Consultation Summary on the draft Oxfordshire Older People’s Joint Commissioning Strategy 2013-16

Introduction

Between 30 November 2012 to 4 February 2013 people were asked for their views on the draft plan to meet the health and social care needs of older people in Oxfordshire. There was an encouraging response which reflected a lot of interest and we would like to thank all those who took part in the consultation process.

How did we involve older people?

An advisory and carers group was formed, including service commissioners from the NHS and County Council, older people and organisations offering services to older people. They redrafted the strategy after a big meeting with a diverse range of people, before it was used to consult much wider in the public arena.

How we did the consultation?

We had two public meetings and a consultation online, plus meetings with key representatives of older people. Overall there were 372 responses from the public and organisations. The consultation was distributed widely through all the routes of the Public Involvement Network which includes organisations in Oxfordshire that support older people.

What did people say?

Overall the survey responses were positive.

The vision: “To enable people to live independent and successful lives”

86% of respondents agreed the vision was right, but emphasised it should be recognised that the needs of older people vary across the county and can be very different if you are living in rural or urban areas.
What will success look like?

This section included what older people, their families and carers would like to expect regardless of who they are, where they live and what their needs were. For example, activities to help them remain healthy; access to good quality services and advice; have control over their care and choices; live safely; access screening programmes; be treated with dignity and respect; helped to keep in touch with family; get the right treatment and medication for their needs; not having to repeat their story to lots of different professionals and the services.

In general people were supportive of the success measures, and some insightful and useful comments were made. They considered it right to set targets and goals at a high level but did question whether they were achievable. People also wanted more detail on how success could be measured accurately.

The Six Main Priorities

Priority 1: I can take part in a range of activities and services that help me stay well and be part of a supportive community.

- 45% of respondents strongly agreed with this priority and 36% agreed. 14% were neutral, and 5% disagreed.

Priority 2: I get the care and support I need in the most appropriate way and at the right time.

- 37% of respondents strongly agreed with this priority and 37% agreed; 16% were neutral, 8% disagreed and 2% strongly disagreed.

Priority 3: When I am in hospital or longer term care it is because I need to be there. While I am there, I receive high quality care and am discharged home when I am ready.

- 44% of respondents strongly agreed with this priority and 21% agreed, 23% were neutral, 5% disagreed, and 7% strongly disagreed.

Priority 4: As a carer, I am supported in my caring role.

- There was a stronger neutral response to this priority – 50%, but with 47% of respondents either strongly agreeing or agreeing with the priority. 3% disagreed.

Priority 5: Living with dementia, I and my carers receive good advice and support early on and I get the right help at the right time to live well.

- There was a stronger neutral response to this priority – 41%, but with 52% of respondents either strongly agreeing or agreeing with the priority. 4% disagreed and 3% strongly disagreed.

Priority 6: I see health and social care services working well together.

- 29% of respondents strongly agreed with this priority, 32% agreed and 21% were neutral. 13% disagreed, and 5% strongly disagreed.
Key themes from the consultation are listed below with quotes from the people who took part:

a) Is it achievable?
Whilst people thought the vision was commendable they doubted that it could be put into practice, particularly in the current economic circumstances.

b) Funding
There were points raised about the level of funding required both to achieve the priorities in the strategy and the need to re-distribute current funding.

c) Affordability
Although people supported many of the actions they were concerned about their affordability; particularly for those who fund their own care. There were concerns about the impact of changes to welfare benefits from April 2013.

“Older people don’t feel they can claim benefits, entitlements. They are too proud and don’t even know how to claim”.

d) Information and advice
People felt there was a lack of accessible information about where and who to go to for support. There was an over reliance on the internet which was not always appropriate for older people. People felt they needed more information and support with Personal Budgets.

“Please make contact with all groups that have contact with older people such as seniors clubs that meet on a regular basis. It is about getting the information out there”.

e) Appropriate care and support
There were many concerns that the move to providing more care in the community would lead to inappropriate care. People wanted reassurance that assessment and discharge services would improve. People from the Chinese community pointed out the lack of services for Chinese people living outside Oxford and the need for specific provision for people from different cultures in care homes.

