

Hearsay! 2015

Healthwatch ran three successful Hearsay! events as smaller, more local events during May and June, in a new format for 2015. The events took place in three areas, covering the regions around Oxford centrally, Banbury in the north and Didcot in the south of the county. The aim was to enable people to raise local issues of importance to them.

Those who use social care services, their families and friends identified the most important changes they wanted to see in adult social care in Oxfordshire in the near future. The council recognises the importance of all the comments raised at the events. Issues relating to individual cases were best taken forward with the person concerned and were referred to appropriate staff from Oxfordshire County Council.

Other comments identified opportunities where services could be improved for all service users and carers. This document reviews and addresses those issues from the perspective of current work being taken forward in adult social care and, where benefits could be made for all people who use social care, their carers, family and friends.

Oxfordshire County Council will report back on developments and progress at the countywide Hearsay! event to be held in January 2016.

Hearsay! Action Plan July 2015 – Response from Oxfordshire County Council

There were four main areas of concern raised at the three Hearsay! locality events.

Issue 1

The need for a joined up health and social care system that offers appropriate and adequate information, advice and communication, to offer a much more coordinated and integrated experience of health and social care.

Navigating the health and social care system is a ‘minefield’ and getting the information, advice and help needed feels like a ‘huge battle’.

Though attendees understood the event was to discuss social care provision, it was striking that at all 3 events the discussion was about both health and social care and the overwhelming request was to offer a much more joined up, coordinated and integrated experience of health and social care. There were repeated pleas to improve communication at all stages of the care journey.

Participants’ suggestions for action (from Hearsay! events):

A joined up health and social care system where the different parts communicate well and offer good information and advice:

- Named key worker or care navigator.
- Support on how to access information on local services and entitlements.
- GP surgeries should play a role in offering information and advice.
- A good quality single assessment.
- Carers should be helped to identify the support they are eligible to.
- Joint approach to sort out transport provision across health and social care.
- Community Information Network should be promoted more widely.

Our response:

1. We are consulting on an Information and Advice Strategy – the consultation is open from 13th July until 11th September. This strategy is our plan and sets out how we are responding to the information and advice requirements for local authorities as stated in the Care Act 2014. The consultation is open to everyone to respond and we are keen to hear your views.

The strategy, once agreed, will ensure that Oxfordshire residents have access to the information and advice that they need to enable them to understand the range of support services that are available (with a particular focus on non-statutory services), how the care and support system works, what services are available and how to access them. The strategy is aimed at all adults in Oxfordshire, regardless of ability to pay for any support required, who have a current need for social care support or who are likely to have a need in the future, or are supporting someone with a social care need, and who require information and advice to maintain their independence and prevent, reduce or delay the need for care and support.

<https://consultations.oxfordshire.gov.uk/consult.ti/Info.Advice/consultationHome>

In addition to the Information and Advice Strategy, we are also developing and consulting on a Specialist Advice Service that is focused on meeting the needs of people for whom we have a statutory responsibility. This includes: older people, adults with learning disabilities, adults with mental health problems, adults with physical and sensory impairments, adult and young carers, young people aged 16+ and families with young children (particularly those with disabled children). This holistic advice service will provide free, independent advice to assist people with benefits, debt, budgeting and other financial and welfare issues.

[https://consultations.oxfordshire.gov.uk/gf2.ti/f/598786/16029573.1/PDF/-/Specialist advice service proposal1.pdf](https://consultations.oxfordshire.gov.uk/gf2.ti/f/598786/16029573.1/PDF/-/Specialist%20advice%20service%20proposal1.pdf)

2. By the end of 2018/19, Oxfordshire Health and Social Care will deliver a care service that is driving effective integration of services around the individual patient. This will be a primary care led 'whole person' model of care for patients with multiple health and social care needs. Adult Social Care works with community health colleagues in Oxford Health and with Primary Care to improve the integration of care around the patient – for example, the Better Care Fund (a national scheme to drive forward health/social care integration) will enable front line integrated health and social care teams to deliver:
 - a joined up health and social care
 - a single health and social care assessment
 - a single health and social care plan
 - one care co-ordinator managing its delivery

This will be overseen by named social and community healthcare link workers for each general practice.

We currently have an Integrated Locality Team Programme which is about changing how health and social care work together to provide integrated services for those with complex issues and multiple conditions whose outcomes will be improved by a co-ordinated approach in Oxfordshire. It is estimated that about 20% of people receiving input from community health or social care, are receiving input from both. We are trialling community based Multi-Disciplinary team meetings with the aim of improving communication about people who are known to several different parts of the health and social care system.

There are several pilot sites operating across the County with the purpose of better information sharing, reduced duplication and a targeted response from Health and Social Care to incoming referrals (including the intention to provide a two hour or same day response) for those in need of such a response.

