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Notice of a Meeting

OXFORDSHIRE COUNTY COUNCIL
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Adult Services Scrutiny Committee
Thursday, 15 October 2009 at 10.00 am
County Hall

Membership

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

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

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. A working lunch will also be provided.***

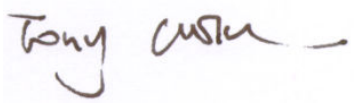
Date of next meeting: *2 December 2009*

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

October 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 9 September 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 and its partners

5. Green Paper on Care and Support: Shaping the Future of Care Together (Pages 11 - 18)

10:15

Contact Officer: John Jackson, Director for Social & Community Services, tel (01865) 323572

On 14 July 2009 the Department of Health issued a consultation document on the future shape of the care and support system in England. This document is available on the Department of Health's website (140 pages). http://www.dh.gov.uk. The Executive Summary is a useful starting point and has already been circulated to members of this Committee.

Shaping the Future of Care Together sets out a vision for a new care and support system. It highlights the challenges faced by the current system and the need for radical reform, 'to develop a National Care Service that is fair, simple and affordable for everyone'.

Within the Green Paper are a number of consultation questions [page 130 onwards]. The closing date for responses is 13 November 2009.

A paper which focuses on the different issues within the Green Paper is attached at **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, will attend for this item to answer any questions

which the Committee may wish to ask.

The views of this Committee will be taken into account in considering what response the County Council will make to the Green Paper.

Any response will 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 is invited to discuss its views on the consultation questions and to forward its views to the Directorate, for inclusion in any response.

6. Oxfordshire approach to the delivery of the National Dementia Strategy (Pages 19 - 22)

11:45

Contact Officers: Varsha Raja, Assistant Head of Service – Strategic Commissioning, tel (01865) 323618; Suzanne Jones, Service Development Manager – Older People, Oxfordshire PCT, tel (01865) 334613.

The Committee will have 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 its February meeting.

A briefing paper is attached at **AS6**.

Colour copies of the map have been given limited circulation and placed on public deposit.

Ms Varsha Raja (Assistant Head of Adult Services) will attend to present the paper and to answer the Committee's questions, together with the Director for Social & Community Services and 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) will also attend for this item.

The Committee is invited to receive the update and to conduct a question and answer session on the current position and issues, with a view to conducting a select committee investigation at its February meeting.

7. Impact of Council Financial Planning on Adult Services

12:30

Contact Officer: John Jackson, Director for Social & Community Services, tel (01865) 323572

The Director for Social & Community Services will attend to give a brief explanation of the process being followed, accompanied by the Cabinet Member for Adult Services.

The Committee is invited to receive the update.

WORKING LUNCH 12:40 – 13:10

BUSINESS PLANNING

8. Annual Scrutiny Work Programme October 2009 - July 2010 (Pages 23 - 26)

13.10

Contact: Des Fitzgerald, Policy and Review Officer, (01865 810477)

The attached paper (**AS8**) notes the items which the Committee is already scrutinising as part of its work programme, and briefly lists other items (suggested by Members and Directorate officers) which may be considered and prioritised for possible future work. Members are asked to note the items already identified and to identify their priorities for other work, from the items listed.

The Committee is asked to consider the proposals and to identify its priorities for its work programme.

SCRUTINY MATTERS
To consider matters where the Committee can provide a challenge to the work of the Authority and its partners

9. Transforming Adult Social Care: Responses to previous questions (Pages 27 - 32)

13:55

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

At this Committee's previous meeting it was agreed that Mr Sinclair would respond in writing to some of the Committee's questions. A response is attached at **AS9**.

Mr Sinclair will attend for this item to answer any questions which the Committee may wish to ask.

The Committee is invited to consider the attached responses and whether it wishes to ask any further questions.

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

10. Self Directed Support Task Group: Update

14:15

Contact Officer = Julian Hehir, Scrutiny Review Officer, tel (01865) 815982

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

The Committee is invited to receive an update on the work of the Task Group.

BUSINESS PLANNING
To consider future work items for the Committee

11. Forward Plan

14:25

The Committee is asked to note any items of interest.

(The current forward plan covers the time period October 2009 to January 2010).

12. Tracking

14:30

No items have been identified for tracking.

14:30 approx Close of Meeting

Declarations of Interest

This note briefly summarises the position on interests which you must declare at the meeting. Please refer to the Members' Code of Conduct in 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.

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ADULT SERVICES SCRUTINY COMMITTEE – 9 SEPTEMBER 2009

MINUTES of the meeting held on 9 September 2009 commencing at 10.00 am and finishing at 12 pm.

Present:

Voting Members:	Councillor Don Seale - in the chair Councillor Anthony Gearing Councillor Timothy Hallchurch MBE Councillor Jenny Hannaby Councillor Ray Jelf (in place of Councillor Arash Fatemian) Councillor Larry Sanders Councillor Dr Peter Skolar (part of meeting) Councillor John Tanner (in place of Councillor Sarah Hutchinson) Councillor Alan Thompson Councillor David Wilmshurst (in place of Councillor Mrs Anda Fitzgerald-O'Connor)
Other Members in Attendance:	Cabinet Member for Adult Services: Councillor Jim Couchman

Officers:

Whole of meeting:	K. Coldwell (Corporate Core).

Agenda Item	**Officer Attending**
5.	Eddie McDowall (Oxfordshire Learning Disability Partnership Board) & Ann Nursey (Social & Community Services).
6.	Alan Sinclair (Social & Community Services).
7.	Paul Purnell & Alan Sinclair (Social & Community Services).
9.	Des Fitzgerald (Corporate Core).

By invitation

5.	Gail Hanrahan (Parent Carer), Anup Upadhyaya (Service User), Sue Haffenden (Chairman – Oxfordshire Learning Disability Partnership Board).

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.

15/09 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

Apologies for absence and temporary appointments were received as follows:

Apology from	Temporary Appointments
Councillor Sarah Hutchinson	Councillor John Tanner
Councillor Mrs Anda Fitzgerald-O'Connor	Councillor David Wilmshurst
Councillor Arash Fatemian	Councillor Ray Jelf

16/09 DECLARATIONS OF INTEREST

No interests were declared.

17/09 MINUTES

The Minutes of the meeting of the Committee held on 8 July 2009 were approved and signed.

Matters Arising

Minute 9/09 – Money Management Service: Update on Waiting Lists

The Committee asked Ms Coldwell to check with Legal Services the legality of the italicised text below*:

> **Who would be refused assistance and what would happen to them?**
>
> *People who had able but unwilling family members* or where solicitors were dealing with their affairs would not be assisted.

