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Notice of a Meeting

Adult Services Scrutiny Committee
Wednesday, 2 December 2009 at 10.00 am
County Hall, Meeting Rooms 1 & 2

Membership

Chairman - Councillor Don Seale
Deputy Chairman - Councillor Mrs Anda Fitzgerald-O'Connor

Councillors:	Arash Fatemian	Anthony Gearing	Tim Hallchurch MBE
	Jenny Hannaby	Sarah Hutchinson	Larry Sanders
	Dr Peter Skolar	Alan Thompson	

Notes: All members of this Committee are asked to note that there will be a pre-meeting at 9.30 am on the day of the meeting in Committee Room 2. Lunch will also be provided.

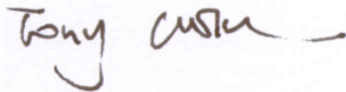
Date of next meeting: *10 February 2010*

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	-	*Kath Coldwell, Tel: (01865) 815902* *E-Mail: kath.coldwell@oxfordshire.gov.uk*



Tony Cloke
Assistant Head of Legal & Democratic Services

November 2009

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 - 10)

To approve the minutes of the meeting held on 15 October 2009 (**AS3**) and to note for information any matters arising on them.

4. Speaking to or petitioning the Committee

SCRUTINY MATTERS

To consider matters where the Committee can provide a challenge to the work of the Authority

5. Service and Resource Planning 2010/11 - 2014/15 (Pages 11 - 56)

10:15

Contact Officer: Lorna Baxter – Assistant Head of Finance (Corporate Finance), 01865 323971

The attached report (**AS5**) sets out the Business Improvement & Efficiency Strategy for the Social & Community Services Directorate. The strategy contains the identified pressures and proposed savings over the medium term from 2010/11 to 2014/15. For reference, the current financial context and the report to the Strategy & Partnerships Scrutiny Committee are included. The scrutiny committee is invited to consider and comment upon the strategies and the pressures and savings contained therein.

Comments from each scrutiny committee will be collated and fed back to the Cabinet by the Strategy and Partnerships Scrutiny Committee which meets on 14 January 2010.

Members of the Committee will have the opportunity to question the Cabinet Member for Adult Services, together with the Director for Social & Community Services, Mr Paul Purnell (Head of Social Care for Adults), Mr Simon Kearey (Head of Strategy and Transformation) and Heads of Service and other officers on the identified budget pressures. Officers from Financial Services will also be present at the meeting to answer any questions that the Committee may wish to ask.

The Director for Social & Community Services will commence this agenda item with a presentation to the Committee giving an overview of the budget.

The Scrutiny Committee is invited to consider and comment upon the Directorate Efficiency Strategy plus the identified pressures and proposals for savings

contained therein.

13:15 – 13:45 SANDWICH LUNCH

6. Update Report on the Money Management Service (Pages 57 - 64)

13:45

Contact Officers: Sean Collins, Assistant Head of Shared Services – Financial Services, (01865 797190), Tarquin May, Money Management Team Leader, (01865 797189)

Mr Collins, accompanied by Mr May, will attend for this item.

In July this Committee had received an update report on the money management service and had agreed to:

- note that there were still problems within this service which officers were trying to eradicate through the use of IT and other techniques; and
- advise the Cabinet that a further report on this "essential" service would be brought to this Committee's December meeting to enable it to consider – prior to the setting of the 2010/11 budget – whether the situation had improved as a result of the implementation of the specialist money management database.

It was agreed that this report would include the results of the planned benchmarking work to be undertaken by the Association of Public Sector Deputies (APAD) and the impact that the new joint panel arrangements would be having on both the waiting lists and the numbers of clients supported to return to independent living in the community.

A report on the Money Management Service which sits in Shared Services is attached (**AS6(a)**), together with the Minute of the Committee's discussion at its July meeting (**AS6(b)**).

The Committee is invited to consider whether it wishes to provide any advice to the Strategy & Partnerships Scrutiny Committee in relation to the Money Management Service.

7. Transforming Adult Social Care - including Officer Evaluation of the Self Directed Support Learning Exercise, TASC progress update, Q&A and nominations to TASC Working Group (Pages 65 - 160)

14:15

Contact Officer: Alan Sinclair, Programme Director – Transforming Adult Social Care (01865 323665)

It has been agreed that a report on Transforming Adult Social Care will be brought to each meeting of this Committee and will include detail on self directed support.

A progress report on Transforming Adult Social Care is attached (**AS7(a)**). The new National Progress Measures and Draft Terms of Reference for the Programme Assurance Group are appended to the report (Annex 1 and Annex 2).

As part of the work on Transforming Adult Social Care, the Directorate is looking to set up a working group to help ensure that the programme is delivering against its expected outcomes and timescales. This function is called programme assurance and acts as an insurance policy for the programme board. A wide range of stakeholders are sought to join this group, including Councillor representation.

The details of how the group will operate, including initial terms of reference and the time commitment required will be agreed by the group when it first meets.

Existing Members of the Self Directed Support Task Group who sit on this Committee may wish to put themselves forward as may any other members of this Committee.

The Self Directed Support Learning Exercise Evaluation is attached at **AS7(b)** – comprising a short summary, executive summary and full report.

Mr Sinclair will attend to provide the update and to answer the Committee's questions, accompanied by the Cabinet Member for Adult Services.

Mr Sinclair will begin this item by summarising progress on Transforming Adult Social Care and will then focus on the officer evaluation of the self directed support learning exercise.

The Committee is invited to:

- ***track progress on the whole of Transforming Adult Social Care;***
- ***conduct a question and answer session on the Officer Evaluation of the Self Directed Support Learning Exercise;***
- ***offer comment to the Directorate on both of the above, if necessary; and***
- ***nominate one Member to join the Transforming Adult Social Care Programme Assurance Working Group.***

REVIEW WORK

To take evidence, receive progress updates and consider tracking reports.

8. Evaluation of the Integrated Health and Social Care Scrutiny Review (also known as the Single Point of Access to Rehabilitation and Care/Single Front Door Scrutiny Review) (Pages 161 - 168)

15:00

Contact Officer: Julian Hehir, Scrutiny Review Officer, (01865 815982)

[Lead Member Review Group comprises Councillors Mrs Anda Fitzgerald-O'Connor and Timothy Hallchurch MBE].

This Review explored the effectiveness of efforts to achieve a single point of access for people in need of care, for instance upon leaving hospital. It looked at the role of the Access Team in Social & Community Services and of other agencies, in the provision of care and at efforts to improve information flow and co-ordination.

This Review was considered by the Cabinet on 21 October 2008. The Cabinet agreed nine of the ten recommendations, noting that many of the recommendations were in train or had already been actioned.

A tracking template is appended at **AS8**, which includes progress to date on the agreed review recommendations, together with the Cabinet's original response.

A copy of the scrutiny review report has been sent to all members of this Committee. Members may wish to bring this with them to the meeting.

A copy of the scrutiny review report will also be available for public inspection and is available on the County Council's website www.oxfordshire.gov.uk. [refer Cabinet Agenda 21 October 2008].

Mr Simon Kearey (Head of Strategy and Transformation), together with the Cabinet Member for Adult Services, will attend for this item in order to answer any questions which the Committee may wish to add.

The Committee is invited to evaluate progress regarding implementation of the agreed review recommendations and to consider whether to sign off the review or to conduct further monitoring in relation to any areas of concern.

INFORMATION SHARE

15:30

To receive any further updates in relation to the Care and Support Green Paper "Shaping the Future of Social Care Together" (eg. from The Local Government Association (LGA), The Association of Directors of Adult Social Services (ADASS) and any responses from neighbouring counties).

BUSINESS PLANNING

To consider future work items for the Committee

9. Forward Plan

15:40

The Committee is asked to note any items on the current version of the Forward Plan

which covers the time period December 2009 – March 2010.

10. Scrutiny Work Programme

15:45

The Committee is reminded that the following pieces of work are planned for future meetings:

- **Duty to involve** – Q&A and report at its February meeting on what this new statutory commitment involves and what the Council will be doing;
- **Services for Adults on the Autistic Spectrum** – Q&A and report at its April meeting or once the Joint Needs Assessment has been finalised if later;
- **Dementia Strategy** – Q&A and report at its April meeting in order to monitor progress in relation to issues and gaps in provision;
- **Telecare** – Q&A and report at its October meeting;
- **Domiciliary Care** – consider at a future meeting once both inspections have been completed.

11. Tracking

15:50

- **Green Paper on Care and Support: Shaping the Future of Care Together**

  On 4 November the Leader of the Council (with responsibility for Finance) and the Cabinet Member for Adult Services agreed the County Council's response as endorsed by this Committee, for submission to the Department of Health.

12. Close of Meeting

15:50 Approx

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 Section DD of the Constitution for a fuller description.

The duty to declare …

You must always declare any "personal interest" in a matter under consideration, ie 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.

recycled paper

ADULT SERVICES SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 15 October 2009 commencing at 10.00 am and finishing at 1.23 pm

Present:

Voting Members:	Councillor Don Seale – in the Chair Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman) Councillor Arash Fatemian Councillor Anthony Gearing Councillor Melinda Tilley (In place of Councillor Tim Hallchurch MBE) Councillor Jenny Hannaby Councillor Sarah Hutchinson Councillor Larry Sanders Councillor Dr Peter Skolar Councillor Alan Thompson
Other Members in Attendance:	Cabinet Member for Adult Services: Councillor Jim Couchman

Officers:

Whole of meeting	K. Coldwell and D. Fitzgerald (Corporate Core)
Part of meeting	

Agenda Item	**Officer Attending**
5.	Director for Social & Community Services, S. Kearey and P. Purnell
6.	Director for Social & Community Services, P. Purnell & V. Raja (Social & Community Services); S. Jones (Oxfordshire PCT); D. Saunders (The Alzheimer's Society)
7.	Director for Social & Community Services
8.	D. Fitzgerald (Corporate Core)

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

22/09 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Councillor Melinda Tilley attended in place of Councillor Tim Hallchurch MBE.

23/09 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE
(Agenda No. 2)

Councillor Dr Peter Skolar declared a personal interest at Agenda Item 5 in relation to that item on the grounds that:

- he had passed on money from his parents to his grandchildren when his parents had died to enable them to buy their own homes; and
- his mother in law had sold her flat to pay for care when she went into a care home.

24/09 MINUTES
(Agenda No. 3)

The Minutes of the meeting were approved and signed.

25/09 GREEN PAPER ON CARE AND SUPPORT: SHAPING THE FUTURE OF CARE TOGETHER
(Agenda No. 5)

On 14 July 2009 the Department of Health issued a consultation document on the future shape of the care and support system in England. The Committee had been circulated with a copy of the Executive Summary prior to the meeting and directed to the Department of Health's website, should Members wish to view the full document.

The closing date for responses was 13 November 2009.

A paper which focused on the different issues within the Green Paper was before the Committee (AS5).

The Director for Social & Community Services, together with Mr Paul Purnell (Head of Adult Social Care), Mr Simon Kearey (Head of Strategy and Transformation) and the Cabinet Member for Adult Services, attended for this item to answer any questions which the Committee may have wished to ask.

The views of this Committee would be taken into account in considering what response the County Council would make to the Green Paper and any response would be submitted in the name of the Cabinet Member for Adult Services and the Leader of the County Council (as Cabinet Member for Finance).

The Committee discussed its views on the Green Paper and **AGREED** to comment on a draft minute of its advice prior to submission to the Cabinet Member for Adult Services' and Leader of the Council's (with responsibility for Finance) Delegated Decision on 4 November.

Following the meeting, the Scrutiny Committee endorsed the proposed response from the County Council (refer Annex 1) which covers the main points which emerged during the scrutiny discussion and had cross party and universal endorsement.

Ms Coldwell undertook to circulate a copy of the Local Government Association's response to the Green Paper to all members of the Committee.

26/09 OXFORDSHIRE APPROACH TO THE DELIVERY OF THE NATIONAL DEMENTIA STRATEGY

(Agenda No. 6)

The Committee was provided with the opportunity to conduct a question and answer session in relation to the current position and issues regarding Dementia, with a view to identifying any issues for a 'select committee' investigation at a future meeting.

A briefing paper was attached to the agenda (AS6).

Ms Varsha Raja (Assistant Head of Adult Services), together with the Director for Social & Community Services, Mr Paul Purnell (Head of Adult Services), the Cabinet Member for Adult Services, Ms Suzanne Jones (Service Development Manager - Older People - Oxfordshire PCT) and Mr Duncan Saunders (Service Manager - Oxfordshire and Berkshire - The Alzheimer's Society) attended for this item to answer any questions which the Committee may have wished to ask.

Ms Raja summarised some of the key information set out in the briefing paper to Committee as follows:

- approximately 40% of the expected population of people with dementia in Oxfordshire had actually been diagnosed. This was in line with the national picture in terms of diagnosis of people with dementia, as nationally between 20 and 40% of people had received a diagnosis of dementia;
- although there was some service provision in Oxfordshire, there was a lack of universal access across the county to these services and there were some gaps in service provision;
- more detailed analysis was required to assess the quality of provision;
- Adult Social Care had not been allocated any ring fenced funding to deliver the National Dementia Strategy, although an initial sum of £150,000 had been delivered from the pooled budget to deliver key priorities;
- Oxfordshire was also one of the 22 demonstrator sites for dementia advisors and a total of £207,000 had been allocated by the Department of Health to deliver this project, which is a pilot information prescription for people with dementia and their carers. Other activities were also underway, as set out in the paper.

Mr Saunders then made the following points in response to a number of questions:

- Dementia was an umbrella term for a variety of similar conditions with broadly similar symptoms - with Alzheimer's disease being the most common condition - although all forms of dementia were degenerative and incurable;
- ongoing research was underway regarding how best to prevent and slow down the onset of dementia and research evidence was showing increasing links between lifestyle and dementia. Some types of dementia were thought to be entirely due to alcohol abuse. The usual advice in terms of staying active and eating a healthy diet was relevant in terms of prevention. Staying mentally and

socially active, for example by learning a musical instrument, was also thought to be beneficial;
- people with Down's Syndrome were at increased risk of developing dementia.

Ms Jones then stated that all of Oxfordshire PCT's work in relation to dementia was undertaken jointly with Social & Community Services and that a county wide steering group was in place, with high level clinical leadership.

A further selection of the Committee's questions is listed below, together with the officers' responses:

- **Was Oxfordshire PCT also under financial pressure?**

  Yes.

- **Was dementia still being under prioritised by the PCT?**

  No. Dementia now had the same priority as Strokes. Both were equally detrimental for people.

- **Mental health services were being cut. Surely this was another reason to ensure that they were properly funded? What did Oxfordshire PCT do in terms of NHS Continuing Care for people with dementia?**

  The PCT was supporting approximately one hundred people with mental health problems under NHS Continuing Care. This was not low in comparison with other PCTs. The government was benchmarking PCTs on a quarterly basis and Oxfordshire had come out as on par with other PCTs.

- **In terms of issues and gaps in provision what was 'Just Checking and Wandering technology?'**

  This is technology that supports an extended period of assessment. If someone is diagnosed with dementia then technology is put into their home to enable an assessment to be made of which pathway they need. This is an extension of telecare and can be used to monitor lifestyle. It can be used to determine whether someone can manage in their own home if additional support is provided to them or if they need to move into a care home. For example it can monitor when a person goes to bed, if they are eating and if they are socialising. Consent is required before any monitoring can take place. This type of telecare is useful if there isn't a carer in place.

- **Could more information about memory clinics please be provided and what action would be taken to evenly distribute provision against need?**

  The PCT's role was to ensure that an accurate diagnosis of dementia is given. Not everyone has to go to a memory clinic to receive a diagnosis. However, their distribution does need to be aligned with projected demographic growth. They also need to be restructured and modernised. Dementia is progressive

and therefore people's needs change over time and a variety of provision needs to be available.

- **The briefing paper stated that there was no specialist dementia service in terms of home support and that service provision was task focused and not outcome focused. Please elaborate.**

  This was not a good situation. The focus needs to be on how quality of life and outcomes for people can be improved, and carers need to be attuned to the needs of people with dementia. This would require specialist services for people with dementia. A way forward needs to be devised within the next few months.

The Head of Social Care for Adults stated that both he and the Assistant Head of Adult Services welcomed Scrutiny's assistance to help keep the profile of dementia high on their list of competing priorities, such as Transforming Adult Social Care, delayed transfers of care and financial management.

The Director for Social & Community Services stated that the Department of Health was undertaking benchmarking work in relation to Dementia. This would give Oxfordshire a good indication of how well it was doing against the benchmarks and how well it was improving outcomes for people.

Following the question and answer session, the Committee **AGREED** to monitor progress in relation to the delivery of the National Dementia Strategy in six month's time, especially in relation to the current issues and gaps in provision.

Councillor Dr Peter Skolar undertook to bring the briefing paper to the attention of the Oxfordshire Joint Health Overview and Scrutiny Committee.

27/09 IMPACT OF COUNCIL FINANCIAL PLANNING ON ADULT SERVICES

(Agenda No. 7)

The Director for Social & Community Services attended for this agenda item in order to give a brief explanation of the process being followed. He stated that the Council was planning for difficult financial times ahead and that there was clear consensus across the political parties nationally of this. The Director then summarised the process between the Summer and up to budget scrutiny at the November/December meetings.

The Committee noted that there was an £8.0m savings target for Social & Community Services for the next financial year (4% of the budget for Adult Social Care), together with any new pressures that might crop up. This figure would then grow to £26.0m by the end of the five year timeframe. This would involve taking 20% out of the budget overall. Officers had not yet identified how to save £26.0m from the budget and would not have identified this in time for the December meeting of this Committee. However, they had identified how to balance the budget for next year which would deliver net savings of £8.0m next year. The efficiencies would require the Directorate to either pay less for the services it purchased, avoid the need for some services as a result of the move towards prevention or work smarter.

Councillor Dr Peter Skolar requested that it be minuted that as Chairman of the Strategy and Partnerships Scrutiny Committee he wished to make the point that that the above Committee would not necessarily just accept a paper from each Directorate describing services and costs agreed at Star Chamber. He added that he hoped that Scrutiny would not just be told how the service intended to save £8.0m, as in his view, this would not be acceptable, adding that all of the scrutiny committees should be provided with some choices as to how the efficiency savings could be made.

The Director responded that the service and resource planning report for 2010/11 – 2014/15 which had been provided to the September Council meeting gave some choices for next year dependent on all of the Directorates delivering their savings targets.

The Cabinet Member for Adult Services reminded the Committee that as the Directorate was only half way through the Transforming Adult Social Care Programme, many of the potential future efficiency savings would not have been worked up in time for the next financial year. He added that the impact of some of the changes might not be apparent until the third year of the programme and further stated that Scrutiny would have to put forward alternative options if it was not content with the proposed budget.

28/09 ANNUAL SCRUTINY WORK PROGRAMME OCTOBER 2009 - JULY 2010
(Agenda No. 8)

Mr Des Fitzgerald (Policy and Review Officer) introduced the proposed annual scrutiny work programme for this Committee (AS8).

Following discussion, the Committee **AGREED** to include the following items in its future work programme:

- **Duty to involve** – Q&A and report at its February meeting on what this new statutory commitment involves and what the Council will be doing;
- **Services for Adults on the Autistic Spectrum** – Q&A and report at its April meeting or once the Joint Needs Assessment has been finalised if later;
- **Dementia Strategy** – Q&A and report at its April meeting in order to monitor progress in relation to issues and gaps in provision;
- **Telecare** – Q&A and report at its October meeting;
- **Domiciliary Care** – consider at a future meeting once both inspections have been completed.

29/09 TRANSFORMING ADULT SOCIAL CARE: RESPONSES TO PREVIOUS QUESTIONS
(Agenda No. 9)

The Committee noted the responses to its previous questions which had been sent out with the agenda (AS9) and **AGREED** that it did not wish to ask any further questions.

30/09 SELF DIRECTED SUPPORT TASK GROUP: UPDATE
(Agenda No. 10)

[Lead Member Task Group comprises Councillors Jenny Hannaby, Sarah Hutchinson, Larry Sanders and Lawrie Stratford].

The Committee **AGREED** that it was satisfied with progress to date and that there were no major issues of concern.

31/09 FORWARD PLAN
(Agenda No. 11)

No items were identified for consideration.

32/09 TRACKING
(Agenda No. 12)

No items had been identified for tracking at this meeting.

.... in the Chair

Date of signing 2009

ANNEX 1

Shaping the Future of Social Care Together
Response of Oxfordshire County Council to the Green Paper

1. This paper sets out the response of Oxfordshire County Council to the Green Paper "Shaping the Future of Social Care Together". It reflects informal discussions with Cabinet colleagues and discussions at our Adult Services Scrutiny Committee on 15th October 2009. However, ultimate responsibility for this response rests with us as the Cabinet Member for Adult Services and the Leader of the Council (with responsibility for Finance). This response was agreed under our delegated powers on 4th November 2009.

2. Oxfordshire County Council believes that there is a need to change the current arrangements but that any changes must build on good practice currently in place. We give examples of good practice already in place here in Oxfordshire in paragraph 8 below. We recognize that there are serious financial pressures on the adult social care system and that those pressures will get worse over the medium and longer term. Oxfordshire County Council has made a very significant investment to respond to the demographic pressures that we face (investing £35m extra annually by the end of the current medium term service and resource plan ending in 2013/14). This investment has been made despite the absence of any additional resources from central government. However, it is difficult to see how the County Council can make a similar investment over the next five year period unless extra resources are contributed from other sources.

3. We believe that there are some serious shortcomings with the Green Paper. In particular we would highlight the following:

   - The Green Paper has been several years in gestation. As a result it does not reflect the very serious financial pressures now facing the public sector.
   - Any changes will require reform of primary legislation such as the National Assistance Act 1948. We would support changes to bring this legislation up to date. However, there is no mention in the Green Paper of how this legislation should be amended.
   - There is no mention of eligibility criteria and the review of Fair Access to Care Services (FACS). It is completely unclear how the proposals will impact at a local level where eligibility criteria vary currently.
   - We do not believe that the Green Paper is especially helpful in taking forward the agenda set out in Putting People First (see paragraph 7 below).
   - It is unfortunate that the Green Paper places so much emphasis on the costs of residential care when Putting People First rightly places so much focus on community based services, prevention and early intervention.
   - It is also unfortunate that the Green Paper focuses so much on the issues facing older people at the expense of younger adults who will receive or already receive social care.
   - There is no consideration of the impact on providers of social care whether domiciliary care or residential care.

- Overall, there is a significant lack of detail which makes it very difficult to come up with definitive responses because it is unclear what will be the implications for individuals or local authorities.

4. Whilst we do support the expectations set out on pages 10 and 11 of the Green Paper, we do not support the concept of a National Care Service as defined on page 47 of the Green Paper: “a National Care Service where everyone gets a consistent service wherever they live in England, and where everyone gets help with their high-level care costs”. There is a very clear danger that this will create unrealistic expectations amongst the public which can not be delivered.

5. The idea of a “National Care Service” is clearly based on the concept of the National Health Service. However, the National Health Service does not deliver “a consistent service”. If an individual has a stroke, their chances of survival and then recovering will depend on where they live in the country. This is not just a reflection on the socio-economic profile of an area but also the quality of care that is provided (by both health care and social care) and the priority that the stroke pathway has been given by the PCT and the local authority.

6. We also believe very strongly that locally agreed services reflecting local needs are the best way to deliver value for money and the best quality of services within the resources available.

7. As we have already commented, we do not believe that the Green Paper advances the agenda set out in Putting People First. We would accept that the expectations set out on pages 10 and 11 are consistent with the direction set out in Putting People First. In addition, the widespread application of personal budgets will reinforce concerns about whether it is fair that some people have to pay for their social care so it is right that there is some discussion about possible alternatives. The Green Paper highlights the importance of prevention, early intervention and reablement. These are crucial to Putting People First. However, it is almost silent on how these will be encouraged or required. There are similar concerns about how joint working with the NHS will be encouraged (see paragraph 8 below).

8. Oxfordshire has a national reputation for the quality of the partnership working between local government and the health service. This was acknowledged by Phil Hope in the debate on 14th July on the transfer of funding for adults with learning disabilities initiated by Andrew Smith MP. The excellent working relationships have not happened by chance. They reflect the personal commitment to joint working over many years from both executive and non-executives within both the health service and local government in Oxfordshire. The Green Paper assumes that this is a matter of mindsets and behaviour alongside shared goals and joint ways of working (see page 12 of the Executive Summary). Whilst this has been effective in Oxfordshire it is not clear that this will automatically work elsewhere within England unless there are very strong pressures which require this to happen. This does not need to involve structural change (as the Green Paper says). However, it would be

helped if there were clear requirement placed on all Primary Care Trusts and local authorities to adopt some of the mechanisms in place in Oxfordshire such as pooled budgets, joint commissioning and integrated teams of social and health care. These requirements might be expressed through a new concordat on joint working.

9. The Green Paper sets out 5 possible funding options. We agree that Option 1. “Pay for yourself” should be ruled out for the reasons given in the Green Paper. We would also agree that Option 5 should be ruled out but for different reasons to those quoted in the Green Paper. The reason given in the Green Paper is that “it places a heavy burden on people of working age”. Exactly the same argument could be applied to the funding of the NHS. In our opinion the real reason that Option 5 should be ruled out is that it is quite simply unaffordable given the immense pressures on the public purse at the current time and the demand for ever increasing resources for adult social care to respond to the demographic pressures.

10. Of the three other options we agree with the principle of the Option 2 “Partnership” although any final decision ought to be taken in the light of assessing the implications for those currently receiving Attendance Allowance/Disability Benefits. It is not clear how many people may be disadvantaged and to what extent.

11. We do not believe that a voluntary insurance scheme will work and we anticipate that this will be the reaction of insurance companies. Voluntary schemes do exist at the moment but they are very unsuccessful. This means that a compulsory insurance scheme is the “least worst” option. However, much more work is required to understand how it might work.

12. There is no consideration in the Green Paper of the financial implications for local authorities. This means that local authorities will be reluctant to commit to any radical change unless they understand the implications for their overall funding and its possible impact on other services and on the council taxpayer. One important financial aspect is that the current system provides local authorities with a powerful incentive to keep down the total level of spending on adult social care because any extra costs fall on the council taxpayer. Thus they seek to achieve value for money from the services they buy or provide themselves. They also have a powerful incentive to promote community based options along with prevention and early intervention because this keeps people out of (or delays their admission into) the more expensive intensive forms of care. Any new system must provide similar incentives to encourage good behaviour by both organisations and individuals.

Councillor Jim Couchman
Cabinet Member for Adult Services

Councillor Keith Mitchell CBE
Leader of the Council

Oxfordshire County Council
Date to be inserted after the response has been agreed.

Division(s): N/A

ADULT SERVICES SCRUTINY COMMITTEE

2 DECEMBER 2009

SERVICE AND RESOURCE PLANNING 2010/11 – 2014/15

Report by Assistant Chief Executive & Chief Finance Officer and Director for Social & Community Services

Introduction

1. This report forms part of a series relating to the Service and Resource Planning process for 2010/11 to 2014/15, and provides Scrutiny Committee Members with an opportunity to consider efficiency strategies for 2010/11 and the medium term for their programme area. Annex 1 provides background information on the financial context. More detailed information is provided in the Service & Resource Planning report to Cabinet on 15 September 2009.

2. The following annexes are attached:

Annex 1 :	Financial Context
Annex 2 :	Social & Community Services Business Improvement & Efficiency Strategy
Annex 3 :	Report to Strategy & Partnerships Scrutiny Committee 25 November 2009
Annex 3, Appendix 1 :	Summary of Identified Pressures and Proposed Savings

Service and Resource Planning process 2010/11

3. The Service & Resource Planning framework is designed to enable managers to plan for their service within available resources over the medium term. The underlying process for 2010/11 remains the same as in previous years but the emphasis is on identifying adequate and acceptable plans to achieve the savings targets issued to Directorates in July 2009.

4. Directorate Business Improvement & Efficiency Strategies along with draft business plans were completed in September in order that financial pressures and savings over the medium term could be considered by the relevant Star Chamber as part of the Service & Resource Planning process. A report to Strategy & Partnerships Scrutiny Committee on 25 November provided the overarching business efficiency strategy and the individual Directorate strategies (including pressures identified and proposals for savings).

5. An update on the Service & Resource Planning process will be reported to Cabinet on 15 December 2009. The Cabinet will finalise their budget proposals and propose the Revenue and Capital Budget for 2010/11 –

2014/15 on 19 January 2010, taking into consideration comments from the Strategy & Partnerships Scrutiny Committee on 14 January 2010

6. This report provides the context for the current position, set out in Annex 1, based on the Service & Resource Planning report to Cabinet in September 2009 and includes the Business Improvement and Efficiency Strategy for the relevant Directorate at Annex 2. For reference, the report to the Strategy & Partnerships Scrutiny Committee is attached at Annex 3.

7. The scrutiny committee is invited to consider and comment on the strategies plus the identified pressures and proposals for savings contained therein.

Identified Pressures and Proposed Savings

8. The table below sets out a summary of identified pressures and proposals for savings within this scrutiny committee's programme area. These form part of the overall position set out in the Strategy & Partnerships Scrutiny Committee report on 25 November 2009.

