Planning to meet the health and social care needs of older people in Oxfordshire

Oxfordshire Older People’s Joint Commissioning Strategy 2013-16

Engagement Report

Consultation on the draft strategy Nov 2012 - Feb 2013

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1 Introduction

This document is a report following a period of public consultation with stakeholders across Oxfordshire on the draft plan to meet the health and social care needs of older people in the County (Oxfordshire Older People’s Joint Commissioning Strategy 2013-16).

2 Executive summary

2.1 Purpose of the public engagement
Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group (OCCG) carried out a period of formal engagement from 30 November 2012 to 4 February 2013.

Through the consultation we aimed to gather feedback from stakeholders on the draft plan to meet the health and social care needs of older people in Oxfordshire.

2.2 Process & Methodology
A wide variety of engagement methods were used to support this consultation.

- Online engagement methods on the Public Involvement Network website were used with an online survey; direct feedback via email, phone, or freepost; and the opportunity to comment on an online embedded document
- Two workshops were held for older people and professionals across the county to find out more about draft strategy and give their feedback in person. One thousand colour printed copies of the summary were also available and distributed in hard copy.
- Black, Minority and Ethnic (BME) groups were invited to respond in the above ways, and presentations were also offered to their particular groups. The Chinese community in particular were very keen to work alongside to involve their members.

2.3 Key Findings

Overall a good range of responses were received to the consultation. There were 98 who people took part in the online consultation, and responded to some degree to the survey, and fourteen printed surveys were returned. One person gave their views by phone. There were additional letters and emails from the public and stakeholder groups/organisations. Overall there were 372 responses.
Overall the survey responses were positive about the vision, what will success look like and the Six Main Priorities.

Vision: “To enable people to live independent and successful lives”
86% of registered respondents said they agreed the vision was right

What will success look like?
In general people were supportive of the success measures. 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. Examples of comments received are:

“Targets should be set at a high level so these are at the correct end of the scale to be achieved”.
“Pleased with the measurements, targets should be obtainable but have a good level of difficulty; these appear to meet that criteria”.
“Can't see how these success measures can be put into practise or accurately measured”.
“These are admirable statements but wonder how accurate information will be gathered in order to measure the degree of success in reaching these targets”.  
“Nevertheless there needs to be an independent assessment panel in place, empowered to recommend corrective action in the event that certain success criteria are not being met”.

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.

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.

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.

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.
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.

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.

Key themes from the comments of survey and stakeholder groups were:

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 self-funders. There were concerns about the impact of changes to welfare benefits from April 2013.

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.

e) Appropriate care and support
There were many experiences of and 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.

f) Access to services
Access to services was seen as an issue, with specific concerns raised in relation to frail older people, 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.

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

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

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

j) How will we measure progress?  
Several 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’.

k) Communication  
Communicating the vision and priorities in the strategy was seen to be important as was the culture change needed to implement it.

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

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

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

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.

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

2.4 Next Steps  
This report and its findings will be tabled at the Adult Health and Social Care Partnership Board, and the key themes will be taken into consideration in the writing of the final version of the Oxfordshire Joint Older People’s Commissioning Strategy. Detailed action plans will be drawn up to implement the priorities and these will be overseen by a newly formed Older People’s Partnership Board.
3 Background

3.1 Why are we doing this now?
The development of the Oxfordshire Older People’s Joint Commissioning Strategy covering both health and social care is a target in the Oxfordshire Health and Wellbeing Strategy.

3.2 How will the findings from the consultation be used?
The findings from this consultation will be used to ensure the views of the people of Oxfordshire are included in the finalised Oxfordshire Older People’s Joint Commissioning Strategy.

Once the strategy is agreed following this consultation the feedback will also help to develop the detailed action plans to implement the priorities in the strategy.

3.3 The development of the strategy
The strategy gives an overall vision and strategic direction for improving outcomes for older people in Oxfordshire. It draws upon and combines the separate commissioning intentions of Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group (OCCG).

Our goal for older people in Oxfordshire is:

To enable people to live independent and successful lives

4 Engaging stakeholders

4.1 Key stakeholders identified
The target stakeholders for the engagement activity were professionals, organisations, carers, and older people. They included:

- Patients, Carers, their families and members of the public
- Oxfordshire’s Local Involvement Network (LINk) – soon to be Healthwatch
- Healthcare professionals
- Oxford Health and Oxford University Hospitals Trust
- Organisations associated with older people e.g. Age UK; 50+ Network; OXPAG; Guideposts Trust
- Advocacy groups/organisations
- Older people from Black, Minority and Ethnic communities
- Organisations supporting people with dementia
- Organisations supporting carers
- Organisations/groups that provide day services
4.2 The Consultation Process

A number of different communication and engagement methods were used in order to ensure that we were able to reach and receive views and feedback from a wide variety of stakeholders.

The Public Involvement Network website
An online consultation was set up on the Public Involvement Network website, which included a short film about the draft strategy and the priorities. Also included was a public survey along with supporting materials for participants to download and share. The online survey was also converted into word documents and made available on the site for people to use as hard copy responses.

Other websites
When communicating this consultation with the key stakeholders listed above, encouragement was also given to share this information on the stakeholder’s own website. Some stakeholders acted on this request to help raise awareness and information was shared on the website e.g. Age UK, and Oxford Deaf and Hard of Hearing Centre, OCC eConsult, and Oxon Carers Forum.

