

Notice of a Meeting

Adult Services Scrutiny Committee Tuesday, 6 December 2011 at 10.00 am County Hall

Membership

Chairman - Councillor Don Seale

Deputy Chairman - Councillor Mrs Anda Fitzgerald-O'Connor

Councillors:

Jenny Hannaby

Ian Hudspeth

Peter Jones

Larry Sanders

Dr Peter Skolar

Richard Stevens

Alan Thompson

David Wilmshurst

Notes:

Date of next meeting: 15 December 2011

What does this Committee review or scrutinise?

- Adult social services; health issues;

How can I have my say?

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am on the working day before the date of the meeting.**

For more information about this Committee please contact:

Chairman	-	Councillor Don Seale E.Mail: don.seale@oxfordshire.gov.uk
Committee Officer	-	Simon Grove-White, Tel: (01865) 323628 simon.grove-white@oxfordshire.gov.uk



Peter G. Clark
County Solicitor

November 2011

About the County Council

The Oxfordshire County Council is made up of 74 councillors who are democratically elected every four years. The Council provides a range of services to Oxfordshire's 630,000 residents. These include:

schools	social & health care	libraries and museums
the fire service	roads	trading standards
land use	transport planning	waste management

Each year the Council manages £0.9 billion of public money in providing these services. Most decisions are taken by a Cabinet of 9 Councillors, which makes decisions about service priorities and spending. Some decisions will now be delegated to individual members of the Cabinet.

About Scrutiny

Scrutiny is about:

- Providing a challenge to the Cabinet
- Examining how well the Cabinet and the Authority are performing
- Influencing the Cabinet on decisions that affect local people
- Helping the Cabinet to develop Council policies
- Representing the community in Council decision making
- Promoting joined up working across the authority's work and with partners

Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 6 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the Cabinet, the full Council or other scrutiny committees. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. Apologies for Absence and Temporary Appointments

2. Declarations of Interest - see guidance note

3. Minutes (Pages 1 - 6)

To approve the minutes of the meeting of October 25th 2011 (**AS3**), and to note for information any matters arising on them.

4. Speaking to or petitioning the Committee

5. Director's Update

10:00

John Jackson, Director of Social and Community Services, will deliver an update on Local and National issues in Adult Services.

6. Pooled budgets (Pages 7 - 14)

11:00

John Jackson will brief the committee on plans to move towards a fully operational pooled budget for Older People with the NHS.

A cover report is attached at **AS6a**, with a substantive report at **AS6b**. An annex showing the national outcomes for Older People is attached at **AS6c**.

7. Adult Services Budget

11:30

John Jackson will brief the committee on the proposed Budget for Adult Services for 2011/12.

The directorate business strategy paper will be tabled at the meeting.

8. Outsourcing of Independent Living Services for People with a Learning Disability

12:15

John Jackson will address the committee's questions on the outsourcing of independent living services for people with a learning disability, with particular reference to the proposed social enterprise delivery model.

9. Continuing Healthcare (Pages 15 - 18)

12:45

John Dixon, Deputy Director for Adult Services, will brief the committee on Continuing Healthcare. Fenella Trevillion, Head of Joint Commissioning at Oxfordshire PCT, and Paul Cann, Chief Executive of Age UK Oxfordshire, will field questions from the committee.

A report outlining operations, auditing, and performance benchmarking is attached (**AS9**).

10. LINK Update (Pages 19 - 22)

13:15

Adrian Chant and Sue Butterworth will deliver an update from the Local Involvement Network and field questions from the committee on recent developments. Rosamund Southgate will update the committee and field questions on Oxfordshire HealthWatch.

A copy of the update is attached (**AS10**).

11. Forward Plan

13:25

Committee members are invited to propose items for future meetings of the committee.

13.30 Close of Meeting

Declarations of Interest

This note briefly summarises the position on interests which you must declare at the meeting. Please refer to the Members' Code of Conduct in Part 9.1 of the Constitution for a fuller description.

The duty to declare ...

You must always declare any "personal interest" in a matter under consideration, i.e. where the matter affects (either positively or negatively):

- (i) any of the financial and other interests which you are required to notify for inclusion in the statutory Register of Members' Interests; or
- (ii) your own well-being or financial position or that of any member of your family or any person with whom you have a close association more than it would affect other people in the County.

