

Hearsay! 2015 – update from the Council’s Action Plan

Healthwatch Oxfordshire 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.

This report is Oxfordshire County Council’s update on developments and progress, which was presented at the Hearsay! event held on 18th January 2016.

Hearsay! Action Plan July 2015 – Update from Oxfordshire County Council (January 2016)

There were four main topics of concern raised at the three Hearsay! locality events. (See the 2015 Action Plan document for full details).

Priority 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.

What we will do:

1a) 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.

What we have done:

We have determined the following priorities for information and advice:

Priority 1: Increasing general awareness of information and advice and supporting people to 'self-serve' wherever possible

Priority 2: Ensuring access to more specialised advice and support which enables individuals to fully understand the range of options available to them to meet their care and support needs

Priority 3: Focusing on our statutory responsibilities to support and safeguard the county's more vulnerable residents such as older people and adults with disabilities

Response to the Consultation:

- Overall, the strategy and specialist service proposal were supported by respondents, who welcomed the recognition in the strategy of the importance and preventive value of prompt and accurate information and advice.
- There was support for the components of the proposed service model that involves direct work with people (telephone advice, outreach and support with appeals), in particular for face to face outreach support for more vulnerable people who would not be able to access telephone support or online information and advice.
- Respondents to the consultation highlighted some particular concerns over the low funding allocation for outreach work and the achievability of target numbers. In response the Council reviewed and adjusted the proposed allocation of budget for the components of the specialist advice service, to give greater emphasis to the outreach component which provide will face to face access for the most vulnerable residents across the county.

1b1) Evaluate the first pilots in delivering Integrated Locality Teams in October and December to find out their impact 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 have been analysed.

What we have done:

The evaluation of new ways of working including a senior practitioner social worker as part of the community health teams, a Nursing Triage Hub in the West of the county, and weekly cross-health and social care complex case meetings have shown the following common themes.

- Has avoided unnecessary calls and referrals to the social care duty desk, they have just got on and sorted it out
- Avoided duplication
- Issues resolved more quickly
- Better understanding of social care issues and systems by health practitioners
- Joint visits between social workers and nurses, which have led to speedier resolution
- Individual patient outcomes which they have reported are better due to the joint working
- Overcome former barriers and have built trust across a range of clinicians
- People only have to tell their story once, as the team are working together, so less people are having to come in to the patients home
- Clinicians are happier and feel they are working more effectively

Change in practice has centred on the patient and their carers and resolving issues more quickly, not on organisations or systems change.

Age UK Oxfordshire have become a partner in the Integrated Teams, having care navigators, dementia support workers and carers' outreach workers working in the locality integrated teams, to ensure good joined up support and speedy handover.

The work has shown that about 20% of people seen by adult social care are also being seen or need to be seen at that time by community health, and vice-versa; meaning that 80% of people do not require a joint response.

All of the pilot work has become normal practice and is being taken out across the county. There are several new pilots that are due to start in January that now include general practice as part of the integrated team.

1b2) 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.

What we have done:

The Oxfordshire Clinical Commissioning Group publishes regular newsletters, and has a dedicated page on their website explaining their approach to transforming health in Oxfordshire:

<http://www.oxfordshirecccg.nhs.uk/about-us/work-programmes/transforming-health-in-oxfordshire/>