*Legal Services confirm that they are not aware of any legislation which specifically addresses this point. On a practical basis they do not see how family members can be compelled to take responsibility if they are unwilling to do so. There may be a number of reasons - which they do not wish to declare - as to why they do not wish to take responsibility for the financial affairs of a relative.

The practice is that the Money Management Team raises the issue of other relatives' involvement in the first instance to see if they might be willing. If they are not, then in practice they take on the case.

18/09 OXFORDSHIRE LEARNING DISABILITY PARTNERSHIP BOARD: PRESENTATION AND Q&A

(Agenda Item 5)

Mr McDowall (Valuing People Manager – Oxfordshire Learning Disability Partnership Board), together with Ms Ann Nursey (Assistant Head of Adult Social Care – Learning Disabilities – Oxfordshire County Council), Mrs Gail

Hanrahan (Parent Carer), Ms Anup Upadhyaya (Service User) and Mrs Sue Haffenden (Chairman of the Oxfordshire Learning Disability Partnership Board) gave a presentation to the Committee on the work of the Board. The Cabinet Member for Adult Services also attended for this item in order to contribute to the debate.

A copy of the presentation is attached to the signed Minutes.

Key points from the presentation and ensuing discussion are summarised below:

- Valuing People (published September 2001) was a new strategy for learning disability for the 21st century and was policy based. At this point in time local Learning Disability Partnership Boards were set up, involving service users;
- Valuing People Now (published January 2009) was a new three-year strategy for people with learning disabilities, making it happen for everyone and was rights based;
- before 2001 the previous government white paper for people with learning disabilities had been produced in 1971 (Better Services for the Mentally Handicapped);
- the four aims of the Valuing People strategy are rights, independence, choice and inclusion. The inclusion and involvement of people with learning disabilities and families in decision making is paramount "Nothing About Us Without Us";
- it isn't really known how many people with learning disabilities live in Oxfordshire. About 2,000 people are known of, of whom about 1,850 use services and have moderate or severe disabilities. There are probably people with mild learning disabilities that aren't known about. Nationally, approximately 2% of the population have learning disabilities;
- Health is such an important issue for people with learning disabilities for a number of reasons including:
  - people with learning disabilities are 58 times more likely to die before the age of 50 than the general population;
  - people with learning disabilities are more likely to suffer poor health and poor access to health services. For example, they have double the levels of gastrointestinal cancer and more dental problems. One third of people with a learning disability also have epilepsy;
- 'Death by indifference' reported on the deaths of 6 people with learning disabilities, who had died as a result of receiving inadequate NHS health care. All 6 people may have lived longer had they received the same health care as the general population;
- Oxfordshire Learning Disability Partnership Board:
  - now comprises 6 members with a learning disability, 6 relatives of people with a learning disability and 11 other members;
  - listens to what service users and their families say they want in relation to improved quality of life. For example, a transition support service (to adulthood) is being set up and the Board is

about to launch a guide to transition for families, produced by the Oxfordshire Family Support Network and supported by the Council;
    - works with Health and GPs to combat death by indifference (this is a national problem and Oxfordshire fares no worse nor better than other counties in this matter);
    - funds a worker to work with the acute hospitals to make the experiences and care of people with a learning disability better for the future;
    - funded training for GPs to enable Doctors to provide annual health checks for people with a learning disability;
    - is working with Oxfordshire PCT to implement 'Healthcare for All', the independent inquiry following 'Death by Indifference'. The PCT will write a report on the use of health services in Oxfordshire by people with learning disabilities by March 2010.
- only about 1 in 10 people with learning disabilities who are in touch with services are doing any form of paid work;
- only about 1 in 20 people with learning disabilities have an unpaid job;
- The Board:
    - works with employment organisations and employers to find more opportunities for people with learning disabilities;
    - is working with Shared Services Human Resources officers to look at job carving across teams to create viable jobs appropriate for people with learning disabilities and other long term unemployed people looking for work;
- in a recent survey, 1 in 3 people with a learning disability said that they did not feel safe using public transport. This is especially true for people with a mental health problem. Providers often lack understanding and people experience harassment from other transport users;
- the Travel Buddy scheme gives people with a learning disability more confidence, more exercise, more rights, more independence, more choice and more inclusion.

All attendees who had been involved in the presentation were asked what they valued most about working in partnership with the Learning Disability Partnership Board. The following responses were given:

- working as a team (cited more than once);
- everyone is treated as an equal;
- there is a lack of jargon and a fun atmosphere, whilst at the same time being very effective;
- it is also a good testing ground for officers to see if what they do in their job is going to make a difference to the lives of service users and their partners.

Following the presentation, the Committee thanked all concerned for their informative presentation and conducted a question and answer session.

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

- **Was Health involved with the Learning Disability Partnership Board?**

  Oxfordshire PCT has a voting seat on the Board. A senior officer chairs the 'Health for All' Task Group. There is also a strategic health facilitator who works with the hospitals to train staff in the needs of patients with a learning disability in order to improve their experience of being in hospital. Training was also provided to GPs to enable them to provide annual health checks. Doctors from 57 out of 80 surgeries attended, sending 133 GPs, Practice Managers and Receptionists. Dentistry, and hearing and eye services could improve their services for people with learning disabilities, although there is already a special dentistry service in place which includes health promotion around good dental care and healthy eating.

- **What was the funding situation?**

  Funding for the Partnership Board had been provided for the next two years. It was up to senior managers to decide how the money should be spent. There is a pooled budget between Health and Social & Community Services. The majority of funding for people with a learning disability sits in the learning disability pooled budget. Ms Nursey manages the pooled budget and reports to the joint management group as well as the Partnership Board.

- **What could be done to improve a hospital stay?**

  The PCT, in conjunction with the Horton and John Radcliffe Hospitals, could fund a system to alert staff when patients with learning disabilities were admitted. This would be quite straightforward when a patient had been referred by a GP but was less easy in the case of emergencies. More work needed to be carried out in this area.

- **Whom should a Councillor contact if a constituent had asked them for help?**

  The Oxfordshire Learning Disability Partnership Board web site was a good starting point and signposts people to further information (www.easywords.co.uk) Mr McDowall could put parents in touch with other groups such as the family support network. There were a huge number of very small voluntary organisations that could be accessed.

Following the question and answer session, all members of the Committee were invited to attend future meetings of the Learning Disability Partnership Board, ideally on a rota basis, to enable them to see how it works in practice and to learn more about this area. The Learning Disability Partnership Board

meets on the first Wednesday of every month in January, March, May, July, September and November and a public event is held in December.

Ms Coldwell undertook to provide the dates of future meetings to all members of this Committee.

