



Notice of a Meeting

Performance Scrutiny Committee

Thursday, 14 March 2019 at 10.00 am

Rooms 1&2 - County Hall, New Road, Oxford OX1 1ND

Membership

Chairman Councillor Liz Brighthouse OBE

Deputy Chairman - Councillor Jenny Hannaby

Councillors:

Nick Carter
Mike Fox-Davies
Tony Ilott

Liz Leffman
Charles Mathew
Glynis Phillips

Judy Roberts
Michael Waine
Liam Walker

Notes: *A pre-meeting briefing will take place in the Members' Board Room at 9.30am on the day of the meeting.*

Date of next meeting: 9 May 2019

What does this Committee review or scrutinise?

- The performance of the Council and to provide a focused review of:
 - Corporate performance and directorate performance and financial reporting
 - Budget scrutiny
- the performance of the Council by means of effective key performance indicators, review of key action plans and obligations and through direct access to service managers, Cabinet Members and partners;
- through call-in, the reconsideration of decisions made but not yet implemented by or on behalf of the Cabinet;
- queries or issues of concern that may occur over decisions being taken in relation to adult social care;
- the Council's scrutiny responsibilities under the Crime and Justice Act 2006.

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 Liz Brighthouse E.Mail: liz.brighthouse@oxfordshire.gov.uk
Policy & Performance Officer	-	Lauren Rushen, Policy Officer, 07584 909530 lauren.rushen@oxfordshire.gov.uk
Committee Officer	-	Colm Ó Caomhánaigh, Tel 07393 001096 colm.ocaomhanaigh@oxfordshire.gov.uk

Yvonne Rees
Chief Executive

March 2019

About the County Council

The Oxfordshire County Council is made up of 63 councillors who are democratically elected every four years. The Council provides a range of services to Oxfordshire's 678,000 residents. These include:

schools	social & health care	libraries and museums
the fire service	roads	trading standards
land use	transport planning	waste management

Each year the Council manages £0.9 billion of public money in providing these services. Most decisions are taken by a Cabinet of 9 Councillors, which makes decisions about service priorities and spending. Some decisions will now be delegated to individual members of the Cabinet.

About Scrutiny

Scrutiny is about:

- Providing a challenge to the Cabinet
- Examining how well the Cabinet and the Authority are performing
- Influencing the Cabinet on decisions that affect local people
- Helping the Cabinet to develop Council policies
- Representing the community in Council decision making
- Promoting joined up working across the authority's work and with partners

Scrutiny is NOT about:

- Making day to day service decisions
- Investigating individual complaints.

What does this Committee do?

The Committee meets up to 6 times a year or more. It develops a work programme, which lists the issues it plans to investigate. These investigations can include whole committee investigations undertaken during the meeting, or reviews by a panel of members doing research and talking to lots of people outside of the meeting. Once an investigation is completed the Committee provides its advice to the Cabinet, the full Council or other scrutiny committees. Meetings are open to the public and all reports are available to the public unless exempt or confidential, when the items would be considered in closed session.

If you have any special requirements (such as a large print version of these papers or special access facilities) please contact the officer named on the front page, giving as much notice as possible before the meeting

A hearing loop is available at County Hall.

AGENDA

1. **Apologies for Absence and Temporary Appointments**
2. **Declarations of Interest - Guidance note on back page of the agenda**
3. **Minutes (Pages 1 - 6)**

To approve the minutes of the meeting held on 10 January 2019 and to receive information arising from them.

4. **Petitions and Public Address**
5. **Business Management and Monitoring Report - Quarter 3 2018-19 (To Follow)**

10.05

This report demonstrates the state of Oxfordshire County Council's progress towards Corporate Plan priorities at the end of Quarter 3 2018-19.

The Committee is RECOMMENDED to note the report and consider any matters for future attention by the Committee.

6. **Healthwatch report of daytime support services in Oxfordshire (Pages 7 - 48)**

10.25

Healthwatch Oxfordshire was asked by the County Council to undertake an independent review of the user experiences of the 2017 changes to daytime support. The report attached at annexe 1 is a result of this research which was completed a year on from the changes. Representatives from Healthwatch will attend the meeting, alongside the Director of Adult Services and representatives from Age UK to discuss the findings of the report with the Performance Scrutiny Committee.

The Committee is RECOMMENDED to discuss and comment on the report from Healthwatch and its recommendations.

7. **Updates following implementation of the revised Adult Social Care Contributions Policy (Pages 49 - 54)**

10.55

This report provides an update following the implementation of the revised Adult Social Care Contributions Policy on 1st October 2018.

This includes information on how changes to the Contributions Policy for Adult Social Care services have been implemented and the impact it has had on residents and their carers.

This report details the effect that changing this policy has had on people, staff and council services.

The Committee is RECOMMENDED to note the report.

8. Adult Social Care Contract and Quality Management (Pages 55 - 66)

11.25

The report describes the way that contracted services are managed and monitored in an Adults Services setting.

The key areas covered include the key tasks and assurances undertaken; how we assure and maintain high quality services on an ongoing basis; reference to Oxfordshire's standing when compared to Care Quality Commission national metrics; the areas we address when we monitor contracts; how intelligence from our monitoring influences our Safeguarding and Care Governance work; key external links together with current developments.

It concludes with a commentary about Oxfordshire Clinical Commissioning Group's Outcomes Based Contract for Mental Health Services.

The Committee is RECOMMENDED to note the report.

9. Transformation Sub-Committee Report (Pages 67 - 68)

11.55

The report provides a brief summary of the Transformation Sub-Committee meeting held on 17 January 2019.

The Committee is RECOMMENDED to note the report.

10. Committee work programme (Pages 69 - 72)

12.05

To agree the Committee's work programme for future meetings based on key priorities and discussion in the meeting.

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 Glenn Watson on **07776 997946** or glenn.watson@oxfordshire.gov.uk for a hard copy of the document.

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PERFORMANCE SCRUTINY COMMITTEE

MINUTES of the meeting held on Thursday, 10 January 2019 commencing at 10.00 am and finishing at 12.28 pm

Present:

Voting Members: Councillor Liz Brighthouse OBE – in the Chair
Councillor Jenny Hannaby (Deputy Chairman)
Councillor Nick Carter
Councillor Mike Fox-Davies
Councillor Tony Ilott
Councillor Liz Leffman
Councillor Charles Mathew
Councillor Glynis Phillips
Councillor Les Sibley (In place of Councillor Michael Waine)
Councillor Emily Smith
Councillor Liam Walker

Other Members in Attendance: Councillor John Sanders (for Agenda Item 7)

Officers:

Whole of meeting Lauren Rushen, Sue Whitehead (Resources)

Part of meeting

Agenda Item	Officer Attending
5 & 8	Ben Threadgold, Policy & Performance Service Manager
6	Lorna Baxter, Director of Resources; Bev Hindle, Strategic Director for Communities;
7	Owen Jenkins, Director of Community Operations, Paul Fermer, Assistant Director Community Operations; Katie Read, Senior Policy Officer

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

1/19 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

An apology was submitted by Councillor Michael Waine (Councillor Les Sibley substituting).

2/19 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 13 December 2018 were approved and signed as a correct record.

3/19 CORPORATE PLAN

(Agenda No. 5)

The Corporate Plan sets out the County Council's overarching strategy. It states our vision for 'thriving communities' in Oxfordshire and describes the council's main priorities.

The Corporate Plan 2018-2021 was agreed by Council in July 2018. A light touch review and update had been done to this document to ensure it accurately reflects Council priorities and areas of focus for 2019/20 and beyond. The Committee had before them a Corporate Plan for 2019-2021.

Members considered the format of the report and whether it was useful at this stage to have a further draft of the whole Plan to Committee. Ben Threadgold, Policy and Performance Service Manager in response to a request undertook to circulate a summary of the changes to the Plan to Committee members.

4/19 SERVICE AND RESOURCE PLANNING 2019/20 - 2028/29

(Agenda No. 6)

The Committee considered draft capital proposals and the draft Treasury Management Strategy to provide comment to the Cabinet before proposals are reviewed on 22 January. Council will meet to agree the budget and MTFP on 12 February 2019.

In relation to proposals for the capital programme members raised the following points:

Capital Budget Proposals:

- The committee requested that officers provide a briefing to provide more detail about the location of housing numbers associated with the Housing Infrastructure Fund (HIF) bid in the Didcot Garden Town and A40 Smart Corridor area.
- The committee recognised that the exact route of the Oxford-Cambridge Expressway is not yet known but were keen that planning and scenario testing is undertaken as soon as more information is provided by Highways England as

they recognise that this is likely to have a significant impact on future capital budgets.

- The committee were keen to understand the relationship between capital investment and revenue savings using real examples. Members asked for further information about the development of children's crisis care provision as an opportunity for capital investment to drive down revenue expenditure in a service area.
- The committee queried plans to recruit additional staff with appropriate skills to manage the large capital sums being proposed and to ensure a return on investment.
- The committee highlighted that further work would be required to understand the implications of the Carillion liquidation and to ensure that there is appropriate funding in place to manage the legacy of this.

Capital and Investment Strategy:

- The committee were supportive of the organisational change in culture towards considering more 'invest to save' measures and encouraged greater exploration of innovation.
- The committee were keen to see more examples of invest to save work as these emerge and to scrutinise the Investment Strategy as this is developed.
- The committee felt that the biggest examples of investing to save would be found in public health.

Review of Charges:

- The committee queried whether increasing the charges for the Music Service could have a detrimental impact on participation and negate the potential increases in income.
- - The committee were pleased to see a reduction in the cost of season ticket parking at Thornhill and Water Eaton Park and Ride sites.

5/19 HIGHWAYS DEEP DIVE REPORT

(Agenda No. 7)

The condition of roads has a significant impact on levels public satisfaction with the Council and their local area. As a result, the Performance Scrutiny Committee commissioned a deep dive into the factors affecting public perception and experience of highways and the Council's approach to improving this. From July to November a small group of councillors worked with officers to identify opportunities for improving the condition of the road network, tackling congestion, better managing the impact of street works and adapting our approach to maintenance contracts and partnership working on highways. The Committee considered a report that presented the findings and recommendations from the deep dive for the Performance Scrutiny Committee to consider.

Councillor John Sanders who sat on the Deep Dive group was welcomed to the table for this item.

Councillor Jenny Hannaby, who led the Deep Dive presented the findings of the Group and their recommendations.

During discussion the following points were made:

- There was general support for the recommendations with members noting that a great deal of work had been undertaken.
- Member involvement had been a key theme of the work of the Group. Members welcomed the recent initiative to seek input from local councillors on priority repairs for their areas.
- Providing councillors with timely information of road works and incidents in their area would be extremely helpful.
- Members felt it was important that the Committee be assured that their work was being considered and taken forward. It was agreed that the Committee receive a progress report.
- Referring to the resource implications of the recommendations it was highlighted the need to look at charging regimes and penalties for sub-contractors.
- Members highlighted particular problems in their local areas.
- It was suggested that work by utilities be added to the list of notifications to councillors with tighter lines of communication.

Responding to comments officers and Group members commented:

- That although looking primarily at road ways, footpaths and cycleways had been part of the review. In the timescales it had not been necessary to limit the scope of the review and some areas merited a deep dive of their own. In terms of notification of works to councillors then cycleways and footpaths were part of the same process.
- That member involvement in the review of the Highways Asset Management Plan would be considered and it was possible that a Cabinet Advisory Group would be established.
- Officers had found the review valuable and were supportive of the recommendations, but they would need to be costed and would need additional detailed work.

RESOLVED: to:

- (a) support and approve the following **RECOMMENDATIONS** for submission to Cabinet:
1. Ensure there is councillor input into the review of the Highways Asset Management Plan, and that this includes consideration of flexibility for local prioritisation.
 2. Ask Cabinet to ensure there is a smarter process for developing a programme of work to utilise the additional capital investment in highways and that a robust capital governance process is in place to help shape this and improve risk management.

3. Ensure officers consider the impact on public perception when developing a programme of work and improve opportunities for councillors to influence this based on local priorities.
 4. Ask officers to work with SKANSKA to explore a business case for greater levels of supervision that will ensure the quality of work remains high, including a consideration of how in-house resources could be utilised differently.
 5. Ensure that opportunities to utilise staff in flexible ways are explored further with SKANSKA, so that the maximum benefit of having staff on site can be realised.
 6. Encourage officers to explore more innovative maintenance methods and tools.
 7. Ask Cabinet to ensure an effective approach to publicly publishing and communicating the highways programme of work is in place.
 8. Ask officers to develop a more robust process for informing councillors of local road improvements in their division, so that they can advise on works that need to be prioritised and support early communication with residents.
 9. Ask officers to ensure all responses to highways enquiries / reports through Fix My Street include a named officer contact.
 10. Ensure direct points of contact are communicated and established for key stakeholders (e.g. town and parish councils) to ensure that local highway priorities can be followed up and dealt with more efficiently.
 11. Support the Council's ambition to become a Permitting Authority and request a report on the expected impact of this in mid-2019.
 12. Support the development of a comprehensive out of hours traffic management provision to ensure effective management of the impact of major incidents and network failures at these times.
 13. Support the principle of a having greater focus on enforcement.
 14. Ask the Cabinet to instruct officers to explore a case for employing dedicated resource for enforcement across all Highways services/functions.
 15. Ask the Director of Infrastructure Operations to ensure that a structured and robust approach to managing community engagement is in place.
- (b) Ask officers to report back to Performance Scrutiny in 6-9 months on the impact of a refreshed approach to community engagement, including evidence of the effectiveness of the Fix My Street Superusers pilot project.

6/19 SCRUTINY OF PARTNERSHIPS

(Agenda No. 8)

The Committee considered a report setting out the way in which work with key partnerships in Oxfordshire has been presented to Councillors and making proposals for future scrutiny.

During discussion the Committee:

- Supported the general approach but felt that more information was needed on a number of the Partnerships and the Committee’s role in and approach to scrutinising them, particularly with regard to the LEP, Growth Board and the Oxfordshire Environment Partnership.
- Noted the role of the Education Scrutiny Committee in relation to the Oxfordshire Strategic Schools Partnership Board and Oxfordshire Early Years Board.
- Noted that although there were three scrutiny committees the Audit & Governance Committee also carried out a scrutiny function.

RESOLVED: to:

- (a) note the revised approach to scrutiny of partnership arrangements moving forward; and
- (b) agree that further information be supplied on a number of the Partnerships and the Committee’s role in and approach to scrutinising them, particularly with regard to the LEP, Growth Board and the Oxfordshire Environment Partnership.

7/19 COMMITTEE WORK PROGRAMME
(Agenda No. 9)

The Committee agreed it’s work programme for future meetings based on key priorities and discussion in the meeting.

8/19 VOTE OF THANKS

The Committee noted that Katie Read was about to take maternity leave and placed on record their thanks for her magnificent support of the Committee.

..... in the Chair

Date of signing 2019

Division(s): All

Performance Scrutiny Committee – 14 March 2019

Healthwatch report of daytime support services in Oxfordshire

Report by Director for Adult Services/Healthwatch Oxfordshire

RECOMMENDATION

1. The Committee is RECOMMENDED to discuss and comment on the report from Healthwatch and its recommendations.

Executive Summary

2. Healthwatch Oxfordshire was asked by the County Council to undertake an independent review of the user experiences of the 2017 changes to daytime support services. Healthwatch carried out this research a year after the changes to daytime support services were implemented.
3. Following their research, Healthwatch Oxfordshire have made the following recommendations to Oxfordshire County Council:
 - A. Oxfordshire County Council review its approach to major changes to services including:
 - a. The time it allows to implement changes
 - b. Communications with service users and their carers
 - c. Communication throughout all levels of the system affected
 - d. The impact of service changes on carers be addressed through the change process
 - B. The findings of this report are considered when drafting the 2019 Older People's Strategy.
4. Representatives from Healthwatch will attend the meeting, alongside the Director of Adult Services and representatives from Age UK to discuss the findings of the report with the Performance Scrutiny Committee.
5. The full report from Healthwatch is attached at annex 1.