<http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2014/04/OCCG-5-2014-2019-strategy-and-2014-2016-plan.pdf>

<http://www.oxfordshireccg.nhs.uk/wp-content/uploads/2015/04/Community-Integrated-Locality-Teams-Briefing-March-2015.pdf>

3. We will receive the key headline results from the National Carers Survey in September 2015 and our place nationally in this. The co-ordination plans described above (2) will include carers within a joined up Health and Social Care assessment and support planning process.

What we will do:

a) We will announce the outcomes from the Information and Advice Strategy and specialist advice service consultation in early 2016 and report back then about how responses will be taken forward.

b) Evaluate the first pilots in delivering Integrated Locality Teams in October and December to find out their value and, if successful, these will be rolled out across the county. The second wave of pilots will be evaluated in April 2016. We will report back on these after the evaluation results are analysed.

The Oxfordshire Clinical Commissioning Group will provide updates on progress towards their 2018/19 plan via regular publication of newsletters and a web page on their website which is updated with progress. We are also reporting regularly through the Older People's Joint Management Group and to the Health and Wellbeing Board.

c) Publish the results for Oxfordshire from the National Carers Survey in September 2015.

Issue 2:

The need for a personalised, holistic approach to care with an emphasis on maintaining a person's quality of life.

A health and social care system that is not adequately responsive to an individual's needs.

System is too rigid
Lack of freedom & spontaneity
Care agency staff not flexible
Anticipation in discharge planning is needed
Holistic treatment is lacking

Participants' suggestions for action (from Hearsay! events):

A person-centred, personalised, holistic approach to care with an emphasis on an individual's quality of life:

- Named key worker
- Training for care staff
- Continuity of care
- Holistic treatment of client to include their family & friends
- Individual needs are recorded across all services

Our response:

1. The whole system is working towards an Oxfordshire Care Summary which would provide each organisation (County Council, Doctors, Hospitals, Community Health) with key information held by each organisation for consenting members of the public. This would allow professionals to see information collected through assessments, or on care being provided as recorded by colleagues, reducing the need for duplicate assessments.
2. Oxfordshire County Council supports the principle that good discharge planning should start at the point of admission. We have committed to attending daily rounds on key wards, in addition to weekly ward rounds and have provided our hospital staff with IT equipment to use whilst on the wards, thereby reducing delays in obtaining key information on discharge planning.
3. Oxfordshire County Council is proud to have one of the highest numbers of Direct Payments in the Country. Direct Payments give the individual the most flexibility about the way in which their needs are met. We recognise that people want more say in how their needs are met.

We are therefore changing the way that we work with our Home Care providers so that the person and the provider will agree the way in which the provider can support individuals to achieve what is most important to them. The contracts with providers are being recommissioned in October 2015 and users of the service, and their carers, have

been offered the opportunity to tell us what they would like to see implemented in future contracts.

From last year's Hearsay! action plan, we committed to work with people who have support and care at home and with organisations providing the care to create Care Standards. The standards were created collaboratively: we asked organisations that provide support and care to develop their own customer service standards and send them to us; we identified common themes, drew up a set of common standards and circulated them for comment. We now include the standards in our contracts with organisations providing support and care, share them with people who have support at home, and use them to monitor the services provided. This innovative work to devise customer standards with people who receive care and providers, is being promoted nationally. The Dignity Care Network (individuals and organisations who work together to put dignity and respect at the heart of UK care services) has shared our work with all of its members.

What we will do:

a) We will continue to drive forward with our Health partners on the development and full implementation of the Oxfordshire Care Summary. We anticipate all main health and social care services will be sharing information via the Oxfordshire Care Summary in 2016 and we will report back on progress during next year.

b) We have engaged carers and clients in reviewing the service specifications for Home Care providers and these are now being finalised. We are convening a group of those who have received, or are in receipt of, Home Care services to participate in the interview panel in order to select providers of this service. Interviews are due to take place in October and we will supply information on 'Approved Providers' once these have been selected and contracts have been agreed.

Issue 3:

There are gaps in age appropriate services for younger people and working age adults.

Gaps in age-appropriate services.

Not enough services for young people, and working age adults - most services are geared towards older people.

There are gaps in services for young people with learning disabilities & those with complex and multiple needs.

There are gaps in voluntary sector provision in mental health services, especially for working age adults.

Participants' suggestions for action (from Hearsay! events):

- More respite care.
- More extra care housing.
- A greater breadth of services such as social activities.
- More access to mental health services & talking therapies.