Councillors Larry Sanders and Jenny Hannaby undertook to attend the Board's next meeting, which would be held on 4 November.

19/09 TRANSFORMING ADULT SOCIAL CARE: PROGRESS UPDATE AND Q&A
(Agenda Item 6)

It had been agreed that a report on Transforming Adult Social Care would be brought quarterly to this Committee (AS6) and would include detail on self directed support.

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

In addition to the information provided in the report, the Committee noted that:

- standards for information provision had been agreed, given that there were no "checking criteria" in place at present to ensure that the information provided was of good quality and would meet everyone's needs, for example, for a person with a learning disability;
- the evaluation report on the self directed support learning exercise would be sent to members of this Committee well before its December meeting.

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

- **Could officers justify the use of the word 'transforming' in terms of social care?**

  This was a major change programme designed to enable people to make better choices, to live independently and to receive services tailored to their needs. Everyone who had been provided with a personal budget would become their own commissioner. Traditionally, social services had only dealt with a small number of people who met the eligibility criteria for service provision and the transformation of social care was a policy shift towards universal services for the whole population.

- **What was meant by the term 'user led organisation'?**

  In general terms, it meant that service users - for example, older people or people with disabilities - formed the majority of trustees and governors of an organisation and were employed by the organisation and therefore

were able to dictate what services the organisation would be providing. 'My Life, My Choice' was the closest example of this.

Mr Sinclair undertook to provide the Committee with the government's definition of 'user led organisation'.

- **Wouldn't the transformation of social care be heavily reliant on care workers to embrace this change?**

  Yes. It was about supporting and training care workers and social workers to ask the right questions, so that they were asking the same type of questions that brokers were asking.

A member of the Committee asked 'Why it was cheaper for a broker to do the talking and listening rather than for a care manager to do so?' and 'Following the recession would there be enough people available to provide self directed support and what was being done to ensure that sufficient numbers of specialised workers could be secured?'

Mr Sinclair commented that many of these were national issues which were being looked at nationally and undertook to respond in writing to these and a number of other questions raised, to all members of the Committee before its next meeting.

20/09 ACCESS TO CARE SERVICES CONSULTATION – Q&A AND RESPONSE
(Agenda Item 7)

(Consultation on the revision of the FACS Guidance to support councils to determine eligibility for social care services).

On 14 July 2009 the Department of Health had issued a consultation document on Fair Access to Care Services. This was before the Committee (AS7(a)(i)), together with the draft revised guidance (AS7(a)(ii)). These guidelines determine whether people are eligible for social care. This is a major review and responses are due by 6 October 2009. The Directorate is setting up arrangements to consider the consultation and consultation with elected members is also vital. A short briefing paper was also before the Committee (AS7(b)).

Mr Paul Purnell (Head of Adult Social Care), together with Mr Alan Sinclair (Programme Director – Transforming Adult Social Care) attended for this item to introduce the consultation and to answer members' questions.

The Committee was invited to discuss the consultation document, asking questions as necessary, and to forward its comments to the Directorate.

Mr Purnell advised the Committee that whilst the move towards universal preventative services was laudable, this would involve considerable resources, especially in light of demographic pressures. He added that within

the consultation document was mention of the government's assumption that no additional resources would be necessary for this shift in service provision. Responding to question 8 was the opportunity for the Committee to give feed back in terms of resource implications. He added that the Social Care Reform Grant had only been provided for 3 years and therefore he would be suggesting in his response that it should be extended for a further period.

The Committee **AGREED** that Councillor Seale would discuss the consultation with the Head of Adult Social Care and would provide a draft response via email for consideration by members of the Committee, given that the deadline for responses (6 October) was before the Committee's next meeting (15 October).

20/09 SELF DIRECTED SUPPORT TASK GROUP: UPDATE
(Agenda Item 8)

The Committee received an update on the work of the Task Group as follows:

- the vast majority of people assessed as eligible for self directed support as part of the learning exercise were now receiving a brokerage service;
- the task group:
  - was concerned about the move towards using brokers instead of social workers because they were cheaper, as social workers were specialists in this area;
  - was more concerned with the continuation of self directed support than with what had been accomplished to date. For example, many personal assistants had not been vetted [and therefore were not on the Council's list of approved PAs] although they were undertaking intimate duties. This would need to be carefully monitored;
  - wished to keep an eye on the self directed support model as it was developed;
  - wished to have more information on the proposed efficiency savings to be obtained from self directed support, for example, what they would be, if they would be sufficient and the impact that they might have on service provision.

21/09 ANNUAL SCRUTINY WORK PROGRAMME SEPTEMBER 2009 – JULY 2010
(Agenda Item 9)

The Committee had before it a proposed scrutiny work programme for this Committee (AS9).

It was asked to consider the proposals and to decide which work it wished to undertake and with what priority.

The Committee **AGREED** to defer consideration of the proposed work programme to its October meeting on the grounds that:

- it had not arrived in sufficient time for Members to consider it prior to the meeting;
- it wished to form its view regarding the necessity of the scrutiny proposal forms and officer direction of the work programme.

Councillor Seale undertook to consider the proposed list of items at the agenda planning meeting, which would take place on the rising of this meeting.

The updated version of the work programme would omit the item 'Green Paper on Care and Support: Shaping the Future of Care Together' as this would be considered at the Committee's next meeting. The wording and timing in relation to the Dementia Select Committee would also be revised to reflect that following the Committee's question and answer session in October, the Committee would be asked to consider whether there were any issues it wished to investigate in select committee format at its February 2010 meeting.

9. FORWARD PLAN

(Agenda Item 10)

The Committee was asked to suggest items from the current Forward Plan on which it might have wished to have an opportunity to offer advice to the Cabinet before any decision was taken.

Adult Social Care Inspection: Independence, Wellbeing and Choice

The Committee was reminded that the results of the performance assessment would be given to the 20 October meeting of the Cabinet where members of this Committee would have the opportunity to ask questions as a scrutiny committee of the Care Quality Commission, adult social care officers and Councillor Couchman and to make any comments on the findings and the Council's action plan.

Any members who had not already done so were asked to let Ms Coldwell know whether or not they would be able to attend.

.....in the Chair

Date of signing.....2009

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ADULT SERVICES SCRUTINY COMMITTEE – 15 OCTOBER 2009

SOCIAL CARE GREEN PAPER

Introduction

1. This report does not attempt to summarise the contents of the Green Paper: Shaping the Future of Social Care Together. The Executive Summary of the Green Paper has been circulated to members of the Adult Services Scrutiny Committee. That provides an accurate summary of the contents of the Green Paper.