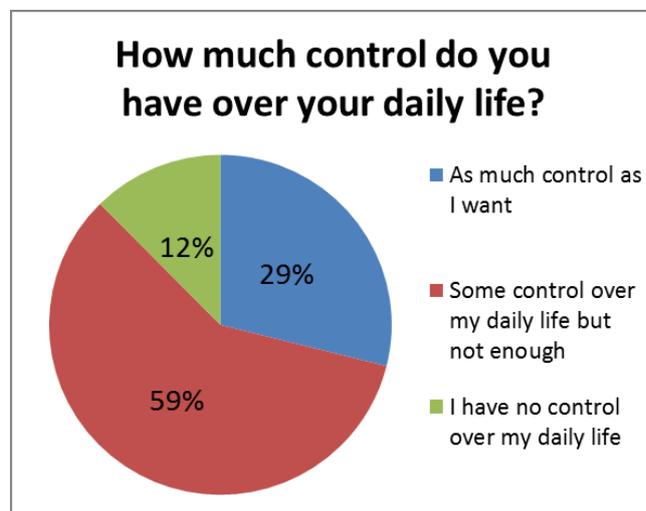
Reports on progress have been made regularly to the Older People's Joint Management Group and Health and Wellbeing Board, as well as to the County Council Cabinet and the Oxfordshire Clinical Commissioning Group Board. Papers for all these meetings are available on the County Council and Clinical Commissioning Group websites.

1c) Publish the results for Oxfordshire from the National Carers Survey in September 2015.

What we have done:

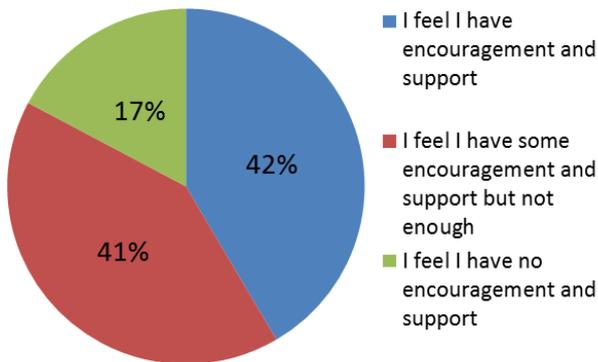
Every two years the Government conducts a National Carers' Survey. They ask a number of questions about the services carers, or the people they care for, receive. They also ask how carers feel their caring role affects their lives. The latest survey was in November 2014. In Oxfordshire 2000 questionnaires were sent out and over 700 (714) of you responded. This is a very high level of response. Thank you to all those who took part.

The Government calculates a 'Carers Quality of Life' score from some of the survey answers. Oxfordshire carers have a slightly better quality of life scoring 8.0, compared with the national average of 7.9 and other similar counties at 7.8



More Oxfordshire carers feel encouraged and supported in their caring role at just under half (42%), than the national figure of 40%, and similar counties at 38%. However across the country, one in six (17%) carers don't feel encouraged or supported in caring.

Encouragement and Support in your caring role



Almost everyone (172 out of 181) who had attended a carers support group, or spoken to someone in confidence, said they felt supported in their caring role.

A new befriending service will start in April 2016 to reach out to carers isolated at home.

The majority (86%) of you are able to spend some time doing things you value and enjoy. This is the same as the national figure, and that in similar counties. Across the whole county, one in seven (14%) of you are unable to do anything you value or enjoy with your time.

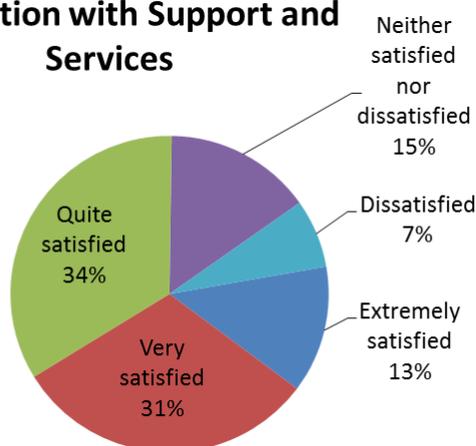
39% of you have as much social contact as you want with people you like, but 15% have little social contact and feel socially isolated. This is the same as the national figure, and that in similar counties. Nearly two thirds of you who feel socially isolated are caring over 100 hours a week.

It is clear from these findings that approximately one in seven (12-15%) carers are finding life very hard.

A new Carers Service is being commissioned to support the most vulnerable carers so that they can continue in their caring role for as long as they want.

Information, Advice, Support and Services for Carers

Satisfaction with Support and Services



Nearly three-quarters (72%) of you felt always or usually involved in the discussions about care for the person you care for. Less positively, 9% said you were never involved in discussions. This is higher than the national figure and also higher than similar counties at 6%.