Newsletters
The consultation was communicated widely to all internal and external stakeholders using a variety of electronic newsletters e.g. using the Talking Health newsletter to reach external stakeholders; LINk newsletter; Oxfordshire Council for Voluntary Action newsletter.

Printed Copies
One thousand hard copy versions of the summary that included the survey were distributed widely and sent to all known day services and lunch clubs. Printed copies of the full version were available on request.

Social Media
An invitation to join the consultation was issued via twitter and Facebook pages of the OCCG and OCC. These messages reminded people how to give their views and signposted to the consultation online. A message was tweeted reminding people about the consultation sessions.

Email
Personal invitations to participate were emailed directly to stakeholders who had expressed an interest in taking part in the consultation, both directly, and via The Public Involvement Network website. Organisations were invited to forward the email to their membership and did so e.g. 50+ Network; Unlimited; and OCVA.
Meetings across various organisations
Partners were requested to cascade the consultation details to as many stakeholders as possible who could contribute to the consultation. The Commissioners presented the strategy at North Oxfordshire Locality Group; West Oxfordshire Locality Group, and the Adult Health and Social Care Partnership Board. The Commissioners presented the draft strategy to the Adult Health and Social Care Panel at Age UK. The PIN web link to the consultation and details of consultation events were disseminated via the Older People’s Commissioning Advisory Group members including Age UK, Alzheimer’s Society, Oxford Health, Oxford University Healthcare Trust, Oxfordshire Rural Community Council, older people, Oxford Hard of Hearing Centre; Oxford 50+ Network, Guideposts Trust (and via them to Oxfordshire Dementia Empowerment Group) to their staff and members, and by one older member to the Headington Wives Club and South Oxford Bowls Club. The draft strategy was an agenda item on the Age UK Oxfordshire management meeting and full staff meeting. Views of the members of the BME communities were sought, in particular Asian, Polish and Chinese communities. The Chinese community in particular responded very positively to the invitation to take part, in both the informal and formal consultations on the draft version of the strategy.

The Media
A press release was issued by OCC Communications Team in conjunction with the OCCG Engagement Team, and an item was printed in the Oxford Mail

5 Survey

5.1 Survey contents
A survey was designed to gather feedback and more detail around views of key areas/elements of the draft strategy. Comments were invited on the strategy vision, and the section called What will success look like? Respondents were invited to indicate to what extent they agreed or disagreed (5 options were offered ranging from Agree Strongly to Disagree Strongly) with the priorities and on the actions under the priorities. See details in section 5.4. The public meetings also followed this format in order to focus the group discussions and gain views. People also were invited to give any other feedback or comments.

The survey was made available both online and in hard copy on request. The online version of the survey was also created so that respondents could choose to register their details or complete it anonymously. All results were collated at the close of the consultation.

Comments on the consultation include:
“The City Council has been actively engaged throughout the process of developing this Strategy. There has been a comprehensive consultation process and we welcome this opportunity to comment upon the final draft of the Strategy.”

“You have got it right in coming to talk to older people about the Older People’s Strategy!” – Age UK Health and Social Care Panel

“Older people’s groups do know quite a bit about the PIN as a result of the Older People’s Strategy consultation and being engaged and involved. I am so pleased the public meeting was well attended…overall I would say it has been well consulted on and by a number of diverse groups and individuals.” 50+ Network

Some people reported problems with using the online consultation system, and each instant was investigated. Some problems were due to the type of browser being used, or the internet speed. When necessary alternative versions were posted or emailed. The company who designed the electronic consultation system are being consulted to predict and prevent future problems. Also future online survey design will include a clear “save and finish” button at the end.

5.2 Number of responses

Overall, 98 people responded to the consultation on the draft strategy online via the PIN website, and a further sixteen returned paper copies of the survey. As people could choose which questions were relevant to them, the number of responses was variable dependent on their relevance to individuals responding.
### 5.3 Type of respondent

**Table 1.** These examples show there was a broad response from local organisations and individuals

<table>
<thead>
<tr>
<th>Role</th>
<th>Role Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAIR-OX50+ Network</td>
<td>Advocate</td>
</tr>
<tr>
<td>Policy and Partnerships Manager</td>
<td>Dementia Information Services</td>
</tr>
<tr>
<td>Vice Chair</td>
<td>Consultant Neuropsychologist</td>
</tr>
<tr>
<td>Health Advocate</td>
<td>Member of Adderbury Parish Council</td>
</tr>
<tr>
<td>Senior client service manager</td>
<td>Clerk</td>
</tr>
<tr>
<td>Community Engagement Officer</td>
<td>Individual older people</td>
</tr>
<tr>
<td>Formally Director of Estates Oxfordshire Health Authority and same for ORH Trust</td>
<td>Oxfordshire PCT</td>
</tr>
<tr>
<td>Individual carers</td>
<td>Care providers</td>
</tr>
<tr>
<td>Parish Councillor</td>
<td>Oxford City Council</td>
</tr>
<tr>
<td>Residents of Extra Care Housing</td>
<td>City Councillor</td>
</tr>
<tr>
<td>Older Chinese people</td>
<td>Eynsham Day Centre</td>
</tr>
<tr>
<td>Older African-Caribbean people</td>
<td>The Valentine Club</td>
</tr>
</tbody>
</table>
**Figure 1. Who responded?** The respondents who registered for the consultation identified themselves in these categories. Other respondents responded anonymously. The majority were Oxfordshire residents and from the voluntary sector.

