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OXFORDSHIRE COUNTY COUNCIL

Notice of a Meeting

Adult Services Scrutiny Committee
Tuesday, 26 February 2013 at 10.00 am
County Hall

Membership

Chairman - Councillor Jim Couchman
Deputy Chairman - Councillor Mrs Anda Fitzgerald-O'Connor

Councillors:	Jenny Hannaby	John Sanders	Alan Thompson
	Alyas Ahmed	Dr Peter Skolar	David Wilmshurst
	Charles Mathew	Richard Stevens	

Notes:

Date of next meeting: 23 April 2013

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 Jim Couchman E.Mail: jim.couchman@oxfordshire.gov.uk
Committee Officer	-	*Simon Grove-White, Tel: (01865) 323628* *simon.grove-white@oxfordshire.gov.uk*

Peter G. Clark
County Solicitor

February 2013

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

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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.

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recycled paper

AGENDA

1. **Apologies for Absence and Temporary Appointments**

2. **Declarations of Interest - see guidance note**

3. **Minutes** (Pages 1 - 8)

4. **Speaking to or petitioning the Committee**

5. **Director's Update**
10:05

   John Jackson, Director for Social and Community Services, will update the committee on local and national developments in Adult Social Care.

6. **Safeguarding Board Annual Report** (Pages 9 - 46)
10:45

   Lucy Butler, Deputy Director for Adult Services, will present the Annual Safeguarding report from the Oxfordshire Safeguarding Adults Board. The report summarises cross-sector work undertaken to ensure that vulnerable adults are protected from harm both in care settings and at home.

7. **Pooled Budgets** (Pages 47 - 48)
11:20

   John Jackson will update the committee on the development of a single Section 75 agreement between Oxfordshire County Council and the Clinical Commissioning Group.

   The committee are invited to:

   - Note the progress in developing the single Section 75 Agreement that will come into effect on 1 April 2013.
   - Agree to consider the Joint Older People's Commissioning Strategy before it is considered by Cabinet in June 2013.

8. **LINk and Healthwatch Update** (Pages 49 - 56)
11:50

   Adrian Chant and Sue Butterworth will update the committee on recent developments for the Local Involvement Network including the agreed priorities from the 2012 Hearsay event.

   Lisa Gregory will update the committee on the transition to the new HealthWatch provider.

9.   Care Homes Fees (Pages 57 - 70)
12:10

John Jackson, Director of Social and Community Services, will introduce the proposals on the directorate position on Care Home Fees. It has been proposed that the directorate should:

- Confirm the interim payment 3% already paid to care homes in 2012/13 and
- Increase the payments for residential homes and for the lower band for nursing homes from 1st April 2013.

The report is currently out for consultation. The committee are invited to comment on the proposals.

10.   Close of Meeting
12:50

Declarations of Interest

The duty to declare…..
Under the Localism Act 2011 it is a criminal offence to
(a) fail to register a disclosable pecuniary interest within 28 days of election or co-option (or re-election or re-appointment), or
(b) provide false or misleading information on registration, or
(c) participate in discussion or voting in a meeting on a matter in which the member or co-opted member has a disclosable pecuniary interest.

Whose Interests must be included?
The Act provides that the interests which must be notified are those of a member or co-opted member of the authority, **or**
- those of a spouse or civil partner of the member or co-opted member;
- those of a person with whom the member or co-opted member is living as husband/wife
- those of a person with whom the member or co-opted member is living as if they were civil partners.

(in each case where the member or co-opted member is aware that the other person has the interest).

What if I remember that I have a Disclosable Pecuniary Interest during the Meeting?.
The Code requires that, at a meeting, where a member or co-opted member has a disclosable interest (of which they are aware) in any matter being considered, they disclose that interest to the meeting. The Council will continue to include an appropriate item on agendas for all meetings, to facilitate this.

Although not explicitly required by the legislation or by the code, it is recommended that in the interests of transparency and for the benefit of all in attendance at the meeting (including members of the public) the nature as well as the existence of the interest is disclosed.

A member or co-opted member who has disclosed a pecuniary interest at a meeting must not participate (or participate further) in any discussion of the matter; and must not participate in any vote or further vote taken; and must withdraw from the room.

Members are asked to continue to pay regard to the following provisions in the code that *"You must serve only the public interest and must never improperly confer an advantage or disadvantage on any person including yourself"* or *"You must not place yourself in situations where your honesty and integrity may be questioned…..".*

Please seek advice from the Monitoring Officer prior to the meeting should you have any doubt about your approach.

List of Disclosable Pecuniary Interests:
Employment (includes*"any employment, office, trade, profession or vocation carried on for profit or gain"*.), **Sponsorship, Contracts, Land, Licences, Corporate Tenancies, Securities.**

For a full list of Disclosable Pecuniary Interests and further Guidance on this matter please see the Guide to the New Code of Conduct and Register of Interests at Members' conduct guidelines. http://intranet.oxfordshire.gov.uk/wps/wcm/connect/occ/Insite/Elected+members/ or contact Rachel Dunn on (01865) 815279 or rachel.dunn@oxfordshire.gov.uk for a hard copy of the document.

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ADULT SERVICES SCRUTINY COMMITTEE

MINUTES of the meeting held on Monday, 17 December 2012 commencing at 10.00 am and finishing at 13:15

Present:

Voting Members:	Councillor Jim Couchman – in the Chair
	Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman)
	Councillor Jenny Hannaby
	Councillor Alyas Ahmed
	Councillor Charles Mathew
	Councillor John Sanders
	Councillor Dr Peter Skolar
	Councillor Richard Stevens
	Councillor Alan Thompson
	Councillor David Wilmshurst
Other Members in Attendance:	Councillor Arash Fatemian
By Invitation:	
Officers:	
Whole of meeting	John Jackson
	Sara Livadeas
	Lucy Butler
Part of meeting	Stephen McHale

Agenda Item	**Officer Attending**

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

248/12 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

249/12 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE
(Agenda No. 2)

250/12 MINUTES
(Agenda No. 3)

The minutes of the meeting of November 13th were signed and approved.

251/12 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 4)

Laura Price, Friends of the Elms Day Centre, addressed the committee on the subject of the recent Day Centre consultation. Laura emphasised the importance of day services and highlighted her concern that the rise in fees was too dramatic to be done at once.

Officers responded that they had considered this and made amendments to ensure that the cost will increase incrementally over a phased two year period.

Councillor Gill Sanders addressed the committee reiterating the value of preventative services and emphasising the need to better understand the impact of these services.

The Chairman thanked the speakers for their input.

252/12 DAY OPPORTUNITIES AND TRANSPORT STRATEGY CONSULTATION
(Agenda No. 5)

Councillor Arash Fatemian, Cabinet Member for Adult Services, introduced the item, emphasising his commitment to day services and stating that the purpose of the changes was to make the service sustainable in the long term.

The results of the consultation process were discussed (see report), and it was emphasised that the consultation had focussed primarily on the views of people who would be effected by the changes, namely clients who are ineligible for funding under Fairer Charging.

In response to feedback that the increase in fees was too dramatic, it has been agreed that the price will be increased incrementally over a 2 year period.

The need to monitor attendance data was emphasised by members, who requested that an annual report should be brought to the committee.

The committee voted 7 to 3 in favour of the recommendations of the report, subject to the additional requirement to produce an annual report to the committee outlining the impact of the changes on attendance and service levels.

253/12 UPDATE ON CARE QUALITY COMMISSION MEETING
(Agenda No. 6)

Councillor Peter Skolar, Chairman of the Health Overview Scrutiny Committee, and Councillor Jim Couchman, Chairman of the Adult Service Committee, updated the committee on a recent meeting with senior officers from the Care Quality Commission. The chairmen were concerned that despite being under-resourced, CQC would now have to regulate 80 GP practices in addition to the whole Care Home sector.

Further concerns were expressed that there was no requirement for CQC staff to have any background in Health or Social Care, and that care is regulated based on management specifications with little scope for professional judgement.

Officers agreed with the cross party consensus that the remit of CQC as a single regulator leaves too large a task for a single body.

254/12 DIRECTOR'S UPDATE
(Agenda No. 7)

John Jackson, Director of Social and Community Services, updated the committee on local and national developments.

The committee were informed of a recent Department of Health publication on Winterbourne View. It was felt that this contained little new information since the last briefing.

The director outlined the timetable for discussions on the Service and Resource Planning process. Due to delays in the local government settlement, the meeting of the scrutiny committee will be considered on January 10th, later than originally planned.

Following a series of court cases nationwide, officers are working hard to establish a position on care home fees. The Association of Directors for Adult Social Services recommends a simplified banding model. Options are being explored and a report will be taken to cabinet in January before going to consultation. A report will be brought to the Scrutiny Committee in February.

255/12 DEVELOPING THE PROJECT AGREEMENT WITH THE OXFORDSHIRE CARE PARTNERSHIP
(Agenda No. 8)

EXEMPT INFORMATION

It was resolved that the public be excluded for the duration of item 5 (since it is likely that if they were present during that item there would be disclosure of exempt information as defined in Part I of Schedule 12A to the Local Government Act 1972 (as amended) and specified below in relation to that item and since it is considered that, in all the circumstances of the case, the public interest in maintaining the

exemption outweighs the public interest in disclosing the information on the grounds set out in that item.

THE REPORT RELATING TO THE EXEMPT ITEM HAS NOT BEEN MADE PUBLIC AND SHOULD BE REGARDED AS STRICTLY PRIVATE TO MEMBERS AND OFFICERS ENTITLED TO RECEIVE IT.

The information in this case is exempt in that it falls within the following prescribed categories:

3.   Information relating to the financial or business affairs of any particular person (including the authority holding that information)

and it is considered that, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information, in that otherwise commercially sensitive information would be disclosed to the detriment of the companies involved.

John Jackson introduced the paper outlining progress in the negotiations towards the project agreement for the Oxfordshire Care Partnership. It was pointed out that the proposals had changed following the feedback of the committee in January 2012. The director emphasised that the proposed agreement is better aligned with the future needs of the directorate, in both a financial and strategic sense.

A vote was taken on the recommendations of the report. The committee voted in favour by margin of 7 to 2, with 1 abstention.

256/12 CLOSE OF MEETING
(Agenda No. 9)

The meeting closed at 13:15.

.... in the Chair

Date of signing   ....

ADULT SERVICES SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 10 January 2013 commencing at 8.30 am and finishing at 10:30

Present:

Voting Members: Councillor Jim Couchman – in the Chair

Councillor Mrs Anda   Fitzgerald-O'Connor (Deputy Chairman)
Councillor Jenny Hannaby
Councillor Alyas Ahmed
Councillor Charles Mathew
Councillor John Sanders
Councillor Alan Thompson
Councillor David Wilmshurst
Councillor Gill Sanders
Councillor Lawrie Stratford

Other Members in Attendance:

By Invitation:

Officers: John Jackson
Sue Scane
Lorna Baxter
Sara Livadeas
Lucy Butler

Whole of meeting

Part of meeting

Agenda Item

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 are attached to the signed Minutes.

257/12 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS
(Agenda No. 1)

Councillor Richard Stevens sent apologies. Councillor Gill Sanders attended as a substitute.

Councillor Peter Skolar sent apologies. Councillor Lawrie Stratford attended as a substitute.

258/12 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE
(Agenda No. 2)

None

259/12 SPEAKING TO OR PETITIONING THE COMMITTEE
(Agenda No. 3)

Mr Michael Hugh-Jones, Secretary of the Oxfordshire Pensioners Action group, addressed the committee on the subject of the budget proposals, raising concerns about the capacity of services to meet the proposed reductions without impacting on service users.

Mr Hugh-Jones raised the additional issue that the timing of the meeting made it difficult for pensioners to attend using their concessionary bus passes, which are only active after 9:00.

The committee noted his concerns.

260/12 SERVICE & RESOURCE PLANNING 2013/14 - 2016/17
(Agenda No. 4)

Lorna Baxter gave an overview of the report to the committee. John Jackson supplemented this with a presentation identifying the key facts for the committee.

The committee expressed concerns over:
- The recent increase in demand and the fact that the reasons are not fully understood.
- The assumption that the trend of increasing demand for care home placements will be reversed
- The difficulties in quantifying the impact of preventative services.

The committee applauded:
- The aspiration to increase the use of preventative services and early interventions.
- The fact that the eligibility criteria for services will remain at substantial/critical.
- The actions in place to alleviate demand-led pressures, including the Discharge to Assess programme.
- The move towards a mixed provision of residential care, with greater emphasis on Extra Care Housing.

- The aspiration to produce a robust model to estimate future demand.
- The aspiration to better understand the impact of preventative services.

The committee AGREED the proposals outlined in the paper, and made the additional recommendation that:
- The pressure included in error (Increase in Care Home Fees - 14SCS11) should be removed from the papers with the savings absorbed in the older people's pool (14SCS5).

.... in the Chair

Date of signing   ....

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Oxfordshire Safeguarding Adults Board - Annual Report 2011-2012

Safeguarding is everybody's business...

Agencies working together to ensure a coherent policy and a consistent and effective response for the protection of vulnerable adults at risk of abuse

Forward

Everybody's business...

The Oxfordshire Safeguarding Adults Board has maintained the support of all agencies to strengthen work across the County to safeguard adults in their own homes and in care settings. The Board is now well informed of the extent to which agencies identify safeguarding concerns and the response by agencies to the concerns.

Having established a strong structural base for the identification and response to the safeguarding needs of vulnerable adults, the Board is now set to focus on the quality of services and the prevention of abuse to vulnerable adults across the County.   Within the last year, the Board has established a Dignity in Care sub-group and this has provided a strong basis for engaging with service providers to focus on how services are provided to the most vulnerable adults.

The Board remains committed to learning from local and national reviews of services to influence both policy and practice in Oxfordshire, and the Board has continued to develop links with other agencies and bodies to inform and be informed of the safeguarding needs of vulnerable adults in the County.

While the Board provides leadership and coordination, the Board is clear that it is the continuing commitment of staff across all agencies that makes a difference for the residents of Oxfordshire.

