

PEOPLE OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the meeting held on Wednesday, 4 December 2024 commencing at 10.00 am and finishing at 11.49 am

Present:

Voting Members: Councillor Kieron Mallon - in the Chair

Councillor Imade Edosomwan
Councillor Trish Elphinstone
Councillor Jenny Hannaby
Councillor Nick Leverton
Councillor Michael Waine

Other Members in Attendance: Cllr Tim Bearder, Cabinet Member for Adult Social Care;
Cllr Dan Levy, Cabinet Member for Finance

Officers: Karen Fuller, Director of Adult Social Care;
Victoria Baran, Deputy Director of Adult Social Care;
Ramone Samuda, Adult Social Care Assurance Lead;
Richard Doney, Scrutiny Officer;
Ben Piper, Democratic Services Officer

The Council considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and decided as set out below. Except insofar as otherwise specified, the reasons for the decisions are contained in the agenda and reports, copies of which are attached to the signed Minutes.

26/24 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS (Agenda No. 1)

Apologies were received from Cllrs Bulmer, Graham, and Rooke.

27/24 DECLARATION OF INTERESTS (Agenda No. 2)

There were none.

28/24 MINUTES (Agenda No. 3)

The Minutes for the meeting held on 19 September 2024 were **AGREED** as a true and accurate record.

29/24 PETITIONS AND PUBLIC ADDRESS (Agenda No. 4)

There was none.

30/24 CQC ASSURANCE UPDATE

(Agenda No. 5)

Cllr Tim Bearder, Cabinet Member for Adult Social Care, was invited to present a report on the CQC Assurance Update. Karen Fuller, Director of Adult Social Care, Victoria Baran, Deputy Director of Adult Social Care, and Ramone Samuda, Adult Social Care Assurance Lead, were invited to answer the Committee's questions.

The Cabinet Member for Adult Social Care noted that the Quality Care Commission (CQC) would be assessing the County Council in January 2025, their first visit since 2010. He stressed the significance of this assessment to highlight the good work that had been done and to identify areas for improvement. The service looked forward to showcasing the Council's efforts. Emphasising the importance of prioritising individuals' voices, as highlighted by the CQC, remained key.

Officers summarised preparations for the upcoming CQC inspection, discussing the self-assessment with more than 250 pieces of evidence submitted in July. They highlighted strengths like dedicated staff, user satisfaction, strong commissioning, and an environment of constant learning, and acknowledged challenges such as reducing waiting lists, improving access to information, housing options, and data use. An improvement plan included embedding the Oxfordshire Way, enhancing co-production, improving data and transforming pathways. Progress had been made in reducing assessment wait times, safeguarding enquiry delays, Deprivation of Liberty Safeguards backlog, and improving relationships with care homes. Efforts continued to amplify the voice of individuals and to enhance plain language use.

Members asked about the impact of COVID-19 on service and assessment wait times. Officers explained that demand for assessments and services increased during the pandemic as people preferred to stay at home, creating a post-COVID backlog. The spike in demand was notable for Deprivation of Liberty Safeguards (DoLS) assessments due to more referrals and better relationships with private homes. However, it was emphasised that general assessments by locality teams did not see a significant post-COVID spike, and improvements in timeliness were due to internal process changes.

Members enquired whether the current staffing levels were adequate to maintain reliability and flexibility, ensuring that safeguarding issues were properly addressed and that waiting times did not increase.

It was stressed that safeguarding was a shared responsibility; it was Everybody's Business. This meant all social workers and areas of adult social care were expected to address safeguarding concerns, ensuring a collaborative approach to risk management.

There was close monitoring of demand and collaboration across teams to balance workloads and feedback from locality teams was provided. This ensured efficient management of enquiries and that no team was overwhelmed.

Members were keen to ensure this collaboration and adaptability was communicated to the CQC assessment team.

There was a culture of learning and sharing best practices across departments, with frontline practitioners enhancing service delivery. For example, collaboration with the Social and Health Care Team reduced the time for individuals to enter adult social care, involving project planning, audit trails, and weekly meetings. These measures were documented to present to the CQC, demonstrating effective working practices. Maintaining clear records of adapted and improved processes, like project plans and audit trails, provided evidence to the CQC of effective practices.