Our response:

We spend approximately the same funding on people under 65 as well do for those aged over 65. The spend per person is significantly higher for younger adults. In addition, we continue to develop new models of support for younger adults, such as assisted living. Despite this, we are keen to continually review the services available for all groups. As far as younger adults are concerned we are developing the following:

1. We are commissioning a new Well-being and Employment Support Service for adults with disabilities of working age, which will support people to live a productive life, with minimal dependence on services. This will enable them to be more involved in community support and friendships, start volunteering, and get paid work.
2. The Oxfordshire Mental Health Pooled Budget (NHS Oxfordshire and Oxfordshire County Council) funds Restore, an Oxfordshire charity delivering services in employment and training support for people with mental health problems across Oxfordshire. They provide one-to-one coaching support to help people with mental health problems find employment or get back to work after sickness.
<http://www.restore.org.uk/wp-content/uploads/2011/06/restore-AR-14-for-download.pdf>
They also provide a Wellbeing Service which is a recovery based model and work with everyone who uses their services to develop a personal recovery and employment plan.

Oxfordshire Mind and Oxford Health NHS Foundation Trust work together to provide TalkingSpace, which offers a range of therapies that have been approved by the National Institute for Health and Clinical Excellence (NICE) for the treatment of common problems such as depression and anxiety. They provide these treatments for anyone over 18 years old registered with a GP in Oxfordshire.

<http://www.talkingspaceoxfordshire.org/information-for-patients>

Oxfordshire Mind runs a wide range of services for anyone over the age of 16 who is affected by mental health problems, and an information service to make sure that

anyone with a mental health problem has somewhere to turn for advice and support about mental health and signposting to services.

<http://www.oxfordshiremind.org.uk/what-we-do>

3. Housing and care developments for 18-55 year olds with various disabilities:
 - This year we have commissioned 10 additional places in two new developments offering housing with care to adults with learning disabilities and have a further 32 such places being developed by the end of 2016. These are a mixture of shared housing and self-contained flats at 6 locations and include 10 purpose-built flats for those with autism.
 - We are building 10 self-contained apartments for people of working age with physical disabilities and complex needs, 5 in Banbury and 5 in Bicester. We plan to build similar developments in all other districts by 2020.
 - We have spent £1.2m of capital expenditure in order to build more bedrooms and improve space at various existing supported living schemes for working age adults with a learning disability.
 - We are working with the district councils and their Local Plans to ensure there are more houses built to full wheelchair disability standards and more supported living housing generally and have developed 'bespoke' housing solutions for those with very specialist needs .
 - We are producing specialist advice and guidance to a growing number of parents who want to develop and manage their own housing solutions for their disabled children.

4. Learning Disability Big Plan and gap in services for people with multiple and complex needs:

People with complex needs

When we consulted the public about the draft Big Plan 2015-18 last year, there was concern about a range of people with more complex needs, in relation to multiple medical conditions and in relation to people with very complex behaviour that challenges their living situation, and in relation to those with multiple conditions (such as learning disabilities and autism, or learning disabilities and dementia).

We acknowledged that more consideration needs to be given to the needs of people with complex needs and said that we will do something to address that concern. We will create a Medically Complex Case Management function to ensure that those (around 150) people who need it have an integrated health service. The timescale for creating this new function will be shown in the final version of the Big Plan.

The Big Plan 2015-18

We acknowledge that we have not yet published the final version of the Big Plan, which will include an action plan for the first two years of the strategy. We have found it more complex as has been initially anticipated to arrange the changes to services provided by Oxford Health Foundation Trust, necessary to start the planned mainstreaming of health services for people with a learning disability. We had to wait for the new Oxfordshire Mental Health Outcomes Based Contract to be signed, before we could start discussions about other changes. Other issues affecting this plan are being resolved.

We have progressed other actions included in the Big Plan:

- We are commissioning a new Well-being and Employment Support Service for adults with disabilities of working age described earlier in the report;

- We are reviewing current Respite Services and co-designing a new Respite Service described later in this report
 - We have carried out Care and Treatment Reviews for a number of Oxfordshire people receiving treatment in hospital settings. This work is part of the national Transforming Care programme. Following these reviews we are working with people, their families, health and social care professionals and providers to put in place robust discharge plans for these people.
 - We continue to develop a range of housing with care options for people with learning disabilities, including those with complex needs. In general people make better progress when they are supported to live in their communities. For example, we have expressed interest in bidding for capital funding from the NHS England available under the Transforming Care programme.
5. We will begin reviewing respite care services in August 2015. The purpose of the review will be to understand the current need across planned and unplanned respite care, co-design, procure and implement re-designed respite services, and to ensure good information and advice is available.

This review will be for all adult client groups (but excluding adults of working age with serious functional mental illnesses, as respite services for this group is provided through Oxford Health NHS Foundation Trust and voluntary sector providers). It will include reviewing respite care services for working age adults and for those with complex and multiple needs.