![Pie chart showing who responded online.](image)

- **63%** Oxfordshire Resident
- **21%** Voluntary Sector
- **8%** Carer
- **5%** Staff in NHS
- **3%** Staff at Oxfordshire County Council
5.4 The survey results

The following sections look at the results to the questions in the survey. Where example quotes from respondents are included, these are shown in italics. Quotes have not been altered to ensure that the meaning is not changed.

The vision "To enable people to live independent and successful lives"
There was overall support for the vision. A strong theme is that the aims are laudable but unaffordable. People said rural areas shouldn't be forgotten and need sufficient services as well as urban areas, and commissioning should be evidence based.

Figure 2. Is this the right Vision for Oxfordshire? 86% of respondents who answered this question agreed with the vision

![Pie chart showing 86% yes, 3% no, 11% other](image)

What people said about the vision.
A number of people didn’t like or understand the concept of success in this context. “The word successful is not appropriate here. How do you define success?”

The theme of sufficient services in rural area arose frequently in the consultation.
“I am worried that the community services you intend to invest in will all be located in the city and the market towns of Oxfordshire. This will help around 60% of the population but what about the 40% who live in rural areas of the county? I can find nothing that says you will be investing in rural community’s services.”

As in other sections of the consultation, isolation and people coping without family to support them came up here.

“This all sounds very good and is probably fine for elderly folk with family to help them ‘manage’ their care, but what about those with no family who find the system confusing and bewildering? People living on their own who are housebound have to face long hours of loneliness and boredom.”

“I think loneliness is the major contributor to depression and anxiety in the elderly. I feel this needs urgent attention and budgets.”

“This must mean at home where possible not in institutions or hospitals, but it is aspirationally vague.”

There was a recurrent theme of affordability and investment. “It’s a commendable vision, but is it realistic in the current economic circumstances (and those for the foreseeable future)?”

“But investment money for community services should stay within the public sector, not go to private firms.”

“With the austere measures in place at present and likely to remain how do you propose to meet your targets?”

Access to services, their quality, and meeting individual need featured strongly.

“It could be, but it depends on the extent to which any services that are supplied by external agencies are closely monitored to ensure provision demonstrates awareness of individual’s preferences and approaches.”

“The strategy speaks of better services for older people but there are still blockages in the system which causes delays particularly in providing support for people who need care and pay for it themselves. In my own experience I have had to wait over 8 months for Social Services to organize my direct payments. Communication and links between the different aspects of social care still need to be improved, so links are seamless and time delays are reduced for the client.”

“These all sound excellent ideals. I am a recently retired GP from South Oxfordshire and it was always a frustration that we had to admit a large number of elderly folk who really just needed care for a day or two when they went off their feet with often relatively trivial illnesses such as viral upper respiratory infections. The challenge is to have a sufficient number of carers/medical staff available for ‘emergency’ situations—particularly at night, weekends and holiday periods. Good luck!”
The City Council commented “Given that one size does not fit all there should be an evidence based needs approach to the commissioning of services, which takes the above factors (life expectancy; healthy lifestyles; limiting long-term illness; death rates from heart disease and stroke; isolation; diversity of the population) into account, including the newly emerging census information and Joint Strategic Needs Assessment.”

“The City Council supports the proposed overall vision and objectives of the Joint Commissioning Strategy. However 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. The determinants of health are profoundly affected by socio-economic factors and it is hoped that this will be more fully reflected in the development of the Action Plan.”

5.4.1 What will success look like?
Comments received on the thirteen (listed alphabetically) “I” statements designed to show what success would look like from the individuals perspective (see Appendix1.) included:

“I really don’t think "successful" is appropriate, or deliverable. Q4 a) to m) are almost all about OCCG's agenda rather than the individual's. "Fulfilling" might be closer, but "successful" should really be defined in the individual's terms - which may not be dominated by healthcare to this extent.”

“How can older people say a) “I am generally healthy”; if they are not? - for example, suffering from the results of a stroke or having an incurable illness?”

“To elaborate on d) - and as a person, not as a 'category of old agedness'”

“Good, but e) the wording suggests people have to be given control of their lives, assuming they have already lost it, but the important thing could equally be to retain and maintain control of their lives. Giving control to people sounds a bit like 'Big Brother'…”

“e) Person remains in driving seat. Avoid being over protective. People need to be able to make informed choice, based on knowing their entitlement. 6 week free care, and then charging need more carers, better assessments… one assessment…”

“Problems for adults with dementia/Alzheimer's who once may have understood and agreed to these things but their condition now makes them unable to cooperate, with or without family or friends. Some people never accept that they need support to maintain an independent life. These are desirable outcomes but are they really achievable?”

“g) in particular - the majority of older people want to be in their own homes. Must get older people out of hospital as soon as they are medically fit and don't need to be there.”
“h) People have a voice, regularly contacted and reviewed given choice.”

“With reference to (i) and f), I have recently been undergoing treatment for bowel cancer, and there seems to be some duplication in that I am often asked the same questions by different people, although this could be due to the fact that they have little time to read my notes and find it easier to ask the same questions. I also sometimes wonder if different departments know what other departments have done, as I sometimes get different answers to questions and confusing answers.”