Whose interests are included ...

"Member of your family" in (ii) above includes spouses and partners and other relatives' spouses and partners, and extends to the employment and investment interests of relatives and friends and their involvement in other bodies of various descriptions. For a full list of what "relative" covers, please see the Code of Conduct.

When and what to declare ...

The best time to make any declaration is under the agenda item "Declarations of Interest". Under the Code you must declare not later than at the start of the item concerned or (if different) as soon as the interest "becomes apparent".

In making a declaration you must state the nature of the interest.

Taking part if you have an interest ...

Having made a declaration you may still take part in the debate and vote on the matter unless your personal interest is also a "prejudicial" interest.

"Prejudicial" interests ...

A prejudicial interest is one which a member of the public knowing the relevant facts would think so significant as to be likely to affect your judgment of the public interest.

What to do if your interest is prejudicial ...

If you have a prejudicial interest in any matter under consideration, you may remain in the room but only for the purpose of making representations, answering questions or giving evidence relating to the matter under consideration, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise.

Exceptions ...

There are a few circumstances where you may regard yourself as not having a prejudicial interest or may participate even though you may have one. These, together with other rules about participation in the case of a prejudicial interest, are set out in paragraphs 10 – 12 of the Code.

Seeking Advice ...

It is your responsibility to decide whether any of these provisions apply to you in particular circumstances, but you may wish to seek the advice of the Monitoring Officer before the meeting.

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Agenda Item 3

ADULT SERVICES SCRUTINY COMMITTEE

MINUTES of the meeting held on Tuesday, 25 October 2011 commencing at 10.00 am and finishing at 13.10

Present:

Voting Members: Councillor Don Seale (Chairman)
Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman)
Councillor Ian Hudspeth
Councillor Peter Jones
Councillor Larry Sanders
Councillor Dr Peter Skolar
Councillor Richard Stevens
Councillor Alan Thompson
Councillor David Wilmshurst
Councillor Janet Godden (Present as substitute for Councillor Jenny Hannaby)

Other Members in Attendance: Councillor Arash Fatemian

By Invitation:

Officers:

Whole of meeting John Dixon
Sara Livadeas
Simon Grove-White

Part of meeting Dr Steven Richards
Fernella Trevillion
Andrew Colling
John Morgan
Simon Kearey
Natalia Latchkou
Adrian Chant
Sue Butler

Agenda Item Officer Attending

The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting, together with a schedule of addenda tabled and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.

159/11 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Councillor Jenny Hannaby sent apologies and nominated Councillor Janet Godden as a substitute.

160/11 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE

(Agenda No. 2)

None

161/11 MINUTES

(Agenda No. 3)

The minutes of the meeting of September 6th 2011, were approved.

162/11 SPEAKING TO OR PETITIONING THE COMMITTEE

(Agenda No. 4)

None

163/11 DIRECTOR'S UPDATE

(Agenda No. 5)

John Dixon, Deputy Director for Adult Services, updated the committee on local and national developments:

Structure changes - The recent changes in functional responsibility for the Directorate Management Team were outlined. Sara Livadeas, Deputy Director for Joint Commissioning will focus on Commissioning across CEF and SCS, John Dixon, Deputy Director for Adult Services, will focus on Localism and the Personalisation agenda, and Simon Kearey, Head of Strategy and Transformation, will focus on infrastructure development. Recent developments in commissioning and localism were discussed further:

Commissioning – The appointment to the Deputy Director for Joint Commissioning is the first step in reshaping the commissioning process. The aim is to deliver joined up services across the age ranges, ensuring a smoother transition at key junctures. This will result in a more holistic family-based model of commissioning. An autism board has been set up to look at issues from a family perspective with children and parents on its membership. The board recently met for the first time.

John Jackson is working with Steven Richards, Chairman of the Oxfordshire Clinical Commissioning Consortium, on the governance arrangements for joint commissioning with the NHS including the need to improve the functioning of the pooled budget.

Members questioned whether there was an overemphasis on the inadequacy of current transitioning between children and adult services. Sara Livadeas suggested

that there were a number of areas in which improvements could be made, for example children accessing out of county services. This is a major driver in plans to develop a local autism facility in the county.

