.6 There is evidence to show that access to day opportunities promotes independence, supports families to care and reduces the need for costly and intensive social care. Currently approximately two thirds of day services are provided directly to people with emerging social care needs but who may not yet be eligible to support from Social & Community Services either because their needs are not assessed as 'Critical' or 'Substantial' under Fair Access to Care Services (FACS) or they have the means to pay for services themselves (self-funders). Regardless of eligibility day opportunities should be responsive and tailored to people's needs. They should meet the requirements of people who want to pay for day time activities, whether through a personal budget provided by the Council or with their own money.

7.7 Current investment in day opportunities is approximately £3,200,000 with an additional £1,596,000 spent on transport to day services. In order to facilitate local decision making and encourage a mixed economy of care including volunteering the strategy for day opportunities is to continue to develop the 3 'tiers' of service provision as follows:

Tier 1: Community Engagement – Supporting low level and emerging needs. Small grants may be made to develop new initiatives or community services based around volunteers.

Tier 2: Community Based local services - Community development, neighbourhood schemes, lunch clubs and small day services (some of which can cater for very high level needs including personal care). These services are provided under a contract by independent private, charitable and small, medium enterprise (SME) providers who have been approved by the Council. These services are commissioned within the 14 County Council localities, although some services span more than one locality. There are currently 48 contracts awarded that range in value from £145,000 to £6,000. The majority of service contracts, 46, are under £25,000 per annum. The total spend is approximately £1,200,000. A map of the 14 County Council localities is included as Annex 4.

Tier 3: Health & Well Being Centers - 8 services operate in the main towns in Oxfordshire and the City. These services cater for the needs of those most dependent with the majority being eligible under FACS. The budget is approximately £1,850,000.

We will:

- a. Support community development and people with low level needs
- b. Re-commission community based day opportunities in April 2013 across the 14 County Council localities. These services will remain direct access services for people aged over 65 and will be developed in line with the community and other partners. The Council is reviewing the commissioning process with a view to simplifying the awards process for the lower value contracts.
- c. The Council will continue to directly provide 7 specialist Health & Wellbeing resource centres for at least the next 2 years.
- d. Retender the day services in Witney when the contract for the resource centre expires at the end of October 2013.

Priority 3 - Increase the capacity, choice and range of high quality and safe providers for people to be supported at home

- 7.8 Our focus is on giving people choice in the way they lead their lives and how they secure the services they need to support them. We will increase each year the proportion of people who receive a direct payment which allows them to secure the services they need to support them, and from April 2013 we anticipate that 100% of adult social care service users will be using personal budgets.
- 7.9 We are working with providers to ensure there is sufficient quantity and quality of services available at an affordable price for people with a personal budget. This will mean services are tailored around individual's own distinct needs. We will support people where possible to arrange their own care services. In addition to providing the funds the Council will provide a brokerage service or social work to help the person 'design' their support in the most efficient way. We will continue to assess risk and ensure there are good safeguarding processes in place for vulnerable people.

We will:

- a. Develop home support agencies to deliver the level of capacity needed first time at the right quality and the right price. We will do this by reviewing the Approved Provider List and approach to provision of support at home by September 2012.

Purchase of 1.285million basic hours of home support in 2012/13
And an additional 324 hours of new care hours per week during 2012/13.

Continue to provide advice and training to home support providers.

- b. Review the brokerage service and the direct payments advice service to ensure they are delivering what is required by Sept 2012.
- c. Develop a personal assistant strategy and support with confidence scheme to increase the number of personal assistants and ensure support is offered to them by April 2013.

All eligible older people to have a personal budget by March 2013 with an increasing proportion of older people having a Direct Payment (30% of those on SDS by March 2013)

Priority 4 - Ensure that family carers are supported to continue their caring role

- 7.10 The value of the contribution from carers is several times greater than the resources spent by the local authority. To ensure people are able to maintain their independence for as long as possible, and to reduce their need for support provided by the council, we will continue to support carers to continue caring. The Council recognises the vital role that family carers have and are committed to identifying and supporting carers to continue their caring role.
- 7.11 The carers strategy is due to end in April 2012 and a review is underway to refresh and relaunch this strategy.
- 7.12 We will improve the early identification of carers and provision of better support as most carers are currently not known to the Council or social care services. This will enable carers to have a life of their own alongside their caring role, and to stay mentally and physically well.
- 7.13 Carers will be respected as expert care partners, treated with dignity and have access to a range of integrated and personalised services. This includes access to emergency support, better support to remain in employment, support so they are not forced into financial hardship, training to support people in a safe way such as moving and handling training, and a range of flexible options for respite.

We will:

- a. Review the all age joint carer's strategy – Including a review of older people and their carers. Draft strategy to be completed by Sept 2012 for consultation. Final version to be issued in Jan 2013.
- b. Increase the identification of all carers across Oxfordshire to:
Target 2012/13 - 35,100
Target 2013/14 - 45,000

Improve access to emergency support for all carers
Number of carers registered as at 12th March 2012 was 1,992
Target for registration to Emergency Carers Support Service:
 - Target for 2012/13 - an additional 1,000
 - Target for 2012/13 - an additional 1,500
- c. Provide 1,500 carer direct payments in 2012/13 and 1620 in 2013/14
- d. Provide better support for carers to remain in employment.
Target to be agreed in July
- e. Continue to provide carers with support and training to help them support people in a safe way, such as moving and handling training
- f. Provide continued support for carers of older people with dementia through day opportunities and training support

Priority 5 - Ensure there is a range of nursing and residential home provision with the right quality and at the right price and develop a range of alternatives

- 7.14 We will continue to purchase residential and nursing care for those people where a safe alternative support plan in their own home cannot be provided. Our focus is to ensure that all forms of residential and nursing care are of good quality, promote safety, dignity and choice and are financially sustainable. It is not financially sustainable and ineffective to support the numbers of people that are currently entering care homes in Oxfordshire especially where outcomes for people may not be as good as staying at home.
- 7.15 A significant proportion of care home placements funded by adult social care each month (on average 2 per week) are people who have chosen to purchase a place with their own funding, often before they really needed it and then their funding has run out. We need to provide information to people encourage them to choose options in the community or invest their money in a way that financially sustains them on an on-going basis.
- 7.16 We will continue our major programme of extra care housing as an alternative to residential care, and develop specialised longer term care and support services. Such services should offer suitably adapted housing, 24/7 on-site care staff, the ability to choose a care provider (on or off site) to deliver individual planned care, access to support and the chance to choose to participate in on-site meals and activity services.

We will:

- a. Commission a range of Extra Care Housing (ECH) services across the county. By end of March 2013 – an additional 130 ECH places (bringing the total to 407). By end of March 2015 an additional 523 places will be delivered with a further 505 places in the early planning stages.
- b. Work with Care Homes to ensure the care home market delivers good quality and safe provision at a market price for people who are self-funders and council funded that is financially sustainable.
- c. Fund 1,653 care home placements in 2012/13, with a range of provision purchased to meet people's needs and specifically to meet the needs of people with dementia.
- d. Gradually reduce the number of people supported into a care home from the current 10 people per week to 7 people per week. With an annual target of 400 new placements per year.
- e. Revise the Oxfordshire Care Partnership contract to rebalance the number of residential placements, specialist dementia services and nursing placements and Extra Care Housing placements

Priority 6 - Support the Delivery of the Appropriate Care for Everyone (ACE) programme to ensure that older people get the right service at the right time in the right place

7.17 We will continue to develop the 'Whole System' approach to implement a new health and social care model of care that aims to prevent hospital admission, provide care closer to home and facilitate quicker discharge from hospital.

7.18 This approach is now known as the Appropriate Care for Everyone (ACE) programme. It aims to reduce demand and therefore costs to adult social care. The ACE programme is led by Dr Stephen Richards, the Chief Executive of the Oxfordshire Clinical Commissioning Group (OCCG) and is supported by the Oxford University Hospitals NHS Trust, the Primary Care Trust, OCCG, Oxford Health Foundation NHS Trust and the County Council.

We will:

- a. Ensure there is good quality home support available in a timely way to support people to live independently at home (linked to Priority 3 above).
- b. Support the delivery of integrated health and social care locality teams.
- c. Support the delivery of the 'one point of contact' and the 111 service.
- d. Commission and review a Crisis Response Service and review its effectiveness by Sept 2012.
- e. Support the review of community beds including intermediate care beds by July 2012

Priority 7 - Improve the efficiency and effectiveness of the way we work

- 7.19 To be able to make services as cost effective as possible and deliver efficiencies we need to work differently. We will continue to work jointly with the NHS to support strong and safe communities, develop services that everyone can access, reduce demand and provide more for less. This includes simplifying processes and services, and will be particularly important in reducing the length of waiting lists across a number of services including delayed transfers of care.
- 7.20 We will also continue to keep the costs of contracted services down by working with providers to make efficiency savings in the way they provide services and manage inflationary pressures.

We will:

- a. Develop a set of clear commissioning intentions to support the evolution of the external market – this will include a market position statement by April 2013.
- b. Work with operational teams in adult social care to:
 - ensure that assessments are undertaken in a timely way, personal budgets are made available to all, people get their service in a timely way and reviews are undertaken at least annually
 - implement the new Adult Information System to improve recording and use of information about service users and their needs
 - promote personalised ways of working
 - manage delegated budgets and local decision making.
- c. Ensure that services are safe and secure by regular contract reviews and information gathering on providers and target work with poor performing providers.
- d. Review and implement the governance and budget arrangements for the Section 75 agreement to pool County Council and Primary Care Trust resources for April 2013.
- e. Lead the development of a workforce strategy for domiciliary care by March 2013.
- f. Actively engage local communities and partners, including people who use services and carers in the co-design, development, commissioning, delivery and review of local support. This is being done in a range of ways through supporting the development of a User Led Organisation, Local HealthWatch and the Public Involvement Network.
- g. Invest in timely information and advice for self-funders, including financial advice.

8. Our Quality Standards

- 8.1 Our approach will be underpinned by a core set of quality standards that guide our work. These standards will be developed over the next few months in consultation with partners and stakeholders and in line with the emerging Quality Standards for Social Care being developed by NICE (National Institute for Clinical Excellence) and will underpin all services delivered, purchased or commissioned by the Council.

These will ensure we:

- use regular feedback from our service users, informing the way we work, and adopting the principle of “Nothing about us Without us” to ensure we speak to people and listen to what they tell us.
- work in partnership to achieve our overall strategy and efficiencies, with people who use services, carers and the wider community as well as our partners in the: health sector; district, town and parish councils; voluntary, community and faith sector; fire and rescue and police services; and the independent sector.
- ensure all services are safe by promoting a culture of zero tolerance in relation to all aspects of safeguarding.
- treat people with Dignity and Respect at all times and in all we do, or in all that is delivered by others on our behalf.
- support people to have choice and control over the services they access or receive.
- promote a culture of taking responsibility – whether as a worker or a client, including greater awareness of risk and management of risks.
- Recognise and meet the cultural needs of people as appropriate
- Recognise the communication and sensory needs of people

9. Adult Health and Social Care Board Priorities and key Measures (Social Care only)

- 9.1 Integration of health and social care
- (maintain) the overall satisfaction of people who use services with their care and support
 - (maintain) overall satisfaction of carers with social services
- 9.2 Support Older people to live independently with dignity by reducing the need for care and support
- (reduce) permanent admissions to care homes – no more than 400 older people permanently admitted to a care home in 2012/13.
 - (reduce) delayed transfers of care so Oxfordshire is out of the bottom quarter
 - (increase) the proportion of people who use services and carers who find it easy to find information – 55% of people who use adult social care services say that they find information very of fairly easy to find.
 - (increase) carer reported quality of life
 - (increase) the amount of spending on personal budgets which supports people in their own home
 - (improve) Older people’s perception of community safety
 - (reduce) Falls and injuries in the over 65’s

- (reduce) the impacts of dementia – 50% of expected population with dementia will have a recorded diagnosis
- (increase) efficiency & effectiveness of the reablement service – 3,140 people will receive a reablement service by March 2013. 55% of the people completing the reablement service will be reabled and need no ongoing care.