Donald McPhail

Independent Chair of the Oxfordshire Safeguarding Adults Board

Contents

Introduction

Safeguarding adults is about helping people live free from abuse and neglect.

Abuse is a violation of an individual's human and civil rights by any other person or persons (No Secrets, Department of Health, 2000).

Anyone can be vulnerable to harm as a result of abuse or neglect at some time in their lives. Some adults are more at risk than others. They include adults with physical, sensory and mental impairments and learning disabilities. These adults' independence and wellbeing would be at risk if they did not receive appropriate health and social care support.

The report, A step in the right direction: The policing of anti-social behavior (2012), showed that people self-defining as disabled, or who report a long-term health condition, are far more susceptible to being harmed by anti-social behaviour (Her Majesty's Inspectorate of Constabulary, 2012).

People with mental health problems are routinely subjected to physical and sexual abuse or theft by their neighbours (Mind, 2007).

At least half a million older people experiencing some form of abuse at any point in time (House of Commons, Health Committee, 2005).
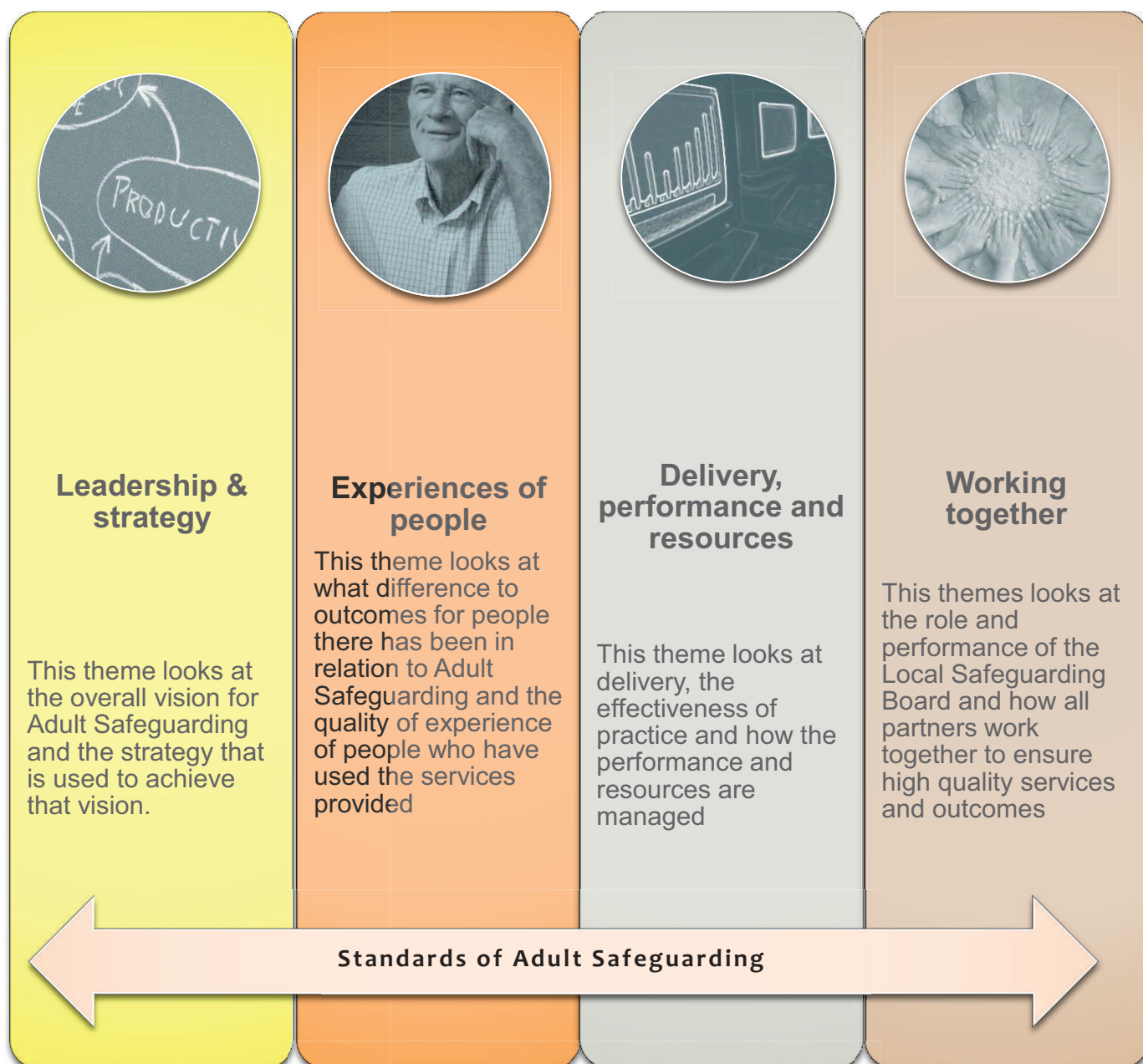
Any person at risk of abuse or neglect should be able to access the support which enables them to live a life free from violence and abuse.

The Oxfordshire Safeguarding Adults Board has a critical role in the leadership and management of Safeguarding. Its purpose is to create a framework within which all responsible agencies work together to ensure there is a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern.

Summary of Board Activities 2011-2012

The **Standards for Adult Safeguarding** have been developed in partnership by The Local Government Group, ADASS, The NHS Federation and SCIE. They are a framework for good practice. The themes identified within these standards have been used to report on the work of the Board for 2011-2012.

Leadership & strategy

This theme looks at the overall vision for Adult Safeguarding and the strategy that is used to achieve that vision.

Experiences of people

This theme looks at what difference to outcomes for people there has been in relation to Adult Safeguarding and the quality of experience of people who have used the services provided

Delivery, performance and resources

This theme looks at delivery, the effectiveness of practice and how the performance and resources are managed

Working together

This themes looks at the role and performance of the Local Safeguarding Board and how all partners work together to ensure high quality services and outcomes

Standards of Adult Safeguarding

Adapted from the Standards of Adult Safeguarding (LGA, ADASS, SCIE, NHS Federation 2012).

1. Leadership & Strategy

This theme looks at the overall vision for Adult Safeguarding, the strategy that is used to achieve that vision.

The creation of a local multi-agency management committee as a means of achieving effective inter-agency working was recommended in the Department of Health report, No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (2000). This guidance, issued under Section 7 of the Local Authority Social Services Act 1970, requires local authorities in their social services functions to play a coordinating role in the development of local policies and procedures for the protection of vulnerable adults from abuse. A multi-agency working group was established in Oxfordshire in 2001, which led to the development of the Oxfordshire Codes of Practice for the Protection of All Vulnerable Adults from Abuse, Exploitation and Mistreatment in May 2002 and the development of the Oxfordshire Adult Protection Committee. The publication of Safeguarding Adults – A national framework of standards for good practice and outcomes in adult protection work (ADASS, 2005) led the committee to re-evaluate its existing title and terms of reference and become the Oxfordshire Safeguarding Adults Board.

Structure and function

The **Aims** of Oxfordshire Safeguarding Adult Board are to ensure that all incidents of suspected harm, abuse or neglect are reported and responded to proportionately, and in doing so:

- Enable people to maintain the maximum possible level of independence, choice and control
- Promote the wellbeing, security and safety of vulnerable people consistent with his or her rights, capacity and personal responsibility, and prevent abuse occurring wherever possible
- Ensure that people feel able to complain without fear of retribution
- Ensure that all professionals who have responsibilities relating to safeguarding adults have the skills and knowledge to carry out this function
- Ensure that safeguarding adults is integral to the development and delivery of services in Oxfordshire.

The **Terms of Reference** (Appendix 3) outline the responsibilities of member organisations.

Membership

Our Board includes members from all statutory agencies including Oxfordshire County Council, Thames Valley Police, NHS Oxfordshire, Oxford Health NHS Foundation Trust and the Oxford University Hospitals NHS Trust. The Oxfordshire Drug and Alcohol Action Team (DAAT) is a new member of the Board.

The Oxfordshire Safeguarding Adult Board has an independent chair to ensure that all agencies involved can be impartially challenged or supported.

Structure

Five subgroups support the Board

County Council Cabinet — Social & Community Services Scrutiny Committee — Oxfordshire Safeguarding Adults Board

- Policy & Practice
- Training
- Deprivation of Liberty Safeguards
- Dignity in Care
- Serious Case Review

1. Policy and Practice

To oversee the development, implementation and review of local policies and procedures that ensure: the abuse of vulnerable adults is identified where it is occurring; that there is a clear reporting pathway; that there is an effective and coordinated response to

abuse where it is occurring; that the needs and wishes of the vulnerable adult are central to the adult protection process.

2. Training

To provide a comprehensive multi-agency training programme to support single agency training in the areas of prevention, recognition and responsiveness to abuse and neglect.

3. Serious Case Review

To provide assurances to the OSAB that the recommendations and learning from all relevant serious case reviews (with multi-agency characteristics) have been considered, and that the relevant learning and recommendations are being implemented.

4. Dignity in Care

To help ensure that everyone in Oxfordshire experiences dignity in the care and support they receive, and to assist OSAB in its work.

5. Deprivation of Liberty Safeguards

To ensure that Deprivation of Liberty Safeguards are effectively and lawfully applied across Oxfordshire.

Board governance

The Board will report annually to the Oxfordshire County Council, Social & Community Services Scrutiny Committee.

In addition each core/statutory member of the Oxfordshire Safeguarding Adults Board is expected to report to its own management committee.

Board Budget

The Oxfordshire Safeguarding Adults Board is primarily funded by Oxfordshire County Council (Adult Social Care) with contributions from Oxford Health and Ridgeway Oxfordshire Learning Disability NHS Trust.

The Deprivation of Liberty Safeguards service is funded jointly by NHS Oxfordshire and Oxfordshire County Council.

Other costs and expenses, e.g. time spent by partner agencies on Board activities, facilitating staff release for training etc. are borne by the individual organisations.

Katy Whife, email: OSAB@Oxfordshire.gov.uk, website: www.safefromharm.org.uk

Legislation and the national context

All persons have the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens. These rights include Article 2: 'the Right to life'; Article 3: 'Freedom from torture' (including humiliating and degrading treatment); and Article 8: 'Right to family life' (one that sustains the individual).

No Secrets (Department of Health, 2000) is the core guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse.

Other legislation particularly relevant to safeguarding adults includes:

- Equality Act 2010
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Mental Health Act 1983.
- NHS Act 2006

National developments this year

The Law Commission Paper

On 11 May 2011 the Law Commission published Adult Social Care, which reviews adult social care law in England and Wales and contains recommendations for reform.

The Dilnot Commission: Social care funding

On 4 July 2011 the Commission reported to Government with its finding and recommendations for a new funding system. The report highlighted that the current funding system is in urgent need of reform.

Health and Wellbeing Board

Health and wellbeing boards are an important feature of the NHS reforms and are key to promoting greater integration of health and local government services. Work is currently being completed in Oxfordshire to ensure the local Health and Wellbeing Board priorities are linked with the Safeguarding Adult Board priorities.

Other developments

Over the last year a range of guidance has been issued for partners in safeguarding. This includes guidance:

- By ADASS in the form of an Advice Note for directors
- From DH in relation to personalisation and safeguarding
- For the NHS in the form of a suite of best practice guides
- From ACPO (in draft) for the police
- From the Ministry of Justice for the police in working with vulnerable witnesses in the criminal justice system
- From DH on commissioning services for women and children who experience violence or abuse
- From SCIE, a number of guides, including on the Governance of Safeguarding Boards, a Guide to the Law, Involving People and Self-Neglect (funded by the Department of Health)
- Through LGA, on "Making Safeguarding Personal" (part funded by DH)
- From the City of London Police and the National Fraud Intelligence Bureau on Financial Abuse
- From ADASS and the Forced Marriage Unit on forced marriages and people with learning disabilities
- From the NHS Confederation, Local Government Group and Age UK, 'Delivering Dignity: Securing dignity in care for older people in hospitals and care homes'.

2. Experiences of people

This theme looks at what difference to outcomes for people there has been in relation to Adult Safeguarding and the quality of experience of people who have used the services provided.

The Oxfordshire population

Oxfordshire is a predominantly rural county in which 653,800 people live (2011 census). Indeed, the county is the most rural in the South East region and West Oxfordshire is one of the region's least densely populated districts. 37% of the population lives in settlements of less than 10,000 people with 63% living in urban wards (more than 10000 residents).

The following data* gives an indication of the population who fall within safeguarding procedures based on the current definition of a **vulnerable adult**.

> **Vulnerable adults**
>
> The safeguarding policy and the accompanying procedures cover any person, aged 18 or over, living or receiving care or services in Oxfordshire:
>
> '*who is or may be in need of community care services by reason of mental or other disability, age or illness*'
>
> And
>
> '*who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.*'

In 2011/12, a total of 1327 people with a learning disability (aged 18-64) received a social care service funded by Oxfordshire county council. This equates to approximately 0.33 per cent of the population of Oxfordshire aged 18-64.

In 2011/12, a total of 468 mental health service users aged 18-64 years received a social care service funded by Oxfordshire County Council. This equates to approximately 0.21% per cent of the population of Oxfordshire aged 18-64.

In 2011/12 a total of 711 people with a physical disability (aged 18-64) received a social care service funded by Oxfordshire County Council. This equates to approximately 0.18 per cent of the population of Oxfordshire aged 18-64.

In 2011/12, a total of 5,355 people aged over 65 received a social care service funded by Oxfordshire County Council. This equates to 5.0% per cent of the population of Oxfordshire being aged 65 plus.

* These figures exclude people who will fund their own care or receive informal support from family members etc.

Katy Whife, email: OSAB@Oxfordshire.gov.uk, website: www.safefromharm.org.uk

Report on last year's objectives and priorities

The 2010-2011 OSAB Annual Report outlined six priority areas for focused work to improve the outcomes of service-users.

1. Develop improved responses for vulnerable victims of domestic abuse
2. Tackling hate crime
3. Promote better standards of care
4. Making sure that people are able to manage their own care without risk of abuse or neglect
5. Having safe places for people to go if they feel bullied or harassed
6. Working to ensure that people are treated with dignity and respect when they need care.