Localism – Increased locality working is well underway and will complement the changes within commissioned services. A major aim is to devolve decision making to the lowest level. We are already seeing increased member involvement in decisions through the new commissioning model for tier two day services. Increasing the penetration of self-directed support will ensure that more decisions are taken by individuals in receipt of care.

A new set of performance measures are being developed by the Deputy Directors to manage the performance of locality teams. These developments will result in greater performance accountability and achievement within services.

The committee requested some transparency on the level of individual spending under the self-directed support model compared with the previous model. John Dixon assured the committee that this is an ambition but is not currently possible.

In response to questions around the capability of elected members to commission local services, the Cabinet member for Adult Services responded that, as with the day opportunities, members will be briefed and will receive appropriate training prior to any decisions.

Officers **AGREED** to distribute a summary of key dates in the Day Opportunities process.

The South East Cabinet Members and the LGA are submitting a response to the Dilnot commission.

Arash Fatemian, Cabinet Member for Adult Services, **AGREED** to circulate a link to the presentation by Andrew Dilnot on the future funding of Social Care.

164/11 DELAYED TRANSFERS OF CARE

(Agenda No. 6)

Steven Richards, Chairman of the Oxfordshire Clinical Commissioning Consortium, updated the committee on recent developments regarding delayed transfers of care and outlined the measures in place to improve performance. These developments are outlined in the attached briefing note (**AS6**).

Members were encouraged by the level of attention the issue is currently receiving and acknowledged that recent developments may take time to translate into performance improvements.

The committee requested an update on performance at the meeting in March.

165/11 CARERS CONTRACT

(Agenda No. 7)

John Pearce, Service Manager for Strategic Commissioning, discussed the content of the attached report (**AS7**).

Members raised concerns about the loss of the Oxford facility used by the Oxford Young Carers Project and questioned whether the current arrangement would adequately meet the needs of young carers.

Officers stated that although the current project is run in partnership with Age UK, the provider is aware of the need to connect to young carers. It was also pointed out that the new Early Intervention hubs will be the first point of contact for referrals of young carers.

The committee **AGREED** that the issue of identification and support for young carers will be raised at the next meeting of the children's services scrutiny committee.

166/11 BROKERAGE UPDATE

(Agenda No. 8)

Andrew Colling, Contracts Team Service Manager, gave an update on the first year performance of the Brokerage Service. A detailed summary is attached (**AS8**).

The committee discussed the experience of users, questioning whether the feedback samples were of sufficient size to draw firm conclusions on current performance. Officers assured the committee that work is underway to develop more robust monitoring systems.

167/11 SOUTHERN CROSS UPDATE

(Agenda No. 9)

Andrew Colling gave a verbal update, outlining the approach taken by the directorate in managing the collapse of the Southern Cross care group. The transfer of the 6 Oxfordshire care homes was coordinated with ADASS and CQC. The homes will be transferred to two new providers, Methodist Homes and Four Seasons, in a two phase process. The following transfers were complete at the end of September:

- Brookfield – Methodist Homes
- Mill House – Four Seasons
- Longlands – Four Seasons
- The Triangle – Four Seasons

The following transfers will be complete by the end of October:

- The Albany – Four Seasons
- The Crown – Four Seasons

County council officers have held positive meetings with the new providers.

Members expressed concerns regarding the financial viability of other care home providers and sought assurances that the service would be prepared if similar problems emerged elsewhere. Andrew Colling assured the committee that the financial position of all providers was closely monitored and future difficulties would be dealt with early.

168/11 LINK UPDATE

(Agenda No. 10)

Adrian Chant and Sue Butler discussed the attached update on the Local Information Network (**AS10**).

Adrian Chant **AGREED** to table a report on care home visits for the meeting of March 6th.

169/11 ALERT SERVICE

(Agenda No. 11)

Simon Kearey, Head of Strategy and Transformation, briefed the committee on the Alert Service, as outlined in the attached document (**AS11**) with particular reference to new assessment guidance produced in conjunction with the Oxford Citizens Housing Association. Lessons have been learned regarding the central importance of extensively communicating service changes.

The committee questioned the legal basis of the changes pointing to the case of Smith vs Portsmouth City Council. Cllr Arash Fatemian, Cabinet member for Adult Services, **AGREED** to circulate a written response on the legal ramifications of the Portsmouth case.