“Consideration needs to be given to those who do not have or are estranged from family and friends and the consequent support they will need to ensure a sense of belonging.”

“Looking at my father who lives in oxford and is 91 not many of these apply at present especially the care system, it’s difficult to speak to the same person twice as they are overworked and overloaded, the carers write in the book daily and is not always a true picture of what has happened, causing distress for the family.”

“I think points h) and i) still need improvement, because at the moment there are unacceptable time lapses between the different services. Also as a client I was not made fully aware of all the steps necessary before social services intervened. I realize there are many pressures in the system which cause it to take time, but if I had a clearer understanding of the steps necessary I could've taken certain action sooner. I have a long term health condition which is progressive, and causes more deterioration over time, so my support needs are increasing, requiring me to need more assistance. I do get good support from the MS specialist nurse, whose role was made possible through the Oxfordshire Neurological Alliance, an organization I was responsible for being established in Oxfordshire.”

“In relation particularly to (i), private services will inevitably mean more wasteful services simply because they have to make a profit. The growing population of older people is of course an immensely attractive ‘market’.”

Again, information about services was raised. “Ensuring that older people are aware of the services available is the necessary first step and then success can be as listed.”

5.4.2 How will we measure progress?
In the draft strategy the current and planned measures were listed in a column under each priority. Forty-five people commented, and respondents many broadly agreed with the target levels, but questioned if they are attainable.
“The success measures for individuals and for the health and social care system are all very laudable, the challenge will be in making these a reality.” Oxford City Council

“If you can actually achieve 60% of the measures then that in itself will have been remarkable. Goals are high, which they should be, but also achievable.”

“Targets should be set at a high level so these are at the correct end of the scale to be achieved.”

“Pleased with the measurements, targets should be obtainable but have a good level of difficulty; these appear to meet that criteria.”

“We feel these success measures are appropriate and are pleased to see that a person’s quality of life is acknowledged.”

“I would not disagree with any of the success measures. Most are rightly qualitative, which makes the judgement of whether or not they are being achieved difficult. Nevertheless there needs to be an independent assessment panel in place, empowered to recommend corrective action in the event that certain success criteria are not being met.”

Some respondents asked - Are people receiving what matters to them or is what they get being driven by the services? “Services that are very tightly specified as to how the service will be delivered stifle creativity - instead, there should be a focus on understanding current demand for services and measuring what matters to older people.”

Care home admission received comment. “Not a believer in numbers as targets as this can lead to decisions being based on meeting the target not the needs of the patient. E.g. 400 max in care homes. Believe it should be - Only persons whose needs are such that a care home is the correct solution shall be placed in the home most suitable to their needs.”

“Always concerned where a max target is set as meeting it sometimes takes over from the purpose it was set. E.g. Care home admittance to be no more than 400. Surely this should really be “Permanent Admittance to a care home to be stringently monitored to ensure only those people are admitted where there is no alternative to this procedure.”

A specific suggestion was offered re NICE standards for particular conditions. “If the Older Peoples Pooled budget is to include funding for Oxford Health NHS Foundation Trust services such as respiratory specialist nursing, pulmonary rehabilitation, home oxygen supply (HOS) and home oxygen assessment service (HOAS) and Heart Failure specialist nurses and possibly diabetes specialist nurses, then the strategy should also include ensuring achievement of the Commissioning Outcomes Framework outcome measures and NICE standards for management of people with these conditions (respiratory: cardiovascular; endocrine). These are available at http://www.nice.org.uk/aboutnice/cof/cof.jsp. These would be very useful measures to show what success looks like.”
5.4.3 Responses to the Six Main Priorities

“The City Council agrees with the 6 main priorities identified within the Strategy and the actions proposed for achieving them.”

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.
Many people supported the preventive intentions and agreed that activity is important as people age. They wanted more information made available and for it to be better communicated, not relying on electronic means.

Figure 3. Shows the majority of respondents strongly agreed or agreed with Priority 1.

Responsibility and healthy lifestyle. “Encourage people to keep active and take responsibility for planning a healthy and happy life. This is vital not least as traditionally participation decreases with age and the number of older people will significantly increase over the next 20 years. Some recognition that the Oxfordshire Sports Partnership can help by joining up the sport and physical activity services/sector within Oxfordshire would be welcome.”

Communication about what’s going on was seen to be essential. “The exercise classes need to be better publicised.”
“Focus on extensive communication of services available”
“Are details available outside the computer world, and do staff know and are they allowed to say?”

Oxford City Council responded “The City Council has mapped out the services that it provides that will contribute to the delivery of this Strategy, these are predominately preventative services. We are pleased to note that the Strategy recognises that more resources should be invested in prevention and we are keen to work with the County Council and partners to this end, through integrated service delivery.” The priorities for the City Council in this area are:

1) Engagement with older people and developing local neighbourhood and community plans.

2) Prevention of ill health though sports, leisure and cultural activities.

3) The integration of health and social care – enabling older people to make informed choices, the provision of supported housing and information and advice.

4) Enabling people to live within their communities for longer – the development of local services that meet local needs.