Develop improved responses for vulnerable victims of domestic abuse

Domestic abuse affects 1 in 4 women and 1 in 6 men in their lifetime. Those affected endure risk to their emotional wellbeing, behaviour, attainment and long-term life chances. Invariably, those individuals who experience domestic abuse have myriad needs, with 'adults at risk/vulnerable adults' making up the population of people who suffer domestic abuse.

Domestic abuse is defined by the government as:

'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality'

This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour based violence', female genital mutilation (FGM) and forced marriage.

In 2007, a prevalence study on elder abuse undertaken by the Department of Health and Comic Relief estimated that 227,000 older people had been neglected or abused in their own homes in the previous year and that domestic violence accounted for a significant proportion of that figure. Women with disabilities are particularly vulnerable to abuse; research has shown that disabled women experience abuse at least twice as often as non-disabled women. Abusers, including personal assistants (P.A's) and carers, may exploit a woman's particular condition or impairment. There are additional barriers that vulnerable adults must overcome, for example, a substantially less provision than that available proportionally to non-disabled women is accompanied by a greater need for such focused and specialist services (James-Hanman, 1994; Magowan 2003, 2004).

Any adult at risk of domestic abuse should be able to access support which enables them to live a life free from violence and abuse.

The Oxfordshire Domestic Abuse Strategy Group (ODASG) and the Oxfordshire Safeguarding Adults Board (OSAB) are working together to identify and promote best practice in Oxfordshire for the support of adults at risk/vulnerable adults who are suffering domestic and sexual abuse. This work has encompassed research; data analysis; and, a workshop in which delegates from a range of agencies identified gaps and barriers in current provision and highlighted some ways to overcome these gaps and barriers.

Recommendations

- Ensure that clear protocols with the lead authority and partner organisations are in place to include referral pathways, monitoring and review arrangements (Local Government Improvement and Development, 2010).
- Issues in relation to discrimination and lack of understanding of the needs of vulnerable people in accessing and using services for victims of domestic abuse need to be addressed.
- The needs of older or disabled victims should be taken into account when developing/providing information.
- Additional vulnerability and risk as a result of age, illness or disability needs to be taken into account in assessment.
- Access to services for victims of domestic abuse who have mobility or support needs to be taken into account.
- Identification of clear practice links between Multi-Agency Public Protection Arrangements (MAPPA), Multi Agency Risk Assessment Conferences (MARAC), Safeguarding Adults and Domestic Abuse meetings and Boards.

What have we done?

- Shared part-time post between Safeguarding Adults Team and Safer Communities Unit working on aligning adult social care with domestic abuse agenda - secondment completed. Additional secondment opportunity with the Independent Domestic Violence Advisor (IDVA) service is being considered by Adult Social Care.
- Improved partnerships links with the Oxfordshire Domestic Abuse Strategy Group (ODASG).
- Early intervention: The Domestic Abuse Champion Network has been further developed to include people who work with vulnerable adults. This network of trained, supported and resourced practitioners across a range of agencies is committed to supporting victims of domestic abuse across Oxfordshire. At present

there are approximately 600 Champions in around 60 agencies/organisations, delivering a wide range of services. Bringing safeguarding adults issues to this network has improved the understanding of the needs of vulnerable people and provided a platform to discuss complex cases. This improved information sharing and increased understanding helps to reduce discrimination where it may exist.

- Resources developed by ODASG and OSAB have been improved to increase the awareness of the needs of vulnerable adults who experience domestic abuse.
- High risk: 3 Designated Multi Agency Risk Assessment Conferences (MARAC) Officers (DMOs) trained in Adult Social Care.
- Policy, procedure and practice: The use of the Domestic Abuse, Stalking, Harassment and Honour Based Violence (DASH) risk assessment being extended throughout Adult Social Care; domestic homicide review closely aligned with the OSAB Serious Case Review (SCR) protocol.
- Training: Domestic Abuse and Safeguarding Adults training is more closely aligned.
- An action plan is in place and will be monitored by the Oxfordshire Domestic Abuse Strategy Group (ODASG) and the Oxfordshire Safeguarding Adults Board.

Tackling hate crime

A web-based reporting and recording system in key agencies was introduced in four pilot areas across Oxfordshire as the first part of the Hate Crime Strategy for the county. This work has been led by the Community Safety Service.

It will contribute to fulfilling legislative requirements, under the 2010 Equality Act, for public bodies to provide services for reporting and recording hate crime incidents and crimes, other than to the police. However, the police are key and supportive partners. The work is coordinated under the MANTRA Challenging Harassment and Discrimination brand.

The reporting, recording and supporting system will help to inform us about the prevalence, nature and impact of hate crime in Oxfordshire. In particular, hate crime motivated by Race, Religion and/or Belief, Disability, Sexual Orientation and Trans-gender will be addressed.

The impact of hate crime can be severe, including fear, isolation and physical and mental harm and it can seriously affect children. Under-reporting is a universal issue.

Promote better standards of care

• Abuse in Domiciliary Care

Domiciliary care is provided to people who still live in their own homes but need additional support with household tasks, personal care or any other activity that allows them to maintain their independence and quality of life. There are approximately 1800 domiciliary care packages set up and funded by Oxfordshire County Council/Oxford Health.

A year-long inquiry into the home care system in England, conducted by the Equality and Human Rights Commission uncovered evidence of poor treatment of many older people. The final report, Close to Home (2011), revealed *'serious, systemic threats to the basic human rights of older people who are getting home care services.* In Oxfordshire, just over 30% of concerns relating to the abuse, mistreatment or neglect of a vulnerable adult by a paid worker relate to domiciliary care workers (excluding people with a learning disability). The safeguarding team has worked to mitigate against such concerns.

What have we done?

- Two full-time adult protection leads focusing on abuse in care.
- Bi-monthly risk assessment reports based on analysis of adult protection alerts and complaints provided by safeguarding adults' team manager to OCC contracting team.
- Intelligence lead focused investigations and actions to support the development of less well performing provider services.
- Established good joint working between adult protection and specialist safeguarding services e.g. medicines management.

Next Steps & Recommendations

- A further three full-time locality adult protection leads to be recruited in spring/summer 2012
- Late/missed visits strategy.

## • Abuse in residential care and residential nursing homes

The neglect of vulnerable adults in residential care and nursing homes has emerged as an important issue nationally. *'Those at greatest risk of abuse appear to be older women, those living in a care home and those who have a long term illness* (particularly dementia).' (Beadle-Brown et al, 2006).
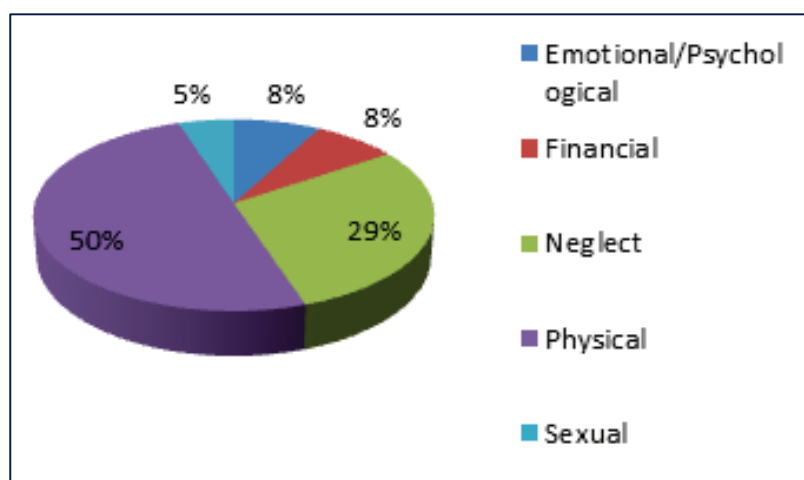
Oxfordshire experience

Safeguarding adult referrals received about incidents of abuse occurring in care and nursing homes (excluding people with a learning disability).

Frequency of abuse
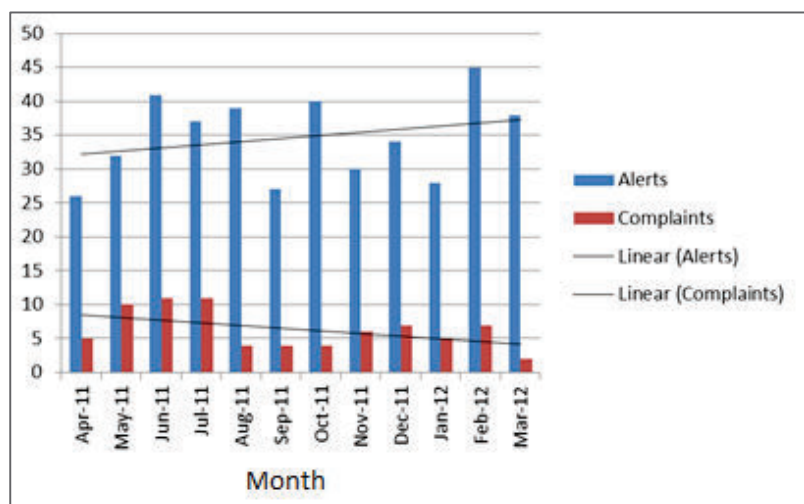
Type of abuse experienced

It is important that the care needs of the population of Oxfordshire are protected.

What have we done?

- Two full-time adult protection leads focusing on abuse in care.
- Bi-monthly risk assessment reports based on analysis of adult protection and alerts and complaints provided by safeguarding adults' team manager to OCC contracting team.
- Intelligence lead focused investigations and actions to support the development of less well performing provider services.

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- Established good joint working between adult protection and specialist safeguarding services e.g. medicines management; tissue viability etc.
- Oxfordshire Health Economy Pressure Ulcer Strategy to standardise reporting and management of issues relating to skin breakdown across the health economy in all aspects of care.
- Oxfordshire Care Homes Support Service to support the development of nursing and care standards in Oxfordshire.
- Close liaison and communication sharing with the Care Quality Commission.
- Focused work in relation to meeting the needs repeat perpetrators who are also vulnerable adults.

Next Steps & Recommendations

- A further 3 full-time locality adult protection leads to be recruited in spring/summer 2012.
- Oxford Health Support to Residential and Nursing Homes Project
- Extend focus of preventing repeat abuse by other vulnerable adults.
- Increase joint working and information sharing between safeguarding adults team and Care Home Support Service.

• Safeguarding people with limited or no capacity

In Oxfordshire we operate a joint supervisory body office for Deprivation of Liberty Safeguards (DOLS). All requests for DOLS authorisations are received by the DOLS team in Oxfordshire County Council. A team of 40 Best Interests Assessors (BIA) complete assessments on a rota system in both care homes and hospital settings. They are employed by the County Council, Oxford Health NHS Foundation Trust and Ridgeway Partnership and we have representatives from all 4 professional areas set out in the Regulations - social work, occupational therapy, nursing and psychology.

DOLS medical assessors are employed by Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Trust and Ridgeway Partnership.

The DOLS manager scrutinises all assessments completed by the assessors to ensure compliance with legislation, statutory guidance and case law, and authorisations are granted by senior officers of the County Council with responsibility for Adult Social Care - operations, or senior officers of the PCT.

The DOLS manager is also available to advise health and social care professionals on issues of capacity and best interests decision making. Guidance is available on the Oxfordshire County Council public website and the Safe from Harm website.

We have recently formed a DOLS subgroup to the Oxfordshire Safeguarding Adults Board. The members represent partner agencies with responsibility for DOLS including managing

authorities (hospital trusts and care homes), the supervisory bodies, a BIA, a medical assessor, the Independent Mental Capacity Advocate (IMCA) service and the Mental Health trust. Agencies are signatories to a Joint Oxfordshire Policy on the Mental Capacity Act 2005 and have agreed to standardise the format of mental capacity assessments to assist consistency.

Making sure that people are able to manage their own care without risk of abuse or neglect

Increasing people's choice and control and ensuring services are safe

Self-Directed Support puts what is important to the person at the centre of all decision making. Based on the individual's needs which have been identified in their assessment, each person is allocated a personal budget to arrange their support with. The person will then have the option of receiving a "direct payment" to purchase the support they need or having someone to manage this on their behalf a 'managed account'.

In its restructure Oxfordshire County Council has retained a higher percentage of social workers than many local authorities. Social Workers remain at the heart of complex social care assessments. All safeguarding work is completed by a social worker.

Having safe places for people to go if they feel bullied or harassed

The first *Safer Places* scheme was piloted in Devon and Cornwall by the South Devon and Dartmoor Community Safety Partnership. It aimed to stop the bullying and abuse of individuals with learning disabilities and other vulnerable people. Several other areas are now operating *Safer Places* schemes.

Drivers for Safer Places

- Increase in vulnerable people living in the community
- Partnership encouragement for communities and public sector to work together – Big Society
- Need to find generic, low-cost prevention services for vulnerable person
- Need to reduce the perception of crime and make people feel safer in their community

How a Safer Places scheme works

Local shops, businesses and agencies display a brightly coloured sticker to identify that they are part of the scheme and can offer help to someone who may be in distress.

The vulnerable person signed up to the scheme carries a card displaying the same logo as the sticker, their name and phone numbers of someone that they trust; for example a family member or a support worker.

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Members of staff in the *Safer Place* have received training (in-depth scheme), or they have a resource pack (light-touch scheme) and will enable the vulnerable person to contact someone, or call authorities as appropriate.

The responsibility to report incidents remains with the vulnerable individual and not with the *Safer Places* location.

Safer Places are a place of temporary refuge from harassment, bullying or worse; a *Safer Places* should only be used if a vulnerable person requires help in contacting a carer/ support worker or support agency, if they are lost, feel distressed or have been a victim of some sort of harassment or criminal offence.

Oxfordshire Safer Places scheme proposal

* Develop a safer places steering group to develop local relationships
* Build understanding in the locality and identify and engage with local businesses
* Work with OSAB to ensure work is connected
* Connect with local businesses
* Involve service users, families and communities
* Pilot two schemes in Banbury and Oxford
* Include development of Safer Places in OSAB strategy

Work to ensure that people are treated with dignity and respect when they need care.