Directorate	2010/11 £'000	2011/12 £'000	2012/13 £'000	2013/14 £'000	2014/15 £'000
Social & Community Services					
Total pressures	2,059	3,756	5,602	7,614	12,655
Total savings	-10,187	-19,138	-27,002	-33,614	-33,413
Net saving	-8,128	-15,382	-21,400	-26,000	-20,758
Total for Adult Services					
Total pressures	1,794	3,239	4,903	6,797	11,839
Total savings	-9,861	-18,630	-26,272	-32,238	-32,014
Net saving	-8,067	-15,391	-21,369	-25,441	-20,175

9. Pressures identified for the Scrutiny area total £1.794m in 2010/11 rising to £11.839m in 2014/15. Savings identified total £32.014m giving a net saving of £20.175m.

Financial and Legal Implications

10. This report is mostly concerned with finance and the implications are set out in the main body of the report. Under the Local Government Finance Act 1992, the Council is required to set a budget requirement for the authority and an amount of Council Tax. This report provides information on the financial position for the authority which forms a basis for those requirements, leading to the budget requirement and Council Tax being agreed in February 2010.

RECOMMENDATION

11. **The Scrutiny Committee is invited to consider and comment upon the Directorate Efficiency Strategy plus the identified pressures and proposals for savings contained therein.**

SUE SCANE
Assistant Chief Executive & Chief Finance Officer

JOHN JACKSON
Director for Social & Community Services

Background Papers: Nil

Contact Officers: Lorna Baxter – Assistant Head of Finance (Corporate Finance) Tel. 01865 323971

November 2009

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ANNEX 1

Financial Context

1. The current Medium Term Financial Plan (MTFP) for the period 2009/10 to 2013/14 was agreed by the Council in February 2009. For 2010/11, this assumed an indicative Council Tax increase of 3.75% based on a budget requirement of £391.1m. However, as set out in the Service & Resource Planning report to Cabinet on 15 September 2009, it is likely that the global financial position will impact on our Medium Term Financial Planning, and on our ability to maintain the assumptions underpinning that.

2. The following table sets out the assessment of the estimated changes to the financial position for 2010/11 and the medium term compared to the MTFP agreed by Council in February 2009.

	2010/11 £m	2011/12 £m	2012/13 £m	2013/14 £m	2014/15 £m
Estimated Funding					
Central Government Grant		-7.8	-8.8	-9.9	-9.9
Council Tax (precept)	-1.4	-5.7	-9.7	-10.1	-10.6
Council Tax surpluses/deficits	-0.8	-0.5	-0.5	-0.5	-0.5
Total Funding	**-2.2**	**-14.0**	**-19.0**	**-20.5**	**-21.0**
Planned Expenditure					
Identified pressures	6.5	13.0	20.0	30.4	34.0
Savings required[1]	-16.2	-30.5	-44.4	-55.0	-55.0
Carry Forward of Savings	7.5	3.5	5.4	4.1	
Total Expenditure	**-2.2**	**-14.0**	**-19.0**	**-20.5**	**-21.0**

Changes to Estimated Funding

3. The estimated funding is the total external funding available to the Council after taking into account expenditure funded by specific grants and income raised through fees and charges. It includes Revenue Support Grant, National Non Domestic Rates, Council Tax (precept) income and the county council's share of the district councils' collection fund surpluses or deficits. The Service & Resource Planning report to Cabinet in September set out the changes in assumptions from those in the MTFP as follows:

Central Government Grant

4. 2010/11 will be the final year of the Local Government Finance Settlement for 2008/09 to 2010/11. Whilst the grant for 2010/11 will not be confirmed until

[1] The MTFP agreed in February included an additional £5.0m of savings to be made; these savings had not been identified and are required in addition to the £55.0m shown in the table.

January 2010, it is not expected to change. Oxfordshire is expected to receive £106.3m in 2010/11, a 1.5% increase from 2009/10.

5. The next Comprehensive Spending Review which will set out the expected grant for the three years 2011/12 to 2013/14 is not now likely to be published until October 2010 (assuming a general election in June 2010). The MTFP currently includes annual increases of 1% beyond 2010/11. Given the current level of public sector borrowing and the likely need to reduce expenditure to compensate, the expectation is that there will be no increase in grant for the three year period up to 2013/14. Each 1% change in grant equates to approximately £1.1m.

6. As part of the Revenue Support Grant, Oxfordshire is expected to receive £6.7m of 'Damping grant' in 2010/11. This ensures that Oxfordshire receives the minimum grant increase set by the Government. A possible outcome of the next Comprehensive Spending Review could be that this support could be reduced or it may even cease completely.

Council Tax (precept)

7. The planned Council Tax increase for 2010/11 and the medium term set out in the agreed MTFP is 3.75%. The taxbase, representing the number of properties Council Tax can be collected from, is assumed to increase by 0.5% in 2010/11 and 2011/12, and 0.75% thereafter. Since agreeing the MTFP, there has been no sign of recovery in new house building. With growth of only 0.39% in 2009/10, an increase of 0.5% in 2010/11 now looks very unlikely. Consequently the updated assumption is that there will be no growth in 2010/11 and only 0.25% in 2011/12. The impact of this is to reduce the total funding available by £1.4m in 2010/11 rising to £2.2m in 2011/12. The actual taxbase for each of the district councils will not be confirmed until January 2010.

8. Should the Conservative Party win the next general election, a Conservative government would work with local government to freeze council tax for two years. The impact of reducing council tax increases to 2.5% for the two years 2011/12 and 2012/13 has been included in the current assumptions.

Council Tax surpluses/deficits

9. The county council's share of the district councils' Collection Fund surpluses and deficits was £1.95m in 2009/10. The MTFP assumes £0.8m in 2010/11 and £1.25m in each year beyond. The lower figure for 2010/11 reflected the likelihood that in the short term the amount of bad debts from Council Tax could increase, lowering the income through the Collection Fund. Due to rising unemployment and the likelihood that it may take some time to recover from the recession, this position could no longer be realistic. At this stage it is prudent to assume that there will be no surplus in 2010/11 and reduced surpluses of £0.8m in each year beyond then. The impact of this is to reduce the one-off funding available in each year. As with the taxbase, figures will not be confirmed until January 2010.

Planned Expenditure

Starting point for the 2010/11 budget

10. The starting point for the 2010/11 budget is the 2009/10 budget adjusted for those items set out in the agreed MTFP for 2009/10 - 2011/12[2]. These include inflation, previously agreed budget changes and function changes.

11. Planned savings of £4.8m for 2010/11 are already built into the MTFP, as well as savings of £5.0m for each year from 2011/12 to 2013/14. When the MTFP was agreed by Council in February 2009, further savings of £2.5m in 2010/11 rising to £5.0m in 2011/12 were required but not identified at that stage.

Changes to Planned Expenditure since February 2009

12. Since the budget was agreed, the financial position has been under continuous review. Pressures relating to the medium term have already been identified which require changes to the planning assumptions. These reflect the scale of the national and global recession, changes in legislation and pressures in the cost of services. The pressures which have been identified are:

Global recession

13. Impacts on Strategic Measures: Whilst CPI and RPI inflation measures are reducing as expected, the Baxter index (which is based on construction indices and applied to developer contributions) is not falling so fast or expected to fall as far. It is currently assumed that an extra £1m may be required. Assuming that the rate of deposit remains more in line with the base rate, the amount of income earned on deposits in 2010/11 could be £0.5m lower than budgeted.

14. The MTFP already includes £6m in 2011/12 for the possible increased costs of the employer's pension contributions following the next triennial valuation due to take place in April 2010. The position based on an assessment in June 2009 showed that the cost could be £2.5m higher than already assumed.

Government legislation

15. If responsibility for concessionary fares is transferred to county councils, there would be a shortfall in funding currently estimated to be £3.0m from 2011/12.

16. Further increases in landfill tax of £8 per tonne for each year from 2011 were announced in April 2009. This will cost an additional £1.5m each year, reaching £6.0m by 2014/15.

17. The Carbon Reduction Commitment (CRC) legislation to address climate change and energy saving was passed in October 2008. However, the details and financial implications of the scheme were only announced in the spring 2009. it is estimated that the cost could be £0.1m in 2010/11 rising to £0.2m in 2012/13. When trading commences, the costs may be much more

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[2] Part of the Service & Resource Planning – Financial Plan 2009/10 to 2013/14 document

significant and could be £1.0m in 2013/14 rising to £1.5m in 2014/15 although this will depend upon the Council's performance on carbon reduction.

Directorate pressures

18. In previous years budgets there have been pressures in Directorates which the Council made a decision to fund. As referred to earlier, in setting the budget and MTFP in February 2009, identified pressures were built in. However, there are likely to be some further pressures which arise that will need to be managed. Over the medium term, it is estimated that pressures required to be funded are £6.5m in 2010/11 rising to a total of £21.5m by 2014/15. These include pressures in Children and Families in Children, Young People & Families and the implications of changes in eligibility for Continuing Care within Social & Community Services.

Savings Targets

19. Adding together the effect of the funding and expenditure changes gives a total of £60.0m. Of that £21.0m relates to reduced funding, £34.0m to pressures and £5.0m to the unidentified saving built into the MTFP. The level of reduced funding will be a real reduction in the level of expenditure (ie. it will reduce the overall Budget Requirement), but the remaining savings identified will be recycled to fund continuing or new pressures within the overall funding available.

20. To ensure that pressures identified can be managed across the medium term, savings targets totalling £60m as shown in the following table were allocated to Directorates to be addressed though the business planning process.

Directorate	2010/11 £m	2011/12 £m	2012/13 £m	2013/14 £m	TOTAL £m
Children, Young People & Families	4.4	3.9	3.2	2.5	14.0
Social & Community Services	8.1	7.2	6.1	4.6	26.0
Environment & Economy	3.4	3.1	2.6	1.9	11.0
Community Safety & Shared Services	1.6	1.4	1.1	0.9	5.0
Corporate Core	1.3	1.1	0.9	0.7	4.0
TOTAL	**18.8**	**16.7**	**13.9**	**10.6**	**60.0**

21. The savings identified through this process are included as part of the Efficiency Strategies along with any additional pressures.

ANNEX 2

Business Improvement and Efficiency Strategy

2010/11 – 2014/15

Social and Community Services

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ANNEX 2

Context for Social and Community Services

Social and Community Services (SCS) has a gross revenue budget of £225m including £141m in pooled budgets with the Oxfordshire Primary Care Trust (PCT). The total value of the pooled budgets (including PCT contributions) is £228m. The Directorate employs 1,794 ftes (this does not include those employed by externally purchased services).

Director	John Jackson
2009/10 Gross Budget	£225.4m
2009/10 FTE	1,794

Cumulative	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000
Total Pressures (including previously agreed savings not identified)	2,059	3,756	5,602	7,614	12,655
Total Savings Proposed	-10,187	-19,138	-27,002	-33,614	-33,413
Net Position	**-8,128**	**-15,382**	**-21,400**	**-26,000**	**-20,758**
Savings Target	-8,128	-15,382	-21,400	-26,000	-26,000
Net position compared to target	**0**	**0**	**0**	**0**	**-5,242***
Staffing Changes in Full Time Equivalents (FTEs)	**-15.0**	**-37.4**	**-51.9**	**-70.4**	**-72.4**

Analysis of Savings Proposed by Service Area:

	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000	2014/15 £000
Community Services	-326	-508	-730	-1,376	-1,399
Adult Social Care	-6,610	-9,057	-9,773	-9,915	-10,052
Strategy & Transformation	-259	-501	-630	-655	-655
Across Directorate	-2,992	-9,072	-15,869	-21,688	-21,307
TOTAL	**-10,187**	**-19,138**	**-27,002**	**-33,614**	**-33,413**

*The shortfall relates to new demographic pressures for 2014/15 which will be funded.

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The directorate has two primary functions:

1. The delivery of targeted services to the most vulnerable adults in Oxfordshire.

   In increasing partnership with the PCT, Social & Community Services delivers critical social services to the adult population of the County; we support the health and wellbeing of the entire community by managing, designing and delivering\procuring vital adult care services – including services for older people, adults with learning disabilities, adults with mental health problems, those with sensory impairments, and adults with physical disabilities,

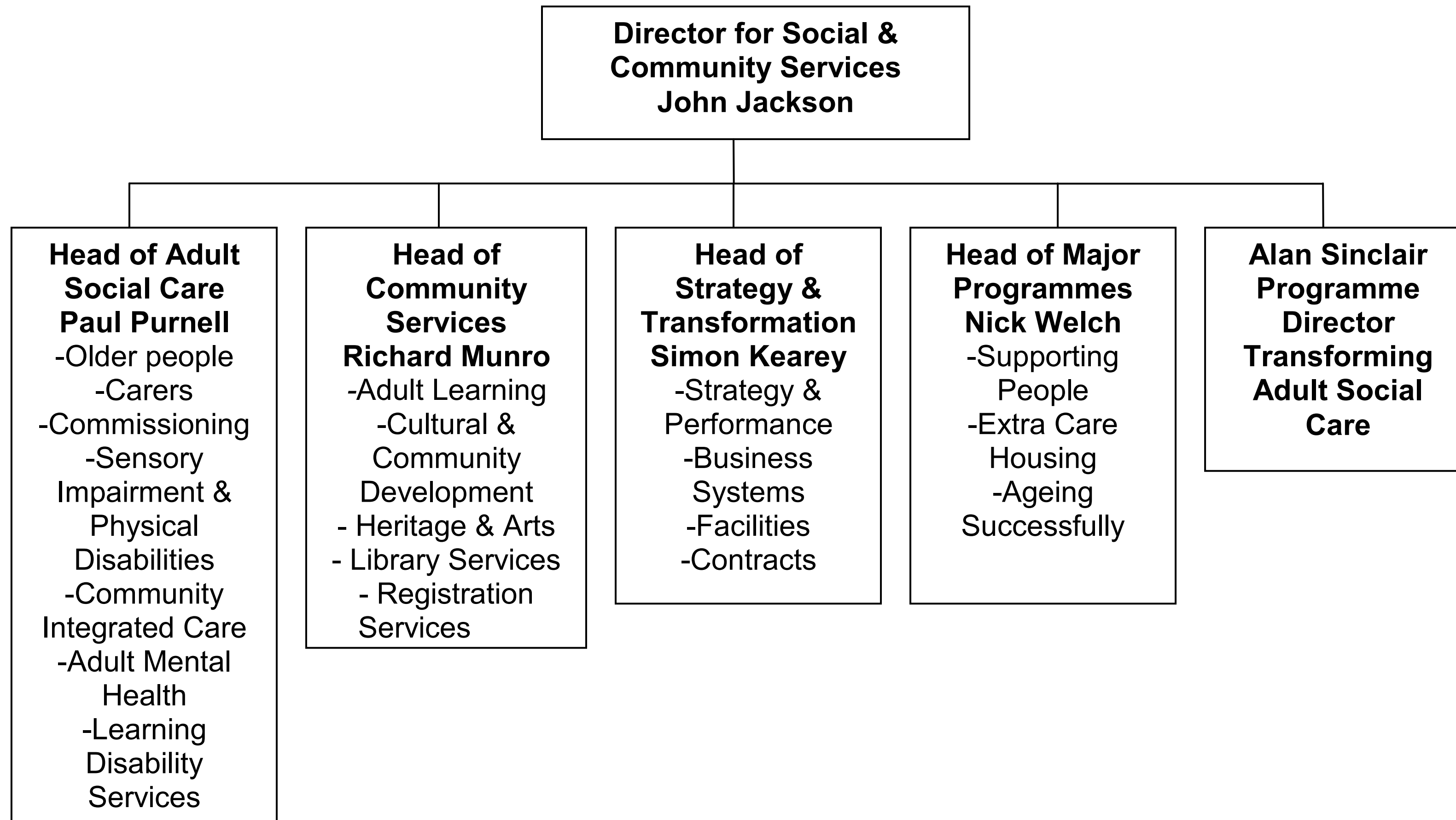
2. The delivery of universal community services to the whole population in Oxfordshire.

   Through the provision of libraries, adult learning, heritage and arts, music, community development and registration services, SCS aims to improve the quality of cultural and community life by creating more and better opportunities for people of all ages to participate in and enjoy cultural and community activity.

   The Social & Community Services vision is to: Support and promote strong communities so that people live their lives as successfully and independently as possible. We will also provide effective and efficient support to the most vulnerable.

ANNEX 2

Management structure of Social and Community Services



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Broad approach to improvement and efficiency

In the last three years, SCS has achieved annual savings of £20m. The directorate efficiency target for the period 2010/11 to 2014/15 is £53m. Because we deliver so many services in partnership, we also need to consider the £240m to be saved by the NHS in Oxfordshire by 2013/14.

The savings identified so far ensure that the Directorate has achieved its target for next year (2010/11) and made a significant contribution to the target for the following year (2011/12). Most of these savings will continue into 2012/13 and beyond. The Directorate is exploring a number of areas as set out in this strategy to meet fully the savings targets for 2012/13 and 2013/14.

Key elements of our strategy are set out below.

- **Transforming Adult Social Care (TASC)**

  The Programme Vision has been agreed by the Programme Board as: **"*To inspire people to live successful and independent lives through information, support, communities and real choice*".**

  Putting People First, from which the Transforming Adult Social Care programmes was created, outlines the following principles to guide its implementation:
  - Live independently
  - Stay healthy and recover quickly from illness
  - Exercise maximum control over their own life
  - Sustain a family unit which avoids children being required to take on inappropriate caring roles
  - Participate as active and equal citizens, both economically and socially
  - Have the best possible quality of life, irrespective of illness or disability
  - Retain maximum dignity and respect

The Transforming Adult Social Care (TASC) programme will deliver elements in a number of areas:

- Prevention
  Through targeted investment in support at an early stage in the care pathway (via reablement, falls prevention, continence services, support for families where people have dementia, carer support, equipment and occupational therapy services, and assistive technology), we will reduce the need for more intensive and expensive services later on. We will deliver these savings while keeping people safe and ensuring that the quality of the services in Oxfordshire is maintained

- Personalisation
  For eligible service users Self Directed Support (SDS) will be the default model for delivering ongoing adult social care. Self Directed Support is the means by which people are allocated money to exercise choice and control, and to buy their own care. Savings will be delivered by the setting of the Resource Allocation System (RAS) used for allocating personal budgets.

  While the level at which the RAS is set will determine the amount of savings, this stream will significantly change both our workforce and our relationship with service providers. As well as providing general downward pressure on the cost of care packages, this will mean both fewer contracts and fewer care managers.

- Extra Care Housing
  Through TASC, we will reduce institutional care, replacing residential care with more Extra Care Housing (and, possibly, more specialist nursing care), as well as providing targeted, surgical support to those at risk of losing their independence.

  TASC is also about encouraging all agencies to improve access and delivery of all of their services to ageing or vulnerable people. If implemented properly all these can reduce costs and enable us to deal with demands of growing older and disabled population.

  Through TASC, we also expect to deliver some merging of operations and a reduction in the number of managers across the directorate. It will also impact on the work of care managers through the externalisation of some support planning functions.

- **Contracting and Procurement**
  Most adult social care services are delivered by providers external to the County Council. The County Council is expected to achieve efficiency savings in the way that we deliver and procure services. It is essential that this is reflected in the amount that we pay for services provided externally. Some of this will come from purchasing less of those services as a result of our

investment in prevention and early intervention, and changes in demand through personalisation. Some of it will come from new methods of procuring services (such as the framework contracts approach that we are introducing for services for adults for learning disabilities). However, we will expect existing providers to achieve efficiency savings as well. This will be reflected in price increases which are below the prevailing inflation rate. This may mean no increase at all in some years.

With a number of other major contracts to be re-provided before 2014/15, we are also meeting with PCT partners to consider future service need, and identify areas where savings can be made. In particular, we are reviewing our high cost Home Support contracts to determine whether or not we can negotiate price reductions. The introduction of Personal Assistants at significantly lower Unit Cost will be part of these savings.

- **Project and Service Efficiencies**
  While the above goes some considerable way towards delivery of our efficiencies targets, we have also had to consider savings to each service.

  Aside from big-ticket items, therefore, we have identified a series of efficiencies specific to particular projects or services. Full details of these are captured in the savings tables shown in each service area below. The following gives a flavour of these items:

  - In tandem with, but separate from, the work on TASC, the Adult Social Care Systems and Process Review will identify ways of improving the productivity of adult social care, and is expected to deliver workforce efficiencies.
  - User feedback from the roll-out of personal budgets in the north of the county suggests a need to review, and consider the future of, Day Services for older people and adults with disabilities.
  - The introduction of Self Service in libraries will produce staffing efficiencies.
  - On-line self assessment will produce staff efficiencies in Access Teams.

The directorate efficiency strategy was tested as part of an inter-directorate peer challenge session, and the areas outlined above reflect the actions identified in the challenge session.

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These issues are addressed in the efficiency planning for each service. We have additionally provided an analysis of the type of savings, categorised as follows:

ES	Efficiency Savings (achieve the same outputs for less resource or additional outputs for the same resource)
IG	Income Generation (increased charges or increased volume, or new charge)
SR	Service Reduction (providing a lower level of service and/or a lower level of quality for the same/less money)
O	Other Types (e.g. alternative use of previously agreed funding, changes to funding streams)

In addition to these categorisations, we have provided an overall risk assessment of each saving based on the likelihood of achieving to the saving.

Directorate Pressures

The main pressures facing the Directorate are the demographic changes facing society (an ageing population but also one with more adults with significant disabilities) and the importance of responding to individuals' needs so that they have real choice and can live their lives to the full. Specific pressures are as follows:

- Ensuring that there is a local focus to our work aimed at local communities where we work in partnership with other organisations and local communities.
- Ensuring that we involve service users and the public more generally as well as consulting with them and informing them of changes
- Current uncertainties around future government funding (general and specific) of both social care and the NHS.
- Savings required of the NHS: their cuts of 30% will impact on us, given the amount of services that we deliver in partnership.
- The Government Green Paper on Care and Support and its proposal to create a National Care Service on the model of the National Health Service. In addition, the Government has made an announcement of free personal domiciliary care for those with the highest level of need. They have indicated that local authorities would need to fund part of this from efficiency savings which would be additional to those we are already planning. The cost of this for Oxfordshire is not known at this stage but might be as much as £3m in a full year (and half of that next year).
- The impact of the recession on our commitment to create the conditions for health and wellbeing in Oxfordshire.
- The prospect of informal carers withdrawing their care and/or fewer informal carers coming forward in the future.
- Demographic changes, and ongoing concerns over the financial impact of a population that is both ageing but also has more people with significant disabilities.

Despite all of this, we anticipate the achievement of considerable savings over the next 5 years whilst delivering against our aims and priorities.

PRESSURES (CUMULATIVE)						
REF	**DESCRIPTION**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**
		£000	£000	£000	£000	£000
	COMMUNITY SERVICES					
SCP1	Savings to be identified to meet pressures (2009/10 budget)	50	114	297	417	417
SCP2	Library Transformation Programme (2008/09 budget)	140	272	272	272	272
SCP3	Library transformation programme: Introduction of self service (RFID) Potential cost of prudential borrowing to manage the cash flow between necessary capital investment and the receipt of developer funding)	12	42	41	40	39
SCP4	Cost of Prudential Borrowing - Combining Oxfordshire Studies and Oxford Records Office on the Oxfordshire Records Office site.	6	22	22	21	21
SCP5	Loss of internal recharge to Cogges	24	24	24	24	24
SCP6	Renegotiation of partnership with Victoria County History Trust	20	30	30	30	30
SCP7	Loss of government grant to Registration Service	13	13	13	13	13
	TOTAL COMMUNITY SERVICES PRESSURES	**265**	**517**	**699**	**817**	**816**

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PRESSURES (CUMULATIVE)						
REF	**DESCRIPTION**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**
		£000	£000	£000	£000	£000
	SOCIAL CARE FOR ADULTS					
	All Client Groups					
SCP8	Savings still to be identified to meet pressures (2009/10 budget)	-108	-93	-31	57	57
	Occupational Therapy & Equipment					
SCP9	Mobile working support as standard	40	5	5	5	5
SCP10	Additional Occupational Therapy hours to improve Telecare take up	45	45	45	45	45
SCP11	Bariatric equipment provision	60	60	30	30	30
SCP12	6 months lead for work development	20	0	0	0	0
SCP13	One off investment in prevention	250	0	0	0	0
	ALL CLIENT GROUPS PRESSURES	**307**	**17**	**49**	**137**	**137**
	Older People					
SCP14	Savings still to be identified to meet pressures (2009/10 budget)	160	728	942	1,157	1,157
SCP15	Pressures on Older Persons pool 2009/10 0verspend	58	0	0	0	0
SCP16	Continuing Care - implications of PCT changes in eligibility	1,100	800	500	200	0

REF	DESCRIPTION	2010/11	2011/12	2012/13	2013/14	2014/15
	PRESSURES (CUMULATIVE)					
		£000	£000	£000	£000	£000
	Older People Miscellaneous					
SCP17	Extra Care Housing - additional funding for night care workers. One additional core and cluster ECH scheme from 2010/11. (Subject to capital funding for projects)	18	55	91	109	109
SCP18	Cost of Prudential Borrowing - Core and Cluster Extra Care Housing Services	11	32	53	64	64
SCP19	Future Demography - Older People	0	0	0	0	2,342
	OLDER PEOPLE PRESSURES	**1,347**	**1,615**	**1,586**	**1,530**	**3,672**
	Physical Disabilities					
SCP20	Savings still to be identified to meet pressures (2009/10 budget)	69	192	291	391	391
	PHYSICAL DISABILITIES PRESSURES	**69**	**192**	**291**	**391**	**391**
	Mental Health					
SCP21	Savings still to be identified to meet pressures (2009/10 budget)	-24	88	150	236	236
	OCC Contribution to Primary Care Trust pool (Service Level Agreements)					
SCP22	Autistic Spectrum Condition strategy development and 50% contribution to service budget	50	75	100	100	100
	MENTAL HEALTH PRESSURES	**26**	**163**	**250**	**336**	**336**

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REF	DESCRIPTION	2010/11	2011/12	2012/13	2013/14	2014/15
	PRESSURES (CUMULATIVE)					
		£000	£000	£000	£000	£000
	Learning Disabilities					
SCP23	Savings still to be identified to meet pressures (2009/10 budget)	-834	-665	-79	758	758
	OCC Contribution to Learning Disabilities pool					
SCP24	Demography pressure above £2.8m	100	100	100	100	100
SCP25	Contribution to Learning Disability demographic pressure on community equipment budget	20	20	20	20	20
SCP26	Additional safeguarding coordinators to meet requirements in relation to growing number of safeguarding referrals	30	30	30	30	30
SCP27	Develop flexible respite, shared care and training for family carers to enable families to continue to support family members	250	300	350	350	350
SCP28	De-registration of Home Farm Trust residential services at Milton Heights and Banbury and ordinary residence transfer		916	1,476	2,036	2,036
SCP29	Unachievable contribution to recurrent impact of 07/08 overspend	400	400	400	400	400
SCP30	Future Demography - Learning Disability					2,900
	LEARNING DISABILITIES PRESSURES	**-34**	**1,101**	**2,297**	**3,694**	**6,594**
	TOTAL SOCIAL CARE FOR ADULTS PRESSURES	**1,715**	**3,088**	**4,473**	**6,088**	**11,130**

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PRESSURES (CUMULATIVE)						
REF	**DESCRIPTION**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**
		£000	£000	£000	£000	£000
	Strategy & Transformation					
SCP31	Savings still to be identified to meet pressures (2009/10 budget)	59	131	410	689	689
SCP32	Mental Health Contract - end of agreement of funding from commissioning	20	20	20	20	20
	STRATEGY & TRANSFORMATION PRESSURES	**79**	**151**	**430**	**709**	**709**
	TOTAL SOCIAL & COMMUNITY SERVICES PRESSURES	**2,059**	**3,756**	**5,602**	**7,614**	**12,655**

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Adult Social Care

Head of Service	Paul Purnell
2009/10 Gross Budget	£171.9m

The Adult Services strategy for business improvement and efficiency is focused on the following areas:

Transforming Adult Social Care

Via the delivery of self-directed support, the greater provision of information and advice, and the promotion of independence and prevention services, this programme will fundamentally re-align the way that adult social care services are delivered in Oxfordshire.

By the time of its completion in September 2011, the programme will have dramatically increased the independence of service users in Oxfordshire, and given users a much greater degree of choice and control, while also having become a vehicle for very significant efficiency savings up to 2014/15; we expect the greater part of these savings to be realised towards the latter end of this period.

Enabling users to direct their own support

We will move our care management, commissioning and contracting processes forward so that they support people to direct their own support through personal budgets.

Efficiencies will be delivered via changes to the processes and structures of teams across adult social services, the way we provide information and engage with service users, and the way we commission and contract for services.

Prevention

Through the Transforming Adult Social Care programme all of our adult care services are in the midst of re-designing their service provision towards a host of enabling services that will reduce dependency while improving health and wellbeing at the same time.

For example, in our Older People's service, Telecare and Telehealth, along with a new approach to case management, and a greater investment in health and wellbeing advice, will fundamentally change the way that we interact with older people in Oxfordshire, and introduce reablement strategies that reduce our costs considerably.

Increasing opportunities for people to live at home

The increasing provision of extra care housing along with our investments in adaptive equipment and assistive technology, and our increasing support for occupational therapy and to support carers will generate considerable efficiencies while giving us an opportunity to re-orient our service in line with individual needs, and empower services users with greater choice and control.

Increase support for carers

Throughout our care services, we plan to increase our activities around carer training, shared care and flexible respite. Through prevention we aim to reduce the need for supported living placements by enabling family carers to have enough support to be able to care for their family member at home if they wish to.

Re-design services and support package.

We also plan to deliver savings through more cost effective design of services, and active review of support packages.

