

## Notice of a Meeting

### **Adult Services Scrutiny Committee Tuesday, 8 March 2011 at 10.00 am County Hall**

#### **Membership**

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

*Councillors:*

Jenny Hannaby	Sarah Hutchinson	Alan Thompson
Anthony Gearing	Dr Peter Skolar	David Wilmshurst
Tim Hallchurch MBE	Larry Sanders	

#### **Notes:**

*Date of next meeting: 26 April 2011*

#### **What does this Committee review or scrutinise?**

- Adult social services; health issues;

#### **How can I have my say?**

We welcome the views of the community on any issues in relation to the responsibilities of this Committee. Members of the public may ask to speak on any item on the agenda or may suggest matters which they would like the Committee to look at. **Requests to speak must be submitted to the Committee Officer below no later than 9 am on the working day before the date of the meeting.**

#### **For more information about this Committee please contact:**

Chairman	-	Councillor Don Seale E.Mail: don.seale@oxfordshire.gov.uk
Committee Officer	-	<i>Sarah Carter, Tel: (01865) 894844 E.Mail: SarahD.Carter@oxfordshire.gov.uk</i>



Peter G. Clark  
County Solicitor

February 2011

## **About the County Council**

The Oxfordshire County Council is made up of 74 councillors who are democratically elected every four years. The Council provides a range of services to Oxfordshire's 630,000 residents. These include:

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

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

## **About Scrutiny**

Scrutiny is about:

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

Scrutiny is NOT about:

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

## **What does this Committee do?**

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

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

**A hearing loop is available at County Hall.**

# AGENDA

1. **Apologies for Absence and Temporary Appointments**
2. **Declarations of Interest - see guidance note**
3. **Minutes** (Pages 1 - 10)

To approve the minutes of the meetings held on 7 December 2010 (**AS3a**) and 20 December 2010 (**AS3b**) to note for information any matters arising on them.

4. **Speaking to or petitioning the Committee**
5. **Director's update**  
10:15

The Director for Social & Community Services will give a verbal update on key issues.

6. **Annual Report by the Care Quality Commission on Adult Social Services**  
(Pages 11 - 36)  
11:00

Contact Officer: John Jackson Director for Social & Community Services

The 2009/10 report for Oxfordshire is attached as (**AS6b**) along with a covering report which draws out the highlights of the CQC attached as at (**AS6a**). Oxfordshire is rated as performing well which means that Oxfordshire is 'consistently delivering above the minimum standard required for people.' Both reports went to Cabinet on 25 January 2011.

These results show a significant improvement on the previous report (2008/9) where the council was assessed as performing well on 6 outcomes and as performing adequately on one outcome.

The report's overall summary says 'Oxfordshire County Council has had a very productive year and has achieved well on the key outcome areas. It has strong leadership and tight financial controls in place that have enabled it to deliver significant efficiency savings and a slight budget under-spend.'

As well as providing reports on individual councils, CQC provide a national report, which highlights areas of good practice. Several examples of developments in Oxfordshire are included in the national report.

This is the last year that CQC will provide an annual assessment of performance.

The Cabinet member for Adult Services and the Director of Social & Community Services will be there to answer any questions.

## **SCRUTINY MATTERS**

**To consider matters where the Committee can provide a challenge to the work of the Authority**

### **7. Delayed Transfers of Care (Pages 37 - 44) 11:15**

*Contact Officer – Alan Sinclair, Assistant Head of Adult Social Care (Older People and Physical Disability Services)*

A report to update Scrutiny Committee on the performance, remedial action and strategy in respect of delayed transfers of care (**AS7**). The report provides an update to the report presented on 26 October 2010. The minute of the meeting on 26 October 2010 is attached as an annex.

The Director for Social & Community Services will present the report and Mr Sinclair and the Cabinet Member for Adult Services will also be present to answer any questions raised.

### **8. Transforming Adult Social Care: Progress Update and Q&A (Pages 45 - 50) 11:45**

*Contact: Jon Ray, Acting Programme Director – Transforming Adult Social Care*

This is the final report from the Transforming Adult Social Care programme (**AS8**).

The attached report covers the progress that has been made in achieving the agreed deliverables, the impact on clients and carers and the Council as well as the progress being made on handover of the key deliverables to business as usual.

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

The Self Directed Support Task Group is also invited to give its progress update to the Committee as part of this item.

[Task Group comprises Councillors J. Hannaby, R. Stevens, L. Sanders, L Stratford and D. Seale].

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

**9. 'Report on plans to meet the needs of people who have Asperger's Syndrome or High Functioning Autism, and update on implementation of the Autism Act in Oxfordshire.'** (Pages 51 - 68)

**12:00**

*Contact Officers: Fenella Trevillion (01865) 334626, Juliet Long (01865) 334606 and Ann Nursey (01865) 323669*

Ms Fenella Trevillion (Head of Joint Commissioning, Oxfordshire PCT), Ms Juliet Long (Service Development Manager – Mental Health, Oxfordshire PCT) and Ms Ann Nursey (Assistant Head of Adult Social Care – Learning Disabilities) have been invited to attend for this item to answer Members' questions. Ms Sarah Ainsworth (Area Service Manager – Disability Lead – Children, Young People & Families) will also attend in order to answer any questions on transition issues.

The attached report provides details on the needs analysis, consultation and proposed service developments to meet the needs of people who have Asperger's Syndrome or High Functioning Autism, and also gives an update on the implementation of the Autism Act in Oxfordshire.

Ms Kathy Erangey, the parent of a young man who has Asperger's Syndrome, who is assisting Oxfordshire County Council and NHS Oxfordshire with the work they are doing on Asperger's Syndrome specific service development will also attend for this item to contribute to the discussion as both a Consultant and an expert by qualification and experience.

Ms Lindsay Smith and Mr Paul Isaacs, both of whom have Asperger's Syndrome and who are now members of the working group have also been invited to attend and comment on the report.

The report is attached at **(AS9a)**.

The service developments for people with AS, and the broader strategy which will cover all autistic spectrum conditions, will continue to be shaped through consultation and overseen by an Autism Partnership Board that will be established by summer 2011. The first service developments resulting from the work undertaken will be in place by March 2011.

The minute of the Committee's discussion at its April meeting is attached at **(AS9b)**.

The Committee is invited discuss the report **(AS9a)**, conduct a question and answer session and offer any comment.

**10. Update from Oxfordshire LINK**  
**12.45**

## **BUSINESS PLANNING**

**To consider future work items for the Committee**

**11. Forward Plan**  
**13.00**

The Committee is asked to suggest items from the current Forward Plan on which it may wish to have an opportunity to offer advice to the Cabinet before any decision is taken, together with details of what it thinks could be achieved by looking at any items.

**12. Tracking Scrutiny Items**

## **INFORMATION SHARE**

Listed below are reports for information and links to background information that may be of interest to Members for noting only.

### **Transforming Adult Social Care**

*Think Local, Act Personal: Next Steps for Transforming Adult Social Care* has now been finalised as the way forward for personalisation and community-based support. There is a link below to view the document. Hard copies will be available at the meeting.

[http://www.puttingpeoplefirst.org.uk/library/PPF/NCAS/THINK\\_LOCAL\\_ACT\\_PERSONAL\\_17\\_1\\_11.pdf](http://www.puttingpeoplefirst.org.uk/library/PPF/NCAS/THINK_LOCAL_ACT_PERSONAL_17_1_11.pdf)

**13.15 Close of Meeting**

## Declarations of Interest

This note briefly summarises the position on interests which you must declare at the meeting. Please refer to the Members' Code of Conduct in Part 9.1 of the Constitution for a fuller description.

