

Assessment of Performance Report 2009/10

ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10: Oxfordshire County Council



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<p>The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.</p> <p>The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.</p> <p>Performing Poorly - not delivering the minimum requirements for people. Performing Adequately - only delivering the minimum requirements for people. Performing Well - consistently delivering above the minimum requirements for people. Performing Excellently - overall delivering well above the minimum requirements for people.</p> <p>We also make a written assessment about</p> <p>Leadership and Commissioning and use of resources</p> <p>Information on these additional areas can be found in the outcomes framework To see the outcomes framework please go to our web site: Outcomes framework You will also find an explanation of terms used in the report in the glossary on the web site.</p>	

2009/10 Council APA Performance

Delivering outcomes assessment Overall council is:	Well
Outcome 1: Improved health and well-being	Well
Outcome 2: Improved quality of life	Well
Outcome 3: Making a positive contribution	Excellent
Outcome 4: Increased choice and control	Well
Outcome 5: Freedom from discrimination and harassment	Well
Outcome 6: Economic well-being	Excellent
Outcome 7: Maintaining personal dignity and respect	Well

Council overall summary of 2009/10 performance

Oxfordshire County Council has had a very productive year and has achieved well on the key outcome areas. It has strong leadership and tight financial controls in place that have enabled it to deliver significant efficiency savings and a slight budget under-spend.

There were a number of areas for improvement identified in both last year's annual performance assessment and the service inspection and the Council has worked hard to project manage the comprehensive action plan it derived and to deliver better outcomes for people. At the 6-month service inspection follow up review meeting, these achievements were recognised by the Care Quality Commission. Of particular note are the improvements made to safeguarding arrangements and the significant increase in the number of referrals and closed cases. Most areas for improvement have been addressed and the Council has introduced a number of initiatives to increase opportunities for people to make a positive contribution and the economic wellbeing of people has been enhanced due to some very good work on helping them to claim benefits due to them.

The Council has also made good progress on its programme of transforming adult social care. More people are receiving personal budgets and the Council has introduced some new initiatives to support the rollout of the programme.

The level of intermediate care provided by the Council has improved during the year and is significantly higher than the level of provision in similar council areas. However, the effectiveness of the service still needs further improvement despite improvement made during the year. Despite efforts to sustain the 2008/09 improvement in delays for people leaving hospital, the number of delays attributable to the Council increased during the year and the Council has not performed as well as other similar councils.

Leadership

“People from all communities are engaged in planning with councilors and senior managers. Councilors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce”.

Conclusion of 2009/10 performance

The Council continues to benefit from strong and effective leadership from senior management and there remains a clear vision and strategic direction underpinning its approach to the transformation of adult social care. There was continued tight financial management in 2009/10, with the year-end adult social care budget reporting a slight under-spend and the pooled budgets reporting a minor overspend. Activity included the delivery of significant efficiency savings.

The local Health and Wellbeing Partnership Board, on was responsible for the successful delivery of two local area agreements ‘stretch’ targets, reflecting the needs of local communities, and subsequently succeeded in attracting a reward grant of nearly £2 million from central government.

Through the Joint Strategic Needs Assessment (JSNA), the Council has strengthened its analysis and improved its ability to make comparisons between different local areas by standardising health statistics wherever possible. The Local Involvement Network (LINK) is also now a member of the JSNA Steering Board, helping to ensure there is appropriate representation from people who use services.

The Council remains committed to and is shifting funds towards preventative and community based services to support the transformation of services. This is further supported by the agreed multi-agency prevention strategy that will shift investment towards preventative and enabling services. The Council and its partners are focusing service delivery and monitoring on the delivery of outcomes at an individual level, as evidenced by its development of outcome focussed reviews and supporting brokerage services. Although work is progressing well, the Council acknowledges a key challenge during the coming year will be to fully implement the developing resource allocation system.