Introduction

6. Healthwatch Oxfordshire was asked by the County Council to undertake an independent review of the user experiences of the 2017 changes to daytime support. The report attached at annexe 1 is a result of this research which was completed a year on from the changes. Representatives from Healthwatch will attend the meeting, alongside the Director of Adult Services

and representatives from Age UK to discuss the findings of the report with the Performance Scrutiny Committee.

7. Healthwatch undertook their research by sending a postal survey to everyone who went through the changes as well as carrying out face-to-face contact with service users, staff and volunteers and family members. This work was carried out between September – October 2018. People told Healthwatch that daytime support made a difference to their lives and valued daytime support for:
 - Social connection and friendship
 - Meaningful activity
 - Independence
 - Reduced isolation and loneliness
 - Support for carers to continue caring
8. Healthwatch Oxfordshire have made the following recommendations to Oxfordshire County Council:
 - a. Oxfordshire County Council review its approach to major changes to services including:
 - i. The time it allows to implement changes
 - ii. Communications with service users and their carers
 - iii. Communication throughout all levels of the system affected
 - iv. The impact of service changes on carers be addressed through the change process
 - b. The findings of this report are considered when drafting the 2019 Older People's Strategy.
9. The Director of Adult Services will be attending the Committee meeting and can outline the steps that the Council will be taking to address the recommendations.

Financial and Staff Implications

10. There are no financial or staffing implications associated with this report.

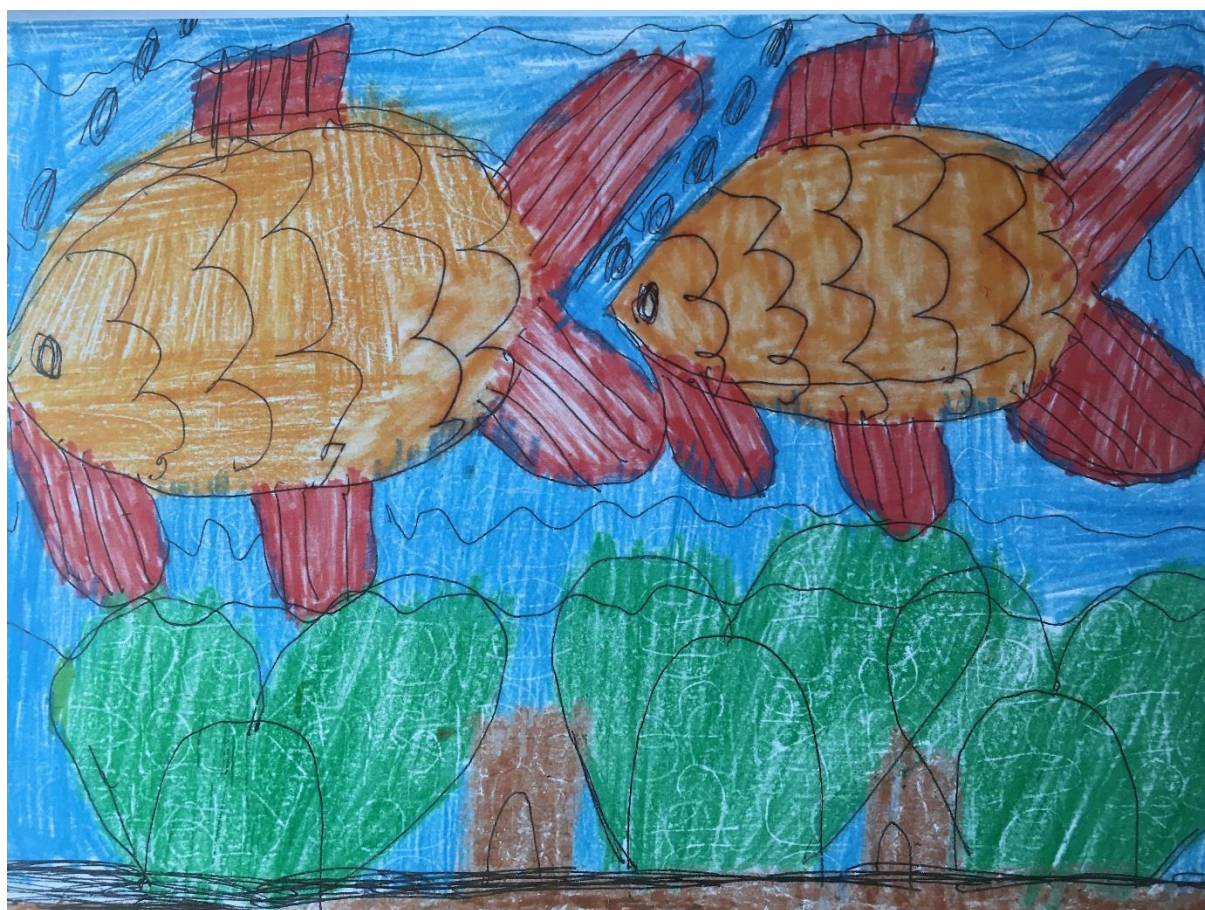
Equalities Implications

11. There are no equalities implications associated with this report.

Kate Terroni
Director for Adult Services

Background papers: None

A review of changes to adult daytime support in Oxfordshire



A picture presented to Healthwatch Oxfordshire by a service user.

Acknowledgements

With thanks to:

- All the dedicated staff, volunteers, service users, family members and carers across all of Oxfordshire's diverse services for their time, care and heartfelt input into supporting us with work for this report.
- Oxfordshire County Council (OCC) staff and those across the Community Support Services
- Staff from Independent Sector Day Centres
- Age UK Oxfordshire
- Oxfordshire Community and Voluntary Action (OCVA)
- Community Support Service (CSS) and Age UK Oxfordshire staff for support with organisation and survey distribution
- My Life My Choice and Paul Scarrott providing insights as 'Expert by Experience'

All others who contributed to this report



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Introduction

I would like to give a huge thank you to all those who contributed to this report. In October 2017, Healthwatch Oxfordshire informed Oxfordshire County Council about the concerns we were hearing about the impending changes to adult daytime support services. Oxfordshire County Council responded by asking Healthwatch Oxfordshire to carry out an independent review of the changes and the change process. We did this by listening to people affected by the changes, their carers and staff across the county.

This report tells their story and should be listened to by all services and commissioners planning service change.

Rosalind Pearce
Executive Director
Healthwatch Oxfordshire

Firstly, I would like to thank colleagues at Healthwatch Oxfordshire for carrying out this review of the changes made to daytime support in 2016-17. It is very important for us to understand how people who use our services feel about the way the transition was carried out, and how they feel the new service is working for them. In making these changes, we wanted to ensure there was a flexible model of daytime support which would meet a wide range of people's needs whilst ensuring that any future service was financially sustainable.

We know that many people can find change difficult, but it is pleasing to see that the report notes that people have adapted well to the new service. Despite some initial concerns, the mixed age groups are working well, and people are enjoying attending. I would like to thank everyone involved in the review as well as those members of staff working in the day centres who provide such an important service. I would also like to take the opportunity to recognise the vital role that our community and voluntary sector plays in providing over 200 daytime support opportunities across the county. We are keen to support these services through the use of our innovation and sustainability funds which have given grants totalling £550,753 in the last year to date.

Listening to the voice of people who use services is absolutely vital in ensuring that the services we provide meet their needs. I look forward to working more closely with people to help develop and assess our services in the future. The report gives us valuable insight into how we can improve the way in which we manage change and I will ensure these lessons are taken forward in future work.

Kate Terroni
Director of Adult Social Care
Oxfordshire County Council

1 Daytime support in Oxfordshire 2018

‘When we got to Redlands and met the wonderful staff and guests, they made us feel like long lost family - it was great and renamed it GREATLANDS’

Healthwatch Oxfordshire was asked by Kate Terroni, Director of Adult Social Care, Oxfordshire County Council to undertake an independent review of the user experiences of the 2017 changes to daytime support. This report is a result of this research, completed in October 2018 - a year on from when the changes came into being.

Summary of what we heard

People told us that daytime support made a difference to their lives, and valued daytime support for:

- Social connection and friendships
- Meaningful activity
- Independence
- Reduced isolation and loneliness
- Support for carers to continue caring



What people want to tell the council about the changes

‘Changes are very difficult for older people’

- The need to listen and communicate more to service users and carers and have a clear route for contact and communication throughout changes to service provision.
- Provide accurate predictions of care resulting from assessments and clearer information and be more open about what was planned at the start.
- Plan the speed of changes, and make them more slowly, with staged transition and communicate throughout at all levels of the system.
- Better consideration of and planning for the human impact of system changes on service users and carers.
- Consideration of impact of changes on loneliness and isolation, particularly for older people.
- For those with dementia the need for available and sustainable support in the wider community.

Healthwatch Oxfordshire recommendations to Oxfordshire County Council

1. Oxfordshire County Council review its approach to major changes to services including:
 - the time it allows to implement changes
 - communications with service users and their carers
 - communication throughout all levels of the system affected
 - the impact of service changes on carers be addressed through the change process
 2. The findings of this report are considered when drafting the 2019 Older People's Strategy.
-

2 Context

2.1 Oxfordshire County Council review of daytime support

From March 2016, Oxfordshire County Council embarked on a **review of daytime support for people over 18 in Oxfordshire**. This review looked at understanding the needs of vulnerable people for daytime support, core support needed to meet eligible care needs and ways to prevent care needs escalating- ensuring sustainability into the future.

This work was set within a challenging financial context and need to find savings of £69m across the council by 2020. This included identification of £1m savings in daytime support following the agreement of the county council joint budget in February 2016, and the need to continue to provide statutory services to the most vulnerable groups (Oxfordshire County Council 2017).

The work was underpinned by the vision of Oxfordshire County Council's core strategy. Now encapsulated in the Corporate Plan (Thriving Communities for Everyone in Oxfordshire 2018-21) this recognises the value of community-based support, and its role in offering choice and independence.

During 2017, Oxfordshire County Council undertook a far-reaching reshaping of adult daytime support across the county. This was the result of more than two years planning, and affected many, including older and disabled people, and those with a learning disability. Leading up to the changes, the council tried hard to engage and consult with those affected using a range of methods.

2.2 Healthwatch Oxfordshire research study

In October 2017, whilst Healthwatch Oxfordshire was 'out and about' speaking to people on the streets of Bicester, many people we met expressed concerns about

the changes taking place at the time. We reported this to Oxfordshire County Council. Following discussions with the council, Kate Terroni, Director Adult Care, asked Healthwatch Oxfordshire to undertake an independent review of the user experience of the changes. Healthwatch Oxfordshire carried out this work in September - October 2018 under its main remit as an independent watchdog and was not paid or commissioned to carry out this work.

This report to Oxfordshire County Council is the result of that work. Everyone (835 people) who went through the changes was contacted with a postal survey - freepost return. In total we had direct face-to-face contact with a total of 288 service users, 68 staff and volunteers and 40 family members/ carers. We also had 154 responses via questionnaire¹, and three by email and on the phone. We have made sure that all the comments we received, have been passed onto Oxfordshire County Council (with permission).

3 Summary of what we heard



People told us that daytime support made a difference to their lives, and valued daytime support for:

- Social connection and friendships
- Meaningful activity
- Independence
- Reduced isolation and loneliness
- Support for carers to continue caring

Overall, those using Oxfordshire County Council's Community Support Services were now settled in their new environment, some within the Community Support Services, within the community, and others are attending voluntary sector day services. Few have opted for alternatives to centre-based activities.

Accessible, timely and safe transport is important for enabling people to access daytime support, broader community-based activities and so reducing isolation.

¹ There is some cross over between face to face and questionnaire return contacts.

4 What people want to tell the council about the changes

“Changes are very difficult for older people”

Comments heard and contained within the survey that can bring lessons to the council broadly cover:

- The need to listen and communicate more to service users and carers and have some personal contact throughout changes to service provision.
- Provide accurate predictions of care resulting from assessments and clearer information and be more open about what was planned at the start.
- Plan the speed of changes, and make them more slowly, with staged transition and communicate throughout at all levels of the system.
- Better consideration of and planning for the human impact of system changes on service users and carers - ‘consultation over the whole process of change, not once decision was made’.
- Wider consideration of impact of changes on loneliness and isolation, particularly for older people.
- For those with dementia the need for available and sustainable support in the wider community.

‘No one from O.C.C. talked to me face to face.’

5 Summary of observations and some questions

Without the commitment of time and support from staff and carers, the process for those people affected would have been more difficult, for some impossible.

“Made me feel nervous. Made me feel sad.”

Whilst the whole process of change from planning to implementation was planned, and occurred over a two-year period, and the council involved service users often using the term ‘co-production’ we did not find a coherent understanding of what this meant.



Then an ambitious implementation timeline was adopted by the council that involved simultaneous multiple changes for infrastructure, staff and users.

“I would have the building and equipment ready before moving people in. There was no provision for the older people...”

A staged implementation would have been kinder on both users and staff.

Clarity is needed over what co-production means across all those involved.

It appears that the impact on the older people regarding uncertainty, ability to understand, and to seeking alternative provision was greater partly because of time taken for assessments and for outcomes to be known.

It is important to treat all those affected equally during the change process. Having the appropriate level of resource at the outset to deliver change is crucial.

A year on and those who access the new Oxfordshire County Council provision - Community Support Service centres - have generally settled down. For them transport seems less of an issue, people are integrating in the new centres and overall are responding well to mixed groups. Some who did not settle have left.

What assurance does the county council have that those who left the Community Support Service that their assessed needs are being fully met elsewhere?

“Worried about the outcome. Not enough info given about the changes - why? I found the disabilities very distressing - also communication was hard, so I didn't bother anymore”

What longer-term support is being given to non-statutory (mainly voluntary) sector providers to ensure that they can meet the needs of most vulnerable accessing their provision?

One of the key drivers for this change was the belief that the traditional day centre model was not what many people wanted and that alternative activities would be met by other providers within the wider community (mainly the voluntary sector).

“I go to Sterling's old people's home - it is just down the road from my house - they let me go there for meals twice a week and join in some of their activities and events”

“Before I attended Deddington I stayed in with just contact from my family, sometimes a visit, sometimes a telephone call. I had no interaction or stimulation with anyone of my own age. At least I go out once a week now.”

Given the expansion of social prescribing in the county it is fair to assume that demand on independent / voluntary sector community-based services is rising.

Is Oxfordshire County Council working with health commissioners to ensure that the capacity within the voluntary sector is sustainable, that volunteers are able and trained to support those most vulnerable - particularly with the increasing numbers of people with dementia seeking daytime support?

Is the county council working with district councils and the voluntary sector to address the widely reported fact - and echoed in this report - that limited access to transport for those living in a rural community has a major impact on older people’s ability to access support services and so can increase isolation and loneliness?

6 Lessons for change

1. It still takes time to implement change, even if it the new service is co-designed which can lead to the assumption that everybody is on your side, informed, able to respond...this is not always true.
2. Major changes that directly impact on people, especially those most vulnerable, cannot be done at speed without a negative impact on staff, service users, carers. Staging the changeover should be considered from the start.
3. Make sure at the outset that there is enough capacity in the community, to provide services for those people who no longer qualify for Oxfordshire County Council’s service but do need support and, as we all do, benefit from social interaction to reduce loneliness and isolation.²
4. Consideration must be given to access to public transport or community transport for those without personal transport.