170/11 FORWARD PLAN

(Agenda No. 12)

Members requested information on the current financial strength of the Four Seasons care group. It was **AGREED** that this would be mentioned in the directors update at the December 6th meeting of the committee.

171/11 CLOSE OF MEETING

(Agenda No. 13)

The meeting closed at 13:10

..... in the Chair

Date of signing

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Adult Services Scrutiny Committee 6th December 2011

Older People pooled budget

Report by the Director for Social & Community Services

Introduction

1. One of my objectives during my time working alongside the Oxfordshire Clinical Commissioning Group (OCCG) is to consolidate on the existing joint working between health and social care.
2. Oxfordshire has a national reputation for the work we have done already. This reputation is deserved for our work on adults with learning disabilities which has led to good quality outcomes and a relatively low level of spending. More recently, we have copied those arrangements in the pooled budget and joint management group that oversees the work on adults with mental health problems. Outcomes tend to be good for this client group as well (and spending relatively low).
3. We do not have the same sort of arrangements in place for older people (or for that matter for younger adults with a physical disability). On the surface this is the largest "pooled budget" of all. However, in practice it is not a genuine pool. Spending is aligned rather than pooled. Any overspendings are the responsibility of the relevant organisation. In addition, only a very small part of the NHS money that is spent on older people is included within the remit of the Joint Management Group. Not surprisingly, the outcomes for older people in Oxfordshire are relatively less good and we spend relatively more.
4. Both Dr Stephen Richards and I expressed a wish when you met jointly with Health Overview Scrutiny Committee in September to move towards a genuine pooled budget which brings together all the resources available to health and adult social care for the support of older people with complex conditions. This would allow us to move resources around to focus on stopping older people needing the more intensive and expensive forms of care.
5. Attached is a draft paper that reflects discussions that I have had with various County Council officers and also colleagues within OCCG. In practice, the proposals build on the good practice that has been established for both the learning disabilities and mental health pools and also some of the improved arrangements for the older people pool that have been introduced in the last year.
6. The purpose of bringing this draft paper to you today is to enable you to discuss the idea of moving towards a genuine pool for older people. I have had informal discussions with Councillor Fatemian who supports this development as do the Cabinet. The same information has also been discussed at the Transition Board of OCCG. This Board brings together all the GP Locality Leads. They expressed their support for the overall direction.

Adult Services Scrutiny Committee 6th December 2011
Older People pooled budget

7. The next stage will be for the two organisations to get together to work through the details in the report. Assuming that we can reach agreement this will be reflected in a new Section 75 agreement which will require Cabinet approval. I am presuming that this Committee will also want to discuss the details as well.

John Jackson
Director for Social & Community Services
23rd November 2011

Restructured Older People Joint Management Group and pooled budget: a possible approach

Remit

Health and social care for frail older people¹

Resources

All resources devoted by the Oxfordshire Clinical Commissioning Group (OCCG) and Adult Social Care specifically for the benefit of frail older people. Analysis undertaken for the previous Health and Well Being Board suggests that this is nearly £300m. This comprised: adult social care £100m (already in the pool); continuing health care and rehabilitation £25m (already in the pool); acute care £93m; community care £26m; prescribing £27m.

Objectives

1. To achieve the best possible outcomes for frail older people – maximise their independence, maximise their enjoyment of their remaining years, minimise their need for health and social care.
2. To ensure that health and social care help deliver these outcomes in a seamless way where the individual sees no differences in the support they receive from different organisations.²
3. To ensure that the quality of health and social care that is provided is of high quality.
4. To ensure that public resources are used in the most effective and efficient manner.

Outcomes for Older People

This will require further discussion but they should be based on the final national outcomes for older people (see Annex A).

Accountability

To the Adult Health & Social Care Board (and through them to the Health and Wellbeing Partnership Board), the OCCG Board and the County Council's Cabinet.

Financial risks

1. Both OCCG and the County Council will be worried about their possible exposure to financial pressures within the system which are currently managed by only one organisation. Examples within this possible pool are: unanticipated increases in the demand for or cost of adult social care

¹ This is a different focus from the current older people pool because this is targeting activities on those older people who are frail (or may become so in the near future). This makes sense because this is how the money is spent at the moment. It is also consistent with the development of a frail older persons pathway which has already been agreed between adult social care and the PCT.