5) Tackling isolation – through community based initiatives

The City Council considers this priority to be of particular importance. The City Council currently provides and Exercise on Referral Scheme, health walks, an older peoples dance programme and targeted activities in sports centres and community venues. The City Council is keen to consider ways in which it can work with the Joint Commissioning Group to provide even more services in local communities that complement this strategy. For example the City is tackling isolation through community engagement projects funded by CEB and Warm Homes Healthy People funds. The City Council is also developing neighbourhood and community plans to improve local services. We would be particularly interested to work with the Local Clinical Commissioning Teams in developing these plans and services. Of some concern is the ability of some older people to pay for the services that they require and the need to consider the affordability of any services developed. We hope that Action Plans will be further developed in partnership with the City Council that will take these factors into account and that we can work with you to further develop the preventative and community based services for the older residents of Oxford.”
Priority 2. I get the care and support I need in the most appropriate way and at the right time.
Sufficient services for rural areas featured again. Careful assessment processes for particular types of care settings for better outcomes was emphasised, and a trained and valued workforce to support older people.

Figure 4. shows that majority strongly agreed or agreed with Priority 2.

Rural areas featured again – “ensure equitable access between urban and rural areas - much older person’s poverty and isolation is hidden in our villages.”

Comments were made about workforce and training issues. “Believe it when we see it - the idea is perfect getting the practice right will be the difficulty. Skilled, trained workforces cost money which is not around. People work better when they are valued, consulted and properly paid and respected.”

Lack of understanding by services and waste of resources was highlighted “The problem is too much paper work hence public money is wasted. Imagine an elderly lady suffering from incontinence and desperately needs nappies - She would be given all makes and models before giving her the right ones. This would cause a lot of problem to her and her carer. This is unnecessary procedure which not only takes time and public money but also causes a lot of heartache to the
people concerned, which reduce their chances to live independently in their own homes.”

Appropriate care drew comments. “This suggests a ‘joined up’ approach to care that is still a long way off. I see people being taken to intermediate care from hospital, miles from family and without even consulting family sometimes. There needs to be a much more localised service for intermediate care or assessment. EG Step up/step down care within care homes that are local to the family.”

A home care manager responded, “While the vision is good, there needs to be more careful assessment and selection of older people who are suitable for care at home. For example, one resident was being cared for by ‘hospital at home’ after a fall. However her daughter felt that she was too frail and vulnerable to stay at home unsupervised between visits from the community team and was becoming increasingly anxious.”

“Not all older people want to play an active role; some are still very old fashioned.”

End of life options information. “Tell the target population precisely what the options are approaching death”

Isolation featured strongly in the consultation feedback. “In general - what are you doing to alleviate isolation and loneliness? Residential Homes can do this and can ensure people eat properly. While some love to be in their own home on their own, others will just not cope. How do your strategies meet this challenge?”

The Oxford City Council responded “The City Council supports the need for older people to have a range of flexible services to be provided so that they can stay in their own homes and that further money needs to be invested into preventative, community based services.” “The City Council endorses the need for older people to make informed choices and our Communication Team works closely with Age UK to promote their services and events for older People. Our Customer Services Team provides advice and support in relation to benefit’s. The City Council works in close collaboration with the Oxford 50 + Network to support engagement with Older People to help shape, and support the delivery of services both at district and County level.”

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.

The respondent’s emphasis here was on joined up services relating to speed of response and communication of patient notes, and support for staff and carers.
**Figure 5.** Nearly half the respondents strongly agreed with this priority, and an equal proportion responded with agree and neutral

![Pie chart showing responses to Priority 3](chart.png)

A medical professional commented “**k) needs to be joined up with care. Patients requiring rehab usually require care at first - have to make 2 separate referrals. Must be joined up - Reading is a good example of where this works well. Difficult to refer from hospital and very slow to pick up. Work closely with all the secondary care – hospitals.**”

“**Emphasis needs to be on supporting hospital staff and carers - this needs to be top priority.**”

“**Computer held details: not always available on computer in different departments of hospital to same staff.**”

“**The City Council supports the ambition that long term and hospital care is of a high quality. Also, that there is recognition that there is more work to be done to avoid people going into hospital in the first place. To this end the City is working with Age UK Oxfordshire to consider the feasibility of a new Homeshare option.**”
Priority 4.
Support and recognition of carers was emphasised.

Figure 6. There was a strong neutral response, closely followed by strongly agree and agree to this priority.

People said they want to see more focus on carers needs.
“*I would like to see greater focus on carers, many of whom are in the 'older people' category. As people are living longer, increasingly those in their 80s or 90s are being cared for by their children, who may themselves be approaching retirement, or have retired. Sometimes the roles are reversed, and very aged parent may still be caring for their disabled child when it is in its 60s. This can be a great drain on the carer's resources, and seriously diminish their quality of life.*”

“*Dementia care - specific services required support the person and the carers including respite options including increase of this type of support in the home and day care options for people with increasing needs to help carers to continue to care.*”

“The City Council has been actively supporting the delivery of the Joint Carers Strategy. Front line customer service staff have been trained to identify carers and to sign post them to the provision of the specialist advice and support that is available.”
**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.

Early diagnosis and information, and support for carers were emphasised.

**Figure 7.** There was a strong neutral response to this priority, closely followed by strongly agree and agree options.

![Detailed breakdown for '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 [29 people responded] (Chart)](chart)

A carer commented “Instead of (I get the right help) make it WE as the carer needs same priority to live well as dementia sufferer.”