"Dignity is seeing me, the person. Respecting and valuing me as an equal. Meeting my needs and listening to me. Helping me to have the life I want, whatever my challenges"

Dignity in Care became a subgroup of the Safeguarding Adults Board in March 2011. In this short time the group have made great strides to meet the following priorities:

* Food, nutrition and hydration appropriate for individuals
* Improve the way people are received into hospital
* Communications e.g. dignity champions newsletter, dignity in care awards judged by service users and carers
* Performance framework, benchmarking and key performance indicators

Achievements

* Dignified gowns in hospital
* Information on specific needs of individuals
* Service users and carers and the LINk trained to support quality monitoring of services
* Dignity workshops for service providers
* First 'dignity in care' awards ceremony

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* Support to the Dignity champions network
* Performance framework for measuring dignity
* Secured senior management buy-in to programmes of change across the leading statutory sector care bodies
* Delivery of training for service providers, care managers and staff.

Training, development and awareness raising

The Board has conducted a range of activities to:

1. Ensure that all staff are well trained and work together to protect people from harm.
2. Ensure that all people know how to raise concerns if they are at risk of or are being harmed in some way.

The Board training subgroup meet quarterly to review the training being delivered by agencies and to ensure it meets the OSAB competency framework. Data is collected from all agencies to measure the percentage of staff trained (2011-2012 are figures not yet available). Significant developments are:

* Fire and Rescue Service have trained 91% of front line officers in Adult Safeguarding.
* Oxford Health has commenced a programme of joint child protection and adult safeguarding training, resulting in a more cost effective use of staff time.
* Initial discussions have begun to look at a joint child protection and adult safeguarding e-learning package for use by The Oxfordshire Safeguarding Childrens Board and The Oxfordshire Safeguarding Childrens Board.
* A quarterly standardisation meeting supports safeguarding trainers across Oxfordshire to keep information and skills up to date. All training packages are measured against the competency framework. The group has 41 members. The Development and Information Officer has carried out quality assurance observations of training, where agencies have required this.
* Fourteen multi-agency training sessions were delivered across the county with one hundred and seventy five attendees. Due to the number of attendees at each session the programme will be reduced for 2012-2013 to ten sessions. The current climate of change in organisations may have impacted on engagement with the multi-agency session.
* Continual Professional Development workshops were run for safeguarding managers: topics were Domestic Abuse, Financial Abuse, Safeguarding and the Law, Mental Capacity and Safeguarding.
* Safeguarding information sessions delivered to: District Council Housing, Advocacy Services and Oxfordshire Rural Communities.

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- A Dignity workshop has been held with provider managers.
- A dedicated safeguarding training resource is available on the Safe from Harm website.
- A range of resources available to be used by the public and professionals are available to download on the Safe from Harm website.
- The Challenge of Empowering Adults at Risk event- Multi-agency event to provide a forum for multi-agency networking and looking at the challenges for professionals involved in safeguarding.

Good Practice: Oxfordshire Fire and Rescue Service

As part of their commitment to membership of the Oxfordshire Safeguarding Adults Board (OSAB) and Oxfordshire Children's Safeguarding Board (**OCSB**), **Oxfordshire Fire and Rescue Service** included, in their **Integrated Risk Management Planning** 2011/12 Action Plan, the requirement for all front line officers to attend safeguarding adults and child protection training. Working alongside the training leads for both OSAB and OSCB a training package was developed to be delivered by the Fire and Rescue Services Risk Reduction Team coordinator and Assistant Administrative Services Manager. The training was delivered to each Fire Watch in Oxfordshire, a total of 620 staff have been trained to date which is 91% of the total number originally identified. A plan is in place to deliver training to the remaining sixty staff.

The training session was not officially evaluated but the trainers believe that in most cases it was viewed positively by delegates. Concerns were raised by some officers in relation to their standing in the communities, as they both work and live in an area. They felt raising a concern following attendance at an incident may have a detrimental effect on their relationships with members of the community, as individuals would easily identify who had raised the concern. However there is no evidence to show that this has affected alerts being raised.

The training programme commenced in August 2011 and, as identified above, the final sessions are now planned to ensure 100% compliance. The figures provided by Fire and Rescue Service identify that in 2011, eight safeguarding concerns were raised by Fire and Rescue in relation to vulnerable adults. From 1st January 2012 to 13th May 2012 a total of twenty alerts have been raised. Whilst not all twenty have resulted in a safeguarding alert, all concerns were appropriately raised and referred to applicable services where necessary.

Initially the service had little feedback following the referrals, but this appears to have improved. It was emphasised that receiving feedback, whilst recognising the need for data protection, is a key factor in confidence to raise concerns in the future.

This project evidences the positive affect of safeguarding awareness training in teams, outside of the social and health care context, who have contact with vulnerable people and is a model that can be used to inform future development of training strategies.

Future developments:

- Consideration needs to be given to how agencies are measuring the effectiveness of training.
- Increase the availability of a generic e-learning package for the increasing number of community/voluntary agencies requiring safeguarding adults training.
- Continuing Professional Development (CPD) workshops planned for 2012-2013 are: Self- Neglect (this is a cross county event with Buckinghamshire and Milton Keynes), Pressure Care, Role of the Court of Protection, Personalisation and Safeguarding.
- In line with personalization, the Board needs to ensure that service users know how to raise concerns. Work with agencies to develop resources or adapt existing resources.
- There is a Dignity project proposal to measure effectiveness of Dignity workshops on the quality of care.

3. Delivery, performance and resources

This theme looks at service delivery, the effectiveness of practice and how the performance and resources of the service, including its people are managed.

Delivery

Adult protection refers to investigation and intervention where it is suspected that harm may have occurred as a result of abuse or neglect of a vulnerable person or adult at risk.

Adult Social Care, Oxfordshire County Council, have an enhanced duty to investigate adult protection cases or cause an investigation to be made by other agencies.

The Oxfordshire County Council Social and Health Care Team is the contact point for all safeguarding alerts and enquiries. The unit handles more than 100,000 telephone calls per year, as well as letters, emails and faxes. Its aim is to respond to customer needs quickly and ensures that they are directed to the place most appropriate to their needs.

All OSAB member organisations have specialist safeguarding leads whose role is to develop adult safeguarding within their organisations.

The central safeguarding adults team provides a dedicated safeguarding function operating independently of practitioners but continuing to provide support and challenge to adult social care. This provides senior professional leadership with a continuing support and development function in relation to both adult protection leads within localities and the broader safeguarding information and development needs of adult social care teams.

Cases are managed by all locality teams with the safeguarding adults/vulnerable adult protection team taking specific responsibility for abuse in care cases.

The current safeguarding adults team consists of:

- 1 fte Unit Manager

- 0.6 fte OSAB administrator

- 2 fte Senior Practitioner

- 1 fte dedicated Safeguarding Adults Board Development and Information Officer

- 1 fte adult protection administrator

To increase the team's capacity, 3 additional full-time Locality Adult Protection posts are to be established in 2012.

Systems and referral routes

While information sharing between teams and agencies has demonstrated significant improvement in relation to identifying risks to 'adults at risk' some challenges remain:

Information regarding risk in relation to potential perpetrators and 'adults at risk' is held on multiple systems, e.g. adult social care, mental health, learning disability, children etc. The work of the Board therefore has been to ensure that despite different systems, information is still shared so that people are safeguarded effectively.

To mitigate against the risks of having multiple systems, work has been completed to improve information sharing and access to systems:

- A recent development allows staff using the children's system to look up information held in the adults system (without having to access the adults system)
- There is ongoing work to improve access to the electronic patient record system RiO
- Oxford Health NHS Foundation Trust has launched a new service, the Single Point of Access (SPA), which provides GPs and other healthcare professionals with a quick and easy way of referring patients to the Trust's community health services e.g. community therapy and community nursing. This new service can be used for any referral to community health services.
- Data recording has been improved though the provision of training in the use of Adult Social Care systems, which has been given or is in the process of being given to all working age and older adult Mental Health Teams - including safeguarding recording training.
- Finally, the County Council has just procured a 'Secure File Sharing' solution that will make sharing sensitive and restricted information outside the organisation much easier and therefore will improve information sharing between the County Council and partner organisations.

Serious Case Review

The Serious Case Review subgroup has not conducted any Serious Case Review. However, the subgroup has conducted Partnership Reviews to learn from Serious Incidents, significant safeguarding events and Serious Case Reviews in other regions.

Winterbourne View

On 31 May 2011, the BBC aired a Panorama programme where patients were subjected to horrific treatment and abuse at Winterbourne View Hospital, Bristol, owned and run by Castlebeck. As a result of this several members of staff were arrested and the hospital has been closed down. Following the broadcast several strands of review have been carried out. Locally, a serious incident review and a review of commissioning have been undertaken. These will be considered as a part of the national Serious Incident review and review of commissioning. Also being undertaken is: a criminal investigation, a Castlebeck internal review, a Gloucestershire safeguarding review and a programme of CQC investigations and inspections.

Oxfordshire had three patients at Winterbourne View and, as a result, was required to conduct an investigation in line with the Serious Incidents Requiring Investigation (SIRI) process into the commissioning arrangements at the time of placing these patients at Winterbourne View.

The purpose and remit of the local investigation was:

- To establish the facts and whether there were any failings in the commissioning process around the placements of the Oxfordshire patients;
- To identify any lessons to be learned and create an action plan to be implemented to prevent recurrence;
- The investigation did not identify any serious practice failings. It did identify some important learning points. These were: the need for clarification of the process for out of county placements, and the need for improvements in the quality assurance and monitoring process for placements. An action plan has been agreed between OCC and Oxfordshire PCT with the aim of improving commissioning processes.

It is likely that events at Winterbourne View will lead to an increased awareness and reporting of issues relating to safeguarding and learning disabilities.

An action plan has been put in place in response to investigation into placements at Winterbourne View. A steering group involving key managers, service users and carers has been established to oversee delivery of action plan. The Serious Case Review subgroup (SCR) is maintaining an overview of this work to help ensure that learning is disseminated.

Buckinghamshire Serious Case Review

During February 2010, the dismembered body of 70 year old Mr C was found under concrete in the back garden of his home. In September 2010, Mr C's son, who was a 22 year old undergraduate, was found guilty of his father's murder. The Thames Valley Police had become concerned that between August 2008 and February 2009, when all

contact with this older man had ceased, neither the NHS nor Adult Social Care raised concerns about Mr C who was a Direct Payments Recipient. In the absence of information to the contrary, both Adult Social Care and the support agency commissioned to support all Direct Payments Recipients believed that Mr C employed Personal Assistants. However, the police were unable to trace them. Also, it has become subsequently apparent that Mr C's son might have fallen within the statutory definition of a carer but there is no evidence that he had been recognised as such by either the NHS or Adult Social Care.

About this Serious Case Review (SCR)

A Serious Case Review was commissioned by Buckinghamshire's Adult Safeguarding Board and was based on information from:

- Buckinghamshire County Council, Adult Social Care
- Milton Keynes Hospital NHS Foundation Trust
- NHS Bedfordshire and
- Oxford Radcliffe Hospitals NHS Trust.
- A Detective who contributed to the police investigation and murder trial shared insights from both procedures.

The Oxfordshire Safeguarding Adults Board maintained an overview of the Buckinghamshire Serious Case Review (published in May 2011). This is because it was the first Serious Case Review focussing on somebody in receipt of Direct Payments and it was important that Oxfordshire learned lessons from the outcomes of the review.

Issues identified

- Monitoring of Direct Payments
- Assessment & review process
- Importance of history
- Hospital discharge arrangements
- Carers Assessments
- Lack of multi-agency discussion
- Decision-making not risk assessed

What are we doing in Oxfordshire?

Every person in Oxfordshire in receipt of a Direct Payment has a minimum of an annual face-to-face review and if the person is using the payment for securing private services, a 6-monthly review is recommended. When clients are visited staff check whether there is a carer or a young carer (they may not always be present) and whether they need support. Carer's assessments check the person's ability to care. The finance team monitor spending through Direct Payments and send monthly reports highlighting any unusual spending.

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From 2009 to 2012 the NHS are running a pilot testing the idea of personal health budgets with a small number of people to see how it could work. NHS Oxfordshire is trying out the idea of personal health budgets by giving some people eligible for NHS continuing healthcare the opportunity to have a personal health budget. The recommendations from the Buckinghamshire Serious Case Review have been carefully considered in the planning and management of this pilot.

Monitoring and Quality Assurance

How the Board have monitor and evaluate local adult safeguarding arrangements

The Care Quality Commission, Essential Standards for Quality and Safety set specific outcomes for safeguarding and safety as a requirement for registration. The Care Quality Commission will take enforcement action where services fail to comply with standards and patients are put at risk.

In Oxfordshire the central Safeguarding Adults team provides a dedicated safeguarding function operating independently of practitioners providing support and challenge to adult social care.

The continued priority of Adult Safeguarding within Adult Social Care, Oxfordshire County Council is reflected in the 2012-2013 key quality measures.

- **Protection**: To ensure that services that are safe and vulnerable people are safeguarded
- **Prevention**: To keep people as independent as possible and living an ordinary life
- **Personalisation**: To provide services which meet the personal needs of clients and maximise the control they can exercise over their live

The safeguarding Board provides challenge and support through scrutiny of performance reports, inspection and audits. The Board requests assurances that recommendations have been acted upon.

Information obtained from the NHS Self-Assessment Quality & Performance Framework has informed the Board. It has been identified that a standardized approach to quality assurance will be beneficial to the Board. This is an area of development to be taken forward in next year's Business Plan.

4. Working together

This themes looks at the role and performance of the Local Safeguarding Board and how all partners work together to ensure high quality services and outcomes

Governance of Adult Safeguarding (Braye et al, 2011)

The research for the report by Braye et al (2011), commissioned by the Department of Health, explored the governance arrangements for safeguarding adults. The findings focus on five key features of Safeguarding Adults Boards:

1. Strategic goals and purpose

2. Structures

3. Membership

4. Board Functions

5. Accountabilities

The Oxfordshire Safeguarding Adults Board completed a self-assessment exercise to evaluate their performance against the key features identified by Braye et al (2011).