What we will do:

a) We have convened a group of young adults with shared interest in wellbeing and employment opportunities to help us to select a provider for the new service, which will be tendered during the summer 2015. These young adults will also help us to think of ways that we can monitor the future service to make sure it is doing what it is meant to be doing and doing it well. We are planning to have the new service in place on 1st January 2016 and will report back at that time on the new service and monitoring arrangements.

b) We will publish the final version of the Big Plan 2015-18 in the autumn as soon as the current concerns are resolved.

c) We will begin the respite care review in August 2015 with carers who are in receipt of respite care. In collaboration with a carers group, we will complete the co-design of the respite model by December 2015 and report back on the outcomes from the review in January 2016.

d) Regarding Extra Care Housing, we will be opening 258 new apartments this summer at 5 locations giving us 770 apartments in total.

- We will open a further 85 apartments in 2016 at two locations
- We plan to have over 1,000 apartments in operation by 2017

<https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/socialandhealthcare/housing/extracarehousing/ExtraCareHousingOxfordshireNewsletter.pdf>

Issue 4:

There is not enough support for family members who are carers.

There is a need to identify carers and their needs and to support them adequately.

Carers reaching crisis point before they ask for help.

Carers do not know what support they are entitled to and do not know where to get the relevant information.

Carers' may themselves be vulnerable.

Carer's knowledge of the person they are caring for is often not taken into account in assessments.

Participants' suggestions for action (from Hearsay! events):

- GPs' should play a proactive role in identifying carers
 - Carer's knowledge of the person they are caring for should be taken into account.
 - Carers' needs should also be taken into account.
 - As the needs of the person they care for change, the support offered to carers should also change accordingly.
-

Our response:

1. We will strengthen the guidance to carers through a number of communication opportunities to suggest how carers can alert doctors of their caring status. For example:
(a) Highlight the area on carers' self-assessment form which encourages carers to let their doctor know they are a carer and can request Carers Oxfordshire to notify their doctor on their behalf;
(b) Increase awareness of carers in joint communications to doctors
2. We will encourage carers to request a joint assessment with those cared for. We will explain to carers that this will enable them to contribute their knowledge and experience into the support plan for the person they care for. We will also explain that the carer's own needs and the impact of caring on their wellbeing can be captured in their own self-assessment. We will explain how a carer can do this and how they can obtain support if they require this. We will also explain that some conversations can be carried out with the carer separately if they feel that is what they need. This can take place separately from the cared for person if appropriate. This approach will be communicated with all professionals to make sure that we have a consistent message across the teams. Carers and support staff will supply information through the normal channels, including basic leaflets when they are next updated.
3. Additional guidance and online help is in development to encourage carers to fully report all of the caring they do. Further encouragement will be to use 'free text' boxes online to provide additional information. This will be achieved through the next round of commissioning where this will be specified in the service level agreements and contracts from April 2016

4. Carers support plans will be reviewed every six months. Carers will be encouraged to request re-assessment for themselves or those cared for, if circumstances change.
5. Oxfordshire County Council will work with the Oxfordshire Clinical Commissioning Group to establish carers' registration with doctors' targets to ensure a realistic improvement in numbers registered and this will be benchmarked with comparative counties.

The Care Act 2014:

- Put carers on the same legal footing as the people they care for
- Removes providing substantial and regular care requirement; a carer is defined as someone who provides or intends to provide necessary care for an adult needing care, except on a paid or voluntary basis
- Emphasises the importance of identifying carers, especially children and young people to support them to achieve their aspirations
- Emphasises the importance of access to extensive information and advice on meeting and preventing needs for people who may not be eligible for Council's support.
- Clarifies the duty to assess needs where the carer presents any level of needs for support
- Focuses on needs, the outcomes that carers want to achieve in their daily life and the impact of caring on their activities beyond caring, particular emphasis on work, education, training and recreational activities
- Defines a national eligibility threshold for carers
- Guarantees that carers may be eligible in their own right – even if the cared for is not eligible for Oxfordshire County Council's support

In response, Oxfordshire County Council:

- Aligned its local policy and procedures
- Developed a new process for supporting carers, from the first contact to the review of their support plans
- Developed a guidance for staff on how to implement this
- Reviewed and updated all information and advice available for carers (online and offline).

What we will do:

- a)** We will monitor the uptake of joint assessments and report back on this quarterly from summer 2015

- b)** Report on the level of carers' registration with Doctors and provide details of these and of the comparative levels with other counties by January 2016

- c)** Monitor levels of completed self-assessments and the proportion of exceptions that have been requested. This will be completed by July 2016