### **The duty to declare ...**

You must always declare any "personal interest" in a matter under consideration, ie where the matter affects (either positively or negatively):

- (i) any of the financial and other interests which you are required to notify for inclusion in the statutory Register of Members' Interests; or
- (ii) your own well-being or financial position or that of any member of your family or any person with whom you have a close association more than it would affect other people in the County.

### **Whose interests are included ...**

"Member of your family" in (ii) above includes spouses and partners and other relatives' spouses and partners, and extends to the employment and investment interests of relatives and friends and their involvement in other bodies of various descriptions. For a full list of what "relative" covers, please see the Code of Conduct.

### **When and what to declare ...**

The best time to make any declaration is under the agenda item "Declarations of Interest". Under the Code you must declare not later than at the start of the item concerned or (if different) as soon as the interest "becomes apparent".

In making a declaration you must state the nature of the interest.

### **Taking part if you have an interest ...**

Having made a declaration you may still take part in the debate and vote on the matter unless your personal interest is also a "prejudicial" interest.

### **"Prejudicial" interests ...**

A prejudicial interest is one which a member of the public knowing the relevant facts would think so significant as to be likely to affect your judgment of the public interest.

### **What to do if your interest is prejudicial ...**

If you have a prejudicial interest in any matter under consideration, you may remain in the room but only for the purpose of making representations, answering questions or giving evidence relating to the matter under consideration, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise.

### **Exceptions ...**

There are a few circumstances where you may regard yourself as not having a prejudicial interest or may participate even though you may have one. These, together with other rules about participation in the case of a prejudicial interest, are set out in paragraphs 10 – 12 of the Code.

### **Seeking Advice ...**

It is your responsibility to decide whether any of these provisions apply to you in particular circumstances, but you may wish to seek the advice of the Monitoring Officer before the meeting.

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## ADULT SERVICES SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Tuesday, 7 December 2010 commencing at 10.35 am and finishing at 2.10 pm

**Present:**

**Voting Members:** Councillor Don Seale – in the Chair

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

Councillor Jenny Hannaby

Councillor Dr Peter Skolar

Councillor Anthony Gearing

Councillor Alan Thompson

Councillor Tim Hallchurch MBE

Councillor Larry Sanders

Councillor David Wilmshurst

Councillor Richard Stevens (In place of Councillor Sarah Hutchinson)

Councillor David Wilmshurst

**Other Members in Attendance:**

Councillor Arash Fatemian

**By Invitation:  
Officers:**

Whole of meeting S. Carter, S. Whitehead (Chief Executive's Office)

Part of meeting

**Agenda Item**

**Officer Attending**

7. A. Sinclair (Social & Community Services)

8. A. Chant (Help and Care)

9. V Raja, P. Purnell (Social & Community Services)

10. John Jackson, Director for Social & Community Services

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

### 100/10 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS

(Agenda No. 1)

Apologies were received on behalf of Councillor Sarah Hutchinson (Councillor Richard Stevens substituting).

**101/10 MINUTES**

(Agenda No. 3)

The minutes of the meeting held on 26 October 2010 were agreed and signed.

**102/10 TRACKING SCRUTINY ITEMS**

(Agenda No. 5)

**Strategic Commissioning Framework for Day Opportunities for Older People**

The Scrutiny Committee noted that on 16 November 2010 the Cabinet approved the implementation of the strategic commissioning framework for day opportunities for older people and carers within Oxfordshire.

**103/10 PROGRESS REPORT ON NHS WHITE PAPER 'EQUITY AND EXCELLENCE' – LIBERATING THE NHS**

(Agenda No. )

The Committee received an update from Councillor Peter Skolar and noted the following:

1. Oxfordshire County Council was part of the early implementation group – one of twelve County Councils setting up a health & Well Being Board in advance of others. The County Council had a good record of working with our NHS colleagues.
2. A high level team was working on the implications of the move of Public Health coming within Local Authority control. There was a great deal to be done to implement the changes but once completed the group would go on to look at the setting up of the new Health & Well Being Board. It was expected that the new Board would become be set up initially as a Shadow Board and would eventually be a Commissioning Group.
3. Responding to a query about the Chairmanship of the new Board Councillor Skolar advised that the PCT would disappear and that the Chairman would be a member of the Local Authority.
4. It was hoped that the Health Overview & Scrutiny Committee would continue possibly with a right of referral but this was not yet definite.

**104/10 FORWARD PLAN**

(Agenda No. 6)

No items were raised.

**105/10 TRANSFORMING ADULT SOCIAL CARE: PROGRESS UPDATE AND Q&A**

(Agenda No. 7)

The Scrutiny Committee considered the latest in a series of reports on transforming Adult Social Care (**AS7**) that included detail on self directed support.

The Committee also received an update from the Self Directed Support Task Group.

Mr Alan Sinclair (Programme Director – Transforming Adult Social Care) attended before the Committee, together with the Cabinet Member for Adult Services, in order to answer any questions which the Committee wished to ask. The following were amongst the matters discussed:

1. Assurances were sought over the availability and suitability of sufficient brokers to ensure people were properly supported. Mr Sinclair gave details of the current position relating to personal budgets and stressed that the transition period was key. Two new brokerage services were in place and locality teams were involved. Information days were being held, three so far in Oxford, Witney and Didcot. Attendance had been good although there were less members of the public than expected at the Oxford and Witney events. Once completed the Events would be evaluated.
2. The Committee had not yet had a report on the Internal Home Support Service. It was noted that a report was to go to Cabinet and the matter would be addressed at a future Scrutiny Committee meeting.
3. Alan Sinclair advised that his role as Programme Director and the work of his Team was coming to an end and he was focussed on the need to sustain the changes to ensure that they were properly embedded. This would be taken forward by others with reports to the Scrutiny Committee on sustaining the change.
4. Concern was expressed about the timing of the change where only 10% of a 30% target had been reached and it was suggested that methods other than road shows, such as leaflets should be considered.
5. There was a query about the engagement of the process with the issue of delayed discharges. Alan Sinclair responded that although delayed discharges were not within his responsibility the work was aligned. The flexibility of personal budgets could have a positive impact on the speed at which people could be released from hospital.
6. Asked about the impact on people who were unable to get brokerage services Alan Sinclair commented that the impact would be felt most by new service users and they would be prioritised. For people already receiving services there would be no major impact.
7. The Chairman stated that the Task Group would continue but the intention was to bring the three groups into one. The continuation of the Task Group was supported although Councillor Larry Sanders expressed the view that the User Group remain as a separate and independent group.
8. Councillor Tim Hallchurch asked that consideration be given to holding road shows in village locations.
9. It was confirmed that new users would be dealt with through the 'single front door programme' and referred to the Locality Team as appropriate after that. Anyone receiving services would have a named contact.
10. There was some discussion on the way in which people with learning disabilities and people with mental health issues would be dealt with as part of the transition to personal budgets.
11. Responding to a query about ICT issues Alan Sinclair responded that the issues had not changed and that it was difficult to collate information from several different systems.

**106/10 UPDATE FROM THE OXFORDSHIRE LINK**

(Agenda No. 8)

The Committee considered the update (AS8).

Adrian Chant and Mr Dermot Roaf, Chair of the Oxon LINK Stewardship Group attended for this item.

Adrian Chant informed the Committee that the next Hearsay Event was to be held provisionally on 11 March 2011. The Event on 26 October did not have a major turn out of service users but heard from 28 users and the quality of the feedback was good. The report would be available in January 2011.

During discussion on the funding of future LINK's work Dermot expressed concern at the scale of the reduction in funding. They would look carefully at their programme. The Chairman suggested that to remain effective it would be necessary for them to focus on a smaller number of items and to look in depth at them. Dermot commented that they would welcome suggestions about work areas but that it was important to retain independence. The Cabinet Member thanked LINKs for their work and agreed that it was important that they remained independent. He would be happy to consider providing support for individual events such as Hearsay. The funding was to recognise that this would be a transition year.