All key Putting People First priorities in the year were met and there are now over 400 people on personal budgets following a pilot programme in 2008/09. Considering the transformation of adult social care and the subsequent need to develop and prepare both

its own workforce and that of other local providers, a multi-agency workforce strategy has been completed. A workforce development group will take the actions forward and oversee the implementation of the strategy. It is intended the revised structure of adult social care, provided by the Council, will be delivered by five locality teams to promote greater cohesion when working with district and city councils.

During the year, the Council maintained staff turnover, vacancies and sickness at levels better than the average of similar councils. The Council also continues to involve individuals who use services and their carers in the recruitment of staff; as evidenced by their involvement in the recruitment to all posts including service managers associated with the learning disability service.

It was identified last year that the Council needed to improve performance on the provision of rehabilitation and intermediate care for older people. The level of intermediate care provided by the Council has improved during the year and is significantly higher than the level of provision in similar council areas. However, the effectiveness of the service still needs further improvement despite improvement made during the year. Despite efforts to sustain the 2008/09 improvement in delays for people leaving hospital, the number of delays attributable to the Council increased during the year and the Council has not performed as well as other similar councils. It needs to renew its focus on this with health partners in 2010/11 to address this.

Following the service inspection in 2008/09, a 6 month review of progress against areas for improvement found that significant work had been undertaken by the Council and good progress had been made in all the key areas for development.

In 2008/09, the Council was required to deliver on its plans for 140 extra care units this year. In fact, the Council has not only delivered on its plan but also exceeded it by almost 50%. The Council was also required to reduce completion times for major adaptations to ensure that timescales in West and South Oxon and the Vale of White Horse District Councils were comparable to those in the rest of the county. During the year, the Council has worked hard to reduce waiting times across all districts and these are now below the average for similar councils and the rest of the country.

Key strengths

- During the year, the Council has worked hard to reduce waiting times for major adaptations across all districts and these are now below the average for similar councils and the rest of the country.
- The Council has made significant progress against all areas for improvement identified during the service inspection of 2008/09.

Areas for improvement

- The Council needs to refocus its efforts on working with health partners to reduce delayed discharges for those people leaving hospital and bring delays attributable to the Council back in line with the performance of other similar councils.
- Although the Council's performance on the provision of rehabilitation and intermediate care for older people has improved significantly this year it is still below that of similar councils and the rest of the country. More work is needed to improve this further.

Commissioning and use of resources

"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".

Conclusion of 2009/10 performance

The Council has continued to use the local LINK and other user voice organisations to consider the views and needs of the local community and also to consult on its commissioning intentions, as evidenced by the 'Ageing Successfully' strategy which included a consultation work-stream and was signed off by the Health and Wellbeing Partnership Board recently,.

The Council has worked with health partners this year to increase the proportion of spend, from the older people's and physical disabilities budget, on alternatives to long-term regulated residential or nursing care. As a result of this work, the proportion of spend from the pooled budget spent on alternatives to long-term bed based care for all ages increased from 12.37% in 2008/9 to 16.4% in 2009/10. This approach has resulted in the "Turnaround", programme which aims to identify older people who may be on a pathway towards high dependency and residential care and reverse this.

There were less people resident in services rated as 'poor' or 'adequate' in 2009/10 than in the previous year and Oxfordshire County Council now has a higher percentage of people placed in services rated as either 'good' or 'excellent' than the average for the rest of the country.

A range of initiatives have been delivered during the year to progress the transformation of adult social care and reshape the market, including the introduction of personal assistants to support individuals accessing an individual budget. Also, the individual service fund project in care homes has resulted in a major improvement in personalised care planning for high dependency residents in a range of care homes.

The Council is currently reviewing the structure of its workforce to reduce its high care management costs and to deliver a workforce that is able to support local communities to access the increasing range of enabling and preventative community based services.

During the year, the Council delivered a good level of efficiency savings, without impacting significantly on service delivery. The savings delivered were predominantly linked to its delivery of some aspects of its programme of transforming adult social care. Activity included keeping residential and nursing care costs below inflation and the extended provision of supported living arrangements to support increased independence. The introduction of personal budgets has had little negative impact on the budget position of the Council, as the value of personal budgets issued is based on the cost of the services they were receiving or would have received. When individuals have transferred onto individual budgets the Council identified nearly 50% were found to be requiring a reduced package of care.