“Older people with failing mental health are not recognised early enough and it is difficult for families or carers to get a diagnosis and timely advice. There needs to be much more public awareness of dementia, and more public involvement.”

“The City Council supports the need to implement the Oxfordshire Dementia Plan and will consider ways in which we can support its implementation. The City Council is currently seeking to tackle isolation, which is evidenced to be a significant factor in relation to cognitive decline, and would welcome support for our work from the Dementia Challenge funds.”

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

Responses are strongly in agreement with this priority, and suggest better involvement of agencies that are not health or social biased. There is a strong message about communication of information about services.

Figure 8. The majority strongly agreed and agreed with this priority.

Some suggestions were made related to services working together.
“Healthy living advice is available from community pharmacies and this should form part of the strategy.”
“Use Community Hospitals more for outpatient appointments rather than travel to Oxford.”
“I fully support these initiatives but to implement them someone needs to get the message out to all concerned and ensure service providers are kept in touch with everything.”

“The City Council has already established a multi-agency strategic ‘Ageing Successfully in the City Partnership’ group and would like to work with the Joint Commissioning Group to build on this existing partnership in order to take forward the plans that are emerging at City and County level.” “The City Council supports the need for health and social care to work well together and the development of this Joint Commissioning Plan to support this process. We are already developing
partnership work with both the Commissioning Team and local providers and service users, and would seek to build upon the existing structures that are in place.” Oxford City Council

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

“What happens if the budget is reached early, e.g. change in health etc.?”

6 Other comments

What is missing from the draft strategy?
Focus on diverse communities in Oxfordshire
“There does appear to be an omission throughout the Strategy about the need to have reference to different racial and cultural needs, particularly given the percentage of the population that are from ethnic minority groups in the City and the numbers of children born in Oxford to non UK mothers. Oxford’s population is becoming increasingly divers. Over the last decade the increase in population of the city was entirely attributable to the increase in residents who were born outside the UK. As of 2011 29% of the population are from ethnic minority groups.” Oxford City Council

Transport
“There also does not appear to be any reference to community transport and the need to ensure that people are able to get to places they need to go to when then need to do so.” Oxford City Council

“Travel can place a significant burden on older people physically and financially. The closure of the satellite surgery at West Oxford Community Centre affected in particular older people: often unable to walk from the City Centre, or manage the two bus rides necessary to reach the Radcliffe Infirmary site - especially when they are ill. All the Beaumont Street surgeries have steps and cannot be considered accessible. This leaves only the Botley surgery (still one bus ride away) and hence no choice.” West Oxford Residents

Small grants funding so communities can contribute to the strategy
“It would be useful to have a small grants fund available to support the development of innovative / pilot services, such as advice services in the context of health and social care provision to older people.”

7 Stakeholder Meetings
Engagement of older people, their carer’s, and professionals was sought to use the benefit of their experiences, and to gain views on the draft strategy. Invitations to open meetings were issued using a range of media. The Chinese Community responded by with an invitation to their lunch club, which was followed up by including a translated version of the draft strategy summary with questions in their
newsletter distributed across Oxfordshire. The Age UK Health and Social Care Panel received a presentation from the OCC and OCCG commissioners for older people’s services. Local GP’s were consulted through Locality Groups. Comments expressed elsewhere have been omitted from the lists below, where unique comments have been recorded.

### 7.1 Age UK Health and Social Care Panel

**Summary of key messages** (from the record of the meeting)

- The film gives people a voice and shares views
- Hospital discharge
  - Examples of late in the day discharges continue
  - No accountability
  - talk through the issues very early on
  - Value of the team (rather than named nurse) system in operation at NOC works well
  - Isn't a home visit the best way to establish /assess need?
  - getting all the paperwork in place are responsible for delays
  - Positive experience of two people at end of life being discharged with excellent packages enabling them to make a good end
- Right range of services needed to support people to stay at home
- Say ‘I and my Carer(s)’ throughout to ensure emphasis on Carers runs through whole document
- Culture change: talk about failure, accountability and responsibility
- Relationships are fundamental to proper quality management
- More investment in screening, preventions and management of long term conditions
- Very good diabetes management system in Scotland.
- Dementia
  - Important to have this woven through everything
  - Difficulties linked to identification of dementia and getting services
  - explaining to GP is difficult
  - Nurses need to be trained about dementia
- Waste in procurement of equipment - inefficient use of resources
- Will re-ablement include speech therapy which is vitally important?
- Want assurance that re-ablement services are not age discriminatory

### 7.2 Oxfordshire Locality Groups

The Commissioner for Older People in OCCG presented the draft strategy at two Locality Groups.

Notes from the **North Oxfordshire Locality Group** record:

“The group were asked if they agreed with the priorities identified. Those present confirmed agreement. The demand for care and the increasing numbers of"
patients locally were discussed. It was suggested that data on the number of patients in care locally with dementia would be useful as they often tend to live longer and are the most difficult to treat.”