We are concerned about this and want all carers to be recognised as experts in care for their family member or friend. We are seeking ways for carers to be better consulted and included when our teams arrange support for the people you care for.

Priority 2: The need for a personalised, holistic approach to care with an emphasis on maintaining a person's quality of life.

What we will do:

2a) 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.

What we have done:

The technical ability for all health and social care partners to join the Oxfordshire Care Summary will become available from autumn 2016.

2b) We will engage carers and clients in reviewing the service specifications for Home Care providers - these are being finalised. We will convene a group of those who have received, or are in receipt of, Home Care services to participate in interview panels in order to select providers of this service. Interviews are due to take place in *October (they took place in Nov/Dec)* and we will supply information about the 'Approved Providers' once these have been selected and contracts have been agreed.

What we have done:

We have re-commissioned who provides 'Help to Live at Home' services. We have sought views, from those clients and carers who use the service, what the future of Home Care should look like. We offered individuals the opportunity to represent their views to those in the Council who have proposed a new model, to review the service specifications and to take part in the interview panels for potential providers. For example, the group were able to say what they liked and did not like about current services, what may be missing, issues around the monitoring of services, the advantages and drawbacks of different models of service. Comments and views were incorporated into the revised service specification as appropriate.

Two clients took part in each of the interview panels, contributing their views, a case study and questions for potential providers. Feedback from those involved indicated a positive experience where their views were taken fully into account.

Priority 3: There are gaps in age appropriate services for younger people and working age adults.

What we will do:

3a) 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.

What we have done:

We have awarded the contract for this new service to Kennedy Scott Limited. This service started on 1st January 2016 as planned. Phased transition from current to new arrangements is taking place, with communication about the new service to stakeholders being imminent.

3b) We will publish the final version of the Big Plan 2015 - 18 in the autumn as soon as the current concerns are resolved.

What we have done:

The final version of the Big Plan was published as part of the Cabinet papers on 20 October 2015 and is available on the Council's consultation website.

There were 577 people who took part in the consultation, of which 118 people responded to the questionnaire online. We also consulted with social and health staff working in learning disability services in Oxfordshire.

Our proposed approach will enable more people to be independent whilst keeping care for those who need it.

Oxfordshire Health and Wellbeing Board's vision is that:

- more adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health and social care services;
- everyone will be given the opportunity to voice their opinions and experiences to ensure that services meet their individual needs;
- the best possible services will be provided within the resources we have, giving excellent value for the public

We want raised expectations from people with learning disabilities and their families about independence and access to mainstream services, and lower assumptions about access to specialist funded support from Oxfordshire County Council.

Delivering this vision will require significant change and the full support of adults with a learning disability, their families, friends and carers. We will work together with them to make these changes happen through the design and provision of effective social and health care services.

The plan contains a broad overall vision, developed with people with learning disabilities, their families, and professionals. It also contains some detailed proposals for how services could look different.

3c) 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 February 2016 and report back on the outcomes from the review in March 2016.

What we have done:

We brought together a co-design working group representing carers who cared for adults over 18. This included carers who used current respite facilities, those who could not find respite care and self-funders. We were very pleased with the work produced by the carers co-design working group, which included the following;

- Quality Standards for respite
- A Gap Analysis of respite in Oxfordshire
- A future model for respite

We plan to ask a wider group of people and organisations for this feedback on the future model and standards in mid-January 2016. We will advertise on the Oxfordshire County Council portal and Carers Oxfordshire website about how you can give us your views. We want to hear from carers and 'cared for' people how the future model would work for you.

(Sally Latham has paper copies of the Respite Survey, in Easy Read and details of how you can complete the survey online)

3d) 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

What we have done:

All 5 schemes opened between April and November 2015; 258 apartments in total.