More information about the expected outcomes for older people is in Annex 4.

10. Making it happen

Monitoring Progress

10.1 The Lead Commissioner for Older People will be responsible for the implementation of this strategy, and measuring and reporting against the actions and outcomes. To help ensure that commissioning activity is embedded within service planning delivery, progress will be monitored as part of the Council's quarterly performance monitoring arrangements. Issues will be escalated and reported as appropriate to the Social and Community Services Directorate Leadership Team, the Section 75 Joint Management Group, the County Council Management Team and the Council Cabinet.

Engagement and Feedback

10.2 Discussion and awareness of the commissioning work will be delivered through the Adult Social Care monthly cascades and visiting operational team meetings, as well as the Annual Commissioning Conference and meetings with providers, the voluntary sector and the Hearsay events. The longer term vision will be developed through the refresh of Ageing Successfully.

Annex 1 – Older People in Oxfordshire

Age profile

- Positive improvements in life expectancy mean the County has a growing older population; the number of residents aged over 85 is predicted to more than double by 2033, presenting many challenges to service delivery.
- The over 65 population is forecast to increase by 77%, the over 85s by 265% and the over 90s by 368% between 2008 and 2033.

Population Projections – 2010 – 2033

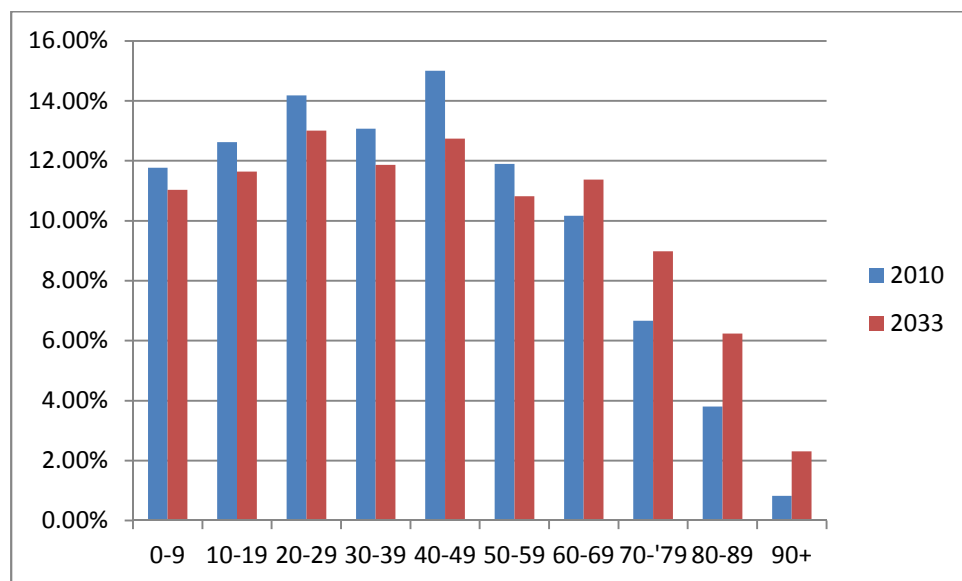


Figure 1: Population projections, as % of population (2010: 644,000; 2033: 736,900). Source: ONS population estimates

Gender and Age of older people

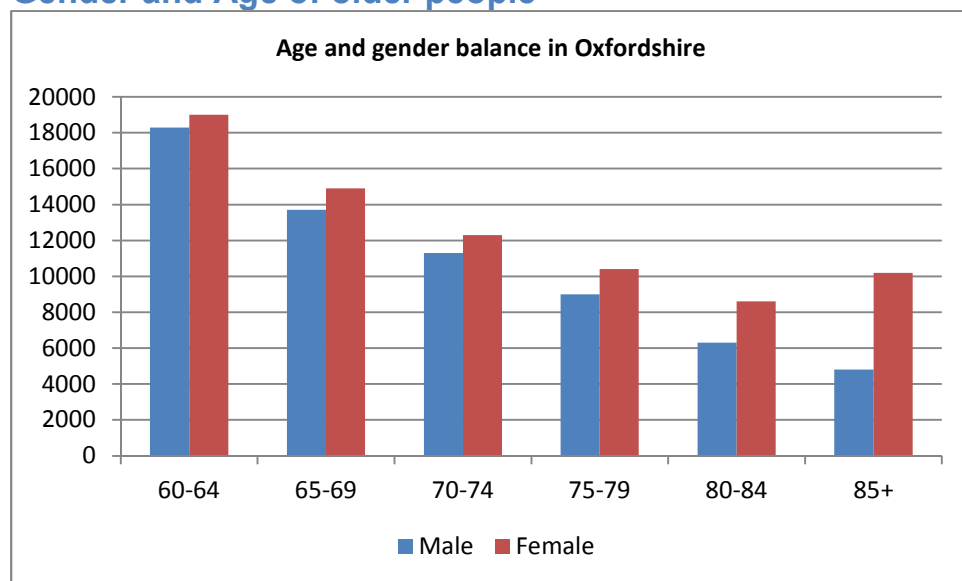


Figure 2: Age and gender of older people in Oxfordshire, ONS population mid-year estimates 2010

According to data collected by Oxfordshire County Council's Social and Community Services, a slightly large proportion of older females receive care packages than would be expected by the gender balance of older people in the county:

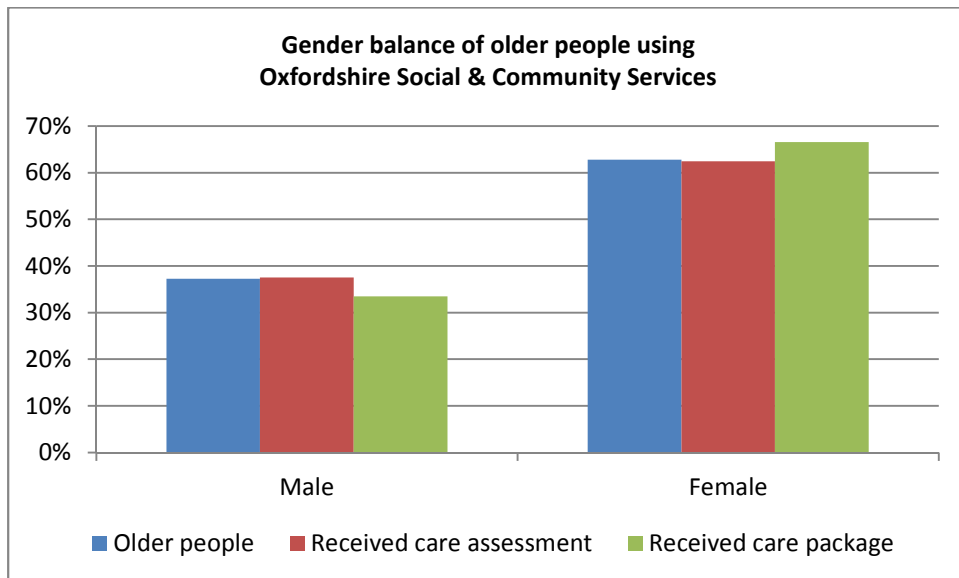
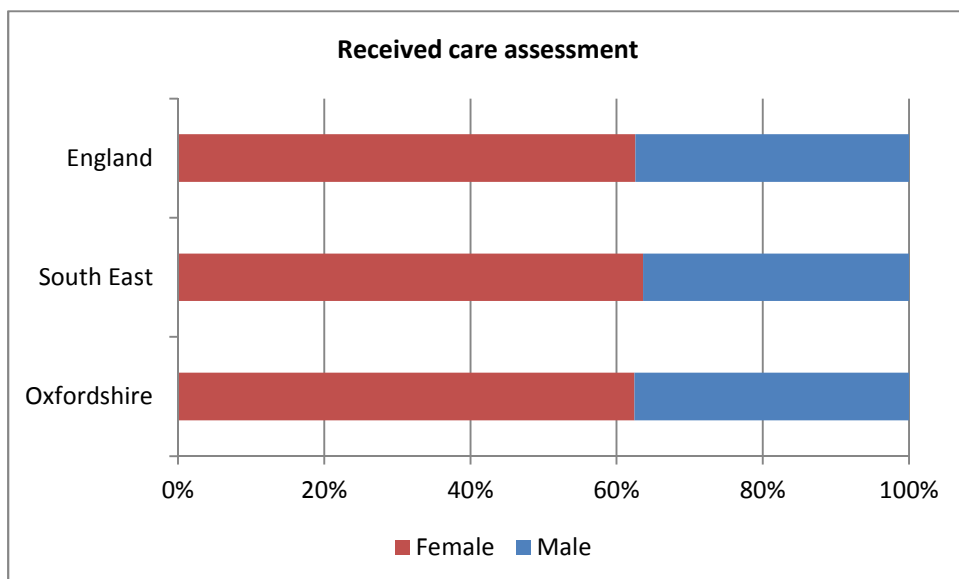
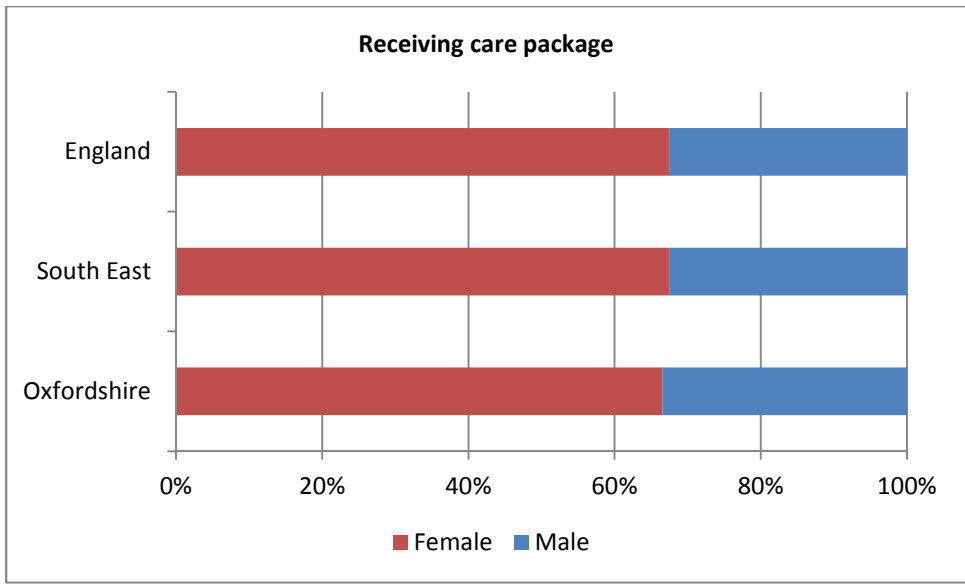


Figure 3: Gender balance of those who received a care assessment or a care package in 2010 and of the population of older people in the county as a whole.

