

ADULT SERVICES SCRUTINY COMMITTEE

MINUTES of the meeting held on Wednesday, 10 February 2010 commencing at 10.00 am and finishing at 1.00 pm

Present:

Voting Members: Councillor Don Seale – in the Chair

Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman)
Councillor Arash Fatemian
Councillor Jenny Hannaby
Councillor Anthony Gearing
Councillor Sarah Hutchinson
Councillor Alan Thompson
Councillor Tim Hallchurch MBE
Councillor Larry Sanders
Councillor Dave Sexon
Councillor Jim Couchman (in place of Councillor Dr Peter Skolar)

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

Officers:

Whole of meeting K. Coldwell & J. Mullan (Corporate Core)

Part of meeting

Agenda Item

Officer Attending

5	L. Gregory (Social & Community Services) & C. Stow (Corporate Core); A. Higham & D. Roaf (Oxfordshire LINK), A. Chant (Help & Care)
6	Director for Social & Community Services, H. Ellis, P. Purnell & S. Thomas
7	Director for Social & Community Services & A. Webb (Oxfordshire PCT)
8	A. Sinclair & S. Thomas (Social & Community Services)
10	A. Higham & D. Roaf (Oxfordshire LINK) & A. Chant (Help & Care)

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

42/10 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Councillor Dave Sexon in place of Councillor Dr Peter Skolar.

43/10 MINUTES

(Agenda No. 3)

The Minutes of the meeting held on 2 December 2009 were approved and signed.

(a) Order of Business

The Committee **AGREED** to vary the order of business as indicated in these Minutes.

44/10 TRANSFORMING ADULT SOCIAL CARE: PROGRESS UPDATE AND Q&A

(Agenda No. 8)

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

The Committee had before it a progress update in relation to TASC (AS8), together with the Putting People First Milestone Self Improvement Framework (Oxfordshire's first quarterly report to the end of December 2009 on progress against the government's high level measures and milestones which need to be achieved over the next 18 months and which will be reported on a quarterly basis to the Department of Health for all Councils) (Annex 1) and the Programme Definition Document for Transforming Adult Social Care with an updated risk register (Annex 2).

The Cabinet Member for Adult Services, together with Mr Alan Sinclair (Programme Director – Transforming Adult Social Care) and Mr Steve Thomas (Performance Information Manager) attended for this item in order to answer Members' questions.

Mr Sinclair summarised progress in relation to TASC as set out in report AS8, reporting as follows:

- in relation to the need to better involve and engage with the Districts and the City Council, there was a need for more information on TASC to be provided by the City Council and he would be attending a meeting of the City Council's scrutiny committee that evening;
- although there was already much work underway in relation to the financial systems needed to support the delivery of personal budgets, more was needed to be done as the systems were not yet in place. Plans were in place to do this but they needed to be implemented;
- three hundred people had now been allocated a personal budget;
- the programme would be going into delivery stage this year (all new service users to have a personal budget by October 2010) and his concern was to ensure that the system was sustainable for the future in terms of local commissioning. Altering commissioning and contracting arrangements to enable providers to offer choice and flexibility had been limited to date in

relation to older people and people with physical disabilities. In relation to the extent to which users, carers, providers and third sectors had been involved in developing the commissioning strategy, the involvement of service users was more developed in learning disabilities and mental health and was beginning to happen for older people and people with a physical disability. Officers were currently working on the strategy for people with a physical disability;

- officers had now gone out for an expression of interest for brokerage;
- the Resource Allocation would be discussed at a Workshop to be held in March;
- the future of the community building aspect of the programme would be discussed by the end of March;
- there was only a year's funding left for TASC so officers were looking at what they needed to be prioritising, for example, by looking at what they could do in relation to community building, promoting independence and prevention in the last year of the programme.

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

- **Did the people who were part of the accelerated review process and transferring to a personal budget understand what the Directorate was trying to do, why they had received a smaller budget and why this was acceptable?**

Mr Sinclair undertook to circulate a summary paper to the Committee's next meeting summarising comments from the people who had been reviewed for self directed support and had received a personal budget, giving information on their understanding of the process, their views and the outcomes.