For example, in our Learning Disability Service, the Supported Accommodation Review works with housing providers to adapt properties so that more accommodation is available for supported living. This reduces unit costs and increases availability of accessible housing. The team also reviews support arrangements, introduces assistive technology, and seeks more cost effective accommodation and support where necessary. A large proportion of externally contracted services are in the process of being re-tendered and completion of this is also expected to deliver significant savings.

ANNEX 2

EFFICIENCIES AND SAVINGS (CUMULATIVE)								
DESCRIPTION		**TYPE**	**RISK**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**
				£000	£000	£000	£000	£000
	<u>All Client Groups</u>							
	Occupational Therapy & Equipment							
	Non Pooled budgets:							
SC22	Discontinue service and maintenance of stairlifts	SR	Low	-103	-116	-129	-142	-155
SC23	Reduction in administrative support time for Service and Maintenance contract	ES	Low	0	-20	-20	-20	-20
SC24	Costs to support secondment of Occupational Therapists to housing (contributions from District Councils)	IG	Med	-36	-36	-54	-72	-72
SC25	Paediatric Occupational Therapist transfer to PCT - staffing savings	O	Low	-31	-31	-31	-31	-31
SC26	Encourage self provision of small items of equipment (under £25)	ES	Low	0	-140	-140	-140	-140
	Pooled budget contributions from:							
SC27	Oxfordshire Primary Care Trust to meet increased health activity	O	High	-250	-250	-250	-250	-250
SC28	Learning Disabilities	O	High	-20	-20	-20	-20	-20
SC29	Mental Health	O	High	-20	-20	-20	-20	-20
	Adult Placement Service							
SC30	Reduce block funding to reflect low usage by Older People's Service - replace with individual referrals as required	SR	Low	-130	-130	-130	-130	-130
SC31	Restructure Adult Placement Service	ES	Med	-30	-45	-60	-60	-60
	ALL CLIENT GROUPS SAVINGS			**-620**	**-808**	**-854**	**-885**	**-898**

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EFFICIENCIES AND SAVINGS (CUMULATIVE)								
DESCRIPTION		**TYPE**	**RISK**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**
				£000	£000	£000	£000	£000
	Older People							
	Older People Pooled Budget							
	Residential & Nursing Beds							
SC32	Reduce new Care Home placement prices by £25 per week based on 500 new placements per year	ES	Med	-350	-350	-350	-350	-350
SC33	Change Care Home banding rates	ES	Low	-50	-50	-50	-50	-50
SC34	Respite Beds - introduction of vouchers and more direct payments	ES	Med	-160	-160	-160	-160	-160
SC35	Savings in Care Home and home support expenditure resulting from one-off "pump-priming" investment of £250k to develop new prevention services (savings in future years to be incorporated into personal budgets)	ES	Med	-220	-220	-220	-220	-220
SC36	Reduction of OSJ block placement contract costs	ES	Low	-190	-190	-190	-190	-190
SC37	Net savings from buy out of Servite Deficit Funding Agreement (having taken account of the cost of Prudential Borrowing)	ES	Low	-107	-106	-105	-105	-105
SC38	Net savings from Homes for Older People (HOPs) Phase 1 New Build (having taken account of the costs of prudential borrowing)	ES	Low	-82	-218	-162	-164	-167
	Home Support							
SC39	Renegotiate the most expensive prices in large block contracts (top 25%) down to the average for the area.	ES	High	-327	-327	-327	-327	-327
SC40	Renegotiate all block contracts down to the average for the area.	ES	High	-423	-423	-423	-423	-423

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EFFICIENCIES AND SAVINGS (CUMULATIVE)								
DESCRIPTION		TYPE	RISK	2010/11	2011/12	2012/13	2013/14	2014/15
				£000	£000	£000	£000	£000
SC41	Convert home support hours to direct payments (employment of personal carers)	ES	Med	-13	-13	-13	-13	-13
SC42	Reduce Home Support Placement Officer time by introducing more efficient ways of working	ES	Med	-15	-30	-30	-30	-30
SC43	Increased income from Fairer Charging	IG	Med	-100	-100	-100	-100	-100
SC44	Increased charges from Home Support (charge full rate)	IG	Med	-500	-500	-500	-500	-500
SC45	Review large packages of home support and actively enable some people to become more independent with a reduced need for care	ES	Med	-350	-350	-350	-350	-350
SC46	Reduce cost of Internal Home Support	ES	High	0	-1,000	-1,000	-1,000	-1,000
	Internal Day Services							
SC47	Rationalisation of day services contracts in line with Self Directed Support	ES	High	-120	-240	-240	-240	-240
SC48	Increased capacity in day services	IG	High	-50	-50	0	0	0
SC49	Increase charge for Day Services to £10 per session, bringing it more in line with market rate	IG	Low	-250	-250	-250	-250	-250
	Integrated Care Services							
SC50	Reduction in staffing levels due to ETMS (Electronic Time Management System)	ES	Low	-40	-40	-40	-40	-40
SC51	Reduce management costs	ES	Low	-30	-30	-30	-30	-30
SC52	Reduce administration support	ES	Low	-22	-22	-22	-22	-22

EFFICIENCIES AND SAVINGS (CUMULATIVE)								
DESCRIPTION		TYPE	RISK	2010/11	2011/12	2012/13	2013/14	2014/15
				£000	£000	£000	£000	£000
	Miscellaneous							
SC53	Section 117 Reassessments - Removal of budget	O	Low	-68	-68	-68	-68	-68
SC54	Extra Care Housing - Additional charging policy for clients in purpose built ECH schemes The charge reflects the fact that an ECH resident gets not only their planned care (subject to orthodox fairer charging) but also 24/7 response/unplanned care service, monitoring visits (previously Supporting People funded/charged), activities and other informal assistance	IG	Low	-22	-74	-130	-130	-130
SC55	Substitute residential / home support costs with new core and cluster Extra Care Housing services (subject to capital funding)	ES	Med	-17	-80	-176	-285	-406
SC56	Savings from increased investment in re-enablement (funded by Transforming Adult Social Care for 2 years). Savings in future years dependent on continuing investment.	ES	Med	-500	-500	-500	-500	-500
SC57	Savings from the establishment of a Prevention Service (funded from Transforming Adult Social Care)	ES	Med	0	-140	-140	-140	-140
	OLDER PEOPLE SAVINGS			**-4,006**	**-5,531**	**-5,576**	**-5,687**	**-5,811**

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EFFICIENCIES AND SAVINGS (CUMULATIVE)								
DESCRIPTION		TYPE	RISK	2010/11	2011/12	2012/13	2013/14	2014/15
				£000	£000	£000	£000	£000
	Physical Disabilities (PD)							
	OCC Contribution to the Physical Disabilities Pool							
SC58	Reduce cost of 24 hour packages -renegotiate contracts	ES	Med	-30	-30	-30	-30	-30
SC59	Provide opportunities for people to remain at home with Independent Living Fund contribution and therefore delay/reduce residential care	ES	Med	-70	-70	-70	-70	-70
	PHYSICAL DISABILITIES SAVINGS			**-100**	**-100**	**-100**	**-100**	**-100**
	Mental Health							
	OCC Contribution to Primary Care Trust Pool							
SC60	Redesign of services delivered by the voluntary sector in line with Keeping People Well.	SR	Low	-126	-227	-227	-227	-227
SC61	Savings on direct payments	SR	Med	-8	-16	-16	-16	-16
	MENTAL HEALTH SAVINGS			**-134**	**-243**	**-243**	**-243**	**-243**

EFFICIENCIES AND SAVINGS (CUMULATIVE)								
DESCRIPTION		TYPE	RISK	2010/11	2011/12	2012/13	2013/14	2014/15
				£000	£000	£000	£000	£000
	Learning Disabilities							
SC62	Review of provision of day services	ES	Med	-25	-50	-100	-100	-100
	OCC Contribution to Learning Disabilities pool							
SC63	Supported Accommodation Review (in addition to £300k already in plan)	ES	Med	-200	-200	-200	-200	-200
SC64	Contract Reassessments (in addition to £200k already in plan)	ES	Med	-300	-300	-300	-300	-300
SC65	Spot reassessments	ES	Med	-300	-300	-300	-300	-300
SC66	Delay admission to supported living through enhanced respite and shared care (4 people in year 1)	ES	Med	-250	-300	-350	-350	-350
SC67	Increase Independent Living Fund (ILF) income	IG	Med	-200	-200	-200	-200	-200
SC68	Increase use of assistive technology and reduce need for paid staff	ES	Med	-50	-75	-100	-100	-100
SC69	Reduce demand for day support through proactive employment strategy	ES	Med	-25	-50	-50	-50	-50
SC70	Additional pooled budget contribution for demographic pressure from Primary Care Trust	O	High	-400	-400	-400	-400	-400
SC71	Review Internal Learning Disabilities Service	ES	High	0	-500	-1,000	-1,000	-1,000
	LEARNING DISABILITIES SAVINGS			**-1,750**	**-2,375**	**-3,000**	**-3,000**	**-3,000**
	TOTAL SOCIAL CARE FOR ADULTS SAVINGS			**-6,610**	**-9,057**	**-9,773**	**-9,915**	**-10,052**

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Community Services

Head of Service	Richard Munro
2009/10 Gross Budget	£22.7m (including Adult Learning)

The Community Services considered here are:

- Library Service
- Heritage and Arts Service
- Music Service
- Registration Service
- Cultural and Community Development.

1. As an externally funded and commissioned service, Adult Learning is not included in the County Council's Service and Resource Planning Process.

2. In terms of service outcomes, all Community Services are planned and delivered on the basis of three overarching strategic principles:
   - contribution to the achievement of County Council and directorate objectives, in particular support for strong communities in which people can live as successfully and independently as possible;
   - opportunities for participation in good quality experiences;
   - to deliver our statutory obligations.

3. The strategy put forward for cost reductions, which are detailed in the table below, is based on the following principles.

   Service transformation

4. As a result of the Fundamental Service Review of cultural services, some important programmes of change have begun which will radically affect the way services are delivered and funded in future. The most significant are the Library Service transformation programme, merging Oxfordshire Studies and the Archives Service, and repositioning the Music Service to be less dependent upon County Council funding. These programmes of change are intended both to improve services for the user and to reduce costs.

One-off investment to create efficiencies

5. Delivery of revenue savings from both the Library Service change programme and the amalgamation of Oxfordshire Studies and the Archives Service will require capital investment. The proposal with regard to the former is the use of earmarked developer contributions (£1.2m) to install a self-service option in major libraries. Because a proportion of the developer funding has yet to be received, there will be a need for some capital borrowing in the short term. The revenue impact of this borrowing shown in the pressures table is based upon worst-case assumptions. Creation of a History Centre will require an estimated £250k of capital to match external funding of £180k. The revenue impact of borrowing to fund the capital expenditure is included in the pressures table above.

Maximising cost-effectiveness through partnership

6. Many of the outcomes achieved by Community Services rely on using a relatively small financial input from the County Council to attract investment from other parties. Examples in service plans which are particularly pertinent to consideration of pressures and savings are the Music Service, the arts grant fund and the Victoria County History. These are all considered below.

Reduction in management capacity

7. Following a number of structural reorganisations and budget reductions in recent years, Community Services is relatively lean with regard both to layers of management and to administrative support. However, if further costs are to be taken out of services over the next five years, then achieving this with the least profound impact on the quality of services will entail reducing management capacity. There will undoubtedly be some productivity gains which can still be made, but inevitably services' ability to develop flexibly in response to community and user needs and demands will be affected. It will also restrict opportunities to engage in activities such as partnership working, outreach and pursuing external funding.

Other cost-cutting options

8. As far as possible, other spending cuts which result in reductions in service have not been put forward as options. However the option to reduce the bookfund for the first three years and reductions in arts grants are examples which fall into this category.

Service-specific issues

Library change programme

9. The programme addresses a range of efficiencies and improvements in the service. It is expected that it will secure existing savings targets in the library service of £140k in 2010/11 rising to £272k in 2011/12, principally through the introduction of a self-service option in larger libraries.

Victoria County History

10. A decision was taken in 2008/09 to withdraw County Council funding (£110k per annum) with effect from 2011/12. A project board was established with partners, notably the Oxfordshire Victoria County History Trust, to consider how the long-term future of the project might be ensured. As things stand, the project will cease on 31 March 2011 and the County Council will incur redundancy costs of some £68k during 2010/11. Following discussion with partners, an alternative option has been identified. This involves a combination of cost reduction (including a voluntary down-grading of posts by the staff) and an offer from the Trust to take on substantially more of the revenue burden. What is proposed is an agreed period of further work, with a reduced County Council contribution of £30k per annum. This would avoid most of the redundancy cost in 2010/11, essentially making this option cost-neutral for the first two years.

County Music Service

11. The Service has begun a programme of change over four years which will enable both the improvement of the offer of music-making for young people and a significant reduction in the financial contribution made by the County Council. Changes include contributions from schools to the costs of teaching and instrument maintenance; charging for Saturday morning activities; restructuring out-of-school and community provision; general efficiency savings. The financial effect is predicted to reduce the cost to the Council from the current £547k per annum to £297k in 2013/14.

12. The potential impact of further reduction in County Council subsidy down to zero has been considered. The consequences include: loss of any Government funding; rises in charges to users (and abolition of remissions) which would present a barrier to many; loss of quality assurance; inability to respond to national initiatives and funding opportunities; lack of continuity of teaching; loss of “flagship” ensembles such as the County Youth Orchestra. The service would effectively become an agency. There would be substantial one-off redundancy costs. All these effects have been seen in the relatively few local authorities where funding has been completely withdrawn.

Arts grants fund

13. The fund (£100k) is used to support key arts partner organisations who offer opportunities for people to participate in and enjoy cultural activities. Grants from this fund represent a small percentage of the actual cost of the activities supported owing to the leverage they help to exert on other funders.

Registration Service: income

14. A significant proportion of Community Services activities rely on external income, and at a time of recession reliance on discretionary spend by the public brings risks. However the Registration Service has a particular challenge with regard to fees it charges for statutory registrations of births, deaths and marriages, in that the charges are set nationally with no local discretion.

These charges have not changed for a number of years. Since the County Council inflates income targets annually, the impact on the service is a hidden pressure which is estimated at £14k per annum.

EFFICIENCIES AND SAVINGS (CUMULATIVE)									
DESCRIPTION		TYPE	RISK	2010/11	2011/12	2012/13	2013/14	2014/15
				£000	£000	£000	£000	£000
	COMMUNITY SERVICES							
	Library Service							
SC1	Library transformation programme: Introduction of self service (RFID)	ES	Low	0	-192	-256	-256	-256
SC2	Pending efficiencies from the introduction of RFID self-service, defer payment into the Mobile Library vehicle replacement fund for one year	O	Low	-65	0	0	0	0
SC3	Pending efficiencies from the introduction of RFID self service, reduce expenditure by 16% on newspapers and periodicals for one year	SR	Low	-11	0	0	0	0
SC4	Pending efficiencies from the review of Library Support Services, hold vacancies	ES	Low	-38	0	0	0	0
SC5	6% reduction in book expenditure falling to 4.9% in 2012/13. Sustaining expenditure on bookstock is a priority for the service and £63k is expected to be built back in by 2013/14.	SR	Low	-69	-52	-56	-6	-6
SC6	Reduction in management and professional capacity, increasing line management spans beyond the optimum and reducing the capacity of the service to contribute to cross cutting corporate objectives	SR/ ES	Low	0	0	-45	-556	-556
SC7	Savings from Mobile Library Review	SR/ ES	Low	0	-21	-21	-84	-84
SC8	Efficiencies achieved as a result of the implementation of the upgrade of People's Network Personal Computers.	ES	Low	0	-57	-57	-57	-57

	EFFICIENCIES AND SAVINGS (CUMULATIVE)							
DESCRIPTION		TYPE	RISK	2010/11	2011/12	2012/13	2013/14	2014/15
				£000	£000	£000	£000	£000
	Heritage & Arts							
SC9	Reduction in archives service development activities, such as digitisation of collections and development of the Dark Archivist web site, which would have improved virtual public access to collections	ES	Low	-41	-41	-41	-41	-36
SC10	Combining Oxfordshire Studies and Oxfordshire Record Office on the Oxfordshire Record Office site (Cost of prudential borrowing shown in pressures.)	ES	Med	-17	-34	-63	-63	-80
SC11	Reduction in management capacity (subject to capital investment)	SR	Med	-10	-23	-30	-42	-43
SC12	Increased income from sales at Oxfordshire Museum	IG	Low	-5	-5	-5	-5	-5
SC13	Friends of Oxfordshire Museum additional financial contribution towards the learning activities at the Museum	ES	Low	-1	-1	-1	-1	-1
SC14	Music Service Change Programme - including the raising of fees and charges, increasing administrative efficiency and restructuring the service delivery	ES	Med	-12	0	-63	-163	-163
SC15	Arts consultant - termination of contract	SR	Low	-10	-10	-10	-10	-10
SC16	Reduction in Arts Grants Fund - 10% increasing to 50%. This fund (£100k) is used to support key arts partner organisations who offer opportunities for people to participate in and enjoy cultural activities. Grants from this fund represent a small percentage of the actual cost of the activities supported owing to the leverage they help to exert on other funders	SR	Low	-10	-20	-30	-40	-50

EFFICIENCIES AND SAVINGS (CUMULATIVE)								
DESCRIPTION		**TYPE**	**RISK**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**
	Registration Service							
SC17	Reduction in registrar hours (14hrs)	ES	Low	-14	-14	-14	-14	-14
SC18	Call centre efficiencies	ES	Low	-9	-9	-9	-9	-9
SC19	Reduced cover for sickness and other absence	SR	Low	-11	-11	-11	-11	-11
SC20	Deleted Saturday enhancements	ES	Low	-3	-3	-3	-3	-3
	Cultural and Community Development							
SC21	Reduced Cultural Development capacity	SR	Low	0	-15	-15	-15	-15
	TOTAL COMMUNITY SERVICES			**-326**	**-508**	**-730**	**-1,376**	**-1,399**

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Strategy & Transformation

Head of Service	Simon Kearey
2009/10 Gross Budget	£28.6m

Strategy and Transformation provide support services for both users of services and the internal services themselves. These services include the Access Team (the first contact point for social care information and advice), Facilities Management, the Performance Unit, Strategy and Business Planning as well as consultation and work around promoting independence and wellbeing. The division also includes the Business Systems team which provides business systems support and advice for the directorate as well as business analysis, project management and change management functions. Another key area is the Contracts team who monitor and manage a majority of the Directorate's contracts. Many of these teams will play a key role in supporting the rest of the directorate to delivery the proposed change and efficiency agenda so maintaining sufficient capacity for this to happen will be key. The efficiency savings planned in this area will therefore need be to be carried out in consultation with those customers and are mainly concerned with ensuring that these services are provided as efficiently and effectively as possible as well as constantly reviewing them so that they provide the services required to deliver the strategy of the directorate as a whole.

It is expected that the savings of staff will be achieved through a combination of strategically developing staff into other roles, natural turnover and through providing services in different, more efficient ways

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EFFICIENCIES AND SAVINGS (CUMULATIVE)								
DESCRIPTION		**TYPE**	**RISK**	**2010/11**	**2011/12**	**2012/13**	**2013/14**	**2014/15**
SC72	Administrative Support reductions	ES	High	-40	-40	-60	-60	-60
SC73	Printing	ES	Med	-15	-15	-15	-15	-15
SC74	Bicester Office support	ES	Med	-15	-15	-15	-15	-15
SC75	Reception management	ES	High	0	-63	-63	-63	-63
SC76	Providing a more efficient management of offices and their facilities across the county.	ES	Med	-35	-35	-35	-35	-35
SC77	Access Team Efficiencies	ES	Med	-39	-103	-137	-137	-137
SC78	Ensure usage of staff on projects	ES	Med	-50	-50	-50	-50	-50
SC79	Business and Systems Support review	ES	High	0	-50	-110	-110	-110
SC80	Contract Support restructuring	ES	Med	0	-25	-25	-50	-50
SC81	Loss of 50% contracts officer	ES	Med	-20	-20	-20	-20	-20
SC82	Review of the work of the strategy and performance team in line with the priorities of the directorate and work undertaken elsewhere within the council	ES	High	-10	-50	-100	-100	-100
SC83	Stream lead for sustainability Transforming Adult Social Care	O	Med	-35	-35	0	0	0
	STRATEGY & TRANSFORMATION SAVINGS			**-259**	**-501**	**-630**	**-655**	**-655**

Across Directorate

EFFICIENCIES AND SAVINGS (CUMULATIVE)								
DESCRIPTION		TYPE	RISK	2010/11	2011/12	2012/13	2013/14	2014/15
	Across Directorate							
SC85	Inflation savings - reduce to 0.5%	ES	Low	-1,674	-2,074	-2,074	-2,074	-2,074
SC86	Contract inflation savings	ES	Low	-1,066	-1,066	-1,066	-1,066	-1,066
SC87	Savings in 2010/11 from 2009 pay award	O	Low	-252	-252	-252	-252	-252
SC88	Staff reductions due to the introduction of Self Directed Support	ES	Low	0	-300	-450	-750	-750
SC89	Savings to be identified			0	-5,380	-12,027	-17,526	-17,165
	ACROSS DIRECTORATE SAVINGS			**-2,992**	**-9,072**	**-15,869**	**-21,668**	**-21,307**

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Summary

The Directorate has an excellent record of planning ahead so that it can anticipate service and resource planning pressures. This has helped us to deliver very significant savings over the last few years (over half the total of the County Council). We have combined this with robust financial management which has been praised recently by the Care Quality Commission. This places us in a strong position to deliver further efficiency savings at the same time as improving the lives of those living in Oxfordshire. We are implementing a number of transformation programmes which will be a challenge for a relatively lean Directorate in terms of management resources. We are committed to applying the highest levels of practice in project and change management to help us to do this. A key element of this is to engage with key stakeholders: service users/customers, carers, employees, the general public and partners.

John Jackson
Director of Social and Community Services

Division(s): N/A

ANNEX 3

STRATEGY & PARTNERSHIPS SCRUTINY COMMITTEE
25 NOVEMBER 2009

SERVICE AND RESOURCE PLANNING 2010/11 – 2014/15

Report by Assistant Chief Executive & Chief Finance Officer and Assistant Chief Executive (Strategy)

Introduction

1. As part of the Service & Resource Planning process, Strategy & Partnerships Scrutiny Committee is meeting prior to the December round of Scrutiny Committees to consider the Business Improvement and Efficiency Strategies for all Directorates. Each Scrutiny Committee will then consider the strategies for their programme areas with comments from each being passed back to Strategy & Partnerships Scrutiny Committee in January 2010, in order that the committee can then feed back to Cabinet in time for consideration as part of their budget proposals.

2. The following annexes are attached:

Annex 1 : Summary of Identified Pressures and Proposed Savings
Annex 2 : Oxfordshire's Business Efficiency Strategy
Annex 3 : Children, Young People & Families Business Improvement & Efficiency Strategy
Annex 4 : Social & Community Services Business Improvement & Efficiency Strategy
Annex 5 : Environment & Economy Business Improvement & Efficiency Strategy
Annex 6 : Community Safety Business Improvement & Efficiency Strategy
Annex 7 : Corporate Core & Shared Services Business Improvement & Efficiency Strategy

Service & Resource Planning process 2010/11 - 2014/15

3. The report to Cabinet in September set out that since the budget was agreed in February 2009, the financial position has been under continuous review. Pressures relating to the medium term were identified which required changes to the planning assumptions. These reflected the scale of the national and global recession, changes in legislation and pressures in the cost of services. The impact of these was spread across the timeframe of the business plans, but with a significant impact in 2011/12.

4. In total pressures of £60.0m were identified, £21.0m relating to reduced funding, £34.0m relating to pressures and £5.0m relating to previously agreed budget changes in the Medium Term Financial Plan (MTFP). The level of reduced funding being a real reduction in the level of expenditure, however,

the remaining savings identified being recycled to fund continuing or new pressures.

5. In July 2009, savings targets rising to £60m over the medium term were issued to Directorates to ensure that the identified pressures could be managed across the medium term and allow adequate time for options and plans to be worked up before the budget is agreed in February 2010.

6. In addition to the £60.0m savings target, the existing MTFP already includes £30.0m of planned savings over the period 2009/10 – 2013/14.

Identified Pressures and Proposed Savings

7. Directorate Business Improvement and Efficiency Strategies alongside draft business plans were completed in September in order that financial pressures and savings over the medium term could be considered by the relevant Star Chamber as part of the Service & Resource Planning process.

8. Through this process pressures totalling £83.5m have been identified, an increase of £23.5m from the estimate in July. The total of savings proposed is £81.1m, after deducting £5.0m already required in the existing MTFP, is £16.1m more than planned. The pressures and savings include £7.5m which have already been agreed as part of the existing MTFP (and form part of the £30m referred to in paragraph 6), but for which specific savings had not previously been identified. The new pressures and savings should therefore exclude this figure. The table below sets out the position.

Year on Year	**2010/11 £m**	**2011/12 £m**	**2012/13 £m**	**2013/14 £m**	**2014/15 £m**	**TOTAL £m**
Total Pressures Identified	19.4	20.0	10.8	21.4	11.9	83.5
Less : Previously agreed but unidentified savings now shown as a pressure		-1.1	-3.1	-3.3		-7.5
NEW PRESSURES	**19.4**	**18.9**	**7.7**	**18.1**	**11.9**	**76.0**
Total Savings Proposed	-30.1	-17.6	-15.8	-15.4	-2.2	-81.1
Less: Savings required in existing MTFP	2.5	2.5				5.0
Less : Previously agreed but unidentified savings now shown as a pressure		1.1	3.1	3.3		7.5
NEW SAVINGS	**-27.6**	**-14.0**	**-12.7**	**-12.1**	**-2.2**	**-68.6**
NET POSITION	**-8.2**	**4.9**	**-5.0**	**6.0**	**9.7**	**7.4**

9. The table shows that over the medium term there is still a shortfall of £7.4m. This assumes that in 2010/11 and 2012/13 the surpluses are carried forward to future years to cover or contribute towards the deficits.

10. The overarching business efficiency strategy and the individual Directorate strategies (including identified pressures and proposed savings) are set out in Annexes 2 to 7.

Staffing Changes

11. When the savings target of £60m was distributed, it was recognised that there would be a reduction in the number of posts over the medium term of around 500. The table below sets out the proposed staffing changes in full time equivalents (FTE) over the medium term, which arise from the individual Business Improvement and Efficiency Strategies.

12. Many of these reductions can be met through turnover and redeployment. There are currently in excess of 500 vacant posts throughout the organisation (excluding schools), with annual turnover based on the first six months of this financial year at 15%.

Year on Year	2010/11 FTE	2011/12 FTE	2012/13 FTE	2013/14 FTE	2014/15 FTE	TOTAL FTE
Children, Young People & Families	-52.1	-54.7	-113.1	-47.9	-4.6	-272.4
Social & Community Services	-15.0	-22.4	-14.5	-18.5	-2.0	-72.4
Environment & Economy	-18.0	-6.0	-12.0	-12.0	0	-48.0
Community Safety	-4.2	-4.0	0.5	3.0	0	-4.7
Shared Services	-12.0	-3.0	-3.0	0	0	-18.0
Corporate Core	-55.0	-19.0	-16.0	-16.0	0	-106.0
NET POSITION	**-156.3**	**-109.1**	**-158.1**	**-91.4**	**-6.6**	**-521.5**

Council tax

13. The existing MTFP assumes Council tax increases of 3.75% for 2010/11 and beyond. Given the current low rates of inflation, the Committee are asked to consider if they think 3.75% is still an appropriate increase. In considering this, the Committee should bear in mind that every 1% reduction in Council tax requires £2.7m of savings, which would be required in addition to those already set out in the Business Improvement and Efficiency Strategies.

Capital Programme

14. The timetable for consideration of capital is slightly later than the consideration of revenue. The Capital Star Chamber was held on 24 November 2009 and the draft Capital Strategy and Corporate Asset Management Plan will form part of the report to Cabinet on 19 January 2009 having been considered by Strategy & Partnerships Scrutiny Committee on 17 December 2009. Given the later consideration, it is proposed that the chairs from each Scrutiny Committee are invited to attend the December meeting to comment on the capital proposals.

RECOMMENDATION

15. **The Scrutiny Committee is invited to :**

    (a) comment on the overall Council position and the balance of pressures and savings across the directorates;

    (b) note that the Directorate Business Improvement & Efficiency Strategies plus the pressures and savings therein will be considered by the Service Scrutiny committees, their comments being fed back to Strategy & Partnerships Scrutiny Committee for consideration in January 2010;

    (c) consider whether the Council tax increase in the existing MTFP is still appropriate recognising that any reduction would require further savings to be identified; and

    (d) agree to invite the chairs of the Service Scrutiny Committees to attend the Strategy & Partnerships Scrutiny Committee on 17th December 2009 to comment on the capital proposals.