**West Oxfordshire Locality Group** from the record of the meeting

“All members of the group received The Strategy together with a list of questions for considerations prior to the meeting. Concerns were expressed about:

- The lack of any real proposals to deal with the victims of stroke and the very old.
- Any service introduction must be evidence based and effective
- Are health checks for the elderly really necessary?
- The lack of nursing/care home beds – system underfunded (people living longer means fewer beds available)
- Why are we waiting 6 months for Extra Care assessments?
- Is the Geriatric Care Home Support Service really making a difference, is it cost effective?
- We need better access to Community Physiotherapy
- Case Management should be provided by Social Workers who know and understand the locality
- Dementia – please improve capacity”

### 7.3 Public Meetings

**Format**

People formed groups for discussion meeting where the aim was to:

- Present and describe the background of the strategy and its aims
- Show a local film specifically made to promote understanding of the strategy
- Get feedback on the “I” statements under What will success look like?
- Invite comments on the six main priorities
- Invite comments on the actions under each of the priorities
- Listen to and record the views of the participants and use these to inform the next version of the strategy

**Attendees**

- Approximately 60 people attended the Oxfordshire Chinese Community Advice Centre lunch club at which the strategy was presented
- Two public meetings attracted 103 different people, two further people came to both, and at least three quarters of them were older people, the remainder were professionals.

### 7.3.1 Summary of the key messages

Chinese Community Response (meetings and survey):
• Better interpreting and translation services to access GP and consultants
• Make it easier to find and access services and know what is available
• More help to benefit from medical appointments
• More information and help in an emergency
• More Chinese-speaking staff/bi-lingual services for the elderly
• More accessible home help services
• More support for older people in rural areas
• More support for Chinese carers
• Shorter waiting times for GP and social care assessments
• Better communication from professionals about services

The two public meetings
• General lack of information and accessible information, not just web based and is in clear plain English
• Seamless services: Coordinated response and joined up services across hospital/community/transport/home support, especially hospital discharge
• Breaking isolation: people in villages not getting same as people in estates/linked to transport and isolation
• Confidentiality rules hinder helping family/other people in community
• Communication/joint commissioning and joint teams needs to improve
• Communication and culture change and informing the public is necessary
• Important for people to retain and maintain control early on
• Money - how is it to be paid for?
• Understanding knowledge of needs of communities - esp. minority communities
• Transport availability/cost/co-ordination: to appointments; activities; home from hospital
• Education and training of staff and carers
• Participation of all ages in the strategy
• Public health - need to be part of the strategy

8 Key themes from all responses
Analysis of the findings from the survey and the stakeholder groups resulted in the following themes emerging. It would be worth noting that some of the comments are based on older people’s current experiences rather than how the strategy might change things.

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.
“Believe it when we see it – the idea is perfect but getting the practice right will be the difficulty”.
“One cannot disagree with one word of this, but until the work is costed all pretty airy fairy”.
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.
“How is it to be paid for”?  
“It would be useful to have a small grants fund available to support the development of innovative/pilot services”.

c) Affordability
Although people supported many of the actions they were concerned about their affordability, particularly for self-funders.
“Day centres are a very good idea, but some older people will struggle to find the money to pay for them”.
“Older people don’t feel they can claim benefits, entitlements. They are too proud and don’t even know how to claim”.
There were concerns about the impact of changes to welfare benefits from April 2013.
“Funding for CABX, welfare rights, etc. will be even more important”.

d) Information and advice
People felt there was a lack of accessible information about where and who to go to for support.
“You don't know what you don't know”.
“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”.
There was an over reliance on the internet which was not always appropriate for older people.
“There is an assumption that all people have access to a computer – you should find ways of spreading information other than the internet”.
Finally, people felt they needed more information and support with Personal Budgets.
“It is a big responsibility to handle own money”. “People don't necessarily know about Personal Budgets”.

e) Appropriate care and support
There were many experiences of and concerns that the move to providing more care in the community would lead to inappropriate care.
“While the vision is good, there needs to be more careful assessment and selection of older people who are suitable for care at home”.
“The challenge is to have a sufficient number of carers/medical staff available for ‘emergency’ situations, particularly at night, weekends and holiday periods”.
“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”.
“Paid carers can’t get much done in 15 minutes”.
People wanted reassurance that assessment and discharge services would improve.
“Time of assessment is too long”.
“The discharge system needs improving – my husband’s discharge plan was chaotic”.
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.

f) Access to services
Access to services was seen as an issue, with specific concerns raised in relation to frail older people, older people living in rural areas, the Chinese community and transport.
A carer said “You have to be pushy/be a nuisance/be hard work”.
“You have to fight for what you need – it’s not equal”.
“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”.
“How to deliver to remote and rural settings?”
“I am worried that the services you intend to invest in will all be located in the city and market towns of Oxfordshire”.
“We have extreme difficulties communicating because of language difficulties”.
“GP’s are helpful but difficult to book interpreters”.
“We really miss the services of a Cantonese speaking social worker”.
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.
“Getting to the GP and health appointments is a problem”.

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”.
“How does your strategy meet this challenge”?
“Some communities are closed and hard to help”.
“Isolation is a particular problem in the City due to the relatively high numbers of older people living in single person households. Isolation particularly impacts on black and ethnic minority communities”.

h) Dignity and respect
People felt that dignity and respect should be a cross cutting theme 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”.
“For me the main item is to be treated with dignity and respect. To my mind this is the most important item because it is the main one that is delivered by other people. Most of the others are part of the system, this one is not”.