² With the sole exception of charging for social care.

Restructured Older People Joint Management Group and pooled budget: a possible approach

- or inadequate budgets (e.g. continuing health care, unplanned health care, equipment).³
2. In principle, the solution should be to work on the basis that the pool should define the total resources available to be spent in any one year with no extra resources available. Resources should be moved around to fund the most effective and efficient forms of care. In practice, some contingency resources will be necessary to help cope with the fluctuations in the demand for care during the year.
 3. A further dimension is that both Oxfordshire Clinical Commissioning Group and adult social care are keen to see the delegation of a significant element of the budget to localities.⁴ One option may be to allocate as much as the budget to localities (however defined) with sums retained centrally to act as the contingency described above.
 4. We need to understand the impact of financial and other incentives on different organisations (whether they are commissioning care or responsible for providing care).

Membership of the Joint Management Group

1. This would be on a similar basis to now. Both OCCG and adult social care would have two nominated votes each. In the case of adult social care, this would be the Deputy Director (Joint Commissioning) plus a finance vote. In the case of the unavailability of the Deputy Director, this would pass to the Director. The expectation is that the decision making by OCCG would be at a similarly senior level (they will need to decide whether this is by a GP or by a senior manager).
2. Older people would have 3 representatives selected by the Health and Social Care Panel. They would have the right to attend and speak (on all items) but not vote.
3. We have recently started involving the two major health providers in the JMG discussions (Oxford University Hospitals Trust and Oxford Health). These two providers would continue to have the right to attend and speak on all issues except where this would invalidate the procurement process. We will need to consider further whether we should have some involvement by adult social care providers (who are a much more diverse group).

Method of operation

1. Monthly meetings which focus on the key decisions and monitoring of performance against the key targets.
2. Short papers which concentrate on the key issues.

³ There are issues in other pools notably the adult social care budget for younger adults with physical disabilities and the adult social budget for residential mental health placements

⁴ How these are defined will require further discussion. The GP localities are similar to the local teams within adult social care. Both are larger than the County Council's locality areas although these may be most relevant to individual GP practices.

Restructured Older People Joint Management Group and pooled budget: a possible approach

3. Analysis and consultation should take place before the meeting⁵.
4. Frank and open discussion.
5. Information provided to the JMG is likely to appear in public reports following the meeting.
6. Involvement of older people in the meeting and wider engagement with a larger group of older people (through the Health and Social Care panel supported by Age UK Oxfordshire).

Potential timescale if the new arrangements are approved

1. This issue was discussed at the OCCG Transition Board on 1st November 2011.
2. The new arrangements will be subject to a Section 75 agreement which will have to be approved by both the Cabinet and the PCT Cluster Board (OCCG do not have the formal powers to make such an agreement at this point in time).
3. Formal approval is likely to take some time as all parties need to be satisfied not only with the principles that underpin the agreement but also the precise details (such as which budgets should be included and how risks will be managed). This means that it is unrealistic to assume that the new arrangements can be up and running by 1st April 2012. However, I think we should aim to agree the principles by then (and to have done so formally and publicly. This would allow shadow arrangements to be introduced on 1st April (or soon as possible thereafter) for full scale implementation on 1st April 2013.

John Jackson
23rd November 2011

⁵ We need to control the supporting arrangements that sit behind the JMG. There has to be the opportunity for regular liaison and discussions but this should not be reflected in a myriad of unstructured and unproductive meetings.

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Outcomes for Older People

Annex A

Health*	Adult Social Care **
<p>Life expectancy at 75 (1b)</p> <p>Emergency admissions within 28 days of discharge from hospital (3b)</p> <p>Improving recovery from stroke (3.4)</p> <p>Improving recovery from fragility fractures (3.5)</p> <p>Helping Older People to recover their independence after illness or injury (3.6)</p> <p>Improving experience of care for people at the end of the lives (4.6)</p>	<p>Enhancing quality of life for people with care and support needs (1A)</p> <p>Proportion of people who use services who have control over their daily life (1B)</p> <p>Permanent admissions to residential and nursing care (2A)</p> <p>Proportion of Older People (65 & over) who were still at home 91 days after their discharge from hospital into reablement/rehabilitation service (2B)</p> <p>Delayed transfers of care from hospital and those which are attributable to adult social care (2C)</p> <p>Overall satisfaction of people who use service with their care and support (3A)</p> <p>Proportion of people who use services who find it easy to find information about services (3D)</p> <p>Proportion of people who use services who feel safe (4A)</p> <p>Proportion of people who use services who say that those services have made them feel safe and secure (4B)</p> <p><i>Those aged 65+ only.</i></p>
<p>*NHS outcomes framework and public health priorities September 2011.</p>	<p>**Adult Social Care outcomes framework – handbook of definitions.</p>