However, the gender balance of those receiving care packages or who received a care assessment is roughly in line with regional and national trends:





Figures 3 & 4: Gender balance of those receiving care assessments or care packages in England, the South East, and the county.

Ethnicity

Older people (defined here males over 65 and females over 60) represent 19.3% of the English population and 18.4% of Oxfordshire’s (ONS 2009 mid-year estimates). 95.6% of this group across England are from white backgrounds, whilst in Oxfordshire they make up 97.5% of older people. The remaining older people in England and Wales fall into the following groups:

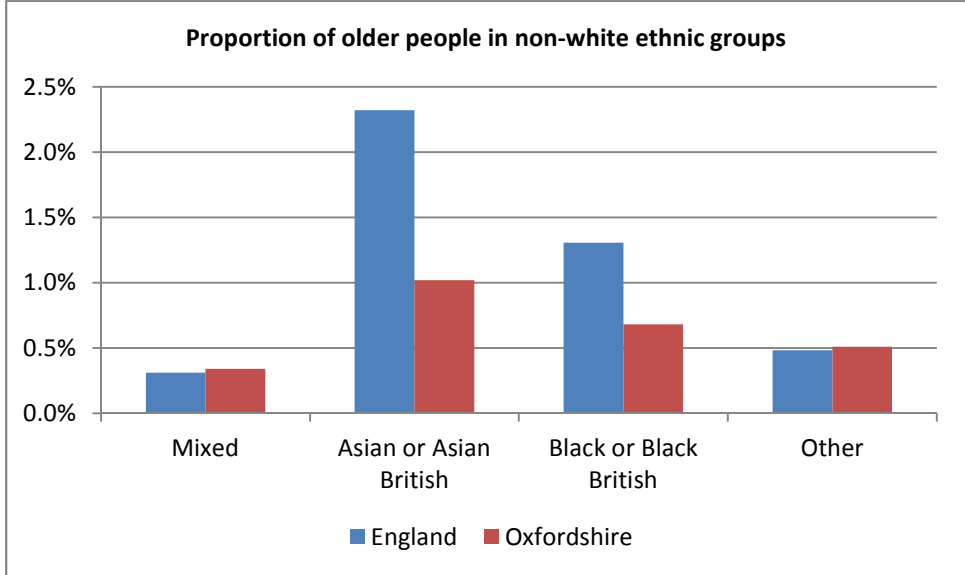


Figure 5: Proportions of older people in non-white ethnic groups in England and Oxfordshire. Source: ONS

The proportions in Oxfordshire of social care clients who have either received a care package or have received an assessment are as follows:

	White	Mixed	Asian or Asian British	Black or Black British	Other	Not Stated
Receiving care package	96.5%	0.1%	0.9%	0.8%	0.4%	1.2%
Received care assessment	95.6%	0.1%	0.8%	0.5%	0.3%	2.7%
Oxfordshire	97.4%	0.3%	1.0%	0.7%	0.5%	-

Figure 6: Proportions of older people approaching adult social care. The population data for Oxfordshire does not include an option for 'not stated'. Source: CIPFA, ONS population estimates

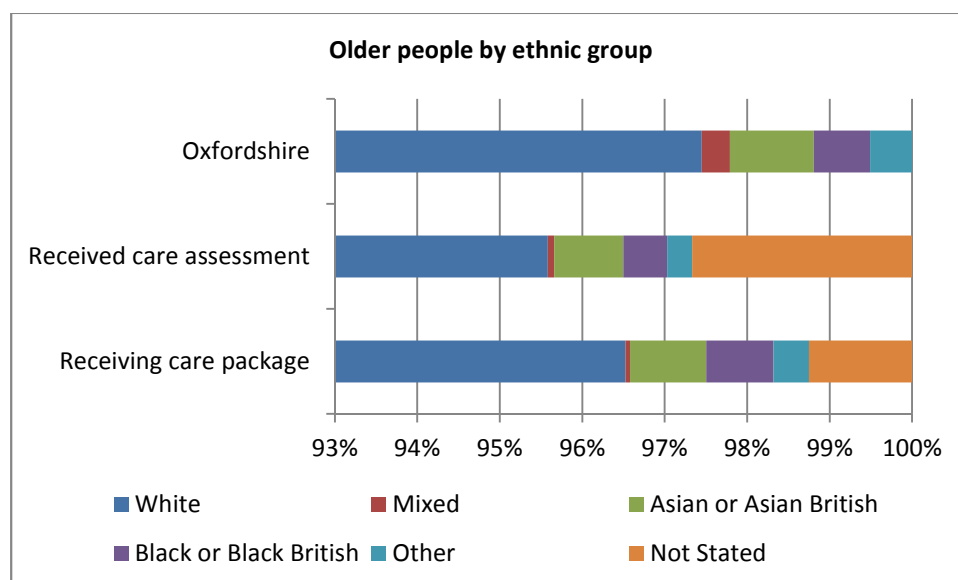


Figure 7: Proportions of older people approaching adult social care. The population data for Oxfordshire does not include an option for 'not stated'. Source: CIPFA, ONS population estimates

	% of older population who are from a BME background	% of older service users receiving a care assessment from a BME background	Ratio (proportion of users/proportion of population)
Oxfordshire	2.55%	1.80%	0.71
England	4.44%	4.24%	0.96

Figure 8: Proportions of older people receiving a care assessment. Source: CIPFA, ONS population estimates

Assessments and Care Services

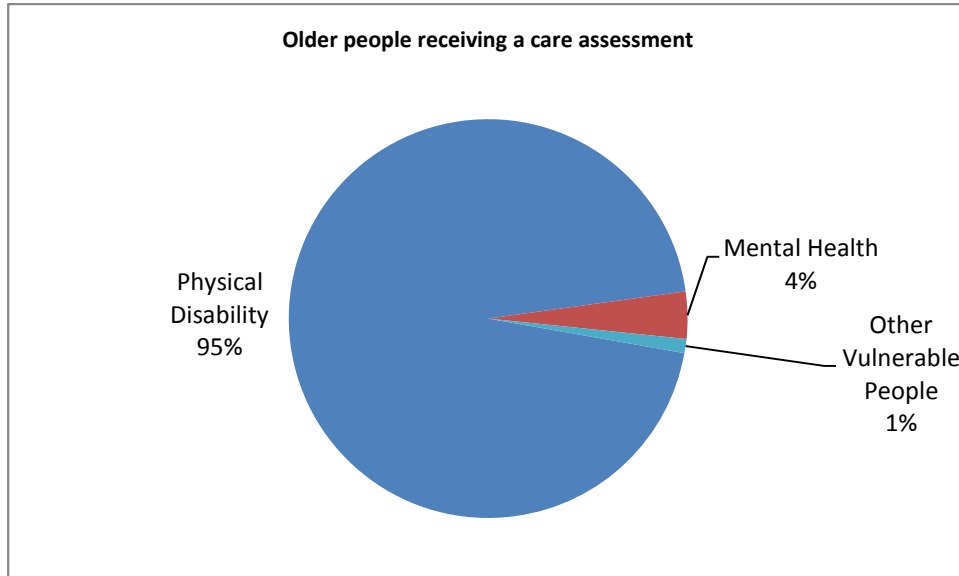


Figure 9: Older people in Oxfordshire who received a care assessment (n=6565)

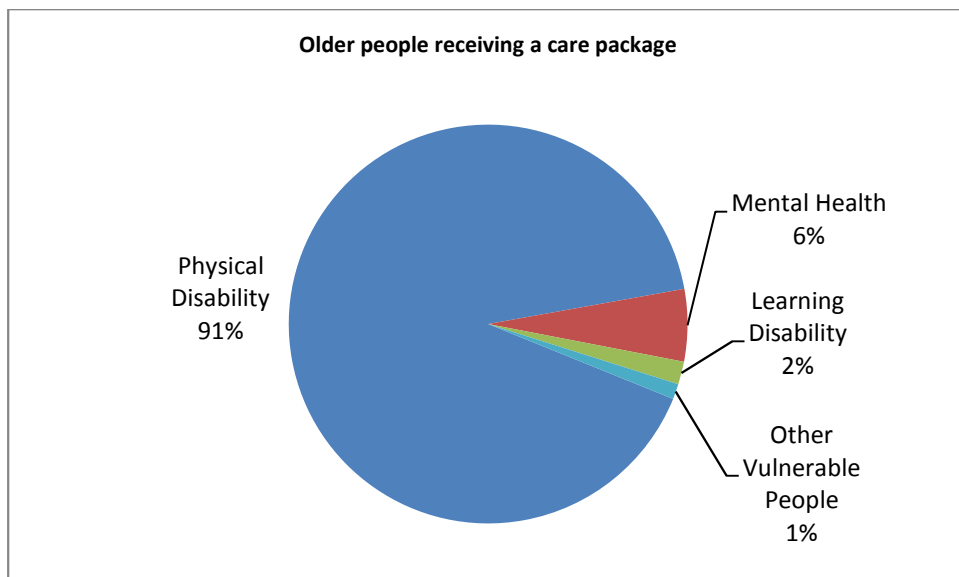


Figure 10: Older people in Oxfordshire who received a care package (n=9215)

Compared to England and the South East, Oxfordshire has a slightly greater proportion of older people who are clients of social and community services with a physical disability:

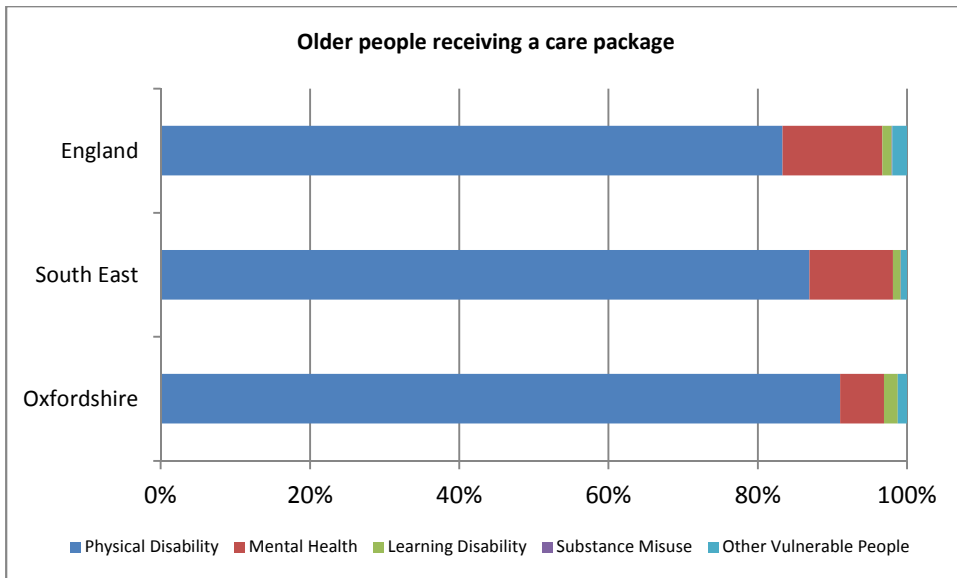


Figure 11: Older people in Oxfordshire, the South East, and England, who received a care package (n=9215; 168480; 1061720 respectively)