‘Someone came to talk about other clubs, but without transport I cannot get to them, and also some were very expensive...I no longer attend a day service’. (ex-Health & Well Being Centre attendee)

² Since the changes the Alzheimer’s Society and Age UK Oxon have closed day centres thus reducing the capacity in the community to respond to some of the most vulnerable older in Oxfordshire

5. It appears that the focus on the service users throughout this change process failed to adequately acknowledge or address the impact on carers.
-

7 Recommendations

7.1 Oxfordshire County Council reviews its approach to major changes to services including:

- the time it allows to implement changes
- communications with service users and their carers
- communication throughout all levels of the system affected
- the impact of service changes on carers be addressed through the change process

7.2 The findings of this report are considered when drafting the 2019 Older People's Strategy.

8 Headline findings

We wanted to find out about people's experience of

- The *process* of change to daytime support in 2017
- The *impact* of these changes on service users and carers
- What was going well *now* and what could be better
- What *lessons* could be learned, for the county council and Oxfordshire as a whole

In all during this process, we heard from more than 288 people, including service users, carers and family members, staff and volunteers. To reach people, Healthwatch Oxfordshire used the following methods:

- Initial desktop survey and meetings with key stakeholders
- Develop, pilot and disseminate a questionnaire in a range of accessible formats to more than 800 service users who had been affected by the changes, with 154 returns to date

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- Visits to nine voluntary sector day centres across the county, three phone interviews and questionnaire
- Visits to all eight Community Support Services to speak with service users and families informally and at 'coffee and cake' events
- Engagement of support from an 'expert by experience' through My Life, My Choice

NOTE - the following sections 8.1 to 8.3 covering process of change, support with change and impact on service users and their carers refer to the period March 2016-October 2017.

The following sections reflect what we heard from these encounters, where comments have been used anonymously, and grouped to illustrate the themes that came to light.

8.1 Process of change

Only a third of respondents from all three settings agreed that their opinions were listened to during the changes.

Significantly 50% of those with learning difficulties or their carers did not understand from the information given to them what the changes would mean for them.

8.2 Support with change

Overall, the majority of those responding to the questionnaire said that they had received support and that this was helpful.

47% of respondents who were using an independent centre did not find the support helpful - they were dependent on carers and family to access alternative services

“Leaflets don't help a 90-year old person with dementia.”

8.3 Impact on service users and their carers

Significantly 71% of people who had been using an independent centre reported a negative experience (they felt terrible or bad during the process) going through the changes, and 51% who were using a health and wellbeing centre reported negative feelings about the experience of change. Whilst 61% of people with learning difficulties reported a positive or neutral experience.

The emotional impact on the older people was greatest during the change than for other users.

The impact on carers brought about by the changes runs through what we have heard. This includes having to



reduce their working hours to provide increased care to their loved one, increased pressures and stress on carers. Concerns focussed on support for people with dementia and Alzheimer being received at alternative services is not at the same level as previously. The independent sector echoed this often stating that their volunteers are not able to provide personal and individual care for Alzheimer sufferers and so often are unable to offer them a place.

Respondents identified a potential knock on effect of the changes on the wider health and social care system including where hours have been reduced, and costs increased, carers not able to provide the level of care at home and the likelihood of those cared for having to access residential care.

8.4 Community Support Services centres - what is going well now, and what could be better?

Notably 70% of respondents still attend either a Community Support Service or voluntary centre, this figure is increased to 91% with further analysis of the 'other' responses. This figure is influenced by the fact that many respondents received their survey form through their day centre setting. The return rate for non-users of day centres was markedly lower than for that of centre users.

To understand what is going well now for people going through the change we need to understand what concerns people had at the start. These included:

- Concerns about the **mix of older people and people with learning disabilities**, including increased noise, challenging behaviour, and how the centre would provide a balanced service meeting the different needs. This concern was predominantly expressed by the older service users or their carers. Overall these fears have been allayed. However, some older people who attended the Community Support Service moved to the independent sector as they did not cope with the change to a mixed group.

“From the beginning I stated that a joint group with learning disabilities was not what x needed. He is a quiet man, that's not the stimulation he needs” (carer, ex Health & Wellbeing Centre who moved to independent sector)

- Many people have expressed their gratitude to staff at all centres who have worked hard to make the centres a welcoming place for all.
- Transport problems that affected many at the change have settled down for those attending Community Support Service.
- Concerns about whether the mixed centres would offer appropriate stimulation for both older people and those with learning disabilities remain. However, both older people and those with learning disability are enjoying the mixed groups with more opportunities for the older people to have more frequent external activity is welcome - shopping, going to town

etc. Some people said the chance to meet new people and make new friends has been good.

8.5 Voluntary sector centres

21% of those who responded to the survey and had been attending Health & Wellbeing Centres last year now commented that they were attending voluntary sector daytime support/ day centres. These included centres / support that were already in existence in 2017, and those that opened their doors in 2018 in response to the changes and were supported by the county council's transition and sustainability fund.

The need for this fund was identified by Age UK Oxfordshire and supported by Oxfordshire Community Voluntary Action to increase the number, capacity and sustainability of the voluntary sector to provide for those people who would not qualify for a place at the Community Support Service. Ironically, Age UK Oxfordshire has subsequently closed its day centres; and Alzheimer's Society did not apply for funding and has closed its centres.

“We play dominoes, have a chat and a banter, also get a nice meal...and not only that, its respite for my wife, she can go off on her own and do her own thing”.

The centres are valued by those who attend but are often open for shorter time, staffed by volunteers, and sometimes not able to provide the level of care needed for those most vulnerable e.g. dementia sufferers.

Transport access to these centres, when not local, was a key concern raised by service users and service providers.

9 The *process* of change to daytime support in 2017

NOTE - the following sections 9.1 to 9.4, 10 and 11 covering process of change, support with change and impact on service users and their carers refer to the period March 2016-October 2017.

9.1 Context

Changes to daytime support that took place in 2017 were far reaching and the transition to the new model happened at a rapid pace. They encompassed closure of Health and Wellbeing and learning disability centres, establishment of new Community Support Services.

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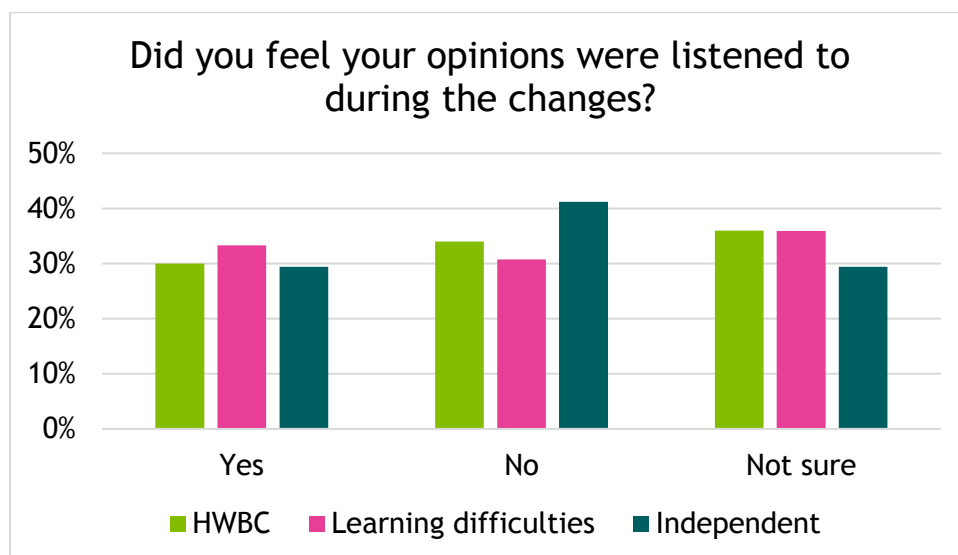
For some, the changes meant a move to a new centre or being encouraged to find alternative and new activities within the community. Removal of funding to the voluntary sector also meant some of the independent day centres made decisions to close (for example Alzheimer's Society in Abingdon), or faced uncertainty about future sustainability.

Transport provision also changed, affecting those at Community Support Services and independent sector in different ways. Other aspects, such as provision of meals, activities, staff and service user mix and increased cost also had an impact. Overall, those involved experienced many aspects of their lives changing.

Change is always a difficult process, but for many, including carers, and vulnerable adults this was a particularly stressful time. There is no doubt that for many, the changes were experienced as a time of great uncertainty and worry. For some, the impact of the changes on their lives had been huge and felt in different ways depending on the needs, background and personal circumstances and level of assessed need of the individual concerned. For some, the changes generated intense emotions and upset. For others, change was not a difficult process, and brought welcome new interests, friendships and improvements to their lives.

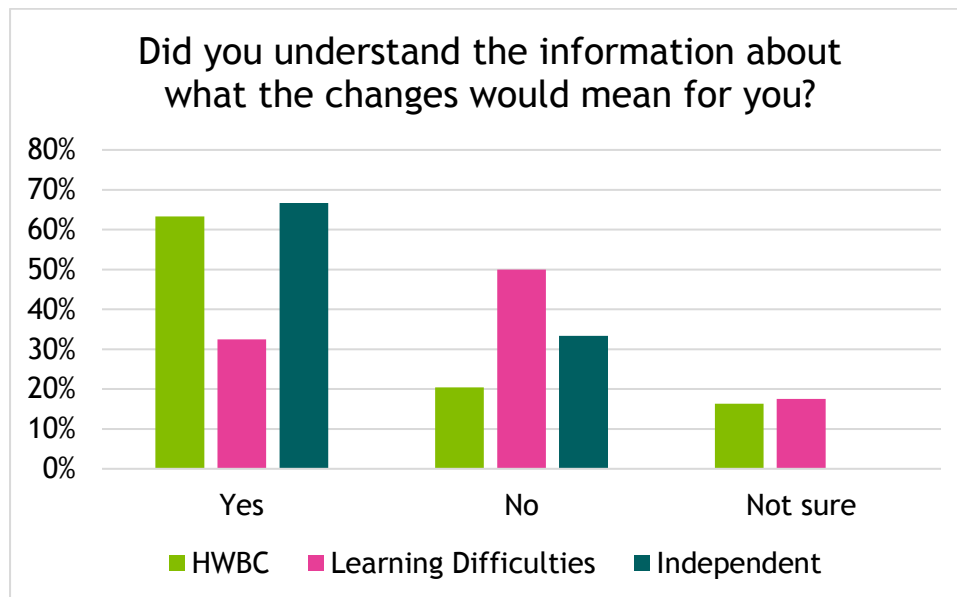
We asked people to tell us about their experience of change to daytime support. Questions focused in part on the *process* of change, people's experience of this, and to what extent they felt informed, involved and listened to during the changes.

9.2 Initial engagement - did you feel your views were listened to during the changes?



Only a third of respondents from all three settings were sure that their opinions were listened to during the changes. Comments from service users and carers of those attending independent sector affected by the changes showed a lower level of respondents feeling that their opinions were listened to during the changes.

9.3 Did you understand from the information about what changes would mean for you?



Significantly 50% of those with learning difficulties or their carers did not understand from the information what the changes would mean for them.

“we were unsure what was going to happen, didn’t really know what was going on” (carer).

9.4 Support, assessment and review process

From May 2017, running up to the opening of the new Community Support Service in October, service users attending both learning disability centres, and Health and Wellbeing Centres were taken through a review process. This was to determine eligible needs, based on personal and financial criteria, and to provide support and signposting to new options for daytime support³.

Reviews and support through this time was provided as follows:

- those attending learning difficulties centres, most of whom had eligible assessed needs, were given support by the transition team of social workers, with a review of support packages to develop new care and support plans. They were offered a place at new Community Support Services. Support was given with personal budgets where required.
- those attending Health and Wellbeing Centres who were assessed as having eligible support needs again were given support through the transition team

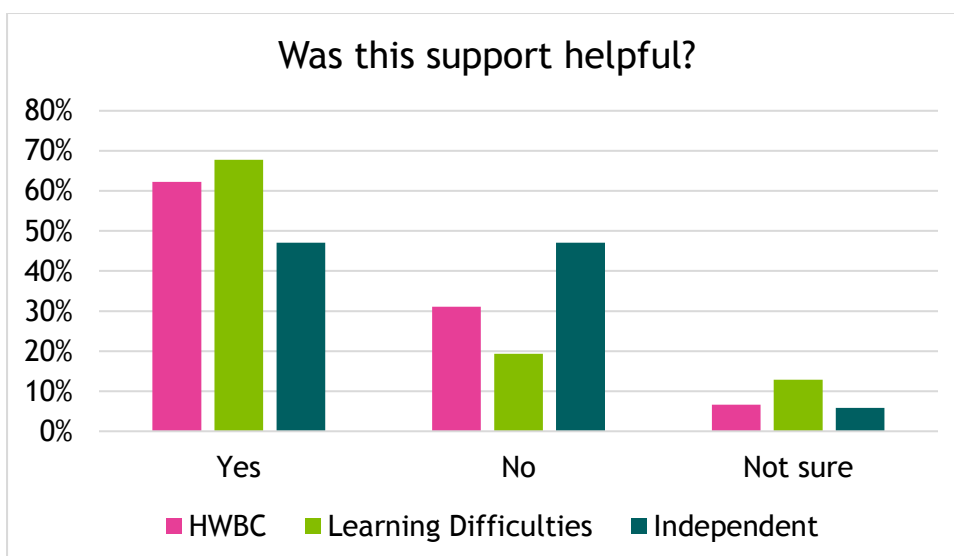
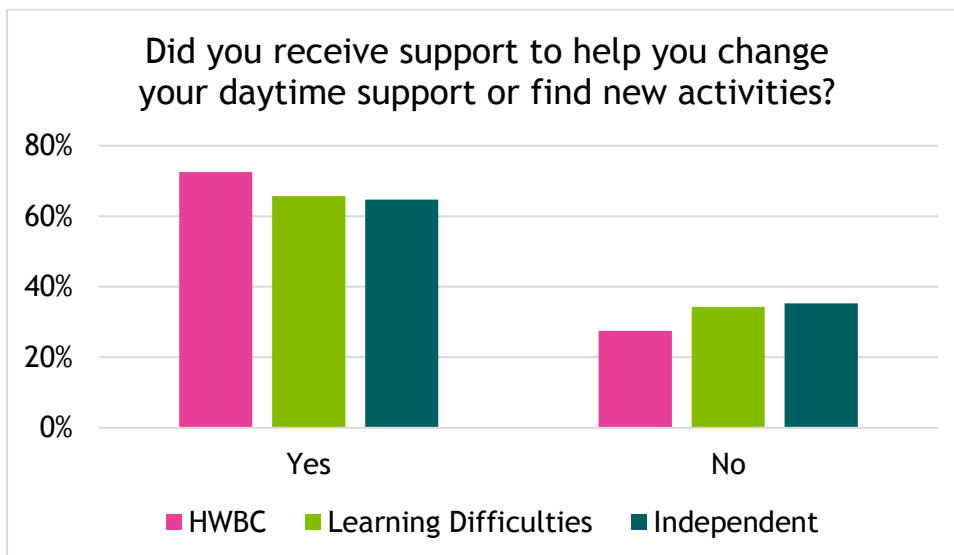
³ See Oxfordshire County Council website <https://www.oxfordshire.gov.uk/residents/getting-needs-assessment/members-public> for information about eligibility criteria

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- via a social worker. They were offered choice of places at the new Community Support Services, or alternative community-based centre
- Those attending Health and Wellbeing Centres identified as either self-funding, as not having eligible assessed needs, or with needs but self-funding, were passed onto the Community Information Network (Age UK Oxfordshire) for support and signposting to access and choose alternative community-based support, including Community Support Services.

Communications about this process were through an initial letter from Oxfordshire County Council and followed by one to one review meetings based either at the person's home, or at the centre. Family members were able to attend where suitable.

