

Notice of a Meeting

Adult Services Scrutiny Committee Wednesday, 10 February 2010 at 10.00 am County Hall

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 the Committee are asked to note that there will be a pre-meeting at 9.30 am on the day of the meeting in meeting room 2.*

Date of next meeting: 27 April 2010

What does this Committee review or scrutinise?

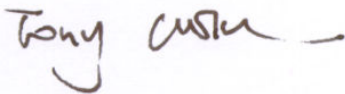
- Adult social services; health issues.

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

February 2010

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 - 22)

To approve the minutes of the meeting held on 2 December 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. **Duty to Involve - Question and Answer Session** (Pages 23 - 26)

10:15

Contact Officer: Lisa Gregory, Taking Part Team Manager, (01865) 323605

This Committee has agreed as part of its scrutiny work programme that it wishes to look at the new statutory duty to involve, which will affect all parts of local government, not just Social & Community Services.

Ms Gregory (Taking Part Team Manager), together with Ms Carole Stow (Consultation and Involvement Manager) will attend for this item in order to provide information to the Committee on what this new duty involves and what the Directorate will be doing in response to this, and to answer the Committee's questions.

A report is attached at **AS5**.

The Committee is invited to conduct a question and answer session.

6. **Annual Report by the Care Quality Commission on Adult Social Services** (Pages 27 - 42)

11:00

Contact Officer: Steve Thomas, Performance Information Manager, (01865) 323609

The 2008/09 report for Oxfordshire is attached at Annex 1 to report **AS6**.

The Cabinet considered this report on 19 January where it agreed to:

- a) Receive the report;
- b) Review progress on the areas for development through the quarterly monitoring of the directorate balanced scorecard.

The Committee will have the opportunity to question the Cabinet Member for Adult Services, together with the Director for Social & Community Services and Mr Thomas (Performance Information Manager - Social & Community Services).

The Committee is invited to conduct a question and answer session.

7. Integrated Working between Oxfordshire PCT and Adult Social Care (Pages 43 - 56)

11:30

Contact Officer: John Jackson, Director for Social & Community Services, (01865) 323574

The Director for Social & Community Services, together with Mr Alan Webb (Director of Commissioning – Oxfordshire PCT) will attend for this item.

Two papers are attached for the Committee's consideration:

- The Development and Implementation of the Ageing Successfully Strategy (**AS7(a)**).
- Partnership working with the NHS – Creating a Healthy Oxfordshire Programme (**AS7(b)**).

The Committee is invited to conduct a question and answer session.

8. Transforming Adult Social Care: Progress Update and Q&A (Pages 57 - 98)

12:30

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 every meeting of this Committee (**AS8**) and will include detail on self directed support.

The Cabinet Member for Adult Services and Mr Sinclair will attend to answer any questions the Committee may wish to ask.

The Committee is invited to track progress and conduct a question and answer session.

9. Self Directed Support Task Group - Progress Update

12:50

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

[Task Group comprises Councillors J. Hannaby, S. Hutchinson & L. Sanders]

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

INFORMATION SHARE

13:00

To receive a progress report from the Oxfordshire LINK.

The December newsletter is attached at **AS10**.

The Committee will have the opportunity to question Mrs Anita Higham (LINKs Stewardship Group Member) accompanied by Mr Adrian Chant (Locality Manager - Oxfordshire LINK).

BUSINESS PLANNING

To consider future work items for the Committee

10. Forward Plan

13:20

The Committee is asked to note any items for possible consideration.

The current version of the Forward Plan covers February to May 2010.

11. Close of Meeting

13:25 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.

Agenda Item 3

ADULT SERVICES SCRUTINY COMMITTEE

MINUTES of the meeting held on Wednesday, 2 December 2009 commencing at 10.00 am and finishing at 2.50 pm

Present:

Voting Members: Councillor Don Seale – in the Chair

Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman)

Councillor Arash Fatemian

Councillor Jenny Hannaby

Councillor Dr Peter Skolar

Councillor Anthony Gearing

Councillor Sarah Hutchinson

Councillor Alan Thompson

Councillor Tim Hallchurch MBE

Councillor Larry Sanders

Other Members in Attendance: Cabinet Member for Adult Services: Councillor Jim Couchman

Leader of the Council: Councillor Keith R. Mitchell CBE

By Invitation:

Officers:

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

Part of meeting

Agenda Item Officer Attending

5. L. Baxter (Corporate Core); J. Jackson, S. Kearey, A. Nursey, P. Purnell & S. Stapley (Social & Community Services); M. Elliott (Shared Services)

6. S. Collins (Shared Services)

7. M. Bradshaw, N. Horn, J. Ray & A. Sinclair (Social & Community Services)

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.

34/09 MINUTES
(Agenda No. 3)

The Minutes of the meeting held on 15 October 2009 were approved and signed.

35/09 SERVICE AND RESOURCE PLANNING 2010/11 - 2014/15
(Agenda No. 5)

The report before the Committee (AS5) set out the Business Improvement & Efficiency Strategy for Social & Community Services. The strategy contained the identified pressures and proposed savings over the medium term from 2010/11 to 2014/15. The Committee was invited to consider and comment on the strategy and the pressures and savings contained therein.

The Cabinet Member for Adult Services, together with Mr John Jackson (Director for Social & Community Services), Mr Paul Purnell (Head of Social Care for Adults), Mr Simon Kearey (Head of Strategy and Transformation) and Ms Maureen Elliott (Finance Business Partner – Social & Community Services) attended for this item, together with other Heads of Service, in order to answer the Committee's questions in relation to the identified pressures and proposed savings.

The Assistant Head of Finance (Corporate Finance) also attended to answer any questions which the Committee may have wished to ask.

The Director for Social & Community Services gave an overview of the budget for Adult Services (Refer Annex 1) which covered the Directorate's vision, how this relates to the Corporate Plan, some key figures, an overview of the Service and Resource Plan, demographic change, the Directorate's Business Improvement and Efficiency Strategy, delivering the unidentified savings, working with the NHS, potential risks 2010/11 and potential risks in the medium term.

The Committee then asked a number of questions. A selection of the Committee's questions, together with the officers' responses, is listed below:

- **If extra savings were required corporately would the Directorate be able to make further savings? ie had the Directorate left some money in reserve should this be needed?**

It would probably be possible to make additional savings in the next financial year but the contingency was needed to cover the potential risks. These were the major overspend on the older persons pooled budget and the potential cost of free personal domiciliary care, should primary legislation be passed before the next General Election. Considerable savings were expected from Transforming Adult Social Care including Self Directed Support, but the potential risks in the medium term also had to be taken into account.

- **Why had there been an overspend on the older persons pooled budget?**

This was a budget of two halves rather than a 'pool'. The Primary Care Trust's (PCT's) half of the budget had been overspending for some time and related to Continuing Health Care. The Council's half had been generally close to the budget but this year there had been an overspend. A major factor in the

overspend was that Delayed Transfers of Care (DTC) had been reduced, in terms of speeding up hospital discharges. Therefore, most of the forecast overspend had come from the increased demand for community care, especially domiciliary care (home support). Officers were reasonably optimistic that this could be reduced to a £1.5m overspend by the year end.

- **If the overspend on the older persons pooled budget was to be reduced would this result in more DTC?**

It would be necessary to try to reduce weekly new commitments and to review more robustly some of the larger home based packages. This week a team would be reviewing and reassessing people and it was hoped that about 500 less people would be receiving domiciliary care by the end of this financial year. Some service users were receiving such large packages of care to enable them to remain at home that it would be reasonable for the Directorate to now enforce a ceiling policy. A home based package of care should not cost more than it would cost to meet a person's needs in a care home. Some home based packages were costing £1,500 - £2,000 per week due to the number of carers that were required, whereas it was possible to purchase a bed in a care home for £700 or £800 per week.

- **How serious was this overspend?**

Reducing the overspend to £1.5M would still mean that the Directorate's room for manoeuvre was limited, especially in light of the Prime Minister's pledge to offer free personal home care to anyone at the highest threshold of the eligibility criteria. This might be implemented from 1 October 2010 and could also generate claims from people who were self funding their care. Costs from the NHS might also come to Adult Social Care as some health needs might be redefined as social care. The costs of the proposal - should it be introduced - were unknown, as the government's estimation of cost was based only on academic research. Work needed to be undertaken locally to gauge this. The government had said that it would make available £420M out of an estimated £670M and it was assuming that the shortfall could be met by local government efficiency savings. This would be extremely difficult. If introduced, free personal home care would be at the expense of other services or by increasing Council Tax. The Directorate had not included any funds in the Strategy for this potential change, as it was not known whether it would be introduced, or what the costs would be. The consultation would not officially end until 26 February, which would be after the Council had set its budget.

- **Would the Council's ICT systems be sufficiently robust to deal with the transformation of Adult Social Care?**

A review was currently underway. Sufficient capital funding was available. The results of the review should be available by the Summer.

- **Might the introduction of Self Directed Support result in a casual labour force for Adult Social Care? How could this be avoided?**

Considerable work had been undertaken nationally in this area. A National Workforce Strategy had been launched in April and work was ongoing. There

would need to be more registration and training of social care staff, not just social workers.

- **How would the take-up of community based services be encouraged?**

This was the role of the Community Development Team, especially in relation to hard to reach communities. Current examples of community based services included the Oxfordshire Chinese Community & Advice Centre, the Good Neighbour Scheme and Volunteer Linkup in Witney (transport and befriending services). There was still more work to be done in this area.

- **What about transport planning and subsidy to get people from their homes to these services?**

Officers were working on the Local Transport Plan and were encouraging members of the Health and Wellbeing Partnership Board to input into the next Plan.

- **What was the detail behind SC27 - pooled budget contributions from Oxfordshire Primary Care Trust (PCT) to meet increased health activity?**

The PCT should be contributing more funding to the community equipment budget. A great deal of provision classified as home support was actually health care. The PCT would not be formally setting its budget until the end of January. Their financial situation was very tight and they were looking into it. Negotiations were underway.

- **SC40 [Home Support] Renegotiate all block contracts down to the average for the area. This was listed as a high financial risk. Was it likely that the providers would go out of a business as a result, which could end up costing the Directorate more if it had to go to other providers?**

Contract staff were highly skilled in this area and made sensible decisions. Officers would also be looking into why some providers were charging above average for the area.

- **Fuel poverty was an issue for many people. What could be done?**

Addressing fuel poverty was not one of the Council's key functions and the Directorate did not have the resources to undertake significant activity in this area. It was to be assumed that the District Councils were more involved. However, Mr Kearey undertook to look into whether information on fuel poverty could be provided as part of the Directorate's provision of information to the public (eg. in libraries).

- **The way in which the financial information had been presented to Scrutiny via the Directorate Business Improvement and Efficiency Strategies may cause the Media to gain an inaccurate overall impression of the budget proposals (as they contained insufficient emphasis on the amount of identified pressures that would actually be reinvested in services). Could the information please be made clearer to the Media?**

Mrs Baxter undertook to make reference in the Service and Resource Planning Reports to Cabinet that £75m of the £106m of pressures (as quoted in the Media), would be reinvested in services.

Following debate, the Committee **AGREED** to forward the following advice to the Cabinet via the Strategy and Partnerships Scrutiny Committee:

This Committee:

- a) wishes to express its concern regarding the capability of the Council's ICT facilities to support the transformation of Adult Social Care, with particular regard to the roll out of Self Directed Support;
- b) wishes the Directorate to continue its close liaison with NHS Oxfordshire (formerly Oxfordshire PCT), with particular attention to the grave financial situation facing NHS Oxfordshire, which will have ramifications for Adult Social Care given the amount of services that are delivered in partnership;
- c) notes the importance of community development initiatives which aim to increase social capital, wellbeing and independence thus aiming to reduce demand for residential care and acute services; and that whilst there are already some good examples of this, there is still more to be done, including work to ensure that there is a cohesive system of integrated local community services in place;
- d) notes that the Adult Social Care budget for 2010/11 is balanced, whilst noting the two risks to the service identified by the Director, which are:
 - the major overspend on the older person's pooled budget (which the Directorate plans to reduce); and
 - the financial implications for local authorities of the potential introduction of free personal domiciliary care for people with the highest levels of need, as outlined by government sources.

The Committee also **AGREED** to express its thanks to Directorate and financial officers for the Directorate specific and generic budget briefing sessions, which in its view had been very useful.

36/09 UPDATE REPORT ON THE MONEY MANAGEMENT SERVICE (Agenda No. 6)

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.

An update report was before the Committee (AS6(a)), together with the Minute of the Committee's discussion at its July meeting (AS6(b)).

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

Mr Sean Collins (Assistant Head of Shared Services – Financial Services) attended before the Committee in order to provide an update and to answer the Committee's questions.

Following a brief discussion, the Committee **AGREED** that in light of the current position as set out in the report and the financial circumstances facing the Council, it did not wish to suggest to the Strategy & Partnerships Scrutiny Committee that additional resource should be put into the Service.

37/09 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)

(Agenda No. 8)

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

This Review had explored the effectiveness of efforts to achieve a single point of access for people in need of care, for instance upon leaving hospital. It had 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.

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

A tracking template was before the Committee (AS8), which included progress to date on the agreed review recommendations, together with the Cabinet's original response.

Following a brief update from the Lead Member Review Group, the Committee **AGREED** to sign off the Review on the grounds that it was satisfied with progress to date.

38/09 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

(Agenda No. 7)

The Committee had before it:

- a progress report on Transforming Adult Social Care (TASC) (AS7(a));
- the new National Progress Measures and Draft Terms of Reference for the Programme Assurance Group (Annexes 1 and 2 to AS7(a));
- the Self Directed Support Learning Exercise Evaluation Report (AS7(b)), (short summary, executive summary and full report).

Mr Alan Sinclair (Programme Director – Transforming Adult Social Care), Mr Martin Bradshaw (Assistant Head of Service – Reshaping the Supply Market), Mr Nick Horn (Assistant Project Manager – TASC Programme) and Mr Jon Ray (Senior Project Manager – Strategy and Transformation) attended before the Committee in order to answer Member’s questions on the evaluation of the Self Directed Support Learning Exercise.

Mr Sinclair summarised progress in relation to the Transformation of Adult Social Care. In response to a question from the Committee, Mr Sinclair stated that although progress was slower overall than originally intended, it was important not to rush many of the activities and it had been difficult to align numerous different tasks throughout the Council. However, as the overall budget for Adult Social Care was dependent on the successful delivery of TASC, it would be necessary to continually monitor adherence to the timescale for the delivery of the project milestones.

The Committee also noted that as part of the work on Transforming Adult Social Care, the Directorate was also looking to set up a working group to help to ensure that the programme was delivering against its expected outcomes and timescales. This function (programme assurance) would act as an insurance policy for the programme board. A wide range of stakeholders were sought to join this group, including Councillor representation.

Mr Sinclair then drew the Committee’s attention to the evaluation highlights from the Self Directed Support Learning Exercise, notable successes and areas for improvement, as detailed in the report.

Support brokerage had worked well, clients had spent 9% less of their personal allocation than anticipated (the national pilot figure was 8%) and the cost of external home support was lower than that of internal home support. Eleven out of the thirty three people who had chosen a direct payment had used it to purchase a personal assistant rather than to arrange care through an agency, which had worked out at approximately £12 - £15 per hour, as compared to £20 per hour for Council services. Although questionnaires and interviews had been based on a low number of people (those 55 people who at the end of August had support plans in place), the findings were in line with the national pilots and results from other local authorities.

Areas where improvement was needed were also detailed in the report, including an acknowledgement that the interim IT arrangements that were in place were sufficient to manage the current level of clients, but that once the project was implemented, would not be able to cope with the increased numbers and data. The emphasis in the systems review would be to ensure that IT systems and processes were fit for purpose to deliver self directed support. However, it had been necessary to specify the processes that would need to be put in place before this could be done and officers needed to see if the new SWIFT model could deliver what was needed.

Overall the areas for improvement were slower and less than expected, largely as a result of having imposed a new business model onto an existing system and it was the structure of the organisation and the systems that were now being reviewed.

The Committee then conducted a question and answer session. A selection of the Committee's questions, together with the officers' responses, is listed below:

- **Could detail please be provided in relation to the fast track assessments?**

The accelerated review programme for older people was in response to both the major overspend on the older people's pooled budget and government directive. Priority service users would be reviewed between now and the end of the financial year, with the aim of reducing the amount of support given to them based on the Fair Access criteria. A number of people were receiving more support than they needed and as they were being reviewed and re-assessed would be moved onto self directed support, at the same time offering people more choice and control on how their needs could be met. It was timely to get people onto self directed support now in light of the reviews rather than to wait another six months before this was done. This would bring forward the introduction of self directed support county wide six months earlier than originally anticipated.

- **What training would be delivered to personal assistants (PAs) and how would this be funded?**

PAs mostly work for themselves and are not subject to regulation. This was a risk.