Members generally welcomed that LINKs were Visiting Care Homes and it was hoped that an initial report on this could be made to the next meeting.

**107/10 UPDATE ON PROGRESS IN RELATION TO THE NATIONAL DEMENTIA STRATEGY**

(Agenda No. 9)

- (a) Implementing the National Dementia Strategy in Oxfordshire - Briefing on Progress to Date as at 28 October 2010
- (b) Dementia Q&A Minute from the Committee's April meeting

Committee considered a progress update in relation to the national dementia strategy **AS9(a)**, together with a minute from the Committee's April question and answer session (**AS9(b)**).

Ms Varsha Raja (Assistant Head of Adult Services) attended for this item, together with the Cabinet Member for Adult Services.

Mr Duncan Saunders (Service Development Manager - Older People's Mental Health – NHS Oxfordshire) was also in attendance.

Ms Raja informed the Scrutiny Committee that dementia continued to be a priority for the national agenda. The Minister had made a key note speech setting out the revised priorities;

- Good quality services, early diagnosis and intervention;

- Improved quality of care in general hospitals;
- Living well with dementia in care homes; and
- Prescription of anti-psychotic drugs for dementia.

The approach being taken locally would be reshaped to take account of the revised priorities.

Responding to a question from the Chairman, Ms Raja advised that the revised criteria on continuing health care for people with dementia focussed on those with challenging behaviours and psychological problems. This would mean that older people as they became frailer would see care withdrawn with the result that responsibility fell on the Local authority and families. Asked how information was gained so that funding was withdrawn, such as by re-assessment, Ms Raja stated that their was a key final piece of work as there was a need to understand the local position. It was suggested by Councillor Dr Peter Skolar that this was another way that the PCT was seeking to reduce its core funding and that he would wish to monitor it very carefully. Ms Raja undertook to provide a briefing note on this matter including an explanation of the way in which re-assessments would take place. She added that the funding was in a pooled budget but that it was accounted for separately. Further work was needed to understand the local position.

It was AGREED that the Committee return to this matter as part of their meeting in March 2011 and that officers discuss a possible referral to the Joint Health Overview & Scrutiny Committee.

The Chairman commented that there was still lack of awareness of telecare and queried what could be done to correct this position? Ms Raja indicated that they had just awarded a contract to expand the service which had been patchy. There would be a co-ordinated service across Oxfordshire.

Asked about the provision of information on dementia services Ms Raja commented that there was a great deal of information but that it was a struggle to personalise the information to individual needs.

Responding to a query about the work of Dementia Advisors in doctor's surgeries Ms Raja advised that they were extremely successful. Initial analysis indicated that with 4 Advisors it would be possible to deliver a County wide service.

In response to a question about the formal diagnosis rate the Committee was advised that currently 34% of people received a formal diagnosis and the target was to increase to 70%.

## **108/10 DIRECTOR'S UPDATE**

(Agenda No. 10)

The Director for Social & Community Services briefly outlined the results of the National Spending Review and referred to discussion at a meeting when attending the Adult Services National Conference. He undertook to circulate a copy of a summary note produced. There was more money for Adult Services but only in the context of a poor settlement generally.

The Scrutiny Committee was advised of the publication of a 'Vision for Adult Social Care' a link to which would be circulated to members. The Director for Social and Community Services commented that he did not disagree with the White Paper but was disappointed that there was no mention of putting people first. He also referred to a paper entitled Thinking Strategically Acting Locally that was published in November and would also be circulated to Members.

The Scrutiny Committee was advised that the Funding of Local Care Commission had published a call for evidence. A link would be provided for members and it was **AGREED** that this matter be considered at the next meeting if required.

The Director for Social & Community Services provided an update on the following local issues:

Annual Performance Assessment – The Council was performing well overall with an assessment of performing well in five categories and performing excellently in two categories.

Delayed Transfers – The Director informed the Scrutiny Committee on the action being taken that was seeing the figures coming down steadily in recent weeks.

Turn Round System – It was AGREED that a report on this project come to a future meeting.

Support for Carers – The Scrutiny Committee was advised that although support was not being cut there had been considerable debate on this matter. The Cabinet had agreed a Strategy that would use the Customer Service Centre together with out reach work and related services. An explanation was given of the procurement process being followed and it was confirmed that carers were involved in the evaluation process. A decision was expected at the Cabinet meeting in January 2011.

Internal Home Support Service – The Director for Social & Community Services advised that political groups had been briefed and that a report would be considered at the Cabinet meeting in December. Staff affected would be briefed before the report was published and a briefing made available to all Councillors and MPs.

Service & Resource Planning 2011/12 – 2015/16 – The Director for Social & Community Services gave a brief overview of the main points arising from the Service & Resource Planning process that would be fully considered at the meeting on 20 December 2010.

..... in the Chair

Date of signing

.....

## ADULT SERVICES SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Monday, 20 December 2010 commencing at 12.45 pm and finishing at 2.45 pm

### **Present:**

**Voting Members:** Councillor Don Seale – in the Chair (part of meeting)

Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman - in the Chair(part of the meeting))

Councillor Jenny Hannaby

Councillor Anthony Gearing

Councillor Alan Thompson

Councillor Larry Sanders

Councillor David Wilmshurst

Councillor Peter Jones (In place of Councillor Dr Peter Skolar)

Councillor Richard Stevens (In place of Councillor Sarah Hutchinson)

Councillor Melinda Tilley (In place of Councillor Tim Hallchurch MBE)

**Other Members in Attendance:** Councillor Ian Hudspeth, Cabinet member for Growth & Infrastructure

### **Officers:**

Whole of meeting Assistant Chief Executive & Chief Finance Officer,  
Director for Social & Community Services,  
S. Kearey (Social & Community Services)

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

(In the absence of the Chairman at the start of the meeting the Deputy Chairman took the Chair)

## **109/10 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**

(Agenda No. 1)

Apologies were received from Councillor Peter Skolar (Councillor Peter Jones substituting), Councillor Sarah Hutchinson (Councillor Richard Stevens substituting) and Councillor Tim Hallchurch (Councillor Melinda Tilley substituting).

## **110/10 MINUTES**

(Agenda No. 3)

It was agreed that the minutes of the meeting held on 7 December 2010 be considered at the next meeting.

## **111/10 SERVICE & RESOURCE PLANNING 2011/12 - 2015/16**

(Agenda No. 5)

The Committee considered a report (**AS5**) containing the Business Strategies and savings proposed for their service areas.

The Director for Social & Community Services commented that the proposed approach had been set out in earlier meetings. The approach was based on the broad policy direction established in previous years and which had received the support of the Committee. He noted that there were relatively few efficiency savings but that the delivery of the business strategy would be challenging.

During discussion Members commented on the implications of personal budgets including the challenge of providing support to the elderly and vulnerable in society, and the effect on transport provision. A member commented that whilst she was in agreement with the transforming agenda it was about ensuring the safe monitoring of the change and also the swiftness of what was being done.

There was discussion about the proposals relating to Community Development. There was some concern that the implications of the business strategy were not clearly set out.

The Committee noted that the focus of discussion of the meeting was required to be on policy areas that may depart from this Committee's understanding of the business strategy as expressed at previous Adult Services Scrutiny meetings.