Key strengths

- The Council has used the local LINK and other user voice organisations to consider the views and needs of the local community and to also systematically consult on its commissioning intentions, as evidenced by the recent 'Ageing Successfully' strategy, which included a consultation work-stream.
- The proportion of spend on preventative services has increased to over 16% during the year.
- There were less people resident in services rated as 'poor' or 'adequate' in 2009/10 than in the previous year and Oxfordshire County Council now has a higher percentage of people placed in services rated as either 'good' or 'excellent' than the average for the rest of the country.

Areas for improvement

- Not applicable

Outcome 1: Improving health and emotional well-being

“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 1** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to **‘perform well’** in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

Areas for improvement

Outcome 2: Improved quality of life

“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 2** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to **‘perform well’** in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

Areas for improvement

Outcome 3: Making a positive contribution

“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.

Conclusion of 2009/10 performance

There have been a number of key activities this year in Oxfordshire that have helped people make a positive contribution. These include the service user event ‘HEARSAY!’ facilitated by the LINK to identify key improvement priorities; the establishment of Unlimited, the user voice organisation for people with a physical disability and funded via the Council; and the ‘Duty to Involve’ awareness training for senior and middle council managers run by users of services and carers and a number of tender processes. The Council has also addressed the area for development identified last year to involve older people in planning, commissioning, monitoring and review of services in a number of ways including in the writing of the Ageing Successfully commissioning strategy.

Users of services are also involved in the recruitment for some council roles and the availability of a supportive training programme further encourages individuals to participate. This is an area of activity the Council are looking to expand further during 2010/11. The Council also implemented a scheme committing managers to involve individuals who use services in the decision making process and have also worked with the LINK, to encourage individuals to get involved. Associated awareness training for council staff has been delivered and was facilitated by individuals who use services and their carers.

To ensure local services can be accessed by wider local communities, individuals from local BME communities were recruited by the Council and trained to promote relevant local services and also to help individuals to access these services. This work is further encouraged by the Council’s effective community development team, which works closely with local communities to determine what support they need, particularly from minority groups. The Council also routinely involve users of services in tender processes and their input helped contribute to the recent delivery of a range of new services tendered for during the year, including improved services for carers and the learning disabilities framework agreement for supported living, day and respite services.

On a quarterly basis, the Council routinely notifies all managers and councillors of all public consultation that has happened. This

approach is evidenced by recent activity to identify changes that individuals want to see in respect of services for carers. The Council agreed to the priorities identified at 'HEARSAY!' and identified targets to determine their delivery and agreed to report publicly on progress against these targets to the LINK. Also, individuals who use services contributed to the evaluation of the self directed support pilot to help ensure developing systems put the individual and their carers at the heart of decision making about services accessed. The findings from the evaluation were also reviewed externally by the local involvement network (LINK).

To ensure volunteers are not excluded from participating due to a loss of income, the Council have in place a joint policy with health partners on user and carer expenses and remuneration for work undertaken to support work of the Council and health partners. Findings from the recent CQC service inspection 6 month follow up concluded there is evidence of partnerships being strengthened and people who use services and their carers having a stronger voice and influence in service developments.

The Council has made good progress on developing an umbrella user led organisation (ULO) across all client groups, which will be implemented in September 2010. The ULO will become a provider of key transformational services such as support brokerage, information and advice and will assist the Council in consultation and service commissioning. The Council has also been designated a demonstrator site by the Department of Health for ULO development with reference to support brokerage.

Key strengths

- Individuals and their carers, through the LINK, recently identified their key improvement priorities for adult social care during 2010/11. In response the Council agreed to the priorities and identified targets to determine their delivery.
- Individuals who use services contributed to the evaluation of the self directed support pilot to help ensure developing systems put the individual and their carers at the heart of decision making about services accessed.