However, the Council had introduced the 'Support with Confidence' Scheme to give service users and their families an assurance when purchasing non-regulated support services that PAs registered with the scheme had been vetted, including CRB checks, independent safeguarding processes, references and nearly all of the processes that County Council employees and contracted providers of services were subject to. Any complaints would be investigated and the PA would be removed from the scheme if necessary.

This scheme was being strongly encouraged and promoted, especially with the registered brokers.

The Council was paying for the CRB checks and the training and PAs would be hosted by local authorities and other organisations until work was available for them. It wasn't known whether there would be job transfers from existing home support workers, as although PA work was more lucrative it was less stable at the moment.

Given the cost of training a PA (£1000 for each PA to go through the system), officers were keen not to recruit them until demand for self directed support had picked up. To do so before then would run the risk of losing them to other employers. Eight PAs were currently going through the application process.

- **How could the Council ensure that PAs not on the scheme were sufficiently trained?**

It was not a mandatory scheme. Family members, friends and neighbours would not be required to undergo training. If an agency provided a PA then they would have to be registered. However, there is no current obligation for PAs to be registered. The Council is keen to ensure that the Support with Confidence PA scheme is promoted and that people use this service.

- **Would money for training be added to personal budgets?**

Over time training costs would come out of personal budgets. If a PA had not already been trained then the resource allocation would need to take this into account.

- **How could an elderly and possibly confused person be expected to employ a PA?**

Officers recognised that they were less likely to be a direct employer especially if mentally incapacitated and they would receive contracted or directly provided home support or a trusted person could employ on their behalf.

- **How could the Council avoid being “unfair” when reassessing people when it already had an outcome in mind?**

Colleagues undertaking the reviews would be targeting those people whom they believed to be in receipt of more services than necessary or who had not been identified as high risk. For example, some conditions changed over time. There was also the possibility that some people would be found in need of additional support. People had already been identified in terms of risk as a result of flu pandemic planning assessments.

Following the question and answer session the Committee **AGREED**:

- that it was generally satisfied with the findings of the Self Directed Support Learning Exercise;
- that the Self Directed Support Task Group should continue, in order to monitor the rollout and operation of Self Directed Support, including the robustness of IT systems, the internal restructure and the accelerated review programme;
- to continue to monitor the Transformation of Adult Social Care at each meeting; and
- to nominate Councillor Don Seale as the Councillor representative on the Transforming Adult Social Care Programme Assurance Working Group and Councillor Larry Sanders as his Deputy/Substitute.

39/09 FORWARD PLAN

(Agenda No. 9)

The Committee noted the items on the current version of the Forward Plan.

40/09 SCRUTINY WORK PROGRAMME

(Agenda No. 10)

The Committee noted the items listed on its work programme.

41/09 TRACKING
(Agenda No. 11)

The Committee noted the tracking information as listed on the face of the agenda.

..... in the Chair

Date of signing

Adult Services Scrutiny Committee 2nd December 2009

Director Overview
John Jackson



Our vision

“We will 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.”



How does this relate to the Corporate Plan?

- Very strong and obvious connection to Thriving Communities (and also to Healthy and Thriving Communities)
- It is clear that tackling deprivation is also crucial to this as well.
- Some services also contribute to World Class Economy: helping vulnerable adults into work
- The way we are transforming the delivery of our services clearly relates to Better Public Services



Some key figures

- Over 18,000 users of adult social care
- But others are funding their own care and not coming near us (over 60% of individuals in residential care)
- Upto 1,000 calls to our Access Team a week
- Estimated 60,000 unpaid informal carers in Oxfordshire
- 100,000 people aged over 65 in Oxfordshire



Service and Resource Plan: Overview

- We have made annual savings of £20m over the last 3 years. We are seeking to make further annual savings of £53m by 2014/15
- As before there is a significant financial pressure for the County Council due to demographic pressures (see next slide)
- Our strategy for making savings is based on the approach that we have developed over the last few years. This is delivering a further £10m savings next year – most of it from genuine efficiency savings rather than from service reductions
- Next year is balanced (although see the risks slide).
- However, there are unidentified savings for the Directorate in the later years of the plan (£5m in 2011/12 rising to £17m in 2014/15). We explain how we expect to achieve these savings.



Demographic Change

- The County Council has made a major commitment by funding the costs of demographic change within its medium term plan. This is a challenge which will affect us for decades to come.
- The number of **Adults with learning disabilities** continues to increase. In addition, the needs of existing service users are also increasing.
- The additional cost each year is an extra £2.9m.
- Our predictions of the impact of **older persons** demography has been accurate.
- The additional cost in 2014/15 is £2.3m.
- This means that the total cost of demography in the last year of the plan (2014/15) is £5.2m.



Our Business Improvement & Efficiency Strategy

- We want to reduce the demand for adult social care by ensuring that as many people as possible live independent and successful lives.
- Transforming Adult Social Care
 - Prevention including working with Districts, other partners
 - Personalisation
 - Extra Care Housing
- Reducing the cost of externally provided services through commissioning different services, new contracts and ensuring that providers achieve efficiency savings too.
- Reducing the cost of internal services through increasing productivity, improving processes, limiting bureaucracy to that which is absolutely essential and making better use of Information Technology.



Delivering the unidentified savings

- Transforming Adult Social Care – what resources will be included in the overall budget
- Implications for care management
- More savings from prevention, reablement and early intervention including extra care housing
- Working with the NHS (see next slide)
- Limiting price increases for providers after 2010/11



Working with the NHS

- NHS in Oxfordshire needs to save £240m from its £800m budget over 3 years from April 2011 (a saving of 30%)
- They want to do this and improve outcomes – “Creating a Healthy Oxfordshire”
- 6 major workstreams: Shaping Future Primary Care; **Integrated Community Services Provision**; Acute Services; **Integrated Commissioning**; Disinvestment; **Patient Responsibility and Engagement**
- No savings have been included in our strategy at the moment.



Potential Risks 2010/11

- Major overspending on the older persons pool (current forecast: £2.9m; plan to get it down to £1.5m by year end)
- No resources included for Free Personal Care. This is dependent on primary legislation before the General Election. Costs are not known but could be £1.5m next year and £3m in a full year



Potential Risks in the medium term

- In addition, to the underlying demographic pressures, there is potentially increased demand for information and support from those who pay for their own care. We also have an important safeguarding responsibility to discharge.
- Funding change once the transformation grant runs out.
- We do not know what will happen to the demand for some services in the light of self-directed support. There is a particular question about day services.
- Informal carers are crucial to the delivery of social care. If they did not provide this service then we would face massive financial pressures.
- What will happen as a result of the Green Paper on Adult Social Care?



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ADULT SERVICES SCRUTINY COMMITTEE 10 FEBRUARY 2010

DUTY TO INVOLVE

Purpose / For Action

- 1.1 This report sets out the background and key issues associated with the Duty to Involve. It also sets out the arrangements in place to support the Council to meet its statutory obligations; and in particular how Adult Services is meeting its statutory obligations.

Background

- 2.1 The Duty to Involve came into force on 1 April 2009 under section 138 of the Local Government and Public Involvement in Health (LGPIH) Act 2007. Its aim is to embed a culture of engagement across local government and it requires the Council to take steps to involve *representatives of local persons* in the exercise of our functions where we *consider it appropriate* to do so, by:
- **providing information** about the exercise of the particular function
 - **consulting** about the exercise of a particular function
 - **involving** in another way (i.e. participation)
- 2.2 The duty is scoped widely and applies to the delivery of services, policy development and decision making. In addition, it requires the Council to consider how organisations to which we contract out work adhere to the principles underpinning the duty.
- 2.3 In the context of the duty, *representatives of local persons* refers to a diverse mix of local persons, i.e. a balanced selection of the key individuals, groups, businesses or organisations the authority considers likely to be affected by, or have an interest in, the authority function. It does not refer to elected members.
- 2.4 In applying the duty, the Council is required to give due consideration to accessibility, proportionality, cost/benefit analysis, partnership working, coordination, privacy and previous engagement/involvement.

Key Issues

- 3.1 The Duty to Involve is consistent with our current approaches so it does not require significant changes to current consultation and engagement arrangements. However the following issues are worth noting:
- Involvement is a complex issue and calls for different approaches for different functions (one size does not fit all);
 - There is a clear need for an appropriate balance between service-user/public/stakeholder involvement and representative decision-making, particularly relating to financial matters and transfer of power;
 - Putting an increased emphasis on 'involvement' may present some service areas with significant difficulties with balancing the views of the 'hard to hear' and the 'hard to ignore' when engaging with stakeholders or residents on particularly contentious issues;
 - The Council does not always have a choice about the level of involvement. For example, by driving forward initiatives such as Local Involvement Networks (LINks), User Led Organisations etc., the Government is effectively dictating how the level of involvement should be applied in some areas.

Corporate Approach

- 4.1 The Council has long recognised the business benefits the Duty to Involve seeks to crystallise. The ethos of the duty already underpins our strategic frameworks and is integral to our corporate plans, strategies and processes. For example Real Choice, Involvement and Customer Focus are specifically identified as organisational values; and the new Corporate Plan emphasises locality working based on meaningful engagement with our communities and avoiding a *'one size fits all'* approach to service delivery.
- 4.2 The Duty to Involve has been discussed at CCMT and at directorate management team level to familiarise managers with the duty and to clarify how the Council can appropriately implement the new requirements.
- 4.3 The Consultation & Involvement Team in the Policy Unit of the Corporate Core lead the strategic management of consultation and involvement activities for the Council, including our corporate approach to the Duty to Involve. Members of the 'Ask Oxfordshire' Board (the group steering the Council's Consultation & Involvement Strategy Improvement Plan) have produced a step-by-step guide and are offering briefing sessions to help service managers to mainstream the *appropriate* application of the Duty to Involve into the day-to-day management of their services.

- 4.4 Our 2009 Comprehensive Area Assessment (CAA) report recognised that *'the Council effectively consults and engages on services and budget setting through opinion surveys, citizen's panel and sounding boards'*. In addition our recent level 3 validation for the Equality Standard for Local Government made specific reference to the significant progress the Council has made with Community Engagement.
- 4.5 Both CAA and the Equality Standard Validation identified areas for improvement, notably *'more needs to be done to enable older people to have a say in the services they use'* (CAA) and to communicate more effectively about the resources available to officers to support Equality Impact Assessments (Equality Standard Validation).

Directorate Approach

- 5.1 Stakeholder and service-user engagement is integral to the Social & Community Services directorate's approach to customer-focused service design and management. The directorate has a number of established communications channels and aligns with the corporate approach to information provision as set out in the Council's new Strategic Communications Strategy (December 2009).
- 5.2 For Consultation, the directorate is represented on the Ask Oxfordshire Board, responsible for steering the Corporate Consultation & Involvement Strategy's improvement plan. Individual services also carry out a wide range of consultation activities, including statutory Department of Health service-user surveys.
- 5.3 The Social & Community Services Directorate Leadership Team has discussed two papers on the Duty to Involve and has prioritised five main areas of work explicitly related to the involvement strand of the duty:
1. Local Involvement Networks (LINKs)
 2. Development of a 'User Led' Organisation/ Centre for Independent Living in support of our Transforming Adult Social Care Programme
 3. Development of 'Unlimited', a User Voice organisation of people with Physical Disabilities
 4. Working with The Office for Disability Issues and the Government Office for the South East (GOSE) on developing the user voice for older people across the country
 5. Strengthening service-user involvement in general, through the work programme of the Taking Part Team including:
 - Service-user involvement in key decision-making, initially focussed on joint management groups
 - Service-user involvement in recruitment, performance management and inspection processes
 - Development of participatory budgeting (e.g. with mental health services to allocate a small pot of funding for community-based projects).

- 5.4 To ensure the directorate's work on involvement is effectively steered and managed, an Involvement Reference Group has been set up, bringing together key stakeholders including service users, carers, representatives from DTL, elected members and council officers. This group has established its terms of reference and identified priority areas for focus.

Contact Officers Lisa Gregory, Taking Part Team Manager, Social & Community Services Tel: 01865 323606
Carole Stow, Consultation & Involvement Manager, Corporate Core Tel: 01865 323742

Division(s): All

COPY

CABINET – 19 JANUARY 2010

ANNUAL REPORT BY THE CARE QUALITY COMMISSION ON ADULT SOCIAL CARE

Report by Director for Social & Community Services

Introduction

1. The Care Quality Commission (CQC) began work on April 1 2009, bringing together independent regulation of health, mental health and adult social care. Before this date, this work was carried out by the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection. These organisations no longer exist.
2. CQC provide an annual performance assessment of all authorities in England with responsibility for adult social care. The report for Oxfordshire County Council is attached as annex 1. It provides an overall judgement on how well the authority is performing. CQC can award a rating of 'performing poorly', 'performing adequately', 'performing well' or 'performing excellently'. Oxfordshire is described as 'performing well'.
3. The report includes evidence from the June 2009 CQC Inspection, reported to Cabinet in October 2009. CQC conduct a rolling programme of inspections. Not all authorities are inspected each year, but all authorities receive an annual performance report. CQC note that inspection and assessments can provide different results. Therefore direct comparison with both other authorities, and previous years is limited.

Current Ratings

4. Oxfordshire is rated as performing well. Of the 148 authorities nationally with social care responsibility, none are described as performing poorly, 8 are performing adequately, 108 are performing well and 32 are performing excellently. In the South East, 1 authority is performing adequately and 18 are performing well. Of the 33 shire authorities, 2 are performing adequately, 28 are performing well and 3 are performing excellently (Lancashire, North Yorkshire and Nottinghamshire).
5. Oxfordshire's rating is the same overall rating awarded by the Commission for Social Care Inspection (CSCI) last year. However there were changes in the individual outcomes. These are shown in table 1 below. (Please note CQC now use different wording with 'well' replacing 'good').

Areas for judgment	Grade 07/8	Grade 08/9
Improved health and emotional well-being	Adequate	Well
Improved quality of life	Good	Well
Making a positive contribution	Good	Well
Increased choice and control	Excellent	Well
Freedom from discrimination and harassment	Good	Well
Economic well-being	Good	Well
Maintaining personal dignity and respect	Good	Adequate
Performance Rating	Good	Well

6. The three outcomes where judgements changed were the three specific areas reviewed in the recent CQC inspection. CQC have advised the council that inspections and performance assessment processes are different and 'It is therefore not unusual for a service inspection to come to a different view of council performance than the annual performance assessment'. Therefore these results do not mean that performance has dropped. Specifically CQC stated 'The report acknowledges an improving picture of performance in safeguarding adults in Oxfordshire, with some areas of positive performance and a clear commitment to further raising of standards.'
7. With reference to choice and control, in 2007/8 CSCI highlighted the need to improve the time it took to complete assessments for older people. This was the only area for improvement. The letter highlighted two specific issues where they wished to see improvement. In 2007/8 63% of assessments were completed within two weeks and 73% of assessments completed within 4 weeks. These figures increased to 82% and 89% respectively for 2008/9. This year's report notes 'There was commendable improvement in the timeliness of completing care management assessments. Oxfordshire was performing better than the average of similar councils. The council's performance indicates an effective and responsive beginning of the care management process for local people. In turn, that also increases the chances that people will be satisfied with what the outcomes are for them'.
8. Improved health and emotional well-being improved from adequate to well. Last years report identified three areas for improvement for the council. These were to
- Increase the proportion of clients reviewed
 - reduce delayed transfers of care
 - Improve performance related to drug misusers sustained in treatment drug programmes (though this was challenged by the council last year).

9. This year's report notes:
- 'The percentage of service users who received a care management review had increased markedly and the council's performance was now above the average of similar councils.'
 - 'The council had made some important improvements to address problems with people having delays in their discharge from hospital'
 - 'More people who use drugs are benefiting from being in effective treatment programmes as a result of increased engagement.'
10. The council has drawn up an action plan to address the areas for improvement from both the June inspection and the annual performance assessment for 2008/9t. This is being monitored monthly by the directorate leadership team. It is also being monitored by CQC through their routine meetings with the council. Any outstanding issues not completed in the 2009/10 year will be added to the directorate balanced scorecard for 2010/11

RECOMMENDATION

11. **The Cabinet is RECOMMENDED to**
- (a) receive the report;**
 - (b) review progress on the areas for development through the quarterly monitoring of the directorate balanced scorecard.**

JOHN JACKSON
Director for Social & Community Services

Background papers: Nil

Contact Officer: Steve Thomas, Performance Information Manager, Social & Community Services Tel: (01865) 323609

January 2010

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Council Name: Oxfordshire

This report is a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes.

There is a brief description below – see Grading for Adult Social Care Outcomes 2008/09 in the Performance Assessment Guide web address below, for more detail.

Poorly performing – not delivering the minimum requirements for people

Performing adequately – only delivering the minimum requirements for people

Performing well – consistently delivering above the minimum requirements for people

Performing excellently- overall delivering well above the minimum requirements for people

We also make a written assessment about

Leadership and

Commissioning and use of resources

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: [Outcomes framework](#)

You will also find an explanation of terms used in the report in the glossary on the web site.