With that in mind the key policy areas were set out by the Chairman, Councillor Seale as follows:

- An emphasis on finding alternatives to residential care for older people with a focus on providing domiciliary care, with a greater reliance on extra care housing.
- The introduction of all who qualify to self directed support, with efficiency savings implemented using the resource allocation system.
- Moving to the voluntary and community provision of transport for those who use day services or choose alternative day opportunities with a personal budget.
- Community development team reducing and a refocus on supporting community based services such as the currently funded Good Neighbour Scheme
- Reduction in funding for Supporting People services of 5% per annum



- Moving from internally provided support to agency or self purchased domiciliary care.
- Limits on contract inflation allowances
- Redesign of services for those with mental health needs
- Review the Contract with the Oxfordshire Care Partnership

It was understood that this business strategy sought to deliver savings by pursuing a strategy of prevention, increased focus on personalisation, and the delivery of services that offer protection for people through better partnership working.

There were no comments on the capital proposals set out in the strategy.

**The Committee AGREED that**

- (a) **The proposals set out in the business strategy are acceptable to this committee** (Vote carried by 6 votes to 2 with 1 abstention).
- (b) **Capital proposals were agreed by the committee** (Vote carried by 8 votes to 1).

..... in the Chair

Date of signing .....

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## ADULT SERVICES SCRUTINY COMMITTEE

TUESDAY 8 MARCH 2011

### **Annual Report by the Care Quality Commission on Adult Social Care**

#### **Introduction**

1. The Care Quality Commission (CQC) provides an annual performance assessment of all authorities in England with responsibility for adult social care. The report for Oxfordshire County Council is attached as annex 1. It provides an overall judgement on how well the authority is performing. CQC can award a rating of 'performing poorly', 'performing adequately', 'performing well' or 'performing excellently'. Oxfordshire is described as 'performing well', which means CQC's assessment is that Oxfordshire is 'consistently delivering above the minimum standard required for people'.
2. Within this assessment the council is judged on seven key outcomes. On 5 of these outcomes Oxfordshire is assessed as performing well. On the other two outcomes 'Making a positive contribution' and 'Economic well-being' the council is described as performing excellently.

#### **Current Ratings**

3. Of the 152 authorities nationally, none are described as performing poorly, 7 are performing adequately, 108 are performing well and 37 are performing excellently. In the South East, all 19 authorities are described as performing well.
4. Whilst Oxfordshire's overall rating is the same as last year, there were positive changes in the rating of three of the seven individual outcomes. These are shown in table 1 below:

<b>Areas for judgment</b>	<b>Grade 08/9</b>	<b>Grade 09/10</b>
Improved health and emotional well-being	Well	Well
Improved quality of life	Well	Well
Making a positive contribution	Well	Excellent
Increased choice and control	Well	Well
Freedom from discrimination and harassment	Well	Well
Economic well-being	Well	Excellent
Maintaining personal dignity and respect	Adequate	Well
<b>Performance Rating</b>	<b>Well</b>	<b>Well</b>

5. 'Making a positive contribution' and 'Economic well-being' moved from performing well to performing excellently and 'Maintaining personal dignity and respect' moving from performing adequately to performing well. Being assessed as excellent on 'making a positive contribution' means that in Oxfordshire, people who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported. Being assessed as excellent on 'Economic well-being' means that in Oxfordshire people who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment.
6. The improved rating on 'Maintaining personal dignity and respect' reflects the council's response to the 2009 inspection on Adult Safeguarding. The report notes that 'there were a number of areas for improvement identified, especially during the service inspection, and the Council has worked hard to address all of these.' The report particularly notes the work of the Adult Safeguarding Board to increase awareness amongst both the public and partner organisations. The report lists some of the work undertaken by the Board and notes: 'The impact of these initiatives has helped improve awareness of adult protection issues across partner organisations and provided a much tighter tracking of responses from initial alert to the completion of the investigation ... it was agreed that action plans implemented by the Council to encourage improvement in its delivery of safeguarding arrangements for vulnerable adults were helping to deliver more positive outcomes for people.'
7. The report highlights key strengths and areas for development. The council will draw up action plans to address the areas for development and monitor progress monthly through the balanced scorecard for the directorate.

### **Performance Summary**

8. CQC's summary of Oxfordshire's performance says 'Oxfordshire County Council has had a very productive year and has achieved well on the key outcome areas. It has strong leadership and tight financial controls in place that have enabled it to deliver significant efficiency savings and a slight budget under-spend ... There were a number of areas for improvement identified in both last year's annual performance assessment ... and the Council has worked hard ... deliver better outcomes for people ... of particular note are the improvements made to safeguarding ... The Council has introduced a number of initiatives to increase opportunities for people to make a positive contribution and the economic wellbeing of people has been enhanced due to some very good work on helping them to claim benefits due to them.'
9. As well as producing reports on individual councils, CQC also provided a national report. This included 49 examples of good practice from individual councils (although they are not named) under the headings of the 7 outcomes. Three of these are taken from the Oxfordshire report. Two relate to 'Making a Positive Contribution' and can be found on page 15 of the national report. They refer to the role service users played in the development of self directed

support and how service users and carers are able to influence the council's priorities:

*"Individuals who use services contributed to the evaluation of the self directed support pilot to help ensure developing systems put the individual and their carers at the heart of decision making about services accessed."*

*"There have been a number of key activities this year that have helped people make a positive contribution. Individuals and their carers, through the local LINK, recently identified their key improvement priorities for adult social care during 2010/11. In response, the council agreed to the priorities and identified targets to determine their delivery. Importantly, the council agreed to publicly report progress against these targets to the LINK and its own scrutiny committee"*

10. The other reference to Oxfordshire is around the growth of safeguarding referrals from agencies other than adult social care, demonstrating greater public and partner organisation of adult safeguarding.

*"There is a continued increase in safeguarding referrals from a variety of agencies, reflecting awareness raising activities."*

**Future reports**

11. On 3 November 2010, Paul Burstow, Minister of State for Care Services, announced that CQC will, with immediate effect, no longer conduct an annual performance assessment of councils' commissioning of care under the existing framework.

John Jackson  
Director for Social & Community Services

Contact Officer: Steve Thomas

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# Assessment of Performance Report 2009/10

## ADULT SOCIAL SERVICES ASSESSMENT OF PERFORMANCE 2009/10: Oxfordshire County Council

Contact Name	Job Title
Sue Sheath Warren Coppin	Compliance Manager Regional Intelligence and Evidence Officer
<p>The report will produce a summary of the performance of how the council promotes adult social care outcomes for people in the council area.</p> <p>The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2009/10 in the Performance Assessment Guide web address below, for more detail.</p> <p><b>Performing Poorly</b> - not delivering the minimum requirements for people.  <b>Performing Adequately</b> - only delivering the minimum requirements for people.  <b>Performing Well</b> - consistently delivering above the minimum requirements for people.  <b>Performing Excellently</b> - overall delivering well above the minimum requirements for people.</p> <p>We also make a written assessment about</p> <p><b>Leadership and Commissioning and use of resources</b>  Information on these additional areas can be found in the outcomes framework  To see the outcomes framework please go to our web site: <a href="#">Outcomes framework</a>  You will also find an explanation of terms used in the report in the glossary on the web site.</p>	



## 2009/10 Council APA Performance

Delivering outcomes assessment Overall council is:	Well
<b>Outcome 1:</b> Improved health and well-being	Well
<b>Outcome 2:</b> Improved quality of life	Well
<b>Outcome 3:</b> Making a positive contribution	Excellent
<b>Outcome 4:</b> Increased choice and control	Well
<b>Outcome 5:</b> Freedom from discrimination and harassment	Well
<b>Outcome 6:</b> Economic well-being	Excellent
<b>Outcome 7:</b> Maintaining personal dignity and respect	Well

### Council overall summary of 2009/10 performance

Oxfordshire County Council has had a very productive year and has achieved well on the key outcome areas. It has strong leadership and tight financial controls in place that have enabled it to deliver significant efficiency savings and a slight budget under-spend.