10 Support with the changes



Overall, the majority of those responding to the questionnaire said that they had received support and that this was helpful. However, 47% of respondents now using an independent centre did not find the support helpful.

As part of the review process, and the move by the council towards its model of ‘support for living well in the community’ the Community Information Network, (Age UK Oxfordshire) teams worked to help older individuals identify and learn about a range of local community- based activities available.

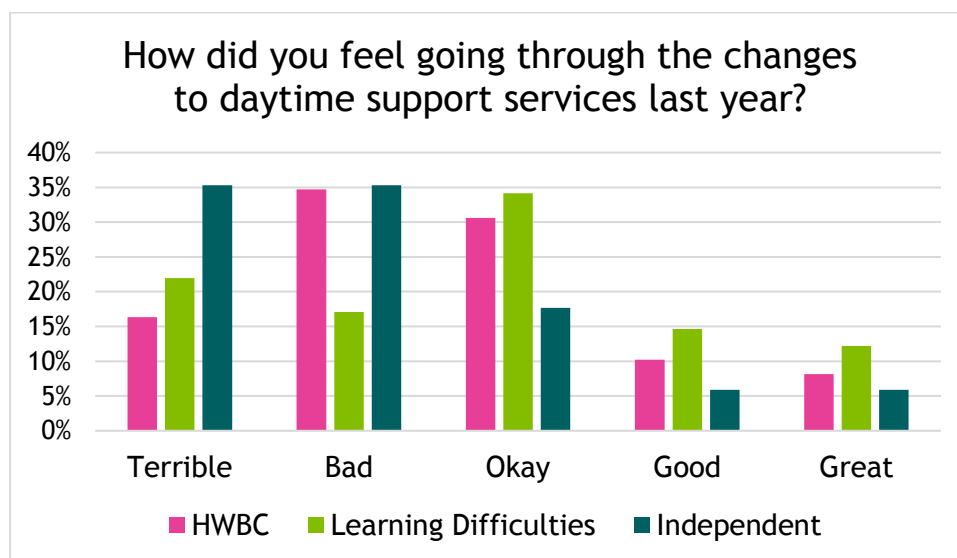
“information verbally and some paperwork from Age UK lady who visited Day Centre. This gave me other choices of things to do during the day”.

11 The *impact* of these changes on service users and carers

We asked people to tell us what their experience of the actual changes to daytime support was like, what it felt like for them, and why.

How did you feel going through changes to day services last year?’

“When there was talk of the Wellbeing Centre closing my mother was upset and it was on her mind constantly. When it did close, she was upset and it was difficult to motivate her. I feel upset and sorry for her, she was missing her friends’ (carer-older person).



Significantly 71% of people now using an independent centre reported a negative experience, and 51% who were originally using a health and wellbeing centre reported negative feelings about the experience of change. However, 61% of

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people who had attended learning disability centre reported a positive or neutral experience.

The emotional impact on the older people was greatest during the change than for other users.

Those who told us about difficulties about the changes, focused on:

- experience of loss
- uncertainty of change
- emotional impact
- knock on effects
 - increased costs
 - reduced hours
- changes to meals
- transport

“Badly missed all the things provided for at Day Centre. It was WELL OVER a year before I found another suitable Day Centre”.

Others described a sense of loss, and emotional upset. Carers also spoke about the impact on their lives and their ability to care.

11.1 Knock-on effect of changes on wider health and social care system

“I felt very discouraged by the changes as my mother needs a lot of support and even losing one day at the Health & Wellbeing Centre has a detrimental effect. I know she is more lonely at home and even though I pay a carer to come in at lunch time she is less likely to eat when on her own. I feel less supported as someone who also tries to combine work with care of my mother and feel that if the council cuts services in this way it makes it harder to continue care at home and more likely that residential care will be needed. This will then cost the council more in the long run’. (carer - older person).

11.2 Increased costs - reduced hours

“She was offered another day club but being charged £50+ and also taxi fares is just too much for someone on a pension” (carer-older person).

“twice the expense and less activities done” (Community Support Service), (older person).

11.3 Impact on carers

“It has increased my stress levels and now I need to use more of my limited non-working time to arrange hair appointments and chiropodist that used to

be available at Health & Wellbeing Centre. I have temporarily reduced my hours on one day a week so that I can be with my mother at home some of the day. This of course has a financial impact” (carer -older person).

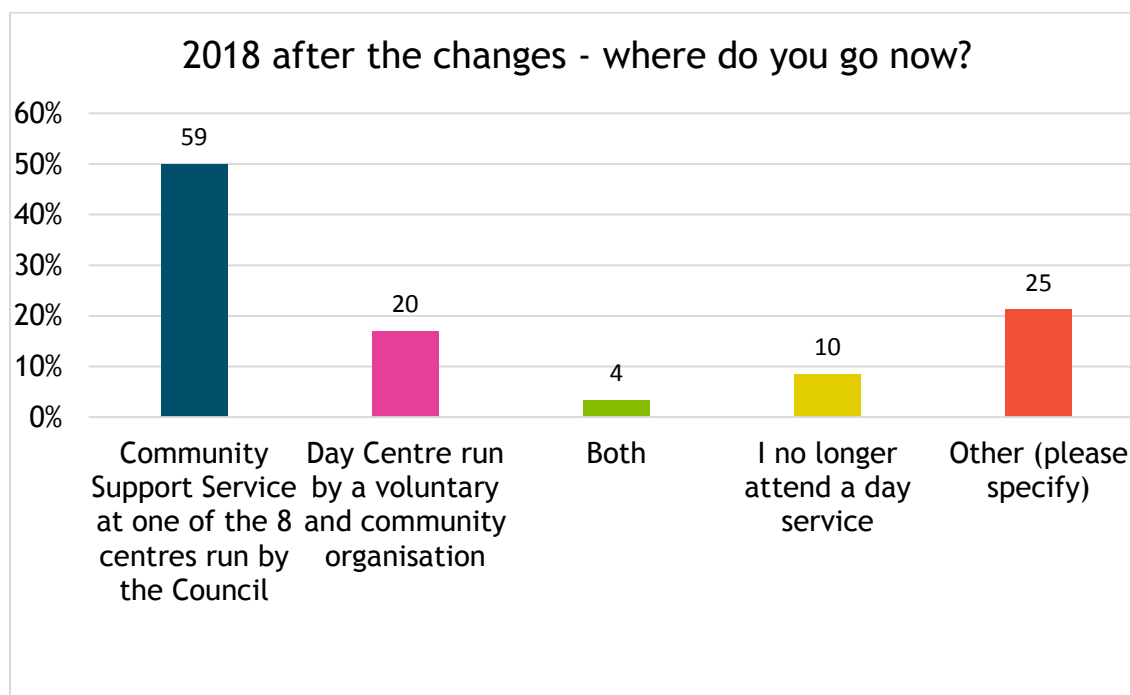
“it has been very helpful to me as a carer to have a little time to do things for myself, I would like to thank all the staff and drivers for their support”.

12 What is going well now and what could be better

Questions also focused on finding out what people were doing for daytime support almost a year after the changes had been implemented, where they were now, and how this was experienced.

People noted that since the changes, they were attending a range of places for daytime support, including Community Support Services, voluntary sector day centres, ‘other’ and ‘none’. Those who noted attending ‘other’ mainly did in fact attend independent / voluntary sector or Community Support Services but had not been clear what type of support they were attending.

12.1 Where do you go now?



Notably 70% of respondents still attend a centre. This figure is increased to 91% with further analysis of the ‘other’ responses. This figure is influenced by the fact

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that many respondents received their survey form through their day centre setting. The return rate for non-users of day centres was markedly lower than for that of centre users, as anticipated.

To understand what is going well now for people going through the change we need to understand what concerns people had at the start. These included:

Concerns about the **mix of older people and people with learning disabilities**, including increased noise, challenging behaviour, and how the centre would provide a balanced service meeting the different needs. This concern was predominantly expressed by the older people or their carers. Overall these fears have been allayed.

Some older people who attended the Community Support Services moved to the independent sector as they did not cope with the change to a mixed group.

“coping with physical and learning disabilities - too upsetting for me - made me very uncomfortable, not a pleasant experience’ (Older person moved from Health & Wellbeing Centre to Community Support Service, now accessing voluntary sector centre).

“Staff were pre-occupied with those with learning disabilities, the ‘activities’ were totally unstimulating for someone, though 99 at the time, x had a clear mind’ (carer comment older person, Health & Wellbeing Centre to independent sector).

12.2 How people responded / what is good

Many people have expressed their gratitude to staff at all centres who have worked hard to make the centres a welcoming place for all.

“they are amazing”,

“have supported individuals and carers through the change”

Community Support Service mixed community centres

People attending Community Support Service centres have settled down and their fears of a mixed community have mainly been allayed. Both older people and those with learning disability are enjoying the mixed groups. The chance for the older people to have more frequent external activity is welcome - shopping, going to town etc. Some people said the chance to meet new people and make new friends has been good.

“older people are definitely going out more, one person ‘I haven’t been out for years, I’ve either been at home or the centre, it’s lovely to go out’ even Aldi, simple things but it has meant a lot to her’ (Community Support Service staff).

Transport

Transport was a key message taken from both the survey questionnaire and group discussions. The major changes in provision of transport to both county and independent sector centres had an initial negative impact on many attending the Community Support Service and have a lasting impact on the ability of the independent sector to meet the needs of all who want to access their services.

"X is 95 years old and very disabled. She relies on me for transport, shopping and leisure. I am sorry to say without me she would go nowhere, I am 80 years old myself".

Transport problems that affected many at the change have settled down for those attending Community Support Services. However, this is often a different story for those using voluntary sector provision or people trying to access alternative activities in the community.

"The changes went OK but the transport is awful, I have to take him or get a private taxi. This is all a pain because I have cancer myself". (Older carer of older person moved from Health and Wellbeing Centre to centre run by voluntary sector)

The impact of changes and savings to transport under the daytime support review included:

- Removal of Integrated Transport Model (ITU)
- For **Community Support Services**, transport now to be provided in-house, as an integral part of provision, with support staff taking on the role of drivers to collect and drop off service users, using a new fleet of in-house vehicles. Cost for transport is £20 a day (via personal budget or independently to this without eligible needs) (Oxfordshire County Council, 2017). In addition, some were eligible for exceptional transport (via taxi etc) or were encouraged to travel independently on public transport or with a carer.
- For the **voluntary sector**, existing transport arrangements (via Integrated Transport Unit) were no longer provided by the council. This group would be encouraged to access one of Oxfordshire's over-60 community-based transport schemes, such as Aspire, Good Neighbour or local schemes (Communities First Oxfordshire 2018). Oxfordshire County Council provided 'Comet' also offered smart use of council minibus out of school hours (weekdays 10-2pm) for bookable, accessible transport in some areas. Some support with loss of transport and change-over was available from the Transition Fund.

Comments from people using independent rural and other day centres, showed the individual effort that goes into using local transport to reach places, as well as the impact of loss or unpredictability of local services. Service users were concerned

about uncertain costs. Limited transport or removal of transport also impacted on their sense of social connection and loneliness.

“none of the centres I contacted provided transport”.

“I have to rely on my daughter to transport me from Abingdon to Wantage. This means I only go one day a week instead of three.”

13 People’s Stories

Stories of people who now attend one of the eight Community Support Services, at the top of each story is a short description of where the person was prior to moving to a Community Support Service/voluntary sector service or an alternative activity.

All respondents gave permission for their comments to be used in the report.

Learning disability and carer. (Moved from a learning disability centre to Community Support Service).

Daytime support is people I work with, people help... It was ok going through the changes...as its near where I stay. I felt my opinions were listened to during the changes, and I did understand what the changes would mean for me. I got support with the changes, and all the support was the same (almost) as the support provided by the old centre. It was helpful. Its good because the new centre is near my home, so nothing was difficult about the changes for me. Now I go swimming, so that’s good. Everything is ok. My daytime support is good now, because I get all the support I need and I am happy...people help me and I enjoy meeting friends and the activities. I am now picked up by the centre minibus...there is nothing to improve there, it is ok, and very easy to get to the centre.

Carer: there is no noticeable change, there was nothing outstanding from what was going on at the previous location to the new centre...the staff moved too to the new day centre.

Older person. (Moved from a Health and Wellbeing centre to Community Support Service).

Daytime support gives me the opportunity to get out of my home, to go to the centre where I am able to meet and communicate with other people - clients and servers. I felt bad going through the changes to daytime support, as I was happy with things as they were. I did not feel my opinions were listened to during the changes. I did understand the information about what the changes would mean for me and did get support - I saw a social worker, and this was helpful...she sorted out the financial side of things. The changes were difficult because so many clients

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left because they couldn't afford the charges. What went well for me was more 'carers' mean that I now have the chance of being taken out on rambles, shopping trips etc. I would tell the council that they need to think more about social isolation - it's not easy to be old, disabled, lonely... put less emphasis on money saving. ...why can the council decide to change the criteria for their own benefit?

Now at the Community Support Service, staff are supportive and kind, and I get the opportunity to go out, I enjoy the company and outings. Sometimes it's very noisy. It could be improved by having more choice of activities. Focus is on people with learning disabilities, and/or physical difficulties, old age, social isolation are no longer enough. I get to the centre on the bus, its easy. How could my daytime support be improved? Remember that not everyone has a learning disability.

Moved from a learning disability centre to Community Support Service.

Daytime support makes a difference, making new friends and participating in social and leisure activities like going to bowling, dancing, exercise and singing. Changes were ok, but I would like to go to the centre more. I understood what the changes would mean for me and I received support...I like going into town on a bus for a walk or shopping now. Nothing was difficult about the changes, I am now going out more often, like going shopping. I am fine with the change...happy now with the way things are. I now go to daytime support once a week and go out on the other days. I am doing new things now like going out a lot or into town shopping, I love going dancing locally.

My Community Support Service is good, because I love it there.... I like helping in the kitchen, and meeting my friends. I feel I have a say in what happens at the Community Support Service. I am happy with the way things are...but I would love to go horse riding.

Moved from a learning disability centre to Community Support Service. (Written by support worker).

I used to go to a centre, with lots of people, and I never showed any enthusiasm, if I was offered a day off I would jump at it. Now we have moved to the Community Support Service I look forward to going. I am more willing to join in things there and the staff at home know not to book things on those days for me as I want to go. The changes felt bad, as I didn't understand before hand, if I had moved day service before it was because I had moved house. I didn't understand about what the changes would mean for me.... but staff encouraged me to give it a try and

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reassured me all my friends were going as well. This was helpful. I don't like change and need routine. It was hard just at the last week of the centre and the first week at the Community Support Service, I needed to know that things I loved doing would continue. Now, the new Community Support Service is a nicer place, a lot more space, more choice of activities and places for quiet time. I am doing new things and joining in now with more activities.

My new Community Support Service is great, because I look forward to going, because I always come home now and say I have had a good day. I love the people and going out. I would love to do drumming and karaoke.

Older person and carer. (Moved from a Health and Wellbeing Centre to Community Support Service).

Daytime support helps me to meet new people and it gives my x a break, as x is my main carer. The changes were ok, but I was happy with everything at the Health & Wellbeing Centre. I am not sure I felt my opinions were listened to during the changes, but I did understand the information about what changes would mean for me. I received support, they were quite thorough in talking to me about it. Nothing was difficult about the changes, it was just adapting to the change. I enjoyed meeting new people. I think the council could have ensured a hot meal was provided. My new Community Support Service is good, I enjoy being around people and I am now doing new things like trips out, meeting new people and doing different activities. I couldn't improve it. I get to the Community Support Service on community transport, its easy. Having an extra day would benefit us.