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

“There should be more emphasis on what people can do to stay well and participate actively”.
“Support should be preventative”.
“Avoid being over protective”.
“Recognising what older people give to communities, not just what they take”.

j) How will we measure progress?
Several comments were made about the indicators identified to measure progress.
“The Health and Wellbeing Strategy indicators have been quoted out of context”.
“...ensuring achievement of the relevant outcomes measures in the Commissioning Outcomes Framework and NICE standards would be very useful measures to show what success looks like”.

There were specific concerns relating to the indicator – ‘no more than 400 people admitted to a care home from October 2012’.

“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”.

“How can you say that 400 will need residential care as the population ages and more people with dementia will be identified”?

“"We will also invest in community services to achieve better outcomes for people”
There is something about outcomes being measured against Care Quality Commission Outcomes, and how we can provide evidence of what we are doing about sticking points in our ever evolving improvement of services.’

k) Communication
Communicating the vision and priorities in the strategy was seen to be important as was the culture change needed to implement it.

“Again, I fully support these initiatives but to implement them someone needs to get the message out to all concerned and ensure service providers are kept in touch with everything”.
“Culture change and informing the public is necessary”.
“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.

“Professionals have an attitude they were not trained for this”.
“We have to change how we do things”.
“Relationships are fundamental to proper quality management”.
“It depends on the extent to which any services that are supplied by external agencies are closely monitored…”

m) Services working well together
People saw the joining up of services as vital to implementing the priorities in the strategy.
“Without this none of the priorities are achievable”. (Priority 6)
“I see health and social care services working well together. This should be all services that contribute and not just health and social care”.
“It is important that all service providers work together to deliver seamless care. It is good to see that you are embracing this concept in the strategy. We need to ensure people are aware of what support is available and that all providers work together and are aware of what each other has to offer”.
“Since I was born in Oxford 81 years ago - and have lived in the county for all but 7 years since then - I and my family have benefitted many times from superb NHS services at GP and hospital level. With many friends of our age we are well aware of the increasing demands being made on NHS and local authority services by them (and us!) and are glad to see growing attention to the needs of the elderly. Co-ordination of hospital and home/community care is a key requirement.”

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”.

The strategy “should say ‘I and my carers’ throughout to ensure the emphasis on carers runs through the whole document”.
“The weight is on informal carers”.

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.
“Aim to reduce stigma”.
“More education and information about dementia”.
“People need to feel safe to live at home”.

p) Accountability
Older people appreciated the opportunity to contribute to the strategy but wanted to be kept informed on progress with delivering the priorities.
You have got it right in coming to talk to older people about the Older People’s Strategy”!
“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.
“Examples of late in the day discharges continue to happen.”
“Talk through the issues very early on.”
“Value of the team (rather than named nurse) system in operation at NOC works well.”
9 Next steps

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
To become involved in future events related to this strategy; please register your interest with the Public Involvement Network.

10 Appendix 1. The “I” Statements: What will success look like?

Older people, their families and carers, regardless of who they are, where they live and what their needs are, will be able to say:

a) I am generally healthy and I am aware of and supported to take actions to help me remain as healthy as possible as I become older.

b) I am aware of and able to access services and advice to keep me healthy and/or if I need help.

c) I take advantage of the free screening programmes available to me including the NHS health checks programme.

d) I am treated with dignity and respect.

e) I am given control of my care and support and supported to make choices in my daily life.

f) I do not have to describe what my needs are again and again to lots of different professionals and the services that support me are of the right level to cater for my individual needs.
g) I am protected from avoidable harm and supported to live safely in my home environment, yet I have my own freedom to make independent and informed choices.

h) I understand how my care and support works, my care is regularly reviewed in my best interests, and I know what the options are for what happens next.

i) I see public money being spent well by joined up services, without duplication and waste and in a fair and consistent way.

j) I am helped and supported to keep in touch with my family and friends.

k) I get the right treatment and medication for my needs and I get the support I need in the right setting.

l) I am happy with the quality of my care and support

m) I find that all local organisations have policies that support me to maintain my independence and good quality of life.

11 Appendix  2. Supporting information

- **Carer** - Someone of any age who looks after a relative, partner, friend or neighbour who has an illness, disability, frailty, or addiction. The help they provide is not paid for as part of their employment.

- **Commissioning** - The process by which the health and social care needs of local people are identified, priorities determined and appropriate services purchased.

- **District and City Councils** - These cover a smaller area than county councils. They are responsible for services like: Rubbish collection; Recycling; Council Tax collections; Housing

- **Extra Care Housing** - A self-contained housing option for older people that has care support on site 24 hours a day.

- **Facebook** - Social networking website

- **Intranet** - A private computer network open to users working within an organisation to share information, news and documents

- **LINk** – The Local Involvement Network (soon to be Healthwatch)

- **OCCG** – Oxfordshire Clinical Commissioning Group

- **OCC** – Oxfordshire County Council

- **PCT** - Primary Care Trust

- **Public Involvement Network** - The PIN is the mechanism for ensuring that the Health and Wellbeing Board, the three partnership boards, the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment are informed by the opinions and experiences of the people of Oxfordshire.

- **Stakeholders** - A person or group with a direct interest, involvement, or investment in something. Stakeholders are individuals or organisations that have a direct interest in a service being provided.

- **Twitter** - Twitter is a social networking tool aimed at enabling its users to exchange up-to-the-minute news and opinions on specific topics.