Areas for improvement

- Not applicable

Outcome 4: Increased choice and control

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 4** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to ‘**perform well**’ in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

Areas for improvement

Outcome 5: Freedom from discrimination and harassment

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

Conclusion of 2009/10 performance

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 5** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to ‘**perform well**’ in 2009/10 for this outcome. CQC will continue to monitor this performance.

Key strengths

Areas for improvement

Outcome 6: Economic well-being

“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.

Conclusion of 2009/10 performance

The Council has provided evidence of a number of initiatives that have made a real difference to the economic wellbeing of people in Oxfordshire this year. This includes the ‘Benefits for Better Mental Health’ project that provided benefits advice to over 1200 service users and helped increase access to benefits by £1.7 million. The service works across the county and recently achieved Community Legal Service Quality Mark Accreditation. The Mencap Pathways contract actively provides benefits advice for individuals with a learning disability and helped people claim benefits totalling £3.1 million. During the year, almost 16,000 individuals received financial advice from other organisations such as Age Concern, Citizens’ Advice Bureau and local advice centres, commissioned by the Council. Nearly half the enquiries related to benefit claims, with the majority linking to the disabled living allowance, attendance allowance and carers’ allowance. At least £3.56 million of benefits were achieved for individuals using these agencies.

In order to support older people who self fund their own care, the Council recently initiated a campaign in conjunction with some care homes to maximise the uptake of attendance allowance in care homes. To further maximise access to benefits, health partners funded and placed benefit advice workers from the Citizens’ Advice Bureau in 15 GP practices, which helped provide advice to over 500 individuals.

In 2008/09, it was identified that the Council needed to progress their plans for rolling out personal budgets across the county. This year, the Council has made good progress in implementing its plans for the transformation of adult social care and now has over 400 individuals in receipt of personal budgets and, importantly, the value of payments provided is high. They have also made progress in developing the role of external brokers to enhance the quality of life and maximise the wellbeing of individuals by opening up new opportunities for them. For example, they brought together residents in a care home with shared interests to reduce costs of travel. The Council is still in the process of establishing a resource allocation system to support the personalisation development.

The Council provides a money management service to vulnerable individuals unable to manage their own financial affairs due

either to incapacity, vulnerability or being subject to financial abuse. Currently over 900 individuals are supported to help ensure their financial interests are looked after. The service includes safeguarding representation to ensure all financial abuse is notified and addressed appropriately.

During the year, the Oxfordshire Employment Service (provided by the Council) worked with a number of individuals with a physical disability, learning disability or mental health need, to either gain paid employment or seek employment. A new employment service for people with mental health problems now exists to provide practical advice and training for people looking for work, including help with interview practice. Through the Learning Disability Partnership Board (LDPB) the Council, working with local employers, supported an increasing number of individuals with a learning disability to gain employment in paid work and during the year supported well over 100 individuals into paid work, which is a significant increase compared to almost 70 people reported on last year.

The Council also provides a number of schemes that support carers to either achieve or stay in employment and effectively contributed to the total number of carers known to be supported in employment during the year to increase by over 50%, compared to the previous year. Of this figure, the percentage of carers from local BME communities was greater than the percentage of the overall Oxfordshire BME population. The Council's support for working carers was recognised with an Improvement and Efficiency South East award. The Council has also developed a new programme, 'Employers Supporting Working Carers', encouraging local employers to work towards supporting carers in their workplaces and so far five other large employers have signed up including the County Council, West Oxfordshire District Council, Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust and the Oxford Carers Centre. The Council recently introduced a scheme to improve employment opportunities for individuals with a disability that may wish to work for the Council. This ensures details of individuals known to the Council through its employment service are matched to appropriate vacancies. During the year, 24 job matches were made which resulted in 9 appointments, with a further four short-term appointments. The Council is also working with other key partners to encourage them to adopt this model during 2010/11.