Public Health***

Older people’s perception of community safety (D2.17)
 Emergency readmissions to hospitals within 28 days of discharge (D4.13)
 Health related quality of life for Older People (D4.14)
 Acute admissions as a result of falls or falls injuries for over 65s (D4.15)

***From consultation document published December 2010.

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Update on NHS Continuing Healthcare for Adult Services Scrutiny Committee

1. What is NHS Continuing Healthcare?

1.1 'NHS Continuing Healthcare' is a national system whereby an individual who is deemed to have a primary health need will have all their care needs funded by health. Eligibility for NHS Continuing Healthcare funding is determined through a detailed assessment process involving the multi-disciplinary team (MDT) providing care for the individual coordinated by a specifically training Healthcare Manager/assessor. The MDT professionals may include: GP, district nurse, key worker, social worker. The assessment focuses on a range of domains in which an individual may have a need. In order to be found eligible for NHS Continuing Healthcare funding an individual will have a range of high or severe needs across a range of domains and, in totality, will also have needs that are complex, intense and/or unpredictable to manage. The MDT is responsible for making a recommendation about eligibility which is then submitted to a Continuing Care Panel, which also has members from several disciplines, to be ratified. If the Panel is unable to support the recommendation they will defer the decision and ask for the MDT to gather additional information and reconsider the recommendation in light of this. If an individual or their family or representative is not happy with the final outcome, they have a right of appeal. This would firstly be considered at a local review panel and then ultimately by the Strategic Health Authority.

2. Processes

2.1 Over the past two years, the processes within the Continuing Care Team have been scrutinised in detail and as a result the robustness and consistency of processes has improved. Representatives from Social and Community Services have worked closely with the Continuing Care Team during this period to ensure that the Local Authority view is clearly represented and to satisfy the Local Authority that national guidance is being consistently and accurately applied. Specifically:

- 2.1.1 Considerable work has been done to ensure that sufficiently detailed and specific evidence is being collected by the multi-disciplinary team to support their assessment and recommendation of eligibility.
- 2.1.2 Resources have been targeted to clear a considerable backlog of annual reviews that had built up. This means that by the end of this year, everyone in receipt of Continuing Care funding will have had a review in the past 12 months. A consequence of this work has been that some people who have been receiving Continuing Care for some time, but whose needs have changed have been found no longer eligible.
- 2.1.3 The Continuing Care panel is an established team which has worked together since February 2010. All panel members have received appropriate training and have been closely involved in the programme of reviewing and improving processes. Effective working relationships have been built and cemented between the Continuing Care Team and the Local Authority which has supported the on-going work to improve processes and also to ensure that decisions on individual cases are very rarely disputed between the organisations.

3. Audit

3.1 Over the past two years, the Continuing Health Care team and processes have been subject to ongoing audit.

3.2 Independent audit commissioned by the PCT

An external auditor has worked with the team to review and refine processes. Further work is planned to agree the external audit process and terms of reference for the forthcoming year.

3.3 PCT internal audit

Following a complaint from a member of the public to the SHA Chief Executive asked NHS Oxfordshire to give assurance to its board and the SHA that:

- 3.3.1 Continuing healthcare (CHC) policies in Oxfordshire are in line with the national framework, practice guidance and directions
- 3.3.2 The Panel is acting in line with guidance
- 3.3.3 Review/audit outcomes for cases at Multidisciplinary Team (MDT) and Panel

3.4 The overall finding of this audit is that *'Continuing healthcare (CHC) policies are currently in line with the national framework, practice guidance and directions. In addition....the panel is currently acting in line with guidance.'* This audit made four recommendations in relation to process which have been accepted and will be implemented over the coming months.