There were a number of areas for improvement identified in both last year's annual performance assessment and the service inspection and the Council has worked hard to project manage the comprehensive action plan it derived and to deliver better outcomes for people. At the 6-month service inspection follow up review meeting, these achievements were recognised by the Care Quality Commission. Of particular note are the improvements made to safeguarding arrangements and the significant increase in the number of referrals and closed cases. Most areas for improvement have been addressed and the Council has introduced a number of initiatives to increase opportunities for people to make a positive contribution and the economic wellbeing of people has been enhanced due to some very good work on helping them to claim benefits due to them.

The Council has also made good progress on its programme of transforming adult social care. More people are receiving personal budgets and the Council has introduced some new initiatives to support the rollout of the programme.

The level of intermediate care provided by the Council has improved during the year and is significantly higher than the level of provision in similar council areas. However, the effectiveness of the service still needs further improvement despite improvement made during the year. Despite efforts to sustain the 2008/09 improvement in delays for people leaving hospital, the number of delays attributable to the Council increased during the year and the Council has not performed as well as other similar councils.

## Leadership

*"People from all communities are engaged in planning with councillors and senior managers. Councilors and senior managers have a clear vision for social care. They lead people in transforming services to achieve better outcomes for people. They agree priorities with their partners, secure resources, and develop the capabilities of people in the workforce".*

## Conclusion of 2009/10 performance

The Council continues to benefit from strong and effective leadership from senior management and there remains a clear vision and strategic direction underpinning its approach to the transformation of adult social care. There was continued tight financial management in 2009/10, with the year-end adult social care budget reporting a slight under-spend and the pooled budgets reporting a minor overspend. Activity included the delivery of significant efficiency savings.

The local Health and Wellbeing Partnership Board, on was responsible for the successful delivery of two local area agreements 'stretch' targets, reflecting the needs of local communities, and subsequently succeeded in attracting a reward grant of nearly £2 million from central government.

Through the Joint Strategic Needs Assessment (JSNA), the Council has strengthened its analysis and improved its ability to make comparisons between different local areas by standardising health statistics wherever possible. The Local Involvement Network (LINK) is also now a member of the JSNA Steering Board, helping to ensure there is appropriate representation from people who use services.

The Council remains committed to and is shifting funds towards preventative and community based services to support the transformation of services. This is further supported by the agreed multi-agency prevention strategy that will shift investment towards preventative and enabling services. The Council and its partners are focusing service delivery and monitoring on the delivery of outcomes at an individual level, as evidenced by its development of outcome focussed reviews and supporting brokerage services. Although work is progressing well, the Council acknowledges a key challenge during the coming year will be to fully implement the developing resource allocation system.

All key Putting People First priorities in the year were met and there are now over 400 people on personal budgets following a pilot programme in 2008/09. Considering the transformation of adult social care and the subsequent need to develop and prepare both

its own workforce and that of other local providers, a multi-agency workforce strategy has been completed. A workforce development group will take the actions forward and oversee the implementation of the strategy. It is intended the revised structure of adult social care, provided by the Council, will be delivered by five locality teams to promote greater cohesion when working with district and city councils.

During the year, the Council maintained staff turnover, vacancies and sickness at levels better than the average of similar councils. The Council also continues to involve individuals who use services and their carers in the recruitment of staff; as evidenced by their involvement in the recruitment to all posts including service managers associated with the learning disability service.

It was identified last year that the Council needed to improve performance on the provision of rehabilitation and intermediate care for older people. The level of intermediate care provided by the Council has improved during the year and is significantly higher than the level of provision in similar council areas. However, the effectiveness of the service still needs further improvement despite improvement made during the year. Despite efforts to sustain the 2008/09 improvement in delays for people leaving hospital, the number of delays attributable to the Council increased during the year and the Council has not performed as well as other similar councils. It needs to renew its focus on this with health partners in 2010/11 to address this.

Following the service inspection in 2008/09, a 6 month review of progress against areas for improvement found that significant work had been undertaken by the Council and good progress had been made in all the key areas for development.

In 2008/09, the Council was required to deliver on its plans for 140 extra care units this year. In fact, the Council has not only delivered on its plan but also exceeded it by almost 50%. The Council was also required to reduce completion times for major adaptations to ensure that timescales in West and South Oxon and the Vale of White Horse District Councils were comparable to those in the rest of the county. During the year, the Council has worked hard to reduce waiting times across all districts and these are now below the average for similar councils and the rest of the country.

### **Key strengths**

- During the year, the Council has worked hard to reduce waiting times for major adaptations across all districts and these are now below the average for similar councils and the rest of the country.
- The Council has made significant progress against all areas for improvement identified during the service inspection of 2008/09.

### **Areas for improvement**

- The Council needs to refocus its efforts on working with health partners to reduce delayed discharges for those people leaving hospital and bring delays attributable to the Council back in line with the performance of other similar councils.
- Although the Council's performance on the provision of rehabilitation and intermediate care for older people has improved significantly this year it is still below that of similar councils and the rest of the country. More work is needed to improve this further.

## Commissioning and use of resources

*"People who use services and their carers are able to commission the support they need. Commissioners engage with people who use services, carers, partners and service providers, and shape the market to improve outcomes and good value".*

## Conclusion of 2009/10 performance

The Council has continued to use the local LINK and other user voice organisations to consider the views and needs of the local community and also to consult on its commissioning intentions, as evidenced by the 'Ageing Successfully' strategy which included a consultation work-stream and was signed off by the Health and Wellbeing Partnership Board recently,.

The Council has worked with health partners this year to increase the proportion of spend, from the older people's and physical disabilities budget, on alternatives to long-term regulated residential or nursing care. As a result of this work, the proportion of spend from the pooled budget spent on alternatives to long-term bed based care for all ages increased from 12.37% in 2008/9 to 16.4% in 2009/10. This approach has resulted in the "Turnaround", programme which aims to identify older people who may be on a pathway towards high dependency and residential care and reverse this.

There were less people resident in services rated as 'poor' or 'adequate' in 2009/10 than in the previous year and Oxfordshire County Council now has a higher percentage of people placed in services rated as either 'good' or 'excellent' than the average for the rest of the country.

A range of initiatives have been delivered during the year to progress the transformation of adult social care and reshape the market, including the introduction of personal assistants to support individuals accessing an individual budget. Also, the individual service fund project in care homes has resulted in a major improvement in personalised care planning for high dependency residents in a range of care homes.

The Council is currently reviewing the structure of its workforce to reduce its high care management costs and to deliver a workforce that is able to support local communities to access the increasing range of enabling and preventative community based services.



During the year, the Council delivered a good level of efficiency savings, without impacting significantly on service delivery. The savings delivered were predominantly linked to its delivery of some aspects of its programme of transforming adult social care. Activity included keeping residential and nursing care costs below inflation and the extended provision of supported living arrangements to support increased independence. The introduction of personal budgets has had little negative impact on the budget position of the Council, as the value of personal budgets issued is based on the cost of the services they were receiving or would have received. When individuals have transferred onto individual budgets the Council identified nearly 50% were found to be requiring a reduced package of care.

**Key strengths**

- The Council has used the local LINK and other user voice organisations to consider the views and needs of the local community and to also systematically consult on its commissioning intentions, as evidenced by the recent 'Ageing Successfully' strategy, which included a consultation work-stream.
- The proportion of spend on preventative services has increased to over 16% during the year.
- There were less people resident in services rated as 'poor' or 'adequate' in 2009/10 than in the previous year and Oxfordshire County Council now has a higher percentage of people placed in services rated as either 'good' or 'excellent' than the average for the rest of the country.