- **How could safeguarding be addressed in terms of brokerage, especially as members of the family did not need to be registered?**

Officers were doing a joint piece of work with the Safeguarding Adults Board on safeguarding and self directed support which covered how people would be supported universally through the process, together with targeted support for people that were being abused. This would be taken to the TASC Programme Board and the Safeguarding Board. Officers would also be encouraging people to use brokers that were contracted by the Council although it would not be mandatory.

- **What was happening in terms of community building and who was responsible for it?**

The Head of Community Services was responsible for community building and this part of the programme has been one of the least developed areas. Officers were interested in looking at areas of good practice both within and outside of the county in terms of what makes a community work well for people that are vulnerable. Some work had been undertaken in the South East which had focused on small projects and areas, but it had not looked at how the whole community could support vulnerable people.

- **Under ‘Upcoming key dates for the programme’ the report stated that by April 2011 existing and new eligible people would have a personal budget. Under milestone 2 it stated that the target for April 2011 was for at least 30% of eligible service users/carers to have a personal budget. When would this number increase to more than 30%? Under this milestone it also stated that self directed support and personal budgets would go mainstream for May 2010, but if officers worked on a 3% increase on a quarterly basis the target would still be 6% short by April 2011.**

All eligible service users/carers would receive a personal budget by April 2011. The 30% target had been set by the Department of Health. This target also counted a number of different groups as service users, who in reality would not be eligible for a personal budget. The Directorate interpreted the target as all eligible service users.

- **With regard to Milestone 4 (Information and Advice) was there a strategy in place to create universal information and advice services?**

There was not at present but a strategy would be in place by April 2010. The risk related to how the strategy was implemented. The standard of information provision in adult social care had historically been poor and therefore problem areas needed to be improved. Some of those risks had been quite high. The mitigation action related to how the strategy would be implemented.

- **If officers were told to make more rapid progress and implement TASC by the end of this month, what progress could be made?**

The roll out of personal budgets county wide could not be carried out by the end of the month.

- **How quickly could personal budgets be rolled out?**

There was a difference between doing this well and doing it quickly. Twelve thousand people were currently in receipt of services from adult social care. Five hundred of these service users would be reviewed by the end of March. Therefore, it might in principle be possible to review everyone by the end of June or July. However, to do so would mean that all adult social care staff would have to solely focus on this task to the detriment of other important work such as safeguarding and responding to emergencies. Rolling out personal budgets too quickly could also put vulnerable people at risk as they might not have been allocated the right amount of money.

The Committee thanked Mr Sinclair for his informative update and also noted that an analysis of the potential impact of free personal care on the Transforming Adult Social Care programme would be undertaken shortly and would be reported to this Committee’s next scheduled meeting.

45/10 ANNUAL REPORT BY THE CARE QUALITY COMMISSION ON ADULT SOCIAL SERVICES

(Agenda No. 6)

(Agenda No. 6)

The 2008/09 report for Oxfordshire was before the Committee (Annex 1 to report AS6).

The Directorate had been judged as 'performing well', as had 108 of the 148 authorities nationally and 18 of the 19 authorities in the South East. One third of all local authorities had been given a rating of 'adequate' in relation to maintaining personal dignity and respect, as had Oxfordshire.

Eleven areas for improvement had been identified, which was a similar number of areas to those flagged up in previous years.

The Cabinet had considered this report on 19 January and had agreed to review progress on the areas for development through the quarterly monitoring of the directorate balanced scorecard.

The Cabinet Member for Adult Services, together with the Director for Social & Community Services, Mr Paul Purnell (Head of Social Care for Adults), Mr Steve Thomas (Performance Information Manager - Social & Community Services) and Mr Hugh Ellis (Safeguarding Adults Manager) attended before the Committee in order to answer Members' questions.

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

- **The Care Quality Commission (CQC) had stated 'the report acknowledges an improving picture of performance in safeguarding adults in Oxfordshire, with some areas of positive performance and a clear commitment to further raising of standards'. Was this a fair summary? Had the Inspectors been looking at the possibility of things going wrong or things that had gone wrong?**

The Inspectors had been given a hundred referrals from the previous year. From this, they had chosen eight cases to read in detail and had interviewed staff and clients and had held group interviews. The Inspectors had wanted to look at how well the cases had been dealt with and to assess whether they thought that the situation would improve. Their judgement had been that the arrangements were adequate, but that there were promising prospects for improvement. Standards were understandably very high in this category and only one local authority had been given a rating of 'excellent'.