3.4 Age UK

3.4.1 Age UK has a contract with the Council to provide independent advocacy for any individual wishing to appeal an MDT decision on CHC eligibility. They produce an annual report on their experiences of the local processes and in 2010, this report raised some concerns, specifically about processes and the implementation of the national guidance. However, the most recent report dated June 2011 states that *"the Continuing Care department has listened to our concerns (and the concerns of others) and Age UK Oxon has noticed significant improvements in the process of assessment and appeal in Oxfordshire over the past nine months"* and *"Overall, Oxfordshire's processes are significantly more robust and transparent, assessments more detailed, decision letters containing less jargon and better rationale, and communication improved. It is fair to say that Oxfordshire's processes are amongst the best in the South Central region. It should be understood however, that the processes can always be improved, none more so than effective and timely communication, which is essential at each stage of the process."*

4. Benchmarking and Oxfordshire Results

4.1 The SHA receives quarterly Continuing Healthcare returns which are collated into national benchmarking figures. They compare numbers funded and costs per 10,000 weighted population for both Continuing Healthcare and Funded Nursing Care. In Oxfordshire these results show:

- 4.1.1 Low CHC activity and cost (ranked 142th out of 150 PCTs) - Oxfordshire sits in the South of England cluster and is ranked 7th out of 8 in this group. Oxfordshire sits between East Berkshire (6th) and West Berkshire (8th) two close comparator authorities. Hampshire is closely ranked at 5th with similar results. The South of England cluster, by which the Oxfordshire PCT must be guided, is a low ranking group. This is recognised and being discussed at a national level.
- 4.1.2 High Funded Nursing Care (FNC) activity (ranked 9th nationally) - This is a set national contribution by the department of health paid by the PCT for every individual in the county in a nursing home bed with nursing needs. Oxfordshire's high ranking represents the very high number of nursing beds in the County per head of population.

- 4.1.3 Shared Care Funding - Oxfordshire ranks the highest in the South of England and currently contributes to approximately 350 packages of care - This is where an individual living in the community is not eligible for CHC, but nevertheless has a range of health needs and their support package is funded jointly by the PCT and the local authority. Oxfordshire was one of the first authorities to implement a Shared Care funding system in 2000.

5. Table to show Benchmarking and related costs

	Clients	Cost
CHC Packages	47	£2,584,429.00
CHC Placements	158	£7,837,336.00
Shared Care delegated health care clients	366	£906,054.00
FNC	1,881	£5,879,103.00
LD	15	*not known

* The LD budget is separate from CHC budget.

6. Conclusion

6.1 Whilst considerable work has been undertaken to improve processes and this is widely and independently acknowledged, Oxfordshire continues to have low CHC activity and cost. The South of England cluster generally has low activity and cost and this issue is being discussed nationally.

Sarah Walters – Area Service Manager
Jacqui Connelly – Service Manager Continuing Care

20 November 2011

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Oxfordshire Local Involvement Network Update for Adult Services Scrutiny Committee meeting 6th December 2011

Public, patient and carer concerns, issues and compliments collected through LINK engagement and outreach activities have resulted in the following projects being taken forwards. Further Health and Social care issues will be prioritised during this year.

N.B. The following concise update refers to LINK projects which have a Social Care remit only, unless there is crossover, or joint commissioning, with Health.

LINK Core Group

All members are welcome to attend the next Core Group meeting, which will take place at **Cornerstone Art Centre in Didcot** on **8th December from 1.30pm – 4.00pm**. The main topics for the agenda will be an information session about the transition to HealthWatch and new Commissioning structures in relation to public engagement. Papers will be available on 1st December.

Ongoing projects and engagement:

Third Social Care Hearsay event – March 2012 *(date and venue to be agreed)*

Following the current action plan derived from the Hearsay 2011 recommendations, there will be one further update before planning for the 2012 engagement event gets underway. All actions completed, still in progress and incomplete will be taken into account in compiling the next series of recommendations, together with the views of service users and carers as to what has improved, remained the same or become more problematic over the last 12 months as a result of changes to services.