Delivering Outcomes Assessment

Overall Oxfordshire County council is performing:

WELL

Outcome 1:

[Improved health and emotional well-being](#)

The council is performing: **Well**

Outcome 2:

[Improved quality of life](#)

The council is performing: **Well**

Outcome 3:

[Making a positive contribution](#)

The council is performing: **Well**

Outcome 4:

[Increased choice and control](#)

The council is performing: **Well**

Outcome 5:

[Freedom from discrimination and harassment](#)

The council is performing: **Well**

Outcome 6:
[Economic well-being](#)

The council is performing: **Well**

Outcome 7:
[Maintaining personal dignity and respect](#)

The council is performing: **Adequately**

Click on titles above to view a text summary of the outcome.

Assessment of Leadership and Commissioning and use of resources

Leadership

There has been significant investment in adult social care in Oxfordshire over the past 3 years to help address the challenges of the changing demography in the area and the need to implement the transformation agenda. The council has a clear vision for the transformation of social care and has conducted a self-directed support learning exercise in two districts which has now been extended to all care groups in the north of the county. Although the number of people benefiting from personal budgets is still fairly low in Oxfordshire, compared with other parts of the country, the council has plans to progress this over the next 2 years and these plans need to be realised so that more people can exercise greater choice and control over the services they receive.

The council has considerable financial resources in four pooled budgets and contributions to three of these have been increased further in the past year, which they have been monitoring and managing with the Primary Care Trust. The council is the lead organisation for older people, people with physical disabilities, and equipment pooled budgets, and the learning disabilities pooled budget.

In terms of managing their workforce, the council has achieved lower staff turnover, less vacancies, less staff sickness and a lower proportion of staff with their ethnicity not stated than similar councils and the national average, as a result of focused activity in all of these areas.

Previously, it was identified that the provision of practice learning in Oxfordshire was below the average of similar councils. Whilst Oxfordshire County Council do supply placements to students on social work courses, they have also been developing their own apprenticeship scheme over recent years, with good rates of success, to encourage people to work in social care and this continued in 2008/09.

Commissioning and use of resources

There are a number of examples of the council working in partnership with other agencies to deliver appropriate health and social care services to people. Local strategic partnerships operate in each district council area to ensure local targets are met. There are substantial pooled budgets for many of the care groups, which are being well-managed, and joint commissioning strategies are being developed across all care groups.

The Oxfordshire Joint Strategic Needs Assessment has been identified as a good example of the analysis of local needs and recent work has allowed the council to review health and social care needs against the take-up of services to understand local inequalities. They need to continue to progress this work to ensure that local service delivery is meeting the needs of people living in the county.

Whilst there is some engagement with people who use adult social care services and their carers and staff, the level of engagement is variable and more work needs to be done by the council to promote wider representation, especially of older people. The council is developing currently its new 'Taking Part' team and the impact of this team needs to be measured over the coming year.

Oxfordshire needs to act on plans underway with local providers, with whom they have block contracts, to prepare for the transition to personal budgets.

Summary of Performance

Outcome 1: Improved health and emotional well-being

The June 2009 CQC service inspection report concluded that Oxfordshire was performing well in supporting improved health and wellbeing.¹

Oxfordshire had made some important and significant improvements to address problems with people having delays in their discharge from hospital. The rate of people being delayed (where the delay was attributable to the council) had halved and was below the average of similar councils. In addition, the average number of days delayed per week (attributable to the council) had halved. However, many people in Oxfordshire still experience delays in being discharged from hospital in a timely manner where the delay is not attributable to the council. The Council needs to continue to work closely with health and strategic partners to reduce this further.

The effectiveness of Oxfordshire and its NHS partners' combined performance in achieving independence for older people through rehabilitation and intermediate care was below that of the average of similar council areas. This indicates that the council and the NHS in partnership need to be more effective in helping people achieve independence through rehabilitation and intermediate care.

The percentage of adults and older people receiving a review, under the council's care management arrangements, had improved significantly since 2007/08 and was above the average for similar councils.

People in Oxfordshire are generally healthy and life expectancy is, on average, greater than in other areas. The council's Health and Wellbeing Board is actively driving priorities across the county. The council provided a range of information to assist people in managing their health and long term conditions. The council have been working to identify people whose health is significantly poorer than others and work is underway to prevent inequalities of health and escalation of long-term conditions in the local area.

¹ A CQC inspection of Oxfordshire took place in June 2009 and is due to be published on 20 October 2009. The focus of the inspection was:

- Safeguarding adults;
- Improved health and wellbeing for older people;
- Increased choice and control for older people;

This annual performance assessment report makes some reference to the service inspection report. The judgements in the service inspection report are fully taken into account (within the wider evidence set) in the judgements made in the 2008/09 annual performance assessment. Oxfordshire County Council's leadership should read the service inspection report and the annual performance assessment report together as one integrated communication from CQC. CQC requests that the County Council develop one action plan to address the recommendations in the service inspection report and the 'What the Council needs to improve' bullet points in this annual performance assessment report.

There is some effective work with people to improve access to and take up of health and social care services including people with mental health difficulties who have benefited from services that promote health and wellbeing. People with a learning disability have benefited from increased initiatives that have promoted healthy living. The falls service in Oxfordshire is delivering good results and has notably reduced the number of people who fall and need admission to hospital.

Oxfordshire has been working to engage with people who misuse drugs through a number of approaches including people who would not normally enter treatment services. There has been a significant improvement in the uptake of treatment.

There has been joint monitoring between the council and Primary Care Trust (PCT) to ensure people receive good quality and nutritious, healthy meals in all residential services.

The joint council and PCT End of Life strategy clearly outlines the standards of person centred care required to meet individual needs and preferences. The PCT recognises the need to improve performance in this area and is working to support a higher number of older people to die at home. There are some gaps in arrangements to ensure that people who wished to die at home were effectively enabled to do so. The council needs to work with strategic partners to ensure that people at the end of their life are enabled to receive appropriate palliative care in accordance with their wishes.

Outcome 2: Improved quality of life

The rate at which the council supported people to live independently through social services had dropped since 2007/08 and was a little below the average rate for 2008/09 for similar councils, although Oxfordshire was not a significant outlier.

There is evidence to show that, generally, people in Oxfordshire are helped to enjoy a good quality of life and there are a wide variety of social, leisure and learning opportunities for people in the county.

The council's rate of expenditure on Telecare equipment and services was similar to the average of comparator councils – but the rate of expenditure on infrastructure was low compared to the average of similar councils.

Unfortunately, the council has not delivered on its plan for additional extra care housing in the last year due to delays in construction and this has impacted on the number of people helped to live independently and in a better environment. The council needs to ensure that this shortfall is addressed in 2009/10.

The average waiting time for adaptations was in line with the waiting times in the average of similar councils. The rate of people waiting for major adaptations was in line with the rate in the average of similar councils, and the rate of people waiting for minor adaptations was well below the rate in the average of similar councils.

Outcome 3: Making a positive contribution

The service inspection concluded that there was a variable level of engagement and more work to do to promote wider representation and involvement of older people in planning, commissioning, monitoring and review of health and social care services. Although, some people who use services and their carers are actively encouraged to participate in shaping services and are consulted on contract monitoring to ensure these services deliver quality and

meet the needs of people using them. There are some good examples of where the views of people have impacted directly on the contracts of some service providers.

There are a number of innovative projects in Oxfordshire that are benefiting people by enabling them to make a positive contribution in the community and, in some cases gain employment locally. Volunteering in Oxfordshire is thriving and the council recognises the significant and important role that volunteers have in creating and implementing services in the county to ensure the wellbeing of local communities. The value of volunteering is recognised in a number of strategies, contracts and funding arrangements that are in place in Oxfordshire.

The Oxfordshire Local Involvement Network (LiNK) is becoming established and is starting to reach out to local communities and harder to reach groups in order that it can represent their interests in its work with the council and health partners over the year ahead. They are developing their strategies currently and the council need to encourage the development of the LiNK over the coming year to ensure its voice is heard on key issues for people. Given the newness of the LiNK and their lack of involvement in social care previously, the council also needs to help them develop their understanding of social care so that they can contribute effectively.

Outcome 4: Increased choice and control

The service inspection concluded that Oxfordshire was performing well in supporting increased choice and control.

There was commendable improvement in the timeliness of completing care management assessments. Oxfordshire was performing better than the average of similar councils. The council's performance indicates an effective and responsive beginning of the care management process for local people. In turn, that also increases the chances that people will be satisfied with what the outcomes are for them.

The percentage of care management assessments leading to service provision for people was higher than in 2007/08 but lower than the average of similar councils. The council suggests that this is a result of their actions to provide services directly to people. However, the council needs to ensure it can evidence that this is the case, as the alternative is that it signals a decline in services to people.

The council's performance in the timely provision of service following assessment was also very good and better than the average of similar councils.

The council's performance with respect to social care service users receiving self directed support was in line with similar councils. The roll-out of personal budgets has also started in Oxfordshire. A learning exercise has begun in the north of the county and all new service users in that area are offered a personal budget. People elsewhere in the county can be considered for a personal budget on request or if it is determined as beneficial to them. The rollout of self-directed support will begin in the summer of 2010 to ensure that all eligible people have a personal budget by March 2011. The council needs to implement these plans so that people in all areas benefit from exercising better choice and control over their services.

The council's performance with respect to carers (and specifically carers receiving needs assessment or review, and a specific carer's service or advice and information) was below the average for similar councils. The council suggests that this is a result of carers wishing to access services directly. However, the council needs to ensure it can evidence that this is the case, as the alternative is that it signals a decline in services to carers.

The council's performance with respect to adults with learning disabilities in settled accommodation was commendably high compared to the average in similar councils.

The council ensures there is a range of services available to enable people to exercise choice and control over their lives and live more independently through the provision of a variety of options to meet people's needs.

There is a range of social care information available and this is being further developed. Efforts are being made by the council to tailor information to individual needs and preferences and the role of the Access Team has been strengthened.

Oxfordshire County Council has made sure that all young people moving into adult services had a plan in place before the age of 18 last year to ensure they are well supported. It also has one of the largest adult placement schemes in the country from which a number of people are benefiting.

The service inspection found that the council's arrangements for managing complaints and compliments needed to be strengthened.

Outcome 5: Freedom from discrimination and harassment

The service inspection concluded that the council should strengthen their focus on equality and diversity and ensure staff are well trained in these areas.

The Place Survey indicated that Oxfordshire's performance for fair treatment of people by services was the same as the average performance of similar councils.

The council has now significantly improved its recording of ethnicity data for people being assessed and for people receiving services. Oxfordshire is now performing better than the average of similar councils.

The council has now achieved level 3 of the Equality Standards for Local Government.

The council has improved the provision of information on mental health and wellbeing for people from black and minority ethnic communities and there are other projects in Oxfordshire that enable people in other ethnic communities to access information and advice more readily.

The local Joint Strategic Needs Assessment is used by the council to monitor fair access to services. Localities have been identified where the balance of social care and health needs appear to be high and yet service uptake is low. The council and its partners are using this information to understand and address local inequalities and the provision of services in these areas.

Outcome 6: Economic well - being

The rate at which the council supported people with learning disabilities into employment was commendably high compared to the performance of the average of similar councils. There are several schemes to help people with learning disabilities into paid employment.

There are a large number of initiatives in place in Oxfordshire to help improve the economic wellbeing of people living in the county, including carers, by helping them into employment. Also, as a result of joint working between the council and other government agencies, a large number of people have received advice on claiming benefits to which they are entitled, which has resulted in more people receiving monetary assistance to help reduce their financial worries.

There has been major investment by the council to support working carers locally to help them return to or continue to work whilst balancing their carer responsibilities and this has meant greater financial independence for them. The council have also been raising the awareness of working carers through local publicity and in conjunction with Jobcentre Plus and the carers' centres.

The council recognises the importance of supporting people in Oxfordshire through the current economic climate by providing information and practical help to people and local businesses.

The council have started to rollout personal budgets to people in the north of the county. People elsewhere in the county can be considered for a personal budget on request or if it is determined as beneficial to them. Oxfordshire plans to roll this out from summer 2010. The council needs to progress their plans to extend this to all parts of the county so that more people can benefit from the improvements to their economic wellbeing and flexibility over services they receive that this system provides.

Outcome 7: Maintaining personal dignity and respect

The June 2009 service inspection concluded that Oxfordshire was performing adequately in safeguarding adults.

The rate of safeguarding referrals about older people had increased from 2007/08 to be above the rate in the average of similar councils. This indicates the council had been effective in reducing the risk of under-reporting of safeguarding incidents about older people. It is noteworthy, however, that the number of safeguarding referrals from partner services is much lower than in comparator councils.

For people with learning disabilities, people with physical disabilities, people with mental health needs, and people who use drug services the rates of safeguarding referrals were still significantly below the rates in the average of similar councils. This indicates that there is a risk of under-reporting of incidents.

The percentage of safeguarding referrals in 2008/09 that were about people self-funding their own residential care was above the average in similar councils. This indicates that the council is being successful in ensuring self-funders are well included within the Oxfordshire safeguarding arrangements.

However, the percentage of completed safeguarding cases fell last year and the council needs to ensure that cases referred to them are resolved quickly and appropriately.

The percentage of relevant staff in the council and independent sector that had had relevant safeguarding training was above the average of that in similar council areas. This indicates a thorough approach to relevant training by the council.

In the CSCI 2007/08 performance assessment summary letter, the council was encouraged to monitor and progress key findings resulting from the then recently concluded internal reviews on safeguarding practice. As a result, two action plans have been developed, one of which has been reviewed and the second is being approved currently. The outcome of the third review has yet to be finalised. In the meantime, a number of initiatives have been introduced, including a new safeguarding team, monthly reporting, an external audit of improvements to safeguarding procedures, and improved information on safeguarding to raise awareness.

Almost all people admitted to residential or nursing care were offered a single room in Oxfordshire which means they were afforded the privacy they deserved.

In September 2008, Oxfordshire had more people placed in registered services that were rated as poor by the Care Quality Commission than the council had had in September 2007 (that is all placements within and outside the council area). The council has been working closely with those providers to help them to improve and there is a system in place to alert the council when there is a decline in the quality of registered services. However, the small number of people remaining in services that are rated as poor need to be closely monitored and efforts made to relocate them if at all possible or appropriate. The council needs to continue to ensure that people who remain in these services are protected properly

Outcome 1: Improved health and emotional well-being

The council is performing: **Well**

What the council does well.

- The council had made some important improvements to address problems with people having delays in their discharge from hospital. The rate of people being delayed (where the delay was attributable to the council) had halved and was below the average of similar councils, and the average number of days delayed per week (attributable to the Council) had halved
- The percentage of service users who received a care management review had increased markedly and the council's performance was now above the average of similar councils.
- Advice about falls prevention is routinely available and the council have managed to significantly reduce the level of reported falls.
- More people who use drugs are benefiting from being in effective treatment programmes as a result of increased engagement.

The service inspection found that the council and its partners had:

- A number of arrangements in place to help older people recover from illness and to improve their health and wellbeing.
- Worked well to identify and support individuals and groups who had the poorest health outcomes.
- Good arrangements in place to support people with long-term conditions.
- Enhanced home and community based services and reduced the numbers of people being admitted to care homes.

What the council needs to improve.

- Many people in Oxfordshire still experience delays in being discharged from hospital in a timely manner where the delay is not attributable to the council. The council needs to continue to work closely with health and strategic partners to reduce this further.
- The council and its NHS partners' combined performance in achieving independence for older people through rehabilitation and intermediate care was below the performance of the average in similar council areas and needs to be addressed.

The service inspection found that the council and its partners need to:

- Ensure older people and their carers know how they can keep themselves fit and well and that they have easy access to the help they need.
- Strengthen joint working to prevent people from having to go into hospital and to enable timely and flexible discharges from hospital.
- Address gaps in arrangements to help more people to die at home in accordance with their wishes.

Outcome 2: Improved quality of life

The council is performing: **Well**

What the council does well.

- The number of people who continue to benefit from Telecare services has increased.
- Services for people with autistic spectrum disorder are wide-ranging.
- There is considerable evidence available to show that in partnership with district councils, and voluntary organisations, there are a range of social, leisure and learning opportunities for older and vulnerable people.
- The rate of people waiting for minor adaptations was well below the rate in the average of similar councils

What the council needs to improve.

- The council needs to deliver on their plans for 140 extra care units in 2009-10.
- Oxfordshire need to reduce completion times for major adaptations and achieve timescales in West and South Oxon, and Vale of White Horse District Councils comparable to those achieved already in Oxford City and Cherwell areas.

Outcome 3: Making a positive contribution

The council is performing: **Well**

What the council does well.

- The council values and encourages volunteering within their services. There is a wide range of opportunities and good take up amongst people in Oxfordshire, resulting in high levels of volunteering.
- There are a variety of initiatives to help carers into employment in Oxfordshire.
- The MIND Café and Restore project are very beneficial for people who use services and several people have been helped into employment as a result.

What the council needs to improve.