“If people are to stay at home, respite care for carers, continence services, foot care, leg ulcers, physiotherapy – the right range of services, are all really important”.

f) Access to services
Access to services was raised with specific concerns about frail older people living in rural areas, the Chinese community and transport. Community transport was seen as an omission from the strategy and people pointed out the high cost and lack of transport to get to activities.

“This will work well for fit, articulate adults, but increasingly difficult for frail, unconfident adults, those with dementia or without a carer or friend to speak up for them”.

g) Loneliness and isolation
Loneliness and isolation was raised again and again as an issue that the strategy had not addressed.

“In general, what are you doing to alleviate isolation and loneliness? Whilst some people love to be in their own home, others will just not cope”.

h) Dignity and respect
People felt that dignity and respect should be a thread running throughout the strategy.

“The above will be much enhanced if professionals remember that many older people might be in need of care but do not need to be treated as children”.

i) Staying well and participating in the community
People felt that there needed to be stronger emphasis on people taking individual responsibility for staying well and on the support communities can give each other.

“There should be more emphasis on what people can do to stay well and participate actively”.

j) How will we measure progress?
Comments were made about the indicators identified to measure progress and there were specific concerns relating to the indicator – ‘no more than 400 people admitted to a care home from October 2012’. A respondent commented:

“Not a believer in targets as this can lead to decisions being based on meeting the target and not the needs of the patient, e.g. this should say – only people whose needs are such that a care home is the correct solution shall be placed in the home most suitable for their needs”.
k) Communication
Communicating the vision and priorities in the strategy was seen to be important as was the culture change needed to implement it.

“*We need people connected with what is happening on the ground*”.

l) Quality
Quality services, delivered by trained and skilled staff were seen as a key area for improvement.

“*Relationships are fundamental to proper quality management*”.

m) Services working well together
People saw the joining up of services and them working well together as vital to implementing the priorities in the strategy.

“This should be all services that contribute and not just health and social care”.

n) Carers
There were many points raised in relation to carers, with people wanting more focus on both support and recognition.

“I would like to see greater focus on carers, many of whom are in the ‘older people’ category”.

o) Dementia
People thought it was important to have dementia as a specific priority, with the creation of dementia friendly communities as a key action.

“*More education and information about dementia*”.

p) Accountability
Older people appreciated the opportunity to contribute to the strategy but wanted to be kept informed on progress with delivering the priorities.

“*Accountable to older people – don’t assume, ask*”.

q) Discharge from hospital
A consistent theme was safe and timely discharge from hospital, with services needing to work together in much improved ways to ensure adequate support was in place.

“*Talk through the issues very early on.*”

What happens next?

The findings of the report on the consultation are currently being taken into consideration in the writing of the final version of the Oxfordshire Joint Older People’s Commissioning Strategy, and the action plans that are being set up to deliver each of the priorities in the strategy.

The overall agreement with the vision and priorities means that these will not alter and the majority of the key themes are already included within the strategy, we can use the feedback to strengthen them. The key themes that will need more work are:

- Access to services
- Loneliness and isolation
- Dignity and respect

We are aiming to have the final strategy and action plans ready by June 2013. There will be a support structure put in place which will include older people in the form of the Older Peoples Partnership Board. This group will monitor progress of the actions and will check they are on target and delivered in the best interests of older people.

The full version of the consultation can be found online on the Public Involvement Network (PIN) website [https://publicinvolvementnetwork.oxfordshire.gov.uk](https://publicinvolvementnetwork.oxfordshire.gov.uk)
The PIN coordinator for the County Council, Sue Taylor, can be contacted for printed copies on 01865 323625. Email Sue.Taylor@oxfordshire.gov.uk or pin@oxfordshire.gov.uk. To become involved in future events related to this strategy, please register your interest with the Public Involvement Network.