2. The purpose of this report is to identify the key issues for discussion at the Scrutiny Committee. The views of the Scrutiny Committee will be taken into account in considering what response the County Council will make to the Green Paper. Any response will be submitted in the name of the Cabinet Member for Adult Services and the Leader of the County Council (as Cabinet Member for Finance). Responses need to be submitted by 13th November.

3. I believe that the key issues in the Green Paper should be considered through the following questions:

   (a) Is there a need to change the current arrangements?
   (b) Do the proposals in the Green Paper help take forward the approach set out in Putting People First?
   (c) What is the role of the National Health Service?
   (d) What do you think of the concept of the "National Care Service"?
   (e) What do you think of the five funding options for individuals set out in the Green Paper?
   (f) What are the implications for local authorities?

Is there a need for change?

4. The Government argues that there is a clear need for change. This is echoed by organisations representing service users and carers. However, any significant changes whether based on what is in the Green Paper or any other proposals will have profound implications for everyone: individuals, families, statutory organisations, and the voluntary sector. **Assuming that you agree there is a need for change, does this justify the scale of those implications?**

Delivering Putting People First

5. The strategic direction for the future of adult social care was set out in the concordat signed by both Central Government and Local Government "Putting People First". This has been very well received by all stakeholders and has cross-party support so should continue to provide the strategic direction irrespective of the outcome of the General Election. **Do the proposals in the Green Paper help to take forward Putting People First?**

6. Some elements of the Green Paper are consistent with the agenda set out in Putting People First. The list of what "everyone in the country should be able to expect" set out on pages 10 and 11 in the Executive Summary of the Green Paper are consistent with the direction set out in Putting People First. 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.

7. 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 paragraphs 9 – 11 below).

8. 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.

Joint working between local authorities and health

9. The Green Paper places great emphasis on the principle of joint working. Our experiences in Oxfordshire endorse this. However, the excellent working arrangements in Oxfordshire are not typical of the situation in many other parts of the country. 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. Where this personal commitment is not in place elsewhere then relationships are often poor with service delivery suffering as a result.

10. 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.

11. The questions on joint working are:

- **Do you believe that improved joint working is important?**
- **Do you believe that this requires structural change?**

- **If structural change is unnecessary or unacceptable, do you think that there should be requirements placed on the NHS and local government to ensure joint working?**

A "National Care Service"

12. The Green Paper defines this as "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" (page 47). On one level, the principle of a national care service sounds right. Why should someone receive a different standard of care in one part of the country to someone living elsewhere? But does the concept stand up to testing?

13. It is clearly based on the concept of the National Health Service. However, the National Health Service does not deliver "a consistent service". If we have a stroke, our chances of survival and then recovering will depend on where we 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.

14. There is considerable scepticism amongst Directors of Adult Social Services about the phrase "National Care Service". There is a real danger that it will become an empty slogan with little or no credibility. This would be a pity because the expectations of that service are both reasonable and consistent with Putting People First (see paragraph 6 above). **Do Members agree with the concept of a "National Care Service?"**

Implications for individuals

15. The Green Paper sets out 5 possible funding options which are set out on pages 17 and 18 of the Executive Summary. Two of those options are ruled out. One of those ruled out is option 1: "Pay for Yourself". This is ruled out on the grounds that "it would leave many people without the care and support they need, and is fundamentally unfair because people cannot predict what care and support they need." Public debate appears to support this option being ruled out on these grounds. **Do members agree that Option 1 "Pay for Yourself" should be ruled out?**

16. The other option ruled out is Option 5 "Tax funded". This is ruled out on the grounds that "it places a heavy burden on people of working age". There has been some surprise that this option has been ruled out in so perfunctory a manner. Exactly the same argument could be applied to the funding of the NHS.

17. There is a major problem with Option 5 that it would involve a major increase in public spending on adult social care at a time when there are huge pressures on public finances. In other words that Option 5 may be attractive but is unaffordable compared to other public expenditure priorities. It is also important to point out that Option 5 would require constant additions to public

spending to reflect the demographic pressures that will continue for the next 40 years at least. **Do members agree that Option 5 "Tax Funded" should be ruled out?**

18. The remaining three options are linked and are not necessarily alternatives. The Green Paper assumes that it is important that people have certainty and clarity about how much they will pay. The principle of this seems reasonable. This almost certainly implies some sort of insurance model if tax funding is ruled out.

19. Option 2 – the Partnership Option - involves bringing attendance allowances and other disability benefits into the system. This then delivers the outcome that everyone will have a share of their social care costs met by the state. This appears attractive and is likely to be widely supported. It was included in the Wanless review of the funding of adult social care. However, further work is required to understand the implications for individuals who are currently receiving those benefits. Are there individuals who are receiving the benefits currently who would not meet social care eligibility criteria? Is it reasonable that they should lose this income? What work has been done on transitional arrangements (moving from the current system to any new system)? The views of recipients of these benefits will be particularly important on all these questions. **Do members agree with the principle of Option 2 – Partnership?**

20. The other 2 options both assume that Option 2 is in place. However, they are in effect alternatives. Both of them are insurance arrangements. One of them – Option 3 "Insurance" – is in fact a voluntary insurance scheme. The other – Option 4 "Comprehensive" is essentially a compulsory scheme. The risk with Option 3 is that some people will not take out any insurance and will have to meet the costs of social care assuming that they meet whatever financial assessment criteria are in place. If sufficient people do not take out insurance then this will lead to more expensive insurance schemes for those who do want to take them out. This may make them less attractive thus creating a vicious circle. Is Option 3 workable? I have my doubts. It is important to recognize that insurance schemes are available currently. However, there is very poor take up not least because they are expensive. What analysis has been done on insurance models available in other countries notably Europe?

21. Option 4 overcomes these problems. However, it gives people no choice and may well be conceived as a new tax being imposed by the Government. It does have the advantage that it will address the resourcing issue due to an ageing population because the increasing numbers of people over 65 automatically increases the pot of money available. **What do members think about the choice between Options 3 and 4?**

Implications for local authorities

22. It is extremely difficult to assess the potential financial implications for local authorities. The Green Paper contains very little information on either a national care system locally funded or a national care system nationally funded. We have attempted to try and understand some of the changes involved with the latter arrangement. (It is difficult to understand how the former arrangement could work if a comprehensive option were chosen. This might work with a tax funded option). We have assumed that universal services (information, assessment, safeguarding, and prevention) are still funded locally.

23. Oxfordshire spends £153m net of income on adult social care including overheads (all figures are based on the 2009/10 budget). Excluding fees and charges currently levied under the two different charge regimes for adult social care it spends approximately £175m gross on adult social care including overheads. We have assumed that approximately one-quarter of current spending is on the universal services described at the end of paragraph 22. Thus, around £131m of current spend might come from a nationally funded system.