Carer: having X attend the day centre has made a huge impact in giving me some respite.

Moved from a learning disability centre to Community Support Service, and carer.

Daytime support gives me a variety of activities, keeps me stimulated, minimizes boredom. I felt good going through the changes to daytime support and did feel my opinions were listened to during the changes. I received support, information relating to daily activities...this was helpful. Nothing was difficult for me about the changes, all went well, and I am generally happy with all the support programmes, it was a very smooth change from one day centre to another, and I am generally happy. I am doing new activities now, like golf, cooking, afternoon tea, travel to places locally of interest.

Everything is going well at my Community Support Service now...I like the door to door transport, and visiting places of interest....no

improvements, happy in general, happy with activities. Transport via social services appears to be straightforward.

Disabled person and carer. (Moved from a Health and Wellbeing Centre to Community Support Service).

Daytime support I meet my friends and do different activities, if I didn't have this, I would just be at home all the time. I felt great going through the changes to daytime support, there wasn't much difference, just a different place, and transport, everything else was the same. I am not sure I felt my opinions were listened to or that I understood information about the changes. I did receive support...just reassurance about the changes, and this was helpful. Nothing was difficult for me about the changes. I am now doing new things at the Community Support Service, including the sensory room, cooking meals and cakes. The Community Support Service is great, I enjoy what I do at the centre, like trips out, cooking and bingo. Getting there on the minibus is very easy. I am happy with everything at my centre.

Carer: there was no significant change to us, some worry about transport but these were soon resolved. X is very happy now, kept busy doing the things X enjoys, likes staff and seeing friends. If we didn't have daytime support X would be at home alone...so we both benefit. The change of venue meant X could do other activities.

Older person. (Moved from a Health and Wellbeing Centre to Community Support Service).

New daytime support has made it much better. The changes were ok, because I knew no one, wherever we finished up would only be for our good. I did not feel my opinions were listened to during the changes, and no one told us anything except that the Health & Wellbeing Centre was closing, I got no support to help me with the changes. It was difficult not knowing anything.

What went well...when we got to the new Community Support Service and met the wonderful staff and guests they made us feel like long lost family, it was great. I would tell the council...I suggest they do the change with even a bit of heart...they could have informed us one way or the other, they have no excuse. My new Community Support Service is great, we are now part of the family...we feel safe and wanted. It gets me out of my carers hair and gives (X) a bit of respite from looking after me. There is nothing that is not going well with my daytime support now...it

couldn't possibly be improved. Transport is very easy. We have everything we need except of course more staff.

Older person with dementia and carer. (Moved from a Health and Wellbeing Centre to Community Support Service).

At daytime support its nice to see a lot of people, different people. The staff are exceedingly kind and very thoughtful. Going through the changes to daytime support was bad as we were uncertain because we weren't sure what would happen...we were told we wouldn't get a place any longer so we had to go and look at other provision. We did feel listened to during the changes, and understood the information. We got support through visits by a social worker and lots of suggestions of things to do. The support was helpful, done with kindness, but many of the alternatives weren't terribly suitable for someone with dementia. Expectation that I would not be offered a place any longer turned out to be false. The changes were difficult with anxiety about the likelihood of no places being available and trying somethings which weren't very suitable. A lot time wasted but we acknowledge people were working with predictions that turned out to be unrealistic...in the end a place was still available as before...the predictions regarding the lack of availability unfortunately turned out to be quite erroneous.

The Community Support Service is good now, with friendly and helpful staff...enjoy meeting people and doing different activities. The cost is quite high compared to similar activities in other areas. X is collected by minibus, which is easy.

Carer view: The main impact is that it had on me was the time taken to consider the various options suggested, telephoning etc, and then visiting them with my (parent) who was anxious about the new setting and concerned about why it was happening and what the outcome would be. We were told all along that it was extremely unlikely that X would be offered a place under the new regime and then right at the last moment (X) was. We were very grateful, but we felt that the planning had been poor and that although supported, we had had an unnecessarily difficult time.

Older person and carer. (Moved from a Health and Wellbeing Centre to Community Support Service).

Daytime support gives a chance twice a week to meet other people who like myself need companionship and support. It is nice to get my nails done, to sing and do quizzes. It felt terrible going through changes to daytime support we were put together with younger people who were loud and quite scary, also some of my friends lost their places and we lost contact. We did not feel our opinions were listened to during the changes and did not understand the information. I didn't

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feel any support as staff were having many changes like me...I was confused as to what would happen next. Everything was difficult about the changes...staff change, room changes, client changes. What went well for me was that I kept my place twice a week. 'Insecurity' is the one thing I would tell the council about the changes and impact on me. Now, the catering seems not so good, there is no pudding most days, and loss of staff I liked. Its not easy to find new activities and support in the local community, other day centres, like Age UK Oxon have all closed. Now, at the Community Support Service it's ok, we do a lot of singing and music which I love. Would like to do more trips out...Transport to the Community Support Service is very easy, I am picked up by lovely drivers in the transfer and feel very safe...its perfect.

Carer: thank you for looking after X twice a week it gives me respite. As a carer I need to know X is safe when with you. During changes X was very unsettled due to addition of young disabled to a club with was mostly the same age group as her. X particularly likes to be entertained...singing, quizzes etc.

Person with a learning disability and carer. (Moved from a learning disability centre to Community Support Service)

Daytime support has given me the chance to be independent. I am given choices in terms of what I do each day when I am at the centre. I like to meet people who are familiar to me each day. The staff are very good to me they meet all of my needs. We have lots of fun doing different things. I look forward to going each day. It makes me happy when I am there. It felt great going through changes to daytime support, as there is lots going on, people there and the staff are great! I did feel my opinions were listened to during the changes, and that I understood the information about what it would mean. I got support, which was helpful, I had a meeting with my keyworker, and parents. We discussed my needs and talked about other activities that I could try or do.

The staff listened to what I would like to do. Nothing was difficult for me about the changes, I am happy. Everything went well for me with the changes, I like being in the new building and there is more room for me. I like meeting all the different people of various ages, and all my needs are met. On top of other things I do we now go to the Leisure centre.

Daytime support now at the Community Support Service is great...the staff understand my needs and what I want. Everything is going well, I am well supported, I like all the people and staff that work there, they are all kind and nice to me...I like it all. I feel I have a say in my daytime support...staff ask for my opinion.

Getting there is easy, my family take me. I am very happy with the service provided.

Carer: At the time of the proposed changes it was rather worrying as to what service was going to be available. There was much uncertainty in the period when the changes were first announced. We feel the council kept the service users and their families in the dark with the lack of information that they were giving out regarding the new set up for the proposed centres. It seemed to be very drawn out. As it has happened though, we and x are very happy with the service provided. We believe it is much better.

Person with learning disability and carer. (Moved from a learning disability centre to Community Support Service)

Daytime support enables me to mix socially and go out and about in the community whilst still having the care I need.

I have been able to reconnect with old friends from school and meet new people. I felt good going through the changes, I had been to the new centre quite often and staff moved with me and helped me feel safe. I enjoy going to new places if I have people, I know with me.

I did not feel my opinions were listened to during the changes and didn't understand information about what changes would mean for me. When I arrived in the mornings there wasn't anyone to support me because they were all out doing transport...its scary to come to a new place and not find anyone to support you when you arrive. We would ask the council to make sure there were enough staff to provide care for people arriving at the centre as well as doing transport. Some of the staff I hadn't seen before and it takes me a while to get to know people.

The new centre was much better, with more space, and better bathrooms, and a great sensory room. Now, my Community Support Service is good, I have lots of company and am well supported. I have lots of friends, and get to go out to the shops, and out on the bus, and like to be outside. I like to be part of the group and am really happy when we have music. Sometimes we can't do activities because there aren't enough staff.

Carer: When the service started all the staff were out providing transport in the mornings so there were no staff to support users arriving by other means, which meant I needed to stay until they returned. Some of the staff who had previously only worked with older were not happy supporting learning disabled which was worrying. When there have been problems, most of the support staff have done their very best to help, often in difficult circumstances. There are some excellent people at the centre.

Older person with dementia and their carer. (Moved from a Health and Wellbeing Centre to a voluntary sector centre)

Closure of HWBC was a huge disappointment, it was a marvellous centre with dedicated staff. I really looked forward to going. The cost was £15 from 10-3pm and £7 for a cooked lunch. I was offered a place at the Community Support Service for £88 four times the amount paid at the Health & Wellbeing Centre. We declined the offer as this was financially unacceptable. Eventually x found a place at a voluntary sector day centre, run by volunteers, on a Thursday. My carer has to drive me there and stay with me when I am there, as there are no trained staff to take responsibility for me.

We did feel listened to during the changes, but it made no difference. The council could have provided comparable alternative facilities to the Health & Wellbeing Centre. We were given one or two suggestions for voluntary groups in the area, but the ball was very much left in my carers court to follow up these. The only positive outcome was acceptance at one voluntary sector centre, run by volunteers. This centre, which provides a very welcoming environment, just about manages despite withdrawal of Oxfordshire County Council support, with the tremendous effort of volunteers to keep the centre running. Apart from one day a week at the new centre, and Singing for the Brain twice a month, x sits at home.

Getting out gives x some company and occasional entertainment and gets them out of the house. The new centre is only from 10-2pm, whereas the HWBC was 10-3, giving the carer a slightly longer break, and allowing for more activity...it would be an improvement to have that extra hour.

Carer perspective

The closure of Health & Wellbeing Centre has been a blow. X went there two days a week from 10-3pm which gave me time to relax, meet friends, play tennis, Now has to go to the new centre from 10-2 which means lunch with friends, and tennis is no longer possible, as I wouldn't get back in time. I now have to accompany X to the centre to attend to any personal care needs, whilst it is quite enjoyable, and I am full of admiration for the splendid volunteers, it doesn't give me a break from looking after X. The Health & Wellbeing Centre was such a good centre with excellent staff, it was a shame that it closed'.

Older and carer perspective. (Moved from Health and Wellbeing Centre to Community Support Service, then to local support).

When I went to the Health & Wellbeing Centre it made my life more interesting, it was a happy jolly place which brought joy to my life. All the people were wonderful, they helped me solve small problems.

The changes to daytime support were terrible, I was really upset, it felt like I was losing something special. I did feel my opinions were listened to during the changes. I received support to help change my daytime support and found a new place at Community Support Service...but I hated it, so it was difficult to find something that I liked. Finally, I was offered some support at a residential home, and go there now for meals and can pop in there for specific events going on. I have got to know the staff very well and it makes me happy.

Its not easy to find new activities locally as I have difficulty with transport, not much for me to do in my area. Its great on the days I go to the home, I enjoy the food and activities, but I can get bored on days I don't go. The only thing is its very limited time wise and I would like to stay longer, I can only go for a meal for half an hour and the odd activities, so that's maybe an hour a week. I would like to be able to have more support, more time and different things to do.'

Carer: The staff at the HWBC offered lots of emotional and practical support to X. We have had to step in with these tasks, as well as support with personal care. X was very upset with the changes, it wasn't a good time at all, X got very worried about all the people who used the centre and still thinks about what they are doing.

Older person dementia - carer perspective. (moved from Health and Wellbeing Centre to a voluntary sector centre).

Due to her Alzheimer's my mother was unable to remember anything was changing. As her carer, I felt very concerned about the changes to daytime support services. During the changes, my mother was unable to express any opinion, but I did not feel my opinions were listened to.

We did receive some support to help with the changes to daytime support, Age UK Oxon phoned and sent a list of alternative voluntary led day centres, but none of the centres I contacted provided transport. Now, my mother feels less secure and more lonely being at home, rather than at the Health & Wellbeing Centre.

As a carer it made me feel that the council did not appreciate the efforts I make to care for my mother at home and cuts like this make it less feasible for me to continue. I now have to make alternative arrangements for things like chiropodist appointments which used to be done at the Health & Wellbeing Centre this is not easy to fit in with work commitments. She attends a voluntary sector day centre,

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which provides good support on the days it is open...but the hours open are not long enough, and we have to do the transport.

Losing days at the Health & Wellbeing Centre had a detrimental effect. I know she is more lonely at home, and she is less likely to eat when on her own.

Carer perspective: I feel less supported as someone who tries to combine work with the care of my mother and feel if the council cuts services in this way it makes it harder to continue care at home and more likely that residential care will be needed. This will cost the council more in the long run.

It increased my stress levels and I now need to use more of my limited non-work time to take my mother to appointments. I have temporarily reduced my hours so I can be with my mother, and of course this has a financial impact.

Older person with dementia and carer. (Moved from dementia centre to a voluntary sector centre).

Daytime support gets X out of the house, provides stimulation and things to do...enjoys meeting people and musical activities and games. X badly missed all the things provided for at the day centre, and it was well over a year before we found another suitable day centre.

We did not feel listened to during the changes, although we did understand the information about what changes would mean and did get support to find new activities. Age UK Oxon and others told us what day centres might have room, but these were unsuitable...the problem was not solved, as we need a local day centre. It was a difficult time, as we felt left on our own to try and find a local day centre...had to rely on personal contacts to discover what was going on in the area. Very long wait before something turned up...as a new day centre opened up locally in the end.

The council made no provision for dementia day centre in changes after the centre closed...and X had to stay at home. The new centre is good but not as local to me as the former day centre, and I have to drive.... but it has good leadership, a variety of activities and lunch provided. As a carer, I very much missed one day per week break to have freedom and relaxation. It also increased my stress levels always being concerned not to leave X alone too long (has dementia). Always on the look out and waiting for something like the new day centre to start where I live.

Person and carer. (Moved from a Health and Wellbeing Centre to one activity).

Daytime support made me happy to be with likeminded people, and I enjoyed my days at the centre. It makes life easier I had a cooked meal, so didn't need to cook those days. I enjoyed the craft activities.

The changes were terrible, there was a lack of communication letting me know what was happening, apart from snippets of information which I could not rely on. I was upset and confused and this had a great impact on my life at home and the day centre. The new costs were very expensive, charging for meals, morning/afternoon sessions and the transport was going to make it very expensive for me. We did not feel our opinions were listened to, and did not understand the information about what changes would mean for us.

We did get some support, information verbally and some paperwork from Age UK Oxon person who visited the day centre, this gave me other choices of things to do during the day. The information was interesting and informative so I could choose new groups and activities rather than going to the day centre. Without information pack from Age UK and family helping me to find new activities I would be very lost.

I was very confused when I had my interview about the new pricing and could not understand why I could not go any more. It was difficult having a change of routine, and not being able to see friends I had made. I felt sad and lonely as if no-one apart from my family cared about me. The process to reapply to the day centre was confusing and to me complicated. Oxfordshire County Council should have been more open and communicative about the changes from the start. I have now joined a knitting group which meets once a month, I do more crafts at home on my own. I go to Bingo locally. I no longer go to a daytime support service.

Carer: This was a very worrying and stressful time for me as a carer. X was very tearful and upset and could not understand what was happening and why. I tried to find out, but to no avail as no one seemed to know what was happening. X became quite ill and depressed. The prices were very high for the new ...after a while we decided to leave the centre and try and join some different activities. At the present this has been one new activity.

Older person dementia and carer

Daytime support when it was more local, made a huge difference to my life, it was my social life. The changes were terrible, it has made my life so much more isolated. We did feel our opinions were listened to during the changes, and did understand the information.

We had support to help change the daytime support and find new activities...local support was taken away. They listened and I understood... but they can't offer

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something that is not there. I now have to rely on my daughter to transport me to a voluntary sector group, which means I can only go one day a week instead of three, as it's too far. It's not easy to find new activities in my local community... everything on offer is only for about two hours and involves someone coming with me. If I had more local support provided, or transport things would be better... I would be able to go more frequently.