SUE SCANE
Assistant Chief Executive & Chief Finance Officer

STEPHEN CAPALDI
Assistant Chief Executive (Strategy)

Contact Officers: Lorna Baxter – Assistant Head of Finance (Corporate Finance)
(Tel. 01865 323971)
Alexandra Bailey – Corporate Performance & Review Manager
(Tel. 01865 816384)

13 November 2009

Annex 3
Appendix 1

Service & Resource Planning 2010/11 - 2014/15

Summary of Identified Pressures & Proposed Savings

		2010/11 £m	2011/12 £m	2012/13 £m	2013/14 £m	2014/15 £m
Corporate and Cross Directorate (details set out in Annex 1a)	Pressures	1.7	2.5	2.5	5.2	6.6
	Savings	0.0	0.0	0.0	0.0	0.0
	Net Pressures	**1.7**	**2.5**	**2.5**	**5.2**	**6.6**
Children, Young People & Families	Pressures	5.1	5.4	6.6	7.7	10.1
	Savings	-5.9	-9.7	-13.3	-16.6	-18.3
	Net Pressures	**-0.8**	**-4.3**	**-6.8**	**-8.9**	**-8.2**
Social & Community Services	Pressures	2.1	3.8	5.6	7.6	12.7
	Savings	-10.2	-19.2	-27.0	-33.6	-33.4
	Net Pressures	**-8.1**	**-15.4**	**-21.4**	**-26.0**	**-20.8**
Environment & Economy	Pressures	5.3	11.0	12.8	16.9	18.8
	Savings	-8.6	-12.6	-15.5	-19.8	-20.3
	Net Pressures	**-3.3**	**-1.6**	**-2.7**	**-2.9**	**-1.4**
Community Safety	Pressures	0.4	0.5	0.8	0.9	0.9
	Savings	-0.9	-1.4	-1.9	-2.6	-2.6
	Net Pressures	**-0.5**	**-0.9**	**-1.1**	**-1.6**	**-1.6**
Shared Services	Pressures	0.0	0.0	0.1	0.2	0.2
	Savings	-0.8	-1.0	-1.1	-1.1	-1.1
	Net Pressures	**-0.8**	**-1.0**	**-1.0**	**-0.9**	**-0.9**
Corporate Core	Pressures	2.6	2.2	2.7	3.2	3.4
	Savings	-3.8	-3.9	-4.7	-5.2	-5.5
	Net Pressures	**-1.1**	**-1.7**	**-1.9**	**-2.1**	**-2.1**
TOTAL	**Ongoing Pressures**	17.2	25.4	31.2	41.7	52.6
	Savings	-30.2	-47.8	-63.6	-78.9	-81.1
	Net Pressures	**-12.9**	**-22.4**	**-32.4**	**-37.2**	**-28.4**

Year on Year	**-12.9**	**-9.4**	**-10.0**	**-4.8**	**8.8**

Summary of Overall Funding Position

	Savings Identified	Saving in MTFP	**Total Savings**	Identified Pressures	Tax and Grant Funding Pressures	**Total Pressures**	**Net Savings and Pressures**	Cumulative Balance	**Minimum further Savings to be found**
	£m	£m	£m	£m	£m	£m	£m	£m	**£m**
2010/11	-30.1	2.5	**-27.6**	17.2	2.2	**19.4**	**-8.2**	-8.2	
2011/12	-17.6	2.5	**-15.1**	8.2	11.8	**20.0**	**4.9**	-3.3	
2012/13	-15.8		**-15.8**	5.8	5.0	**10.8**	**-5.0**	-8.3	
2013/14	-15.4		**-15.4**	10.5	10.9	**21.4**	**6.0**	-2.2	
2014/15	-2.2		**-2.2**	10.9	1.0	**11.9**	**9.7**	7.4	**7.4**
Total	-81.1	5.0	**-76.1**	52.6	30.9	**83.5**	**7.4**		

Totals excluding £7.5m of previously agreed but unidentified savings recorded now as a pressure and a saving

Total	-73.6	5.0	**-68.6**	**45.1**	**30.9**	**76.0**	**7.4**

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DOCUMENT A

ADULT SERVICES SCRUTINY COMMITTEE – 2 DECEMBER 2009

THE MONEY MANAGEMENT SERVICE

Report by the Head of Shared Services

Background to Report

1. In December 2008, the Social & Community Services Scrutiny Committee received an initial report on the operation of the Money Management Service. The Adult Services Scrutiny Committee received a follow up report at its meeting in July 2009. This report highlighted on-going issues in the delivery of the service, and covered how these issues were being addressed by the introduction of new technology, and improved working arrangements. The Committee discussed the demands on the service, which were likely to increase, and the implications of this, together with the efficiency savings target to be met by the Service. The Committee asked for a further report to be brought to its December meeting prior to the setting of the 2010 budget, so that it could review whether the situation had improved.

2. In particular, the Committee asked for information on the implementation of the specialist money management database, the results of the planned benchmarking work to be undertaken by the Association of Public Authority Deputies and the new joint Money Management Panel. The Committee wished to know how these factors were impacting on the waiting list for the service, and the numbers of clients supported to return to live independently in the community.

Developments since the July Report

3. Since the July Committee meeting, the Money Management Team has begun to use the specialist Money Management Database, as part of an extended testing period. Unfortunately, the team has continued to experience problems with the system throughout this extended period, and at the time of writing this report, has been unable to sign off the system as fit for day to day operational use. The problems are all with the system supplier for resolution. The system supplier is due to visit Oxford before this Committee's December meeting and it is hoped that it will be possible to update the Committee on the outstanding issues, and a target sign off date.

4. There are two key areas which need to be resolved before the system can be signed off as fit for purpose. The first relates to the automatic reconciliation of the client's individual bank account records, with the account information held on their database record. This is a critical control check to ensure each client's resources are properly protected. The new system was supposed to reduce the amount of manual effort involved, and provide a more timely reconciliation than the old manual process.

5. The second outstanding area is the report generator for the system, which is seen as essential for providing the management information for the strategic management of the service, as well as key control data for managing individual cases. At present all information is held on spreadsheets, and is difficult to interrogate.

6. Given the current state of the implementation, it is fair to say that no real benefits to service delivery have yet been realised from the database.

7. It is also unfortunate that the Association of Public Authority Deputies have delayed the circulation of their benchmarking questionnaire. At the present time we are still awaiting the survey forms to complete, so benchmarking data is not now expected until 2010.

8. The new Joint Money Management Review Panel has met, and has agreed its terms of reference. These include:

   - to review the management of the waiting list, and to develop recommended action plans to address unacceptable waiting times;
   - to review the Service Level Agreement, ensuring performance levels are achieved, and customer satisfaction scores monitored;
   - to oversee the review of existing clients, and to ensure that planned outcomes are being delivered;
   - to review the processes and systems surrounding the money management function, across both care management and money management;
   - to ensure that the financial advice service offered by our partner bodies is consistent with the money management service, and that adequate advice services are being signposted and provided;
   - to review safeguarding issues, and the management of financial abuse.

9. It is intended that future Panel meetings will be supported in meeting these responsibilities through the regular flow of management information. At present the Panel's effectiveness is restricted by the lack of readily available management information, pending the delivery of the report suite from the new database.

10. At the time of the July report, the Money Management Team employed 11.1fte staff against an approved establishment of 13.9fte. As highlighted in the previous reports, the approved establishment is set to reduce to 11.9fte as part of the delivery of the Shared Services business case savings.

11. Since July, the Team have successful recruited a new case officer, and with adjustments in part time hours elsewhere, the Team is now operating at its on-going established level of 11.9fte.

12. The increase in case officer hours following this new recruitment has allowed the waiting list to be reduced from 56 at the time of the last report, to 31. The increased capacity has also assisted the process for taking up all urgent cases, including financial abuse cases, and it remains the situation that these cases are picked up immediately, without delay.

Conclusion

13. Whilst it is disappointing that final sign off of the specialist database is still outstanding, it does seem that the Money Management Team is managing the increased demands on the service, as measured through the reduction in the waiting list.

14. Until the new database is fully operational though, there does remain the risk that the reduction in the waiting list is at the expense of service quality. In the absence of readily available clear and consistent management information, it cannot be readily confirmed that the service is fully meeting the needs of clients as set out initially in the referral from Care Management. Given the nature of the clients and the lack of suitable alternative appointees/deputies, the service cannot rely on complaints to indicate a drop in service standards.

15. The establishment of the new Joint Money Management Review Panel will provide a better oversight of the service and a forum for the strategic development of the service. At this stage, and particularly in light of the financial circumstances facing the Council, there does not appear to be any compelling evidence to suggest a need for additional resources for this service.

RON SWEETMAN
Head of Shared Services

Background Papers: Nil

Contact Officers: Sean Collins, Assistant Head of Shared Services
Tel: (01865) 797190
Tarquin May, Money Management Team Leader
Tel: (01865) 797189

November 2009

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DOCUMENT B

ADULT SERVICES SCRUTINY COMMITTEE – 2 DECEMBER 2009

Minute of the Adult Services Scrutiny Committee's discussion on the Money Management Service – 8 July 2009

In December the Social & Community Services Scrutiny Committee had considered a report on the council's money management service which had set out the nature of the service, current levels of provision, the size of the existing team and key current issues. This service sits in Shared Services but relates to clients who are over 18 and have been referred by a care manager in Social & Community Services. Costs are also recharged to Social & Community Services.

The Committee had agreed to review the operation of the waiting lists for the money management service following the implementation of the new client database which was due to 'go live' in April 2009.

The Committee had also commented to the Cabinet via the Corporate Governance Scrutiny Committee as follows:

- there is likely to be increased demand on the Money Management Service in future, especially in light of the introduction of self directed support and the increased take up of direct payments;
- the establishment figures for the team need to be reviewed to ensure that sufficient numbers of staff are provided to the service.

A report on the current situation was now before the Committee (AS6(a)), together with a minute of the Social & Community Services Scrutiny Committee's discussion at its December meeting (AS6(b)).

Mr Sean Collins (Assistant Head of Shared Services – Financial Services), together with Mr Tarquin May (Money Management Team Leader), Mr Simon Kearey (Head of Strategy & Transformation – Social & Community Services) and the Cabinet Member for Adult Services attended before the Committee in order to answer Members' questions.

The Committee had before it a number of comments from Ms Pam Blustin, Chair of the County's Older People's Panel, who made the following points:

- the current report made clear in some detail both the type and extent of the "pressures" that the service continued to face since the earlier report to Committee last December;
- it also indicated that the situation had not improved as further staff shortages had occurred and there was growing pressure of need;
- the report spelt out (paragraph 16) some of the implications of running the service, with the pressures described including risk to both clients (paragraph 17) and to the council itself (paragraph 18). Despite this, the conclusion "invites the scrutiny committee to continue to review the service ......and to receive a further report before the setting of the 2010/11 budget";
- the Panel found it extremely worrying that this increasingly needed service seemed, by an apparently continuing delay to 'grasp the nettle' – to be set on a course of increased risk of failing such vulnerable people.

  Mr Collins highlighted the main issues set out in the report to the Committee in December, stating that pressures on the service had grown since then. A more permanent pressure on the Team had resulted from the changes introduced by the Mental Capacity Act 2007 whereby greater powers had been given back to the individual. This in turn meant that in Court of Protection Deputyship cases, the Deputy was required to consult fully with the client on all significant issues/decisions and could no longer act independently in the best interests of the client without reference back to them. These requirements had increased the workload of the Team - in terms of the time now required to consult with each client at

each stage of a significant event - for example, selling of property or moving to new accommodation. A stricter auditing scheme was now in place in light of the Act.

The Committee then conducted a question and answer session.

A selection of the Committee's questions, together with the officers' and Cabinet Member's responses, is listed below:

- **Were any clients using the service as a result of having taken up self directed support or direct payments?**

  No. Current referrals included clients who were vulnerable, for example, with addiction or mental health difficulties, who had been assessed by the Care Management Service and had met the statutory eligibility criteria.

- **Had there been many cases of financial abuse amongst clients?**

  An increasing number of referrals to the service had been due to concern that financial abuse was occurring. There had been eighteen safeguarding cases since December and safeguarding cases were given top priority.

- **What was the current position with regard to the new client database which had been due to "go live" in April 2009?**

  The database had not been implemented in April due to problems with the supplier. It had still not been fully implemented and was three months behind schedule. It was hoped that it would be in place by the end of the month and there was considerable pressure on the system supplier to deliver the outstanding elements of the system as a matter of urgency. However, the database would not do the work of the money management officers, although it would provide better management information. It was important to move clients through the system as quickly as possible and the database would help to better target resources. Officers needed to be looking at how the database would save the service money in the current financial climate rather than putting more money into the service.

- **Should the service be provided by the council given that it was not a statutory requirement and was something that Oxfordshire County Council had decided to provide? Not all councils provided this service.**

  Mr May had been working with other money management services across the country and it was notable that other authorities were currently increasing the size of their teams and increasing support to the community. This had been largely driven by the requirements of the Mental Capacity Act. However, cutting back on the service was always an option.

- **If the County Council decided not to provide the Money Management Service, who else could/should/would?**

  Assistance was provided by care managers in some authorities, who performed this function as part of their job. Officers in this authority felt that care managers would not have the correct skills for the task as both jobs required different skill sets. Money Management required complicated financial management.

  Solicitors in the community could provide this service, as could anyone in the wider community who was deemed to be capable of doing so. Using a solicitor would be more costly to the client than using the Money Management Service. The service assisted some people who had insufficient funds for a solicitor to handle their affairs, as solicitors had standard fees and hourly charges and a person would need to have a considerable sum of money for a solicitor to take them on. Some voluntary sector

organisations did not always want to deal with rough sleepers, or people with addictions or mental health difficulties.

The Money Management Service tended to be provided to people with no relative or suitable other person who could do this for them or if the person was at risk of financial abuse.

A member of the Committee stated that it was misleading to view the service as an "add on extra". He asked how a situation could be ignored once a care manager had seen that someone could not manage their money or was being abused, stating that care managers and social workers were too busy to offer this type of service and that it was a very complex area. In his view, it seemed more efficient to have specialists focussing on this area as devolving the service would be less efficient and was likely to result in crises.

Mr Kearey then made the following points:

- he was aware of the importance of the Money Management Service;
- he reviewed the debtors list every month for people that owed the council money as part of care charges and there were a considerable number of people being assisted by the Money Management Service who owed the council money;
- officers were in the process of recruiting a safeguarding officer who would be specifically looking at financial abuse;
- Information Technology did not necessarily produce efficiency savings and it would be more productive to review the current clients using the service in order to see whether there were alternative methods of provision, for example, family members or other carers;
- promoting independence and signposting clients to alternative services was also important. Officers could look at whether clients had made use of the Citizens' Advice Bureau or Age Concern for financial and debt advice. It was hoped that clients had made use of these services before they were referred to the Money Management Service and more checking that this had taken place needed to be done in future.

The Committee Member commented that whilst the Citizens Advice Bureau (CAB) and Age Concern both provided excellent services, it was important to monitor the extent to which they were able to assist clients in light of the demand on those services. He added that it could take weeks to get through to the CAB answering service and that if people could not manage their money then it should be the council's responsibility to assist them.

The Cabinet Member for Adult Services stated that there had been other losses since December, for example, vacancies arising from staff moving to other jobs. Whilst it was commendable that the county council operated such a good scheme which should be protected, the council was operating in a difficult financial climate and it was unlikely that the number of full time staff working for the service could be increased.

- **Some clients had been on the service's waiting list for a considerable amount of time. Were there any safeguards in place to protect them whilst they were awaiting assistance?**

  Some clients had been on the waiting list for up to eight months. They were clients who had been deemed as "safe". For example, they could be in a care home, needing someone to administer their benefits. Interim measures would be put in place to support them without them taking on the whole service provided by the Money Management Service. In practice, this would be to ensure that the client had food and shelter. The debt issue would not be dealt with at that point in time.

- **Were the criteria for accepting referrals still appropriate? Assistance seemed to be based on the amount of money involved rather than how desperate a person was.**

  The criteria were still appropriate. Assistance was dependent on whether the person was deemed to have the capacity to deal with the problem or not. Court of Protection Deputyship gave the person assisting the individual the right to act as if they were the individual themselves, subject to liaison with the individual concerned on all significant issues/decisions. Appointeeship involved administering a person's state benefits and was carried out in negotiation with the individual concerned.

- **Who would be refused assistance and what would happen to them?**

  In cases where solicitors were dealing with people's affairs, they would not be assisted. The Money Management Team raises the issue of other relative's involvement in the first instance to see if they might be willing. However, if they are not then in practice, they take on the case.

- **Was there not a hidden saving to be made if the council helped people before they got into a bad way?**

  Yes, there were hidden savings to the council in relation to the work on debt management, as this had implications for the payment of care home fees and charges for domiciliary care. This was hidden income as far as the Money Management Service was concerned as it could not claim the money.

Following discussion the Committee **AGREED** to:

- thank officers for their report;
- note that there were still problems within this service which officers were trying to eradicate through the use of IT and other techniques; and
- advise the Cabinet that a further report on this "essential" service would be brought to this Committee's December meeting to enable it to consider – prior to the setting of the 2010/11 budget – whether the situation had improved as a result of the implementation of the specialist money management database.

This report would include the results of the current benchmarking work being undertaken by the Association of Public Sector Deputies (APAD) and the impact that the new joint panel arrangements would be having on both the waiting lists and the numbers of clients supported to return to independent living in the community.

Division(s): All

DOCUMENT A

ADULT SERVICES SCRUTINY COMMITTEE – 2 DECEMBER 2009

TRANSFORMING ADULT SOCIAL CARE – UPDATE ON PROGRESS

Report by Director for Social & Community Services

Headlines for this update:

- The Transforming Adult Social Care programme has scaled up considerably since the last Scrutiny meeting
- Good progress is being made in all areas of the programme
- Increased User/Carer involvement and partnership working with the PCT
- Staff briefings have commenced

Introduction

1. This report summarises the progress being made by Social & Community Services (S&CS) in implementing the Transforming Adult Social Care (TASC) change programme. An additional summary of the Self Directed Support Evaluation of the Learning Exercise which started in December 2008 is provided under separate cover.

Background

2. The Government introduced a major change programme for adult social care in December 2007: *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*.

   Key areas of this transformation include:
   - for every locality to have a single community based support system based on the health and well being of the population;
   - to introduce a mainstream system focussed on prevention, early intervention, enablement and high quality personally tailored services;
   - for people to have maximum choice, control and power over the support services they receive to meet their needs and to have the best quality of life and equality of opportunity for independent living;
   - to introduce personal budgets for people to choose their own support services;
   - to ensure that those people who, through illness or disability, are unable to express needs or wants will be supported and protected.

3. This means that everyone who receives social care support regardless of their level of need, in any setting, whether from statutory services, the third and

community or private sector or by funding it themselves will have choice and control over that support.

Overall Progress

4. In October 2009 The Association of Directors of Adult Social Care (ADASS), the Local Government Association (LGA) and the Department of Health published *Progress Measures for the Delivery of Transforming Adult Social Care Services*. This document sets some high level measures and milestones to be achieved over the next 18 months. These are attached as Annex 1.

5. At present we are on target to achieve most of these milestones and we are working on the areas that need some support. As you will see from the remainder of this report good progress is being made in all areas of the programme. By the end of November a Programme Definition Document will have been completed and will be presented to the January 2010 TASC Programme Board and then the Corporate Change Board for approval. A new Programme Assurance group will be starting in December 2009 to oversee the work of the Programme and the Programme Board. Draft terms of reference are attached at Annex 2.

6. Oxfordshire PCT has also been selected as one of the 20 national in-depth Personal Health Budget pilot sites and work has just commenced on this project. We have also been selected as one of 3 regional sites to develop User Led Organisations and work has commenced on this project to develop a Centre for Independent Living.

7. **User/Carer Involvement:** There has been ongoing work with the Service User/Carer Reference Group to support the work of the programme. The Group meets every 8 weeks and at the last meeting discussed the self directed support model for Oxfordshire, information provision and the new Centre for Independent Living. The remit of the Group has now broadened from self directed support to cover the remit of the entire programme. New members are being recruited to ensure good representation across client groups and localities and the group is very actively involved with the Programme. Two members of this group will be asked to be members of the new Programme Assurance Group.

8. **Communications:** Monthly universal updates and a shorter bi-monthly newsletter are sent to a large number of key stakeholders. The communication has been welcomed by recipients. In October and November members of the Transforming Adult Social Care Programme Team have presented at 16 external events. Staff briefings on the new self directed support model have also now commenced. Partnership working with Oxfordshire PCT on Personal Health Budgets has recently started.

Progress on the specific project areas:

9. **Access, Information and Advice**
Information and Advice: An Operational Lead has now been appointed to the project, with the Project Initiation Document being formally signed-off by the TASC Programme Board in September 2009. A member of the Corporate Communications Team has now also joined the project's Core Team. A public information strategy will be developed by January 2010.

10. The project has delivered a number of "Quick Wins" around the public facing website, including repairing 110 broken links; inserting 60 additional links; and amending over 50 pages that contain grammar and typing mistakes. A 28 page report has been sent to both Service Managers and the Web Team detailing further improvements – these are currently being addressed.

11. The project has begun auditing the quality, provision and dissemination of information – this involves working with Service Managers and Service Users (via consultations). The audit is scheduled to continue until December 2009, when the process of identifying the required improvements will start.

12. **Access**: The Access Project is still on hold until further information is available on the proposed new Corporate Contact Centre. The project is also on hold until the role (and thus boundaries) of the Access Team are further clarified; this is a piece of work that is about to begin within the TASC Programme.

13. It is unlikely that work will begin on the project until early 2010, when both a Project Brief and Project Initiation Document will be developed. The project will need to take into account the new model around Self Directed Support whilst also supporting any new strategic direction of a Corporate Contact Centre.

14. **Community Building, Promoting Independence and Prevention**
To support the workstream a draft programme brief has been produced which outlines the deliverables, approach, governance, timescales, risks and costs. Alongside this work the Institute of Public Care has undertaken an analysis of case files, and interviews with service users and carers have been undertaken to help understand the routes and reasons for long term care home admission or repeat hospital admission in the older population. This work has helped identify two areas of development work - continence and turnaround.

15. For the continence service a project has been commissioned and is underway to develop a blueprint for implementing a new, re-designed continence service.

16. "Turnaround" is a new concept which aims to identify older people who may be on a pathway towards high dependency and residential care, and turn them back. This approach will be outcome focussed rather than service led and targeted at specific areas of the population. A pilot will be run to test and

establish the concept of turnaround with a project brief being available by the end of November 2009.

17. A Prevention conference was successfully run on 13 November 2009 with over 130 attendees gathered to discuss ideas around the prevention agenda and help to guide potential approaches.

18. **Real Choice and Support**
Self Directed Support: The Learning Exercise in the north of the County has been running since 1 December 2008. As of 16 November 2009, 221 people have been allocated a personal budget and the majority (160) have opted for a support broker to assist them to develop their plan. The development of proportionate outcome focussed reviewing will be a critical part of ensuring that people's needs are being met and that any risks are identified and are being managed.

19. The formal evaluation of the self directed support learning exercise was completed in September 2009. A workshop was held on 25 September 2009 that recommended a business as usual model and a county-wide implementation plan for self directed support. The model was agreed at the Transforming Adult Social Care Programme Board in September 2009. This new model will possibly require a restructure of teams and will have implications for the current care management teams and workforce. John Morgan has been appointed to lead the consultation with staff. The timescale for this work is tight, with the consultation phase expected to be finished by April 2010 and the new business model and structures in place soon after to meet the milestone of all new people in receipt of a personal budget by Oct 2010 and all existing people by April 2011.

20. The web site takingcontroloxon.org.uk was launched in March 2009 with 3,834 hits on the site by 16 November 2009.

21. **Reshaping the Supply Market**: The Individual Service Fund Project is now continuing in three additional Homes, and has delivered individual outcomes to clients in six Homes so far. Plans are in place to ensure the sustainability and growth of this project.

22. Flexible Respite is now in place in three Care Homes with plans to extend to more and, as Resource Allocation System pricing for respite beds has now been achieved, Support Brokers are now able to make respite care available to Clients. Transport Brokerage is to be made available to Providers, with the regular steering group meetings continuing.

23. The Support with Confidence Scheme for Personal Assistants was launched in late October and 5 Personal Assistants have been registered for approval to date. Work continues with Trading Standards to develop a similar scheme for Individual Support Brokers. Host organisations for the scheme are being appointed, and registered Providers who will train and supervise Personal Assistants on the Council's behalf.

24. Regular Provider Reference Group meetings continue, and Providers have now requested a meeting with Brokers, which will be held in the New Year.

25. **Support Brokerage Procurement:** The model for Support Brokerage is in the final stages of development, and as a result we are preparing the necessary procurement documentation.

26. There has been delay to this process for a number of reasons. The main delay, however, has come about as a result of the potential of Transfer of Undertakings (TUPE) becoming applicable to the procurement. This meant further work was required to define the role of the Support Broker and cross-referencing that with the role of existing Care Managers to determine whether TUPE *will* or *will not* need to apply to the procurement. The results of this work are expected shortly. Other delays relating to volumes, financing the contracts, and announcing the consultation process are all being addressed by the Leadership Team. It is expected that approval for the procurement will happen before the end of November 2009.

27. Assuming that the procurement is signed-off by the end of November 2009, Expressions of Interest will be published externally in early December 2009 with the aim of having new contracts and services in place in late Spring 2010.

28. **Sustaining the Changes**
Workforce Development: A workforce strategy for Adult Social Care has been developed. A cross directorate group will now provide strategic lead and direction to implement the objectives set out in the Adult Social Care Workforce Strategy (2009 – 2012) and will ensure that key workforce priorities in Oxfordshire are addressed to underpin the transformation of adult social care.

29. An organisational review will be conducted over the next 3 months, redesigning services and functions to accommodate the self-directed support model. Regular meetings continue to be held with UNISON to discuss workforce implications; staff are kept informed of progress and will be involved wherever possible in the review. Part of the organisational review will also include the development of a training programme to support the implementation of self-directed support.

30. **Financial Sustainability**: This critical area of work is linked to the Efficiencies Savings programme, with the work on restructuring of teams, Investment in Prevention services and the setting of the Resource Allocation System (RAS).

31. **ICT/Systems**: Work is underway to understand how current processes are going to be affected by the new TASC working model and what ICT needs to be in place to support this. Meetings are underway with all operational and non-operational teams within Adult Social Care, Children, Young People & Families (CYPF), Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust (OBMH) and other users of adult social care records to establish the extent of change for group. Emerging business requirements

from the TASC programme are being collated to appraise other social care systems.

32. **Upcoming key dates for the programme:**

Late November 2009:
- Programme Definition Document completed
- Project brief for 'Turnaround' concept expected (Promoting Independence and Prevention project)
- Approval for brokerage procurement expected (Reshaping the Supply Market project)

December 2009:
- new Programme Assurance group starting

January 2010:
- Programme Definition Document presented to TASC Programme Board and then the Corporate Change Board for approval.
- A Public information strategy developed (Information project)

Winter 2010:
- Start of the Access project

Late April 2010:
- Formal staff consultation on new organisational structure complete (Self Directed Support project)
- Roll out of SDS Countywide

JOHN JACKSON
Director for Social & Community Services

Background Papers: Nil

Contact Officer: Alan Sinclair Programme Director Transforming Adult Social Care Tel: (01865) 323665

November 2009

Putting **People First**
Transforming Adult Social Care

PROGRESS MEASURES FOR THE DELIVERY OF TRANSFORMING ADULT SOCIAL CARE SERVICES

1. In December 2007, the Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA) joined with a range of other agencies and six Government Ministers to sign the vision for adult social care laid out in Putting People First. Over the last 18 months, we have been working closely with these partners to support the delivery of this vision.

2. In April 2009, the Adult Social Care Reform Grant was allocated to Councils to enable us to start to deliver the vision. LAC (DH) (2009) 1 laid out the changes that were expected to be delivered using the Grant. It lays out in Paragraph 15 a number of aspects of the transformation:

   - Integrated working with the NHS
   - Commissioning Strategies, which maximise choice and control whilst balancing investment in prevention and early intervention.
   - Universal information and advice services for all citizens
   - Proportionate social care assessments processes
   - Person centred planning and self-directed support to become mainstream activities with personal budgets which maximise choice and control
   - Mechanisms to involve family members and other carers
   - A framework which ensures people can exercise choice and control with advocacy and brokerage linked to the building of user-led organisations
   - Appropriate safeguarding arrangements
   - Effective quality assurance and benchmarking arrangements

   These need to be supported with local market development, a workforce strategy and an approach, which demonstrates effective use of resources, including the delivery of 3% efficiencies year-on-year.

3. In March of this year, ADASS and LGA undertook a survey of members to examine how progress was being made to deliver these key objectives. The findings overall were very encouraging but they did show a discrepancy between those councils who were making substantial progress and others who were just starting on the change processes.

4. In order to support the process of change ADASS and LGA have worked in partnership with DH and other key stakeholders (including the Care Quality Commission - CQC) to establish a set of milestones against which we can judge progress. All the key stakeholders involved in the delivery of the Transformation of Adult Social Care have accepted these. We hope that every council will also be able to adopt these areas as their key priorities for the

period up to 2010 and by April 2011 (the end of the grant). We expect that setting these milestones will serve as a strong foundation upon which a longer-term framework for progress can be developed.

5. The DH have agreed with ADASS and the LGA that there are 5 key priorities during this first phase of transformation (by April 2011):

- That the transformation of adult social care has been developed in partnership with existing service users (both public and private), their carers and other citizens who are interested in these services.
- That a process is in place to ensure that all those eligible for council funded adult social care support will receive a personal budget via a suitable assessment process.
- That partners are investing in cost effective preventative interventions, which reduce the demand for social care and health services.
- That citizens have access to information and advice regarding how to identify and access options available in their communities to meet their care and support needs.
- That service users are experiencing a broadening of choice and improvement in quality of care and support service supply, built upon involvement of key stakeholders (Councils, Primary Care Trusts, service users, providers, 3rd sector organisations etc), that can meet the aspirations of all local people (whether council or self-funded) wanting to procure social care services.