Of those with a care assessment, a greater proportion in Oxfordshire had a physical disability than in the South East or England:

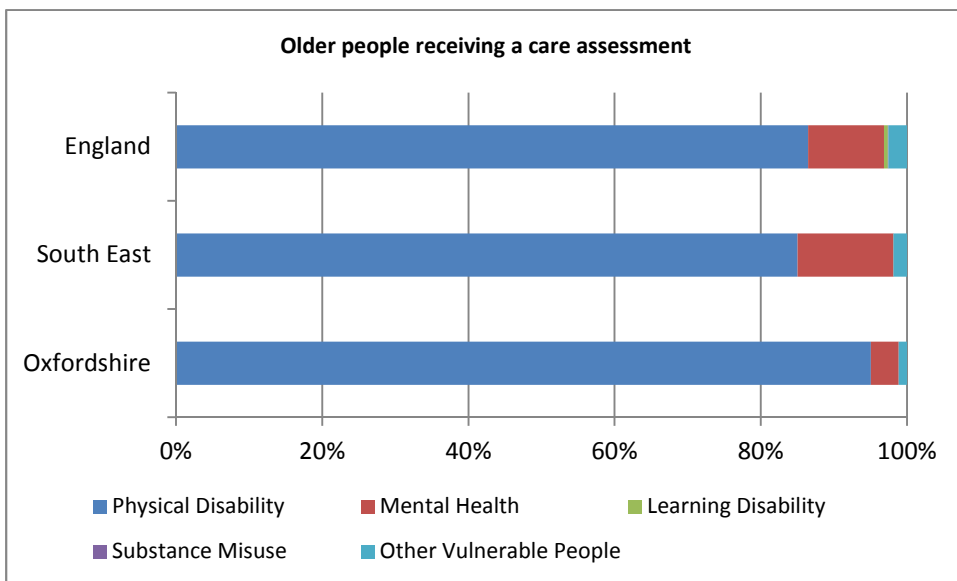


Figure 12: Older people in Oxfordshire, the South East, and England, who received a care assessment (n=6565; 79050; 454165 respectively)

Annex 2 Commissioning Information - Oxfordshire

How many people are we supporting? (March 31, 2012)

At the end of March 2012, the Council was responsible for supporting 4,353 older people through care managed services. This comprises 2,766 people supported to maintain their independence and live in their own home, and 1,587 in care homes.

The Council is keen to invest in community services as a way to achieve better outcomes for people and reduce the need for hospital and inappropriate residential care, including ensuring quality of care in services.

Care managed Services 4353

Service	No.
In their own home (some people receive more than one service)	2,766
Home Care	1,465
Direct Payments	640
Equipment	580
Professional Support	473
Day Care	327
Other	183
Meals	112
In care homes	1,587
Residential (permanent)	724
Residential (temporary)	35
Nursing (permanent)	772
Nursing (temporary)	56
Number on Self Directed Support	1,157
Direct Payments only	511
Both direct payment and authority arranged	118
Authority arranged only	528
Employing personal assistants	306

Not care managed

Service	No.
Re-ablement Service	263
Alert Service	2,782
With call in service	2,710
Equipment only	72
Day Opportunities	
Number of people at tier 2 day care	1080
Number who are FACs eligible	68
Equipment	
Received a delivery in 2010/11	12,249

People supported by Age Group

65-74

Service	No.
In their own home	574
Home Care	269
Direct Payments	149
Equipment	101
Professional Support	160
Day Care	66
Other	34
Meals	18
In care homes	167
Residential (permanent)	63
Residential (temporary)	4
Nursing (permanent)	98
Nursing (temporary)	2
Number on Self Directed Support	266
Direct Payments only	118
Both direct payment and authority arranged	29
Authority arranged only	119
Employing personal assistants	

75-84

Service	No.
In their own home	926
Home Care	499
Direct Payments	216
Equipment	205
Professional Support	145
Day Care	124
Other	52
Meals	35
In care homes	492
Residential (permanent)	198
Residential (temporary)	10
Nursing (permanent)	263
Nursing (temporary)	21
Number on Self Directed Support	384
Direct Payments only	168
Both direct payment and authority arranged	44
Authority arranged only	172
Employing personal assistants	

85+

Service	No.
In their own home	1266
Home Care	697
Direct Payments	275
Equipment	274
Professional Support	168
Day Care	137
Other	97
Meals	59
In care homes	928
Residential (permanent)	463
Residential (temporary)	21
Nursing (permanent)	411
Nursing (temporary)	33
Number on Self Directed Support	507
Direct Payments only	225
Both direct payment and authority arranged	45
Authority arranged only	237
Employing personal assistants	

People Supported by Locality

People supported at home on March 31, 2012

In or out of county	Locality	Total
In County	Abingdon	294
	Banbury	321
	Benson, Berinsfield and Wallingford	123
	Bicester	134
	Carterton and Burford	77
	Chalgrove, Thame Watlington and Wheatley	149
	Charlbury, Chipping Norton and Woodstock	149
	Didcot	171
	Faringdon	87
	Goring and Henley	144
	Grove and Wantage	129
	Kidlington and Yarnton	110
	Oxford City	648
	Witney	187
In County Total		2723
Out of County		36
Unknown postcode		7
Grand Total		2766

People Supported by District

In or out of county	District	Total
In County	Cherwell	565
	Oxford	648
	South Oxfordshire	550
	Vale of White Horse	547
	West Oxfordshire	413
In County Total		2723
Out of County		36
Unknown postcode		7
Grand Total		2766

People Supported in Care Homes

Number of people supported in care homes at March 31 2012

In care homes	1,587
Residential (permanent)	724
Residential (temporary)	35
Nursing (permanent)	772
Nursing (temporary)	56

Estimated Use of Care Homes in Oxfordshire

	No	%
Number of places	4261	100.0%
Number of vacancies	213	5.0%
Number of people funded by the council	1510	35.4%
Number of people funded by the PCT	194	4.6%
Estimate of other area state funding	186	4.4%
People funding their own care	2158	50.6%

People being placed into care homes

	2010-11	2011-12
People referred	518	598
From Hospital	228	282
From their own home	103	145
Threshold or continuing care finding	145	136
Other	42	35
People placed	472	558
From Hospital	217	279
From their own home	88	119
Threshold or continuing care finding	132	132
Other	30	28

Permanent Placement in 2011/12

Total people placed	558
Placed in residential care	243
Placed in nursing care	315

Length of stay of people placed in care homes 2010/11 (where they have died) based on pathway

	Died in 2010/11	Died in 11/12	Alive	Length Of Stay of those who died
People placed	22%	12%	56%	216 days
From Hospital	27%	21%	51%	195 days
From their own home	13%	13%	75%	250 days
Threshold or continuing care finding	13%	26%	60%	262 days
Other	33%	23%	43%	178 days

Average length of stay in care homes

Year	Average Length of Placement	Average of Age at first placement	Number of Deaths
2007	2.58	84.78	561
2008	2.55	84.77	706
2009	2.57	85.06	719
2010	2.43	85.08	618
2011	2.75	85.42	469
2012	2.84	85.28	411
Grand Total	2.60	85.03	3484

Carers

Carers of clients who are care managed at home

	Number
Number of clients with a carer at the same address	453
Number of clients with a carer at a different address	431
Number of clients with a carer at carer but no recorded carer address	550
Number of clients with no recorded carer	1,332
Total	2,766

Carer Assessments

Total number of carer assessments completed in 2011/12	4,874
Number of carers under 65	2,100
Number of carers 65 – 75	1,032
Number of carers 75 +	1,742
Number of carers of people aged over 65	3,821

Care at home

Referral pathway for new home care recipients in 2011/12:

Row Labels	Count of Referral Pathway	
Community Hospital	71	4%
Community / Own home	864	49%
Hospital	185	11%
Intermediate Care Bed	15	1%
Reablement Service	616	35%
Grand Total	1751	100%

What is the average size of a care package?

Average Package Size (Home Care or Direct Payment) hours per week	10.0
Average Package Size for care arranged by the local authority	8.1
Average Package Size for a direct payment client	15.5

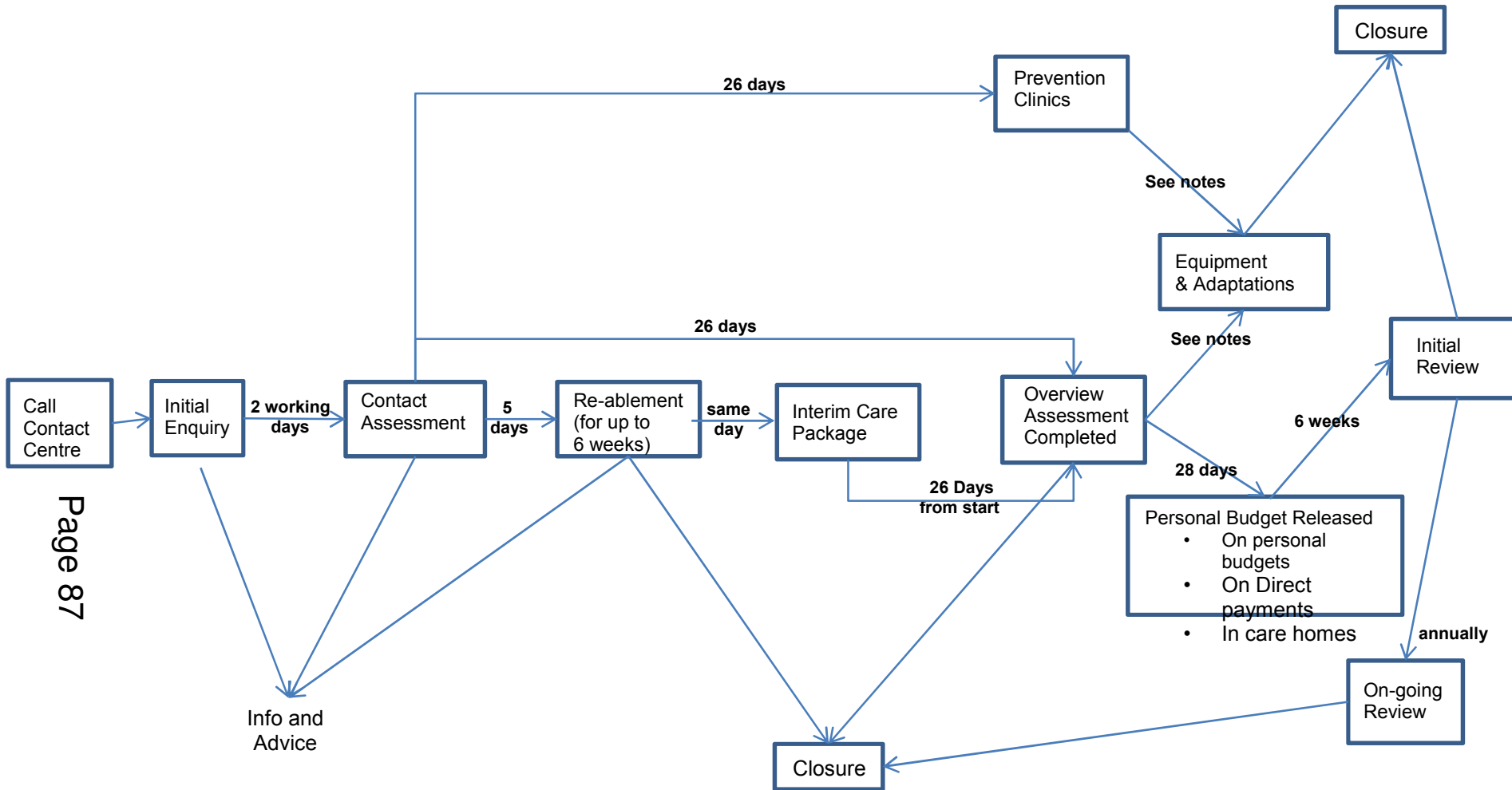
Client Flows

People placed into care homes	557
Number of permanent admissions 2011/12 into residential care	243
Number of permanent admissions 2011/12 into nursing care	314
Reablement Service	
People starting reablement 2011/12	1,851
Proportion of people completing the service in 2011/12	71%
Proportion of people who complete the service who need no on-going care in 2011/12	47%

Typical Care Pathway

No data is available on preventative services received before a person becomes a client, and it is possible for individuals to enter at different points in the pathway and take varying paths. It is also possible for people to take varying and 'non-linear' paths, for example benefitting from information and advice or reablement services to maintain or regain independence rather than automatically progressing to higher levels of care.