- **Why wasn't a rating of 'adequate' ok for safeguarding, given the County Council's financial situation?**

This was a question to put to the regulator. A rating of 'adequate' was a reasonable benchmark. A rating of 'performing well' meant that an authority had added value and done extra work. Pursuing a score of 'performing excellently' was not that relevant to service users. Service users needed to know that the Directorate was doing well and therefore the Directorate was aiming for a future score of 'performing well' in terms of safeguarding.

- **How much would it cost to get from 'performing adequately' to 'performing well'? Was money being spent wisely? Would the Directorate be spending money to get a better performance rating when money would be best spent elsewhere?**

Safeguarding was a national priority and was much higher on the agenda than it had been in previous years. Officers had looked for strengths and weaknesses in their existing services and had found both strengths and weaknesses. The CQC took safeguarding very seriously and was awarding harsh scores in this area. Processes that had been put in place before the Inspection had been viewed by the Inspectors as not having been in place for a sufficient amount of time.

The difference between both ratings was not about money. The Dignity in Care report by Sir Michael Parkinson 'My Year as National Dignity Ambassador', which had been recently circulated to members of this Committee had made the point that improving dignity, respect and quality life was related to how people were treated. For example, staff not addressing older people by their first name could make a big difference to their wellbeing. It was important to share best practice in this area.

- **What was meant by a safeguarding referral?**

A referral would take place the moment that officers knew that a person might be at risk of harm in terms of abuse or neglect.

- **Was there any evidence of under-reporting in terms of safeguarding?**

Yes, and this was a national problem. There had been under-referrals the previous year, but this year the number of referrals had doubled.

- **Under-referrals were not in the Directorate's hands. Did officers try to promote referrals?**

Officers trained staff to spot safeguarding issues including the Council's partners, for example, Oxfordshire PCT and Thames Valley Police. Literature was routinely sent to all services and service users to raise awareness of what to do if there were issues.

- **Who should any referrals be sent to?**

Any referrals should be sent to the Access Team who were the first point of contact and would then immediately forward them to the appropriate team. This information was on the internet and the intranet. The Access Team was also the first point of contact for children's safeguarding issues.

- **Did GPs know what to do?**

Officers were currently working with Oxfordshire PCT to ensure that this was the case. An increasing number of referrals did come from PCTs and GPs.

- **In relation to Outcome 1 (Improved health and emotional wellbeing) the inspection report had stated 'the effectiveness of Oxfordshire and its NHS partners' combined performance in achieving independence for older people through rehabilitation and intermediate care was below that of the average of similar council areas. This indicates that the council and the NHS in partnership need to be more effective in helping people achieve independence through rehabilitation and intermediate care'. What progress had been made in relation to this?**

Officers had not agreed with all of the inspection findings and had strongly disagreed with this statement. There were more intermediate beds in Oxfordshire than in many other counties. A new indicator had been used by the Inspectorate. It was clear that the Directorate had submitted its figures on a different basis and had therefore resubmitted its figures, but they had not been permitted to resubmit. In reality, performance in achieving independence for older people through rehabilitation and intermediate care was above average. Officers wanted enablement to be the prime focus of any referral, although it would take some time to achieve this.

- **What were the gaps in arrangements to ensure that people who wished to die at home were effectively enabled to do so?**

This was a very important priority for the PCT and the County Council and was being worked on. However, on average, more people were able to die at home in Oxfordshire than elsewhere. This and all of the other issues raised were in the Directorate's action plan.

- **The report stated that the council had not delivered on its plan for additional extra care housing in the last year due to delays in construction and this had impacted on the number of people helped to live independently and in a better environment. What was the current situation?**

Most of the delay had not been within the Council's control as it had been dependent on the availability of land and work with registered social landlords and the District Councils. The Council was still intending to open 140 units by the end of this financial year. If there was any delay it would only be by a few weeks. Builders were on site in Banbury and Bicester and officers were looking very hard at Wychwood and Chipping Norton. There was likely to be an exchange on the

Chipping Norton site. The programme had been slow to get off the ground and was to some extent due to planning permission not having been agreed at the Shotover Site but was now well underway.