24. Oxfordshire would need to receive significantly more than this because the total expenditure on adult social care ignores self-funders. More than 60% of those in residential and nursing care in Oxfordshire are self-funders. The County Council is spending £47m on residential and nursing care for older people this year. Its bed prices are generally cheaper than those paid for by self-funders – reflecting the fact that it has purchasing power which self-funders do not have and the fact that it does not use the most expensive homes. It is probably realistic to assume that the County Council contributes about one-third (may be less) of the total spending for residential and nursing care in Oxfordshire. Thus, self-funders are spending at least another £94m on top of what the County Council is spending. There will also be private spending on domiciliary care as well as a limited amount of self-funders from adults of a working age. A conservative estimate might be that the new system might need to contribute at least £250m. This figure will grow significantly over time as the demographic pressures increase. It might double over the next 20 years.

25. There is also an important aspect that the current system almost certainly depresses demand for social care. Some individuals knowing that they would have to pay for their social care may decide to do without any support (or limit what they buy). If social care is effectively free (once the insurance contribution has been paid or committed) then they may maximize their use of the services available. The other offsetting factor is that it is possible that some people paying for their own care may be buying a service that is not appropriate for their needs. If all individuals have an assessment this may lead to a better understanding of need and a more appropriate matching of that need with provision.

26. Oxfordshire is relatively low in terms of needs and relatively high in terms of resources compared with other areas of the country. As a result, of its total budget requirement of £379m, only £105m comes from total formula grant and the remaining £274m from the council taxpayer. In other words the council taxpayer is already paying over 70% of the cost of local services (other than schools which are funded entirely through the Dedicated Schools Grant).

27. Total formula grant is almost entirely funded by the business rates. For all local authorities, 81% of their total formula grant comes from business rates. In Oxfordshire's case this means that of the total formula grant of £105m, £85m comes from Business Rates and £20m from Revenue Support Grant. In other words there is almost no national funding for adult social care other than from the business ratepayer. (This is of course true for all local authority services other than for schools).

28. Within the total formula grant of £105m, it is possible to work out the Needs Equalisation grant for adult social services. This is only £20m (£13.5m for older people; £6.5m for younger adults). This amount would need to come out of the general grant system if national funding for adult social care were introduced.

29. It is obvious that a nationally funded care system would require the local government finance system to be completely overhauled. How this might work is unclear at this stage. However, there are some obvious financial issues that would need to be resolved.

30. Adult social care in Oxfordshire is primarily funded by the council taxpayer. If this is funded from insurance/disability benefits how will the resource shift work? Alternatively is the Government assuming that this level of funding from the council taxpayer will continue to be available and will be supplemented by the funding made available from insurance/disability benefits?

31. Local authorities will need to receive significant extra resources partly to compensate for the loss of charges that they receive currently but more significantly to meet the costs of adult social care paid for currently by self-funders. It is unclear what will be the basis for the distribution of this additional funding. What will be the total amount of resources available? What level of resources will the Government provide to reflect the demographic pressures of an ageing population and more people with disabilities?

32. What incentives will be in place to ensure that local authorities control the total level of spending? Currently, local authorities have a major 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. From my perspective this is the most important financial issue of all.

33. My expectation is that any response from the County Council on this particular section will not necessarily set out a position but identify a series of questions that must be addressed by the Government. **Do members want to identify any issues on the possible financial implications that should be considered for inclusion in a possible response?**

JOHN JACKSON
Director for Social & Community Services

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ADULT SERVICES SCRUTINY COMMITTEE – 15 OCTOBER 2009

BRIEFING PAPER
OXFORDSHIRE APPROACH TO THE DELIVERY OF THE NATIONAL DEMENTIA STRATEGY

1. Introduction and background

1.1 On 3 February 2009, the Government published *Living Well with Dementia*, the first ever national dementia strategy. The national strategy outlines the following impacts of dementia:

- There are currently approximately 700,000 people with dementia, which will double to 1.4 million over the next 30 years.
- The national cost is currently £17 billion which will treble to £50 billion per year.
- Dementia is predominantly a disorder of later life but there are at least 15,000 people under the age of 65 who have the illness. It affects men and women in all social groups.
- The level of diagnosis and treatment in the UK is generally low, with comparisons suggesting that the UK is in the bottom third of performance in Europe.

1.2 Recent reports and research have highlighted the shortcomings of the current provision of dementia service in the UK. For example, healthcare market analyst Laing & Buisson examined the services provided for 142,000 residents of care homes across Britain for whom dementia was a known cause of admission. It found that only 57% are receiving specialist care. One third of care homes claiming to offer dedicated dementia provision had no specific dementia training for staff.

1.3 Two thirds of people with dementia live in their homes. Apart from informal carers, home care is probably the most important service involved in supporting people with dementia in their own homes. Current practices tend to specify tasks which are carried out in 15 minute time slots. This approach is particularly problematic for people with dementia, and the strategy suggests that a less structured approach helps achieve better outcomes for these people.

2. Oxfordshire context

2.1 Outlined below, is the prevalence of dementia in Oxfordshire as well as the predicted increase (source: POPPI & PANSI).

Over 65 by 2016 (19.3%) increase from current 6829 to 8150.

Under 65 increase from current 155 to 158 in 2016.

District	**Over 65** Below current numbers and predicted % increase by 2016	**Under 65**
Oxford City	1249 to increase by 4.1%	26
Cherwell	1376 to increase by 24.1%	36
South Oxfordshire	1496 to increase by 20.8%	35
Vale of White Horse	1391 to increase by 23.1%	32
West Oxfordshire	1316 to increase by 23.0%	28