- The council needs to have a consistently good level of engagement with, and representation and involvement from, older people in the planning, commissioning, monitoring and review of social care services.

Outcome 4: Increased choice and control

The council is performing: **Well**

What the council does well.

- There was commendable improvement in the timeliness of completing care management assessments. The council's performance indicates an effective and responsive beginning of the care management process for local people.
- The council's performance in the timely provision of service following assessment was also very good and better than the average of similar councils.
- The council's performance with respect to adults with learning disabilities in settled accommodation was commendably high compared to the average in similar councils.

The service inspection found that the council and its partners had:

- Ensured most older people were given a say in how they wanted their needs to be met.
- Improved awareness of and support to carers, with some innovative work to enable carers to have their needs met.
- Increased the range of support people could access to live safe and independent lives.
- Encouraged the use of volunteers and community groups in delivering support to older people.

What the council needs to improve.

- The council needs to progress its plans for rolling out personal budgets across the county to more closely match the national performance.

The service inspection recommended that the council and its partners should:

- Continue to improve the quality, availability and accessibility of information and advice so that people are well informed about their options.
- Ensure reviews of individual need focus on outcomes and address the management of risk.
- Strengthen arrangements for managing compliments and complaints.

Outcome 5: Freedom from discrimination and harassment

The council is performing: **Well**

What the council does well.

- There has been wide distribution of information on mental health services for people from black and minority ethnic groups.
- Information days have taken place for new migrants to the Oxfordshire area.

What the council needs to improve.

- The council should strengthen their focus on equality and diversity.

Outcome 6: Economic well - being

The council is performing: **Well**

What the council does well.

- The rate at which the council supported people with learning disabilities into employment was commendably high compared to the performance of the average of similar councils.
- A large number of carers were supported to either achieve or stay in employment and there was significant investment in the carers' employment services.
- There has been an increased uptake and additional promotion of benefits to which people are entitled through the joint work of the council and various agencies.
- A substantial number of people have been supported into employment and supported whilst in work by the Oxfordshire Employment Service.

What the council needs to improve.

- The council needs to progress their plans for rolling out personal budgets across the county so that more people are able to benefit from the personal control over their care provision that this flexible system offers.

Outcome 7: Maintaining personal dignity and respect

The council is performing: **Adequately**

What the council does well.

- The percentage of relevant staff in the council and independent sector who had had relevant safeguarding training was above the average of that in similar council areas.
- The rate of safeguarding referrals about older people had increased from 2007/08 to be above the rate in the average of similar councils. This indicates the council had been effective in reducing the risk of under-reporting of safeguarding incidents about older people.

The service inspection found that the council and its partners had:

- Put in place new arrangements to keep people safe.
- Tightened systems for checking the quality of adult safeguarding work and learning from investigations.
- Taken firm action to deal with service providers who did not provide a good service.
- Undertaken specific work with people with learning disabilities to help them to keep safe.

What the council needs to improve.

- For people with learning disabilities, people with physical disabilities, people with mental health needs, and people who use drug services the rates of safeguarding referrals were still significantly below the rates in the average of similar councils. This indicates that there is a risk of under-reporting of incidents.
- The council needs to work on improving their completion rates for safeguarding referrals.
- The council needs to seek an improvement in safeguarding referrals from partners other than health

- The small number of people remaining in services that are rated as poor need to be closely monitored and efforts made to relocate them if at all possible or appropriate. The council needs to continue to ensure that people who remain in these services are protected properly.

The service inspection found that the council and its partners should:

- Ensure that all people know how to raise concerns if they are at risk of or are being harmed in some way.
- Ensure that all staff are well trained and work together to protect people from harm.
- Ensure all key agencies are involved in preventing, investigating and monitoring the outcomes of work to keep people safe.

Division(s): All

ADULT SERVICES SCRUTINY COMMITTEE – 10 FEBRUARY 2010

THE DEVELOPMENT AND IMPLEMENTATION OF THE AGEING SUCCESSFULLY STRATEGY

Report by the Director for Social & Community Services

Introduction

1. This report sets out the overall vision, aims and objectives of the Ageing Successfully Strategy which the County Council's Social and Community Services and Oxfordshire PCT are developing together and implementing with the involvement of the District and City Councils and the voluntary and independent sectors. It is a far ranging strategy that takes a new and broader approach to the issues and challenges of old age and ageing.

Vision, Aims and Objectives

2. The Health and Well Being Partnership Board has agreed the overarching statement of intent for successful ageing in Oxfordshire. It is: 'We celebrate the fact of our ageing population. We want all people as they age to lead lives that are healthy and personally and socially fulfilling. Our mission is to achieve significant and measured improvement in how we plan and deliver services so that our community will be supported to age successfully'. The strategy is a high level strategy that will support and drive a range of service strategies and plans that will take forward the specific service developments.
3. To achieve the mission statement the following overarching aims and objectives for services across Oxfordshire were also agreed:
 - the increased years of life are quality years, with people being as independent and as healthy as possible;
 - there is a significant reduction in health inequalities;
 - there is a greater range of high quality and effective preventative approaches;
 - more people with complex needs are able to live in their communities;
 - there is an increase in the restoration of independence following illness and injury;
 - there is greater choice and control by people who use services over service provision;
 - services are effective, efficient and high quality.

Background

4. The strategy is being prepared because at present the statutory agencies in Oxfordshire do not have an agreed, robust and overarching vision of what services for older people in the County should be, nor what the priorities, objectives, the vision and the underlying principles are. This has led to a lack of clarity and focus for the provision and development of services. There has

not been a clear enough framework within which the voluntary, independent and for profit sectors can develop their own services, confident in their understanding of what service commissioners wish to see. It has also hampered the involvement of service users and carers in the development and delivery of services.

5. The implications of this are very significant. There are increasingly tight financial limits within which services have to be developed and provided, and there are a number of very significant policy changes that are being implemented across social and health care services. The demographic pressures are well understood and will give rise to major challenges in how to meet the care needs of increasing numbers of older people, particularly those with dementia. These realities will have a major impact across all aspects of the NHS and local government, and, most significantly, for older people and their families.
6. The Ageing Successfully strategy is a direct response to these challenges and it will set a clear and strong basis for the longer term development of services for people as they age.

The scope of Ageing Successfully

7. The strategy is not predicated on a single definition of what constitutes old age. Instead it covers all those conditions and factors that impact on or determine how people age and how they deal with the challenges of the later years of life.
8. Taking 65 years old as a definition of old age will ignore the reality of the aspirations and ambitions of people who anticipate many years of active and fulfilling lives after their 60th year and the wish of many to extend their useful working lives. The evidence of the benefits of a range of preventative and health promotion services to people as they age through their 50's and 60's reinforces the point that strategies for old age in fact have to cover people well before they reach 65. At present frailty in old age has much more of an impact on many people as they age beyond 75. There are also a number of benefits and provisions that come into effect at 60 and 65.
9. Moving away from a fixed, single definition of what constitutes old age to one that is based on the needs of people as they age will give a better basis for realising the interconnectedness of a very broad range of services in improving and maintaining the quality of people's lives.
10. The evidence-base for commissioning strategies and plans that this high level strategy will drive is the evidence and experience that demonstrates success in meeting the needs of people as they age. For planning purposes three different age definitions will be used:
 - the age(s) at which age related benefits apply;
 - the age ranges regarding the incidence and prevalence of conditions associated with the ageing process. At present this will mean that 75 plus will be a working definition of old age for many health and social care

services and possibly for housing authorities in considering the needs for sheltered and extra care housing.

- The 50 plus population for preventative and early intervention services.

Implementation – from strategy to service plans

11. This high level strategy will be taken forward through the preparation of commissioning strategies that set out the medium to long term objectives (15 years) and the short term action plans (3 years). This in turn will inform and drive the annual business plans of the agencies involved.
12. A commissioning strategy is seen as being a formal statement of plans for securing, specifying and monitoring services to meet people's needs at a strategic level. It applies to services provided by the local authorities, the NHS and the private and voluntary sectors. Its purpose is drive change in the overall configuration and nature of a broad range of services to meet the needs of all those who fall within its scope.
13. The Ageing Successfully commissioning strategies for people as they age will cover:
 - all service requirements for the support, care and treatment services for older people in their own homes and community settings that are commissioned by the County Council, District and City Councils and the PCT;
 - the development of a broad range of preventative services and early intervention services;
 - NHS Acute Services that interface with the services for people in their own homes and community settings, to ensure and good quality hospital discharges, and to maximise the opportunities for rehabilitation and maintaining independent living.
14. The aims and objectives will therefore drive the planning, development and delivery of services ranging from community-based preventative services to the services of the acute sector.
15. The Ageing Successfully Strategy will pull together the plans that the County Council and the PCT are already working on or are committed to. The PCT's Operational Plan outlines its 'Better Deal for Older People' which will include work on:
 - Integrated care pathway for fractured neck of femur;
 - Community equipment retail model;
 - Integrated Care pathway for stroke;
 - A service specification for foot care for older people;
 - A service specification for continence services;
 - Review of complex medication in care homes;
 - Community-based Gerontology service;
 - Continuing care.

16. The County Council's Social and Community Services have or are developing plans for:
 - Alternatives to residential care;
 - Extra Care Housing;
 - Increasing specialist Older People with Mental Health (OPMH) needs residential provision and specialist OPMH support in people's homes.
 - Developing alternatives to non-intensive home support services and increase the number of people accessing universal services.
 - Improve access to appropriate levels of assessment.
 - Developing preventative services.
 - The implementation of self directed support in social care.
17. The County Council and the PCT are both committed to increasing the support for carers and the development of a strategy for dementia services.
18. Effective strategic commissioning must also be based on achieving clearly articulated outcomes for the population and groups, and have a sound performance management framework through which progress will be driven. The strategies and development plans listed above will be reviewed and written on this basis, and this approach will underpin the development of all future strategies.

Partnerships and Joint Working

19. There is already a very strong basis for partnership and joint working between social care and the NHS in Oxfordshire. These working arrangements are what people in Oxfordshire tell us they want to see happening, and they are in line with the policies and guidance set out by the Government.
20. The planning work necessary for the development and implementation of Ageing Successfully would be significantly enhanced if there were stronger and more inclusive joint working and partnership arrangements in place with the District and City Councils. Some of the objectives can only be achieved with this significant enhancement. The voluntary sector also has a crucial role in the development of strategies and the proper involvement of the voluntary sector must be established through the development of new arrangements for partnership and joint working.
21. However, the challenge facing all agencies and organisations is how to make the step change in how we work together, to achieve the leap of imagination in how partnerships can be established so they can lead on the changes that are necessary for outcomes to be reached and services delivered. The following principles have been accepted as a guide for the development of partnerships and other joint working arrangements:
 - Commissioning is a joint priority for the PCT, County Council and the District and City Councils that is led by senior managers with the strategies endorsed at Board level.
 - All services within the scope of the strategy, purchasing and contracting activity and in-house services and plans will be based on the priorities identified in the commissioning strategy.

AS7(a)

- The arrangements to develop and implement the commissioning strategy must be as open and transparent as possible, and designed to engage with people who use services, carers, providers, clinicians and professionals as well as the wider community.
 - There will be the right level of skills, expertise and capacity in the commissioning function to support the lead commissioners.
 - Commissioning activities will be coordinated and scrutinised to ensure that policies and strategies meet the overall strategic aims and objectives, are based on evidence and implemented as planned.
22. The development of more robust joint arrangements between the PCT and Social and Community Service commissioners is therefore a priority for both organisations and there is a work stream in place that will take this forward. The joint working and partnership arrangements with the District and City Councils and the voluntary sectors will also be strengthened so that all agencies and organisations are able to contribute effectively to the strategy and the development and delivery of services.

Financial Considerations

23. Oxfordshire's pooled budget for older people is one of the largest in England and has been established for many years. At present it totals well over £100million. Between the PCT and Social and Community Services over £300million is spent on services for older people. The Ageing Successfully strategy will give the basis for a thorough review of the current pooled budget arrangements.

Next Steps

24. The Health and Well Being Partnership Board will receive the strategy at its March 2010 meeting. This will include a work plan for the development of the specific strategies and plans for service development. These will inform the budget setting process for the County Council and the PCT for 2011/12 onwards.
25. The developments in the partnership and other joint arrangements are being reviewed and it is anticipated that there will be some substantial developments in the joint working and partnership arrangements between the County Council and the PCT. The social care and PCT commissioners who cover Ageing Successfully will be pulled together into a single, joint team early in 2010/2011.

JOHN JACKSON
Director for Social & Community Services

Background papers: None

Contact Officer: Nick Welch, Head of Major Programmes (01865) 323569

January 2010

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ADULT SERVICES SCRUTINY COMMITTEE
10 FEBRUARY 2010

Partnership working with the NHS – Creating a Healthy Oxfordshire Programme

The NHS in Oxfordshire faces very significant financial pressures. Details are set out in the attached report which went to the Primary Care Trust Board in November (see Annex 6). This report describes the work programme which is proposed under the general heading “Creating a Healthy Oxfordshire”. The purpose of this work programme is to ensure services are efficient and getting best value for money whilst meeting the health and social care needs of local people. Six workstreams are proposed which are described in Annex 6. This work programme has been developed in conjunction with County Council officers. All of the workstreams will have some impact on the County Council (to a lesser or greater extent) and two of them are led jointly by County Council officers (Integrated Community Services Provision and Integrated Commissioning). It is likely that they will produce efficiency savings that will benefit the County Council (Adult Social Care in particular) as well as the NHS. This will help Social & Community Services to achieve their unidentified savings targets from 2011/12 onwards. Progress will be reported to the Cabinet at the appropriate time. Any significant changes will, of course, be subject to formal approval by either Cabinet or the Council.

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CREATING A HEALTHY OXFORDSHIRE PROGRAMME

1. Introduction

Following a successful planning event held in September the NHS in Oxfordshire have agreed to establish a joint programme of work, the Creating a Healthy Oxfordshire Programme, to enable us to continue to provide high quality sustainable service whilst responding to the current financial challenges. This paper provides an overview for all Boards of the Programme including background, agreed work streams and governance arrangements.

2. Background

The NHS in Oxfordshire has a budget this year of about £850 million for provision of services to the residents of the county; this does not include social care. Next year, 2010/11, the PCT will receive an extra £40 million but for the following three years it will not receive an increase at all. However, costs will increase as will the demand for services. To offset the lack of investment over the coming years it is currently estimated that Oxfordshire's health system needs to make savings of £80 million a year which totals £240 million over three years from April 2011. This means the NHS and social care are facing an enormous task of ensuring services are efficient and getting best value for money whilst meeting the health and social care needs of local people.

In order to deliver this scale of change the NHS in Oxfordshire with key partners has committed to work together. We started this programme of work through a facilitated "Accelerated Solutions Event" (ASE) that was attended by 80 people at the end of September. The event outlined several key areas of work to take forward to deliver the savings required. Over the last two months further work has been undertaken to define the overall scope and outputs of the work stream and these are summarised in the next section. We are still in the early planning stages and details will be clarified over the next few months.

3. Work streams

3.1 Shaping Future Primary Care

Primary care can make a substantial contribution to delivering a higher quality health system, while reducing costs. This requires a revolution in working patterns and in skill utilisation across the primary health care team as well as involving other healthcare workers who have not traditionally offered community based services.

Many elderly patients could be managed at home if acceptable risk stratification and clinical monitoring could be achieved, which is often the goal of an acute medical admission in this age group. This will make a major impact on hospital costs while achieving similar or improved outcomes (as has been proven for decompensated heart failure).

This work stream will combine research, training and education and piloting a new approach to delivery of primary care.

3.2 *Integrated Community Services Provision*

There is local and national evidence that multi-disciplinary and multi-agency working achieves better outcomes for patients and more efficient use of resources by health and social care organisations. This supports the view that the establishment of integrated locality teams in Oxfordshire involving primary care, district nurses, health visitors, (social service) care managers, therapists, case managers, domiciliary care, voluntary agencies, secondary care practitioners and family carers would create more opportunities for collaborative action to prevent or reduce admissions of patients to hospital, in particular those with long term conditions. This would also reduce overhead costs from clustering staff together in a smaller number of bases.

3.3 *Acute Services*

Senior leaders from secondary care services are working together to ensure that areas such as maximising internal efficiencies through sharing good practice, avoiding duplication within Oxfordshire, working with other acute services to drive efficiencies and shifting services out of the acute sector are taken forward. The following areas are being progressed:

- Single point of referral into secondary care
- Reviewing clinical pathways
- Maximising estate utilization
- Organisational Productivity

3.4 *Integrated Commissioning*

The high level objectives agreed at the ASE were:

- 4.1 Introduce a Single Management structure for pooled budgets
- 4.2 Have Single strategies for the two organisations
- 4.3 Involve Carers/Public in joint commissioning decisions
- 4.4 High priority services Commissioned and Risk Management Integrated.