- **Why was it the case that the percentage of care management assessments leading to service provision for people was higher in 2007/08 but lower than the average for similar councils?**

Officers' view was that this was an indicator that assessed poor performance and was therefore not a useful indicator. The Directorate was trying to avoid giving services following an assessment, as the focus was on enabling people to remain independent in their own homes and therefore only directly intervened if people were in need of those services. Local authorities had also been asked to report how many service users received a service without needing an assessment (for example, attended a day centre) and the Council was in the top quartile for that indicator. This was even after taking into account that services that were not viewed as Council services had not been counted and the Council often signposted people to other services.

- **The service inspection had found that the Council's arrangements for managing complaints and compliments needed to be strengthened. What was being done about this?**

Work was underway in relation to this area. The main issue was the need to learn from any complaints and to record compliments. For example, comment books were available at the county's day centres and most of the comments had been compliments but these had not been logged.

- **The report stated that more people who use drugs were benefitting from being in effective treatment programmes as a result of increased engagement. What were the current waiting times for drug and alcohol treatment programmes and the reasons for this?**

Mr Thomas undertook to obtain this information from Jo Melling (Oxfordshire Drug and Alcohol Action Team (DAAT)) for circulation to the Committee.

- **Why were there waiting lists for people who were unable to get a place at the county's day centres?**

The Director for Social & Community Services undertook to look into this issue, commenting that one of the issues regarding day centres was that people had not been turning up and that the day centres were not being fully utilised. Therefore the Directorate was looking to make savings in this area.

It was **AGREED** that the Committee would consider a report on day services for older people, together with the strategy, at its June meeting.

- **In terms of increased choice and control the Directorate had been awarded a rating of ‘excellent’ in 07/08 but this had dropped to ‘well’ in 08/09. How much was this a wording issue and if this wasn’t was it of concern?**

The difference between ‘well’ and ‘excellent’ seemed quite borderline and subjective, which was why there was no point in striving for a rating of ‘excellent’. The directorate’s performance had not declined in this area. The Inspectors had said that the directorate was not at the forefront in terms of TASC. However, as stated earlier, there was no point rushing TASC, as it had to be rolled out properly.

Following the question and answer session, the Committee **AGREED** to request that a report on the rationale behind and eligibility criteria for Adult Social Care services and NHS services be circulated to all members of the Committee, as background information for future discussion on NHS Continuing Health Care.

Members noted that the action plan to address the areas for improvement from both the June inspection and the annual performance assessment for 2008/09 would be circulated to the Committee prior to Cabinet consideration.

46/10 INTEGRATED WORKING BETWEEN OXFORDSHIRE PCT AND ADULT SOCIAL CARE

(Agenda No. 7)

The Cabinet Member for Adult Services, together with the Director for Social & Community Services, Mr Paul Purnell (Head of Adult Social Care) and Mr Alan Webb (Director of Commissioning – Oxfordshire PCT) attended before the Committee in order to answer Members’ questions.

The Committee had before it two papers:

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

Report AS7(a) set out the overall vision, aims and objectives of the Ageing Successfully Strategy, which the County Council’s Social & Community Services and Oxfordshire PCT were developing together and implementing with the involvement of the District and City Councils and the voluntary and independent sectors.

The strategy was being prepared because at present the statutory agencies in Oxfordshire did not have an agreed, robust and overarching vision of what services for older people in the County should be, nor what the priorities, objectives, vision and underlying principles were. This had led to a lack of clarity and focus for the provision and development of services. There had not been a clear enough framework within which the voluntary, independent and for profit sectors could develop their own services, confident in their understanding of what service commissioners wished to see. It had also hampered the involvement of service users and carers in the development and delivery of services.

The Strategy would give the basis for a thorough review of the current pooled budget arrangements and integrated commissioning would be based on outcomes. Integrated commissioning was about improved efficiencies and improved services. For example, it was not good practice for people to be seen twice in order to receive services.

Mr Webb stated that integrated commissioning and pooled budgets was the way forward but was quite challenging for Health as Health did not always commission by defined areas of the population. The area of older people cut across commissioning for a number of services such as acute services, accident and emergency and out of hours, as well as services for people with long term conditions such as chronic breathing disorders and other conditions that mainly affected older people. This was the direction of travel and officers were currently working on how to get there. A workshop on integrated working would be held that afternoon.

In relation to paper AS7(b), Members noted that the proposed work streams which were of most relevance to this Committee were integrated commissioning, integrated community services provision and patient responsibility and engagement.