**Areas for improvement**

- Not applicable

**Outcome 1: Improving health and emotional well-being**

*“People in the council area have good physical and mental health. Healthier and safer lifestyles help them lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support”.*

**Conclusion of 2009/10 performance**

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 1** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to **‘perform well’** in 2009/10 for this outcome. CQC will continue to monitor this performance.

**Key strengths**

**Areas for improvement**



**Outcome 2: Improved quality of life**

*“People who use services and their carers enjoy the best possible quality of life. Support is given at an early stage, and helps people to stay independent. Families are supported so that children do not have to take on inappropriate caring roles. Carers are able to balance caring with a life of their own. People feel safe when they are supported at home, in care homes, and in the neighborhood. They are able to have a social life and to use leisure, learning and other local services.”*

**Conclusion of 2009/10 performance**

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 2** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to **‘perform well’** in 2009/10 for this outcome. CQC will continue to monitor this performance.

**Key strengths**

**Areas for improvement**

### **Outcome 3: Making a positive contribution**

*“People who use services and carers are supported to take part in community life. They contribute their views on services and this helps to shape improvements. Voluntary organisations are thriving and accessible. Organisations for people who use services and carers are well supported”.*

#### **Conclusion of 2009/10 performance**

There have been a number of key activities this year in Oxfordshire that have helped people make a positive contribution. These include the service user event ‘HEARSAY!’ facilitated by the LINK to identify key improvement priorities; the establishment of Unlimited, the user voice organisation for people with a physical disability and funded via the Council; and the ‘Duty to Involve’ awareness training for senior and middle council managers run by users of services and carers and a number of tender processes. The Council has also addressed the area for development identified last year to involve older people in planning, commissioning, monitoring and review of services in a number of ways including in the writing of the Ageing Successfully commissioning strategy.

Users of services are also involved in the recruitment for some council roles and the availability of a supportive training programme further encourages individuals to participate. This is an area of activity the Council are looking to expand further during 2010/11. The Council also implemented a scheme committing managers to involve individuals who use services in the decision making process and have also worked with the LINK, to encourage individuals to get involved. Associated awareness training for council staff has been delivered and was facilitated by individuals who use services and their carers.

To ensure local services can be accessed by wider local communities, individuals from local BME communities were recruited by the Council and trained to promote relevant local services and also to help individuals to access these services. This work is further encouraged by the Council’s effective community development team, which works closely with local communities to determine what support they need, particularly from minority groups. The Council also routinely involve users of services in tender processes and their input helped contribute to the recent delivery of a range of new services tendered for during the year, including improved services for carers and the learning disabilities framework agreement for supported living, day and respite services.

On a quarterly basis, the Council routinely notifies all managers and councillors of all public consultation that has happened. This

approach is evidenced by recent activity to identify changes that individuals want to see in respect of services for carers. The Council agreed to the priorities identified at 'HEARSAY' and identified targets to determine their delivery and agreed to report publicly on progress against these targets to the LINk. Also, individuals who use services contributed to the evaluation of the self directed support pilot to help ensure developing systems put the individual and their carers at the heart of decision making about services accessed. The findings from the evaluation were also reviewed externally by the local involvement network (LINK).

To ensure volunteers are not excluded from participating due to a loss of income, the Council have in place a joint policy with health partners on user and carer expenses and remuneration for work undertaken to support work of the Council and health partners. Findings from the recent CQC service inspection 6 month follow up concluded there is evidence of partnerships being strengthened and people who use services and their carers having a stronger voice and influence in service developments.

The Council has made good progress on developing an umbrella user led organisation (ULO) across all client groups, which will be implemented in September 2010. The ULO will become a provider of key transformational services such as support brokerage, information and advice and will assist the Council in consultation and service commissioning. The Council has also been designated a demonstrator site by the Department of Health for ULO development with reference to support brokerage.

Key strengths
<ul style="list-style-type: none"> <li>• Individuals and their carers, through the LINk, recently identified their key improvement priorities for adult social care during 2010/11. In response the Council agreed to the priorities and identified targets to determine their delivery.</li> <li>• Individuals who use services contributed to the evaluation of the self directed support pilot to help ensure developing systems put the individual and their carers at the heart of decision making about services accessed.</li> </ul>

Areas for improvement
<ul style="list-style-type: none"> <li>• Not applicable</li> </ul>

**Outcome 4: Increased choice and control**

“People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support”.

**Conclusion of 2009/10 performance**

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 4** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to **‘perform well’** in 2009/10 for this outcome. CQC will continue to monitor this performance.

**Key strengths**

**Areas for improvement**

**Outcome 5: Freedom from discrimination and harassment**

“People who use services and their carers have fair access to services. Their entitlements to health and care services are upheld. They are free from discrimination or harassment in their living environments and neighborhoods”.

**Conclusion of 2009/10 performance**

The Care Quality Commission has agreed to carry forward the judgement awarded for **outcome 5** from the 2008/09 year into the 2009/10 assessment. The council has confirmed, through self declaration that it is continuing to ‘**perform well**’ in 2009/10 for this outcome. CQC will continue to monitor this performance.

**Key strengths**

**Areas for improvement**

## **Outcome 6: Economic well-being**

*“People who use services and their carers have income to meet living and support costs. They are supported in finding or maintaining employment”.*

### **Conclusion of 2009/10 performance**

The Council has provided evidence of a number of initiatives that have made a real difference to the economic wellbeing of people in Oxfordshire this year. This includes the ‘Benefits for Better Mental Health’ project that provided benefits advice to over 1200 service users and helped increase access to benefits by £1.7 million. The service works across the county and recently achieved Community Legal Service Quality Mark Accreditation. The Mencap Pathways contract actively provides benefits advice for individuals with a learning disability and helped people claim benefits totalling £3.1 million. During the year, almost 16,000 individuals received financial advice from other organisations such as Age Concern, Citizens’ Advice Bureau and local advice centres, commissioned by the Council. Nearly half the enquiries related to benefit claims, with the majority linking to the disabled living allowance, attendance allowance and carers’ allowance. At least £3.56 million of benefits were achieved for individuals using these agencies.

In order to support older people who self fund their own care, the Council recently initiated a campaign in conjunction with some care homes to maximise the uptake of attendance allowance in care homes. To further maximise access to benefits, health partners funded and placed benefit advice workers from the Citizens’ Advice Bureau in 15 GP practices, which helped provide advice to over 500 individuals.

In 2008/09, it was identified that the Council needed to progress their plans for rolling out personal budgets across the county. This year, the Council has made good progress in implementing its plans for the transformation of adult social care and now has over 400 individuals in receipt of personal budgets and, importantly, the value of payments provided is high. They have also made progress in developing the role of external brokers to enhance the quality of life and maximise the wellbeing of individuals by opening up new opportunities for them. For example, they brought together residents in a care home with shared interests to reduce costs of travel. The Council is still in the process of establishing a resource allocation system to support the personalisation development.

The Council provides a money management service to vulnerable individuals unable to manage their own financial affairs due



either to incapacity, vulnerability or being subject to financial abuse. Currently over 900 individuals are supported to help ensure their financial interests are looked after. The service includes safeguarding representation to ensure all financial abuse is notified and addressed appropriately.

During the year, the Oxfordshire Employment Service (provided by the Council) worked with a number of individuals with a physical disability, learning disability or mental health need, to either gain paid employment or seek employment. A new employment service for people with mental health problems now exists to provide practical advice and training for people looking for work, including help with interview practice. Through the Learning Disability Partnership Board (LDPB) the Council, working with local employers, supported an increasing number of individuals with a learning disability to gain employment in paid work and during the year supported well over 100 individuals into paid work, which is a significant increase compared to almost 70 people reported on last year.