Adult Social Care Pathway



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Notes

- Small items of equipment provided in 7 days
- Minor adaptations within 28 days
- Major adaptations should be in 6 months but will depend on the case

Annex 3 – Funding of Services for Older People

The budgets for residential and nursing home placements, home support, initial assessment and enablement, day services, preventative services, continuing health care services and equipment are within a Section 75 NHS Act 2006 Partnership Agreement via a pooled budget with Oxfordshire Primary Care Trust. For 2011/12 this budget was £104.7million and for 2012/13 is £102,354,896.

The respective contributions to this pooled budget are as follows:

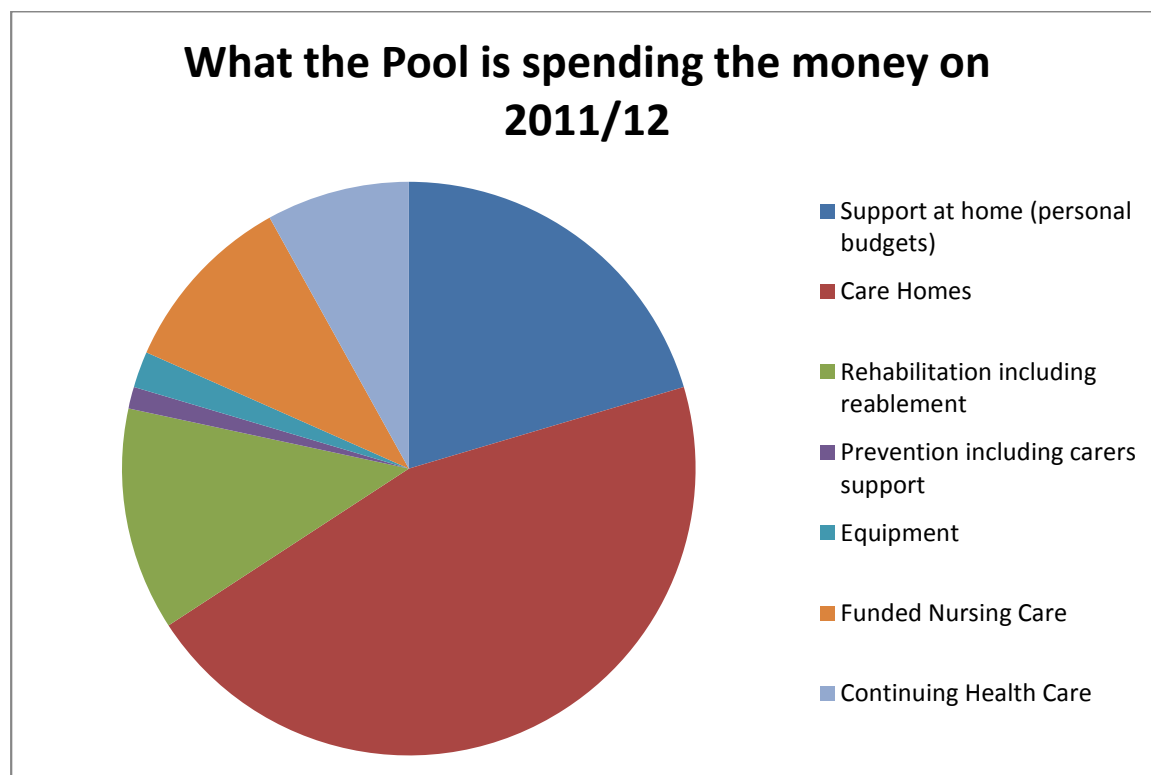
2011/12

OCC Contribution	£79,082,553
PCT Contribution	£25,539,880
Total	£104,662,433

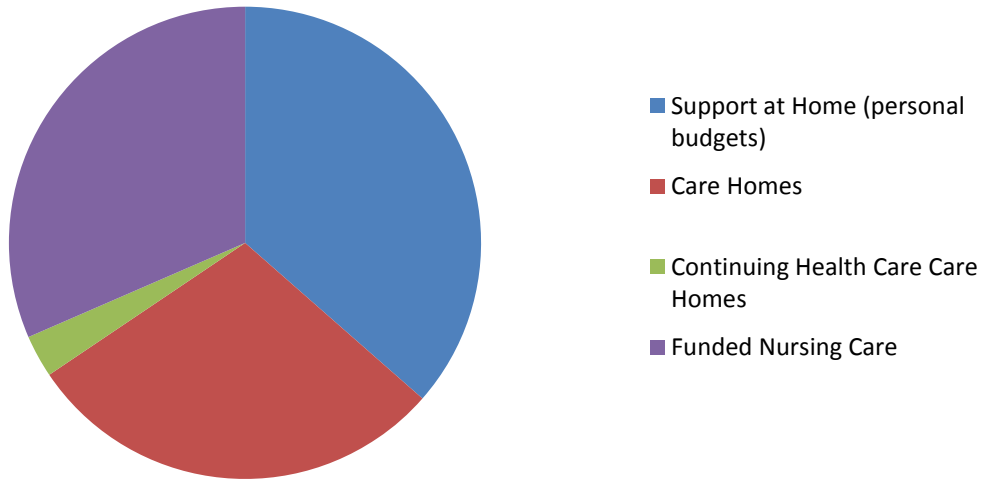
2012/13

OCC Contribution	£77,497,837
PCT Contribution	£24,857,059
Total	£102,354,896

The two tables below show both what the pool has been funding in terms of services and then numbers of people supported in 2011/12.

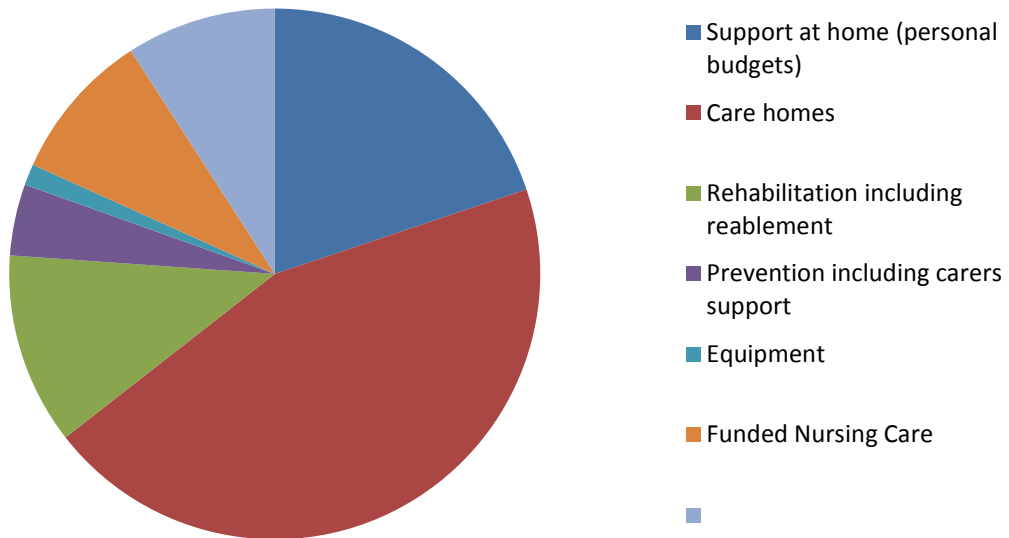


People Supported by the pooled budget 2011/12



Proposed allocation of funding for the pooled budget 2012/13

Pooled Budget Funding Allocation 2012/13



There is also funding that supports older people that sits outside of the pooled budget - (most of this funding supports all client groups but predominantly supports older people)

For 2011/12 this includes:

Services to Carers - £1.4m

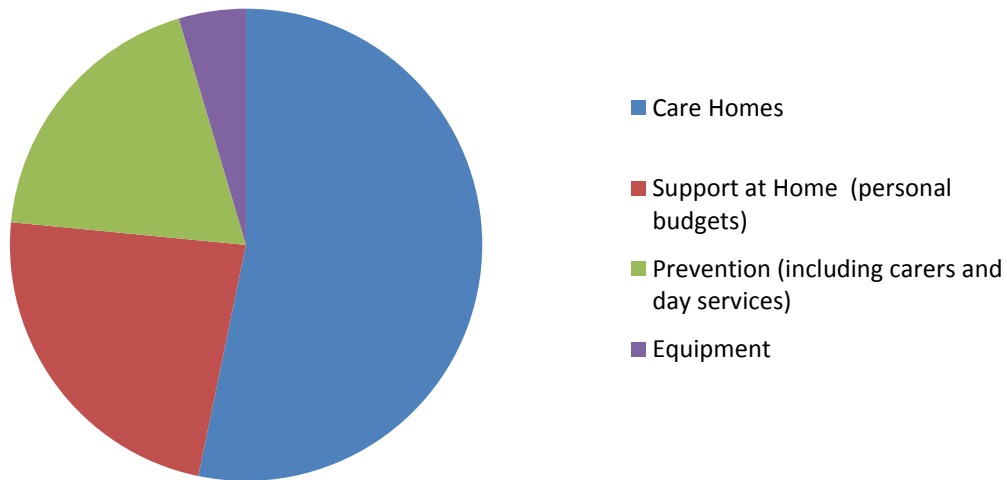
Equipment - £2m

Alert Service - £2.8m

Day Services - £3.3m

Service Agreements - £2.5m

Social Care Spend for older people (inside and outside the pool 2011/12)



Additional resources available to help us deliver this agenda

In 2011/12, £6.1 million of additional funds from the Department of Health (DH) was made available for social care, via the Primary Care Trust. These funds were used to relieve immediate pressures on hospitals through funding additional home support hours to enable people to go home more quickly and in the short term additional care home placements, than were originally planned. The rate of additional funding for 2012/13 is £5.9 million. The NHS Operating Framework published in November 2011 has confirmed that this additional funding is available until 2014/15 (the end of the Spending Review period).