6. In order to measure progress at key stages we have identified the following milestones:

	April 2010	**October 2010**	**April 2011**
Effective partnerships with People using services, carers and other local citizens	That a communication has been made to the public including all current service users and to all local stakeholders about the transformation agenda and its benefits for them. That the move to personal budgets is well understood and that local service users are contributing to the development of local practice. [***By Dec 2009]*** That users and carers are involved with and regularly consulted about the councils plans for transformation of adult social care.	That local service users understand the changes to personal budgets and that many are contributing to the development of local practice.	That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets. ***(By December 2010)***

Self-directed support and personal budgets	That every council has introduced personal budgets, which are being used by existing or new service users/ carers. *	That all **new** service users / carers (with assessed need for ongoing support) are offered a personal budget. That all service users whose care plans are subject to review are offered a personal budget. **	That at least 30% of eligible service users/carers have a personal budget.
Prevention and cost effective services	That every council has a clear strategy, jointly with health, for how it will shift some investment from reactive provision towards preventative and enabling/ rehabilitative interventions for 2010/11. Agreements should be in place with health to share the risks and benefits to the 'whole system'.	That processes are in place to monitor across the whole system the impact of this shift in investment towards preventative and enabling services. This will enable efficiency gains to be captured and factored into joint investment planning, especially with health.	That there is evidence that cashable savings have been released as a result of the preventative strategies and that overall social care has delivered a minimum of 3% cashable savings. There should also be evidence that joint planning has been able to apportion costs and benefits across the 'whole system'.
Information and advice	That every council has a strategy in place to create universal information and advice services.	That the council has put in place arrangements for universal access to information and advice.	That the public are informed about where they can go to get the best information and advice about their care and support needs.
Local commissioning	That councils and PCTs have commissioning strategies that address the future needs of their local population and have been subject to development with all stakeholders especially service users and carers; providers and third sector organisations in their areas. These commissioning strategies take account of the priorities identified through their JSNAs.	That providers and third sector organisations are clear on how they can respond to the needs of people using personal budgets. An increase in the range of service choice is evident. That councils have clear plans regarding the required balance of investment to deliver the transformation agenda.	That stakeholders are clear on the impact that purchasing by individuals, both publicly (personal budgets) and privately funded, will have on the procurement of councils and PCTs in such a way that will guarantee the right kind of supply of services to meet local care and support needs.

* *The ADASS/LGA survey showed 8% was already the national average in March 09 (although it also suggested that the majority of authorities were below this average). It is believed that Councils should have reached a*

10% minimum target by March 2010, if they are going to guarantee the 30% target for 2011; the survey itself indicated that only around 20 authorities were not expecting to have reached a 10% level by March 2010.

** *Given the expectation that service users receive reviews at least annually, this milestone may in itself drive an allocation of PBs in excess of the 30% target for April 2011.*

7. The following current key performance indicators may afford a wider context in which to judge progress. The data from these indicators will not be available until after the end of each year.

- NI 125 – achieving independence through rehab/intermediate care
- NI 130 – the proportion of eligible service users with a direct payment and/or a personal budget
- NI 134 – number of emergency bed days
- NI 139 – people over 65 who say that they receive information, assistance and support to live independently at home.
- NI 145 – settled accommodation for adults with learning disabilities
- NI 146 – employment for adults with learning disabilities
- NI 149 – settled accommodation for adults with mental health problems
- NI150 – employment for adults with mental health problems

8. It is recognised that the Transformation of Adult Social Care cannot take place without the full engagement:

- of all service users.
- of all staff working to support the delivery of care, which includes people working in the provider services and third sector organisations.
- of Primary Care Trusts and the wider health community.
- And leadership of local politicians
- of all parts of local councils and of other key strategic partners.
- And the support of regional and national programmes.

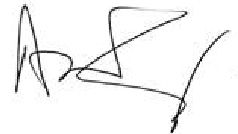
9. In order to achieve the transformation the following issues will need to have been addressed:

- A system is in place, which manages the risks associated with the transformation that includes both the risks for individuals and financial and other risks.
- Clarity of the business models that will need to be adapted to support the transformation.
- Financial systems, which support the delivery of personal budgets.
- A local project plan for the delivery of the transformation with clear projections and targets to reach locally identified milestones.
- Business cases, which track the new investments, and disinvestments that will be required to support the change.
- A workforce strategy that supports the transformation.

10. We intend that local councils will use these milestones to help self-assess on their progress, inform their business planning and inform investment decisions. These milestones will also enable all stakeholders to judge progress on the delivery of PPF transformation.

    The Department of Health (through the National TASC Programme and the Deputy Regional Directors) intend to use these milestones to support progress on delivery and to assist ensuring that national/regional resources are invested to offer the best support to local areas.

    The Care Quality Commission will consider (subject to their usual consultation process) use of and further development of these milestones for the 2010/11 and 2011/12 years to assist them in making consistent judgements in order to contribute to the Comprehensive Area Assessment. Both CQC and the DH will consult with stakeholders on how future progress will be measured and what may be required from councils.

		
Jenny Owen President ADASS	**David Behan** Director General, Social Care, Local Government and Care Partnerships, Department of Health	**Andrew Cozens** Group Strategic Lead for Adult Social Care LGA

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Transforming Adult Social Care – Programme Assurance Draft Terms of Reference

Document	Transforming Adult Social Care- Programme Assurance, Terms of Reference
Owner	Programme Board
Author	Jon Ray
Date	2nd November 2009
Version	1.2

Version	Date	Notes
1.0	17/08/2009	First Draft by Mike Nicholls & Jon Ray
1.1	23/10/09	Update by Jon Ray
1.2	02/11/09	Comment from Alan Sinclair

Transforming Adult Social Care – Programme Assurance Draft Terms of Reference

Introduction

In December 2007 Putting People First was published outlining the transformation of adult social care (TASC).

Oxfordshire has taken a Programme approach to deliver the objectives of Putting People First. The programme assurance team has been established to verify and monitor work undertaken by the programme team to assure the programme board that implementation of the objectives is being achieved. The programme assurance function follows the model outlined by the Managing Successful Programmes methodology.

Why is an assurance function needed?

- Provide confidence to the programme board and stakeholders that the programme is being managed effectively
- Provide confidence to the Programme board and stakeholders that the programme is on target to achieve the defined deliverables, benefits and outcomes
- Highlight issues and concerns that put at risk successful project delivery at a time when effective management action could mitigate the problem

Purpose of the Programme Assurance Function

- **Focus and Deliverability** – Identify hotspot areas of programme where management attention is required to ensure the successful delivery of the programme and realisation of its defined benefits. Focusing efforts on and assuring the ability to deliver planned outcomes and benefits to time, cost and quality.
- **Provide Confidence in systems and controls** – Assure the Programme board, the programme and its sponsors that effective systems and controls

are in place for elements such as reporting, planning, issues and risk management, change control etc.

- **Assure governance** – Provide the programme board with confidence that roles and responsibilities are effectively defined and appropriate accountability is in place from executive sponsors to programme and project team members.
- **Confirm communications** – Assure the programme board that transparent and consistent communication upward to the executive management team and across all stakeholders is taking place.
- **Cross- Programme view** – From unique 'cross-programme' perspective, identify deficiencies and opportunities for improvement within programme silos

Role of Members of the Programme Assurance Function:

- Maintain an oversight of all work done within the TASC programme; detailed quality checks should be discretionary rather than a requirement
- Verify project progress against the business case
- Monitor progress against the agreed tolerances
- Raise concerns to the programme director
- Escalate to the programme board when issues cannot be resolved at programme level
- Review issues and risks, assessing their impact on the programme
- Audit programme documents before they are presented to the programme board for sign off.
- Review project risk registers to ensure they are managed and updated
- Review of the Transforming Adult Social Care team metrics[1] and ensuring that these are being delivered against.

[1] The programme will have a series of metrics to judge its success. Once these metrics are agreed the assurance function will be responsible for monitoring these.

Transforming Adult Social Care – Programme Assurance Draft Terms of Reference

Meetings

It is expected that the Programme Assurance function will have an initial meeting to agree its terms of reference and chair. The Programme Assurance function will have to agree its focus areas and how it wants to fulfil its responsibilities.

Key Decisions

The group will raise concerns directly to the Programme Director. If the Programme Director is unable to resolve an issue the Assurance team will escalate to the programme board.

Taking Minutes

All meetings will be minuted. The chair will be responsible for ensuring that the minutes are produced and circulated.

Membership

The Chair will be a member of the Transforming Adult Social Care programme board on a rolling basis; for the initial meeting this will be the Head of Adult Social Care.

Name	
	Audit
	Councillor
	Key Stakeholders – Partners (PCT, OBMH)
	Service Users / Carers
	Providers
	Voluntary Organisations
	Representative from Department of Health / Improvement & Efficiency South East
	County Council Staff

Behaviours

The Transforming Adult Social Care programme has adopted the behaviours below and it is expected that the programme assurance function will work to these behaviours as part of their duties.

TASC team Mantra

1. Involve people
2. Ditch the jargon
3. Let go of being expert
4. Let the user lead what we do
5. Create space for thinking
6. Be curious
7. Be open minded
8. Encourage closer working
9. Listen to and act on feedback
10. Model the desired behaviours

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Division(s): All

DOCUMENT B

ADULT SERVICES SCRUTINY COMMITTEE – 2 DECEMBER 2009

TRANSFORMING ADULT SOCIAL CARE – SELF DIRECTED SUPPORT EVALUATION SUMMARY

Report by Director for Social & Community Services

Introduction

1. This report summarises the Self Directed Support Evaluation of the Learning Exercise that started in December 2008.

2. The formal evaluation of the self directed support learning exercise was completed in September 2009. A workshop was held on 25 September 2009 that recommended a business as usual model and a county-wide implementation plan for self directed support. The model was agreed at the Transforming Adult Social Care Programme Board in September 2009.

Self Directed Support Learning Exercise Summary of Evaluation

3. The Social & Community Services (S&CS) directorate has tested the model of self directed support and personal budgets in the north of the county between December 2008 and September 2009. The aims of the learning exercise were as follows:

   - To test and fine-tune an assessment tool and resource allocation system that will work for the majority of clients within existing funding.
   - To achieve a demonstrable change in the way that social care is delivered which promotes choice and control for the service user.
   - To achieve a demonstrable change in the marketplace.

4. The evaluation exercise is based on the number of people who had been part of the learning exercise between December 2008 and August 2009 (158). Questionnaires and interviews were conducted with the 55 people who at the end of August 2009 had support plans in place. Interviews were also undertaken with the staff and brokers involved in the learning exercise.

5. **Areas of Success**
   - Support Brokerage has been a success with both staff and people receiving services stating that it has helped with setting up their support plan.
   - The response from those in receipt of the support is that self directed support has increased dignity in their daily lives and increased the level of control over their support.

- There were differences in brokerage with council brokers being quicker than non-council brokers, likely due to them being full time and having previous experience.
- Both brokers and care management staff are clear about their roles and responsibilities but both agree that communication with each other needs to be improved.
- Personal budgets allocated through the Resource Allocation System ranged from £40 to £870. There was an average of £22 a week left over from each allocation. An average of 9%.
- In the learning exercise the average cost of external home support sourced by brokers was lower than that procured by the Council. This may be down to cherry picking for the best prices on behalf of the providers.
- The use and cost of personal assistants has made a big impact by improving the flexibility, control and type of support that people receive. The average hourly rate for a personal assistant (PA) is £12 an hour compared to £20 for Oxfordshire County Council (OCC). 11 people out of 55 with completed support packages hired a personal assistant via a Direct Payment.
- 33 of the 57 cases which have been implemented have elected to receive their budget through a direct payment.

6. **Areas where improvement is needed**

- Care management staff still perceive there to be too much paperwork.
- It is also acknowledged that the interim IT arrangements that are in place at the moment are sufficient to manage the current number of clients, but once the project is implemented across the county the current measures will not be able to cope with the increased numbers and data. The emphasis on the systems review is how we implement self directed support with sufficient IT support.
- Those in receipt of services perceive that there are too many people involved throughout the process. The development of a single point of contact will reduce this perception.
- The amount of time to undertake self directed support is too long. Once processes have been finalised and individuals are able to dedicate all their attention on tasks this will reduce.

JOHN JACKSON
Director for Social & Community Services

Background Papers: Nil

Contact Officer: Alan Sinclair Programme Director Transforming Adult Social Care Tel: (01865) 323665

November 2009

Self directed support learning exercise evaluation

Project / Programme:	Transforming Adult Social Care Programme
Ref:	Self directed support project learning exercise evaluation
Date:	15th October 2009
Author:	Nick Horn
Project Manager:	Jon Ray
Sponsor:	**Paul Purnell**
Version No:	2.0
Approvals:	Project Sponsor, Project Strategic Lead, Project Manager, Programme Director
Distribution:	Self directed support project board members, TASC board members, TASC team

Document Control

Version	Date	Notes
1.0	20th September 2009	Initial draft by Nick Horn
1.1	29th September 2009	Team notes added
2.0	15th October 2009	Signed off by Programme Director

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Short Summary

Areas of success

Brokerage has been a great success with both staff and people receiving services stating that it has helped with setting up their support plan. The response from those in receipt of the support is that self directed support has increased dignity in their daily lives and increased the level of control over their support.

There were differences in brokerage with council brokers being quicker than non-council brokers, likely due to them being full time and having previous experience. This is not all positive as these previous care managers may have attended with pre-conceived ideas for solutions rather than determining what the person who requires the support wants.

Both brokers and care management staff are clear about their roles and responsibilities but both agree that communication with the other group needs to be improved.

Personal budgets allocated through the Resource Allocation System ranged from £40 to £870. There was an average of £22 a week left over from each allocation.

In the learning exercise the average cost of external home support sourced by brokers was lower than that procured by the council. This may be down to cherry picking for the best prices on behalf of the providers.

The use and cost of personal assistants has made a big impact by improving the flexibility, control and type of support that people receive. The average hourly rate for a personal assistant (PA) is £12 an hour compared to £20 for Oxfordshire County Council (OCC). Of the 11 people out of 55 with completed support packages who have hired a personal assistant as part of their support, 4 were in addition/ working alongside recognisable home support provider companies. The remaining 7 hired PA's as their sole means of home care support.

33 of the 57 cases which have been implemented have elected to receive their budget through a direct payment.

Areas where improvement is needed

Paperwork is still perceived to be too much by the care management staff. It is also acknowledged that the interim I.T. arrangements that are in place at the moment are sufficient to manage the current number of clients, but once the project is implemented across the county the current measures will not be able to cope with the increased numbers and data. The emphasis on the systems review is how do we implement self directed support with sufficient I.T. support.

The development of self directed support for people with mental health issues needs to be continued.

Executive summary

Oxfordshire County Council Social and Community Services directorate has tested the model of self directed support and personal budgets in the north of the county between December 2008 and September 2009.

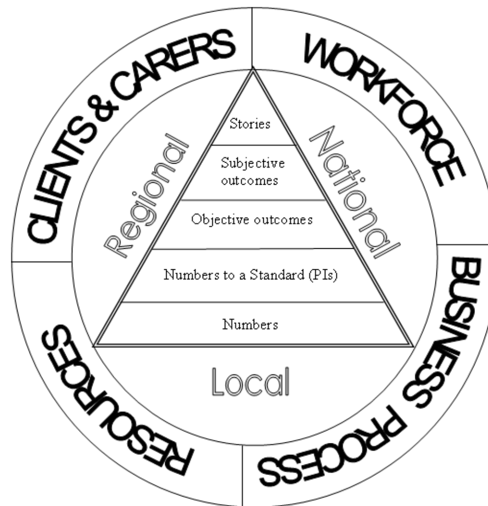
Background

The Government introduced a major change programme for adult social care in December 2007 called: *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*. Its aim is to "replace the paternalistic, reactive care" by developing "person centred planning and self directed support… through individually tailored support packages supported by the allocation of personal budgets". To take forward the Putting People First agenda in Oxfordshire, a self directed support project was set up in May 2008. Phase one of the self directed support learning exercise began in the Cherwell district on 1 December 2008. This expanded to the entire north of Oxfordshire region (following the Integrated Care boundary) on 2 March 2009.

The aims of the learning exercise were as follows:

- To test and fine-tune an assessment tool and resource allocation system that will work for the majority of clients within existing funding.
- To achieve a demonstrable change in the way that social care is delivered which promotes choice and control for the service user.
- To achieve a demonstrable change in the marketplace.

In March 2009 Kate Linsky, an independent consultant, was engaged by the self directed support project team to provide a framework for the evaluation of the SDS learning exercise. Her evaluation model as illustrated below has been the basis of this report.



In May 2009 it was recognised that the number of people being processed through the self directed support model was lower than initially predicted. A pilot was devised to assess the possibility of "fast-tracking" potential users of social care through the self directed support process. Those chosen were people who had contacted social services and were awaiting an assessment by the Adult Assessment Team in the north of the county. Brokers were asked to support people who were awaiting a formal assessment by conducting a "Life Check" visit and providing services such as: information, advice, signposting and requisitioning some of the council's single internal services.

Numbers

It must be mentioned from the outset that any conclusions are based on a small set of results. Early calculations estimated that 325 people would have received support and had their support plans implemented through the self directed support process by the end of August 2009. In fact only 158 people have been assigned a personal budget in the nine months of the learning exercise with 55 support plans having been implemented. There is no single reason why the numbers are so low; Swift reports indicate that numbers are an accurate reflection of the number of people who have been assessed and that no one has been bypassing self directed support. Some hypothesised reasons, anecdotally collected are: that the project has failed to get sufficient buy-in from staff; leading to new behaviours not being adopted which are required to drive the learning exercise forward and in-turn resulting in staff possibly bypassing the self directed support approach for more traditional care management approaches.

However, there is sufficient data to recognise early trends and identify differences or issues in the model trialled and it is these trends which are discussed below.

Clients and Carers

Overall, clients and their carers were happy with the outcomes achieved to meet their needs and the self directed support process that they went through. This was echoed by staff who felt that self directed support was making a discernable difference to people's lives. Brokers were specifically highlighted as providing a positive experience and everyone interviewed felt that receiving a personal budget and support in this way had increased the level of dignity in their daily lives. Where self directed support was perceived to not have made a difference were in the areas of relationships and the perception of safety both inside and outside the home. Everyone participating in the process agreed that too many people were involved, something that the future model for self directed support hopes to address.

Brokerage

Five stages of the self directed support process were measured:

- The time taken for referral from operational staff for an indicative personal budget
- The time taken from the budget being calculated to referral for brokerage
- The time between the case being referred to a broker and the support plan being produced
- The time between the support plan being produced by the support broker and the sign off by a care manager
- The time from sign off by a care manager to implementation of services.

The production of support plans through to implementation took on average 44 days which is far longer than originally expected and also misses the national indicator target of 28 days by a large margin. There was a statistical difference between council brokers and non-council brokers, the former producing support plans more quickly, which is hypothesised to be down to experience levels; council brokers have had involvement with the generation of care plans (which may have led them to thinking about support based on contact assessments and budgets before meeting people) and were brokering on a full time basis, both of which may have provided additional experience to generate support

plans quicker. There was no difference in brokerage for the Life Check pilot possibly due to it being a new experience for all and the fact that preparation was difficult before visits as needs were often not known. Communication between brokers and care management staff was highlighted as an issue on both sides with suggestions of joint visits and meetings and a clearer understanding of respective responsibilities being recommended as ways of resolving this problem.

The Market

The biggest shift in the market place is the employment of personal assistants, with 11 of the 55 cases reviewed using a personal assistant in some capacity.
Personal assistants on average work out £8 an hour lower than existing care providers. In most cases the support brokers were able to procure home support services for a lower rate than the average price paid by the council from the same provider. In many instances the brokers were able to obtain a rate that was lower than the minimum price available to the council from the same provider during the same period.

Budgets

The average annual budget allocation for older people (including those with mental health issues) was £13,089 a year. Once a support plan had been generated the average amount remaining unspent was £22.64 a week or £1,177 a year. This is linked to both the sourcing of better hourly rates by brokers and the use of personal assistants at a lower rate than current service providers.

60% of all budgets were allocated as a direct payment. This is in line with the national findings, but what makes it interesting is that the majority of people receiving a personal budget as a direct payment in Oxfordshire were older people. The IBSEN report (Individual Budgets Evaluation Network, Glendinning et al, 2008) is based on the findings of mainly those with learning disabilities, physical disabilities or those with mental health issues.

Our findings are generally consistent with national findings by IBSEN; who undertook the evaluation of the initial pilots of individual budgets from 2005 to 2007 and the *Putting People First: Measuring progress report* (May 2009).

One of the big issues that has become apparent as the learning exercise has progressed is the need for improved information technology support. The interim IT arrangements that are in place at the moment are sufficient to manage the current number of clients, but once the project is implemented across the county the current measures will not be able to cope with the increased numbers and data.

Although more work needs to be done on communication to staff regarding the processes, overall the picture is positive with early indications that brokers are providing a service which meets the needs of those they are helping support; facilitating people to have more choice and control over their support, leading to improved wellbeing and dignity in their lives and costing less than in-house services.

1 Purpose of this document

The purpose of this document is to report on the findings of questionnaires, reviews, pilots and workshops undertaken in conjunction with external agencies, Oxfordshire County Council employees and those who use social care services following the trialling of self directed support (SDS) in the north of Oxfordshire. This report will highlight good practice, identify areas that are perceived not to have worked and provide information that will help to shape the future model of self directed support in Oxfordshire.

2 Introduction

2.1 Background to the implementation of self directed support

The post war baby boomers are now approaching retirement leading to the first major demographic shift since the 1940's. The number of people aged over 85 is set to double in the next 20 years. This, accompanied by a change in the life expectancy of British citizens, is set to put increased pressure on social services which is estimated to have a £6bn deficit in funding by 2025 (National Statistics dataset, 2003).

In 2002, life expectancy at birth for females born in the UK was 81 years, compared with 76 years for males. This contrasts with 75 and 69 years respectively in 1970. Projections suggest that life expectancies at these older ages will increase by a further three years or so by 2020[1]. People can now expect to spend up to a third of their life over the age of retirement, while younger disabled people are living further into adulthood and therefore require support for longer. The average age at death of people with Down's Syndrome increased from 25 years in 1983 to 49 in 1997 while people born today are expected to live into their 60s.

The principles of choice and control started in the learning disability community and came to prominence with the government white paper: *Valuing People: A New Strategy for Learning Disability for the 21st Century*, published in 2001. The key values of rights, independence, choice and inclusion lay at the heart of the proposed changes. It soon became apparent that people, now used to the choice, control and flexibility offered by the

internet and 21st century living, wanted such things to apply to the care that is designed to meet their needs.

These principles of choice and control will now be applied to other areas of social care. The Government introduced a major change programme for adult social care in December 2007 called: *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*. Its aim is to “replace the paternalistic, reactive care that is of variable quality with a mainstream system focussed on prevention, early intervention, enablement and high quality personally tailored services” by developing “person centred planning and self directed support… through individually tailored support packages supported by the allocation of personal budgets” (Putting People First, 2007) . There is no new legislation relating specifically to self directed support. It will operate within the current legislative framework; the system will need to be consistent with a range of legislation and guidance that forms the basis of how adult social care is delivered in England.

To take forward the *Putting People First* agenda in Oxfordshire, a self directed support project was set up in May 2008. Phase one of the self directed support learning exercise began in the Cherwell district on 1st December 2008. This expanded to the entire north of Oxfordshire region (following the Integrated Care boundary) on 2nd March 2009. The aim of the learning exercise was to test a model of self directed support.

On 2nd July 2009 Joanna Simons, the Chief Executive Officer of Oxfordshire County Council, announced that the council had to make efficiency savings of nearly £90 million over the next five years. Consideration therefore needs to be given on how self directed support can contribute to these efficiency savings when it is considered as part of a larger infrastructure change.

2.2 Aims of the self directed support learning exercise

The aims are as follows:

- To test and fine-tune an assessment tool and resource allocation system that will work for the majority of clients within existing funding.

- To achieve a demonstrable change in the way that social care is delivered which promotes choice and control for the service user.

- To achieve a demonstrable change in the marketplace.

There are also eight outcomes identified form the *Our Health, Our Care, Our Say* (2006) and *Putting People First* (2007) papers which are aimed specifically at individuals participating in self directed support. These are:

1. Improved health and emotional well-being; irrespective of illness or disability
2. Improved quality of life staying healthy and recovering quickly from illness
3. Making a positive contribution, participating as active and equal citizens
4. Increased choice and control and where appropriate the lives of their family members
5. Freedom from discrimination and harassment
6. Economic well-being
7. Maintaining personal dignity and respect
8. Sustain a family unit which avoids children being required to take on inappropriate caring roles

It is important to acknowledge that *Our Health, Our Care, Our Say* (2006) and *Putting People First* (2007) are just two of the national drivers for self-directed support and the wider modernisation agenda.

3 Method of approach

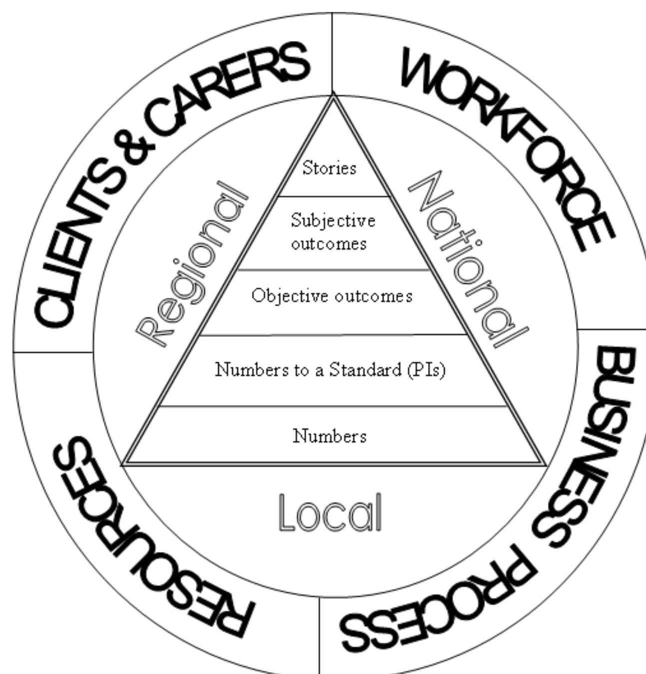
In March 2009 Kate Linsky, an independent consultant, was engaged by the self directed support project team to provide a framework for the evaluation of the SDS learning exercise. The framework was informed by the following criteria:

- National regulatory requirements
- National guidelines and good practice recommendations
- Locally agreed success factors
- Work already undertaken by the project team and business analysts
- Existing data and research findings from other councils

- The need to fit into any wider evaluation programme
- The need for simplicity

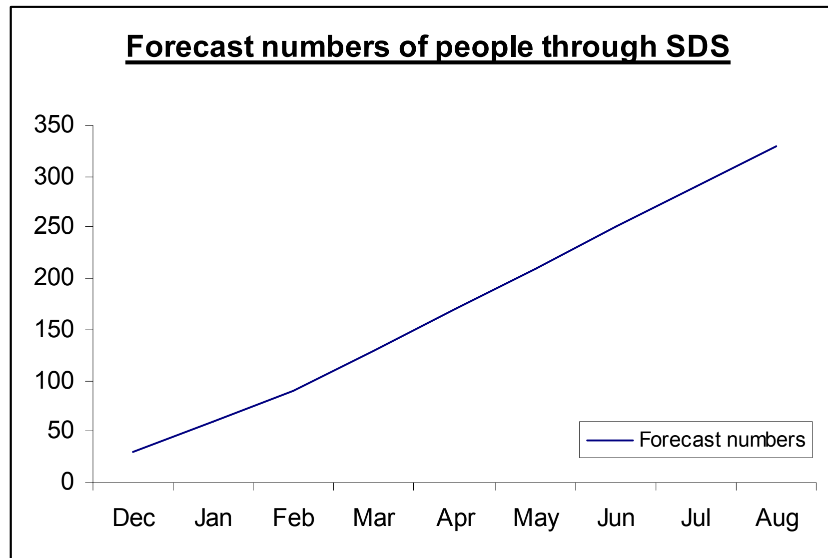
The following diagram was developed to help analyse the learning exercise based around four main project strands that were identified, not only to address specific stakeholder interest, but also to more easily facilitate any required changes within the separate areas. The model also utilises information and findings drawn from other existing local, regional and national work around self directed support:

Figure 1: The Kate Linsky model for the evaluation of self directed support



Predictions of the number people expected to receive self directed support were drawn up by the project team and were based on the number of new people entering the social care system in previous years; Table 1 shows what those estimations were.

Table 1: Estimated forecast of the number of people expected to progress through self directed support in the first nine months



These estimates led to the engagement of 23 support brokers from 9 agencies, including Oxfordshire County Council, who were put in place to help people produce their support plans. Brokerage was referred on a capacity basis, with those who had more time to devote to brokerage referred more cases. Of the 12 active support brokers only 4, who were brokering on behalf of Oxfordshire County Council, were originally full time. The rest worked on a part time basis. Towards the end of the learning exercise Age Concern employed a single full time broker.

One of the intentions of the learning exercise was to provide information on the longer term financial implications of self directed support in Oxfordshire. Oxfordshire provided a personal budget (solely social care funding) rather than an individual budget (which includes other funding streams such as the Independent Living Fund and Supporting People) to make the calculation simpler within the resource allocation system (RAS). Once a budget was calculated, a broker was assigned to build a support plan together with the person seeking support. A financial eligibility assessment to determine the level of the person's contribution or whether their care would be funded by the council was undertaken after a support plan was generated. This means that any prices procured for services were not dependant on the person's financial eligibility.