The key word taken from this brief is 'integrated' and this is taken to be a set of arrangements beyond partnership or joint working. Partnership and joint work are necessary to achieve integration of commissioning and may be sufficient to achieve the desired objectives in some circumstances or in some service areas.

Integration is taken to mean the complete joining together of commissioning so that values and principles, objectives and priorities, resources, benefits and risks are fully shared between the partners in the integrated arrangements so that service users experience seamless services that respond to their needs and requirements in a fully seamless way and which achieves the best use of resources for the service users and the services.

3.5 *Disinvestment*

To advance the disinvestment agenda requires an explicit focus on the potential for cost-savings coupled with improved quality of care. Systematic policy approaches to disinvestment should improve equity, efficiency, quality and safety of care, as well as sustainability of resource allocation.

The intention of the work stream is to develop a systematic process for identifying opportunities for disinvestment; reviewing current practice to quantify the benefit and proposing change to the PCT and its partners. This will include developing a process for decommissioning.

It is not proposed that the work stream will actively “do” the disinvestment, this will be delivered by the most relevant leads for that service, however it will provide the catalyst for change; inform the “how” part of the disinvestment; support stakeholder communication and provide high level review of impact.

3.6 *Patient Responsibility and Engagement*

The Goal: to give a major boost to the confidence and control people take of their health and wellbeing, reaching many more, including the most disadvantaged, with a bigger impact on their lives

The Change: People will need fewer expensive interventions and services and remain independent and active for longer as they have a better quality of life, better clinical outcomes and make more appropriate use of resources

4. **Communications and Public Engagement**

All organisations know that we cannot deliver the scale of change required without the support of our patients and our public. Participants at the September event included representatives of the public and voluntary sector to ensure that the public view was fed in at an early stage. We are developing the overall communication and engagement strategy for the Creating a Healthy Oxfordshire programme and will ensure that patient/public involvement is embedded in all the work streams.

The early work has concentrated on establishing a regular newsletter “Oxfordshire News” and arranging a joint media briefing.

5. **Clinical Engagement and Leadership**

There was excellent clinical attendance and input into the ASE in September including senior clinicians from providers, GPs from the PCT and Practice based Commissioning consortia and representatives from the Local Medical, Pharmaceutical and Dental committees. This leadership has continued with the work over the last two months and will remain core to developing and delivering the programme.

6. Overall Governance

It has been agreed to establish an overall Programme Board. This has replaced the Chief Executives Board and the Change Board. The role of the Board is:

To provide a forum for collaboration on health and social care strategic planning in order to ensure the development and delivery of the strategic plan for Oxfordshire in light of financial constraints. As necessary this will pick up wider system alignment issues such as:

- a. Darzi care pathway configuration
- b. Addressing the issue of removing £240m from the health system by 2013/14 and making decisions to ensure the delivery of the strategic change programme(s) which will help do this
- c. Academic Health Sciences Centre (AHSC)/Health Innovation and Education Cluster (HIEC)

Membership

- Chief Executives from:
 - NHS Oxfordshire (Chair)
 - Oxfordshire County Council (to be represented by Director of Social and Community Services)
 - Community Health Oxfordshire
 - Nuffield Orthopaedic Centre
 - Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
 - Oxford Radcliffe Hospitals
 - Ridgeway Partnership
 - South Central Ambulance Trust
- Director of Planning and Information, ORH
- Director of Strategy and Quality, NHS Oxfordshire
- Medical Director from NHS Oxfordshire
- Non-Executive Director from NHS Oxfordshire
- Communications lead from NHS Oxfordshire

The Non-Executive and Clinical members of the Programme Board will establish reference groups to ensure that there is wider input to the work.

As the Programme Board's programme of work becomes more defined, relevant representatives from other sectors such as the Universities and Voluntary Sector may also be invited to attend the group.

Regular updates will be provided to all Boards.

7. Next Steps

The outline plans were reviewed by the Programme Board on 16th November and the continued commitment and energy demonstrated by the work to date was commended.

It was agreed that over the next month the emphasis needed to be on

- Agreeing and establishing work stream governance structures/project group
- Ensuring that input to all work streams was broad enough
- Ensuring clarity of leadership (subject matter expertise) and project management
- Further refinement of action plans, particularly ensuring some clear dated milestones
- More robust costings of project resource and identification of where it might come from (eg reallocating of work programmes for current staff)
- Clearer identification of savings opportunities (or when they will be identified) and clarity about when these may start to be realised
- Ensuring that Equality Impact Assessment would be undertaken where and when necessary

Recommendations

The Board is asked

- To note the establishment of the Creating a Healthy Oxfordshire Programme
- To confirm the Chief Executive has delegated authority to act in the best interests of the overall health economy as a member of the overall Programme Board.

Catherine Mountford
Director of Strategy and Quality
NHS Oxfordshire
10 November 2009

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Division(s): All

ADULT SERVICES SCRUTINY COMMITTEE – 10 FEBRUARY 2010

TRANSFORMING ADULT SOCIAL CARE – UPDATE ON PROGRESS

Report by Director for Social & Community Services

Headlines for this update:

- Putting People First Milestone Self Improvement Framework Completed
- 250 people now have a personal budget
- Accelerated Review Process has started for Older People
- Programme Assurance Group has started
- Organisational Review has started

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.

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.

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

3. 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. The progress against these milestones will be reported on a quarterly basis to the Department of Health for all Councils. Oxfordshire's first quarterly report to the end of December 2009 is attached at Annex 1. This report was approved by the Transforming Adult Social Care Programme Board at its meeting on the 15th January 2010.

As reported at the December 2009 Scrutiny meeting we are on target to achieve these milestones and we are working on the areas that need some support. As you will see from this report good progress is being made in all areas of the programme.

4. The main areas for development are within the underpinning requirements – especially the areas of:
- The full engagement of all parts of local councils and of other key strategic partners. Although there is good engagement from the PCT there is not always attendance at the Programme Board and there is some but limited involvement and engagement with the Districts and City Council.
 - Financial Systems which support the delivery of personal budgets. There is much work going on in this area but as yet the systems are not in place. We are developing the Resource Allocation System (RAS) and are aiming for a RAS policy to be approved by Council later this year. The budget book and financial/budget monitoring and management processes are being reviewed with the aim of changing these to support the self directed support model. The use of payment cards is also being explored so that there is a safe and simple way of people being able to use and manage their personal budgets.
5. **The Programme Definition Document** with an updated risk register has also been completed and approved by the Programme Board. This is attached at Annex 2.
6. **Communications:** Since the last meeting there have been two monthly universal updates for professionals in adult social care (this includes partner organisations such as the PCT and broker organisations) and a new issue of the shorter bi-monthly newsletter aimed at anyone who wants to keep up with the headlines. County Councillors are included in the circulation lists for these key communications. Traffic to the self directed support website for Oxfordshire, www.takingcontroloxon.org.uk doubled as a result of a recent publicity drive to promote the site. The site is continually being updated and improved to reflect the progress of the introduction of self directed support, but also as a result of feedback received from users of the site. The Intranet and internet pages for Transforming Adult Social Care have also been updated with new pages being also added to the Intranet to inform staff of

work taking place in individual projects. Materials were developed for the new Support with Confidence scheme, including training materials for Personal Assistants and leaflets for the general public explaining the scheme and its benefits. The TASC programme is also collaborating with Buckinghamshire County Council, Oxfordshire and Buckinghamshire Mental Health Trust and both the Buckinghamshire and Oxfordshire PCTs on marketing and communication around self directed support for Mental Health and with the PCT on the introduction of Personal Health Budgets. Finally, the Service User Carer Reference Group now meets once every eight weeks and discusses a wide range of topics covering the programme as a whole, not only self directed support. The group is well attended with carers and individuals representing different user groups, including older people, learning difficulties, mental health and physical disabilities.

7. **Programme Assurance:** This new function started in December with a successful launch of the new group. Councillor Larry Sanders represented Councillor Don Seale at the first meeting.
8. **Impact of Free Personal Care :** An analysis of the potential impact of free personal care on the Transforming Adult Social Care Programme will be undertaken soon and will be able to report back to the next Scrutiny meeting.

Progress on the specific project areas:

9. **Access, Information and Advice**
Information and Advice: The audit work is nearing completion and work is well underway to develop the information strategy by April 2010.

Access: A scoping meeting has been set up for early February 2010 to review the options for this project in the light of the new Corporate Contact Centre.
10. **Community Building, Promoting Independence and Prevention**
Reablement - Draft report produced on reablement analysis of Care Services Efficiency Delivery work and other authorities. We are waiting to discuss the next phase of this work and approach with the new Joint Commissioner for Ageing Successfully and key stakeholders.
Continence - Consultation workshops undertaken. The project is on course and moving into the final stage with a presentation of the paper on the redesign of the existing service to PCT's Clinical Executive in April 2010.
Turnaround – The Project Brief has been agreed and meetings with key stakeholders undertaken. The next phase will be to agree the approach for the trial.
Community Building – A revised approach is being considered and the Institute for Public Care has been commissioned to undertake a review of good practice and approaches.
Prevention Strategy – The outline brief to identify areas for investment and potential return on investment has been agreed. This work will link into the Ageing Successfully Strategy

11. **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 15th January 2010 250 people have been allocated a personal budget with 90% opting for a support broker to assist them to develop their plan. The accelerated review process that is taking place in the older person's service will lead to an increase in the coming months of existing service users being allocated a personal budget.

The organisational review has started and over the next 3 months will be redesigning services and functions to accommodate the self directed support model. Part of the organisational review will also include the development of a training programme to support the implementation of self directed support.

Reshaping the Supply Market: The Individual Service Fund Project is continuing to provide good personalised outcomes for people living in residential care. Flexible Respite service and Transport Brokerage also continues to be developed and tested.

The Support with Confidence Scheme for Personal Assistants is continuing to develop. Work on the extension of the scheme to support brokers has started.

12. **Support Brokerage Procurement:** It is expected that the Transfer of Undertakings (TUPE) issues identified in the previous progress report will have been clarified by the time that Scrutiny meets and that the Expressions of Interest will have been published externally.

13. **Sustaining the Changes**

Workforce Development: A workforce plan to implement the workforce strategy is being developed supported by a new cross-directorate workforce group.

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.

A coaching programme for managers who will be impacted by the organisational review will have started by the time the Committee meets.

Financial Sustainability: A RAS workshop took place in the December 2009 and it was agreed that a formal RAS policy will need to be approved by the Council before the full implementation of self directed support takes place. Part of this work also includes revising the S&CS budget book and financial monitoring processes.

ICT/Systems: This project is split into two areas:

- Process, System and Form Audit – meetings have been undertaken with most teams to audit the current systems and processes.
- Definition of TASC High Level Business Requirements – to determine what needs to change and how to implement TASC. A workshop with the current system provider has been organised for early February 2010 to review their updated system.

Upcoming key dates for the programme:

January 2010

- Programme Definition Document Approved
- Approval for brokerage procurement expected (Reshaping the Supply Market project)
- Organisational review work underway

February 2010

- Systems Review Workshop
- Access Project Scoping meeting
- Organisational review work continuing

April 2010

- A Public information strategy developed (Information project)
- Prevention Strategy (joint with the PCT) developed within Ageing Successfully Strategy
- Formal staff consultation on new organisational structure commenced (Self Directed Support project)
- Continence Service Redesign Proposals
- Workforce Plan Approved

July/Aug 2010

- Implementation of new Structure begins
- RAS Policy Approved by Council
- New Financial System
- New Brokerage Providers Confirmed

October 2010

- All new service users with a personal budget

April 2011

- Existing and new eligible people with a personal budget

JOHN JACKSON
Director for Social & Community Services

Background Papers: Nil

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

January 2010

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Putting People First Milestone Self-Improvement Framework

Purpose of this document

This has been co-designed by the Putting People First Social Care Consortium to accompany the milestones. It provides you with some brief descriptors for each of milestones and also with some questions to help you with your planning for each of the milestones. These are not intended to be prescriptive.

How might you use this?

We have designed this as a self assessment tool. We hope that councils will find it a useful means to:-

- Stimulate strategic discussions, internal challenge and a review of existing plans in the light of the milestones
- Map and measure your own progress in implementing the Milestones and to enable reports to key Local Programme Management and Management teams
- To identify areas where you need to do more work
- To form the basis for a discussion with regional Transformation Leads, and to identify where the assistance of regional support staff from regional JIPs and partner bodies will be helpful
- To identify opportunities for sharing learning with other local authorities
- To identify areas for regional work/projects, to assist with particular common challenges

How often will you want to use this?

We think it will be sensible to update this self assessment at least quarterly, or at a time appropriate to the Authority taking into account the timescales for the milestones. The results should feed into normal reporting processes in your council.

How will Information be used regionally?

How this information is used will be a decision for each region.

It could provide regional Putting People First/TASC steering groups/JIP boards etc with progress and planning reports to assist with the ongoing development of regional programmes of support. Transformation Leads could use this information to better focus support to their regions and to highlight areas of innovative practise.

Progress with Putting People First milestones

Council: Oxfordshire
Dec 2009 (3rd Quarter Review)

Underpinning Requirements

Are all stakeholders fully engaged and supportive of local planning for “Putting People First”	Red	Amber/Red	Amber / Green	Green
The full engagement of all service users.			X	
The full engagement of all staff working to support the delivery of care, which includes people working in the provider services and third sector organisations.			X	
The full engagement of Primary Care Trusts and the wider health community.			X	
The full engagement of local politicians			X	
The full engagement of all parts of local councils and of other key strategic partners.		X		
The support of regional and national programmes.			X	
Are the following Key Arrangements resolved and in place	Red	Amber/Red	Amber/ Green	Green
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			X	
Clarity of the business models that will need to be adapted to support the transformation			X	
Financial systems, which support the delivery of personal budgets.		X		
A local project plan for the delivery of the transformation with clear projections and targets to reach locally identified milestones			X	
Business cases, which track the new investments, and disinvestments that will be required to support the change.			X	
A workforce strategy that supports the transformation			X	

Milestone 1:	Effective partnerships with People using services, carers and other local citizens					
Description:	<p>Successful delivery of Putting People First will depend on citizens, people accessing care and support and carers working in a co-productive relationship with Local Authorities and their partners at all levels in the design, planning and delivery of new personalised systems and services.</p> <p>Formal and informal structures should be in place to allow citizens and the full spectrum of user and carer representatives to contribute to the local design and delivery of social care transformation. This should go well beyond traditional “consultation”</p> <p>User-led organisations can provide expertise (such as service user experience) that is not always available within local authorities and this expertise should be harnessed to co-produce the transformation of social</p>					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	<p>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.</p> <p>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]</p> <p>That users and carers are involved with and regularly consulted about the councils plans for transformation of adult social care.</p>		<p>That local service users understand the changes to personal budgets and that many are contributing to the development of local practice.</p>		<p>That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets. (By December 2010)</p>	
How likely are we to achieve this milestone by this date?	Very likely		Very likely		Very likely	
	Fairly likely	X	Fairly likely	X	Fairly likely	X
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	

Milestone 1:	Effective partnerships with People using services, carers and other local citizens	
Key Questions:	<ul style="list-style-type: none"> Does our Authority have plans in place to meet the DH target of a ULO in place by the end of 2010? 	<p>Yes – and we are one of the a demonstrator sites for SE region</p>
	<ul style="list-style-type: none"> Is there a programme board for the delivery of PPF that has direct representation of users/carers? 	<p>No – there is a Programme Board but no user/carer reps are on this board. The new Programme Assurance Group has user and carer reps.</p>
	<ul style="list-style-type: none"> Does our Authority have a range of means at all levels to effectively co-produce transformation with people who use care and support? 	<p>Yes – via the service user and carer reference group and key workshops on critical specific and strategic issues – eg RAS workshop, ULO Workshop</p>
	<ul style="list-style-type: none"> What are we planning to do next? 	<ul style="list-style-type: none"> Spec for ULO Spring 10 Improve the involvement and range of users and carers in the reference group Development of Programme Assurance Group to include user and carer representatives
	<ul style="list-style-type: none"> What could prevent us from achieving this milestone? 	<p>Lack of involvement and agreement by local groups/people about ULO direction and model</p>
	<ul style="list-style-type: none"> What external support would help? 	<p>Support in working on the role of Councils in leading/developing a ULO</p>
Key Risks and Mitigating Actions:	<ol style="list-style-type: none"> 1. Timescale for ULO development is tight 2. No consensus among user/carer representatives or representative groups about the forming of a ULO 3. Disengagement of people from user and carer reference group 	<ol style="list-style-type: none"> 1. Monitor progress and report back to TASC programme board of issues/concerns 2. Monitor progress and report back to TASC programme board of issues/concerns. Support from SE team 3. Regular feedback at each meeting on appropriateness and focus of meetings – are we getting it right?
Useful Information:	<p>The DoH document “User-led organisations project policy” sets specific criteria for ULOs:</p> <p>http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078804</p>	

Milestone 2:	Self-directed support and personal budgets					
Description:	<p>Success on this milestone would mean systems are in place to allow citizens who require social care support to easily find and choose quality support, and control when and where services are provided, and by whom.</p> <p>For those citizens eligible for council funding, the amount available to those individuals should be known prior to starting person centred support planning.</p> <p>People should have the ability to spend part or all of their money in a way that they choose; including being able to mix directly purchased and council provided services.</p> <p>Extra help should be available to any citizen that needs help with information and advice or to negotiate their support.</p>					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	That every council has introduced personal budgets, which are being used by existing or new service users/ carers.		<p>That all new service users / carers (with assessed need for ongoing support) are offered a personal budget.</p> <p>That all service users whose care plans are subject to review are offered a personal budget.</p>		That at least 30% of eligible service users/carers have a personal budget.	
How likely are we to achieve this milestone by this date?	Very likely	X	Very likely		Very likely	
	Fairly likely		Fairly likely	X	Fairly likely	X
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	
Key Questions:	<ul style="list-style-type: none"> Have we started to issue personal budgets? 		<p style="text-align: center;">Yes (250 PB allocated by 11 Jan 10) Currently 9.3% of people have a PB or DP. Target for next quarter is 12.5%</p>			
	<p>If No to the above</p> <ul style="list-style-type: none"> On what date are we planning to start issuing personal budgets? 					