We will open a further 85 apartments in 2016 at two locations, these are: 45 at Kingston Bagpuize, opening in March 2016 and 40 at Wallingford, opening in July 2016, although both are being built by housing associations (not OCC) so we cannot guarantee final completion dates, but both are on-site and being built out.

By late 2017 we plan to have the above 855 flats plus a further 80 at Chipping Norton and 75 at Banbury giving a total of 1010.

Priority 4: There is not enough support for family members who are carers.

What we will do:

4a) We will monitor the uptake of joint assessments and report back on this quarterly from summer 2015

What we have done:

3,342 joint assessments have been taken up from Jul-Oct 2015;
57 joint assessments during Nov 2015 (latest figures).

4b) Report on the level of carers' registration with doctors and provide details of these by January 2016

What we have done:

Increase the number of carers registered on GP systems (*report from CSU*).
(Additional data is available on the number of carers registered at each GP practice, together with ages and gender)

Until 2014 -15 population figures and carers registered at practices was for age 16+ only. This has changed from 2014 -15 to all.

	2014-15 Year to Date			
	Q1	Q2	Q3	Q4
Practice Populations	724,079	714,092	715,213	712,672
% Actual Carers of Practice Populations	1.5%	1.6%	1.7%	1.7%
Target planned number of carers registered on GP systems	10,847	11,163	11,479	11,795
Actual number of carers registered on GP systems	11,045	11,519	11,958	12,187
% planned increase in Carers since Quarter 4 last year	3.0%	6.0%	9.0%	12.0%
% Growth from last year Quarter 4 actual	4.9%	9.4%	13.6%	15.7%
% difference of target	1.9%	3.4%	4.6%	3.7%
Variance from target	198	356	479	392

4c) Monitor levels of completed self-assessments and the proportion of exceptions that have been requested. This will be completed by July 2016

What we have done:

1,548 carers' self-assessments have been completed from 1 April 2015 until 4 Dec 2015. Currently there is an 8% exception rate (Dec 2015). This is the number of carers who are not happy with the outcome of their assessment and request for it to be reconsidered.

In addition, we have led a carers' workshop to look at the online self-assessment form in response to concern expressed by carers to Healthwatch Oxfordshire last year.

There are over 60,000 carers in the county, of which approximately 5000 are already known to the Council. The Care Act 2014 puts carers on an equal footing to the people they care for and all carers are entitled to an assessment of need in their own right. It was decided that an online assessment would be the most effective way of reaching the maximum number of people, with additional support in completing the form available for carers with internet access difficulties or more complex needs. Currently 51% of carers are submitting their assessments without assistance

The aim of the workshop was to improve the clarity of the questions and guidance on offer. Council staff are aware that carers often underestimate the extent of their caring role and under-report on the impact that caring has on their lives. To be fully effective the assessment needs to enable carers to give the full picture of how caring affects their lives.

At the workshop carers were happy to see that previous work already done by them had been incorporated and the questions in several of the sections were felt to be clear and 'very good'.

Suggestions for rewording and shortening of text were made for the introductory paragraphs and for clearer navigational directions throughout the form. A clearer indication of which fields are mandatory and rewording of particular questions were also proposed.

All suggestions have been collated and a timetable for changes will be drawn up.

Additional item from earlier Hearsay! action plan

Develop a Customer Charter for Social Workers, Occupational Therapists and Care Support Staff in Adult Social Care

What we will do:

We will develop Care Standards, similar to the Home Support Customer Charter, for Social Workers, Occupational Therapists & Care Support Staff. Standards for Social Workers and Occupational Therapists already exist through their governing bodies.

What we have done:

This Customer Charter was initially created by those working, or as students, in the 'Assessed and Supported Year in Employment' which is designed to support newly qualified social workers develop as confident and capable practitioners. The Charter was subsequently developed by people who receive care and support services in Oxfordshire, together with those working in Social Care. The standards are in line with national standards that all social workers are required to meet.

The Charter has received final sign-off via the Social Care Reform Board and is about to be published. We will reconvene the service user/carer panel early in 2016 to devise and agree a monitoring process.