Key strengths

- The number of carers known to be supported to either achieve or stay in employment during the year increased by over 50% compared to the previous year.
- There has been good progress on providing more people with personal budgets this year.
- The Council has enabled people in Oxfordshire to claim significant financial benefits due to them this year as a result of various initiatives

Areas for improvement

- Not applicable

Outcome 7: Maintaining personal dignity and respect

“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.

Conclusion of 2009/10 performance

In 2008/09, there were a number of areas for improvement identified, especially during the service inspection, and the Council has worked hard to address all of these. The Safeguarding Board now has strong senior management and governance arrangements. The Chair has worked actively to promote a greater awareness of safeguarding amongst partners including district councils and this has contributed to a higher number of safeguarding referrals received during the year from almost all partner organisations. Key partners, including community mental health teams, learning disability health professionals and the continuing care team, also successfully took the lead in an increasing number of safeguarding cases. Sub-groups of the Safeguarding Board have now been set up to cover issues of policy and practice, serious case reviews and training. The impact of these initiatives has helped improve awareness of adult protection issues across partner organisations and provided a much tighter tracking of responses from initial alert to the completion of the investigation. At the recent CQC six month service inspection follow up meeting, it was agreed that action plans implemented by the Council to encourage improvement in its delivery of safeguarding arrangements for vulnerable adults were helping to deliver more positive outcomes for people.

To help increase public awareness, the Council, undertook a publicity campaign this year promoting the safeguarding of vulnerable adults. This has contributed to a 56% increase in safeguarding referrals compared to last year and increases were seen across all groups except carers, although some are still below the levels of similar councils. However, the percentage of cases investigated and considered closed has also risen significantly to 85%. The number of referrals received from individuals who self fund their care also increased slightly. There have been increases in staffing across a number of the social care delivery teams to help manage the increase in safeguarding referrals and the central safeguarding team now has a dedicated post to lead investigations related to suspected institutional abuse.

Safeguarding training has been delivered to the majority of relevant Council staff, although training undertaken by staff working in services either funded or commissioned by the Council is lower than the average for similar councils. However, the quality of training delivered has been rated as ‘excellent’ by participating individuals. The multi-agency training has contributed to a better understanding of the key roles and responsibilities of partner agencies and training is now undertaken on a joint basis with

involvement from a wide range of partners. Although safeguarding training is offered free of charge to care services not commissioned by the Council, there is acknowledgement that the Council needs to monitor levels of take up to ensure individuals who self fund their care are afforded appropriate levels of protection from abuse.

The Council works with carers to promote safeguarding as evidenced by a recent agreement at the local Carers Steering Group to review current safeguarding training and competency frameworks to ensure carers' needs are recognised. The Council works to ensure people are not placed with 'poor' rated providers, and this year there has been an increase in the number of people placed in 'good' and 'excellent' rated services.

The Council has introduced a 'support with confidence' scheme for managing non-regulated services such as personal assistants and brokers, who exist for individuals accessing self direct support. It helps offer an assurance that these services have been verified by the Council. The scheme also provides free safeguarding training for these service providers.

During the year, the Independent Mental Capacity Advocate (IMCA) and Deprivation of Liberty Safeguards (DOLS) lead, together with a local consultant psychiatrist trained a number of locally approved doctors to be DOLS medical assessors. To minimise unauthorised deprivation of liberty within hospitals and care homes, the Council has delivered training sessions aimed at both care home and hospital managers and all health and social care professionals, together with mail shots, reminding these organisations of their responsibilities. Activity has led to an increasing number of DOLS referrals during the year.

Key strengths

- The Safeguarding Board now has strong senior management and governance arrangements in place
- There has been a 56% increase in safeguarding referrals compared to last year and an increase of 85% of cases closed and an increase in the number of safeguarding referrals received during the year from almost all partner organisations.
- DOLS training and mail shots reminding various organisations of their responsibilities has resulted in an increasing number of referrals during the year.

Areas for improvement

- Although safeguarding training is offered free of charge to care services not commissioned by the Council, it needs to effectively monitor levels of engagement to ensure individuals who self fund their care are afforded increased levels of protection from abuse.