The additional funding has also funded the following services which will have on-going commitments in future years:

- £0.300m for the Alert Service (personal alarms and other forms of technology to allow people to remain safely at home) which is supporting 20% older people as a result.
- £0.500m to set up and maintain a new emergency home support service
- £0.750m for additional community equipment to support people in their own home and reduce demand for care packages

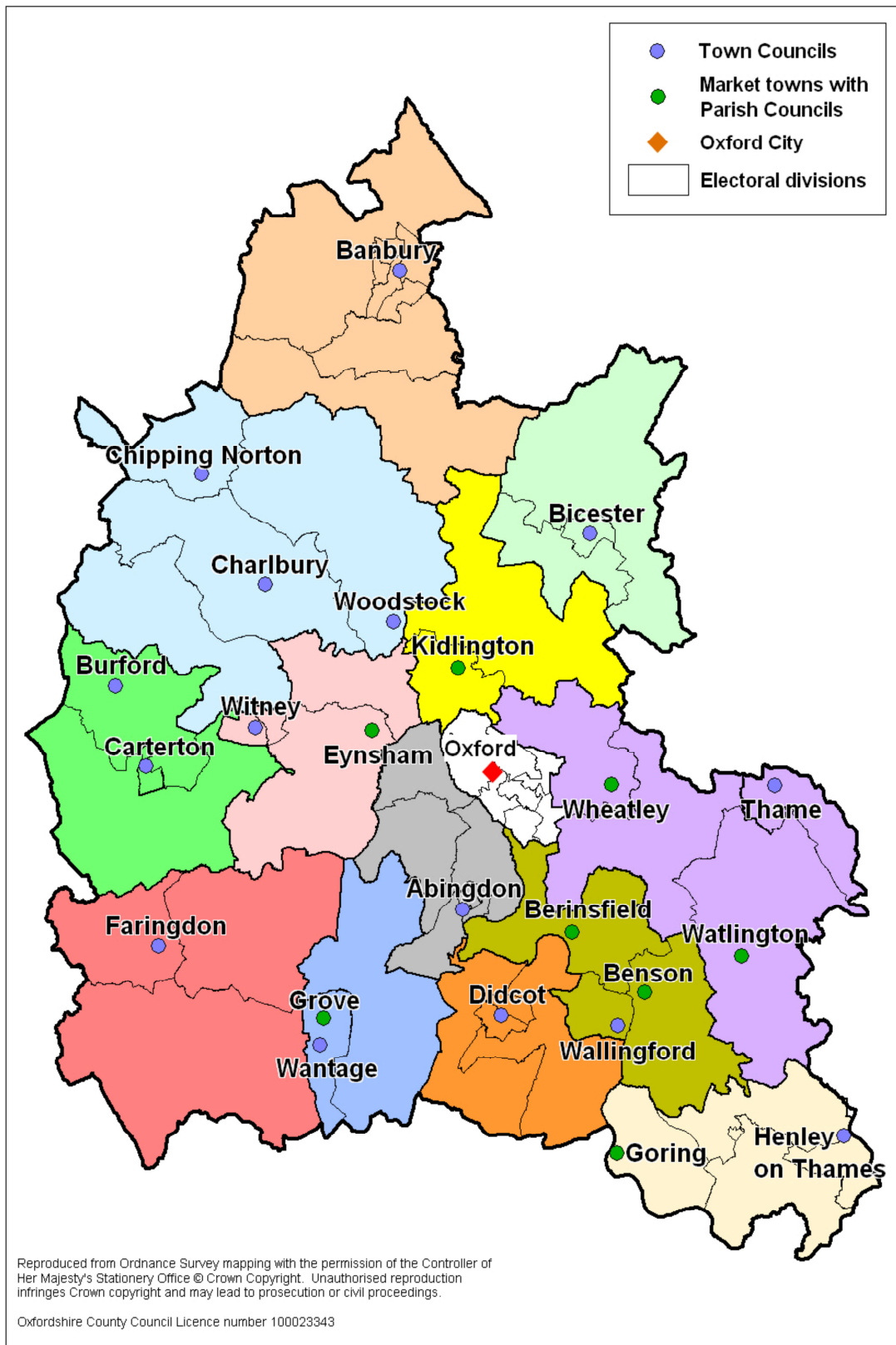
Annex 4 - Outcomes for Older People

The following are the expected outcomes that are being agreed by the whole adult social care system, and progress in implementing the approach outlined in this strategy will be measured against these.

<p style="text-align: center;">Health (taken from the NHS outcomes framework and public health priorities September 2011)</p>	<p style="text-align: center;">Adult Social Care (taken from Adult Social Care outcomes framework – handbook of definitions)</p>
<p>Life expectancy at 75 (1b)</p> <p>Emergency admissions within 28 days of discharge from hospital (3b)</p> <p>Improving recovery from stroke (3.4)</p> <p>Improving recovery from fragility fractures (3.5)</p> <p>Helping Older People to recover their independence after illness or injury (3.6)</p> <p>Improving experience of care for people at the end of the lives.</p>	<p>Enhancing quality of life for people with care and support needs (1A)</p> <p>Proportion of people who use services who have control over their daily life (1B)</p> <p>Permanent admissions to residential and nursing care (2A)</p> <p>Proportion of Older People (65 & over) who were still at home 91 days after their discharge from hospital into reablement/rehabilitation service (2B)</p> <p>Delayed transfers of care from hospital and those which are attributable to adult social care (2C)</p>
<p style="text-align: center;">Public Health (taken from consultation document published December 2010)</p>	<p>Overall satisfaction of people who use service with their care and support (3A)</p>
<p>Older people’s perception of community safety (D2.17)</p> <p>Emergency readmissions to hospitals within 28 days of discharge (D4.13)</p> <p>Health related quality of life for Older People (D4.14)</p> <p>Acute admissions as a result of falls or falls injuries for over 65s (D4.15)</p>	<p>Proportion of people who use services who find it easy to find information about services (3D)</p> <p>Proportion of people who use services who feel safe (4A)</p> <p>Proportion of people who use services who say that those services have made them feel safe and secure (4B)</p> <p><i>Those aged 65+ only.</i></p>

Annex 5

The 14 County Council Localities



Adult Services Scrutiny Committee – 25th September 2012

An update report on the Re-ablement Service, Crisis Response Service and the Supported Hospital Discharge Service

Report by the Director for Social & Community Services

1. Introduction

- 1.1 The Adult Services Scrutiny Committee on 24th April 2012 discussed a report on the Reablement Service. As an outcome of this report officers were requested to bring a further report to the September scrutiny committee to update committee members on the progress being made in relation to the Reablement Service but also the Crisis Response Service and the Supported Hospital Discharge Service. This report will bring councillors up to date on the performance of each of these services.

The report will also summarise the discharge to assess process that is being planned as part of the delivery of the Philp Principles (which are explained in paragraph 5.2).

- 1.2 There are a variety of social care services commissioned by Oxfordshire Clinical Commissioning Group (OCCG) and the County Council that support mainly older people to be discharged home from hospital or to avoid admission to hospital. This report will concentrate on the performance of three of the main services - the Reablement Service, the Crisis Response Service and the Supported Hospital Discharge Service. A summary of these services is provided in Annex 1.

All three services are in part or fully funded by either the additional NHS to Social Care Funding or additional NHS funding for Reablement.

The Reablement Service additional activity and the Supported Hospital Discharge Service is funded by the additional NHS money for Reablement and the Crisis Response Service is fully funded by the additional NHS to Social Care funding.

2. The Reablement Service

- 2.1 The purpose of the Reablement Service is to deliver up to a maximum of 6 weeks of reablement care (not domiciliary care) to people living at home with the aim of getting people back to or as close as possible to their optimum level of independence and then handover to long term support at home services. The service is free for the maximum service period of 6 weeks. Any care provided after this period is chargeable thereafter.

2.2 The current Reablement service is commissioned by the Council and the provider is Oxford Health Foundation NHS Trust. The value of the current contract is £4.4m and this contract ends on 31st September 2012.

A new contract was tendered for late last year and Oxford Health Foundation NHS Trust was awarded the contract to deliver the reablement service on behalf of the Council. This will be a two year contract (with an option to extend for a further two years) and will start on 1st October 2012 with a value of £5m in Year 1 (October 2012 to September 2013) and £5.5m in year 2 (October 2013 to September 2014). The new contract is based on a payment for each episode of reablement completed (i.e. the number of people who receive reablement) and includes a bonus payment on delivering the agreed number of episodes and two key performance outcomes – need for no on-going care and episode non-completion (where the client’s episode ends with admission to hospital, a care home or they die). There is a facility within the contract for the provision, in exceptional circumstances only, of a post-reablement domiciliary care service after an episode of reablement has ended, which will be paid per hour of service provided and is aimed at supporting people to move onto a new long term care provider.

This is the first contract in adult social care that is based on payment by results - payment for each episode of reablement delivered and a bonus payment based on the delivery of specified outcomes.

2.3 Targets for years 1 & 2 of the contract are as follows:

Year 1 (starting 1 st October 2012)	<ul style="list-style-type: none"> • Number of people who started receiving the Service - 3,250 Episodes • Percentage of service completers who left the Service with no on-going need for care –55% • Percentage of people whose Episode ended but was not complete –17%
Year 2	<ul style="list-style-type: none"> • Number of people who started receiving the Service - 3,750 Episodes • Number of service completers who left the Service with no on-going need for care – 60% • Number of people whose Episode ended but was not complete –15%

The average length of episode of reablement is expected to be 32 hours, equivalent to eight hours per week over four weeks.

These targets have been set based on national guidance and benchmarking (from the Department of Health) for reablement provision and specifically tailored to meet the population profile of Oxfordshire.

2.4 Oxford Health has committed to a plan to increase in-take to the Re-ablement Service in order to gear up to deliver the required weekly in-take needed to deliver the Year 1 activity target (3,250 episodes) from 1st October 2012.

In the first 17 weeks of 2012/13 the service took in 21% more cases than the corresponding week in the previous year with an upward trend in the year. Despite the increase in activity over last year the service is currently 30% below the original trajectory for increasing in-take to the Service by October 2012, and 20% below the revised trajectory, with 672 people starting the service to the end of July against an original trajectory of 933 and a revised one of 846.

Current performance for the end of July 2012 is:

- Number of new episodes per week had reached 40.6 (trajectory target = 57).
- 40.3% leaving with no on-going care (target = 55%)
- 30.72% of non-completers (target = 17%)
- Average length of episode was 23 days in the service and people received an average of 18.6 hours

2.5 There has also been a significant improvement in the number of people delayed waiting for on-going care at the completion of reablement and is now half the level was this time last year and on 21st Aug 2012 the number of people delayed was 13.

2.6 To achieve the increased level of reablement episodes Oxford Health have been recruiting additional staff to deliver this activity. Vacancies against the new contract capacity requirements (due to commence 1st October) were at 47 in June 2012. The current number of live vacancies is reduced to 24, the majority of which are part-time posts. The service will continue to proactively recruit going forward, to ensure that natural staff turnover does not compromise the ongoing capacity of the service.

Yvonne Taylor Chief Operating Officer will be attending the Committee meeting to answer any questions on the Reablement Service.

3. The Crisis Response Service

3.1 The Crisis Response Service is a new service that was rapidly commissioned by the Council late last year in response to a need that had been identified to support people who were in crisis at home - mostly a sudden deterioration in their condition or a change in circumstance of their carer and also to avoid hospital admission. The provider is Community Voice (one of the independent providers on the Council's Approved Provider List for domiciliary care provision). The service commenced in January 2012 and the contract is for one year.