Carer: When X went to the centre it gave real peace of mind knowing X as having a happy day with friends in a safe environment and being fed and watered. Caring part-time for X is affecting my income, future job opportunities and my pension for the future.

Older person and carer. (Moved from a Health and Wellbeing Centre to a voluntary sector centre).

My daytime support stopped when Health & Wellbeing Centre closed. This made me feel lonely as I missed the company and the fact that I had something to look forward to twice a week. It also meant a hot meal was provided twice a week. After a considerable amount of time, I found out myself about a new centre (voluntary sector) and contacted them. Initially they had no vacancies but luckily did find me a place.

I go once a week and enjoy it, and I look forward to the company. The changes to daytime support were bad, as it meant I had nothing to look forward to. I missed the company of the friends I had made; the staff were also very helpful and kind. I am not sure I felt my opinions were listened to during the changes, but I did understand information about what the changes would mean.

I received '50:50' support to help me change my daytime support and find new activities. I had a meeting to explain Health & Wellbeing Centre was closing, I was told there was nothing else available for my needs...there was no alternative available...I had to source my own day centre. Before I found the new centre, I stayed in with just contact from my family, sometimes a visit, sometimes a telephone call. I had no interaction or stimulation with anyone of my own age. At least I go out once a week now - I enjoy the company and I get a meal provided.

Carer: when there was talk of the Health & Wellbeing Centre closing X was upset and it was on their mind constantly. I felt upset that X was missing friends...when X went out twice a week it meant I didn't go and visit as I knew X had the company. When it did close X was upset and difficult to motivate. I normally go every day to see X so it meant I could go out or do my work knowing X was ok. We would talk on the phone and X would have lots to talk about. This made such a difference to us all.

Appendix A

Background

From March 2016, Oxfordshire County Council embarked on a **review of daytime support for people aged over 18 in Oxfordshire**. This review looked at understanding the needs of vulnerable people for daytime support, core support needed to meet eligible care needs and ways to prevent care needs escalating-ensuring sustainability into the future.

This work was set within a challenging financial context and need to find savings of £69m across the council by 2020. This included identification of £1m savings in daytime support following the county council joint budget in February 2016, and the need to continue to provide statutory services to the most vulnerable groups (Oxfordshire County Council, 2017).

The work was underpinned by the vision of Oxfordshire County Council's core strategy. Now encapsulated in the Corporate Plan (Thriving Communities for Everyone in Oxfordshire 2018-21) this recognises the value of community-based support, and its role in offering choice and independence.

Not only was the change about a drive for savings, but for the council it represented a process of *cultural* change, a redefining of the relationship between local authority and community, and of roles and expectations. The wider vision put forward was one in which there would be a move towards embedding delivery of local services in local communities, sustained and delivered where possible, by those communities.

For adult social care, the council also recognised emerging cultural and demographic changes in the way people made choices about how to spend their time. They saw for example, that there was a shift taking place in the way older people wanted to spend their time, with choice by some to move away from 'traditional centres' to access a range of activities in the community (Oxfordshire County Council 2010). Use of personal budgets also drove this move towards wanting more 'choice' and need for more tailored support to meet individual needs. This, called for new ways of looking at daytime support.

The review was also set against a backdrop of national policy and legislation, including underlying principles outlined in a range of documents such as the Care Act 2014, NHS Five Year Forward View, and NHS Transforming Care Programme.

It also looked at examples of good practice and wider evidence including ways of supporting choice, independence, and ways to improve wellbeing, reducing loneliness and isolation as well as ways to prevent escalation of needs (Oxfordshire County Council 2016, New Economics Foundation 2008).

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It was also set within a national picture of increasing pressure on local government, cuts to public services, and concerns about impacts including rising isolation and loneliness, particularly on older people and those most vulnerable in society (Davidson and Rossall, 2015; Mencap 2016; HM Government 2018; Local Government Association 2018).

Service change process 2016-17

In 2016, Oxfordshire County Council Engagement Team undertook an initial engagement process (**May-June 2016**) with adult daytime support service users, carers, community groups and interested parties, listening to views of over 600 people.

The aim was to find out about what daytime support means to people, what they need from this support and to inform ideas about future provision. They did this through workshops, and focus groups set at venues across the county (See Oxfordshire County Council 2016).

From information gathered, key themes arose about what people valued in daytime support- this included the social value of daytime support, and ability to take part in meaningful activities. For older people, value was given to reducing isolation and loneliness, and for adults with learning disabilities, learning new skills, getting a job and being independent was important.

Carers valued daytime support for valuable respite, and support to continue caring (for full report see Oxfordshire County Council 2016). These views reflected recognised evidence and understanding of the benefits of daytime support for health and wellbeing

Further work was carried out by the county council with a working group of 18 service users and carers to help shape the future of daytime support. This considered information from the engagement, and enabled deeper discussion issues such as transport, mixed provision, and focus of activities in more depth. A new model of daytime support was drawn up, with further consultation through 2016. More than 1,000 responses given on the proposed new model.

The following changes were agreed;

- Establishment of a new **Community Support Service** that would replace Health and Wellbeing Centres and Learning Disability Support Services (22 building based services). It would be available to everyone based on need, bringing together older people, people with learning disabilities, and physical disabilities to gain the right support. Transport would be provided
- **'Option A'** for this Community Support Service model was adopted: giving a centre-based model delivered from eight buildings across the county, with mixed-use- combining service users with different needs, including older people and those with a learning disability
- Wider focus was placed on **'support for living well in the community'**, enabling provision of daytime support and activity within the community,

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through local groups and voluntary sector provision, and support to access community networks.

- County council funding to 47 community-based day services was to be replaced with grant pots through a newly established **Sustainability, Innovation and Transition** fund. Capacity building and fundraising support was to be given to existing groups to support a transition to more self-sustaining model.
- Other themes included continuation of ‘**open access tailored support**’ for vulnerable people (Dementia Support and Wellbeing and Employment Service) and continuing to provide choice for people with eligible needs through **personal budgets**.

Implementation of these changes took place between April and October 2017.

Healthwatch Oxfordshire research

We wanted to find out about people’s experience of:

- The *process* of change to daytime support in 2017
- The *impact* of these changes on service users and carers
- What was going well *now* and what could be better
- What *lessons* could be learned, for the county council and Oxfordshire as a whole

We wanted to be able to reflect the comments and voices of those affected across the county; service users, family members and carers. In all during this process, we spoke to more than 300 people, including service users, carers and family members, staff and volunteers. To reach people, Healthwatch Oxfordshire used the following methods

- Initial desktop survey and meetings with key stakeholders
- Develop, pilot and disseminate a questionnaire in a range of accessible formats to over 800 service users who had been affected by the changes, with 154 returns to date
- Visits to eight voluntary sector day centres across the county, plus additional phone interviews and questionnaire
- Visits to all eight Community Support Services to speak with service users and families informally and at ‘coffee and cake’ events
- Engagement of support from an ‘expert by experience’ through My Life, My Choice

This report reflects what we heard from these encounters, where comments have been used anonymously, and grouped to illustrate the themes that came to light.

What we heard

People told us that daytime support made a difference to their lives, and valued daytime support for

- Social connection and friendships
- Meaningful activity
- Independence
- Reduced isolation and loneliness
- Support for carers to continue caring

Healthwatch Oxfordshire carried out the research between May and October 2018.

We have made sure that all the comments we received, have been passed onto Oxfordshire County Council (with permission).

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Performance Scrutiny Committee – 14 March 2019

Updates following implementation of the revised Adult Social Care Contributions Policy

Report by Director of Adult Services

RECOMMENDATION

1. The Committee is RECOMMENDED to note the report.

Executive Summary

2. This report provides an update following the implementation of the revised Adult Social Care Contributions Policy on 1st October 2018. This includes information on how changes to the Contributions Policy for Adult Social Care services have been implemented and the impact it has had on residents and their carers.
3. This report details the effect that changing this policy has had on people, staff and council services.

Introduction

4. The Adult Social Care Contributions Policy outlines how the Council ensures a fair approach to assessing the financial contributions made by people with eligible care needs towards the cost of the care they receive.
5. The policy is based on national legislation as set out in the Care Act 2014.
6. Social care is not necessarily a free service and the Care Act 2014 permits the Council to recover a reasonable charge if people have sufficient resource to contribute towards their care costs.
7. In May 2018 Cabinet approved a set of changes to the Adult Social Care Contributions Policy. This came after a 10-week public consultation that involved letters, focus groups and a dedicated advice line. The changes were:
 - Allow 25% of a person's disability benefit for disability related expenditure in a person's financial assessment but offer an individual assessment of these costs if a person feels their disability related expenses are greater than this.
 - Reduce the initial fee the Council charges for arranging a person's care from £150 to £140 and introduce an annual fee of £210 where the Council is asked to manage the ongoing provision of care and support.

- Only offer a 12-week property disregard (where the Council does not include the value of person's property in their financial assessment for the first 12 weeks of care) to new residents entering a care home for a permanent stay or where there is an unexpected change in a person's financial circumstances.
- Financially assess everyone on an individual basis and no longer offer couples assessments.
- Charge people a contribution based on the actual cost of services rather than an average hourly rate.

Key Issues

Effect on people who use services

Numbers of people affected

8. In June 2018 the Financial Assessments Team began the preparation work ahead of the implementation of the policy. They reassessed 4,184 people:
 - 957 (22.9 %) people whose contribution had decreased
 - 1596 (38.1%) people whose contribution remained the same
 - 1,632 (39%) people whose contribution had increased
9. Everyone was informed of the outcome of their assessment via a letter and where people were unable to deal with their own affairs contact was made through the person's representative or advocate. The letters highlighted the importance of checking the assessment and contacting the Financial Assessment Team if it contained inaccuracies.
10. People were told of changes to their contribution three months before the policy went live on 1st October 2018. This allowed time for them to contact the Financial Assessment Team for a reassessment if required, to rearrange their finances or to arrange their care privately if they wished.

Support for people with increased contributions

11. The Financial Assessment Team also undertook further work with those people who were most impacted by the changes.
12. They contacted 104 people whose contribution increased by more than £30/week via telephone to offer individual disability related expenditure assessments. Most people's reassessments took place before the 1st October 2018 but where it took place after, and the person's contribution had decreased, any reduction in charges was backdated so that no one was adversely affected by the timing of the assessment.
13. The team conducted a total of **1,392 assessments between 1st July and 31st December 2018**. Many of these were face-to-face visits and would have offered people a chance to speak to someone about the policy changes and the principles behind them. It also gave the opportunity for the assessment

officer to understand the person's situation and work with their social worker if there were extenuating circumstances.

14. Prior to the implementation of the new policy there were concerns that an increase to assessed contributions may lead to some people cancelling their care.
15. If a person requested to cancel their care, the care agency involved would contact the Care Brokerage Team and advise them of this. The person's case would then be reviewed accordingly to determine if this was appropriate. During this time, care would continue to be provided. If the person continued to decline support and there were concerns regarding this it would be discussed with the person, their relatives and other professionals which could include partners in health. Appropriate assessments would be completed accordingly e.g. capacity assessments.
16. The council has a duty of care to the individual as set out in the Care Act therefore care would not stop because of the person's concerns about associated costs. There are no indications that more cancellations than normal occurred as a result of these changes.

Supporting people with changes to their Disability Related Expenditure

17. The Financial Assessments Team worked closely with social workers and managers to assess people with high disability related expenditure. These cases were reviewed and individual assessments were undertaken to ensure that they continued to receive the appropriate level of allowance.

Support for people not receiving disability benefits

18. In addition, 153 people saw an increase in their contribution because they were not receiving disability benefits and were therefore not eligible for disability related expenditure. To help with this, the Council commissioned Oxfordshire Specialist Advice Service (OSAS) to help support these people to apply for benefits that they may be entitled to.
19. OSAS contacted these people to assist them in their application and found that many were appropriately assessed and actively helped 33 more individuals and their families or carers to claim additional support.
20. **To date OSAS has helped these people to get a total of over £110,000 annually.**

Supporting people with exceptional circumstances

21. In some cases, while the financial assessment is correct according to national guidance and local policy, other factors may affect a person's ability to pay their assessed contribution, for example social, psychological or health issues or other circumstances. The Adult Social Care Waiver policy can be used to allow a waiver of some or all of the charges for a specific period. Such cases were dealt with jointly between financial assessment officers and social workers to consider the waiver requests and to inform the individual of the outcome.

Effect on staff

22. Extra training was given to the Financial Assessments Team to help them deal with queries resulting from the policy changes. Additional financial assessment officers were employed on a temporary basis from the start of the implementation period to assist with the increased number of calls and assessment requests.
23. Adult Social Care operational teams, the Customer Service Centre and Comments and Complaints Teams were briefed prior to the implementation of the policy to ensure they could deal with any queries from people affected. All of these teams worked together to ensure that the policy was well understood and where queries were raised they were answered with sensitivity and understanding.

Complaints received

24. In measuring the impact of the implementation, we have looked at the number of complaints received. The Comments and Complaints Team have received 22 formal complaints that related to charging client contributions between 1st April 2018 and 31st January 2019. This is six more than the preceding year.
25. All people who have made a formal complaint have been individually spoken to, and we have made every effort to resolve the issues with them.
26. The Financial Assessments Team were instrumental in preventing many potential complaints from materialising. They were tasked with explaining the changes to people and offering advice as a first point of contact. As a result, they dealt with most people's queries over the phone or, where appropriate, via a reassessment visit.

Financial and Staff Implications

27. Prior to implementation it was estimated that the annual saving resulting from the changes to the policy would be up to £1.8 million per annum. Uncertainty about the impact of the changes and reassessments that might be requested a smaller saving totalling £1.5 million was included in the Medium Term Financial Plan.
28. The savings are currently projected to be £1.665 million per annum from 2019/20 based on the initial 3 months of data. The original and current projected savings are set out below:

Policy change	Pre-implementation forecast	Post-implementation forecast
Disability Related Expenditure & Assessment of couples	£1.4m	£1.085m

Arrangement fees	£0.005m	£0.025m
12-Week Property Disregards	£0.060m	£0.140m
Recovering the full cost of services	£0.360m	£0.415m
TOTAL	£1.825 million	£1.665 million

29. This means that we would expect to make ongoing savings of at least the amount built into the MTFP, which are classed as income generation under transformation savings. Actual income for 2018/19 is in-line with budgeted expectations.
30. Reassessments requested as a result of changes to disability related expenditure allowances meant that projected savings are lower than originally forecast. This is because the Financial Assessment Team ensured that people who contacted them were given the option of an individual DRE assessment.
31. It is also likely that some of the people that were included within the original forecast are no longer receiving care at home, e.g. they may have moved into a care home or passed away.
32. Any new people receiving a service will have been assessed under the new criteria but savings for these people cannot be projected as it is not known what they would have been assessed to pay under the old policy.
33. A 25% allowance for Disability Related Expenditure has proven to be appropriate in the vast majority of cases. This is evidenced by the fact that since 1st October 2018 only 14.8% of new assessments have requested an individual assessment.

Equalities Implications

34. N/A

Kate Terroni
Director for Adult Services

Background papers:
[Cabinet Agenda, decisions and Minutes Tuesday, 22 May 2018](#)

Contact Officer: Jason Felstead
March 2019

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Division(s): N/A

Performance Scrutiny Committee – 14 March 2019

Adult Social Care Contract and Quality Management

Report by Director of Adult Services

RECOMMENDATION:

1. The Committee is RECOMMENDED to note the report.

Executive Summary

2. The attached report has been requested by the Chair of Performance Scrutiny Committee.
3. The report describes the way that contracted services are managed and monitored in an Adults Services setting. The key areas covered include the key tasks and assurances undertaken; how we assure and maintain high quality services on an ongoing basis; reference to Oxfordshire's standing when compared to Care Quality Commission national metrics; the areas we address when we monitor contracts; how intelligence from our monitoring influences our Safeguarding and Care Governance work; key external links together with current developments.
4. It concludes with a commentary about Oxfordshire Clinical Commissioning Group's Outcomes Based Contract for Mental Health Services.