Members were encouraged by the reported joint work across children's and adult services in moving into adulthood transitions for young people as they became adults but explored what some of the common challenges were that service users experienced during the transition, as well as what support the council offered to overcome these challenges.

The transition involved navigating different legislative frameworks between children's and adults' services, posing challenges for service users and their families. There was often a significant change in the expectations and understanding of available services once a young person turned 18. This transition required careful management. The Council had established a dedicated Moving into Adulthood team, assigning a named link worker to young people from the age of 16. This worker conducted assessments at around 17.5 years old to ensure that services were in place by the time the young person turned 18.

The Council had collaborated with voluntary partners to create a Moving into Adulthood handbook, providing clear guidance and information to young people and their families about the transition process. Additionally, the Council had developed strong connections with colleges and other educational institutions to support young people during their transition. Feedback from families and service users was regularly collected to identify areas for improvement and enhance the transition process.

The discussion continued onto the Care Leaver offer, with a desire expressed by Members to see the offer extended to other groups, such as the district councils. Officers acknowledged that the Council recognised the need to expand this offer, and there was an ambition to work more closely with other public sector organisations and local businesses to enhance the opportunities available to care leavers.

Members noted the report's positive feedback on integrated commissioning arrangements in health and social care, providing a cohesive service. Members noted officers' confidence that the strong joint working and integrated commissioning arrangements would continue despite the recent changes to the BOB ICB's operating model. The Council and the ICB had a joint commissioning team and were committed to continuing their collaborative efforts. Examples of successful joint work included the care home framework and integrated neighbourhood teams, which demonstrated the benefits of their collaborative approach. The importance of continuing integration was emphasised, to maintain the positive impact of joint working on service delivery.

Members also enquired about how the Discharge to Assess process optimised hospital flow without compromising patients' receipt of appropriate assessments and care. The Council had a strong Transfer of Care Hub, which was a multidisciplinary setting where each case was discussed to determine the most appropriate pathway for the patient. The Council had taken feedback from Healthwatch seriously, ensuring that informal carers were involved in the discharge planning process when needed. The Council retained the ability to conduct assessments in the hospital, if necessary, particularly in cases where there were safeguarding concerns.

However, the majority of assessments were conducted at home to achieve better outcomes for patients. There were clear parameters in place to ensure that patients received appropriate assessments and care, with a focus on delivering better outcomes through home assessments.

Members explored the service's use of data and how the data had been used to tackle inequalities. Officers provided an example of using data to identify areas with a higher prevalence of falls. By analysing this data, they could implement targeted interventions to reduce falls and prevent hospital conveyances. These targeted interventions were part of the efforts to address inequalities by focusing on specific areas and improving health outcomes. The data was also used to support integrated neighbourhood teams, which worked collaboratively to address health and social care needs in specific localities.

Members raised concerns that ongoing digitalisation might diminish the personal aspect of the care provided. They sought clarification on how these concerns had been addressed and how individual personalities could be identified within the records. It was explained that the recording system had been designed to ensure that the person's voice and perspective were clearly documented. This included using the first person in assessments to reflect the individual's own words and wishes and the use of free text rather than solely drop-down options.

Officers discussed the trial of a new digital technology called Magic Notes, which allowed for app-based assessments. This technology enabled social workers to have natural conversations with individuals and then extrapolated the information into a person-centred document.

Members considered the recruitment and retention practices of adult social services, focusing on their impact on building strong patient-carer relationships. They sought to understand how these practices influenced trust and rapport between caregivers and patients, which were essential for delivering high-quality care. Concerns were raised about the effectiveness of strategies in fostering long-term relationships, especially given fluctuating and short-term care arrangements.

10 apprentice social workers had been recruited with over 300 applications received. Targeted recruitment campaigns for social workers and occupational therapists had been more successful than previous efforts, indicating a positive response to the Council's branding and recruitment strategies.

The Council's recruitment strategy focused on both candidate quality and quantity. By branding itself as an employer of choice, it attracted a diverse and talented pool

committed to community impact. Targeted campaigns helped reach specific professionals with needed skills and exit interviews provided insights into employee departures, informing retention improvements and addressing staff dissatisfaction.