47/10 DUTY TO INVOLVE - QUESTION AND ANSWER SESSION

(Agenda No. 5)

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

Ms Gregory (Taking Part Team Manager), together with Mrs Carole Stow (Consultation and Involvement Manager) attended before the Committee in order to provide Members with information on what this new duty involved and what the Directorate would be doing in response to this, and to answer the Committee's questions.

Mrs Anita Higham and Mr Dermot Roaf (Oxfordshire LINK), together with Mr Adrian Chant (LINKs Locality Manager – Help and Care) also attended before the Committee.

The paper before the Committee (AS5) set out the background and key issues associated with the Duty to Involve, the arrangements in place to support the Council to meet its statutory obligations; and in particular how Adult Services was meeting its statutory obligations.

Mrs Stow reported that the duty came into force on 1 April 2009 under section 138 of the Local Government and Public Involvement in Health (LGPIH) Act 2007. Its aim is to embed a culture of engagement across local government and it requires the Council to take steps to involve representatives of local persons in the exercise of the Council's functions where it is considered to be appropriate. However, the Council had long recognised the benefits of involving service users and the ethos of the duty already underpinned the Council's strategic frameworks and was integral to its corporate plans, strategies and processes. Mrs Stow further reported that as the

County Council's Consultation and Involvement Manager she had the strategic overview of all of the Directorates and each Directorate has nominated an officer responsible for have an oversight of consultation and involvement activities in relation to that Directorate. Information resulting from consultation activities was then fed to her to enable her to share widely.

Ms Gregory reported that the Taking Part Team existed to support staff and enable them to strengthen service user involvement, for example, by providing examples of best practice. She added that it was very easy to get involvement wrong and therefore it required specialist knowledge to get it right. Involving service users at an early stage resulted in better services and happier service users. Although consultation had been undertaken in Social & Community Services for many years it was now co-ordinated centrally to ensure that work was not replicated across Directorates.

In relation to a Member's question, Ms Gregory responded that she managed the Oxfordshire LINK contract, as LINKs were part of the wider duty to involve. The Team might flag up an area of interest to them, but as LINKs were independent of the Council it would not be appropriate to instruct or request them to carry out any activities.

Mrs Higham stated that her task was to implement the legislation with regard to the Oxfordshire LINK. She added that the Duty to Involve enshrined the principle that the public sector had to look at the quality of service it was providing and consider whether the tax payer was obtaining value for money and whether public sector staff were trying to look at what is was like to stand in the service users' shoes, as people did in the private sector. This was complemented by the November 2007 legislation that had asked how did service users really experience services from the cradle to the grave. The Oxfordshire LINKs' task was to ask service users what it was like to be on the receiving end of services.

Following the brief question and answer session the Committee thanked both officers for attending and **AGREED** that it wished to have sight of the quarterly reports that were going to be submitted by each of the Directorates in future, together with Mrs Stowe's audit report.

Ms Gregory undertook to circulate the information to be placed on the Council's consultation portal to all members of this Committee.

48/10 SELF DIRECTED SUPPORT TASK GROUP - PROGRESS UPDATE
(Agenda No. 9)

It was **AGREED** that an update would be given to the Committee's next meeting.

49/10 FORWARD PLAN
(Agenda No. 10)

No items were identified for consideration.

Councillor Larry Sanders reported that Essex County Council had gone into partnership with the Relatives and Residents Association to go into old people's homes and to encourage them to set up Relatives and Residents Associations. He undertook to find information that had been published on the project and provide a copy to Councillor Seale.

INFORMATION SHARE

Mrs Anita Higham (Oxfordshire LINK elected member) attended before the Committee, together with Mr Dermot Roaf (Chairman of the LINK Stewardship Group) and Mr Adrian Chant (Locality Manager – Oxfordshire LINK).

The Committee had before it an update on the work of the Oxfordshire Local Involvement Network (LINK).

The Committee noted that work was underway to publicise the Oxfordshire LINK more widely and that more issues would subsequently be added to the LINK's work programme. All GP surgeries had already been sent letters.

The Committee thanked Mrs Higham, Mr Roaf and Mr Chant for their input, and noted that the LINK's report into self directed support would be considered at this Committee's September meeting following consideration by the Director for Social & Community Services.

..... in the Chair

Date of signing