The Council also provides a number of schemes that support carers to either achieve or stay in employment and effectively contributed to the total number of carers known to be supported in employment during the year to increase by over 50%, compared to the previous year. Of this figure, the percentage of carers from local BME communities was greater than the percentage of the overall Oxfordshire BME population. The Council's support for working carers was recognised with an Improvement and Efficiency South East award. The Council has also developed a new programme, 'Employers Supporting Working Carers', encouraging local employers to work towards supporting carers in their workplaces and so far five other large employers have signed up including the County Council, West Oxfordshire District Council, Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust and the Oxford Carers Centre. The Council recently introduced a scheme to improve employment opportunities for individuals with a disability that may wish to work for the Council. This ensures details of individuals known to the Council through its employment service are matched to appropriate vacancies. During the year, 24 job matches were made which resulted in 9 appointments, with a further four short-term appointments. The Council is also working with other key partners to encourage them to adopt this model during 2010/11.

**Key strengths**

- The number of carers known to be supported to either achieve or stay in employment during the year increased by over 50% compared to the previous year.
- There has been good progress on providing more people with personal budgets this year.
- The Council has enabled people in Oxfordshire to claim significant financial benefits due to them this year as a result of various initiatives

**Areas for improvement**

- Not applicable



## Outcome 7: Maintaining personal dignity and respect

*“People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life”.*

### Conclusion of 2009/10 performance

In 2008/09, there were a number of areas for improvement identified, especially during the service inspection, and the Council has worked hard to address all of these. The Safeguarding Board now has strong senior management and governance arrangements. The Chair has worked actively to promote a greater awareness of safeguarding amongst partners including district councils and this has contributed to a higher number of safeguarding referrals received during the year from almost all partner organisations. Key partners, including community mental health teams, learning disability health professionals and the continuing care team, also successfully took the lead in an increasing number of safeguarding cases. Sub-groups of the Safeguarding Board have now been set up to cover issues of policy and practice, serious case reviews and training. The impact of these initiatives has helped improve awareness of adult protection issues across partner organisations and provided a much tighter tracking of responses from initial alert to the completion of the investigation. At the recent CQC six month service inspection follow up meeting, it was agreed that action plans implemented by the Council to encourage improvement in its delivery of safeguarding arrangements for vulnerable adults were helping to deliver more positive outcomes for people.

To help increase public awareness, the Council, undertook a publicity campaign this year promoting the safeguarding of vulnerable adults. This has contributed to a 56% increase in safeguarding referrals compared to last year and increases were seen across all groups except carers, although some are still below the levels of similar councils. However, the percentage of cases investigated and considered closed has also risen significantly to 85%. The number of referrals received from individuals who self fund their care also increased slightly. There have been increases in staffing across a number of the social care delivery teams to help manage the increase in safeguarding referrals and the central safeguarding team now has a dedicated post to lead investigations related to suspected institutional abuse.

Safeguarding training has been delivered to the majority of relevant Council staff, although training undertaken by staff working in services either funded or commissioned by the Council is lower than the average for similar councils. However, the quality of training delivered has been rated as ‘excellent’ by participating individuals. The multi-agency training has contributed to a better understanding of the key roles and responsibilities of partner agencies and training is now undertaken on a joint basis with

involvement from a wide range of partners. Although safeguarding training is offered free of charge to care services not commissioned by the Council, there is acknowledgement that the Council needs to monitor levels of take up to ensure individuals who self fund their care are afforded appropriate levels of protection from abuse.

The Council works with carers to promote safeguarding as evidenced by a recent agreement at the local Carers Steering Group to review current safeguarding training and competency frameworks to ensure carers' needs are recognised. The Council works to ensure people are not placed with 'poor' rated providers, and this year there has been an increase in the number of people placed in 'good' and 'excellent' rated services.

The Council has introduced a 'support with confidence' scheme for managing non-regulated services such as personal assistants and brokers, who exist for individuals accessing self direct support. It helps offer an assurance that these services have been verified by the Council. The scheme also provides free safeguarding training for these service providers.

During the year, the Independent Mental Capacity Advocate (IMCA) and Deprivation of Liberty Safeguards (DOLS) lead, together with a local consultant psychiatrist trained a number of locally approved doctors to be DOLS medical assessors. To minimise unauthorised deprivation of liberty within hospitals and care homes, the Council has delivered training sessions aimed at both care home and hospital managers and all health and social care professionals, together with mail shots, reminding these organisations of their responsibilities. Activity has led to an increasing number of DOLS referrals during the year.

**Key strengths**

- The Safeguarding Board now has strong senior management and governance arrangements in place
- There has been a 56% increase in safeguarding referrals compared to last year and an increase of 85% of cases closed and an increase in the number of safeguarding referrals received during the year from almost all partner organisations.
- DOLS training and mail shots reminding various organisations of their responsibilities has resulted in an increasing number of referrals during the year.

**Areas for improvement**

- Although safeguarding training is offered free of charge to care services not commissioned by the Council, it needs to effectively monitor levels of engagement to ensure individuals who self fund their care are afforded increased levels of protection from abuse.



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## **ADULT SERVICES SCRUTINY COMMITTEE**

**TUESDAY 8 MARCH 2011**

### **DELAYED TRANSFERS OF CARE**

**Report by Director for Social & Community Services**

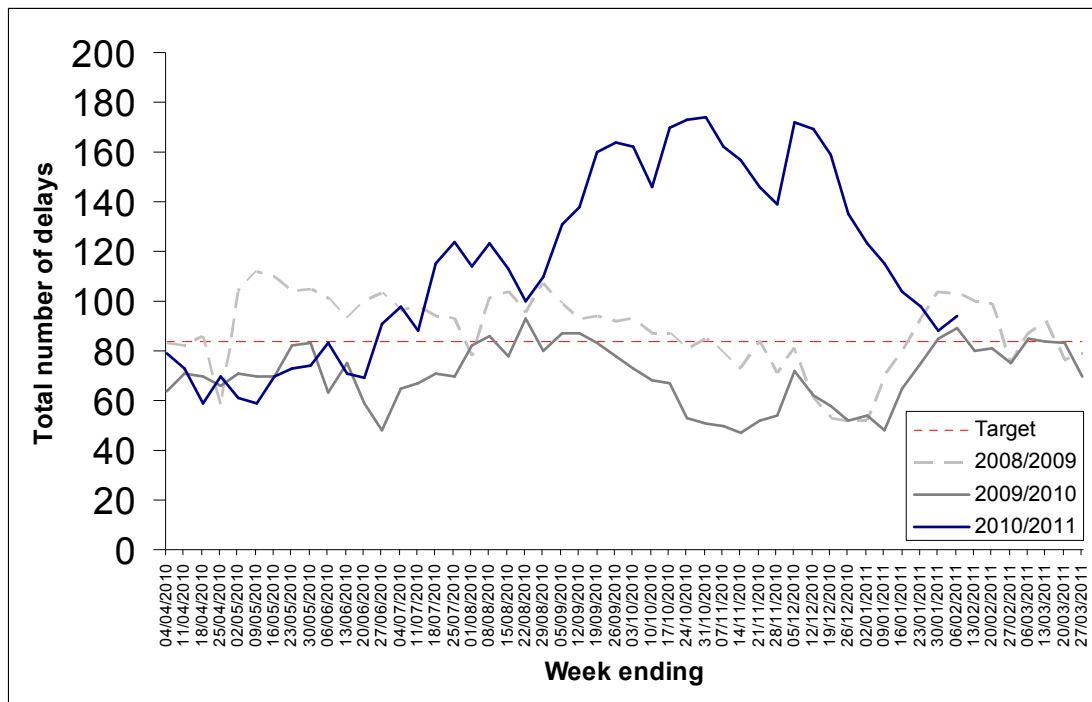
#### **Purpose of the report**

1. This report is to update scrutiny committee on the performance, remedial action and strategy in respect of delayed transfers of care. This report provides an update to the report presented on October 26<sup>th</sup> 2010.