The Council had implemented continuous learning and development programs to provide employees with professional growth opportunities. This approach to staff development was aimed at retaining skilled professionals and promoting a culture of excellence in adult social care services.

Officers emphasised the importance of building relationships with individuals, which sometimes required multiple visits to build trust and understand their needs fully. The home care system was organised into patch areas to ensure that care agencies could provide consistent care, with the same carers visiting individuals regularly to build long-term relationships. The Council regularly reviewed care provider relationships and sought feedback from individuals to ensure that care was delivered effectively and met service user needs.

Officers had identified some risks related to assessments, particularly in terms of timeliness. While the service had made significant improvements, it recognised that people sometimes waited longer than they should. However, there was a strong commitment to improving this area. Although intensive care provision and other peripheral services had been enhanced, ongoing improvement remained necessary.

Additionally, despite excelling in co-production and engagement strategies, there needed to be a focus on personalising individuals' journeys effectively. Despite progress, there was still work to be done in this area.

Continuing the theme of co-production, Members noted the approach developed by the Adult Social Care team. They observed how people had been brought together and how co-production influenced their work and practices. Members asked what lessons other services could learn from Adult Social Care.

The Director of Adult Social Services highlighted that the Council had maintained a dedicated co-production team for several years, collaborating with service users to enhance its offerings. For instance, having co-produced the adulthood transition team by redesigning it based on feedback from those who utilise the services. Co-production should be deeply embedded in all of the services and Councils activities, and it required engaging in meaningful dialogues to gain a comprehensive understanding of individuals' needs.

Adult Social Care had broadened their efforts to incorporate a wider array of perspectives beyond the familiar voices. For example, in developing strategies for learning disabilities and autism, they had conducted public sessions to gather input from the community. This approach, although different from our previous methods, had proven to be highly effective.

The Co-production Handbook was available on their website, and all councillors were urged to review it. Additionally, a regular Co-pro Hour was hosted in the service and presented by a dedicated team. This session was both informative and dynamic, and Members were highly recommended attend.

Members discussed the collaborative efforts with NHS partners, particularly focusing on the timeliness of assessments. This aspect was crucial for the forthcoming CQC evaluation and is considered a key indicator at the national level for such assessments. Members enquired about the measures taken by the Council to enhance the timeliness of assessments, as well as the contributions and involvement of NHS partners in this regard.

Officers highlighted the collaborative efforts with NHS partners, particularly in areas such as hospital discharge and integrated neighbourhood teams. These efforts were essential for ensuring timely assessments and effective care delivery. NHS workers worked closely with adult social care teams, often making it difficult to distinguish between NHS and social care services.

Although there may have been occasional delays, strong working relationships allowed for the prompt escalation of significant needs or risks, ensuring a response. The council's integrated working approach with NHS partners facilitated timely assessments, with effective communication and coordination between different teams.

It was important for locality teams to understand their case lists, especially when managing smaller ones. Risks were assessed as new cases came in, prioritising urgent situations through the "next to be seen" system, so that urgent cases were addressed promptly rather than waiting in line. The council had mechanisms to escalate and prioritise urgent cases, ensuring that individuals with the highest needs were assessed promptly. This approach helped manage the timeliness of assessments effectively.

The Committee **AGREED** to the following actions:

- To reduce the number of acronyms and abbreviations used in reports to ensure reports are accessible for all.
- To receive a comparison and analysis of Oxfordshire Adult Social Care staff recruitment and retention compared to national statistics.

31/24 COMMITTEE FORWARD WORK PLAN

(Agenda No. 6)

The Committee **AGREED** to the proposed work programme for the forthcoming meetings subject to the following amendments.

- Confirmation of the provisional meeting on 13th February 2025
- Clarity over what would be covered during the inequalities item
- Addition of a report about the use of technology in the service area, and how that impacts older generations without limiting their access

32/24 COMMITTEE ACTION AND RECOMMENDATION TRACKER

(Agenda No. 7)

The Committee **NOTED** the progress made on the Action and Recommendation Tracker.

33/24 RESPONSES TO SCRUTINY RECOMMENDATIONS
(Agenda No. 8)

There were none.

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Date of signing