The positive features of the Board include its established and committed membership; the increased prominence of the Board within partner agencies; the developed scrutiny function and reporting mechanisms; and, the expanded remit through the establishment of the Deprivation of Liberty Safeguards (DoLS) and the Dignity in Care subgroups.

The Oxfordshire Safeguarding Adults Board (OSAB) has members across a range of agencies involved in both prevention and intervention. The Board provides a challenge and scrutiny function through the routine items: performance reporting; feedback from inspections and audits, during which assurance that inspection recommendations have been acted upon is requested; capacity and organisational change; and subgroup reports.

Each core/statutory board member organisation must have a designated director for the implementation of safeguarding adults' work and a nominated senior lead representative on the Safeguarding Adults Board. Core/statutory board members must be sufficiently senior in their organizations to represent that organisation and make multi-agency agreements. See paragraph 6 and 7 of OSAB Terms of Reference (appendix 3) and OSAB role description (appendix 1)

The elected cabinet member for adult services is a member of the OSAB. The OSAB Chair and Cabinet member provide links to the Health and Wellbeing Board and the County

Council's scrutiny function. Strategic links with Community Safety through joint membership and as outlined in Community Safety Business plan.

Each subgroup is chaired by a board member. Reporting to the OSAB is via routine highlight reports. The cooperation of partners is evidenced by progress on actions. Other forums e.g. the Safeguarding Leads meeting provide a forum for multi-agency partners to discuss and scope situations in detail.

Multi-agency OSAB Policies and Procedures are in place and are available on the OSAB website (www.safefromharm.org.uk). The Board has also worked to ensure that Safeguarding Adults is appropriately referred to in other relevant policy, procedure and guidance, e.g. the local Domestic Homicide Protocol.

Areas of development have been highlighted during this exercise.

The development of an OSAB strategy was identified as a key area of development.

Reporting mechanisms to other Boards are in place but there could be further work to develop their efficiency. Plans are in place to establish formal links with the newly established Health and Wellbeing Partnership Board and a protocol is being drafted between the OSAB and the Oxfordshire Safeguarding Childrens Board.

Currently, engagement with service users and carers is through the links and work of individual members. The need to improve engagement with people who use services has been highlighted as an area of development.

These areas of development will be discussed in detail at the Board Business Planning day, planned in June 2012. Following this, a Board Business Plan will be written to outline the proposals for addressing the areas of development and priorities for 2012-2013.

Priorities for 2012

Through a combination of presentations, discussion and group work the attendees of the business planning meeting assessed the progress of the work of the Board over the last year, explored options to develop the Board and outlined priorities for the year ahead.

The Board priorities will be outlined in the Board business plan.

The Annual Report will be taken to the Oxfordshire Health and Wellbeing Board.

Appendix 1

Role Description for Safeguarding Adults Board Members

1. The Board member must have (or be given) sufficient authority within their own agency to be able to represent their agency's view to the Board.

2. The Board member must be able to (or be given the authority to) commit the resources of their agency to support the work of the Safeguarding Board.

3. The Board member must ensure that the Board is informed of all relevant professional and practice issues that will impact on the ability of the agencies represented on the Board to work together to safeguard vulnerable adults in the County.

4. The Board member must be able to influence the strategic planning for safeguarding vulnerable adults within their agency.

5. The Board member must be able to secure appropriate information from their agency to support the work of the Board.

6. The Board member must represent the position of the Board within their own agency, whether this is in conflict with their agency or not.

7. The Board member must ensure that decisions of the Board are promoted within their own organisation and any impediments or delays to their implementation are reported to the Board.

8. The Board member must ensure that the work of the Board, its policies and decisions, is communicated effectively within their own agency.

Appendix 2

Role Description for the Independent Chair

1. To ensure that the Oxfordshire Safeguarding Adults Board (OSAB) operates effectively and exercises its functions and responsibilities as set out in No Secrets and Oxfordshire Safeguarding Adults Board's policies and procedures, and all new legislation, regulations and guidance regarding safeguarding adults.

2. Lead the Safeguarding Adults Board in the implementation of the Safeguarding Adults agenda and together with the executive group determine priorities in service development.

3. Providing independence and quality assurance in the conduct of the Oxfordshire Safeguarding Adults Board and its subgroups.

4. Ensure that performance management is integrated into the role and function of the Safeguarding Adults Board and its subgroups to deliver improved outcomes for vulnerable adults and their carers.

5. Encourage and support the development of partnership working between the partner members of the Safeguarding Adults Board and its subgroups.

6. To promote the Oxfordshire Safeguarding Adults Board's ability to independently fulfill statutory objectives of monitoring, challenge and scrutinise the effectiveness of inter-agency working to safeguard vulnerable adults/adults at risk.

Appendix 3

Oxfordshire Safeguarding Adults Board Terms of Reference

1. Background information about the Board

1.1. The creation of a local multi-agency management committee (safeguarding adults) as a means of achieving effective inter-agency working was recommended in the Department of Health report *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (2000).* This guidance, issued under Section 7 of the *Local Authority Social Services Act 1970*, requires local authorities in their social services functions to play a coordinating role in the development of local policies and procedures for the protection of vulnerable adults from abuse.

1.2. A multi-agency working group was established in Oxfordshire in 2001, which led to the development of the *Oxfordshire Codes of Practice for the Protection of All Vulnerable Adults from Abuse, Exploitation and Mistreatment* in May 2002 and the development of the Oxfordshire Adult Protection Committee.

1.3. The publication of *Safeguarding Adults – A national framework of standards for good practice and outcomes in adult protection work* (ADSS, 2005) led the committee to re-evaluate its existing title and terms of reference and become the Oxfordshire Safeguarding Adults Board.

1.4. The Oxfordshire's Safeguarding Adults Procedures (2009) superseded Oxfordshire Codes of Practice for the Protection of All Vulnerable Adults from Abuse, Exploitation and Mistreatment (2002).

2. Purpose

2.1. The purpose of the Oxfordshire Safeguarding Adults Board is to create a framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of anxiety.

3   Structure

3.1 The main board will be supported by five sub-groups: Policy and Practice; Training; Dignity in Care; Deprivation of Liberty Safeguards and Serious Case Review. The Chairs of these sub-groups will be members of the Oxfordshire Safeguarding Adults Board.

3.2 The structure chart below shows the roles and responsibilities of the committees responsible for implementing the safeguarding requirements.

4. Main Features & Responsibilities

The Oxfordshire Safeguarding Adults Board's responsibilities are:

4.1. To encourage and promote the development of services that: recognise the rights of vulnerable people; enable vulnerable people to live safely and free from abuse, and; actively promote individual's access to mainstream criminal justice and victim support services

4.2. To oversee the development and implementation and review of local policies and procedures for the protection of vulnerable adults from abuse in Oxfordshire that ensure:

- The abuse of vulnerable adults is identified where it is occurring
- That there is a clear reporting pathway
- That there is an effective and coordinated response to abuse where it is occurring
- That the needs and wishes of the vulnerable adult are central to the adult protection process

4.3. To encourage and promote a framework which ensures that all individuals and agencies working with vulnerable people understand what is meant by abuse and their role and responsibilities in reporting and responding to concerns of abuse, and actively work together to:

- Respond effectively to abuse where it is identified
- Act to reduce the risk of harm to vulnerable people as a result of abuse
- Develop & implement strategies designed to safeguard vulnerable adults from abuse

This includes:

i   developing and agreeing local policies and procedures for inter-agency work to protect vulnerable adults, within the national framework provided by "No Secrets"

ii   auditing and evaluating how well local services work together to protect vulnerable adults, for example through wider case audits

iii   encouraging and helping develop effective working relationships between different services and professional groups, based on trust and mutual understanding

iv   ensuring that there is a level of agreement and understanding across agencies about operational definitions and thresholds for intervention

v   improving local ways of working in the light of knowledge gained through national and local experience and research, and to make sure that any lessons learned are shared, understood, and acted upon

vi   undertaking case reviews where an adult has died or – in certain circumstances – been seriously harmed, and abuse or neglect are confirmed or suspected

vii   making sure that any lessons are understood and acted upon

viii   communicating clearly to individual services and professional groups their shared responsibility for protecting vulnerable adults, and to explain how each can contribute

ix   helping improve the quality of adult protection work and of inter-agency working through specifying needs for inter-agency training and development, and ensuring that training is delivered

x   raising awareness within the wider community of the need to safeguard vulnerable adults and promote their welfare and to explain how the wider community can contribute to these objectives

xi   actively seeking to identify where there is a risk of institutional abuse to vulnerable adults, and

xii   developing strategies to prevent the abuse of vulnerable adults whenever possible

xiii   monitoring, collecting and analysing information in accordance with local and government requirements

xiv   working with local and adjacent area child and adult safeguarding boards

xv   ensuring compliance with formal government requirements.

5. Reporting

5.1.   The Board will report annually to the Oxfordshire County Council, Social & Community Services Scrutiny Committee.

5.2.   In addition each core/statutory member of the Oxfordshire Safeguarding Adults Board will be expected to report to its own management committee.

5.3.   The Board will produce an annual report that will include a review of the previous years' work. This report will be subject to scrutiny by the Oxfordshire Social Services, Social and Community Services Scrutiny Committee

5.4.   The five board subgroups will contribute to the Board's annual report

5.5.   Individual member reports will be included as annexes to the annual Board report.

6. Membership

6.1.   Each core/statutory board member organisation must have a designated director for the implementation of safeguarding adults' work and a nominated senior lead representative on the Safeguarding Adults Board. Core/statutory board members must be sufficiently senior in their organizations to represent that organisation and make multi-agency agreements.

7. Member responsibilities

7.1.   Each core/statutory member of The Board is committed to the aims, objectives and principles outlined in the Oxfordshire's Safeguarding Adults Procedures (2009). To this end each partner agency will:

a. Have a set of internal guidelines and reporting structure, which are consistent with the Oxfordshire's Safeguarding Adults Procedures, and which set out the responsibilities of all workers to work within the Oxfordshire Codes of Practice

b. Ensure that all staff members and volunteers at all levels have training and information commensurate with their role in relation to the Oxfordshire Codes of Practice

c. Ensure that all adult safeguarding concerns are systematically logged along with the actions taken and outcomes arising

7.2.   In addition each agency will undertake an annual risk assessment/review of services provided by the organisation and establish an agreed action plan for promoting the protection of vulnerable people served by the organisation.

7.3.   Each core/statutory member of the Oxfordshire Safeguarding Adults Board will provide an annual report to the board detailing progress and developments in relation to 5.1 and 5.2 above.

8. Frequency of Meetings

8.1.   Quarterly

Reporting your concerns

Everybody working with vulnerable people is responsible for making sure, within their Codes of Practice, that no action or omission on their part harms the wellbeing of service users.

If you are aware of any vulnerable person who has been harmed or abused or is at risk of harm you must **report it**.

Oxfordshire Social & Community Services

Oxfordshire Social & Community Services have procedures for dealing with cases of vulnerable adult abuse. They can offer information and advice to help you in deciding what you want to do and in some cases may be able to provide you with practical help and support. The first priority will be to try and ensure that you are safe.

Telephone**: 0845 0507 666**

SMS: **07788 571577**

Fax: **01865 783111**

Address: **Social and Health Care team, PO Box 780, Oxford, OX1 9GX**

socialandhealthcare@oxfordshire.gov.uk

Out of hours emergency: **0800 833408**

www.oxfordshire.gov.uk

Thames Valley Police

Abuse is often a crime. If you think a crime has been committed contact the police.

Non-emergency number: **101**

In an emergency dial: **999**

www.thamesvalley.police.uk

Care Quality Commission (CQC)

If you, a friend or relative, live in a care home or have care at home and are not happy with the care that you are getting you can contact CQC who can give you advice on what your rights are and how to complain.

Call them on: **03000 616161**

Email them on: enquiries@cqc.org.uk

Find out more at: www.cqc.org.uk

اشكال بديلة لهذا المنشور موجودة حسب الطلب. هذه تشمل لغات مختلفة و الطبعة البارزة
وطريقة بريل و اشرطة كاست و اقراص الحاسوب او البريد الالكتروني.

Arabic

আপনি যদি অনুরোধ করেন তাহলে এই পুস্তিকাটি বিকল্প ছাঁদে, যেমন, অন্য কোনও ভাষায়, বড় হরফে, ব্রেইলে,
অডিও-ক্যাসেটে, কমপিউটারের ডিস্কে বা ইমেলের মারফত পেতে পারেন।

Bengali

"本刊物備有其他的格式可供索取。這些包括有其他語言版，大字版，盲人用版，
錄音帶版，電腦磁碟版或電子郵件版。"

Chinese

प्रार्थना करने पर यह प्रकाशन दूसरे रूपों में प्राप्त किया जा सकता है। जिस में सम्मिलित है, दूसरी भाषाओं में,
बड़े छापे में, ब्रेअल, सुनने की टेप पर, कम्प्यूटर की डिस्क पर या ई-मेल द्वारा।

Hindi

"ਇਹ ਪੁਸਤਕ ਬੇਨਤੀ ਕਰਨ ਤੇ ਹੋਰ ਰੂਪਾਂ ਵਿਚ ਵੀ ਉਪਲਬਧ ਹੈ। ਜਿਵੇਂ ਕਿ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਛਾਪੇ ਤੇ, ਬ੍ਰੇਲ
ਵਿਚ, ਸੁਣਨ ਵਾਲੀ ਟੇਪ ਤੇ, ਕੰਪਿਊਟਰ ਡਿਸਕ ਜਾਂ ਈ ਮੇਲ ਤੇ।"

Punjabi

''اس اشاعت کو متبادل اشکال میں درخواست کرنے پر حاصل کیا جاسکتا ہے۔ اس میں دوسری زبانیں، بڑا پرنٹ، بریل (جسے اندھے چھوکر پڑھ سکیں)، آڈیوکیسٹ، کمپیوٹرڈسک یا
ای میل شامل ہیں۔''

Urdu

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audio, na dysku komputerowym, lub jako email.