A conscious decision was taken to focus the learning exercise on older people to start because it was recognised that this is the group which presents the most challenges when implementing self directed support. Due to the large numbers of people with fluctuating needs and the fact that national studies had focused primarily on people with learning disabilities, mental health issues or physical disabilities; so there was a lot of learning to be done. It also comprises the vast majority of new cases to enter the system and the larger part of social care recipients.

Guidance was produced for both brokers and council operational staff to encourage them to be flexible and creative with the use of a budget, whilst at the same time setting clear parameters for what is an appropriate use of the money.

Phase one of the self directed support learning exercise began in the Cherwell district on 1st December 2008. The learning exercise was initially only open to older people (over 65). As of 2nd March 2009 this expanded to the entire north of Oxfordshire (following the Integrated Care boundary) when the learning exercise was opened to all adult client groups, except those of working age with mental health issues. Self directed support was tested within the existing team structures in the north of the county.

In May 2009 it was recognised that the number of people being processed through the self directed support model was lower that initially predicted. A pilot was devised to assess the possibility of "fast-tracking" potential users of social care through the self directed support process. Those chosen were people who had contacted social services and were awaiting an assessment by the Adult Assessment Team in the north of the county. Brokers were asked to support people who were awaiting a formal assessment by conducting a "life check" visit and providing services such as: information, advice, signposting and requisitioning some of the council's single internal services. Support brokers received training to identify people whose risk level was substantial or high and who were in need of an urgent assessment by the council.

A further aim of this pilot was to determine the efficiency of using support brokers to help enable social work professionals to give the most effective support to those people they are responsible for. All clients visited received help to complete a self assessment life checker. Support brokers gave information and advice on activities and services, signposting onto other agencies for support and advice and assistance to set up single

services from the council to stabilise and reduce the risk of problems deteriorating until an assessment of their needs was undertaken by the council. When identified by a broker that someone was at a substantial risk, they referred them back to the social work team for an urgent assessment. This pilot has been included in this report under the business process section as it has direct implications on the future model of self directed support.

In order to evaluate the success of the learning exercise a number of questionnaires and interviews were conducted. Service users and their carers were interviewed to determine the difference that a personal budget had made to their lives. They were also asked about their experiences of progressing through the self directed support process. Support brokers and care team operational staff were also consulted on their experiences. To monitor the development of support plans the project office recorded referral events, while brokers were asked to record the dates when support plans were produced, agreed and implemented.

When comparing hourly rates of home care services by different providers, the electronic time management system (ETMS) was used as a source of Oxfordshire County Council home care providers' rates. Brokers recorded the hourly rate charged by an agency in the person's support plan.

A second pilot taking place throughout the learning exercise was the Individual Service Funds pilot in residential care homes. Around 4,000 older people live in Care Homes in Oxfordshire, and 40% of them are funded by Social and Community Services (S&CS). As part of the Learning Exercise, a trial of the application of self directed support principles in three Care Homes (Manor House, Lake House and Lincoln House) was started in May 2009. Care fees continue to be paid in the normal way but people were asked if they would like to undertake any additional social activities. In the longer term, the trial will contribute to our understanding of 'Individual Service Funds', where a single fee is paid to the provider, and services are then negotiated directly with the customer.
The process went through was:

- Identify Unit, staff and suitable residents for project
- Clarify funding available from Homes, S&CS and community resources
- Identify and introduce Age Concern broker to staff and residents

- Provide training to staff in identifying outcomes
- Offer enhanced support planning opportunity to new residents on admission
- Include existing residents if affordable/appropriate

4 Results

> **Simple, but effective**
>
> کودکان زیر ۱۲ ماهه
> بخورند. اب را براي د
> بچه(فرمولا) استفاده
>
> An elderly gentleman is enjoying daily news and interesting reads in his native tongue with the help of his support broker.
>
> The gentleman who is originally from Iran, lost his ability to speak English as a result of Alzheimers' Disease. Online articles of interest in Farsi are printed off by his carers, enabling him to keep up with news from his native country.

4.1 Numbers

At the time of writing this report (16th September 2009), 158 people have been assigned a personal budget, of which 136 have been allocated a broker to assist them with the production of their support plan. The remaining 22 have all had their care organised by a care manager under the existing system. 67 cases were referred to brokers working on behalf of Oxfordshire County Council, leaving 69 cases to be undertaken by brokers from eight partner organisations. 55 support plans have been implemented, while 6 more have been agreed and signed off by a care manager and unit manager and are awaiting the start of services. 141 of the 158 cases belonged to the older people client group. 7.5% of all adults cared for in Oxfordshire are receiving their money as a direct payment or personal budget.

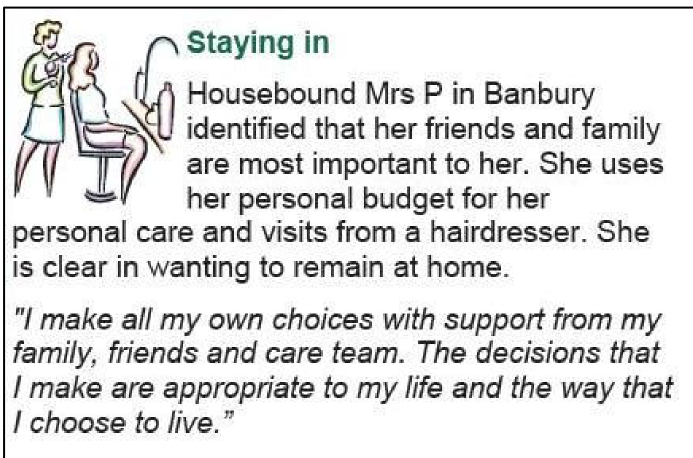
> **National Picture[1]**
>
> The latest picture identifies that 6.5% of people cared for by local authorities are receiving their budget as a direct payment or personal budget. The rate drops to 5.7% in the South East region.

4.2 Clients and Carers

At the beginning of August we invited all 30 people who had had their support plans implemented to take part in a follow up questionnaire. 14 people agreed to be interviewed with their carers if appropriate. At the time of this report 7 people who use services and five carers had been interviewed and their results form the basis of this section.14 respondents out of 30 contacted for the client and carer questionnaires is only a 46%

return rate. Reasons for people not willing to take part in the satisfaction and evaluation questionnaire were: inability to make contact with the person (7 out of 30) to ask if they would be willing to take part in a questionnaire; due to the nature of their situation, (seven respondents felt that they would not be able to take part due to communication and/or memory problems). Not wanting to take part as they felt it was too soon to evaluate whether outcomes had been achieved or they had seen too many people already as part of self directed support (two people). All results from these surveys can be found in the table in Appendix 1.

Objective outcomes



Staying in

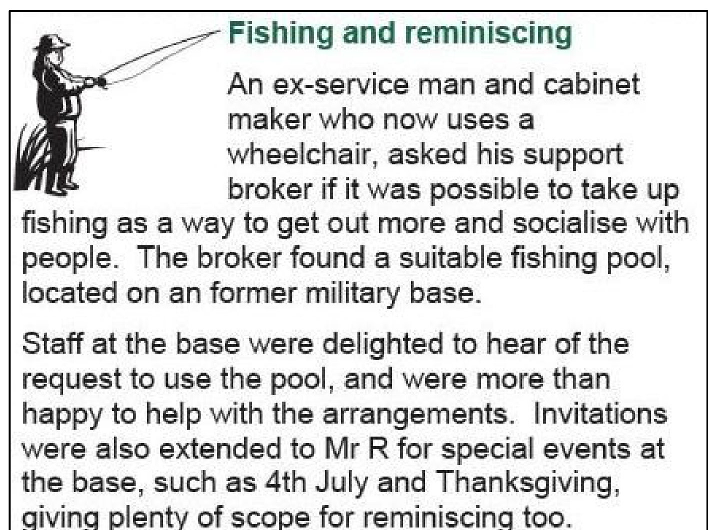
Housebound Mrs P in Banbury identified that her friends and family are most important to her. She uses her personal budget for her personal care and visits from a hairdresser. She is clear in wanting to remain at home.

"I make all my own choices with support from my family, friends and care team. The decisions that I make are appropriate to my life and the way that I choose to live."

Of the 7 interviewed 2 were self funders and 4 received their budget as a direct payment, with the remaining person having their budget managed by the council on their behalf.

The personal budgets were spent on a variety of things: 4 people used it to get help around the house with tasks such as housework, medication reminders, assistance with shopping or the provision of meals. 3 people used it to hire a personal assistant to help with some of the previous tasks but also to help with getting ready in the morning. 1 person spent their money on short breaks, which combined with respite was designed to provide relief to their carer. 3 of those interviewed had someone else (usually their carer) answer the questions on their behalf; the rest had help with answering.

3 of the carers interviewed lived with the person they cared for and spent more than 20 hours a week providing support. The remaining two did not live with the person they supported and provided less than 20 hours of care a week.



Fishing and reminiscing

An ex-service man and cabinet maker who now uses a wheelchair, asked his support broker if it was possible to take up fishing as a way to get out more and socialise with people. The broker found a suitable fishing pool, located on an former military base.

Staff at the base were delighted to hear of the request to use the pool, and were more than happy to help with the arrangements. Invitations were also extended to Mr R for special events at the base, such as 4th July and Thanksgiving, giving plenty of scope for reminiscing too.

Subjective outcomes

Both those in receipt of care and their carers were asked their opinion on the difference (if any) that self directed support and personal budgets had made to their life.

When asked what had worked well as part of the self directed support process 3 people replied that it was brokerage, while one thought it was the assessor with another believing that "everyone was very friendly".

When asked what could be improved, the following responses were recorded:

- Needs to be a quicker process (finance, in particular the time awaiting assessment and the time taken to receive funds is too slow)
- Too many people involved from start to finish
- The scheme needs to be promoted to the public more to make them aware of their options

Respondents were also asked to rate the difference a personal budget or self directed support had made to different aspects of their lives by classifying each section as 'helped (got better)', 'stayed the same', or, 'has not helped (got worse)'. Below is the percentage of cases where a person believed that having a personal budget has helped improve different aspects of their life, health and wellbeing:

Table 1: The percentage of respondents who thought that having a personal budget for their care had helped improve an area of their health and wellbeing

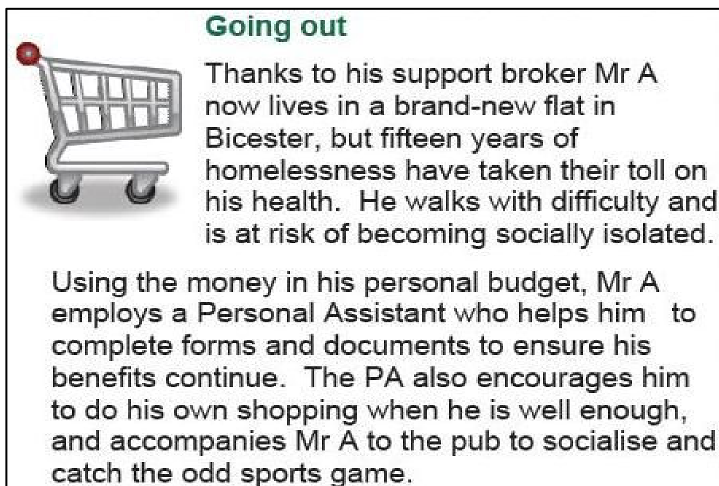
Subject	% of respondents who thought a personal budget helped
Overall Health	66 (4 out of 6)
Safety in own home	43 (3 out of 7)
Feeling safe going out	57 (4 out of 7)
Money	83 (5 out of 6)
Control over their support	100 (5 out of 5)
Social life	66 (4 out of 6)
Increased Dignity	60 (3 out of 5)
Physical Health	57 (4 out of 7)*
Mental health	71 (5 out of 7)
Control over their life	29 (2 out of 7)*
Relationships	29 (2 out of 7)

* 1 person believed it would help make a difference in the future

Table 2: The effect of personal budgets on different aspects of the carer's health and wellbeing

	Got better	Got Worse	Stayed the same
How has your financial situation changed	1	1	3
Has the level of support changed?	3	0	1
What is the effect on carer's quality of life?	2	0	3
What is the effect on carer's mental and physical wellbeing?	4	0	0
What is the effect on carer's capacity to have a social life?	2	0	1
What is the effect on carer's capacity to undertake paid work?	0	0	3
What is the effect on carer's relationship with person cared for?	2	0	3
What is the effect on other relationships?	0	0	4
What is the effect on level of choice and control for carer?	1	1	2

Care management staff involved with the learning exercise were asked "To what degree has the impact of personal budgets given choice and control to people?" The average answer on a sliding scale of 1-5 was 3.61 (a clear difference). When asked what difference brokerage in particular has made, the average response was 3.27 (some difference).


Going out

Thanks to his support broker Mr A now lives in a brand-new flat in Bicester, but fifteen years of homelessness have taken their toll on his health. He walks with difficulty and is at risk of becoming socially isolated.

Using the money in his personal budget, Mr A employs a Personal Assistant who helps him to complete forms and documents to ensure his benefits continue. The PA also encourages him to do his own shopping when he is well enough, and accompanies Mr A to the pub to socialise and catch the odd sports game.

National Picture[2]

Table 3: Overall satisfaction with the support planning process and financial arrangements

	Support planning process	Financial Arrangements
Extremely satisfied	**13**	**19**
Very satisfied	**34**	**30**
Quite satisfied	**29**	**30**
Neither satisfied not dissatisfied	**8**	**10**
Quite dissatisfied	**4**	**6**
Very dissatisfied	**3**	**2**
Extremely dissatisfied	**4**	**4**
Unaware of the planning process	**5**	**N/A**

Nationally, people receiving an individual budget were more likely to feel in control of their daily lives, compared with those receiving conventional social care support.
Individual budgets appear cost-effective in relation to social care outcomes, but with respect to psychological well-being, there were differences in outcomes between user groups; older people reported lower psychological well-being when given individual budgets. Yet almost half of those who accepted the offer of an individual budget, across all client groups, described how their aspirations had changed as a result, in terms of living a fuller life, being 'less of a burden' on their families, and having greater control and independence.

4.3 Workforce

Objective outcomes

It took an average of 26 days from the Overview Assessment being completed by the care manager to the referral for a personal budget being received by the self directed support finance lead.

The average time between the allocation of the personal budget and the referral for brokerage was 7 days. It took an average of 28 days to produce a support plan (from referral to submission to care manager for sign-off), a further 8 to have it approved and 8 days for it to be implemented. Of the 55 plans submitted for approval to the care

managers 12 went through a period of appeal or adjustment before they were finally signed off.

National Picture[3]

The national indicators for Local Authorities and Local Authority partnerships devised by the Department for Communities and Local Government states that local authorities have 28 days to undertake a social care assessment (NI 132- Timeliness of social care assessment, all adults) and 28 days from assessment to the provision of services (NI 133- Timeliness of social care packages following assessment)

The average times taken to complete each stage of the brokerage process were compared between council brokers and non-council brokers using the z-test to compare the two means.

The question “is there is a statistical difference between council brokers and non-council brokers regarding time taken to produce a support plan?” indicates that the difference is statistically significant enough to be unusual (P= 0.05), with non-council brokers taking longer (31 days) than council brokers (22 days).

The amount of time it takes to get a support plan signed off by a care manager is not significantly different between groups (P= 0.09) with council brokers getting support plans signed off in 5 days and non–council brokers having support plans signed off in 9 days. Although a probability of 0.09 is not considered statistically significant it is still likely that there is a difference between the two groups.

When looking at the total amount of time taken by each group for the brokerage process up to implementation of services there is a highly significant difference (P=0.01) with non-council brokers taking longer (49 days) than OCC brokers (35 days) (see Appendix 2 for calculations).

Subjective outcomes

Brokers were asked to review their roles and responsibilities through a questionnaire and rate their answers on a sliding scale of 1-5 with 1=very negative and 5= very positive (see Appendix 3 for questionnaire).

Eight out of the 13 brokers involved in the learning exercise replied to the questionnaire.

Table 5: Support broker satisfaction with clarity over their role and responsibility

Question	Mode	Average
How free have you been in generating Support Plans?	4	3.71
How appropriate are the referrals you receive?	4	3.79
How confident are you in flagging up safeguarding issues?	4	4.36
How easy has it been to source appropriate services?	4	3.71
How easy/difficult has it been working with care managers?	2	2.86
Have you received enough training?	3	3.00

When asked of ways to improve the self directed support process the main responses were centred on reducing the number of staff visiting people who require support. More meetings for brokers which include care management staff were suggested as it was felt that communication between brokers and care management needed to be improved. Joint working with care managers was suggested as a way of improving the fairer charging and overview assessment stage of a person's assessment.
Care management staff were also asked to evaluate their understanding of their roles and responsibilities on a sliding scale identical to the brokers, although the questions differed (the staff questionnaire can be found in Appendix 4).

25 members of staff from the Specialist Team for Older People North (STOP), the Learning Disability North Team and the Integrated Assessment and Enablement (previously Adult Assessment) Team replied with feedback. Not all have had direct involvement in the self directed support learning exercise.

Table 6: Care management satisfaction with clarity over their role and responsibility

Question	Mode	Average
How clear are you about your role/responsibilities?	3	3.33
How easy has it been working with brokers?	2	3.21
How confident are you in explaining self directed support to people?	4	3.73
How confident are you in helping people review their support?	4	3.79

Ideas for making the process of supporting people more efficient whilst promoting the principles of choice and control were sought from staff too. Some of the most common suggestions were:

- Improve communication with brokers by arranging regular meetings
- Have brokers carry out reviews and financial assessments
- Create a list of resources and services which includes personal assistants and a list of council approved providers
- Limit the number of people who visit those looking for help and provide clarity on who the central point of contact should be for them
- Improve the financial allocation system, which includes eligibility and the disseminating of funds
- Monitor budget allocations against spend and change in needs
- The messages and principles of self directed support should be simplified for non professionals
- That the project office should have a single point of contact

National Picture[2]

Staff involved in piloting individual budgets nationally encountered many challenges, including devising processes for determining appropriate levels of individual budgets and establishing legitimate boundaries for how individual budgets are used; there were particular concerns about safeguarding vulnerable adults.

Self employed brokers working on a ‘spoke basis’ (not working within a hub) are more cost effective than internal or independent providers due to lower overheads (Finance Network, 2009).

4.4 Business Processes

Subjective Outcomes

As part of their questionnaire care management staff were asked how they felt the self directed support process was being managed and promoted by the self directed support project team. They rated their answers on a five point sliding scale with 1 = very bad and 5 = very good

Table 8: Staff responses to questions concerning the self directed support process

	Mode	Average
Is the self directed support process clear?	3	2.81
Is the paperwork associated with self directed support at the right amount?	3	3.65
How well has the change to working in a self directed support way been managed?	2	2.90

Brokers were asked if they felt that they had been given enough time to undertake brokerage, the average response was 3.29 (about right) with 1 = too little time and 5 = too much time.

National Picture[2]

Nationally, support planning was often judged to be person-focused and accessible. However, some problems were experienced over the level and complexity of the paperwork, difficulties agreeing the support plan, changes to the level of the budget during the support planning process, and slowness of the support planning process. Those receiving social care were asked how they thought the process of self directed support went:

Table 9: Response of people asked about different aspects of the self directed support process.

	Yes	No	Not quite
Was there enough money in the RAS?	**3**	**1**	**1**
Was the SDS process easy to understand?	**5**	**0**	**0**
Is the process to get your personal budget transparent?	**4**	**0**	**1**
Did you get enough assistance to put together your support plan?	**6**	**1**	**0**
Did you get enough assistance to find and set up support to meet your needs?	**6**	**0**	**0**
Have you received social service support from OCC before?	**3**	**4**	**N/A**

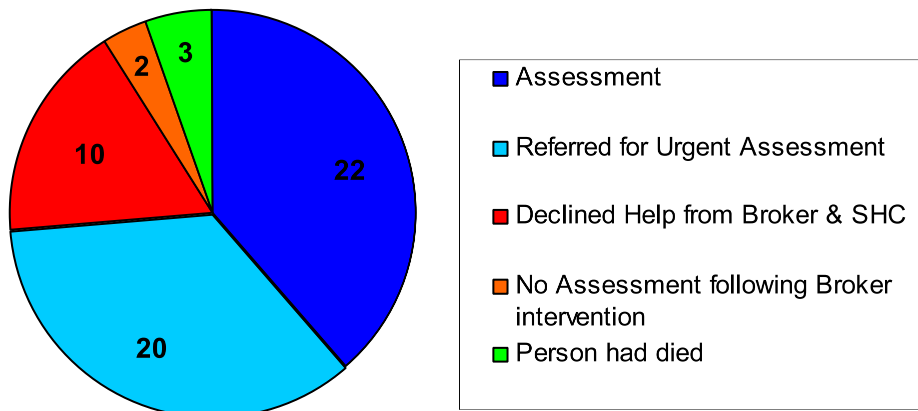
Feedback from the project team highlighted that many were impressed with the brokerage function and how it had worked. The team working and communicating well together was also mentioned as a positive but a lack of clarity of roles was seen as a problem. Having a clear rationale for the change and working with operational staff to promote that

message of change was a positive experience for some within the project team, however, it was acknowledged by a few that operational staff should have taken a stronger leadership role. A further area perceived in need of improvement by the project team was the support delivered to care management (in the early days) and responding to their feedback.

4.5 Life Check

During the 17 weeks of the pilot a total of 57 people on the Adult Assessment team North waiting list for a community care assessment were seen by eight brokers. 42 people required a care manager to undertake a full Overview Assessment. Of those 42, 20 were referred back to the Adult Assessment Team deemed to require an urgent assessment. Three people had died whilst awaiting an assessment, while 10 simply declined help from social services and two people declined help once a support broker had met their early needs. This makes a total of 15 of the 57 (26%) not progressing through to a care management team.

Figure 2: The outcomes of cases referred for Life Check from the Adult Assessment Team waiting list

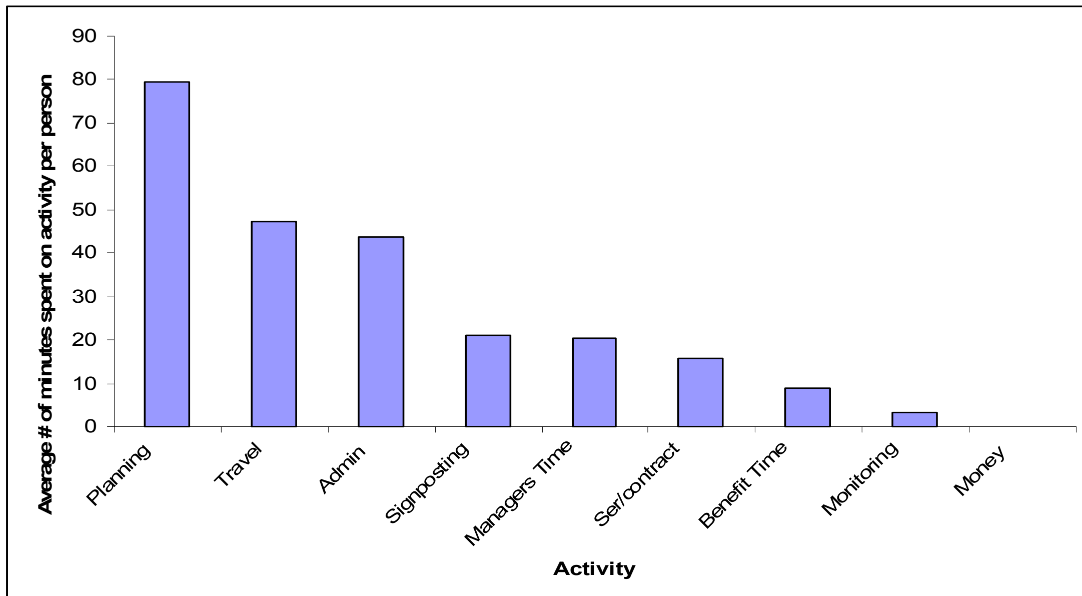


43 people required information about one or a number of services including benefits advice, carers information, the Befriending Service or housing guidance.
23 people had services arranged by brokers which included: Telecare, laundry services, access to day care or internal home support (personal care).

A total of 228 hours were spent on the 57 cases. This works out to be an average of exactly 4 hours per case. Figure 2 shows how the time was distributed across each of the

activities undertaken by the support broker, giving an average number of minutes spent on each activity per person.

Figure 3: Average time spent on activities during a Life Check visit



The hourly rate for brokerage was £14 p/h so each waiting list visitation cost on average £56.

33 of the cases were brokered by Oxfordshire County Council brokers. The remaining 24 were brokered by employees from other organisations. The table below shows the differences between the two groups.

Table 10: Comparison of services provided by Oxfordshire County Council Brokers and non-council brokers

Service	Council Brokers	Non-Council Brokers
Number of cases	33	24
Provision of information	23	20
Services put in place	15	8
No information or services put in place	10	3
Total time spent	139 hours	89 Hours
Average time with client	222 minutes	252

Statistical analysis of the data shows there is a very strong correlation between the amount of time spent by council brokers on each aspect of the case and the time spent by non-council brokers: R= 0.95. (When R=1.00 there is a 100% correlation between the two data sets.)

A comparison of the average time spent with each client using a statistical method called the z-test shows that there is a 95% confidence level that the means are not significantly different. The results, despite aiming at slightly different angles on the basic question of "is there a difference between the brokerage times of council brokers and non-council brokers, and if there is, is the difference statistically significant", indicate that although there is a small difference in a total consultation time (with council cases being slightly longer), the difference is not large enough to be unusual within the distribution of values from the non-council provider consultation times. (The analysis can be found in Appendix 5).

4.6 Resources

A study of how people are using their personal budgets to meet their needs and how they differ from what would have been provided under the old system was conducted. It was found that most people are still using their budget to purchase traditional services such as home support visits for medication checks, meal preparation and assistance in getting dressed and/or washed. The majority of these services continued to be purchased via an agency but a few are using a personal assistant.

There is a change in how day care/socialisation needs are being met. Previously people would have visited a day centre but people are now using their budget to pay for a personal assistant to take them out or using their budget to pay for a taxi to take them to and from hair appointments rather than visiting traditional day centres.

Respite continues on the whole to be internally managed with only one or two people using a direct payment to either purchase a bed in a residential setting or to increase a care package while family are away.

Brokers were also asked whether there were services that people wanted to buy but were not available. Answers included: lack of capacity by some care providers, housing issues, inadequate mental health services for older people including proficient counselling services.

National picture[2]

Table 7: National activity of personal budget spend

Service Personal Budget is spent on	% of people
Personal assistant	59
Leisure activities	37
Home care (agency)	22
Planned short breaks	22
Equipment – other	10
Home care (in-house)	5
Meal services	5
Adaptations	3
Equipment –Telecare	2

Of the 55 cases implemented, 33 opted to receive their budget as a direct payment. Seven people were self funding their care and so paid their care providers directly, while the rest had their money managed on their behalf by the Council.

National Picture[2]

Nationally In about half the cases (51 per cent; 144 people) the individual budget was paid as a direct payment into a personal bank account, and for a further 16 per cent (45) the budget was paid into a joint bank account of the budget holder and/or another person. The local authority organised services for 20 per cent (58) of budget holders. Twelve per cent (33) of people had their budget deployed in a variety of ways, including combining direct payments and the management of some of the budget by the local authority.

Numbers

The average personal budget allocated through the Resource Allocation System (RAS) was £231 a week or £12,036 annually (£13,089 for older people, including older people with mental health issues).

The average amount of money remaining after the support plan had been agreed was £22.64 under the allocated RAS (this is ignoring one off payments and assuming spend = allocation for self funders).

When comparing average hourly rates of home care services bought by brokers with council procured services, brokers managed to obtain rates that were on average £2.47 per hour less on weekdays (£17.43 compared to £19.90) and £4.06 per hour less at weekends (£19.71 compared to £23.77). (See Table 11 in appendices).

Even comparing the average lowest price paid by the council with the average broker rate we find the broker rate lower by £0.29 an hour on weekdays (£17.43 compared to £17.72) and £0.86 an hour at weekends (£19.71 compared to £20.57).

The average hourly rate for a personal assistant (PA) is £11.93 an hour. Of the 11 people who have employed a personal assistant as part of their support, four were in addition/ working alongside recognisable home support provider companies. The remaining 7 hired PA's as their sole means of home care support.
Statistical analysis (correlation coefficient) shows that there is a weak correlation between the amount of RAS a person receives and the hourly rate paid for home care services (R=0.331).

When looking specifically at council brokers, there is a much stronger correlation between the hourly rate paid for home care services and the amount of RAS allocated: R= 0.47.

Non-council brokers have a much weaker correlation between the hourly rate paid for home care services and the size of the original RAS budget with R=0.21.

Subjective outcomes

Care management staff were asked if they felt that the RAS allocations had been broadly right. Their answers were ranked on a sliding scale of 1 (too little) to 5 (too much), with 3 being just right. The average answer given was 2.88, however, it must be noted that some thought that the allocation was either too high in some cases and too low in others and so averaged it to 3.

Brokers, when asked the same question, came back with an average of 3.33.

National Picture[2]

The average budget nationally was £11,760 annually (£6,300 for older people)
51% was a direct payment into an account. 20% through a Social & Community Services managed account.
After meeting needs other than personal care and meeting needs in a more individualised way, being able to choose one's own carers or employ informal carers was the second most common expected advantage of an individual budget. 41 % of older people chose to employ informal carers or choose their own.
Very little difference was found between the costs of individual budgets and a comparison group receiving conventional social care support. The average weekly cost of an individual budget was £280, compared to £300 for people receiving conventional social care.