Context

5. Over 6,000 people receive care and support services from the County Council. These services are provided by over 300 external providers. They range from large national organisations working with certain age groups or disabilities, to smaller local organisations aimed at supporting people with very specific needs, many of which are home-grown, developing within Oxfordshire.
6. The county council has a strong commitment to work with its providers to ensure that good quality services are available for people who reside in Oxfordshire and need support to help meet their assessed needs.
7. From 1st April 2017 to 1st January 2019 the local increase in CQC ratings of care providers in Oxfordshire who are good or outstanding has been from 83% to 90% compared to a national movement of from 78% to 83%. This means that the vast majority of people in Oxfordshire receive support from providers that are good or outstanding.
8. The wider Commissioning team is responsible for the design, evaluation, and purchasing of social care and support for people living in Oxfordshire. It

discharges this function through the provision of leadership, contract management and contract monitoring of services.

9. The Quality & Contracts Team (within Commissioning) is responsible managing the contracts in place and for monitoring the quality of contracted services. Some contracts that deliver services for Oxfordshire County Council are funded through the section 75 pooled budgets and managed by Oxfordshire Clinical Commissioning Group. Where this is the case contract and quality management is overseen by the relevant Joint Management Group.

Managing our Contracted Services

10. The 'landscape' of contracts is constantly changing; new services are commissioned, contracts cease or are de-commissioned.
11. To help manage this the Quality & Contracts Team maintains a register of all contracts and sets out plans to monitor these on an annual basis. The Contract Register is the corporate e-Contracts Management System used across the Council.
12. All Quality & Contracts Officers have a portfolio of contracts allocated to them to ensure that contracts are managed and reviewed

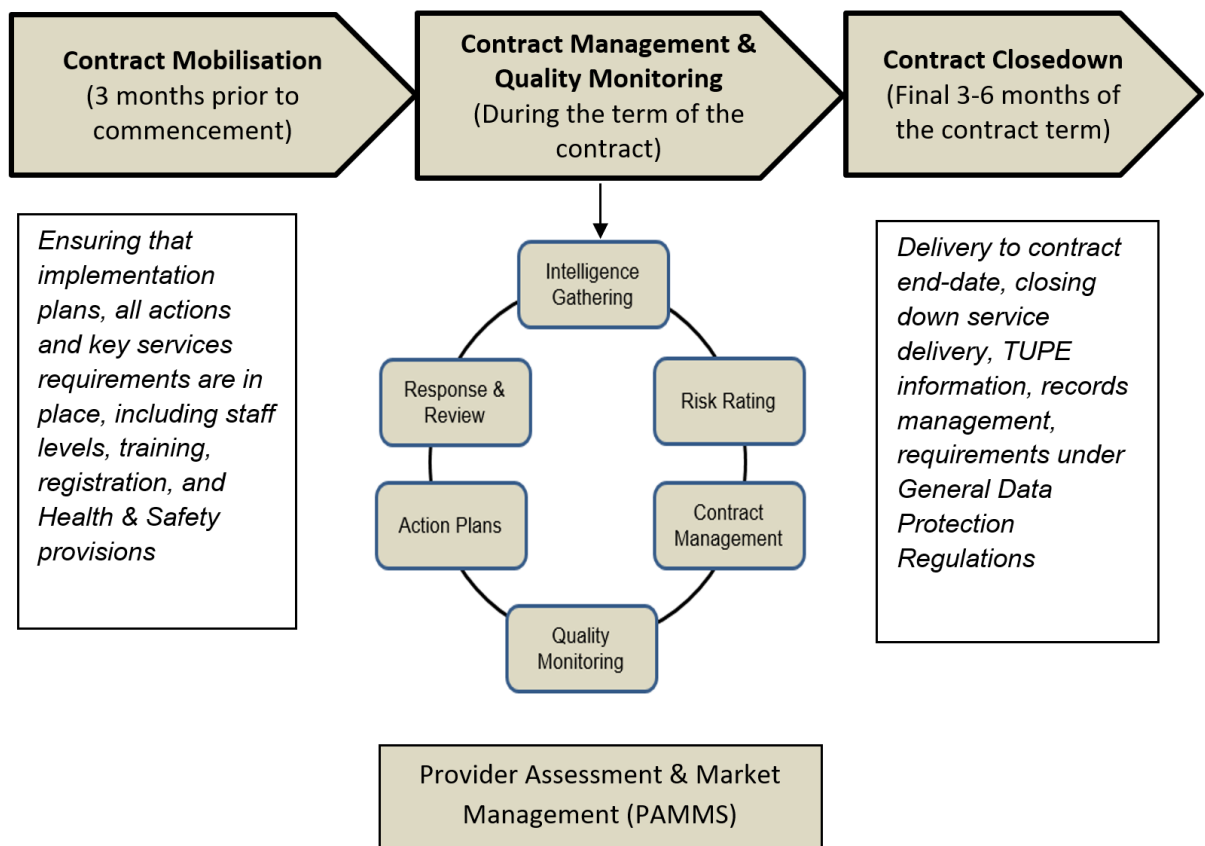
Key Tasks & Assurances

- **Mobilising services** once procurement decisions have been made
- **Maximising use** of contracted services including block contracts,
- **Verifying the quality** of services delivered through quality assurance activity and monitoring systems
- **Supporting providers** to deliver the best services possible
- Having **strong payment, checking and audit procedures**
- Responsible for **commercial management/price reviews** and cost-control
- Helping to deliver **added-value** through the coordination of strategic relationships and initiatives

Assuring the Quality of Services

13. Our starting position with any service is that responsibility for the quality of the service provided rests with the organisation that delivers that service. This is something that we believe is fundamental to our relationship with providers and this is made known to them at an early stage.
14. The key role of our contract management process is then to judge, respond to and manage provider performance against our expected service standards and key performance indicators.
15. To ensure that our contracted services receive an appropriate and proportionate management response (and to allocate staff resources effectively) we adopt a **risk-based approach** to our quality assurance work.

16. Our approach is **informed by market intelligence gathering**. The intelligence we receive helps determine the type of contract management activity that is required and the frequency of quality assurance visits.



17. **Intelligence gathering** is ongoing throughout the life of a contract, and considers

- Our previous monitoring reports
- Information from any regulatory body
- Views from safeguarding teams (Council and health services)
- The footprint and exposure (number placements) we have with the supplier
- The providers financial resilience
- The number of safeguarding alerts and complaints received
- Feedback from Adult Social Care reviews in respect of service user outcomes

18. This helps to determine the team's **assessment of risk** and the way that we manage the social care contracts in place.

- Oversight and Overview
- Proactive Management & Monitoring
- Self-Certification

19. We aim to formally review all contracts on an annual basis. We also have a workplan to review and meet our key suppliers and those rated as higher-risk

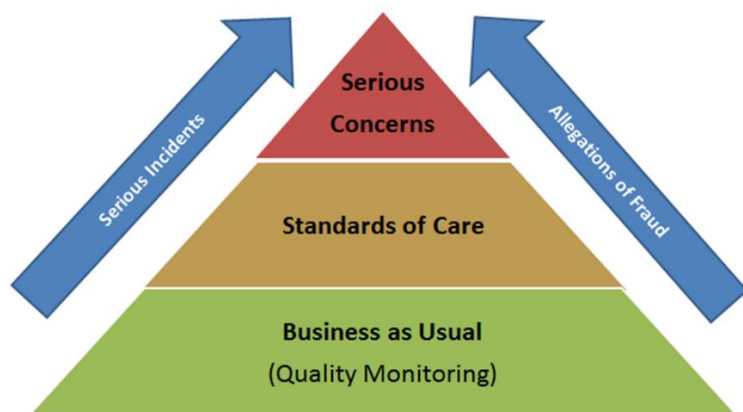
on at least a quarterly basis, with monthly performance reports being received and reviewed.

20. **Business sustainability** is a key component of our discussions to support our market facilitation and sustainability responsibilities under The Care Act.
21. Where risks and incidents are identified there is a review of the team's planned quality assurance activity being undertaken, and an appropriate allocation of staff resources for more frequent on-going contract assurance.
22. The **Action Plans** that result from the monitoring activity then feedback into the information cycle.

Our Quality Monitoring Visits

23. The processes we use to monitor our contracts were developed four years ago and they have proved to be successful in providing a robust approach to quality assurance.
24. This approach has supported a quality drive that has helped to place Oxfordshire's registered suppliers above the national trend in terms of quality. Adult Social Care aims to increase the number of care providers that are rated as good or outstanding. From 1st April 2017 – 1st January 2019 the local increase has been from 83% to 90% compared to a national movement of from 78% to 83%. This means that the vast majority of people in Oxfordshire receive support from providers that are good or outstanding. (Appendix 1)
25. The visits the Council undertakes to services look at a range of issues and include discussion with managers, staff and service users. This is so we can establish a triangulated view of service delivery from several perspectives i.e. from people who use the service, people who provide the service, and people who commission/contract for the service.
26. The key areas we look at during a quality monitoring exercise include
 - Leadership & management
 - Staff levels & Recruitment
 - Staff Skills & Training
 - Personalisation
 - Care Plans & Risk Assessments
 - Health & Safety
 - Safeguarding
 - Managing Complaints
 - User Views
 - Partnership Working
27. Other methods that support this work include customer surveys, and phone-in days for services such as home support to help inform the provider risk rating. In doing so, we reference the Customer Standards that have been jointly written by people who receive care in their home and home care support agencies (see Appendix 2).

28. Alongside this we have co-produced support from a Quality Checkers service; this is in the area of Learning Disability services. Quality Checkers are Experts by Experience – people who have previously received services – who are independent of the Council and supported and organised by My Life My Choice.
29. The aim in the coming year is to explore how we can co-produce and expand this type of arrangement for it to be delivered by older people in Older Persons services.
30. When undertaking reviews, we gather information that can be used to assess how our contracted services are supporting the Social Value principles we expect providers to adhere to; and to hear first-hand of the benefits to businesses, employees, service users and the wider community within which care and support is delivered.
31. The outcome of the quality monitoring activity informs an **internal risk-rating** based on a Traffic Light system (**Red Amber Green**) that determines future placements. This system is also invoked if we are notified of a significant event between monitoring visits.
32. Changes in rating are notified to Adult Social Care and healthcare staff (Oxfordshire Clinical Commissioning Group) involved in the purchase of care services so they are aware of any concerns with service delivery. Senior Managers across social care and health receive regular updates about the status of services. The ratings we use are
 - **Amber:** Indicates that although placements can continue, there may be a specific issue or a piece of information that may affect a decision to make a placement.
 - **Red:** Indicates that no new placements should be made with the provider (unless senior managers authorise it in exceptional circumstances following a risk assessment) as there is a major unresolved issue.
33. These ratings also feed into the Directorate's Care Governance Framework arrangements; this process focuses on safe services, safeguarding matters and the standards of care that are being provided to individuals. This system provides an escalation route and additional support where there may be safeguarding concerns



Considerations include

- Serious Concerns process
- Standards of Care process
- Quality Monitoring and Traffic Light system
- Need to Know - Serious Incidents process
- Adult Social Care Fraud Procedures

34. As well as the in-county services we also support annual desktop monitoring of out-of-county services. This involves us contacting the host authority (Commissioners and Safeguarding Teams) to hear about their experiences of the service and any concerns they may have. This feedback is then cross-referenced to the most recent feedback from, and the most recent reports published by the Care Quality Commission.

Key External Links

35. At a more strategic level our market intelligence comes through a variety of external groups and links. In the following forums we may discuss and share information about services that operate regionally, nationally or where the council may have multiple out-of-county placements
36. **Care Quality Commission:** We receive a weekly update on published CQC reports. Alongside this we have regular contact with the Lead Care Quality Commission Inspector for Oxfordshire. This is also supplemented by regular communication between the Quality & Contracts Team and individual CQC Inspectors that occur at least weekly.
37. **South East Region ADASS (Association of Directors of Adult Social Services) Contracts and Market Development Sub-Group** (meets quarterly). This meeting discusses strategic contract and market development issues in the south-east region, and where there are cross-cutting or cross boundary provider/supplier issues.
38. **Thames Valley Quality Surveillance Group:** this is a multi-agency meeting which is primarily health focused, involving Clinical Commissioning Groups, Local Authorities, Care Quality Commission representatives, and Healthwatch. This meets every two months and shares information about providers across the Thames Valley area.

Current Developments

39. **Provider Assessment & Market Management System (PAMMS).** This system is currently being rolled out across the Quality & Contracts Team. Its use will transform the way we carry out our quality monitoring of services in Oxfordshire.

40. Originally developed by the Eastern Region Association of Directors of Adult Social Services (ADASS) and CM2000 the system allows broader oversight of services both in-county and out-county, and across different ADASS regions. The system also provides the framework and infrastructure for two-way communication with providers and submission of quality information and quality returns, together with responses to quality monitoring activity which are fully auditable.
41. Our general response to **Supplier Sustainability/Resilience** includes
- Enhancing our financial scrutiny of suppliers alongside our S151 Finance Business Partner.
 - This work has also contributed to regional ADASS work around Strengthening Market Oversight where the ADASS regional group has adopted escalation procedures, the development of which were facilitated and led by this Council on behalf of the South-East Region. (Appendix 3)
 - Assessing how providers are responding to the forthcoming EU Exit
42. Contract Support to Oxford Health with placements for Adults with Mental Health issues, that fall outside Oxfordshire Clinical Commissioning Group's Outcomes Based Commissioning arrangement.

The Mental Health Outcomes Based Contract

43. Oxfordshire Clinical Commissioning Group are the lead commissioner for the Mental Health Outcomes Based Contract (OBC) on behalf of Oxfordshire County Council, with funding in the s75 NHS Act 2006 Pooled Budget between OCCG and the Council. The overall contract value is approximately £35m per annum, with the Council's contribution currently £6.2m pa, and it supports just under 4,000 people with mental illness at any one time.
44. The OBC is designed to deliver recovery and well-being for adults who live with severe mental illness through the achievement of specified outcomes. It brings together in one contract a range of services that were previously commissioned across a range of different contracts:
- In-patient and community mental health services, including crisis response
 - Housing and support services
 - Employment and recovery services
 - Social care personal budgets and individual packages
 - Well-being services and specialist psychology
45. The contract is delivered by the Oxfordshire Mental Health Partnership, which brings together six local mental health providers from the NHS and the charity sector: Connection Floating Support, Elmore Community Services, Oxford Health NHS Foundation Trust, Oxfordshire Mind, Response and Restore. Oxford Health are the lead partner, with services sub-contracted to its partner organisations.

46. The contract is built around the delivery of the outcomes:
- 80% of the contract value is paid as a block. It is evaluated against the performance of quality indicators and balancing measures that have been built into the contract (to provide assurance that the delivery of the outcomes does not drive unintended consequences elsewhere).
 - 20% of the contract value is paid on delivery of outcomes. The different outcome measures have been assigned a number of points out of a hundred to reflect the relative importance of the outcome. Each point is worth about £70,000.
47. As lead commissioner, Oxfordshire Clinical Commissioning Group manage the contract. They bring performance reports to the Adults of Working Age Joint Management Group, which includes details of the numbers of people receiving services, and the outcomes achieved.
48. The current contract ends on 30 September 2020, with an option to extend for a further two years. A detailed review of the OBC, is being carried out between March and August 2019.
49. The Terms of Reference and membership for the Review are currently being finalised including a planned program of monthly meetings to meet the proposed deadline.
50. The outcome will inform commissioners whether the contract is still meeting the needs of the population and whether to take up the option to extend, as well as informing future mental health commissioning. In particular, the review will consider the social care elements of the OBC to ensure they are fit for purpose, meeting the right needs, and that the voluntary sector is fairly funded.