Polish

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Adult Services Scrutiny Committee

26 February 2013

Single Section 75 Agreement

Purpose

1. The purpose of this report is to update the committee on progress in developing an agreement to continue joint working arrangements with Oxfordshire Clinical Commissioning Group from April 2013 onwards.

Background

2. Section 75 of the National Health Services Act 2006 contains powers enabling NHS Bodies to exercise certain local authority functions and for local authorities to exercise various NHS functions. This in turn enables better integration of health and social care, leading to a better experience and outcomes for patients and service users.

3. The County Council has three existing agreements under Section 75 with Oxfordshire Primary Care Trust to pool resources and deliver shared objectives, often referred to as 'pooled budgets'. These agreements cover services for Older People and people with Physical Disabilities, people with Learning Disabilities and for people with Mental Health needs.

4. These existing agreements end on 31 March 2013, at the same point that the Oxfordshire Primary Care Trust ceases to exist.

5. Both the County Council and the new Oxfordshire Clinical Commissioning Group (which formally comes into being from 1 April 2013) are committed to continuing the existing joint working arrangements, and building on them to ensure even greater integration of health and social care, best use of resources, and improved outcomes for the people of Oxfordshire.

Single Section 75 Agreement

6. Experience of operating the existing, separate agreements has shown that although they are positive in encouraging joint working and improving outcomes, they limit the flexibility to move resources between 'pools' to reflect demand. There is also some inconsistency between agreements in terms of risk, and a perceived lack of transparency and oversight due to them not being brought together in a single agreement.

7. As such, the development of a single Section 75 agreement to come into effect from 1 April 2013 has been identified as a priority within the Joint Health and Wellbeing Strategy. A joint working group involving officers from both partners is developing the new agreement, which will be presented to County Council Cabinet and the Executive Committee of the Clinical Commissioning Group in March.

8. Greater emphasis has been placed on the development and delivery of joint commissioning strategies, rather than having separate aims, objectives and performance measures for the section 75 agreement. This also helps with greater transparency, as the commissioning strategies are based on wide consultation and are publicly available.

9. The proposed agreement will essentially carry over most of the content of the existing agreements, as generally these are considered to be working well. However, the new agreement will standardise as much as possible and where it is felt appropriate to do so, for example in the roles and responsibilities of Joint Management Groups and pooled budget managers that are responsible for the implementation of the section 75 agreements.

10. There are also areas where it is likely that variations will be needed to the initial agreement, and provision will be made for this. For example, there is a great deal of work that is ongoing to bring more resources into the Older People's pooled budget in particular, linked to the development of the Joint Older People's Commissioning Strategy. This work will not be completed by 1 April as the strategy will be reported to Cabinet in June (and will be brought to this Committee before then). Changes to the pooled budget will be made through variation to the overall section 75 agreement once agreed.

Summary

11. The Committee is asked to:

- Note the progress in developing the single Section 75 Agreement that will come into effect on 1 April 2013.
- Agree to consider the Joint Older People's Commissioning Strategy before it is considered by Cabinet in June 2013.

Oxfordshire Local Involvement Network
Update for Adult Services Scrutiny Committee
meeting 26th February 2013

The following update covers the final LINk projects delivered under the current contract and which will form part of the legacy for Local HealthWatch.

Fourth Annual Social Care Hearsay! Engagement Event

A successful and well attended event took place at Eynsham on 1st February where approximately 70 service users and carers had the opportunity to respond to the 2012-13 Hearsay! action plan, provide their views about current service provision and had the opportunity to discuss issues and concerns directly with the Director & Senior Officers of Social and Community Services. Four headline priorities were agreed on the day, along with sub-headings and detailed feedback, which is included with this update for members' information (note that this is mostly raw feedback which will be further refined for the action planning stage). The full Hearsay! report, together with the action plan for 2013-14, to be agreed with officers, will be published in early March and will form a vital part of the LINk legacy to be passed on to Oxfordshire HealthWatch.

Other LINk projects, now completed, are health related and have been reported at the HOSC meeting on 21st Feb. Summaries are provided below for information. Printed copies of the reports will be available at this meeting, from the LINk office on request, or can be downloaded from the LINk website:

Post-Natal Maternity Services Review report
The following concerns are indicated as being the most prevalent:
1) Breastfeeding
   • Receiving conflicting information;
   • Strongly 'pushed' as the best option;
   • Initial promotion not followed up with the right level, or regularity, of support.
2) Consistency of support
   • Mothers seeing many different health visitors after the birth, which leads to conflicting information being given;
   • Lack of signposting onto other services means mothers can feel isolated and have to look for services themselves, potentially missing out on support;
   • This can result in an inability to develop a purposeful relationship with professionals.

The report has been submitted to Oxford University Hospitals NHS Trust and to Commissioners with a request for a response to the recommendations

Mental Health Hearsay update
The report from the update event held on 6th December has been considered by the Mental Health Joint Management Group and will be taken to the Better Mental Health

Programme Board on 28th February. A draft response has been received from the Commissioners and from Oxford Health.

Review of information provided for NHS Dental Patients in Oxfordshire
This project was set up to review access to information for Oxfordshire dental patients, in dental practices and on dental practice websites. The study design was developed in collaboration with the Primary Care Trust, based on a similar study undertaken by Berkshire LINk. Data collection & interviews were carried out by LINk volunteers & staff. The project lead and other key members have analysed the data and prepared a report on the findings for the PCT/OCCG. Overall recommendations for 'Good Practice' are contained in Appendix 4.

OMEGA report into the system for referral and treatment of CFS/ME patients
The research findings have been circulated previously. A response to the recommendations has been received from Oxford Health and is expected from the Commissioners.

Transition to Oxfordshire HealthWatch

A LINk round-up event will be taking place during March – invitations are in the process of being circulated. This will be an opportunity to review past LINk projects and provide a means to agree priority work to pass onto Local HealthWatch, based on the LINk Legacy. The Annual Report for 2012-13 will be presented at this event.

Adrian Chant (LINk Locality Manager)
01865 883488
Update 14/02/2013

Social Care Hearsay! 2013 Priorities

PRIORITY 1

What can Oxfordshire County Council do to keep on improving our services?

About services in general you said:

- Listening to people – Hearsay! – would be good to see easy read before event
- Not everyone has a computer
- Random visits to monitor quality
- Focus groups with staff in care homes
- People need to be able/prepared to complain
- Measuring the right thing i.e. staff turnover
- Information/reports to be made available
- Language barriers i.e. English not first language, jargon
- Improving training, training for informal carers
- Establishing good practice
- Champions
- Monitoring – where action can be taken, monitoring by stakeholders/officers – are we measuring the right point
- Too many carers/improve transition of services from children to adults difficult

About improvements regarding transport you said:

- How is transport managed in other counties? e.g. Lincolnshire has received funding from EU to set up a scheme which is now self-funded. How can we help communities to help themselves, funding, practical help, to set up local schemes, work with communities
- Information on transport – what has happened to dial-a-ride?
- Link up services – oyster card for Oxfordshire, bus can share school run and lifts for elderly
- Public transport not easy for disabled if you need to use a walker/wheelchair – training for bus drivers
- Cost – extend concession – oyster card for Oxfordshire
- Personal service/trained drivers
- Repeated journeys – co-ordination of transport services/flexibility

About getting in contact with social workers you said:

- How can we make things better?
- Getting practical help important
- Being pro-active with self-funders can head off safeguarding issues and coordinating care Need to include self-funders in regular assessments
- Someone to come quickly when you call
- In Brighton & Hove dedicated review team (care coordinators) allocated to different care providers (15 people in team) that worked well. People see same social worker each year
- Social worker got to know families well – continuity
- Increased no of reviews & on time
- Prevented safeguarding problems

- Knowing who your care manager is important and phone number, info pack sent out, single phone no/equipment/care/assessment

PRIORITY 2

How can the Council help prevent us from experiencing discrimination?

About handling abuse on public transport you said:

- Everyone on table seen or experienced abuse – can be drivers/staff – passengers
- Know where to complain/talk to someone, be clear about what to do if it happens
- Knowing that your complaint will be dealt with
- Make a note of time date number of bus to report to manager
- Transport staff have to have training and be checked on people
- Easy read for timetables and no jargon/bigger print/braille
- Awareness training in schools/colleges
- Clear messages on buses/trains saying if abuse is seen or reported you will be told to leave the bus/train and be fined

About going back to employment particularly for mental health service users you said:

- Representatives groups
- Carers groups – Bicester
- Information from My Life My Choice
- New employment scheme should ask the questions – do you want to go back to work? If not there may be valid reasons: should not be coerced
- Need more support finding a job and support when in the workplace
- Money – threat in changes to benefits – cuts to money, fear of being out of work – regaining benefits
- Assessments need to review mental health (individuals are 'parked') they only consider physical impairments
- Atos and assessment companies need more robust assessment that is inclusive of mental health
- People with mental health issues may be on strong medication which may influence/impact job – should be part of assessment (may be withdrawn and not want to socialise)
- Peer mentor for support in work
- Training and educational needs of employers to understand mental health
- The stigma attached to mental health
- Need a national scheme to encourage people with disabilities to set up their own companies/business
- 'Discrimination is being actively encouraged by the changes'
- Atos and A4E are not liaising with voluntary organisations to enlighten user needs
- Employers could seek help from voluntary sector as mentors
- Negative - Government is actively discriminating against disabled people – by encouraging them to work and cutting benefits
- Positive – support should be given to individuals to enter and stay in the work place rather than bouncing in/out
- No advantage – poor on benefits and poor in work – actually worse off
- Stress and becoming unwell – going back on benefits, no support to find a job

- Can't be supported in the workplace because it identifies you as a service user
- Threat of having benefits withdrawn
- The Government are pitting the employed against the unemployed and the able bodied against the disabled.

PRIORITY 3

How can the Council help with support networks?

You said:

- Where is the support/advice to set up a carers group? Carers Oxfordshire/voices
- Training for carers (existing groups) (i.e. KAT) and advertise widely
- Info is scattered for families of children with learning disabilities – great to have external facilitator to take strain off carers. Otherwise can't sustain it. Get a lot of info from other carers (funded by Comic Relief)
- Carers groups should use Carers Oxfordshire
- Carers groups need to be engaging with a programme – people talking about their problems all the time is depressing
- Support networks can be key to aspects of everyday living e.g. exorbitant taxi costs to get to groups/appointments for Social & Community Services users
- GP's useful to keep updated on latest info
- Banbury carers group has just folded. People are choosing to do other activities.
- People with LD who are carers need more support
- More social networks for young adults and adults with LD – not much there
- Support to start a community/carers group
- How to get volunteers to work together without offending people (OCVA)
- Good neighbourhood schemes – need to promote better
- Needs to be a drive by all to ensure all carers groups in Oxfordshire know about Carers Oxfordshire and have funding information

PRIORITY 4

How can the Council keep us informed and help us find out what we need to know?

About changes affecting benefits you said:

- Is learning disability losing to other parts of OCC?
- Universal credit changes - what are the disadvantages?
- Blue Badge difficulties?
- Reduction case contracts & their provision
- Inform OXON people about the impact of the cuts to local Government from Central Government
- Does the District Council know?
- Inform OXON people about DWPP's GL 24 in their rights

- Biggest problem: ensuring that alcoholics, drug addicts don't use their benefit/direct payments wrongly – will lead to increased homelessness
- What is the safeguarding?
- Do Head teachers know enough & offer parents sound guidance where appropriate? To point them in the best direction
- Those receiving direct support, will they be recompensed for the reduction in Council Tax (?10%) on benefit – what help might they hope for? any? Might OCC help here?

About being informed in general you said:

- Key times e.g. – diagnosis, referral, schools identify a concern etc, big changes, transition – need an information pack with signposting to more information and support groups
- Face to face, parents groups, very effective
- Could we make better use of national information or join up with other areas to produce it?
- Where does the knowledge and info need to be? GP surgeries – everyone goes, leaflets, receptionist (& GPs), schools, SCS, libraries, CAB, on-line (but not just on-line), churches, community centres,
- Good examples – networks, social groups, noticeboards/newsletters, carers groups, groups like this need some support to sustain themselves (busy working carers don't have the time to organise and facilitate), information is accessible and powerful through other carers and helps people feel less isolated
- On-line info – has a place but you usually want to ask follow up and clarification individual questions to a person. Going through a hub to get to other organisations info is a good idea. Needs to be very clear and easy to navigate.
- Good information about welfare benefits and concessions – really important but complex and difficult to follow. Can this be more joined up with info about health and social care?
- Train/inform the leaders of groups/librarians/GP receptionists etc.
- People don't know what DP and PB etc. are – never mind acronyms – talk simply – otherwise people don't even know what to ask about
- Phone numbers of SF (support finder), don't know what's on SF
- Disability website – broken down by special interest areas – and make sure not to fall between the cracks (e.g. not one disability/complex)
- Orgs across disability/illness/issue groups don't speak to each other
- Integrating info across health/social care/housing – join up as good model
- Get a write up in the press – Oxford Mail, Times, Banbury Guardian

About housing maintenance you said:

- Housing Association saying you have to do it yourself – garden, cleaning windows, home maintenance, light bulbs, what if you're disabled
- Trust a Trader – list of recommended people – trading standards
- Charging for services that used to be free
- Bounced between utilities and housing provider – whose responsibility is it? – housing providers/private owned
- Solutions – housing providers should know how many people living in their properties – join up provision across a lot of people and it would still be safe and cheaper
- H&S high standard bulbs not available
- 'Community Service' – is it safe? Trust? – vulnerability
- Voucher schemes

- Residents groups – advocate
- 'Staying put' scheme? - Alan to tell us! My Life My Choice – easy read, Home Improvement agency
- Advocacy
- Waiting 2 years for new loo – constantly passed on from one person to the next – whose responsibility
- Support people to set up their own business e.g. hearing disability

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Division(s):

Adult Services Scrutiny Committee- February 26th 2013

CARE HOME FEES

Report by Director for Social & Community Services

Introduction

1. The services that care homes provide within Oxfordshire play an important role in helping to meet the needs of vulnerable adults. The Council has to ensure that there is sufficient capacity within the social care market to meet its current and future commissioning requirements.