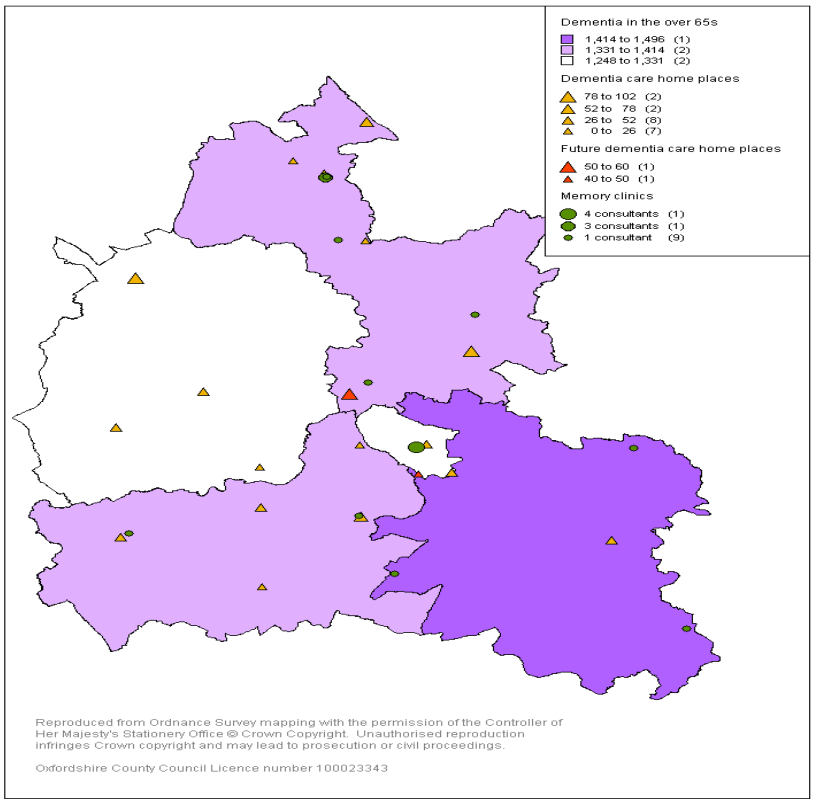
2.2 As part of the health needs assessment completed in 2007(South Central), there were a total of 2,506 people with a definitive diagnosis of dementia. This means that approximately 40% of the expected population of people with dementia has actually been diagnosed. Oxfordshire is therefore, in line with the national picture in terms of diagnosis of people with dementia (Nationally between 20 and 40% people get a diagnosis of dementia).

3. Issues and Gaps

3.1 The following service provision exists in Oxfordshire. However it is clear that there is lack of universal access across the County to these services. More detailed analysis is required to assess the quality of provision. Some gaps in services are clearly evident.

Services	**Comments**
Memory clinics	The provision of memory clinics is not evenly distributed against need.
Just Checking and Wandering technology	This is identified as an area for development.
OBMHT Specialist care	This is an area of further development.
Care Home beds	South of the County under supplied (Map attached).
Home support	No specialist dementia service. Service provision is task focused and not outcome focused.
Day services	Range of quality available. Majority is traditional in approach. Need to explore café style provision.
Alzheimer's society	Information and carers support. Area of further development.

Carers support	Range of services in place, however still an area of development.
Intermediate care	CPNs, Mental health OTs & specialist support workers are part of the service. Requires an evaluation to ensure that the provision is effective and is meeting the rehabilitation needs of people with dementia.



3.2 Areas of gaps in provision and developments needed have been identified:

- GP training to aid early diagnosis within primary care
- Specialist in reach teams from MH teams
- Local dementia advisory service with a single point of contact
- Range of housing options that support people with dementia, e.g. specialist ECH, technology to support extended assessment and support safe wandering
- Specialist care homes to support people with complex dementia. Nationally it is said that only 57% of care home placements were provided in settings dedicated to the condition. There is an assumption that Oxfordshire is no different.
- Develop skills, and awareness of dementia for staff that deliver generalist care, in hospital, care homes and in people's own homes.
- Skilled and trained staff to deliver person centered care to improve quality of life and reduce the use of dangerous antipsychotic drugs.
- Research into the provision of day time opportunities for people with dementia.
- Specialist Home Support Teams to provide care and support to people with dementia.

4. Progress to date

4.1 Existing investment: PCT £1.943 million and Social & Community Services £21.2million (Care homes, day services, telecare and carer services).

4.2 The Department of Health announced a two year investment of £150 million, to deliver the National Strategy. This allocation was not ring fenced to PCTs and although there is some increased funding (non-ring fenced to PCT), the Department of Health is supporting and sponsoring the implementation of the strategy nationally as well.

4.3 Adult Social Care has not been allocated any ring fenced funding to deliver this strategy. However an initial sum of £150,000 has been identified from the pooled budget to deliver key priorities.

4.4 Oxfordshire is one of the 22 demonstrator sites for dementia advisors. A total of £207,000 has been allocated by the Department of Health to deliver this project (Pilot information prescription for people with dementia and their carers).

4.5 A specific workforce development project has been established to consider workforce competencies.

4.6 Care home work – we have had initial discussions to implement improved standards of care for people with dementia in care homes by reducing the use of anti psychotic medication.

4.7 Projects are being scoped to provide intensive support to carers, to enable them to continue caring.

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October 2009

Glossary

- CPN = Community Psychiatric Nurse
- ECH = Extra Care Housing
- MH = Mental Health
- OBMHT = Oxfordshire and Buckinghamshire Mental Health Partnership Trust
- OT = Occupational Therapist
- PCT = Primary Care Trust

ADULT SERVICES SCRUTINY COMMITTEE – 15 OCTOBER 2009

ANNUAL SCRUTINY WORK PROGRAMME OCTOBER 2009 – JULY 2010

1. This document consists of a matrix that briefly analyses suggested items for the Adult Services Scrutiny Committee's Work Programme. Items have arisen from suggestions by, and conversations with, Committee members and responsible officers.

2. Although the matrix leads to a recommendation in each case, it should be stressed that these remain recommendations only: all decisions on what items are to be pursued, and in what form they are to be pursued, are entirely the responsibility of the members of the Adult Services Scrutiny Committee.

3. **The Committee is asked to consider the proposals, and to identify its priorities for its work programme.**

Adult Services Scrutiny Committee
Matrix of proposed scrutiny items, with recommendations

Item	Who? (identified the item)	Why?	No. OCC objectives addressed[1] *	No. LAA NIs addressed[2] **	Notes	Resource Required (1-3)[3]	Recommended Approach
Autism Spectrum	John Jackson (JJ)	Issues to do with service provision for adults on the autism spectrum.	2	2	Joint needs assessment commissioned, but not yet conducted.	2	Not prioritised this session.
Carers' Strategy	JJ	National strategy introduced new responsibilities.	2	3	Delivery of the strategy is underway.	2	Not prioritised this session.
Dementia[4]	JJ	Major new national strategy.	2	4	A directorate priority.	2	Q&A/Select Committee.
Demographic Change	JJ	An ongoing issue.	2	3	Review completed last year.	2	Not prioritised this session.

* OCC = Oxfordshire County Council

** LAA NIs = Local Area Agreement National Indicators

[1] Objectives identified from the Corporate plan and Sustainable Community Strategy.
[2] National Indicators that are part of the current Local Area Agreement.
[3] Estimated amount of officer- and member-time required, on a scale from one to three.
[4] Items highlighted in grey are already being considered by the committee; they are included here for the sake of maintaining a single record.