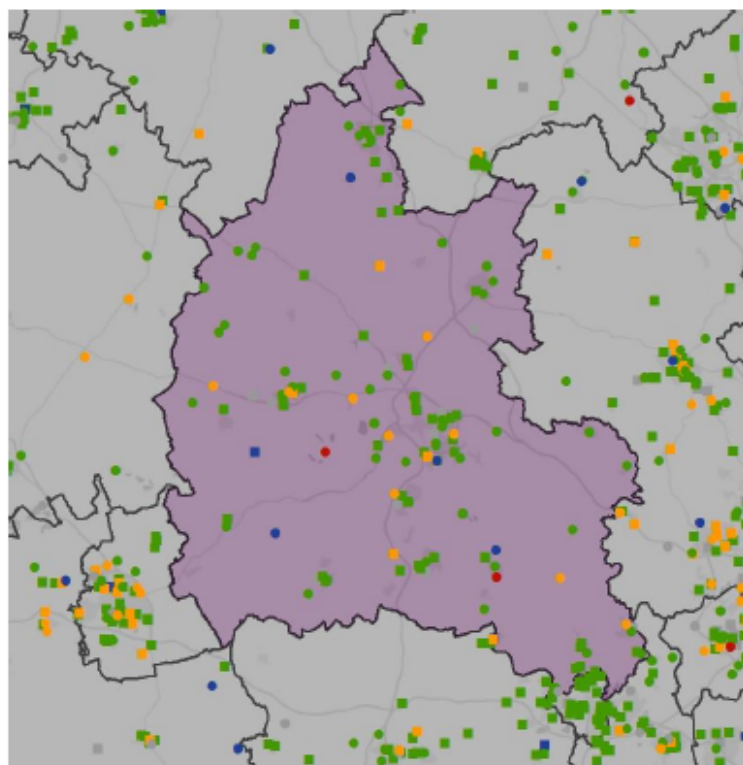
Equalities Implications

51. N/A

Kate Terroni
Director for Adult Services

Contact Officer: Andrew Colling, Head of Quality and Contracts
March 2019

Ratings – CQC ratings of ASC services in surrounding area



This map shows the rating of active ASC locations in Oxfordshire LA. Residential locations are represented with a square while the nursing homes are represented by a circle. The colour of the marker refers to the rating.



Residential summary table

	Inadequate	Requires Improvement	Good	Outstanding
Oxfordshire	0 (0%)	5 (10%)	45 (87%)	2 (4%)
Comparators	29 (1%)	351 (13%)	2236 (83%)	66 (2%)
England	141 (1%)	1810 (17%)	8741 (80%)	188 (2%)



Nursing summary table

	Inadequate	Requires Improvement	Good	Outstanding
Oxfordshire	2 (3%)	9 (14%)	51 (77%)	4 (6%)
Comparators	19 (2%)	229 (22%)	776 (74%)	25 (2%)
England	120 (3%)	1115 (27%)	2757 (68%)	76 (2%)

DCA summary table

	Inadequate	Requires Improvement	Good	Outstanding
Oxfordshire	1 (1%)	7 (7%)	81 (86%)	5 (5%)
Comparators	2 (0%)	162 (11%)	1212 (85%)	48 (3%)
England	54 (1%)	987 (16%)	5119 (81%)	124 (2%)

Source: CQC data warehouse extracted on 29/09/2017, ONSPD (LA5)

Standards for Home Support Services

If you receive support at home from a care agency, these standards are for you, they set out what you can expect.

If you are a care agency, these are the standards that are expected from your staff and the standards that Oxfordshire County Council will use to monitor the quality of your services.

Home care staff will:

- introduce themselves when they arrive;
- know you and your support plan;
- be trained to deliver the support you need;
- always deliver support to a good standard.

When your home care worker visits you, they will:

- focus their attention on you;
- be pleasant and treat you with dignity and respect;
- do their very best to arrive on time and let you know by telephone if they are going to be late;
- tell you when they are leaving;
- check to see how they can best support you at the start of each visit;
- not rush you - they will help you at a pace that suits you;
- carry out all agreed tasks;
- make sure that you are comfortable at all times;
- communicate and discuss topics that interest you;
- check that you are happy with the support you are given and encourage you to tell us how they can improve;
- show you your care record if you ask for it;
- be aware that their visit may affect other household members.

These standards have been jointly written by people who receive care in their home and home care support agencies.

If you have any compliments, comments and complaints about the home support you receive please contact your care agency; usually talking to someone in the service can put it right. But if not, please contact Oxfordshire County Council by calling 01865 815906, emailing complaints@oxfordshire.gov.uk or writing to: Complaints Team, Oxfordshire County Council, County Hall, New Road, Oxford OX1 1ND.

Strengthening Market Oversight Managing the Risk of Provider (Financial) Failure

CONTEXT

This note describes the work undertaken by Adult Social Care to help manage the risk of service provider failure and particularly that relating to Home Care Agencies.

MAIN LESSONS LEARNED

- Provider failure is not just about poor financial performance
- We need to know more about providers operations
- Credit Rating scores on their own cannot be relied upon
- We need to know more about a provider's finances
- Regular face-to-face contact needs to be maintained with key providers

WHAT WE HAVE DONE

At a Local Level

1. **Procedure Review:** "Responding to Sudden Market Failure" documentation. Post Charterville Care (March 2017) we reviewed actions to be undertaken at time of provider failure adopting a 'Major Incident' response involving a Gold/Silver Command approach. Revision of documentation as part of lessons learnt. Procedure reviewed and signed-off by Directorate Leadership Team. The Cherwell Care failure (August 2018) demonstrated that these procedures are effective.
2. **Risk Rating of Providers:** January 2018 - All contracted providers on our e-Contract Management System have a risk rating allocated to them. Home Care suppliers including our key Help to Live at Home providers are highest risk rating due to vulnerability of sector and difficulty in replacing
3. **Key Provider Meetings:** New arrangements for reviewing strategically important provider performance including our key Help to Live at Home providers on a quarterly basis. Contract performance meetings in place with effect from April 2018. Key questions about Finance and Business sustainability included.
4. **Enhanced Financial Scrutiny:** Worked with OCC Financial colleagues (s151 Business Partner) to develop key financial questions for our Key Provider Quarterly Meetings. These questions are currently being tested as part of our Q2 round of strategic meetings.
5. **Implementation of PAMMS (Provider Assessment and Market Management System):** Originally development by ADASS and CM2000 to provide market oversight, this system is now part of our Fit For the Future agenda. It is currently being mobilised with a target date for implementation of 1st January 2019.

Oxfordshire has asked CM2000 to create a SE Regional System Infrastructure as part of its development so that other councils can join as and when they decide.

At a Regional Level

6. ***In response to Allied Healthcare*** : Regional ADASS discussion and sharing of documentation relating to Oxfordshire's approach to Supplier & Market Resilience.
7. ***Strengthening Market Oversight at a Regional Level***: In response to a request by SE Regional DASS' Oxfordshire has taken a lead role in developing new arrangements for strengthening a regional approach to sharing provider information at a time of risk/concern.

This involved an analysis of similar procedures to those adopted in Yorkshire and North Humberside and adapting the same for the SE Region ADASS area. Subsequent procedures were agreed at the SE Regional Commissioning & Market Development Network meeting on 30 October 2018.

The procedures will now be considered by the next regional DASS' Meeting and if approved will be implemented from 1st January 2019.

8. ***Enhancing Financial Scrutiny***: On 30 October 2018 the situation with Allied Healthcare was discussed by the SE Region Commissioning & Market Development Network, with presentations given by two Councils affected by the company's demise.

It was clear that often similar questions are being asked of providers by Council's around financial vetting.

Oxfordshire has offered to lead a small Task&Finish Group to review financial questions we ask of providers. The aim is to develop and agree a standard set of questions that can be used by individual councils across the South-East Region.

This Task&Finish Group will report prior to the next Commissioning & Market Development Network meeting.

Division(s): N/A

Performance Scrutiny Committee – 14 March 2019

Transformation Sub-Committee Report

Report by Chairman of the Transformation Sub-Committee

RECOMMENDATION

1. The Committee is RECOMMENDED to note the report.

Introduction

2. The first meeting of the Joint Audit & Governance and Performance Scrutiny (Transformation) Sub-Committee took place on 17 January 2019. Councillor Liz Brighthouse was elected Chairman for the meeting and Councillor Nick Carter was elected Deputy Chairman and agreed that they would alternate chairing responsibilities at each meeting.

Key Points

3. The Sub-Committee received presentations about the transformation programme and its future plans along with the budgetary implications for the programme. The meeting was attended by the Chief Executive, Assistant Chief Executive, Director of Finance and Interim Transformation Programme Director who answered questions from Councillors.
4. The Sub-Committee made the following points about the transformation budget implications that were included in as part of the Service and Resource Planning 2019/20-2022/23 considered by Cabinet on 22 January 2019:
 - The Sub-Committee were pleased with progress to date and noted that it could clearly see where concerns raised by Councillors had been acted upon
 - The Sub-Committee were pleased that the Council is clearly monitoring transformation savings and costs, it sees this as a key role for the Sub-Committee in the future
 - It was accepted that the transformation programme is an evolution across the whole organisation requiring a significant culture change
 - Councillors felt it was important that the Transformation programme also developed a way to capture and utilise intelligence gained by Councillors through their casework
5. The following specific comments were also made in relation to FTE savings:
 - The Sub-Committee were pleased that the Council is proactively and robustly looking at how natural turnover across the organisation can minimise the need for redundancy or redeployment but remained

concerned about the potential impact on staff. The Sub-Committee requested that it be kept informed about redundancies and redeployment, where appropriate.

- The Sub-Committee requested that as part of managing our workforce, the Council actively seeks to engage younger people in our communities and working to attract the right people with the right skills into the organisation.

Future Meeting Dates

6. The Sub-Committee agreed the following future meeting dates:
 - 18 April 2019
 - 13 June 2019
 - 25 July 2019
 - 17 October 2019
 - 5 December 2019

Councillor Liz Brighthouse
Chairman

Contact Officer: Lauren Rushen, Policy Officer
March 2019

PERFORMANCE SCRUTINY COMMITTEE

PROPOSED WORK PROGRAMME

ITEM	NOTES
14 March 2019	
Q3 Corporate Performance	An overview of the council's performance in Q3 and identification of areas that the committee may wish scrutinise in further detail.
Contract performance	Scrutiny of how high value contracts with Adult Social Care providers, are managed. Linked to the impact of using block contracts for care / nursing homes. Including third party spend – how we are looking at it at the moment and what we can do going forward
Adult Social Care Contributions Policy	Scrutiny of how changes to the way the council charges for adult social care services are being implemented and the impact this is having on residents and their carers
Daytime Support Services	Review of the impact of changes to Daytime Support Services and whether there are clients who did not get places in the new service – to include an Age UK representative and a review of the Healthwatch Oxfordshire report on these services.
Transformation Sub-Committee	To receive a report for information only about the outcomes from the first meeting of the Transformation Sub-Committee held on 17 th January 2019.
9 May 2019	
Oxfordshire Local Enterprise Partnership	Scrutiny of the LEP's activity in supporting innovation and driving productivity. Scrutiny members may wish to consider a deep dive in preparation for this item, focusing on: <ul style="list-style-type: none"> - How the LEP is accountable to the public, - How the County Council operates as the accountable body, - Governance and transparency around decision-making.
Recycling Rates	An update on progress made with implementing the recommendations from the recycling deep dive and how this may have affected performance.
Co-production	Scrutiny of progress embedding co-production within Adult Social Care, but also as a key principle in how the Council operates across the board.
Scrutiny Young Carers Deep Dive	A further report on the findings and recommendations from the Committee's deep dive into inequalities faced by young carers, particularly focusing on areas highlighted by the Cabinet in its response to the initial scrutiny report.
New model for children's	Scrutiny of progress with the development of a new model for

social care	children's social care and the impact this will have on outcomes for children and families, as well as managing demand for services. To include an overview of the data / evidence collated across the South East region on complex placements and the potential for jointly commissioned services.
4 July 2019	
Highways Deep Dive follow-up	To receive an update on implementing the recommendations of the Highways Deep Dive
Oxfordshire Local Transport Plan	Scrutiny of the Council's overall transport vision, goals and objectives to support population and economic growth.
5 September 2019	
Police and Crime Commissioner	Scrutiny of progress against the Police and Crime Plan 2017 – 2021 – The PCC will present his 2018/19 Annual Report.
Thames Valley Police Delivery Plan 2019-20	Discussion about performance of the Thames Valley Police Service in 2018/19 and areas of focus for 2019/20
Community Safety and Risk Management	Scrutiny of the Oxfordshire Fire and Rescue Service's performance in 2018-19 and the county's strategic approach to improving community safety outcomes.
Drug use in Oxfordshire	Links with health, domestic violence, housing – examine relationship with districts and Thames Valley Police, including work underway to tackle Child Drug Exploitation and County Lines.
Turning Point Contract	To review and scrutinise the Turning Point Contract
7 November 2019	
Safeguarding Children	Scrutiny of Safeguarding Children Annual reports, including an overview of safeguarding work, serious case reviews and quality assurance
Safeguarding Missing Children	An update on the number of children reported as missing from home, care and school in Oxfordshire and the work undertaken by the Missing Children's Panel and partners.
Safeguarding Adults	Scrutiny of the Oxfordshire Safeguarding Adults Board Annual Report.
Mental Health Social Work services	Review the outcomes of transferring social work staff back into the council for the delivery of mental health assessments, including an overview of s.117 funding, team performance and numbers of clients supported.
Young Carers	Review of progress in relation to the recommendations from the Young Carers' scrutiny deep dive and the impact of moving the

	Young Carers Service into the Family Solutions Service.
12 December 2019	

TO BE SCHEDULED	
ITEM	NOTES
Oxfordshire Growth Deal	Oversight and scrutiny of Oxfordshire Growth Board decisions, bearing in mind the work of the joint scrutiny panel.
Use of s.106 monies	Update on progress since the PSC deep dive into s.106/Community Infrastructure Levy (CIL) payments.
Plans to tackle roadside NO2 concentrations	Council's approach to dealing with the impact of national policy to tackle roadside NO2 concentrations on Oxfordshire's transport network/ road infrastructure (i.e. ending the sale of diesel/petrol cars by 2040)
Strategic drivers	How the council is meeting its identified strategic risks, including council transformation and culture change, its relationship with external partners, building communities, etc.
Income generation	Scrutiny of the council's principles in relation to income generation, the opportunities available to the Authority and plans for increased income generation.
Ofsted inspection response	Scrutiny of the actions the Council is planning to take in response to the findings of the inspection into local authority services for children in need of help and protection, children in care and care leavers.
Council workforce	How the Council is meeting its Investors in People standard, ensuring its workforce is diverse and representative of local communities, and building workforce resilience, including its relationship with Unison.
Priority Delivery Plans	Directors will share their priorities within the overarching delivery plans and service plans.
Oxfordshire Growth Board Scrutiny Advisory Panel	Following a discussion at the January 2019 meeting about scrutiny of partnership arrangements, the Committee agreed that further discussion with the Chairman of the Scrutiny Advisory Panel would be beneficial to agree how Performance Scrutiny and the Advisory Panel can work together to ensure appropriate Scrutiny of the Growth Board.

Key worker housing	A report on progress with addressing housing and affordability issues in Oxfordshire as one of the biggest barriers to attracting key workers for the care workforce.
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