Evaluation of the service is underway and recommendations will be made soon in relation to the future commissioning of this service but it is likely that we will aim to rationalise the range of crisis service supports across social care and the NHS over the next two years as other crisis type service contracts come to an end.

The budget for the crisis response service is £500,000 pa and covers the cost of the Community Voice service plus additional costs for administration/

assessment time in the Council's Social and Health Care team. This funding is paid in advance and guarantees the purchase of the requested number of hours crisis support per week.

The service is free and any care provided after the service involvement is chargeable thereafter.

- 3.2 The service provides crisis social care support in people's own homes for a maximum of 72 hours with an expected response time of four hours maximum. It is available 24/7 across all of Oxfordshire. The advertised length of stay is 72 hours but the service stays in place until it has handed over to long term support.

The crisis service was expected to deliver an average of 200 hours of crisis care support per week when fully operational. The average episode of support was expected to be 10 hours.

Over the last two months the number of hours delivered per week is averaging 200 hours and the average for the calendar year so far has been 105 hours per week with the average support being for five days and for 10 hours of care support.

To the end of June 2012 - 216 people have been supported by the service.

- 3.3 The outcomes for this service are positive with 13% of people's crisis being dealt with in one visit and 82% of people remaining living at home when the crisis service ended its involvement (14% of people were admitted to hospital and 4% went to a care home)
It is estimated that without this service most people would have ended up being in hospital or going into a care home.

4. Supported Hospital Discharge Service

- 4.1 The Supported Hospital Discharge Service (SHDS) is a new service commissioned by OCCG and delivered by Oxford University Trust NHS Hospital. The contract term is for 3 years and started in April 2011. The value of the contract in 2011/12 was £750,000 and in 2012/13 is £1.5m

- 4.2 The service is targeted at supporting people to be discharged home from hospital who have social care needs:
Low and Moderate dependency necessitating long term support at home (bridging the gap)
Low dependence requiring minimal rehabilitation (domiciliary based rehabilitation).

The service is available 7 days a week from 8am to 10pm with an expected maximum length of stay of 14 days.

Once completed the service hands over to long term care support or reablement.

The service is free and any care provided after the Service involvement is chargeable thereafter.

- 4.3 It was planned that the service will take home and support 40 people per week from inpatient beds at Oxford University Trust hospitals (mainly the John Radcliffe and Horton hospitals) and will maintain 80 people at home at any one time.
Average length of stay will be 14 days and the average number of hours support was not set out within the specification.
- 4.4 From April 2012 to July 2012 the service supported an average of 33 people per week out of hospital and from January 2012 to July 2012 the average was 30 people per week.
Average length of stay in the service from January to July 2012 and also April to July 2012 has been 14 days and the average number of hours delivered has been 28 hours per week.
- 4.5 Of the 209 people discharged from the service from January to end of July 2012- 26 people were readmitted to hospital, 2 people died, 94 people moved into the reablement service and 53 people required long term care support at home. Of the 147 people who required on-going care (reablement or long term care) - 17 had reduced care hours, 109 had the same care hours and 21 had increased care hours.

5. Discharge to Assess

- 5.1 The County Council's Older Persons strategy outlines an intention to reduce the number of people entering care homes. The current rate of placement is financially unsustainable and there is considerable evidence to suggest this is not in line with the wishes of most older people; who would prefer to stay in their own home for as long as possible. Alongside this it is the intention of the Health and Social Care system to reduce the number of people delayed in hospital who no longer need to be there and to support people home as the priority.

Oxfordshire County Council, Oxford Health NHS Foundation Trust, Oxfordshire University Hospitals Trust and the Oxfordshire Clinical Commissioning Group have all signed up to the Philp principles which include Discharge to Assess.

- 5.2 Professor Ian Philp is the Medical Director of South Warwickshire NHS Foundation Trust. He was the also the National Clinical Director - or "Tsar" – for Older People in the Department of Health from 2000 to 2008, leading the development and implementation of the National Service Framework for Older People. He is also parliamentary spokesperson for the British Geriatrics Society.

The Philp Principles are:

- Choose to admit arrangements – admission avoidance by viable alternatives supported by a rapid comprehensive assessment

- All older people are under the care of an older peoples specialist whilst in hospital, cutting the length of stay in acute hospitals
- Discharge to assess and viable responsive alternatives in the community
- Prompt post-acute multi-disciplinary assessment and inputs to reduce requirements of long term care

5.3 As part of a much broader plan of work to implement these principles across Oxfordshire, all the agencies are working to initially focus on the high numbers of people being discharged from hospital into care home placements. Where the key objective is to ensure that people in hospital are discharged as soon as is clinically possible and back to their home environment.

5.4 Three discharge pathways have been agreed:

1. **'Restart' route:**

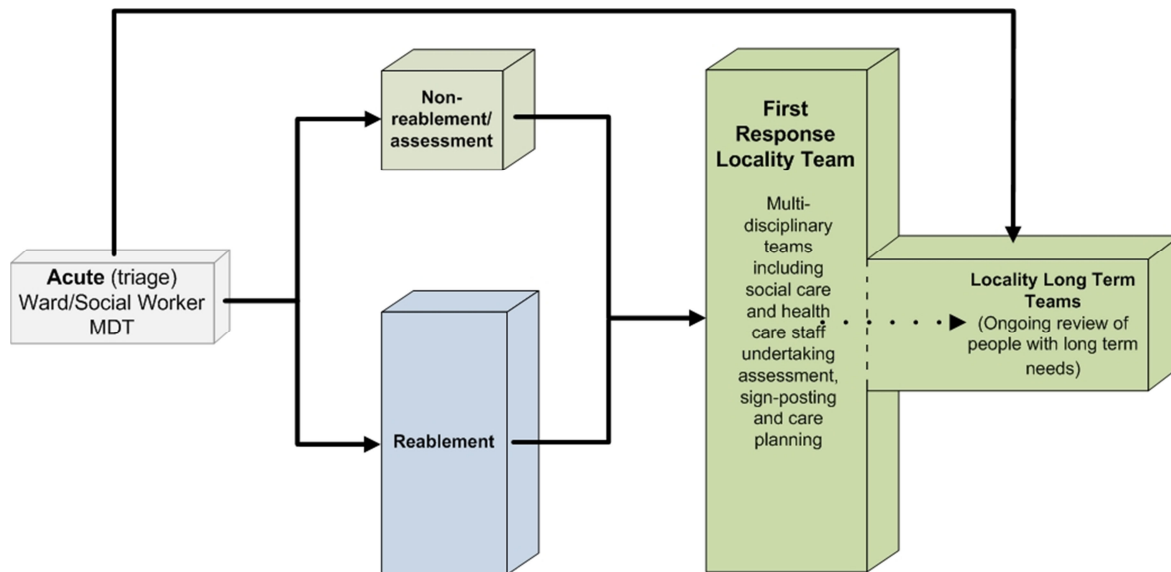
The vast majority of people being discharged from hospital will follow this route being discharged home to their previous situation without any additional support being required.

2. **'Reablement' route:**

Anyone leaving an acute hospital bed who meets the criteria for reablement should be discharged from hospital into a reablement service. Anyone whose reablement can be effectively completed at home should be discharged to that setting with the support of the Reablement Service. The intention is to reduce a person's level of need for on-going (perhaps long term) care. For a smaller percentage of people who require further bed-based reablement a transfer to a Community Hospital bed or Intermediate Care bed is appropriate. Once this bed-based reablement is completed, the same three routes for discharge should be applied. (Re-start, Reablement [at home], Assessment).

3. **'Assessment' route:**

A small percentage of people will not be eligible for reablement but will also be unable to return home with their previous support arrangements. This may be for a range of reasons including those support arrangements having broken down or being unavailable; or a significant change/increase in need. These people will require an alternative service to enable them to be safely discharged from hospital. Most of these people will be able to return home for a further assessment of their needs to be carried out whilst being supported up to 24 hours a day. For a small percentage of people, a transfer to an Assessment bed in a care home may be more appropriate.



5.5 The expected outcomes are:

- There is no loss of confidence for people by spending too long in hospital.
- A reduction in unnecessary hospital delays; once a person is medically fit for discharge they should be discharged home as soon as possible with sufficient support in place to meet their short and possibly long term needs.
- A reduction in care home placements; people should be supported at home, when appropriate and allowing for choice, for as long as possible.
- Further decisions about a person's long term support are made at home rather than in hospital.
- Ensure that if reablement is needed a person gets it- maintaining independence for as long as possible.

6. Recommendations

The committee is requested to:

- a) Note the good progress that is being made by all three services but also to note that all services are not yet achieving the target levels set
- b) Further work is being undertaken by commissioners and providers to improve performance but also to look at rationalising the range and type of services that support people at home with social care needs and the handover of people from one service to another.
- c) Note the positive work being undertaken with Discharge to Assess

John Jackson
 Director for Social & Community Services
 12th April 2012

Contact Officers

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Service Name	Commissioner	Provider	Budget 12/13	Contract Status	Proposed activity	Current performance	Target Group	Opening hours	Principle Functions / Service Provided	Duration / Maximum Length of stay	Responsiveness	Resolution/outcome
Re-ablement Service	OCC	OHFT	£5,000,000	New contract to start from 1st October 2012 - and contract term 2 +2 years	Target episodes for Jul-12 is 57 per week. Year 1 (Oct-12 to Sep-13) target is 3,250 episodes - 68 episodes a week. 55% no ongoing care. 17% non-completers. Year 2 (Oct-13 to Sep-14) target is 3,750 episodes.	For July 12 the number of episodes per week had reached 40.6. 40.3% leaving with no on-going care (target 55%) 30.72% of non-completers (target 17%)	All those over 18 who would otherwise have a need for (on-going) social care but mainly aimed at older people.	7am to 10pm 365 days P/A	1. Re-ablement - achieving independence for clients, 2. Assessment of client needs for on-going support.	Maximum 6 weeks, though expectation is that most will be discharged within 2 to 4 weeks.	3 defined categories: 1) Rapid Response to avoid imminent hospital admission - 4 hours (includes 1.5 allocation to Access Team), 2. Facilitate hospital discharge - 72 hours, 3. Maintain at home where no imminent risk of hospital admission - 5 days	Discharged with 1) no need for on-going care, 2) reduced need for on-going care 3) Same need for ongoing care as on entry 4) for some an increased need for care
Crisis Response Service	OCC	Community Voice Ltd	£500,000	Current contract likely to run to 31st March 2013	150-308 hours per week (expected to average 200 hours per week)	Average 12 new referrals per week, equivalent to approximately 600 clients P/A. Average package 5 days or 10 hours of care	People living at home 18+(but mostly aimed at over 65's and in crisis situation	24/7 365 days P/A	Crisis social care support, up to Level 2 of the Shared Care Protocols	Maximum 72 hours, or 7 days in exceptional cases	Within 4 hours maximum, of which 1.5 hours for Referring Team and 2.5 hours for Service Provider to respond.	Outcomes: (1) Crisis resolved - discharged with no need for on-going care (2) need for on-going care identified and referred into main client pathway, e.g. through the Re-ablement Service
Supported Hospital Discharge Service	PCT	OUHT	£1,500,000	Contract term April 11- March 14	40 people supported out of hospital per week. 80 people supported at home at any one time.	Average from Jan-July 2012 - 30 people p/w supported out of hospital and from April to July 2012 33 people p/w. Average length of stay is 14 days and average number of hours per person is 28 hours per week.	People with low to moderate needs whob are ready for discharge from hospital - mainly aimed at older people	8am to 10pm 365 days p/a	1. Resettlement home - this is provided by the British Red Cross and is commissioned and funded by OCC. (welcome Home) Low and Moderate dependency necessitating long term support at home (bridging the gap) Low dependence requiring minimal rehabilitation (domiciliary based rehabilitation).	Maximum 14 days.	Pick up within 24 hours	Discharged with 1) no need for on-going care, 2) reduced need for on-going care 3) Same need for ongoing care as on entry 4) for some an increased need for care

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Adopt a Care Home

Promoting Quality in Residential Care Provision

Purpose

Adult Services Scrutiny Committee is invited to comment on proposals for Adopt a Care Home, and the questions being proposed for Elected Members to consider.