2. The cost of adult social care and how it should be funded has for many years been the subject of discussion and much media attention. These discussions have taken place at both a national and a local level and in many respects have focused on the cost of care home services.

3. At a local level the council has stated that we are keen to ensure the sustainability of care home services in Oxfordshire to meet the assessed needs of vulnerable adults. We have also said that we are committed to work alongside providers to ensure that the same is of the highest quality.   The council is also working to support more people to live at home in the community so that they do not need to go into a residential care home. Working with the District/City Councils and Housing Associations, we have embarked on a major expansion of Extra Care Housing. We are also discussing other housing options which help support people to live in their own homes.

4. In relation to care homes services for older people it has largely been providers who have expressed concern that prices paid by local authorities do not reflect the true cost of care. They have also argued that there is a "cross-subsidy" from care funded privately by individuals and families. Disagreements over fee rates are not new however, over the last two years there have been a number of legal challenges made by care home providers against the way that some local authorities have undertaken their annual reviews of the rates they pay for the services delivered.

5. This report is now brought to Cabinet to

   (a) describe the process the Council has undertaken to review the amount it pays for care homes this year and
   (b) agree the Target Banding Rates to be applied for 2012-13 and 2013-14.

The Council's Obligations

6. Under Section 21 of the National Assistance Act 1948 the Council has an obligation to make arrangements for providing "residential accommodation for persons aged 18

or over who by reason of age, illness, disability or any other circumstances are in need of care and attention which is not otherwise available to them;…."

7. Local authorities are required, in the exercise of their social services functions, to "act under the general guidance of the Secretary of State" (section 7 of the Local Authority Social Services Act 1970). In this respect the relevant Local Authority Circular LAC (2004) 20 provides guidance and sets out what individuals should be able to expect from a council that is responsible for funding their care, subject to the individual's means, when arranging a care home place for them.

8. The Guidance intends to ensure that when councils with social services responsibilities make placements in care homes or care homes providing nursing care, that, within reason, individuals are able to exercise genuine choice over where they live. Individuals have the right to move in to more expensive accommodation than they would otherwise have been offered in certain circumstances (if they chose to pay a 'top-up').

9. The general rule is that if, following an assessment, it is agreed that an individual needs care in a care home, the individual concerned can express a preference for particular accommodation ("preferred accommodation") within England and Wales and the council must arrange for care in that accommodation, provided:

    (a) The accommodation is suitable for the individual's assessed needs
    (b) To do so would not cost the council more than what it would usually expect to pay for accommodation for someone with the individual's assessed needs. This is often referred to as the 'usual cost'.
    (c) The accommodation is available.
    (d) The provider of the accommodation is willing to provide accommodation subject to the council's usual terms and conditions for such accommodation

10. If an individual requests it, the council must also arrange for care in accommodation more expensive than it would usually fund provided a third party or, in certain circumstances, the resident, is willing and able to pay the difference between the cost the council would usually expect to pay and the actual cost of the accommodation (to 'top up'). These are the only circumstances where either a third party or the resident may be asked to top up.

11. As stated above one of the conditions associated with the provision of preferred accommodation is that such accommodation should not require the council to pay more than they would **usually expect to pay**, having regard to assessed needs (the 'usual cost').

12. With regard to the usual cost the Guidance states that this cost should be set by councils at the start of a financial or other planning period, or in response to significant changes in the cost of providing care, to be sufficient to meet the assessed care needs of supported residents in residential accommodation. Furthermore in setting and reviewing their usual costs, councils should have due regard to the actual costs of providing care and other local factors.

13. In general the law requires authorities to follow the path charted by the Secretary of State's guidance, but with liberty to deviate from it where the local authority judges that there is good reason to do so. A local authority must consider any such guidance with great care, and only depart from it if it has cogent reasons for doing so, which it is able to articulate convincingly.

14. There is also non-statutory guidance in this field (Building Capacity and Partnerships in Care). This guidance is a relevant consideration for the Council in this exercise. The approach set out in this non-statutory guidance is, in relevant respects, similar to that set out in the statutory guidance, and it does not add to factors mentioned above.

15. In summary we have to provide residential or nursing care to those that need it. We have to meet individual preferences. People can chose to top up, or pay and additional amount, for a more expensive care home of their choice. Local Authorities have to set a rate for care annually. What we pay must be sufficient to meet assessed needs, and we must have due regard to the actual costs of providing care and other local factors.

Purchasing Care Home Services for Older People in Oxfordshire

16. At the end of October 2012 Oxfordshire County Council funded 1,713 older people in care home placements. 499 of these were in placements covered by a block contract with Order of St John and 1,214 were in spot placements.

17. 1,006 of the spot placements were permanent placements with 701 being in the nursing and 305 in the residential homes (a 70:30 split). The remaining spot placements were of a temporary or short-term nature.

18. There are 105 care homes in the county offering a total of c.4,500 placements. This means that 60% of places are occupied by private payers.

19. This council has traditionally set Target Banding Rates on an annual basis in order to spot purchase care home placements for older people. The Target Banding Rates indicate the target funding level that the council will seek to pay for an individual person following an assessment of their needs. There is therefore a relationship between the rate paid (target banding rate) and the level of need.

20. Officers from the council then use this guide to secure a care home placement at a funding level as close to the Target Banding Rate as possible. Within the process there is flexibility to fund above the target Banding Rate should a person's assessed needs require additional funding to meet the same. We also pay above the target Banding Rate where there is no alternative and we urgently need to find suitable accommodation that will meet someone's care needs.

21. The rates in place at 1st April 2012 covered 5 care categories.

Residential Care Home (Care without nursing)
Social Care - Substantial   £350 per week
Social Care - Extensive/Specialist   £403 per week

Nursing Care Home (Care with nursing) *
Social Care - Substantial   £473 per week
Social Care - Extensive   £527 per week
Social Care - Specialist   £612 per week

*The figures quoted for care with nursing include the single-rate Funded Nursing Care and Incontinence Payments

22.   Each year these banding rates are reviewed and decisions made about any change that should be made from one year to the next.

23.   In practice the lowest banding rate is not currently used by council staff making new placements. However we have historical placements made at the Social Care – Substantial Rate.

24.   Our assessment is that we have council funded placements in nearly all 105 care homes in Oxfordshire. However we estimate that only 25 care homes will accept people placed under spot arrangements and paid for at the level of our target banding rates.

25.   In summary the council purchases approximately 40% of the available care home places in Oxfordshire. We set a range of (target) rates to reflect different levels of need. In practice the actual amount paid can vary from these rates.

Recent Legal Challenges

26.   In other parts of the country there have been a number of legal challenges made by care home providers against the way that their local authorities have conducted their annual price reviews.

27.   In December 2010 there was the Pembrokeshire Judicial Review. In the latter part of 2011 there were two cases of note that have been specifically about the process of setting of fee levels by local authorities; namely the Sefton Council case and a case involving Leicestershire County Council.

28.   The Sefton case highlighted the importance of ensuring compliance with Government guidance, thorough consultation and proper equality impact assessment when setting care home fees. The Leicestershire case restated the Sefton decision. More recently a decision involving Port Talbot Council confirmed that the level of resources available to the council could be taken into account by a council when deciding on the level of uplift to offer on payment rates.

29.   These cases have specifically reminded councils of the government's expectations on local authorities when setting their fee levels and conducting annual price reviews. The courts have not stipulated what the rate of pay for care should be.

30.   Some of the key themes that have arisen from these cases include

(a)   A need for councils to assess the actual cost of care in their local area.
(b)   A need to consult with providers to hear their views on the same
(c)   A need to consider local market factors
(d)   A need to carry out an Impact Assessment as part of the decision making process.

31. In summary there have been a number of successful legal challenges made by care providers against Local Authorities. These challenges focus on the process by which the council sets its rate including whether they have consulted appropriately with care homes. A range of factors have to be considered in setting the rate including the cost of providing care and the resources available to the council.

Consulting with the Care Home Sector

32. Oxfordshire County Council has carried out its own consultation with care home providers. In December 2011 the Director wrote to all contracted care homes to advise them of the approach that would be taken to the annual review of the Target Banding Rates. This communication explained that he would be

(a) Writing to providers to seek information about their operating costs.
(b) Offering to discuss operating costs with a number of providers on an individual basis.

33. At the same time and alongside this work to help identify provider operating costs he would consider a number of the usual associated market factors, including:

(a) Market Share
(b) New developments within the care home sector in Oxfordshire
(c) The Financial Health of the Care Homes Sector
(d) The quality of care available
(e) Average Length of Stay
(f) The numbers of new placements that need support each year
(g) User Experiences

34. On 21 February 2012 officers from the council met with the Chair of the Oxfordshire Care Home Association and other representatives to hear their views on how best to conduct the consultation about operating costs and to hear about the cost pressures they were facing. .

35. The Association highlighted to officers their view that there was a 20% gap that had developed between the cost of providing care and the Council's Target Banding Rates in the last 5 years. This was as a result of cost pressures that had arisen over the same period.

36. In view of these discussions in March 2012 the Director again wrote to all care home providers and made several key proposals to the sector.

(a) From 1st April 2012 we offered to uplift our payment rates for existing placements in care homes by 3%.

(b) We also offered to uplift our target banding levels for new spot placements in care homes by 3% from the same date.

(c) We proposed to continue to discuss and agree the cost of individual placements on a case-by-case basis with providers where appropriate in order to meet the costs of services for those most vulnerable.

(d) During the 2012/13 financial year we proposed to undertake a review of the cost of purchasing care home services to inform the Council's decisions on the target banding levels to be used from April 2013

37. We advised providers that the council's proposal to uplift its current rates and target banding levels by 3% was an **interim proposal** pending a more thorough review and consultation as to the costs of care.

38. We believed this proposal to increase payment levels by 3% to be both reasonable and affordable in the current financial climate; payment levels have subsequently been raised to reflect this commitment.

39. To help us understand the cost of care and to set this at a rate that reflects local circumstances we had to consider the options available for care home fee modelling. The choice was between using the Laing & Buisson model (nationally recognised healthcare Consultants) or developing a model of our own that reflected the actual cost of care. We also had available to us the model currently being developed by the Association of Directors of Social Services (ADASS).

40. We included the Laing & Buisson model in the consultation process as a readily available toolkit that care homes could complete to help inform our decisions. At one of the Care Home Association meetings we encouraged providers to come forward with their costs so that these local costs could be used to inform the Laing & Buisson model. We also highlighted a Council concern around the Return on Capital used in the model.

41. In addition, during the period of consultation, the Association of Directors of Adult Services had convened workshops of interested parties to develop a new costing model.

42. The outcome of the consultation is covered below together with a commentary on the cost models available.

43. To ensure that there were a number of opportunities to obtain feedback we

     (a) Met face to face with representatives from Oxfordshire Care Homes Association on three occasions (21st February, 19th March and 23rd April 2012).
     (b) Embarked on an open consultation process that asked all care home providers to comment on our proposals and take part in a review of the cost of providing care home services in Oxfordshire. This formal consultation exercise was organised through the Council's website and ran from March 2012 to the middle of May 2012.
     (c) Asked care home providers to upload (onto the website) their cost structures to support responses contained in the questionnaire; the format to be used being the industry recognised costing tool that has been used by Laing & Buisson (Healthcare consultants) for a number of years.
     (d) Reminded providers of the consultation and the opportunity to take part.
     (e) Offered to meet individual providers on a confidential basis to discuss operating costs and set up meetings at 4 venues (Witney, Oxford, Banbury and Abingdon) on 4 separate dates between 20th April and 18th May 2012 in order to do the same.
     (f) Reviewed the local market factors associated with care home provision in Oxfordshire.

Feedback from the Consultation Process

44. There has been a disappointing response to the consultation exercise.

45. There are 105 care homes that provide services for older people in Oxfordshire. 19 of these homes are operated by The Orders of St.John Care Trust and contracted to the council through a long-term development arrangement that runs through to 2026. They, therefore, fall outside of this price review arrangement as provisions for price increases are contained within the contract in place.) There are therefore 86 homes potentially affected by the council banding rates.

46. Only 14 out of 86 providers responded to the web based consultation. 10 of these responses came from providers operating within Oxfordshire with 4 responses coming from care home providers located outside Oxfordshire.

47. In addition a further 11 care home providers from Oxfordshire attended confidential individual meetings to discuss operating costs. Less than half of the 11 providers were willing to share their costs. The council has consequently received a total of 5 sets of operating costs.

48. Where providers shared their costing information this was compared to both the Laing & Buisson model and the Association of Directors of Adult Services model. Direct comparison of cost headings was not always possible and a judgement was made by County Council officers as to which cost heading, expenditure should fall. A summary of the costings for Nursing homes are shown in the table below.

	Cost Model		Provider Costs				
	L&B	ADASS*	Home A	Home B	Home C	Home D	Home E
Beds	50	48	49	60	50	30	30
Costs per week							
Staff Costs	384	370	434	474	324	462	601
Repairs & maintenance	37	15	21	15	58	15	19
Non-staff costs	88	65	105	156	83	344	86
Capital Costs	213	118	229	77	297	131	32
Total	**£721**	**£568**	**£789**	**£721**	**£762**	**£952**	**£738**

(NB: * Association of Directors of Adult Services cost model still being developed)

49. From the information received we can conclude that:

   (a) There were limited responses to the consultation overall
   (b) Few Care Homes were prepared to provide full or detailed costs
   (c) Of those provided the average nursing cost was £781 with a range of £721 to £952
   (d) There was only 1 residential rate at £800 with no detailed costings
   (e) In terms of payroll costs - Hourly rates for care staff were comparable across all providers, averaging at £6.70 with a range of £6.40 to £7.12. The blended rate in the updated Laing & Buisson model is £6.44 to £7.33, hence a comparable rate. The Association of Directors of Adult Services model suggests a care staff hourly rate of £6.90.

(f) Hourly rates for Nursing staff were also comparable averaging at £12.21 with a range of £11.22 to £13.72. This is comparable to the blended rate in the Laing & Buisson model.

(g) The expenditure on management, administration and reception staff in Oxfordshire is higher than the Laing & Buisson model.