Milestone 2:	Self-directed support and personal budgets	
	<ul style="list-style-type: none"> Is this a pilot or mainstream activity for all new customers? 	<p>Currently a pilot but plans to mainstream from May 10 and accelerated review programme for existing older people has extended the pilot.</p>
	<ul style="list-style-type: none"> What are we planning to do next? 	<p>Business Model Agreed Organisational Structure and Systems/Processes being developed Dec-March 10 RAS policy by June 10 Formal consultation March-May 10 Systems/Processes to be rolled out by July 10 Brokerage block contracts to be tendered February 10</p>
	<ul style="list-style-type: none"> What could prevent us from achieving this milestone? 	<p>Tight Timescales Setting of RAS and budget position not aligned Delays in restructuring and retraining operational division High level of RAS appeals Delays in ICT implementation Insufficient Brokerage if demand higher than expected</p>
	<ul style="list-style-type: none"> What external support would help? 	<p>Sufficient support available</p>
Key Risks and Mitigating Actions:	<p>a) Legal challenge to RAS b) Insufficient funding of RAS due to efficiency savings c) Problems with restructuring d) Market response insufficient</p>	<p>a) Use of FACE RAS, senior management seminar on RAS to agree policy b) Final RAS allocation formula approved at senior level c) Joint team established to develop and implement new model to deliver SDS d) Providers briefed and consulted on developments</p>
Useful Information:	Upcoming SDS restatement / Legal advice / Operating Model document	

Milestone 3:	Prevention and cost effective services					
Description:	<p>This milestone looks at a whole system approach to prevention, intervention and cost effective services.</p> <p>This includes the support available that will help any citizen requiring help to stay independent for as long as possible. A key part of this is ensuring council-wide and partnership approaches to universal services e.g. leisure, adult education, transport, employment, healthy living and health improvement (backed by targeted intervention), along with housing and supported living options.</p> <p>Examples of intervention include reablement type services that help people regain independence to live in their own home. It also helps people to avoid becoming dependent on council provided services with national studies demonstrating many people finish reablement services with either a reduced need for care, or no ongoing requirement at all.</p> <p>It is important that the council and the NHS are jointly investing in early intervention and prevention and monitoring the effectiveness of services together eg. Joint interventions at best include telecare, case finding/case co-ordination and joint teams for complex and end of life care.</p> <p>Being able to evidence these types of savings is crucial, and reablement type services should form an intrinsic part of any Putting People First operating model.</p>					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	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'.	
How likely are we to achieve this milestone by this date?	Very likely		Very likely		Very likely	
	Fairly likely	X	Fairly likely	X	Fairly likely	X
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	

Milestone 3:	Prevention and cost effective services	
Key Questions:	<ul style="list-style-type: none"> Do we have a strategy and/or an investment programme for Prevention and Early Intervention? 	<p>Yes – we have a draft strategy that is currently being re-written and agreed as part of Ageing Successfully, our strategy for joint commissioning for older people. We are also doing detailed work to identify areas for investment and potential savings alongside this, with input from the PCT, which will feed into the budget planning process</p>
	<ul style="list-style-type: none"> Are health partners involved in this strategy? 	<p>Yes – from PCT Commissioning and Public Health. Jointly appointed Director of Public Health and Head of Joint Commissioning for Older People, in place</p>
	<ul style="list-style-type: none"> What are we planning to do next? 	<p>Complete the development of our joint strategy with the PCT</p>
	<ul style="list-style-type: none"> What could prevent us from achieving this milestone? 	<p>Delays to agreement about what the content of the strategy should be</p>
	<ul style="list-style-type: none"> What external support would help? 	<p>More evidence regarding the effectiveness of preventative services on reducing demand for intensive social and health care services, particularly residential care.</p>
Key Risks and Mitigating Actions:	<p>Financial climate makes investment in anything a challenge. Services have to make efficiency savings and at the same time identify investment in prevention, Financial return on investment difficult to demonstrate for some interventions, especially those with a long lead in time – these challenges make real agreement on a strategy difficult.</p>	<p>Appointment of joint commissioner and creation of new joint commissioning team between OCC and the PCT should mean decision making is clearer and joined up.</p> <p>Research on what preventive approaches are most effective.</p>
Useful Information:		

Milestone 4:	Information and advice					
Description:	All citizens should be able to easily find locally relevant quality information and advice about their care and support needs in order to enable control and inform choice. Information should be available in a range of formats and through channels to make it accessible to all groups. Provision of information, advice and guidance should move from being largely developed from separate initiatives to a single coherent service strategy.					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	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.	
How likely are we to achieve this milestone by this date?	Very likely		Very likely		Very likely	
	Fairly likely	X	Fairly likely	X	Fairly likely	X
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	
Key Questions:	<ul style="list-style-type: none"> Do we have a strategy for universal access to information, support and guidance for adult social care? 		No but will be in place for April 2010			
	<ul style="list-style-type: none"> Are self-funders (i.e. all citizens) included in this strategy so they can make use of both universal and paid for services to stay independent? 		Yes they will be			
	<ul style="list-style-type: none"> On what date is it expected this strategy will be delivered? 		April 10			
	<ul style="list-style-type: none"> Is the council helping voluntary organisations and other partners provide universal information and advice to a wide range of the population 		Yes			
	<ul style="list-style-type: none"> What are we planning to do next? 		Complete information strategy by end of Jan 10 for consultation and approval by TASC board by April 10			

Milestone 4:	Information and advice	
	<ul style="list-style-type: none"> What could prevent us from achieving this milestone? 	Entrenched views of current info and advice service providers.
	<ul style="list-style-type: none"> What external support would help? 	Highlighting of good practice where milestones have been achieved by other Councils.
Key Risks and Mitigating Actions:	<ol style="list-style-type: none"> Resources required for the project are not forthcoming, thus delaying the project. Information Owners of information unable or unwilling to commit time to the project to ensure that the information changes required are delivered as per the project's findings. This will delay/threaten the project's success. Buy in from various stakeholders. Overlap of project activity with other projects and work being carried out. Identification of Information Owners delays the project. 	<ol style="list-style-type: none"> Project Manager and Strategic Lead work with Information Owners to bring them onboard; escalation to Programme Director should there still be an issue. As above – escalate to Programme Director Strong project management approach in place, benefits of the project are material, agreed and communicated Communications audit, defined scope for the project. Liaise with Service Managers within the directorate and investigate what Corporate Core are involved in. Project resource to work with Service Managers to identify Information Owners.
Useful Information:		

Milestone 5:	Local commissioning					
Description:	<p>Councils need to ensure the development of a diverse and high quality market in care and support services to offer real choice and control to service users and their carers.</p> <p>Commissioning strategies based on the local JSNA, and in partnership with other local commissioners, providers and consumers of services should incentivise development of diverse and high quality services, and balance investment in prevention, early intervention/reablement with provision of care and support for those with high-level complex needs.</p> <p>User-led initiatives and a much wider range and scale of services to address local need should emerge, in a market that is increasingly populated by individual purchasers.</p>					
Key Dates and Deliverables:	April 2010		October 2010		April 2011	
	<p>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.</p> <p>These commissioning strategies take account of the priorities identified through their JSNAs.</p>		<p>That providers and third sector organisations are clear on how they can respond to the needs of people using personal budgets.</p> <p>An increase in the range of service choice is evident.</p> <p>That councils have clear plans regarding the required balance of investment to deliver the transformation agenda.</p>		<p>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.</p>	
How likely are we to achieve this milestone by this date?	Very likely		Very likely		Very likely	
	Fairly likely	X	Fairly likely	X	Fairly likely	X
	Fairly unlikely		Fairly unlikely		Fairly unlikely	
	Very unlikely		Very unlikely		Very unlikely	

Milestone 5:	Local commissioning	
Key Questions:	<ul style="list-style-type: none"> Are we working with providers so they understand how we want them to develop and how they can develop flexible support arrangements? 	Yes
	<ul style="list-style-type: none"> Have we clear links between adults social care transformation and the NHS local services commissioning? 	Yes
	<ul style="list-style-type: none"> How have commissioning and contracting arrangements been changed to enable providers to offer choice and flexibility 	<p>This has been limited so far for older people and people with physical disabilities. Change of contracts for LD with new framework contracts. And for Mental Health major review of contracted services underway</p>
	<ul style="list-style-type: none"> How are we shaping the market in order to develop a supply of services that will meet the needs of all citizens that require social care? 	<p>Briefing and consultation programme for key provider sectors. Reduction of block contracts. Development of new services including Personal Assistants and Brokers. Individual Service Fund project in Care Homes for Older People. Major review of provision and contracts in LD services, framework contract programme</p>
	<ul style="list-style-type: none"> To what extent are users, carers, providers and third sectors been involved in developing the commissioning strategy? 	<p>Regular meetings with Providers and annual Commissioning Conference. Good involvement of LiNK. Carers involved with development of strategies. Involvement of service users is more developed in LD and MH – beginning to happen for older people and people with physical disability</p>
	<ul style="list-style-type: none"> What are we planning to do next? 	<p>Ageing Successfully strategy developed by April 2010. MH strategy implemented. Implementation of LD Framework Contracts. Review of contracts and contract</p>

Milestone 5:	Local commissioning	
		arrangements. Development of day services strategy
	<ul style="list-style-type: none"> • What could prevent us from achieving this milestone? 	Non engagement of key partners/stakeholders. Financial situation and scale of efficiency savings. Size and timescale of the changes
	<ul style="list-style-type: none"> • What external support would help? 	Highlighting of good practice where milestones have been achieved by other Councils
Key Risks and Mitigating Actions:	<ol style="list-style-type: none"> 1. Non-engagement of key stakeholders/partners 2. Financial situation 3. Scale of change and timescales 4. Limited local, regional and national evidence of impact of changes 	<ol style="list-style-type: none"> 1. Communication and Engagement Strategy and plan. Regular meetings with stakeholder groups. 2. Medium Term Financial Plan. Risk Registers. Regular monitoring and review 3. Robust programme and project management. Communication and Engagement strategy. Risk re 4. Evaluation criteria developed – providing the evidence of where to invest/dis-invest locally and nationally.
Useful Information:		

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Programme Definition Document

Programme:	Transforming Adult Social Care
Ref:	
Date:	14th December 2009
Author:	Jon Ray
Programme Director:	Alan Sinclair
Programme Sponsor:	John Jackson
Version No:	V1.6
Approvals:	Programme Board
Distribution:	Transforming Adult Social Care Programme Board Transforming Adult Social Care Programme Team Assistant Heads of Service SCS CCMT County Councillors

Programme vision, outcomes and objectives

Expand on the vision statement defined in the programme brief. Outline what is required to be achieved and what the programme will deliver. Include how the outcomes contribute to the organisation's strategic objectives.

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 programme 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 outcomes¹ for the Transforming Adult Social Care programme are:

- A social care system that is more straightforward and flexible to deliver the outcomes people want and need to promote their independence, well-being and dignity.
- Strategic balance of investment between enablement, early intervention or prevention whilst ensuring provision of intensive care and support
- Access points which coordinate or facilitate the needs of individuals through quality, up to date, accessible information.
- Workforce and ICT systems that can deliver the new ways of working.
- Joint leadership to support and sustain the change.

The outputs² to deliver the outcomes should be:

- Integrated approach to working with NHS and local authority partners
- Holistic, pro-active and preventative model centred on improved well-being
- Strategic approach to ‘public’ information management
- Feedback mechanisms to capture outcomes for individuals to support local quality assurance
- Proportionate contact and needs assessments
- Social care model based on self directed support
- Support to help people exercise choice through peer support, brokerage and user led organisations.
- Market development and stimulation strategy to deliver the necessary changes.

In addition to the output from the programme the Local Authority Circulars outline further elements. These further elements will need to be delivered to support the programme but

¹ These outcomes are derived from the LAC (DH) (2009) 1

² These outputs are derived from the LAC (DH) (2009) 1

will be delivered by teams outside of the Transforming Adult Social Care team: programme.

- Commissioning Strategy
- Mechanisms to actively involve family members and other carers as expert care partners
- Network of champions to promote dignity and respect in local care services

Programme approach

Expand on the programme outcomes/objectives to outline the scope and the proposed approach of the programme

The Local Authority Circular proposes four areas of focus – universal services, social capital, early intervention and prevention and choice and control. Oxfordshire have reviewed and refined these in light of the need to ensure that the changes are sustainable and embedded within the organisation.

The Transforming Adult Social Care programme will have four workstreams overseen by the programme board and supported by the programme office.

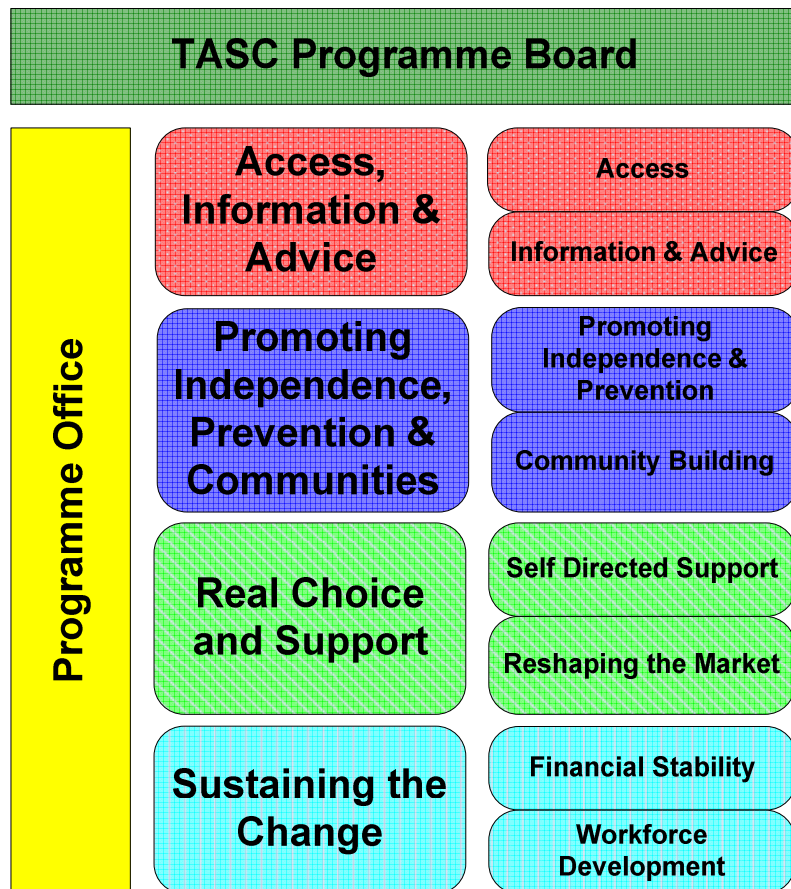


Figure 1 – Transforming Adult Social Care programme structure

To judge the success of the programme a series of success criteria will be agreed to ensure the programme delivers the outcomes required. The success criteria will be agreed by the programme board and should be aligned to the business case.

Access, Information & Advice³

Outcomes

- Improved business process for the provision of information
- Focused and targeted distribution of information based upon priorities, complexity and cost
- Increase in awareness of services provided by the directorate

Outputs

- Strategic approach to information management and distribution across all partners
 - To reduce the number of leaflets and brochures available by bringing together similar information in one single publication where appropriate
 - To improve access to information by identifying suitable, additional channels for information provision – e.g., libraries designated OCC offices, 3rd party locations.
 - To increase awareness of available information by advertising a single phone number (i.e. the Access Team) and locations where information can be found (libraries and offices, web sites, etc.)
 - To ensure information is accessible for people with specific needs – e.g., Braille, language needs, large print, etc.
 - To ensure there is support in place for people to interpret information and what it means for individuals and to support the delivery of key messages about choice and the potential that available services have to help
 - To rationalise the process by which information is created
 - To ensure that the information and advice is provided in as a creative and accessible way for the target audience to understand and engage with

Promoting Independence, Prevention and Communities⁴

Outcomes

- Strategic balance of investment between enablement, early intervention or prevention whilst ensuring provision of intensive care and support

Outputs

- Holistic, pro-active and preventative model centred on improved well-being

³ This encapsulates the work on universal services.