Domiciliary Care	Cllr Don Seale (DS)	Issues identified (elsewhere) by BBC *Panorama.*	2	3	HSE inspections about to begin.	1	Q&A (in 2010, post inspection).
Duty to Involve	JJ	Major new statutory commitment.	2	2	A directorate priority.	2	Select Committee.
Green Paper on Care & Support	JJ	Major Central Govt. initiative.	2	0	A directorate priority.	2	Q&A.
Partnership-working	JJ	Partnership board implementing joint commissioning team.	2	1	Corporate Assessment described partnership-working as 'good and effective'.	2	Not prioritised this session.
Telecare	DS	New developments underway.	3	4	New 'telehealth' pilot about to begin.	1	Q&A.

ADULT SERVICES SCRUTINY COMMITTEE - 15 OCTOBER 2009

SOCIAL & COMMUNITY SERVICES RESPONSE TO QUESTIONS RAISED AT 9 SEPTEMBER 2009 ADULT SERVICES SCRUTINY COMMITTEE ON TRANSFORMING ADULT SOCIAL CARE AGENDA ITEM 6

Question from Councillor Hallchurch MBE

1. What is a User Led Organisation (ULO)?

ULO's are organisations led and controlled by the people they help. This includes disabled people, carers and other people who use services. They provide a range of services including information and advice, advocacy and peer support, support in using Direct Payments and individual budgets, and disability equality training. ULOs are organisations that bring together people with a common purpose, and can include any people with impairments, such as people with learning disabilities, mental health survivors, people from black and minority ethnic backgrounds and older people.

Our intention in Oxfordshire is to let contracts with brokerage providers in 2010 who are prepared to work towards ULO status. We also wish to promote the development of a 'Centre for Independent Living' (by 2011), which will have full ULO status. This Centre will provide an administrative hub for managing and developing brokerage, and will become constituted as an organisation in its own right. When it is fully established, it will then be able to bid for future OCC contracts, including for example advice and information and Direct Payment support.

We have bid for a £40k grant from the Department of Health to help the development of ULOs. This will enable voluntary organisations to release staff to work on the Centre for Independent Living project, and to support disabled people to train for future employment in ULOs.

Question from Councillor Wilmshurst

1. Some Examples of Self Directed Support in practice from the North Learning Exercise?

Example 1: Mini brokerage for Mr and Mrs A-P

In Oxfordshire, the County Council works closely with a number of organisations to provide support brokerage to people requiring support and care. Age Concern kindly provided the following personal case study about how mini brokerage can make a significant difference to people's circumstances.

Mrs A-P had been referred to social services by her husband, as he wanted someone to stay with his wife at home so he could have a bit of a break. Both Mr and Mrs A-P are in their late eighties. The support broker found that Mrs A-P was suffering from the later stages of Alzheimer's; she was incontinent, she could not be left alone, and had become completely reliant on the support of her husband. Night times had become increasingly difficult as Mrs A-P got up quite a bit in the night. Mr A-P was very concerned about what the future might hold if he was no longer able to cope with his caring role, but keen to avoid his wife having to move into a care home.

The support broker gave assurances to Mr A-P that social services would not be rushing round to put his wife into a home and that there were lots of different options to help him with continuing to care for his wife at home.

At the start of the visit Mr A-P expressed to the support broker that he felt he did not need any urgent assessment but after discussing the different options for respite including carer's breaks he felt more confident in accepting support. The support broker arranged for Mrs A-P to have an urgent assessment of her needs so that any support services including respite could be arranged. The broker arranged for Respite for Carers Service to visit Mr A-P with a view to offering some respite in the home.

The broker agreed to continue working with Mr & Mrs A-P whilst the assessment was completed and helped Mr A-P visit some residential homes. The broker also helped with the co-ordination of the different people and services involved with Mr & Mrs A-P.

Mrs A-P received her assessment and now benefits from regular respite both in the home and in a residential setting. Whilst awaiting the assessment to take place Mr A-P told the support broker that he felt so relieved that someone was helping to get things moving for him and his wife. He knew that things were getting difficult for him and was not sure how long he would have been able to go on caring for his wife.

The total amount of work for the mini brokerage took 4 ½ hours and the information and signposting given by the support broker contributed in reducing the risk of Mr & Mrs A-P entering a crisis situation. The broker managed to build a good relationship with Mr and Mrs A-P which in turn helped them to feel in control of their situation and more comfortable with accepting the help and support that they both needed.

The contact assessment was quite brief in its information and the visit from the mini brokerage service was able to establish the reality of the situation and help stabilise it.

Examples 2 and 3: Snapshots

Mr A

Mr A is in his early seventies and has had an eventful life. Having lost his wife many years ago, Mr A's life spiralled out of control and he found himself living in his car for almost two decades. His poor health landed Mr A in hospital recently. Upon discharge, he was offered temporary emergency housing in a bedsit, and his social worker called in a support broker to help Mr A get his life back on track. He now lives independently in his own flat in North Oxfordshire, supported by carers he has appointed himself. He wrote his support plan with the help of his friend Kate and his support broker. His personal budget is £260 a week.

Mr M

Mr M. is in his seventies. Due to restricted mobility he requires some practical help in the mornings and evenings so he can get on with his day. Having a personal budget allocated meant that Mr M was able to appoint carers himself to help him stay in his own home and continue to enjoy his social life by helping him with the things that have become difficult: getting dressed, loading the dishwasher, changing the bed. His personal budget is £100 per week.

For more examples and information on self directed support in Oxfordshire, please visit the website at www.takingcontroloxon.org.uk

Questions from Councillor Sanders

1. How is brokerage being provided and being developed in Oxfordshire?

In the Learning Exercise, brokerage is provided under spot contract arrangements with 8 external voluntary organisations and a team of internal OCC Brokers. These contracts will be extended until December 2010. A major tender exercise will be undertaken from November 2009 to April 2010. This will result in block and spot contracts for Brokerage which will operate from July 2010 for about five years. In addition to this guaranteed supply of Brokers, we will encourage the growth of independent Brokers, who will be invited to register with the 'Support with Confidence' scheme. This will give Customers assurance that independent brokers will be of reasonable quality.

2. How will savings be achieved by providing/investing in brokerage?

Savings will be achieved by three main elements of Brokerage:

(a) Brokers will conduct 'Life Checks' soon after referral. This will significantly reduce waiting lists, and stop unnecessary assessments by Care Managers where Customers do not require a full assessment. Customers will get an improved service, and will benefit from face-to-face contact rather than lengthy telephone interviews as at present.

(b) The introduction of Brokerage involves externalising the Support Planning function for most Customers. This work is currently undertaken by Care Managers. Most Brokers will not be qualified Social Workers. It is expected that the base cost of this function will be around 5-10% below current costs when provided externally. There will be also significant infrastructure savings to the Council due to reductions in directly employed staff.