(h) Expenditure on Repairs & Maintenance, non staff expenses and cost of capital is difficult to align

(i) In all cases, the cost is higher than the Laing & Buisson model updated by County Council officers.

(j) In all cases, the cost is considerably higher than the Association of Directors of Adult Services model.

50. The information received gave a consistent message on staffing costs which ties into the updated L&B model. However the usefulness of the remaining information is limited by the number of responses and lack of responses from residential care homes.

51. Overall the general view from those providers that took part either through the consultation process or through individual meetings is that:

(a) The County Council's approach to consultation and the open dialogue is helpful.

(b) The council should increase its Target Banding Rates. This is because providers feel there are cost pressures in all areas of their business and past fee decisions have not kept up with operating pressures.

(c) Whilst the cost structures we received did suggest cost of provision above that which the council currently pays, providers appeared to acknowledge the financial position that the council is in. There also appears to be a general acceptance of a two tier approach to fee levels (private fee levels and local authority fee levels) although some providers consider this is morally wrong while others are happy to accept the council's residents.

(d) Our decisions have a much greater impact on those homes that are prepared to accept council rates and those that have a high proportion of council funded residents in situ.

(e) Providers are looking for ways to diversify their services. Several were discussing options for providing day services or building/designating wings for specialist service and are looking for guidance from the council on what our future commissioning needs are.

(f) Concerns that there had been little or no increase in our banding rates in the past.

(g) Perceived unfairness that council get the benefit of the increased client contributions (through increased pensions) but did not pass this on as part of the Target Banding Rate.

52. Despite the Care Homes Association suggesting that a 20% increase is needed to it did not provide any evidence of substance that can stand up to interrogation to support this claim.

53. In summary there was an extensive consultation running over several months. The consultation was inclusive of all care home providers and was conducted by letter, web based consultation and face to face meetings. A 3% increase in the fee level was made for 2012/13 as an interim measure while the consultation took place. In all, 16% of care home providers participated in the consultation and only 6% of care home providers were willing to share their costs with us. Costs at those 6% of homes appeared to be higher than either the banding rates of the County Council or the actual fees agreed by the council.

54. We do not know why the majority of providers did not come forward with their costs, despite ample opportunity to do so in confidence.

The Oxfordshire Care Home Market

55. As stated above, recent legal challenges have also emphasised the need to take into account local market factors when considering price changes.

56. We already monitor closely developments within the Oxfordshire care homes market through regular reviews, performance information and on-going day-to-day contact with individual homes and organisations as part of our quality monitoring work. The following is a summary of our views:

   (a) Firstly we expect to continue to purchase nursing care home services in the future. Alongside this we anticipate purchasing fewer residential care home services and instead we will look to alternatives such as extra-care housing and care at home. This is something that we have shared with the care homes sector on a number of occasions and has been set out in our Business Strategy for some time.
   (b) In terms of **market share** we estimate that we purchases about one-third of all care home places in Oxfordshire. We estimate a further 9% of places are purchased by Oxfordshire Primary Care Trust or by other local authorities meaning that just under 60% of all places are purchased privately. Whilst this means that we are in volume a minority purchaser of places it also suggests that the council is the largest single purchaser.

   (c) **Changes within the care homes market** - Over the last few years there has been good interest in developing new care home services and extra-care housing in Oxfordshire. In respect of the latter the council already has 406 extra care housing flats available, a further 55 units opening in early 2013 and a strategy agreed with District/City Councils to develop a total of 1,000 units by 2015/16

57. During 2011 we estimated that a number of providers added c.200 beds through the development of new homes or through extensions to existing homes. We are aware of further developments that are planned in the future.

58. The danger here is that if supply outstrips demand then vacancies may increase creating an imbalance between expenditure and income for some care homes.

59. A further concern is that if new developments concentrate on the private market then the proportion of the market that the council can access to support its vulnerable adults may reduce.

60. How we are purchasing - The following table shows the placements made from 1st April 2012 to 20th November 2012 and the average price paid. The table shows that we are paying above the target rate for all levels of need. It also shows that we are not using the lowest rate – Residential – Substantial.

Category	Target Band Price (inc +3%) per week	Placements	Average Purchase Price per week
Res - Substantial	£360	1	£680
Res - Extensive/Specialist	£415	93	£555
Nursing - Substantial	£487	4	£696
Nursing - Extensive	£542	101	£600
Nursing - Specialist	£630	69	£701

61. The **financial health of the sector** is regularly checked by the Council as part of our response to managing risk and business continuity in the current financial climate. In terms of sustainability our assessments suggest that the current financial health of the sector is similar to that of 12 months ago. More recently the council has changed its system for monitoring the financial viability of providers. Recent analysis is showing that of those providers checked nearly all are rated secure, stable or normal.
    (a) Secure - Companies in this sector tend to be large and successful public companies. Failure is very unusual and normally occurs only as a result of exceptional changes
    (b) Stable - company failure is a rare occurrence and will only come about if there are major company or marketplace changes.
    (c) Normal - This sector contains many companies that do not fail, but some that do.

62. Despite the situation in Oxfordshire there are of course concerns nationally about the financial health of some providers particularly following the demise of Southern Cross in 2011. We are therefore maintaining a review of care home services in the county to monitor their financial viability and sustainability.

63. Our general view is that **the quality of care** in Oxfordshire is good and that there is a good foundation of quality care home providers in the county. We have reviewed the Care Quality Commissions latest checks on the Essential Standards of Care that are published on its website. These cover the areas of

    (a) Treating people with respect and involving them in their care.
    (b) Providing care, treatment and support which meets people's needs
    (c) Caring for people safely and protecting them from harm
    (d) Standards of staffing
    (e) Standards of management.

64. In nearly all homes in Oxfordshire, the Care Quality Commission is reporting that when last checked all standards were being met. In December 2010, a local benchmarking study on length of stays in care homes with 6 other authorities suggested that people live in care homes in Oxfordshire for longer than in other parts

of the country. Furthermore people in Oxfordshire had the longest length of stay in care homes. On average this is 5 months longer than the average authority in the study (an extra 20%).

65. The council is concerned that **some people may be entering a care home setting too early in their life**. In 2011, the Council funded about 492 new permanent placements. , 109 (over 20%) of these were people who had originally funded their own care but who now required support from the council. Further analysis suggests that a number of these people may not have needed care home services when they first went into a care home as determined by our eligibility criteria for social care. With this in mind we are actively looking to encourage people who fund their own care to look at alternatives to care home placements at the time of potential admission.

66. For council funded residents the length of stay in a care home is approximately 2.92 years.

67. We are committed to help people stay in their own home. We anticipate the number of our permanent care home admissions to reduce and have reported to Oxfordshire's Health and Wellbeing Board that we expect to make no more than 400 permanent care home admissions during the next 12 months. Of these we expect 100 to be into block beds, with no more than 300 placements being purchased through spot arrangements.

68. Peoples' **experience in a care home** generally appears to be positive. Across Oxfordshire, people are generally happy with services they receive. Of a survey of 546 social care clients in February 2012 the questionnaires returned in respect of care home services indicated that overall 91% were satisfied with services (71% of them being extremely or very satisfied), and only 2% were dissatisfied.

69. This has been further emphasised by a recent report from Oxfordshire's Local Involvement Network that found that residents were well looked after, safe and secure with input from external agencies such as GPs and other professionals.

70. In summary there is a thriving care home market in Oxfordshire with new entrants coming in all the time. The council places approximately 500 people in to care homes every year, although its strategy is to support more people at home or, for those that require it, nursing care. Currently supply and demand are reasonably well balanced. The quality of care is good and people are satisfied with the care that they receive.

Considerations

71. We find it disappointing that our consultation process has generated such a limited response. Indeed whilst there has been a near unanimous view from a few respondents that the council should increase its banding rates the low number submitting cost structure returns would in the council's view not provide a robust argument for substantially increasing funding to the sector above that already given.

72. Furthermore although the cost structures we did receive indicated cost of provision above that which the council currently pays, providers appeared to acknowledge the financial position that the council is in.

73. The County Council's service and resource planning process has identified that there are significant pressures on the older people's budget. As a result we need to focus resources for the benefit of an increasing number of vulnerable people. Increasing our spending on care home services goes against our stated business strategy for the future.

74. Of interest is that a legal case this year suggested that local councils could take into account the availability of resources when determining the outcome of a price review. Given the financial pressures that we face now and will face in the future we believe that increasing spending in this service area for 2012/13 beyond the increased expenditure this year is unsustainable.

75. However these are clearly challenging times for both providers and purchasers and it is important to the council to make sure that there is a sufficient provision to meet existing and increased future service demands. Sustainability appears to be the key but the care homes market is itself responding to demographic changes with new services being planned and developed.

76. One area of vulnerability may be some of our smaller homes as Laing & Buisson identify the operation of an efficient home starting at 48-50 beds capacity. But smaller more homely establishments clearly have a place in our commissioning strategy and they may be more viable if they have lower overheads and less debt due to how long they have operated.

77. What this suggests is that we need to recognise that whatever cost model is used the resulting figure generated is only an aid to discussion about what is an appropriate banding level or price to pay. In any model there are local variations that will inevitably be challenged by both sides as each drives to obtain the best outcome. In this respect the existence and use of a costing model does not in itself generate a solution to the question about what is the true cost of care.

78. We propose that we should simplify the banding rates to delete the currently unused rate of Residential-Substantial. The care received by people living in care homes or needing future care will not be affected.

79. The Laing & Buisson model is based on broad assumptions. The Council has tested the model through the consultation process. It has attempted to test the assumptions by gathering local information that may inform the model. It is argued by the Council that as payroll costs are broadly similar, there is no need to change the model for these. As stated above, the remaining cost information received via consultation is difficult to interpret in order to apply relevant local cost elements to the model. Furthermore the Council would question whether the rate of return on capital within the L&B model is appropriate for circumstances in Oxfordshire. Given that the Council does not seek to encourage new build, the costs that need to be covered are the repayment of existing build costs and an element of profit.

80. The ADASS model is only for Residential Care. It makes the assumption that the allowance of £108 for Full nursing care can cover the additional costs of a Nursing establishment. The update Laing & Buisson model suggests that the cost of nursing care is staffing & medical supplies which amounts to £117 and that is broadly

comparable. Although consistent on staffing costs with the Laing & Buisson model and the provider returns, the Association of Directors of Adult Social Services model assumes lower running costs particularly on utilities.

81. The Association of Directors of Adult Social Services model addresses the rate of return issue by allowing an element of profit 6% and recognising a funding cost. The funding cost takes a new build cost of £60,000 per bed and applies a 6% interest rate and 2% depreciation to this. This build cost is similar to Laing & Buisson but Laing & Buisson includes a start-up loss element and applies a rate of return of 12% on build cost. As new build is not being considered, the start-up loss element is not required so the Association of Directors of Adult Services approach seems reasonable. In addition the Association of Directors of Adult Social Services model allows a profit assumption of 6% on total cost. The Association of Directors of Adult Social Services model is cumulatively allowing a 12% rate of return but the basis for the calculation is different.

82. On balance the ADASS model is preferable as it offers a cost of capital that reflects the council's market view of no growth. The council has used the ADASS model with a £6.70 hourly rate to arrive at a weekly residential cost of £452. The Funded Nursing Care element is then applied to arrive at a Nursing Rate of £560.

83. However whatever model is used providers are looking at reasonable cost while councils have to consider finite resources, affordability and achieving best value for money. Inevitably there will be a difference between these goals at the time of making a placement.

84. Local market conditions in terms of supply and demand will have a legitimate impact on price. Local factors may also generate a situation that genuinely allows the local authority to purchase service at a lower than cost price. If expansion outstrips placements then there may be an increase in the number of vacant beds available (unless these are taken up through demand resulting from demographic changes). Inevitably this will add to operating pressures for some providers as they experience vacancies and changing income levels.

85. The result may be that in the future the council may be able to more easily access beds at a lower than cost price as providers seek to generate income. The counter argument is that some homes will go out of business and the market may end up being dominated by providers aiming only at the private market.

86. The Service & Community Impact Assessment indicates that should a significant increase in the care homes budget be made then there will be less money available to spend within Adult Social Care. The impact on vulnerable people of having less money to spend on other types of support (including support to support people in their own homes) will have a greater negative impact on vulnerable and disabled people than a care home fee level increase.

Financial and Staff Implications

87. If the Council sets the residential banding rate at £452, then the cost to increase all Care Home placements below that rate to the new level is £3,169 per week or £164,800 per annum.

88. If the Council sets the lowest nursing banding rate at £560, then the cost of increasing all current placements below £560 to that level is £4,620 per week or £240,300 per annum.

89. If the Council were to accept the above recommendations the total cost therefore is £405,000 per annum.

90. Across the Council, inflation is given to all budgets including Adult Social Care budgets and income budgets. A balanced Council budget is then achieved by seeking savings from Directorates. So, although Adult Social Care received an inflation allowance on expenditure and demography for additional clients, at the same time to balance the Council's budget Adult Social Care was given a savings target of delivering spending reductions of £35m a year by 2014/15. So effectively all the funding given to Adult Social Care is offset by required efficiency savings.

91. This leaves Adult Social Care with a dilemma. That is, whether an increase for inflation, and higher banding rates, should be given to Care Home providers, or whether the funding should instead be spent on supplying a Social care service to a wider client base.

92. Despite the above

   (a) We have reaffirmed our intention to maintain a significant level of investment in care homes in our draft Older Persons Commissioning intentions. We aim to make 400 placements a year.

   (b) We are working on making available financial advice to self-funders so that their personal funds can be invested in such a way that it will sustain them for the rest of their time in care. This is good for them, good for us and good for care homes.

   (c) Where a care home is experiencing particular hardship or financial problems we will review their financial standing as part of our Safeguarding and Business Continuity strategies to determine appropriate action.

93. We have been mindful of the above points when coming to a conclusion about Banding Rates for 2012/13 and 2013/14

94. We reaffirm our view that care homes in Oxfordshire have an important role to meet the needs of vulnerable adults. We also recognise that the Council has an important role to ensure that there is sufficient capacity within the social care market to meet its future commissioning requirements.

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Background papers: None

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