⁴ This encapsulates the work on early intervention, promoting independence, prevention and social capital.

Real Choice and Support⁵

Outcomes

- A social care system that is more straightforward and flexible to deliver the outcomes people want and need to promote their independence, well-being, dignity and positive risk taking.

Outputs

- Proportionate contact and needs assessments
- Social care model based on self directed support and personal budgets for all eligible people
- Market development and stimulation strategy to deliver the necessary changes.

Sustaining the Change

Outcomes

- Joint leadership to support and sustain the change.
- Workforce and ICT systems that can deliver the new ways of working.

Outputs

- Workforce Development strategy
- Financially Sustainable approach
- Systems Development Strategy

⁵ This encapsulates the work on choice and control.

Benefits outline

Provide further details of benefits identified in the programme brief.

There are many factors that lead to a case for a major change of the adult social care system. In summary these are:

- The current system for adult social care will not manage either the activity or financial pressure of the increasing numbers of people who will require services both now and in future years. The evidence for the increasing numbers of older people in the population is overwhelming as is the increasing number of younger disabled people who will require support for an increasingly longer period. We have escalating costs and spend and little evidence of commensurate rise in customer satisfaction.
- Social Care services have been trying to be more efficient by transferring in-house services to the private and voluntary sectors, improved commissioning, bigger block contracts, tentative moves to manage the provider markets. Another efficiency measure has been to restrict access by changing eligibility criteria under Fair Access to Care (over two thirds of LA's only meet substantial and critical needs, an increasing minority simply critical needs).

Taken together these measures

- Do little to promote independence and choice;
 - Fail to realise the benefits of preventative support and produce a pent-up demand;
 - Make it difficult to engage with individuals, family members, carers and the wider community as co-producers of participative services;
 - Reinforces a dependency culture which is not sustainable.
- It is unlikely that increased funding to meet the increase in demand will be forthcoming from Government although there is consultation being undertaken on the Future of Adult Social Care as part of a Government Green Paper.
 - Public expectation in relation to choice and control and quality of services is increasing but the information that is provided to enable people to make good and informed choices

is not on the whole of good quality or up-to-date. People who use services – particularly disabled people – have been saying for some time that they want services that they can have choice and control over and are more personal to meeting their needs.

- The current system for adult social care is a paternalistic one with decisions about what services people receive being mostly made by a professional worker in health and social care services.
- The increasing number of older people needs to be seen as a positive, as a large number of people will be fit and healthy and want to contribute to their local communities.
- There is evidence (In Oxfordshire from an [Age Concern Survey](#)) that people are not planning for their old age and are leaving decisions about their future until it happens. It is clear that a large number of people expect to go into a residential care home when they reach a level when they cannot manage at home and have not considered the range of services that can be provided to support them to stay at home and remain living with family, friends and neighbours.
- Oxfordshire has a large number of people who purchase their own care support both in residential and nursing care and at home but the support available to advise and guide people to help them buy good quality, personalised and Value For Money services that support their independence and ability to stay at home is limited. We are also aware that Oxfordshire has a number of services that have been recently assessed by the Commission for Social Care Inspection as poor or average.
- Oxfordshire has a heavy investment in traditional types of institutional care and also in managing the delayed discharges of people from hospital.
- There is evidence from an increasing number of surveys and projects that the personalisation agenda and investment in rehabilitation services, early intervention and prevention services can lead to better outcomes for people but also to a reduction or delay for people requiring expensive, longer term services.

For example the report from the 13 Individual Budget Pilot sites has reported improved satisfaction across a number of key performance criteria for all people receiving a personal budget to purchase their social care support.

There is also evidence from the Partnerships in Older People's Projects (POPPs), Demos and a Care Services Efficiency Delivery (CSED) that investment in a range of community services, rehabilitation and reablement services, early intervention and prevention services do lead to changes in the way that people need longer term support from adult social care services and can lead to a change in the way that Oxfordshire will use its funding for the future.

- There is also strong evidence that shows that where people are involved and contribute to their local communities or where people are using education or leisure facilities or where people are in work or in voluntary work that their quality of life improves.
- There is strong evidence that having strong and thriving communities promotes good social well being.
- The issue for Oxfordshire will be which of these different types of services should we invest in that will make the biggest difference for the whole of the population who will or do require adult social care support – in terms of a good quality of life, enabling people to be supported in their own homes for as long as possible and be cost effective for the health and social care system. There will need to be good evidence collated to identify what difference these types of services are making and that they are contributing to managing the overall increase in the numbers of people who will require support.
- All political parties recognise these issues, and all are exploring personalisation and how to engage the citizen as part of the solution although there are debates as to whether self directed support is intrinsically more cost effective due to co-production and innovation, but the debate on whether it increases customer satisfaction is overwhelming that it does.

There is evidence from the authorities that have been piloting Personal Budgets that people put together their own solutions, assess their needs and plan – bespoke rather than package – and buy different things (70% 'different purchases' reported in Wigan). People innovate, want information about possibilities and expect providers to market their wares.

- Public services need to stop seeing citizens as a problem and instead as part of the solution and persuading residents to take more personal responsibility themselves, or to

change their actions or the way they act.

- Strong sense of possibility: increase citizen satisfaction; reduce complaints; resonates with modernisation and localism; a potential gateway to other (public) services; positive effects on community cohesion; more sustainable as citizens take some responsibility for their own lives.
- If self and state funders and their immediate carers are embraced local authorities will touch approx 30% of their population – an opportunity for citizen engagement and community cohesion
- Performance Indicators. The indicators for Transforming Adult Social Care are still being developed. A series of [milestones](#) for the Putting People First agenda have recently been published by the Department of Health. There is still only one specific indicator – the National Indicator NI130 Social Care clients receiving self directed support that relates to the Transforming Adult social Care agenda.

The milestones for Putting People First are:

	April 2010	October 2010	April 2011
Effective partnerships with People using services, carers and other local citizens	<p>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.</p> <p>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]</p> <p>That users and carers are involved with and regularly consulted about the councils plans for transformation of adult social care.</p>	<p>That local service users understand the changes to personal budgets and that many are contributing to the development of local practice.</p>	<p>That every council area has at least one user-led organisation who are directly contributing to the transformation to personal budgets. (By December 2010)</p>
Self directed support and personal budgets	<p>That every council has introduced personal budgets, which are being used by existing or new</p>	<p>That all new service users / carers (with assessed need for ongoing support) are</p>	<p>That at least 30% of eligible service users/carers have a</p>

	service users/ carers. *	offered a personal budget. That all service users whose care plans are subject to review are offered a personal budget. **	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.

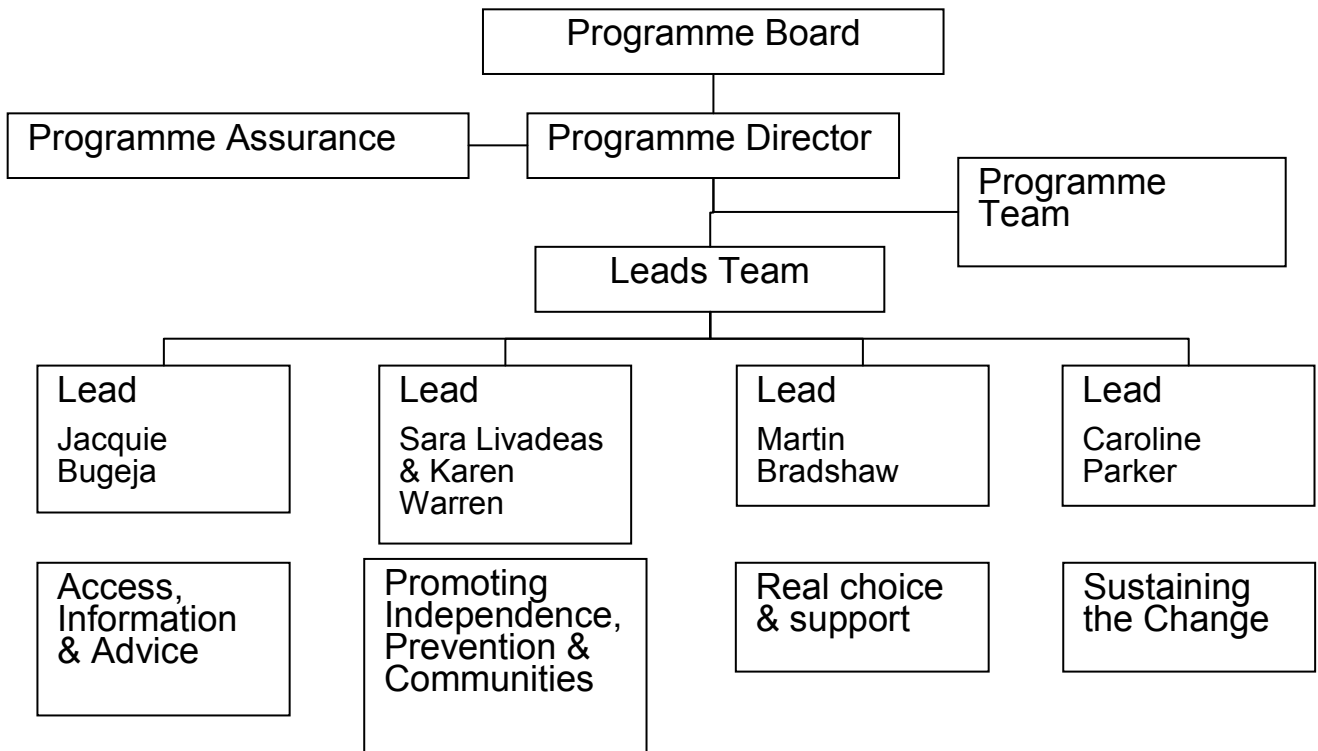
The other indicators relevant to the programme are:

- 8 - Adult participation in sport and active recreation
- 14 - Reducing avoidable contact: minimising the proportion of customer contact that is of low or no value to the customer
- 119 - Self-reported measure of people's overall health and wellbeing
- 125 - Achieving independence for older people through rehabilitation/intermediate care
- 127 - Self reported experience of social care users
- 128 - User reported measure of respect and dignity in their treatment
- 129 - End of life care – access to appropriate care enabling people to be able to choose to die at home
- 130 - Social Care clients receiving Self Directed Support per 100,000 population
- 131 - Delayed transfers of care
- 132 / 133 - Timeliness of social care assessment (all adults) / Timeliness of social care packages following assessment
- 134 - The number of emergency bed days per head of weighted population
- 135 - Carers receiving needs assessment or review and a specific carer's service, or advice and information
- 136 - People supported to live independently through social services (all adults)
- 137 - Healthy life expectancy at age 65
- 139 - The extent to which older people receive the support they need to live independently at home
- 140 - Fair treatment by local services
- 145 - Adults with learning disabilities in settled accommodation
- 146 - Adults with learning disabilities in employment
- 149 - Adults in contact with secondary mental health services in settled accommodation
- 150 - Adults in contact with secondary mental health services in employment
- 175 - Access to services and facilities by public transport, walking and cycling

Organisation structure

Expand on the governance and team structure identified in the programme brief. Detail the team structure, roles, responsibilities and proposed input.

The diagram below outlines how the programme will be structured:



The functions support delivery of the programme are outlined below:

- **Programme Board** – The Programme Board will be responsible for endorsing and championing the programme and its vision. The Board will advise and support the Programme Director and Workstream Leads through strong leadership and decision making.
- **Programme Assurance** – The Programme Assurance function will provide the Programme Board with confidence that the programme is being managed effectively and is on track to achieve the desired outcomes.
- **Programme Director** - The Programme Director is responsible for the successful delivery of the programme.
- **Programme Team** – The Programme Team will take collective responsibility for the implementation of Transformation of Adult Social Care in Oxfordshire.
- **Workstream Leads** – The workstream leads act as the strategic lead for their workstream by being responsible for the delivery of the agreed outcomes and deliverables.

The Programme Board members will help to support the Workstream Leads by acting as the lead member for the Programme Board. The purpose of this is to provide the workstream leads with senior management support and to make the link between the Workstream Leads and the Programme Board. The following Programme Board members will act as leads for the workstreams:

Workstream	Programme Board Member
Access, Information & Advice	Simon Kearey
Promoting Independence, Prevention & Communities	Paul Purnell – Promoting Independence & Prevention Richard Munro – Community Building
Real Choice & Support	Paul Purnell – Self Directed Support Simon Kearey – Reshaping the Market
Sustaining the Change	Simon Kearey

There will be no project boards within the programme. Each of the workstreams will adopt a combination of steering groups, to help guide and support the implementation, as well as project teams. Those working most closely to deliver will meet as a 'core team' on a regular basis.

Terms of Reference will be produced, agreed and implemented for the following:

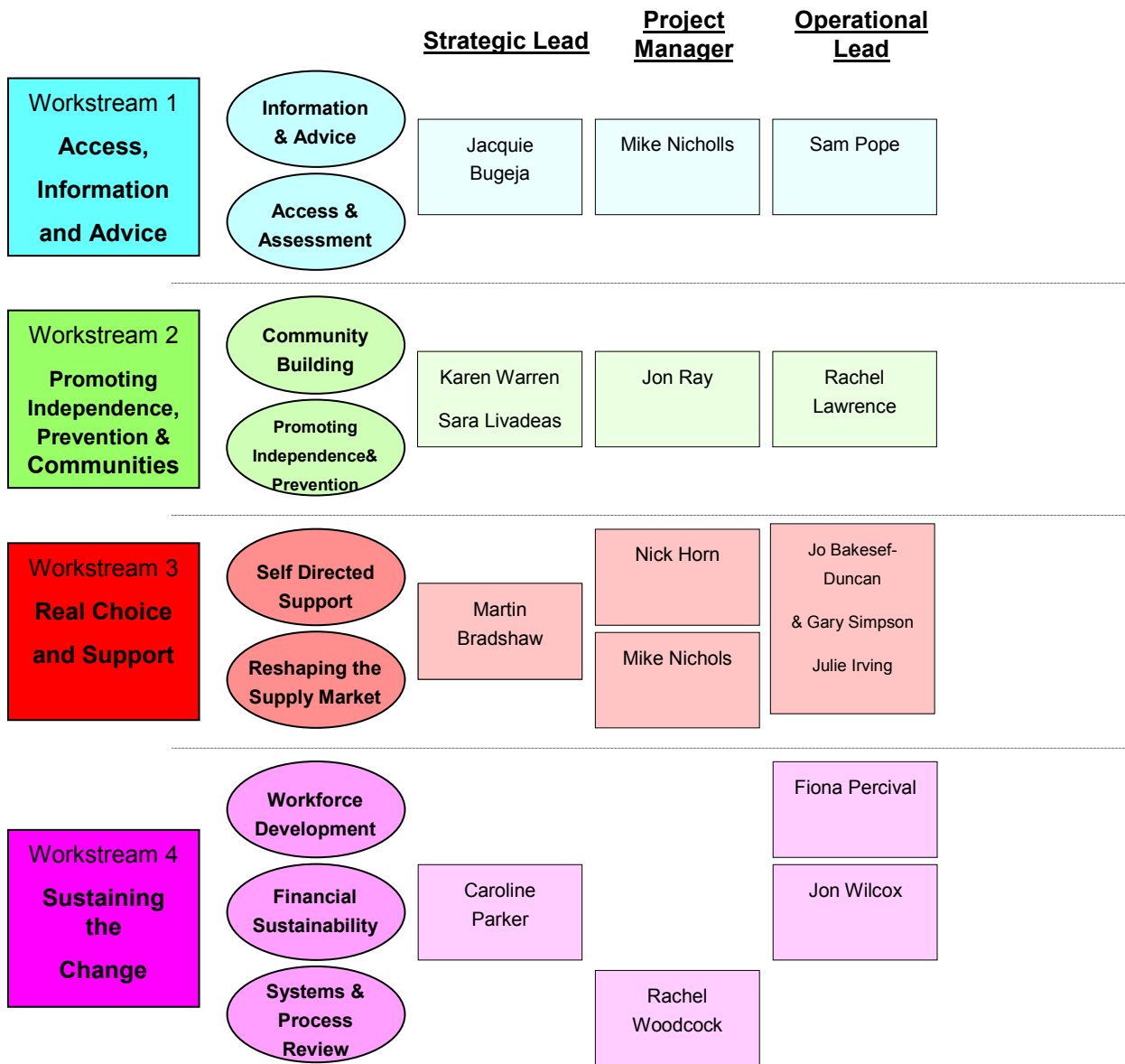
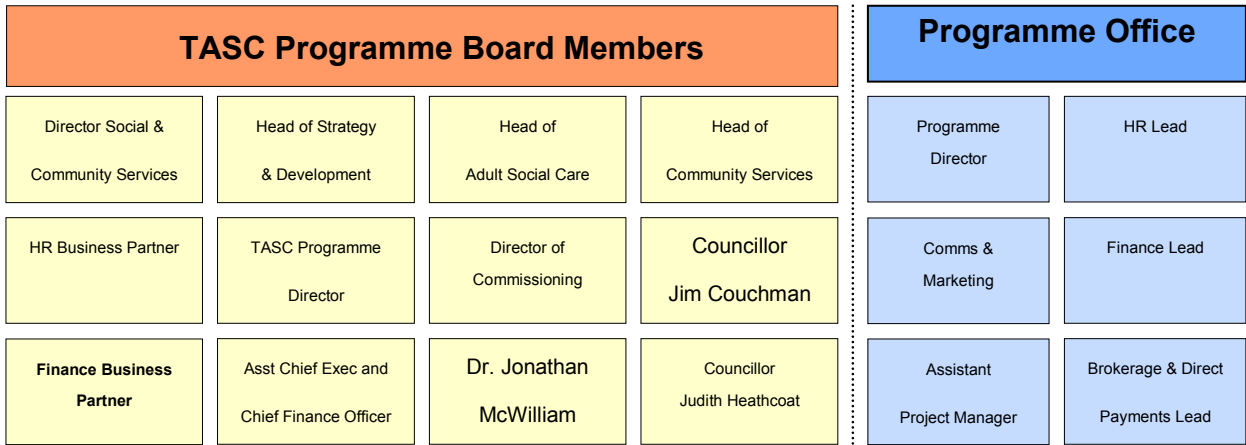
- Programme Assurance
- Project Managers – to ensure a consistent approach to project management across the programme which reduces duplication and maximises use of resources.
- Programme Board
- Programme Team
- Roles within the Programme – such as workstream leads and operational leads.
- Programme Behaviours – as part of the change management approach those involved in delivering the programme will sign up to a series of behaviours to be modelled.