5 Conclusions

5.1 Numbers

It must be mentioned from the outset that any conclusions are based on a small set of results. Early calculations estimated that 325 people would have received support and had their support plans implemented through the self directed support process by the end of August 2009. In fact only 158 people have been assigned a personal budget in the nine months of the learning exercise with 55 support plans having been implemented. There is no recognisable reason why the numbers are so low; Swift reports indicate that numbers are an accurate reflection of the number of people who have been assessed and that no one has been bypassing self directed support. Some possible reasons anecdotally collected are: that the project has failed to get sufficient buy-in from staff; leading to new behaviours not being adopted which are required to drive the learning exercise forward and in-turn resulting in staff possibly bypassing the self directed support approach for more traditional care management approaches. Another reason may be that the whole process is too slow and complicated for staff. A study would need to be conducted to determine why people did not go through the system. If the decision was taken on their behalf then this would appear to go against the principles of choice and

control which are being promoted by this project. If people are making the choice then the reasons why they do not want to partake in self directed support need to be addressed. However, there is sufficient data to recognise early trends and identify differences or issues in the model trialled and it is these trends which are discussed below.

5.2 Clients and Carers

14 respondents out of 30 contacted for the client and carer questionnaires is only a 46% return rate, yet, this is deemed to be quite a good response rate for a local government survey (Siemiatycki, J, 1979). The last survey undertaken by Oxfordshire adult social services (Home care user survey, 2009) produced a response rate of 54%. None of those who took part in the self directed support process had previous care plans set up by Oxfordshire Adult Social Services; for this reason their previous experience of social care could not be compared.

All respondents felt that self directed support gave them more control over the support that they received. A high proportion felt that the support that they received had helped improve their physical and mental health and their financial situation. This is likely due to the nature of social services providing additional support to people who are in need of it who may not have had it before and helping people financially when they are eligible. Areas where self directed support was not deemed to have made a difference were in relationships and safety; both in own home and going out. The perception around safety is often affected directly by a person's age and the media (Williams & Dickinson; 1993 and LaGrange & Ferraro; 1989) rather than one's health which is determined at the individual or family level (Robert, S.A., 1998). All interviewed perceived that the net effect of self directed support and receiving a personal budget had led to an increased level of dignity in their daily lives.

Carers

Carers too felt that the level of support that they receive had improved their physical and mental health as a result of self directed support. This may be linked to the stress that carers feel when they perceive that responsibility falls on them to care for a family member or close friend and they do not have anyone to share that responsibility with. The provision of support by social services often incorporates respite breaks for carers and can provide direct support in the home with daily tasks. Like those they care for, carers

did not feel that self directed support made any difference to their relationships; however, a few did feel that the support they now received had improved their social lives.
The feeling of self directed support improving choice and control for people was echoed by Oxfordshire County Council staff, who also felt that it made some difference.

Our findings are in line with a national survey (Glendinning et al, 2009) who found that personal budgets increased a feeling of control for people over their daily lives. This report goes against national findings which state that older people reported lower psychological well being as a result of personal budgets, perhaps because, nationally, people felt the processes of planning and managing their own support were burdens.

5.3 Workforce

Brokerage processes took longer than expected, with the referral for a personal budget after assessment taking 26 days. This is just within out requirements under the national indicator guidelines. The production of support plans (pre-sign off by care management) took on average 28 days. This is a new process which is largely being undertaken by individuals who do not have direct experience of developing care/support plans. Brokers who have come from a care management background are quicker at generating support plans than brokers from other organisations. However, this may bring its own problems as the principle is that brokers should not have pre-formed ideas on how to meet their needs prior to discussing goals, aspirations likes and dislikes with the person. The other possibility is that experience by council brokers is enhanced by them being full time, being able to take on more cases and gain further experience quicker as well as dedicating larger periods of time to brokerage, rather than being interrupted by the “day job”. It is hoped that once the new model for brokerage is rolled out, all brokers will be on a full time basis and get allocated the same number of cases each month enabling them to receive the experience to make the process quicker. Another possible reason for the longer than expected time taken to generate support plans was the extended sickness absence of the brokerage lead from the project team, whose role is to provide direct support and monitor progress of the brokers.

The difference in sign-off time, although not significantly different, may be attributable to communication. Both brokers and care managers cited that getting in contact with the other party was difficult, yet there was a distinct difference in the perception of the

relationship with care managers between council brokers and non-council brokers. Council brokers scored the working relationship with care managers 4 (with 5 = very positive), while non- council brokers scored their relationship only 2. The advantages that council brokers have are access to internal communication methods and in some instances working in the same building as the care manager, all of which may have contributed to a quicker response time for sign-off and a better working relationship. Both staff and brokers recognise these issues and suggested joint meetings, visits and shared databases as methods of improving communications between parties.

The total time taken from generation of the indicative personal budget (RAS) allocation through to implementation of services took on average 44 days. This is far longer than the national indicator (NI 133) of 28 days, although it is based on a rough estimate as there appears to be a gap in recording at the end of the process. It is very hard to tell whether/when a plan has actually been put into action. If the support plan is not saved promptly into the Electronic Document Management System, then it is not clear whether the plan has been agreed or implemented. Non-council brokers do not have access to the Document Management System, relying on care managers to save support plans on their behalf. This delay in the saving of support plans is the likely explanation of the difference in total time taken to produce and have a support plan implemented between council and non-council brokers. Recording on diary sheets tends to tail off towards the end of the process.[1] Sometimes a note is made that the case has been transferred to the specialist team, but not always. All of this, however, will not bring the total time to anything close to the national indicator target of 28 days.

Brokers felt they understood their roles and were confident in their abilities to identify safeguarding issues and generate effective support plans. On average the level of training received was felt to be about right (3.0 out of 5, with 1= too little), although this may indicate that some felt it was too little, while others felt it was too much which is common on training programmes of people with mixed needs.

Care management staff were also clear about their roles and responsibilities within the self directed support framework and confident explaining the process of self directed

[1] It should be noted that diary sheets were transferred to Swift profiles as of. This paper only refers to diary sheets saved within EDMS.

support to others. One group that scored lower in overall satisfaction and confidence were the Learning Disability Team who provided an average lower score compared to the Older People's team and the Adult Assessment team. One of the areas highlighted was lack of, or contradictory communications from the project team; the LD team scored an average of 2.3 out of 5 when asked how well the change had been managed, while other teams scored an average of 3.4. This is likely due to internal communications within the team. Each team involved in the learning exercise has received the same level of support and communications from the project. It may also have to do with the number of people within the team exposed to self directed support. Only five people with learning difficulties have been through self directed support compared to 141 older people.

Some of the main feedback given to the project team from brokers, staff and individuals receiving self directed support were that too many people were involved in the process. Some solutions suggested were that brokers should be more involved (where possible) in the assessment and review stages and that there should be a centralised list available of county council approved providers and resources available to help support people. All of these have been considered and incorporated into the future model of self directed support.

5.4 Business Processes

Early indications from the learning exercise are that people are tending to take a traditional approach to meeting their needs with home support visits and respite care still being used. The biggest shift in the purchasing of care support, brought about by personal budgets and self directed support, has been in the employment of personal assistants. Some have used personal assistants to assist with their home support activities, such as cleaning, washing, meals and medication visits, while others are using them in innovative ways to increase socialisation or simply get out of the house. Day trips, fishing activities, shopping visits or assistance in collecting pensions are all ways that personal assistants are being used. This is in line with national findings from IBSEN (Individual Budgets Evaluation Network, Glendinning et al, 2009) where 59% of people are spending their individual budget on personal assistants. Mental health services for older people is one area that was identified by brokers as needing development as they found it difficult to source services.

The spending of the personal budget in new ways such as on personal assistants supports the questionnaire findings that everyone who replied stated they understood the self directed support process. The same cannot be said of staff. The biggest issue raised by staff was that they felt the self directed process was not clear to them, even though they understood their roles and were confident in explaining the process to others; the average score was 2.81 out of 5 with 1 = a very unclear understanding of the self directed support process. This is supported by the fact that staff also rated the approach to managing the change to self directed support by the project team fairly low (2.90 out of 5). Such confusion over the process may be attributed to the delivery and communication of the process by the project team. Other findings from the questionnaires confirmed that care management staff were clear about their roles and responsibilities, so the issue may lie in staff not understanding the roles of others such as support brokers and so communication between the two groups would improve the situation.

What is positive is that this confusion does not appear to be transferred across to those receiving the support. This implies that those members of staff who are most confused about the process were those that did not have direct involvement with those receiving support through personal budgets. This may provide a possible explanation the low numbers encountered in the learning exercise, as care managers felt more comfortable providing support under the existing care management system.

Six out of seven people in receipt of support felt that they got sufficient assistance to put together their support plans, while all who replied felt that the support plan developed with them had met their needs.

Care management staff felt that the level of paperwork is still too high. The project team has endeavoured to reduce the amount of paperwork throughout the learning exercise and some members of staff conceded that the perception around paperwork is centred on social care being a largely bureaucratic system anyway.

During the Life Check pilot an average of 4 hours was spent by brokers and support staff on each case. Most of the time was spent making contact, planning and travelling to locations, with a smaller amount of time spent on office functions like administration and

managerial support. This time could be reduced by reducing the amount of travelling undertaken by brokers, i.e. referring cases according to a broker's geographic location.

Statistical analysis of all the cases shows that there is not a significant difference between the average time spent by council brokers and that spent by external brokers on each case. In fact compared on a case by case basis there is a very strong correlation between the amounts of time spent on each activity.

A quarter of all cases dealt with by the support brokers did not require an assessment by a care manager. This can not be translated into total figures as it is envisaged in the new self directed support model that Oxfordshire residents approaching adult social services would be triaged at an early stage to determine whether they require a full assessment or just information and advice.

42 people still required assessment; all were referred back to the Adult Assessment team waiting list with 20 of them considered to require an urgent assessment due to the nature of their needs and their current situation. This high number of urgent cases may have been compounded by the fact that they were on a waiting list; were the waiting list not present it is possible that there would not be so many requiring urgent attention.

Most people (43) were provided with information to help meet their needs or improve their overall situation. The majority were given information on what benefits they were entitled to, how they could access them and what support was available to their carers. 23 people required simple services to be set up, such as: Telecare, internal home support or meals and laundry services. 12 of these people require services to stabilise their situation while an urgent assessment was requested. Nationally, over half of all people aged 75 to 84 reported that they have a long-term illness that limits what they do (2001 census), but most older people still want to maintain their independence and sense of wellbeing to minimise the impact of these limitations on their lives (Audit Commission, 2004). The setting up of simple services will often stabilise a situation and provide more support to enable people to remain independent and in their own homes.

5.5 Resources

It is important to mention once again that the results here are based on a small number of cases. Oxfordshire County Council provide financial support to approximately 5,500 adults each year, which makes the 55 sampled here about 1% of the expected total. That said the results in this paper still provide a valuable insight into possible early trends.

The average annual RAS allocation during the learning exercise was £13,089 for older people (including those with mental health issues), which is more than double the national average of £6,300. This is probably the result of the fact that both in Oxfordshire and nationally personal budgets have only been introduced as pilots for a small selection of people which are likely to be different both from each other and from the population as a whole. The method of RAS allocation was based on the costs of the services the person would have received under the existing system and was designed to be cost neutral. However, a number of differences soon became apparent.

- The rate used for home support was based on the direct payment rate (which is lower that the actual cost paid by OCC).
- People received an amount of money for services such as day care and respite if they would have been offered this, despite the fact that under the old system they may not have chosen to use the service.

Based on the budgets allocated to date the overall effect will be cost neutral if 50% or more of the services offered had been taken up.

Once a support plan had been agreed and signed off by a care manager there was an average of £22.64 a week per person remaining (£1,177 annually) from the original RAS allocation. It is also possible that people spend less than the amount originally included in the support plan, but it is too soon for any meaningful conclusions to be drawn in this area, and the policy that will be applied reclaiming such money or setting the RAS at a lower level has yet to be determined. Care management staff and support brokers were asked if they felt that the RAS allocations had been broadly right. Their answers were ranked on a sliding scale of too little (1) to too much (5) (with 3 being just right). The average answer given by staff was 2.88 who obviously felt it was just on the low side, although it must be noted that some though that the allocation was too high in some cases and too low in others and so averaged it to 3. Brokers, when asked the same

question, came back with an average of 3.33 believing it to be slightly too much. The money left over shows the brokers' perception to be closer to the mark and this may be due to the fact that they are actively supporting people to source the care and support that they need to meet their needs, while trying to get the best market prices from companies and/or individuals who provide the care.

This shows that the new system appears to be more cost effective, although this should be treated with some caution as this is based on low numbers and there is considerable anecdotal evidence to suggest that people receiving conventional services frequently receive slightly less than the amount included in their care plan.

In most cases the support brokers were able to procure home care services for a lower rate than the average price paid by the council from the same provider. In many instances the brokers were able to obtain a rate that was lower than the minimum price available to the council from the same provider during the same period.

The hiring of PA's at a lower rate than agencies has had a marked affect on the average price sourced by a broker for home care services. With PA's proving to be on average £8 an hour lower than the equivalent agency rate it has a direct effect of lowering the average price obtained by brokers. However, removing personal assistants from the calculations still makes the hourly rate procured by brokers £1.62 lower than the same service purchased under a council contract.

Interestingly there is a stronger correlation between the RAS amount and the hourly rate paid for home care services for council brokers than there is in non-council brokers. This implies that non-council brokers are getting lower rates irrespective of the RAS allocated, however, this too should be considered with caution as the difference between council brokers and non-council brokers could be attributed to the random allocation of the cases. The hypothesis is that council brokers are culturally used to prioritising the meeting of needs rather than the sourcing of the best price for care; they are comfortable with phoning up existing providers and getting a price from them rather than phone several providers. It may also come down to new ways of working and thinking on behalf of the non-council support brokers. Of the 11 personal assistants employed to meet people's

needs non-council brokers arranged the employment of more than twice as many as council brokers (8 compared to 3 respectively).

Direct payments

60% of all budgets were allocated as a direct payment. This is in line with the national findings, but what makes it interesting is that the majority of people receiving a personal budget as a direct payment in Oxfordshire were older people. The IBSEN report is based on the findings of mainly those with learning disabilities, physical disabilities or those with mental health issues.

5.6 Mental Health Teams Pilot

A pilot has started with Oxfordshire and Buckinghamshire Mental Health Foundation Trust (OBMHFT) to implement the principles of self directed support for people with mental health issues. However, at the time of writing this report no person from the OBMHFT has been referred for a personal budget through the Resource Allocation System and for that reason this pilot has been excluded from this report.

5.7 ICT

One of the big issues that has become apparent as the learning exercise has progressed is the need for improved information technology support. The systems in place at the moment are sufficient to manage the current number of clients, but once the project is implemented across the county, the current measures will not be able to cope with the increased numbers and data. Overall, technology is inadequate for the job with the two main social care programs Swift and Document Manager not fully integrated. Even as stand alone programs they are not deemed to be user friendly for future assessment and brokerage tasks e.g., Forms Creator does not allow boxes to expand. Systems are also unreliable, particularly in the localities and IT skills are lacking in places across the directorate.

5.8 Efficiencies

A local efficiencies programme has just been announced which aims to make savings across the council of 10% over the next five years. This equates to £60m on top of the £30m already included in the council's forward plan.

Through the design of self directed support, there are many opportunities to streamline processes and eliminate unnecessary duplication of effort, inefficiencies and bureaucracy. Though this is by no means the main objective of the self directed support project and the larger Transforming Adult Social Care programme designing and implementing more efficient ways of working it will be an additional benefit from its outcomes. One of the issues raised by the project team was that the current perception of the self directed support project from front line operational staff is that it is intrinsically linked to the efficiencies programme and the original message of improving choice and control in people's lives is being watered down as a result.
Yet all the early evidence in this paper points towards brokerage providing a service which meets most or all of the needs of those they are helping support. It is also accepted from those who have received the self directed support service that it provides individuals with more choice and control over that support, which in turn has lead to improved wellbeing and dignity in their lives.

The cost of brokerage is also reduced as the hourly rate to help set up support for a person's care needs is lower than a care manager. For tasks like those involved in the Life Check pilot, care managers are not spending valuable time visiting a person on the assessment waiting list only to find that they require simple information needs or do not require the support from social and community services at all.

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7 Appendices

Appendix 1: Those in receipt of services questionnaire

\\S08-SAN-FS-02\
Social and Health Car

Carer's questionnaire

\\S08-SAN-FS-02\
Social and Health Car

Appendix 2: Brokerage statistics

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Appendix 3: Brokers Questionnaire

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Social and Health Car

Appendix 4: Care management Questionnaire

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Social and Health Car

Appendix 5: Life Check Statistics

\\S08-SAN-FS-02\
Social and Health Car

LANCASTER UNIVERSITY

in Control™

Is self-directed support making a difference to your life?

Help us to find out

REVIEW QUESTIONNAIRE

What is this questionnaire about?

This questionnaire is being used by Oxfordshire County Council to evaluate the impact of self-directed support on the lives of people who take it up.

This version of the questionnaire is to ask you if self-directed support has made a difference to your life, and is to be used ***around the time of your review***.

You can:

- Read the questionnaire and answer the questions yourself;
- Ask someone to read the questions to you for you to answer;
- Or answer the questions with help from someone you know and trust.

If you agree, there are two ways that the answers you give to this questionnaire can be used by Oxfordshire County Council. Whatever you agree to, your personal details will not be shared with anyone outside Oxfordshire County Council and no-one outside Oxfordshire County Council will be able to identify you from your answers.

The first way we can use the information is to evaluate how well self-directed support is working locally. Please look at the box below and say whether you agree to your answers being used in this way.

Agreement 1	
I agree that Oxfordshire County Council can use the information I give in this questionnaire to evaluate how well self-directed support is working locally. I understand that my personal details will not be shared by anyone outside Oxfordshire County Council.	
Yes, I agree	☐
No, I do not agree	☐

The second way we can use the information is to put your answers (but not your personal details) together with answers from people in other areas, with help from Lancaster University. Lancaster University is helping us to put our information together with information from other areas to understand how well self-directed support is working nationally, and to improve the questionnaire. This will involve writing reports that will be available to the public, but these reports will only be about large groups of people and you will not be able to be identified in any reports that are written.

Agreement 2	
I agree that Oxfordshire County Council can pass the answers I give in this questionnaire (but not my personal details) to Lancaster University, for them to help us get a national picture of how well self-directed support is working.	
Yes, I agree	☐
No, I do not agree	☐

If you have agreed, we will send a copy of every completed questionnaire to Lancaster University at the address below:

Professor Chris Hatton, Division of Health Research, Lancaster University, Lancaster, LA1 4YT

Oxfordshire County Council will fill in the user ID and the date completed, and keep the questionnaire on file.

Self Directed Support Questionnaire

Please help us by taking a few minutes to answer the questions below.

Personal Details	
Name:	
Date Of Birth:	
Gender:	Male ☐ Female ☐

1. What are the three things that matter most to you?
1) 2) 3)
Could you say what you think the reasons are why you have / haven't achieved them?

2. How do you hold your personal budget?	
A direct payment (money from Oxfordshire County Council paid into your own bank account)	☐
An indirect payment (money from Oxfordshire County Council held for you by another person like a friend, relative, or A4E)	☐
An Oxfordshire County Council held budget (Oxfordshire County Council uses my budget to arrange services on my behalf)	☐
My personal budget has not been set up yet	☐
I fund my own care	☐

3. How long have you been using your personal budget? (please tick one answer)			
Less than 1 month	☐	6 months – 1 year	☐
1 month - 3 months	☐	More than a year	☐
3 months – 6 months	☐		
My personal budget has not been set up yet	☐	I am a self-funder (skip 4b)	☐

4. Have Oxfordshire County Council made it easy for you to…			
a) Find out about self-directed support?	Yes ☐	Not sure ☐	No ☐
b) Get control over the money?	Yes ☐	Not sure ☐	No ☐
c) Plan the support you want?	Yes ☐	Not sure ☐	No ☐
d) Get the support you want?	Yes ☐	Not sure ☐	No ☐

5. What is it that you spend your budget on as part of Self Directed Support? Please tick all that apply to you			
Short term breaks in a registered home	☐	Education or training	☐
Leisure activities	☐	Holidays	☐
Public transport or taxis	☐	A car	☐
Day centre	☐		
Someone to help you in your house	☐	Personal assistants	☐
Family members to help	☐	Friends to help	☐
Please write in what activities these people support you with			
Please write in anything else that your personal budget is spent on			

6. In helping you access self directed support, what has Oxfordshire County Council done well and what does it need to get better at? (please write in)

7. Over the past three months, has your health…		
Got better ☐	Stayed the same ☐	Got worse ☐
Has Self Directed Support made a difference to your health?		
It has helped ☐	It has made things worse ☐	It has made no difference ☐

8. In the past three months, have you felt more or less safe when you're at home?		
Feel more safe ☐	Feel the same ☐	Feel less safe ☐
Has Self Directed Support made a difference to how safe you feel at home?		
It has helped ☐	It has made things worse ☐	It has made no difference ☐

9. In the past three months, have you felt more safe or less safe when you go out?		
Feel more safe ☐	Feel the same ☐	Feel less safe ☐
Has Self Directed Support made a difference to how safe you feel when you go out?		
It has helped ☐	It has made things worse ☐	It has made no difference ☐

10. In the past three months, have you had more money or less money to get the support you want?		
Have more money ☐	Stayed the same ☐	Have less money ☐
Has having a personal budget made a difference to the total amount of money you get?		
It has helped ☐	It has made things worse ☐	It has made no difference ☐

11. In the past three months, have you had more control or less control over the support you use?		
Have more control ☐	Stayed the same ☐	Have less control ☐
Has Self Directed Support made a difference to the control you have over your support?		
It has helped ☐	It has made things worse ☐	It has made no difference ☐

12. In the past three months, would you say your social life has:		
Got better ☐	Stayed the same ☐	Got worse ☐
Has Self Directed Support made a difference to your social life?		
It has helped ☐	It has made things worse ☐	It has made no difference ☐

13. In the past three months, have the people supporting you treated you with more respect or less respect?		
More dignity ☐	Stayed the same ☐	Less dignity ☐
Has Self Directed Support made a difference to whether you are treated with respect by the people supporting you?		
It has helped ☐	It has made things worse ☐	It has made no difference ☐

14. Do you think there is enough money in your personal budget to meet your needs?		
Yes ☐	Not quite ☐	No ☐

15. Is the process you have been through to get your personal budget easy to understand?		
Yes ☐	Fairly ☐	No ☐

16. Is the process you have been through to get your personal budget transparent (i.e., do you understand how your budget has been allocated?)		
Yes ☐	Fairly ☐	No ☐

17. Did you feel you had enough assistance to put together your support plan?		
Yes ☐	Not quite ☐	No ☐

18. Did you feel you had enough assistance to find and set up support to meet your needs?		
Yes ☐	Not quite ☐	No ☐

19. Who assisted you to plan and arrange your support?		
Care Manager/Social Worker ☐	Internal (Oxfordshire County Council) broker ☐	External broker ☐

20. Have you received social services from Oxfordshire County Council in the past?		
Yes ☐	No ☐	Not sure ☐

21. If yes, did you find this new way of delivering services better or worse?		
Better ☐	Worse ☐	No difference ☐

22. Please look at this list of areas of your life. Can you say for each one whether your personal budget has helped, made things worse, or made no difference in the past three months.

Can you also tick each area of your life that you really want to change in the next year?

Area of Life	*Personal budget helped*	*Personal budget made things worse*	*Personal budget made no difference*	Yes, I really want to change this area of my life in the next year
The home you live in	☐	☐	☐	☐
The neighbourhood you live in	☐	☐	☐	☐
Who you live with	☐	☐	☐	☐
The money you get	☐	☐	☐	☐
What you do during the weekdays	☐	☐	☐	☐
Paid work	☐	☐	☐	☐
Volunteering	☐	☐	☐	☐
Helping your local community	☐	☐	☐	☐
What you do in the evenings	☐	☐	☐	☐
What you do at weekends	☐	☐	☐	☐
Holidays	☐	☐	☐	☐
Relationships with your family	☐	☐	☐	☐
Close relationships	☐	☐	☐	☐
Relationships with friends	☐	☐	☐	☐
Your physical health	☐	☐	☐	☐
Your mental health	☐	☐	☐	☐
The control you have over your life	☐	☐	☐	☐
Who supports you to do things	☐	☐	☐	☐
Something else important (please write in)				

23. As discussed earlier; regarding the three most important things to you, has Self Directed Support helped you to achieve/ continue them?
Yes / Yes – not fully achieved but happy with progress / No 1) 2) 3)
Could you say what you think the reasons are why they have / haven't been achieved?

24. How did you answer the questions?	
I answered the questions myself	☐
I answered the questions with help from someone else	☐
Someone else mainly answered the questions	☐

25. Is there anything else you want to tell us about your self-directed support or the questionnaire?

Thank you

Section for use by Oxfordshire County Council	
User ID	
Date completed	

in Control™

Carers Evaluation

Please answer the questions bellow carefully the answers will be used to help us understand whether our approach to self directed support is working well.

Name:	
Age	Under 50☐ Under 60☐ Under 70☐ Under 80☐ Over 80 ☐
Local Authority:	Oxfordshire
Gender:	Male: ☐ Female ☐

1. What is the main reason the person you care for needs help with daily living?					
Physical impairment	☐	Learning disabilities	☐	Sensory impairment	☐
Older person	☐	Mental health difficulties	☐	Any Other	☐

2. How long has the person you care for had a personal budget?					
Under six months	☐	Between six months and a year	☐	Over a year	☐

3. Approximately how many hours a week do you spend caring?					
Less than 10	☐	Less than 20	☐	More than 20	☐

4. Do you live in the same household as the person you care for?				
Yes	☐		No	☐

5. Do you feel your financial situation has changed as a result of the person you care for having a personal budget?					
Yes: Got worse	☐	No: Stayed about the same	☐	Yes: Got better	☐

6. To what extent do you now feel you have the support you need to continue caring and remain well?					
Less than before	☐	About the same as before	☐	More than before	☐

7. What effect has the personal budget had on your quality of life?					
Got worse	☐	Is about the same	☐	Improved	☐

8. What effect has the personal budget had on your own mental and physical wellbeing :					
Got worse	☐	Is about the same	☐	Improved	☐

9. What effect has the personal budget had on your capacity to have a social life or follow leisure activity:					
Got worse	☐	Is about the same	☐	Improved	☐

10. What effect has the personal budget had on your capacity to undertake paid work:					
Got worse	☐	Is about the same	☐	Improved	☐

11. What effect has the personal budget had on the relationship you have with the person you care for :					
Got worse	☐	Is about the same	☐	Improved	☐

12. What effect has the personal budget had on other significant relationships (family and friends) in your life :					
Got worse	☐	Is about the same	☐	Improved	☐

13. What effect has the personal budget had on the level of choice and control you have over the important things in your life?					
Got worse	☐	Is about the same	☐	Improved	☐

14. In the work to develop the support plan for the person you care for, how far would you say you felt you were an equal party with expertise to contribute?					
Not at all	☐	Some what	☐	Very much so	☐

15. Did the person you care for have any support from the local authority prior to having a personal budget ?

Yes	☐	No	☐

16. What are the important things to you in your caring role

17. Did the personal budget have an effect on these, if so how ?

18. We want to make sure we learn about the things that matter to you. Please make any comments about the questions in this form:

19. Thinking of the three most important things to your quality of life as a Carer, how well are they being achieved?

Yes / Yes – not fully achieved but happy with progress / No

1)
2)
3)

Could you say what you think the reasons are why they have / haven’t been achieved?

Agreement
The information you supply in your answers to these questions will be used to inform our evaluation of the work we do. We want to know whether having personal budgets is a good way of organising social care. Your personal information will not be shared, and the answers you give will not be identified as your answers. All the information we collect will be gathered together and will be used to help develop inControl’s and Oxfordshire County Council’s approaches. The general data we collect may feature in reports and papers.

I am happy for the information I supply to be used in the way described.	
Yes ☐	No ☐

z-Test: Two Sample for Means

	Council brokers support plan	*Non-council brokers support plan*
Mean	22.44117647	30.64285714
Known Variance	412.92	407.79
Observations	34	28
Hypothesized Mean Difference	0	
z	-1.587000319	
P(Z<=z) one-tail	0.056256286	
z Critical one-tail	1.644853627	
P(Z<=z) two-tail	0.112512572	
z Critical two-tail	1.959963985	

Sign off time
z-Test: Two Sample for Means

	Council sign off time	*Non-council sign off time*
Mean	5.393939394	8.958333333
Known Variance	32	154.56
Observations	33	24
Hypothesized Mean Difference	0	
z	-1.309439607	
P(Z<=z) one-tail	0.095192741	
z Critical one-tail	1.644853627	
P(Z<=z) two-tail	0.190385483	
z Critical two-tail	1.959963985	

Total Time taken
z-Test: Two Sample for Means

	Council total time taken	*Non-council total time taken*
Mean	35.03125	49.10526316
Known Variance	426.61	580.54
Observations	32	19
Hypothesized Mean Difference	0	
z	-2.124484037	
P(Z<=z) one-tail	0.016814845	
z Critical one-tail	1.644853627	
P(Z<=z) two-tail	0.033629689	
z Critical two-tail	1.959963985	

z-Test: Two Sample for Means

	Council brokers cost of home support
Mean	17.55321429
Known Variance	13.65023
Observations	28
Hypothesized Mean Difference	0
z	0.408255242
P(Z<=z) one-tail	0.341543148
z Critical one-tail	1.644853627
P(Z<=z) two-tail	0.683086295
z Critical two-tail	1.959963985

Non-council brokers cost of home support
16.794
44.56218
15

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AS7(b)

Name	

The answers to this survey will feed into the evaluation of the self directed support learning exercise. We are asking for names in order to follow-up and questions or major issues. All replies will be made anonymous before being entered into the report. Please circle on the line where you feel your answer lies and use the comments box to expand on your view.