Self Directed Support (Personal Budgets) research project

A response to the LINK report previously submitted to the Leadership Team has been received. It was agreed with the LINK to incorporate some of the recommended actions within the Hearsay quarterly plan, as there are similar areas of concern noted. However, there are other issues stemming from the report findings to which the LINK has requested further information. These are being followed up at the time of writing and more details should be available for members at this meeting.

'Enter and View' visits to Care Homes

A new information and training session has been arranged on 9th December for 'Enter and View' participants in order to provide statutory authorisation for newly recruited visitors and an opportunity to review the process for those who carried out visits earlier this year. A plan to conduct a second series of visits to approximately 10 Care Homes selected by provider, size and geography, will take place from January 2012 onwards,

with a second report due towards the end of March. The emphasis will be on quality standards of reporting and sharing recommendations with the Care Homes together with Social and Community Services.

Future Projects:

A Mental Health 'Hearsay' event is being planned for 12th January 2012; a replacement for the Mental Health 'Sounding Board', which has been a feature of SCS engagement over the last 2 years. In order for the recommendations and comments from service users and carers, obtained through recent Sounding Boards, to have a more consistent and robust means of follow up with service providers and commissioners, it was proposed that the Hearsay model be incorporated into the current structure. Concerns which have arisen from comments collected by the LINK together with issues received from earlier Sounding Boards will be considered in partnership with Directors and Service Leads from Oxford Health and Social Care. All previous participants have been included within the new arrangements and will be invited to the event. Topics will be developed in the planning round, which will have user and carer involvement.

New project proposals, supplied to the LINK Priorities and Finance Groups, have been accepted from: Oxfordshire Wheel, to partner a large service user and carer-led event about Self-Directed Support being planned for 1st March 2012. The main aims and objectives of the event are: to share service user and carer experiences of SDS; to provide a showcase for related organisations to promote what they do; provide a promotion opportunity for HealthWatch; gather feedback with regards to the effectiveness of SDS so far and what would improve it in the future.

An application from Oxfordshire Family Support Network has also been approved to continue the LINK-funded work begun last year in developing further understanding of the needs of older carers who care for family members who have learning disabilities and to investigate the best way to deliver an older carer support service.

HealthWatch / public engagement

LINK is liaising with the PCT following the recent consultation events to inform their draft Communications and Engagement Strategy for the OCCG and how public and patients should be involved in decisions about local services. Once the results of the consultation are known, LINK will be planning an approach, initially to selected GP Practices, in order to gather information about their own strategies for patient & public engagement and to offer a means of developing this in partnership, supported by the LINK and its network.

HealthWatch Background Info

HealthWatch is to be a new independent 'consumer champion' for users of health and social care services, taking over from the Local Involvement Networks (LINKs). Oxfordshire County Council (OCC) has responsibility for commissioning a Local HealthWatch for Oxfordshire, drawing on the significant experience of existing providers such as LINKs and others. It will launch in October 2012.

Locally, Oxfordshire HealthWatch will:

- Support children, young people and adults to share experiences, views and be involved in shaping policy and services
- Make those views known and influence decision-making through representation on the new Health & Wellbeing Board and the chairing of the Public Involvement Board
- Provide advice and information about access and choices
- Provide an advocacy and complaints service (from 2013)

OCC was successful in its bid to set up a Local HealthWatch Pathfinder and aims to agree a model for commissioning through an extensive engagement exercise, developed with the HealthWatch Interim Steering Group (which includes LINKs, PCT and users/carers).

The consultation is running through late October to December. It includes:

- Café-style workshops for children, young people and adults (users and carers or otherwise)
- Focus groups for stakeholders
- A questionnaire (through the OCC e-portal, Facebook and partners' routes)
- Debate at Oxfordshire Youth Parliament and Children's Parliament
- Outreach to targeted groups, (e.g. Age UK, Unlimited, Children in Care Council)
- An OCC Members' Drop-in session
- A 'next steps' Stakeholder Event for 80 people from across Oxfordshire

The Stakeholder Event was then held on 28th November. It drew together what has been heard so far and developed more detail of the model for Oxfordshire Local HealthWatch.

Further dialogue will continue as findings are collated through December and January. Final commissioning specifications will be agreed in February.

An independent consultant, with extensive experience in supporting LA's to develop HealthWatch, has been employed to support and advise the Interim Steering Group in shaping the process.

Members and the public can get more information by contacting:

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