Resources

Expand on the information outlined in the programme brief to provide further details of resources required – personnel, equipment, buildings, accommodation etc.

The diagram on the following page outlines the roles within the Transforming Adult Social Care programme.

Transforming Adult Social Care Organisational Chart



A key challenge for the programme is around engagement with staff that have to balance change with 'business as usual'. A deliverable from Sustaining the Change will have to be focussed on how to build capacity within the organisation to take on and undertake major change activities; for example some service areas have business unit managers to help assist the service with delivery.

To support the implementation of this programme the Department of Health has allocated funding via the Social Care Reform Grant.

Income	2008/9			2009/10	2010/11
	Allocated	Actual	Spent	Allocated	Allocated
TSC Reform Grant	£788,000	£788,000	£334,121	£1,853,000	£2,295,000
Star Chamber Investment Funding for SDS	£265,000	£273,000	£273,000	£265,000	£0
DH South East Efficiency & Prevention Funding	N/A			£41,000	
CIL Funding	N/A			£40,000	
£60,000 Investment Funding for Workforce	£60,000	£60,000	£60,000	£60,000	£0
TOTAL	£1,113,000	£1,121,000	£667,121	£2,259,000	£2,295,000

Monitoring and control

Outline any expected activities, data requirements, performance targets. Detail reporting structures/processes and frequency.

The programme will report on an a regular basis to the following elements:

- Informal Cabinet
- Social & Community Services Change Board
- Programme Board – this will be the success criteria to guide progress
- Programme Team – each member of the team will have metrics to guide their performance
- Adult Services Scrutiny Committee
- Programme Assurance

Reviews will be held at the end of the agreed 'tranches'⁶ to ensure that the programme is expected to meet the agreed success criteria.

Each project will outline its own quality regime. The project managers will be responsible for joining this together

⁶ Part of the Managing Successful Programmes methodology. A tranche is a group of projects structure around distinct steps change in capability or benefit delivery. The end of the tranche enables the programme board to review at clear points the effectiveness and validity of the programme.

Projects portfolio

List all proposed projects within the programme and deliverable, timescales, costs for each project. Outline interdependencies between projects.

The programme will be broken into workstreams. Each workstream will have a flexible approach to the work to be undertaken to deliver the outcomes. It is expected that the list of work and projects will change as the programme evolves.

Access, Information & Advice

- Information & Advice project – the key deliverables in the project initiation document are:
 - **Recommendations Report** – This report will outline existing issues with the provision of information as per the scope, and will include recommendations for improvement based upon consultation with service users, agreement with local Service Managers and aligned to best practices across other counties.
 - **Implementation Plan** – This plan will outline the activities required to deliver the recommendations outlined in the Recommendations Report, including resources, schedule and milestones.
 - **Public Information Strategy**– This document will outline the directorate's strategic objectives in relation to the provision of public information & advice.
 - Implementation of the agreed plan
 - Embedding the Information Standards (IS) into all aspects of information provision
- Access project – this project is yet to be defined.

Community Building & Prevention

A programme approach will be taken for this workstream to delivering the requirements around community building and promoting independence. Work is already underway in the following areas:

- Promoting Independence & Prevention Project – the key deliverables in the project initiation document are:
 - A **report** on a review of the existing literature on targeting prevention for older people and evaluation of relevant local and national projects (IPC)
 - A **report / presentation** of an analysis of the Joint Strategic Needs Assessment (JSNA) and other data supplied by Oxfordshire County Council and the PCT (OCC)
 - An **interim report** on the review and analysis of 99 case files of people admitted to care homes in Oxfordshire during 2008/9 to identify their age range, characteristics and life events leading up to their entering long term care (IPC and OCC)
 - A **report** on the findings of interviews with people who have entered residential care, their families, carers and care managers (IPC and OCC)
 - **Mapping** of existing preventative services provided directly or funded by Oxfordshire County Council and the PCT, and services provided by the City and District Councils and the voluntary sector. A **brief report** identifying gaps in existing preventative services and opportunities to enhance service provision.
 - **Consultation** with older people and their carers about the kinds of support and services they need to help them remain independent and that they would use
 - An **interim report and presentation** for circulation among the project team, steering group and to the project sponsor, identifying the 'best bets' for action / increased investment that will reduce the need for intensive health and social care

services.

- An **appraisal of options** for intervention and/or investment by the project.
 - Detailed, timebound and agreed **implementation plans** for the trials.
- Contenance Services Redesign Project – the key deliverables in the project initiation document are:
 - Report on current situation of and spending on continence services
 - Consultation exercise to help define new service
 - Cost benefit analysis for implementing new continence service
 - There will also be some further research into the social care side of continence to inform the commissioning approach.
 - Prevention Strategy
 - Turnaround Project
 - Reablement - Agreed approach and implemented.
 - Community Building

Real Choice and Support

- Self Directed Support project – the key deliverables from the project initiation document are:
 - Learning Exercise for Self Directed Support
 - County wide model and implementation plan for Self Directed Support
 - Ongoing support for the Learning Exercise
 - Agreed transition approach from Childrens Young People & Families to SCS
 - Agreed transition approach for existing service users / carers
 - Agreed approach for self assessment
 - Agreed approach for self planning
 - Agreed approach to those in community hospital
 - Getting the Organisation Ready
 - Agreed consultation paper
 - Formal consultation delivered
 - Implemented organisational structures, roles and behaviours
 - Implemented Training Plan
 - Managing the Money
 - Flexible Direct Payments
 - Pilot of Payment Cards
 - Financial Assessment – review of guidance
 - Financial Assessment – review of assessment approach
 - Recording
 - Agreed policy for self directed support
 - Agreed processes / paperwork for self directed support
 - Agreed ICT approach for self directed support
 - Guidance to support staff / brokers
 - Leaflets for Service Users / Carers
 - Review of impact on Internal Providers
 - Review of impact on Contracted Services
 - Resource Allocation / Financial Accountability

- Workable Resource Allocation System and published Policy
- Systems to ensure financial accountability
- Brokerage
 - Agreed definition of brokerage to support procurement
- Reshaping the Market project – the key deliverables from the project initiation document are:
 - Strategy Document for Reshaping the Market
 - Day Centre attendance permitted and funded for long-stay Customers, including Transport and Passenger Assistance if required
 - Flexible Respite booking via a voucher or similar system
 - Revised Service Level Agreement (SLA) to reflect reduced Contract commitments to Day Services in the mid-term (for years 2010/11 and 2011/12)
 - Affordable access to individualised transport
 - Specialised transport brokerage for eligible Customers and self-funders
 - Home Support: Envelopes of Care/Individual Service Funds to maximise control and choice for Customers
 - Home Support: Contingency provision in the event of SDS package breakdowns, including 24*7 on-call arrangements
 - Personal Assistants: Recruitment/training programme, Pool of PA's, ongoing support for PA's, register/approval
 - 'Support with Confidence' scheme established to include care, support, PA's, brokers and concierge services
 - Lists of accredited suppliers available for Customers
 - Range of Brokerage Providers
 - Network of Brokers
 - New 'Oxscnet' Employer Forum to engage social care employers in workforce issues, in partnership with 'Skills for Care'.
 - Centre for Independent Living / User Led Organisation

Sustaining the Change

- Workforce Development Strategy including training
- Efficiency Savings
- Financial Sustainability model
- Systems Review - key deliverable will be the systems development strategy and implementation plan to support not just self directed support but the delivery of all aspects of the programme. The project also encompasses the elements of adult social care that may fall outside the scope of the Transforming Adult Social Care programme programme. (This is now expected to extend beyond March 2011 but is dependant on consultation work being undertaken as part of the self directed support project).

Programme Deliverables

Alongside work with the projects the programme will also need to deliver a number of elements to support the successful implementation of Transforming Adult Social Care.

- Success Criteria & Measures
- Programme Vision – what will be delivered by March 2011
- Communication Strategy & Plan
- Principles for Programme – for example any changes to services or new services will need to be informed by consultation with service users and carers. Furthermore these new elements will also deliver an Equality Impact Assessment⁷.

In addition to the output from the programme the Local Authority Circulars outline further elements. These further elements will need to be delivered to support the programme but will be delivered by teams outside of the Transforming Adult Social Care team:

- Commissioning Strategy – there will need to be a series of strategies and commissioning activity to deliver the transformation agenda.
- Mechanisms to actively involve family members and other carers as expert care partners – there will need to be work with the Taking Part team to deliver expert care partners
- Network of champions to promote dignity and respect in local care services – there will need to be work with the Taking Part team to deliver expert care partners.

Alongside this work will also need to be supported with personal health budgets, mental health personal budget project and to support the South East Association of Directors of Adult Social Services (ADASS) group.

Programme schedule/plan

Sequencing of projects and key project milestones. Also include milestone review points and timing of communications, risk mitigation and quality review activities.

The programme will be broken into a series of tranches. Due to the wide nature of the programme these tranches will be arranged around the Putting People First milestones. Each tranche will be accompanied by a review of progress to date and replanning, if necessary, the next tranche.

- Tranche 1 – November 2009 – April 2010
- Tranche 2 – April 2010 – November 2010
- Tranche 3 – November 2010 – April 2011

A formal programme plan will be produced around the tranches and used to judge progress.

⁷ An EQIA is a **process** to help you gather the information necessary to judge whether a service meets the customer needs:

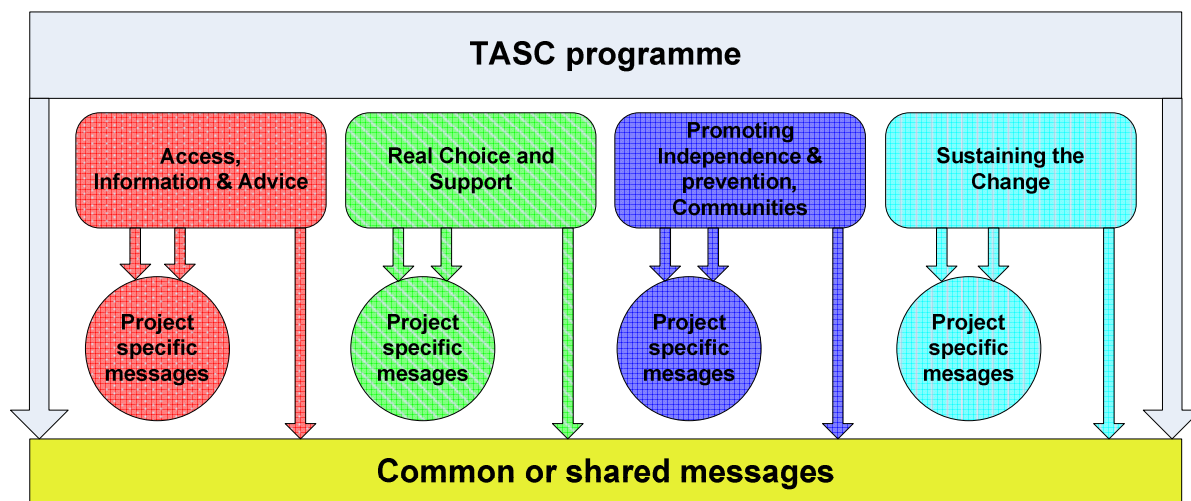
- To prevent discrimination or unfair treatment
- To promote equal access
- To promote good community relations...

Stakeholder and communications plan

Undertake stakeholder mapping to identify key stakeholders involved in the programme. Outline how these stakeholders will be communicated to (method, frequency).

A stakeholder and communication plan will be developed as one of the programme deliverables.

The below diagram illustrates the origin and nature of messages and ownership of communications across the programme.



Risks and assumptions

Summary of those identified that could prevent the success of the programme.

Risks for the programme will be managed through a risk log. To build on, refine the risks and define role of risk owners a brief workshop will be undertaken.

Transition plan

Expected timing of outputs from programmes and required activity to move to business as usual.

The Sustaining The Change workstream is tasked with working to ensure that the programme delivers elements that are sustainable in the long term.

Alongside this a specific session will be held in February 2010 looking at the elements of the programme that will and will not be developed so that work can commence to understand how to deliver those remaining elements.

It is expected that there will be a requirement for some ongoing resource beyond March 2011 although this is not yet formally specified. This will include operational support, finance support and managerial support.

The programme team has available funding until 31st March 2011. Most of the programme team are on secondment or short term contracts. It is expected that attrition of staff may start to occur from Autumn 2010 onwards. Work will need to be undertaken to support this and support the staff as they transition to previous roles or onto new roles.

Approval

Who should approve this document e.g. Programme Board, CCMT. Also include cost centre approvals where applicable

This document should be approved by the Transforming Adult Social Care Programme Board



Your voice on local health and social care

Oxfordshire Local Involvement Network Update for Adult Services Scrutiny meeting 10th February 2010

(Extracted from LINK Newsletter published Dec 2009 with more recent updates added)

Oxfordshire LINK has set up project groups across the County to take forward some of the key health and social care issues which have been raised by LINK participants:

Access to services in rural areas

Accessibility of Health and Social Care services in rural areas (for example transport to hospital appointments) has long been identified as an issue and there is a project group in place, currently looking at how accessible services are in Faringdon & SW Oxfordshire. The intention is to replicate this project in different parts of the county during 2010.

Self Directed Support (Personal Budgets)

The LINK recognises that this transformation is an enormous shift in the way care is delivered. The LINK will be carrying out research into the existing delivery and support of Personal Budgets, currently being piloted in North Oxfordshire, in order to assess the impact these changes are having on service users and carers. This large scale project will run throughout 2010

Intermediate Care

The LINK is proposing to carry out some work examining how patients are currently experiencing the 'Choose and Book' system for hospital or clinic appointments, which has been in operation for some while. The LINK is also seeking views on developments at Bicester and Townlands (Henley) Community Hospitals.

Drug Recovery Project

The LINK Project Group has been working with service users and local organisations, together with the Drug and Alcohol Action Team, to clarify reasons for the service's closure and to explore ways in which it can be reprovided for Oxfordshire users. The LINK DRP report is submitted with this update for consideration by the HOSC.

Other projects:

Alongside the above main work programme themes, the LINK has been approached by various groups and organisations in the county with a view to working in partnership with LINK participants to improve or develop services within the following areas:

Crisis House Project – to develop short term residential support for people experiencing mental health crises as an alternative to hospital admission or home-based treatment. The LINK will be working in partnership to provide support for research, help liaise with statutory bodies and publicise the work of the project.

Child Brain Injury Trust – to assist in research into the quality of information and consistency of service received by children, young people and their families who are admitted to A&E and/or a ward with any event that could also be associated with an acquired brain injury.

Mental Health Service Users Network – service priorities to be agreed

Mental Health services in West Oxon – service user and carer interviews on range and quality of mental health services in West Oxfordshire.

Neurological Alliance – promotion and assistance in establishment of this new group

Oxfordshire Unlimited – development of a physical disabilities ‘User Led Organisation’

Social & Community Services – self-assessment process in collaborating with Care Quality Commission (LINK facilitation/hosting of a service user and carer event on 12th March 2010)

*Adrian Chant (LINKs Locality Manager)
01993 862855
Update 12/01/10*