1. How constrained/ free have you felt in generating support plans?

Very restricted — Very Free

1 — **2** — **3** — **4** — **5**

Comments

2. How appropriate were the referrals you received?

Very inappropriate — Completely appropriate

1 — **2** — **3** — **4** — **5**

Comments

3. How confident are you in flagging up safeguarding issues?

Totally Unconfident — Very Confident

1 — **2** — **3** — **4** — **5**

Comments

AS7(b)

Name	

4. Have the RAS allocations been broadly right?

Too Low ... Too High

1 2 3 4 5

Comments

5. How easy/ difficult has it been for you to source the support services?

Very difficult ... Very easy

1 2 3 4 5

Comments

b) Are there things that people wanted to buy that were not available?

6. How easy has it been working with care managers?

No Problems ... Very difficult

1 2 3 4 5

Comments

AS7(b)

Name	

7. Have you had sufficient time to undertake brokerage?

Not enough time — Plenty of time

1 2 3 4 5

Comments

8. What level of training have you received?

Too little — Too much

1 2 3 4 5

Comments In what areas would you benefit from more training?

9. How many new cases do you feel you could take on in a month?

1 2 3 4 5+

Comments Rough number:

Is that based on full time brokerage or part time?

Name	

10. Ideas for making the process of supporting people more efficient

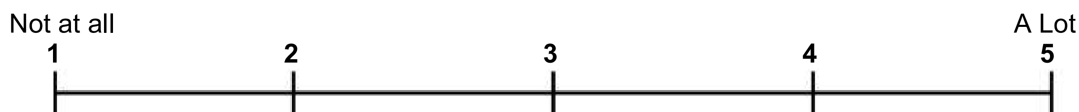
Comments

AS7(b)

Name	

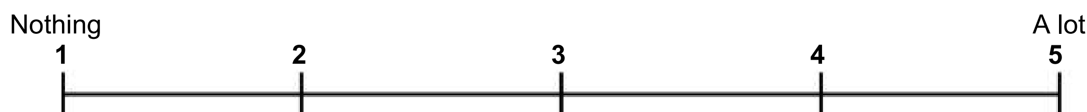
The answers to this survey will feed into the evaluation of the self directed support learning exercise. We are asking for names in order to follow-up and questions or major issues. All replies will be made anonymous before being entered into the report. Please circle on the line where you feel your answer lies and use the comments box to expand on your view.

1. To what degree do you feel that personal budget's have supported people to take control and make choices about their lives?



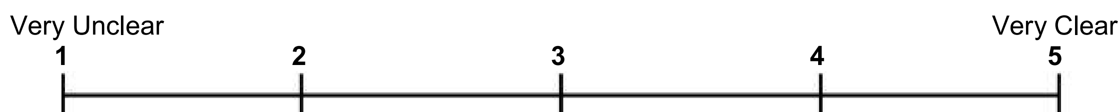
Comments:

2. What difference has brokerage made to clients?



Comments:

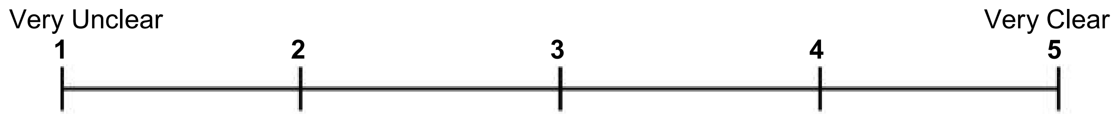
3. Is the self directed support process clear?



Comments:

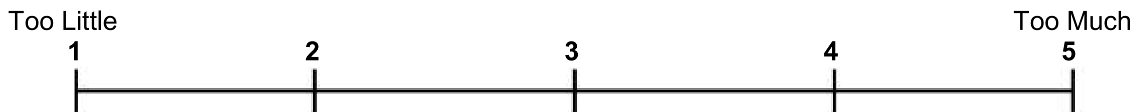
Name	

4. In the learning exercise how clear are you about your role/responsibilities?



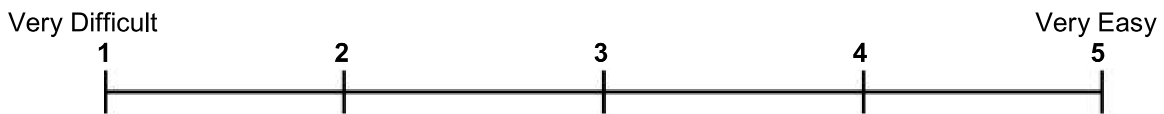
Comments:

5. Is the paperwork associated with self directed support at the right amount?



Comments:

6. How easy has it been working with brokers?

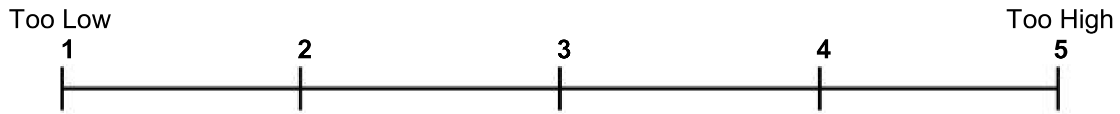


Comments:

AS7(b)

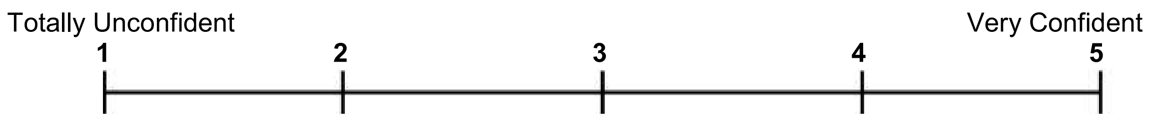
Name	

7. Have the RAS allocations been broadly right?



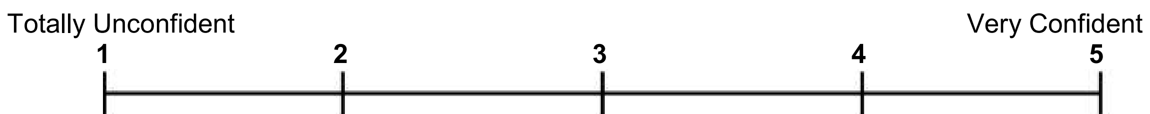
Comments:

8. How confident are you in explaining self directed support to people?



Comments:

9. How confident are you in helping people review their support?



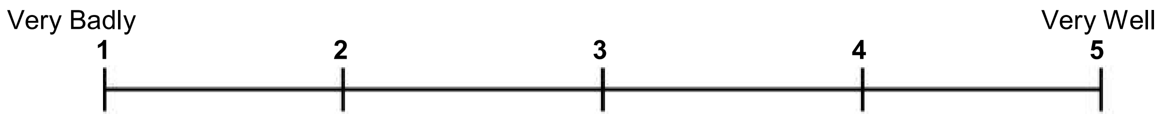
Comments:

AS7(b)

Name	

10. How well has the change to working in a self directed support way been managed as part of the learning exercise?

Very Badly — Very Well



Comments:

11. Ideas for making the process of supporting people more efficient whilst promoting choice and control

Comments

Frequencies

Statistics

Consultation Time

OCC	N	Valid	32
		Missing	0
	Mean		4.344
	Median		4.250
	Mode		3.5
	Std. Deviation		1.9569
	Percentiles	10	1.500
		20	2.000
		25	3.500
		30	3.500
		40	3.600
		50	4.250
		60	4.500
		70	5.550
		75	6.375
		80	6.500
		90	7.000
Non OCC	N	Valid	24
		Missing	0
	Mean		3.708
	Median		3.750
	Mode		.5
	Std. Deviation		2.1362
	Percentiles	10	.500
		20	.500
		25	2.250
		30	3.000
		40	3.500
		50	3.750
		60	4.000
		70	5.250
		75	5.500
		80	6.000
		90	6.750

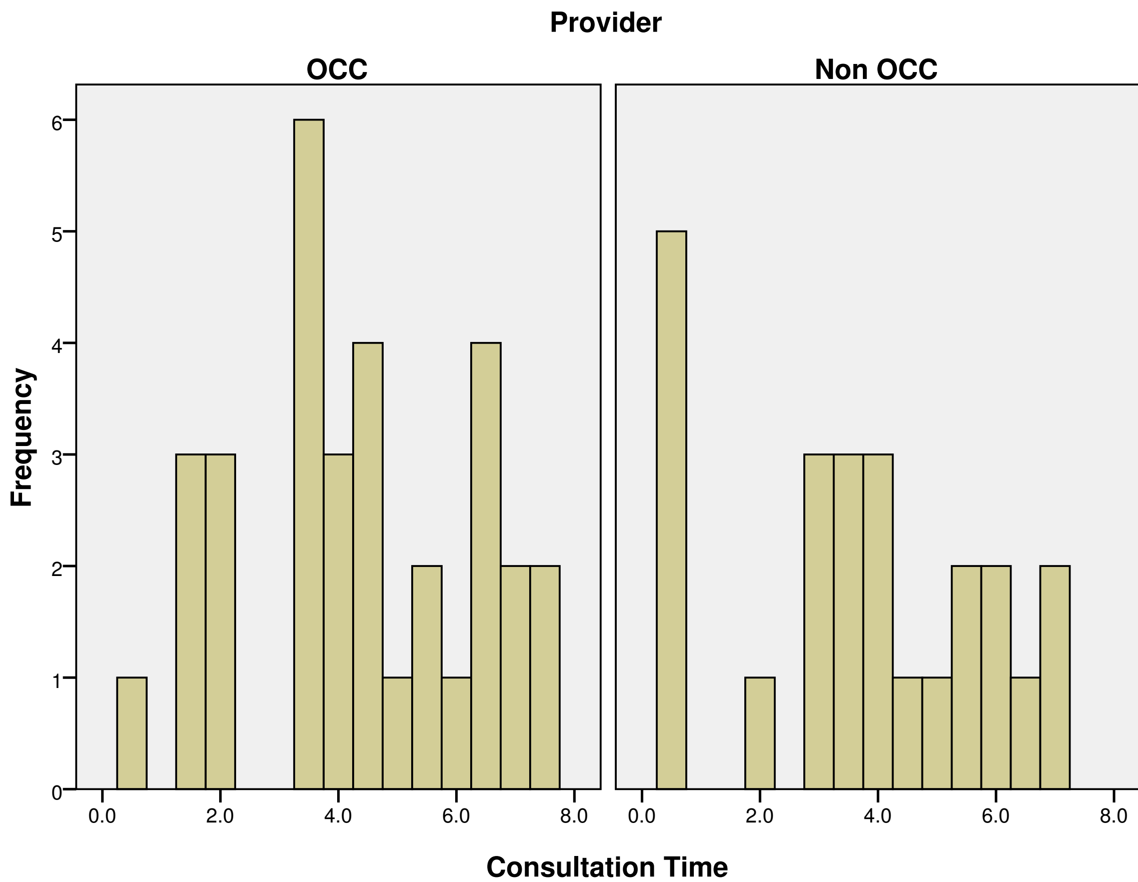
Draft

Consultation Time

Provider			Frequency	Percent	Valid Percent	Cumulative Percent
OCC	Valid	.5	1	3.1	3.1	3.1
		1.5	3	9.4	9.4	12.5
		2.0	3	9.4	9.4	21.9
		3.5	6	18.8	18.8	40.6
		4.0	3	9.4	9.4	50.0
		4.5	4	12.5	12.5	62.5
		5.0	1	3.1	3.1	65.6
		5.5	2	6.3	6.3	71.9
		6.0	1	3.1	3.1	75.0
		6.5	4	12.5	12.5	87.5
		7.0	2	6.3	6.3	93.8
		7.5	2	6.3	6.3	100.0
		Total	32	100.0	100.0	
Non OCC	Valid	.5	5	20.8	20.8	20.8
		2.0	1	4.2	4.2	25.0
		3.0	3	12.5	12.5	37.5
		3.5	3	12.5	12.5	50.0
		4.0	3	12.5	12.5	62.5
		4.5	1	4.2	4.2	66.7
		5.0	1	4.2	4.2	70.8
		5.5	2	8.3	8.3	79.2
		6.0	2	8.3	8.3	87.5
		6.5	1	4.2	4.2	91.7
		7.0	2	8.3	8.3	100.0
		Total	24	100.0	100.0	

Graph

Draft



NPar Tests

Mann-Whitney Test

Ranks

	Source	N	Mean Rank	Sum of Ranks
Non OCC	OCC	32	30.63	980.00
	Non OCC	24	25.67	616.00
	Total	56		

Test Statistics[b]

			Non OCC
Mann-Whitney U			316.000
Wilcoxon W			616.000
Z			-1.131
Asymp. Sig. (2-tailed)			.258
Monte Carlo Sig. (2-tailed)	Sig.		.254[a]
	99% Confidence Interval	Lower Bound	.243
		Upper Bound	.266
Monte Carlo Sig. (1-tailed)	Sig.		.128[a]
	99% Confidence Interval	Lower Bound	.120
		Upper Bound	.137

a. Based on 10000 sampled tables with starting seed 2000000.

b. Grouping Variable: Source

Two-Sample Kolmogorov-Smirnov Test

Frequencies

	Source	N
Non OCC	OCC	32
	Non OCC	24
	Total	56

Test Statistics[b]

			Non OCC
Most Extreme Differences	Absolute		.177
	Positive		.000
	Negative		-.177
Kolmogorov-Smirnov Z			.656
Asymp. Sig. (2-tailed)			.783
Monte Carlo Sig. (2-tailed)	Sig.		.563[a]
	99% Confidence Interval	Lower Bound	.550
		Upper Bound	.576

a. Based on 10000 sampled tables with starting seed 2000000.

b. Grouping Variable: Source

NPar Tests

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
Consultation Time	56	4.071	2.0415	.5	7.5
Provider	56	1.43	.499	1	2

Draft

Descriptive Statistics

	Percentiles		
	25th	50th (Median)	75th
Consultation Time	3.000	4.000	5.875
Provider	1.00	1.00	2.00

Kruskal-Wallis Test

Ranks

	Provider	N	Mean Rank
Consultation Time	OCC	32	30.63
	Non OCC	24	25.67
	Total	56	

Test Statistics[b,c]

			Consultation Time
Chi-Square			1.280
df			1
Asymp. Sig.			.258
Monte Carlo Sig.	Sig.		.260[a]
	99% Confidence Interval	Lower Bound	.249
		Upper Bound	.272

a. Based on 10000 sampled tables with starting seed 1314643744.

b. Kruskal Wallis Test

c. Grouping Variable: Provider

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Consultation Time * Provider	56	100.0%	0	.0%	56	100.0%

Draft

Consultation Time * Provider Crosstabulation

Count

		Provider		Total
		OCC	Non OCC	
Consultation Time	.5	1	5	6
	1.5	3	0	3
	2.0	3	1	4
	3.0	0	3	3
	3.5	6	3	9
	4.0	3	3	6
	4.5	4	1	5
	5.0	1	1	2
	5.5	2	2	4
	6.0	1	2	3
	6.5	4	1	5
	7.0	2	2	4
	7.5	2	0	2
Total		32	24	56

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Monte Carlo Sig. (2-sided)
				Sig.
Pearson Chi-Square	15.779[a]	12	.202	.195[b]
Likelihood Ratio	19.115	12	.086	.219[b]
Fisher's Exact Test	14.636			.216[b]
Linear-by-Linear Association	1.329[c]	1	.249	.263[b]
N of Valid Cases	56			

a. 25 cells (96.2%) have expected count less than 5. The minimum expected count is .86.

b. Based on 10000 sampled tables with starting seed 624387341.

c. The standardized statistic is -1.153.

Chi-Square Tests

	Monte Carlo Sig. (2-sided)		Monte Carlo Sig. (1-sided)		
	99% Confidence Interval			99% Confidence Interval	
	Lower Bound	Upper Bound	Sig.	Lower Bound	Upper Bound
Pearson Chi-Square	.184	.205			
Likelihood Ratio	.209	.230			
Fisher's Exact Test	.205	.226			
Linear-by-Linear Association	.252	.275	.131[b]	.122	.139
N of Valid Cases					

b. Based on 10000 sampled tables with starting seed 624387341.

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Directional Measures

			Value	Asymp. Std. Error[a]	Approx. T[b]
Ordinal by Ordinal	Somers' d	Symmetric	-.124	.107	-1.155
		Consultation Time Dependent	-.177	.153	-1.155
		Provider Dependent	-.095	.083	-1.155

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Directional Measures

				Monte Carlo Sig.
			Approx. Sig.	Sig.
Ordinal by Ordinal	Somers' d	Symmetric	.248	.265[c]
		Consultation Time Dependent	.248	.265[c]
		Provider Dependent	.248	.265[c]

c. Based on 10000 sampled tables with starting seed 624387341.

Directional Measures

			Monte Carlo Sig.	
			99% Confidence Interval	
			Lower Bound	Upper Bound
Ordinal by Ordinal	Somers' d	Symmetric	.253	.276
		Consultation Time Dependent	.253	.276
		Provider Dependent	.253	.276

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Symmetric Measures

		Value	Asymp. Std. Error[b]	Approx. T[c]	Approx. Sig.
Nominal by Nominal	Phi	.531			.202
	Cramer's V	.531			.202
Ordinal by Ordinal	Kendall's tau-b	-.130	.113	-1.155	.248
	Kendall's tau-c	-.173	.150	-1.155	.248
N of Valid Cases		56			

b. Not assuming the null hypothesis.

c. Using the asymptotic standard error assuming the null hypothesis.

Symmetric Measures

		Monte Carlo Sig.		
			99% Confidence Interval	
		Sig.	Lower Bound	Upper Bound
Nominal by Nominal	Phi	.195[a]	.184	.205
	Cramer's V	.195[a]	.184	.205
Ordinal by Ordinal	Kendall's tau-b	.265[a]	.253	.276
	Kendall's tau-c	.265[a]	.253	.276
N of Valid Cases				

a. Based on 10000 sampled tables with starting seed 624387341.

T-Test

Group Statistics

	Provider	N	Mean	Std. Deviation	Std. Error Mean
Consultation Time	OCC	32	4.344	1.9569	.3459
	Non OCC	24	3.708	2.1362	.4361

Independent Samples Test

		Levene's Test for Equality of Variances	
		F	Sig.
Consultation Time	Equal variances assumed	.134	.715
	Equal variances not assumed		

Independent Samples Test

		t-test for Equality of Means		
		t	df	Sig. (2-tailed)
Consultation Time	Equal variances assumed	1.156	54	.253
	Equal variances not assumed	1.142	47.193	.259

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Independent Samples Test

		t-test for Equality of Means	
		Mean Difference	Std. Error Difference
Consultation Time	Equal variances assumed	.6354	.5496
	Equal variances not assumed	.6354	.5566

Independent Samples Test

		t-test for Equality of Means	
		95% Confidence Interval of the Difference	
		Lower	Upper
Consultation Time	Equal variances assumed	-.4664	1.7372
	Equal variances not assumed	-.4842	1.7551

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Scrutiny Tracking Control Sheet

Title:	**SINGLE POINT OF ACCESS TO REHABILITATION AND CARE**	Ref:	**SC009**
Parent Committee:	**Social & Community Services Scrutiny Committee (now Adult Services)**		
Date Started:	**24 October 2007**	Date Completed:	**August 2008**
Members:	**Cllrs Mrs Anda Fitzgerald O'Connor and Tim Hallchurch MBE**	Scrutiny Officer:	**Julian Hehir**
Tracking Member(s):	**CllrS Hallchurch & Fitzgerald O'Connor**	Directorate Contact:	**Simon Kearey**

REC 1	**The Cabinet was RECOMMENDED:** **1. That the Access Team is provided with training concerning the range of advice (especially financial guidance) they may offer to clients.**	
Cabinet – 25th November 2008	**The Cabinet accepted all of the recommendations 1 – 9. It noted that many of the recommendations were in train or had happened. Patient confidentiality was always a difficult topic. Recommendation 10 was rejected as it was not appropriate at the time to engage in a joint statement. It was noted that the Chief Executives met regularly to discuss the situation. The Chief Executive added that reporting lines were beginning to come together and staff were being recruited.**	**Next Review**
Review 1 – 12th October 2009	**Questions**: Has the Access Team been provided with a range of training courses? What about training specifically on financial guidance? Has the Access team been re-structured? **Review** From 1st September 2009 the Access Team and the Intermediate Care Duty Desk merged to create one main access route. The new route is provided for both the public and professionals, and will deliver health and social care advice, information and access to services. There is one number to ring which is a real step forward in streamlining access to services and removes the need for customers to try and work out which number they should ring. The training requested in the recommendation is being provided. In addition, members of staff are required to attend induction and staff conferences where the training requirements are being reinforced. Substantial work on "Local View" http://mymaps.oxfordshire.gov.uk/lvinternet/ is enabling people to access services by local area and customers can do so themselves through SCS's public information network. All staff are resourced with a generic information brochure, comprehensive disability guide and other service databases etc.	

Review 2 – 17th November 2009	As well as the training issues, there was some concern at the time of the review about the level of staff turnover. This has stabilised during the year since.	
Review 3		
REC 2	**2. To note that Social &Community Services contact assessment forms are held electronically and that it is desirable to attach to them images of GP referral letters; there should be further investigation of the possibility of incorporating GP's letters in the contact assessment forms.**	
Cabinet – 25th November 2008	**Please refer to the Cabinet's decisions at recommendation 1 above.**	**Next Review**
Review 1 – 12/10/09	**Questions:** Has there been any further investigation? Can GP letters be attached to contact assessment forms yet? **Review** GP's letters can be scanned into the electronic social care records which form part of the contact assessment forms.	
Review 2 - 17th November 2009		
Review 3		
REC 3	**3. To authorise the Director of Social & Community Services to advertise the Access Team's contact details and to promote it as the Single Front Door in future editions of the Oxfordshire Care Directory, with consideration for a further study.**	
Cabinet – 25th November 2008	**Decisions at recommendation 1 above.**	**Next Review**
Review 1 – 12/10/09	**Review** The latest edition of the Directory dated 2009 advertises the Access Team's details frequently, especially during the opening pages. It's clearly intended to emphasise that it is the initial single front door to services. The contact details have been publicised elsewhere too; eg bookmarks have gone out to mobile libraries, the contact details are provided in carers' packs and advertised at park and ride sites.	

	Questions: What feedback and contact have resulted from this?
Review 2 - 17th November 2009	
Review 3	
REC 4	**4. That the Authority should aspire to a Single Front Door Access to all public services.**
Cabinet – 25th November 2008	**Refer to 1 above.** **Next Review**
Review 1 – 12/10/09	**Questions:** How is this being implemented in practical/tangible ways? **Review** Corporate Customer Services Team is working on this aspiration/principle for the council as a whole. Within the SCS Directorate, the Access Team and other services are working seamlessly and looking towards consolidating a single contact number in the near future.
Review 2 - 17th November 2009	This is a longer term aspiration being led corporately.
Review 3	
REC 5	**5. To acknowledge the "mobile solution" using tablets and laptops to support the development of Electronic Social Care Records and to endorse these if the trial is successful when evaluated in September.**
Cabinet – 25th November 2008	**Refer to 1.** **Next Review**
Review 1 – 12/10/09	**Questions:** Has the mobile solution been extended as a result of the trial? What were the outcomes of the evaluation of the trial? If the mobile solution has not been extended what were the reasons for this? **Review** The "mobile solution" that was being trialled in September was extended, mainly around occupational therapy services. Practitioners are continuing to use the laptops.

	However, among the findings of the trial it was identified that there weren't real efficiencies to be made in this area. `CS does not foresee that a mobile solution will be rolled out any further. There is another project within Shared Services to roll out laptops to other council services. However, there is a great deal of change going on within Adult Social Services – for instance, extending brokerage in adult care services under Self Directed Support. It would not be particularly appropriate or timely to extend laptop use when many of the brokers and others are not directly employed by SCS. Simultaneously, SCS is exploring other means of working more flexibly and efficiently through BOP, working from home etc. At this point it is not inclined to roll out the new technology.
Review 2 17th November 2009	In light of the above, it is very unlikely that the laptops will be extended out across the whole of care management services.
Review 3	
REC 6	**6. To ask the Director of Public Health (Oxfordshire) to lead work to implement Oxfordshire's Information Sharing Protocol by December 2008 and in the light of (7), to remove all barriers that prevent the e-mailing of records between Health and Social Care.**
Cabinet – 25th November 2008	**Refer to 1.** **Next Review**
Review 1 – 12/10/09	**<u>Questions:</u>** Has the Director progressed implementation of the protocol? How have barriers been removed to e-mailing of records? **<u>Review</u>** SCS now has an agreement with the PCT and Oxford Radcliffe hospitals to share client information between one another. It will be signed off by three Caldicott Guardians, (senior NHS staff responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing) in the near future and ratified by the Information Governance Group during October. Information is already being shared. In the meantime, there are further discussions about obtaining "implied consent" from clients before the agreement is ratified. E-mailed records are password protected. "N3 Connectivity" is required by Health but SCS is developing "Govt Connect" as it has to have compliancy agreements with ICT. In the next few months, specific e-mail addresses will be set up which will enable SCS discussion with government agencies, of records. We have been assured that a Govt Connect secure e-mail account can send e-mails to a NHS secure e-mail account. *(See also the progress report for recommendation 9 below.)*

Review 2 17th November 2009	
Review 3	
REC 7	**7. With respect to issues around patient confidentiality, to explore further the possibility of implementing an encrypted e-mail system to allow protected shared access to patient information. [note, a link encrypted e-mail system is not appropriate).**
Cabinet – 25th November 2008	**See 1.**
Review 1 – 12/10/09	**Questions:** Have there been further investigations concerning an encrypted e-mail system? What did the investigations consist of? If it has been decided not to progress this principle any further, what were the reasons for this? **Review** See commentary at recommendation 6 above providing the rationale for the progress that has been made.
Review 2	
Review 3	
REC 8	**8. To request that a feasibility study is carried out to establish whether it is possible to transfer NHS patient identification numbers locally onto S&CS so that a unique patient reference can be used in common across agencies.**
Cabinet – 25th November 2008	**See 1.** **Next Review**

Review 1 – 12/10/09	**Questions:** Did a feasibility study take place? If so what were the outcomes? How did these influence any further decisions about whether or not to create a unique patient reference across agencies?

	Review As Oxfordshire's representative at the Association of Directors of Adult Social Services, Simon Kearey is exploring the transfer of NHS patient identification numbers locally onto SCS. Oxfordshire is leading the way in this area. However, development of a comprehensive system of the kind envisaged is still some way into the future. It is beset by the problem that there is no comprehensive database as such, of NHS numbers.
Review 2 17th November 2009	
Review 3	
REC 9	**9. To ask for a report from the Oxfordshire Information Governance Steering Group annually identifying improvements in information sharing that occurred in the previous year.**
Cabinet – 25th November 2008	**See 1.**
	Next Review
Review 1 – 12/10/09	**Questions:** What is the Steering Group? What is its role? Do annual reports get produced? Has the requested annual report been made? Was it satisfactory in identifying improvements in information sharing and what did it say? **Review** There is an Oxfordshire Information Governance Steering Group. In reality the group mostly addresses information sharing issues. The group is a mixture of IG specialists and practitioners. There is also a Health Information Governance Steering Group which consists principally of information governance specialists. The OIGS Group does not produce annual reports in the form requested by the recommendation, as such. However:

Review 2 17th November 2009	**Review** The headlines on progress are as follows: • OCC is working towards signing up to the N3 Connecting for Health network, which will give access to NHS data such as NHS numbers. • OCC is now accredited to Government Connect, which will provide us with secure

- e-mail for communicating with some external partners.
- An agreement has been put in place with ORH about sharing of data in connection with Delayed Transfer of Care.
- OCC is close to signing a sharing agreement with District Councils and key Housing Association partners re sharing of personal data for Housing related needs.

A further report on improvements to interconnectivity and prospects for the future would be appreciated.

OCC is also working to ensure that encryption is used on all mobile devices, so as to guard against inappropriate disclosure of personally identifiable information while in transit. At the same time, OCC laptop users are being enabled to connect through NHS wireless facilities at hospital and PCT sites; and joint teams are enabled to access OCC sites via the Electronic Social Care Record (ESCR) system desktop.

Review 3		
REC 10	**10. Alongside the Oxfordshire PCT and the acute hospital trusts, to issue a joint statement in response to this Review setting out a set of clear shared expectations as to what degree of integration and coordination can be expected by 2010.**	
Cabinet – 25th November 2008	**Refer to recommendation 1 above. Recommendation 10 was rejected as it was not appropriate at this time to engage in a joint statement. It was noted that the Chief Executives met regularly to discuss the situation. The Chief Executive added that reporting lines were beginning to come together and staff were being recruited.**	**Next Review**
Review 1 – 12/10/09	This recommendation was not agreed to. Therefore, no further action can be expected for the time being. **Questions:** How are reporting lines coming together and what can be revealed from Chief Executives' joint meetings? **Review** The agreement and solutions discussed at recommendation 6 were achieved through the close collaboration between SCS, the PCT and Radcliffe hospitals. Whilst a joint statement was not appropriate at the time, the Committee can be assured that there are closer reporting lines and liaison between the Council, SCS, the PCT and hospitals.	
Review 2 17th November 2009		
Review 3	Review 3	

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