This scheme is intended to support Elected Members to visit care homes and extra care housing units, to build relationships with older people and with service providers, and to promote quality by championing the needs, views and experiences of people in their locality.

Introduction

The Council's priority is to support older people to live in their own homes and remain active in their local community. The proportion of older people in the population continues to increase and we celebrate the fact of our ageing population. We want all people as they age to lead lives that are healthy and fulfilling. However they can become frail and a significant minority suffer from dementia, stroke or other long term conditions that impact on their health and well-being, generally leading to people needing support. The cost of caring for older people increases markedly with age, but also older people are often vulnerable and less able to voice concerns about their care.

The quality of care delivered to people in Oxfordshire is critically important to their wellbeing. Elected Members, Clinical Commissioners, Council Officers and the wider public all have an interest in ensuring that people receive the very best service for a given level of funding. There have also been a number of recent local and national cases where standards have fallen below an acceptable minimum in both domiciliary care services and in care homes.

The Council has a strong commitment to locality working and avoiding a 'one-size fits all' approach. We are actively encouraging greater community involvement and reducing our role as a direct provider of services. 'Adopt a Care Home' is about elected members, in their role as representatives and community leaders, developing a relationship with older people living in care homes in their locality. Through this relationship they can help to champion the needs of older people living in the area and promote good quality care through taking an active interest in the support that people are receiving.

Who lives in care homes?

In Oxfordshire there are approximately 108 care homes for older people. About 4,200 older people live in care homes, of which 1,500 are paid for by the Council. While we are trying to reduce the number of people who move to care homes we recognise that some people chose to live in a residential care or nursing home and others have such a high level of need that they must have care round the clock.

How good are the care homes in Oxfordshire?

In general, the quality of care in Oxfordshire is good and there is a good foundation of quality care home providers in the county. Reports by the Care Quality Commission (CQC) in 2010 showed that 86% of care home places in Oxfordshire were of good or excellent quality compared to 82% nationally. Care homes are registered with CQC and our Contracts team monitors the quality of care for the people that we fund (40% of the total).

Across Oxfordshire, people are generally happy with services they receive. The questionnaires returned in respect of care home services as part of a survey of 546 social care clients in February 2012 indicated that overall 91% were satisfied and only 2% were dissatisfied. However some people have difficulty communicating, especially those with dementia, and not everyone has relatives or friends who take an interest in their care once they move. Monitoring by the Council and by CQC is relatively light touch.

The role of Members and how you can help

A number of Members have expressed an interest in taking an active role in promoting quality. Some have existing relationships with care providers in their local area (acting as Trustees and so on). Members also have excellent relationships with people in their locality, who may have relatives and friends in care homes. Service providers are keen to build relationships locally and showcase what they do.

The Joint Commissioning Team would like to build on this by supporting Members to visit care homes and extra care housing units on a regular basis. These visits will not be a formal part of our existing contract monitoring arrangements, will not fulfil a legislative requirement (in the same way as Corporate Parenting operates in children's homes for example) and are not compulsory for either the Member or the care home. However, they could form an important and less formal way for Members to build relationships with people living in care homes, with their relatives and with service providers, promoting good quality care by championing the needs, views and experiences of older people in their locality.

How this might work

There is no set rule and no requirement to report back. However we will want to capture any concerns or good stories that members wish to share. The frequency of visits will vary based on the number of care homes in a locality, the amount of time the Member has available, any particular issues or concerns raised by local people and so on. Members may choose to 'adopt' a particular care home for a 12 month period and commit to visiting a set number of times, or to visit all care homes in their division at least once each year.

The care homes in the County are not evenly distributed, and many people are placed in care homes outside their place of previous residence. This can happen for many reasons, including particular specialisms that mean the individual's needs will be met as effectively as possible, availability of places, proximity to family or personal choice. Members may decide to visit care homes within their locality rather

than within their division, which may also increase the number of care homes visited in a 12 month period.

By way of an example, a map of the care homes and extra care housing units in the Abingdon locality is shown in Appendix A.

Next Steps

The Chair of the Oxfordshire Carehomes Association is supportive of this idea, and the Joint Commissioning Team will contact individual care homes in advance to explain the approach and the difference to existing contract monitoring arrangements. The Joint Commissioning Team will also be able to arrange initial meetings with the care homes if helpful to do so.

Questions for Members to consider:

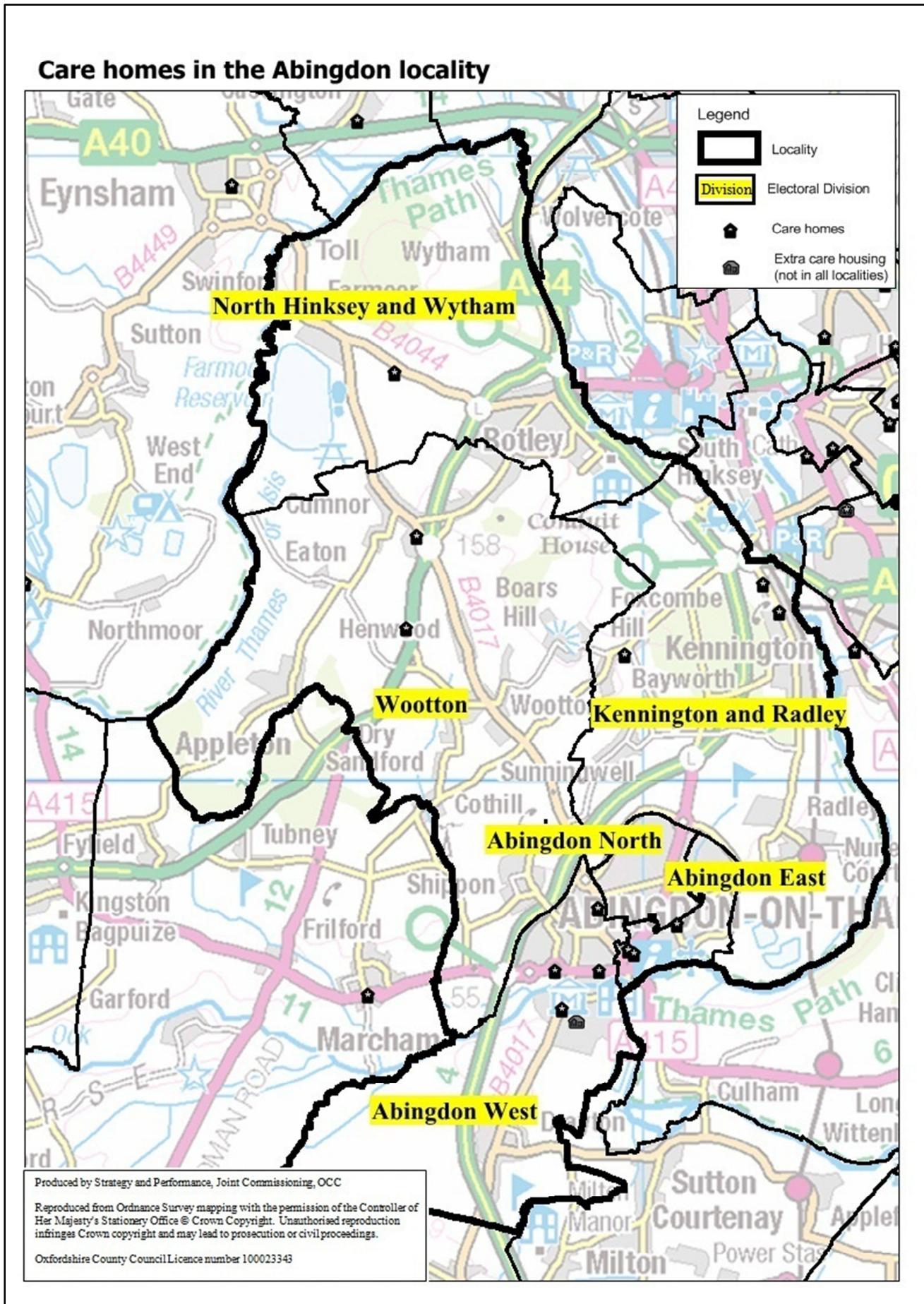
- 1. Would members like to visit care homes and extra care housing units to build relationships with older people and with service providers, and to promote quality by championing the needs, views and experiences of people in their locality?**
- 2. If so, would they like to 'adopt' a single care home for 12 months, visit all care homes in their division within a 12 month period, agree to visit all care homes in a locality between a group of Councillors, or take another approach?**
- 3. What support (if any) would Members like from the Joint Commissioning Team to help them do this?**

Sara Livadeas

Deputy Director, Joint Commissioning

September 2012

Appendix A – Care Homes in the Abingdon Locality



Care Home	Post Code	Address	Councillor(s)
Old Station House	OX14 3US	Old Station Yard, Abingdon	Cllr Jones
The Haven	OX14 3PP	Radley Road, Abingdon	Cllr Jones
The Knowl	OX14 3JU	52 Stert Street, Abingdon	Cllr Jones
Abingdon Court Care Home	OX14 1AD	Marcham Road, Abingdon	Cllr CM Badcock Cllr MD Badcock
Leaffield Residential Care Home	OX14 1JF	32a Springfield Drive, Abingdon	Cllr CM Badcock Cllr MD Badcock
Mayott House	OX14 5DH	Ock Street, Abingdon	Cllr CM Badcock Cllr MD Badcock
Nicholson House (ECH)	OX14 5TT	Abingdon	Cllr CM Badcock Cllr MD Badcock
The Poplars	OX14 5HY	Drayton Road, Abingdon	Cllr CM Badcock Cllr MD Badcock
Kirlena House	OX1 5NZ	18 Kennington Road, Kennington, Oxford	Cllr Fatemian
Mon Choisy	OX1 5PE	128 Kennington Road, Kennington, Oxford	Cllr Fatemian
Oxford Beaumont	OX1 5DE	Bayworth Lane, Bayworth Corner, Boars Hill, Oxford	Cllr Fatemian
Oaken Holt House Nursing & Residential Home	OX2 9NL	Eynsham Road, Farmoor	Cllr Godden
Oxenford House	OX2 9RL	The Glebe, Cumnor, Oxford	Cllr Gearing
Shrublands	OX2 9QY	Faringdon Road, Cumnor, Oxford	Cllr Gearing

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