(c) The amount of time per case allocated to external Brokerage will be controlled through the contract. We will only pay for time directly required in the delivery of Brokerage. This will result in a higher efficiency than is currently achieved through in-house staff.

3. How will Transforming Adult Social Care deliver across the large scale of efficiency savings that need to be made?

Currently the options being considered under Transforming Adult Social Care to support the efficiency savings are:

- Reduction in the number of qualified and non qualified social workers/care managers and investment in brokers
- Reduction in number of back office staff – as there will be less social care staff to support and a reduced number of contracted services.
- Setting the Resource Allocation System at a level that allows people to purchase support to meet their needs but will also deliver reduced expenditure

- Investment in promoting independence and prevention services (including re-ablement services) to reduce the number of people requiring longer term support and to also reduce the level of support that people will require. So supporting people to recover quickly from illness, supporting people to be as independent as they can be and for people to live at home rather than going into residential care and substantially reduce the number of people entering residential care.

We are currently working out what the scale and level of savings are for each of these options and should be clearer by early next year as clarifying these issues is not straightforward nor is the timescales for achieving them.

4. As we move to the new Self Directed Support model what is the impact of the security and cost efficiency we get from the contracts we currently have?

We intend to maintain the majority of current contract arrangements in the short to medium term, until the pattern of demand from large scale personalisation becomes clear. In the learning exercise, most Customers chose traditional contracted or OCC provided services, although there is an encouraging trend towards the use of Personal Assistants. If demand for block contracted or OCC services reduces significantly, those arrangements will be reviewed. It is likely that there will be a core provision of contracted day and domiciliary provision for some years. While Brokers may identify significant new sources of support, it is unlikely that they will be able to match the cost efficiency of large block contracts for all cases. This applies particularly for high-dependency Customers in isolated areas who are very expensive to support on a spot basis.

Some individual elements of support packages may cost more due to a personal rather than 'block' service delivery, but the overall cost of packages is expected to be lower on average.

5. What do you think the impact of the recession will be for self directed support, especially in areas where specialist support is needed?

The recession will increase the available pool of potential employees, both for traditional services and more personalised provision such as Personal Assistants. Family members of Customers who have not previously contemplated a paid caring role will come forward for paid work, because they have become unemployed. In the short-term, this trend will improve the availability of domiciliary care, which has been in short supply for many years in Oxfordshire. If NHS staffing reductions are severe due to the downturn, this will release trained staff who will then become available for specialist double-handed provision purchased directly by the Customer or Broker. Prices for both contracted and directly purchased care are likely to remain static or fall due to increased supply.

If efficiency savings driven by OCC budget reductions are applied directly to the Resource Allocation System (RAS), individual Customers will have less budget to spend on their support.

6. Why is the cost per broker cheaper nationally than paying a social worker?

Most Brokers will be employed by 3rd sector organisations. Pay rates and on-costs in the independent sector are significantly lower than OCC. External Brokers will not usually have social work qualifications, and will therefore be paid on lower grades. See answer to Cllr. Sanders Question 2 above.

7. Why is it cheaper for a broker to do the talking and the listening than it is for a Care Manager to do so?

See Question 2. Brokers will be less expensive per hour, and will have limits on the amount of time per case that does not currently apply directly to OCC staff.

Questions from Councillor Jenny Hannaby

1. How will we guarantee the safety of our clients when a broker is involved?

All cases which have an allocated Personal Budget will have had an assessment by a Care Manager. The support plan completed by a Broker will have to be signed off by a Care Manager or Unit Manager, to ensure that the support package meets assessed need. In situations where the Customer is deemed to be extremely vulnerable, a Care Manager will undertake the brokerage function and hold the case themselves.

Most Brokers will be either directly contracted to the Council from reputable voluntary organisations, or approved by OCC through the 'Support with Confidence' scheme. Both these mechanisms allow the Council to maintain significant control over quality of brokerage. Approved Brokers will be trained in safeguarding alert procedures, and will work closely with Care Managers to ensure the safety of Customers.

Where family members or non-Approved Brokers undertake brokerage functions, there will be an increased frequency and depth of Review, to check that support plans are appropriate and meeting needs.

In the mid-term, all employed Brokers will have to be registered under the new Vetting and Barring scheme, which gives additional protection for vulnerable adults. It is also probable that formal regulation of Brokerage will be extended in future, by the Care Quality Commission and/or the General Social Care Council.

2. What is/will the criteria be for selection of brokers?

Individual Customers should be free to select their own Broker, subject to their capacity to make such a choice. However, for the majority of Customers it is likely that a Broker will be allocated to them as a 'default' position. This process has worked well in the learning exercise. Customers will be encouraged to use a contracted or 'Support with Confidence' approved Broker, but they may use a family member or friend. We wish to encourage a diverse range of brokerage options, to maximise the potential for innovative and cost-effective support.

3. How will brokers and services be monitored in the future?

Brokers will primarily be monitored by the quality of the support plans and outcomes they produce. Contracted and 'Support with Confidence' approved Brokers will be subject to usual monitoring procedures in terms of regular and spot checks on training, competence and Customer satisfaction. They will be subject to CRB and Vetting and Barring checks.

Contracted and in-house services will be subject to standard contract monitoring and internal systems, which check the quality of delivered support. Services (e.g. domiciliary care) which are regulated by the Care Quality Commission (CQC) will continue to be subject to national quality standards and to inspection. Some Personal Assistants will be monitored through the Support with Confidence scheme, and may also be registered by the General Social Care Council in future.

Where Customers choose to use informal services where the Council has no direct involvement (e.g. family carers or neighbours and friends), the primary monitoring will be through the Review process, to check that assessed needs are being met. It is accepted that there is some increased risk in the use on informal care provision, but this is balanced by the improvement in quality and flexibility of informal support. When 'Care Cards' are introduced, the Council will be able to monitor expenditure directly and check for financial abuse.

4. Will people be able to purchase services with their personal budget from Council run services?

Yes, Customers will have access to the full range of Council-run and contracted services using Personal Budgets. If requested as part of a support plan, the cost of these services will effectively be deducted from the Personal Budget. The Customer will then be able to take the remainder of the budget as a Direct Payment.

At present, Council-run services cannot be purchased with Direct Payments, but they can be provided via a Personal Budget. Some Councils are considering the conversion of in-house services into Trading Companies, and Essex launched the first of these companies in July this year. This new model of provision allows the Company to sell services directly to private payers, and also to users of Direct Payments. It increases the income potential of a Provider, and offers some security against reduction in demand due to personalisation.

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