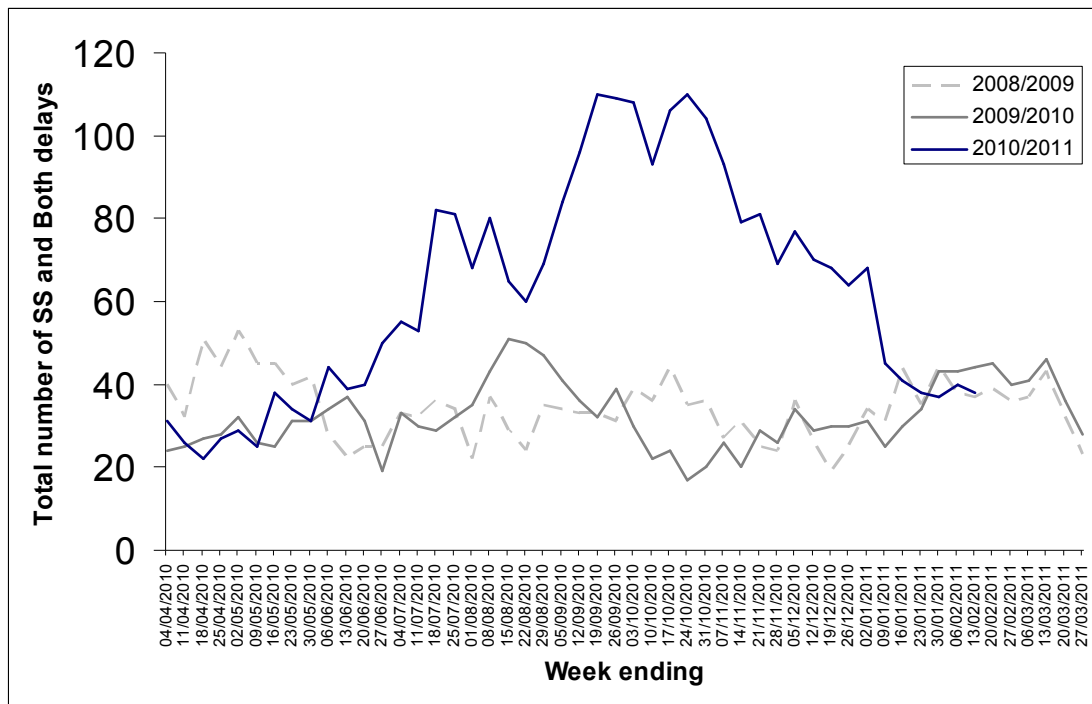
#### **Performance on Delayed Transfers of Care in 2010/11**

2. Delayed transfers of care are monitored weekly within Oxfordshire. The latest internal data is for week ending 6th February. This shows a weekly figure of 94 delays and an average of 115 delays for the year from April. Although there are weekly fluctuations throughout the year, the pattern of delays through the year has so far fallen into four distinct phases.
  - From April to June, figures remained fairly stable, averaging 70 delays.
  - From the June to the end of October the figures increased to around 160 delays.
  - From October to mid December figures fluctuated around 160, hitting a peak of 174 at the end of October.
  - From December 19<sup>th</sup> the number of delays has dropped consistently and there were 94 recorded delays at 6th February.

The weekly delays for the last 3 years are shown in figure 1 below.

**Figure 1: Weekly delays for the last three years**

3. The level of delays for 2010/11 has been higher than the previous two years, but below the level in 2007/8 when delays across all hospital beds (as opposed to just acute beds) began to be measured. The increase in delays last summer was against the trend of the last two years. As reported in October there were changes in the level of demand for social care packages (especially for domiciliary care packages) which put pressures on the resources available. Although social care budgets were higher than previous years, and the number of people supported remained similar to previous years, we needed a period of reduced commitments from June to November 2010 to bring our expenditure back to budget. As delays increased a number of actions were taken which has brought down the level of delays (especially those which are the responsibility of adult social care) back to the level at the beginning of the year. Our plans are to reduce all delays still further and keep adult social care delays to below 20 a week.
4. Delays which were the responsibility of adult social care (either solely or in conjunction with the NHS) show the following trends:

**Figure 2: Adult social care weekly delays for the last three years**

Adult social care delays are now back at the level they were at the beginning of the year and also in line with the delays at this point in time in the two preceding years.

### Recent remedial action

5. In view of the increase in DTOC from June 2010, the following remedial actions have been taken:
  - Additional investment in on-going care
  - Improved commissioning of the Reablement service
  - Strategic review of Intermediate Care services
  - Improved admission avoidance
  - Improved progress chasing of discharges

### Additional investment in on-going care

6. In November 2010, the Government announced a new Reablement Grant to PCTs and in Oxfordshire, £226k of this was used to fund on-going care in 2010/11 to 87 patients who were waiting to transfer from the Reablement service to long term care. This increased the capacity of the Reablement service to receive 64 patients from the Oxford Radcliffe Hospitals Trust, 4 from the Nuffield Orthopaedic Centre and 27 patients from community hospitals, 3 from Oxford and Buckinghamshire Mental Health Foundation Trust and 5 from out of county hospitals who were waiting for a Reablement service. The ongoing cost of this care in subsequent years will be met from the NHS funding for social care from 2011/12.

7. In November 2010, the Oxford Radcliffe Hospitals Trust agreed to fund placements in 2010/11 for 40 patients waiting in acute hospitals for Care Home placements. The cost of this was £360k. On-going costs of this care in subsequent years will be met from NHS funding for social care from 2011/12. This was in addition to the normal rate of placements in this period.
8. In January 2011, the Government announced additional funding to ease winter pressures for social care. In Oxfordshire, £1.0m was immediately committed for on-going care. 40 patients were identified for on-going domiciliary care packages and 17 patients for Care Home placements. Of the 40 patients, 31 have been discharged with packages. The other 9 are either still unwell (2 patients) or have changed direction either to reablement or care home placement. In some areas (mostly in the south of the county) there have been issues of provider capacity, despite funding being available. Backfilling freed places in community hospitals from the Oxford Radcliffe Hospitals Trust has also proved difficult because beds have not always been in places where the patients want them to be. Of the current 42 delays for community hospitals, 7 patients have refused a bed in a community hospital over the past few weeks as it was not in a convenient location. Of the additional 17 care home placements, 15 have moved and the other 2 are in the process of moving. Around a third of these missed opportunities to move as they were not well enough to move. There have been issues in getting care homes to accept large numbers of admissions in a short period as they do not seem to have the capacity to process the admissions.

### **Improved commissioning of the Reablement service**

9. In November 2010, Community Health Oxfordshire became the sole provider of the Reablement Service (previously provided jointly with the County Council) and work continues to agree a new contract for this service. A major part of the contract will be a requirement for the Reablement service to significantly improve its productivity.

### **Strategic review of intermediate care services**

10. The Joint Management Group for the pooled budget has commissioned a major strategic review of all home based and bed based intermediate care because the type and geographical spread of services has developed incrementally over many years and there is a need for systematic planning of services that have a critical impact on delays. A final report is expected in April 2011.

### **Improved admission avoidance**

11. In November 2010, we commenced a Whole System Pilot in Abingdon to test out a new model of admission avoidance based on a new multi-disciplinary Emergency Medical Unit at Abingdon Community Hospital and



a new Hospital at Home nursing service. The model has now been extended to Didcot, Wantage and Berinsfield. Early results are very encouraging, based on 10% of the population of Oxfordshire, and may indicate significant reductions in emergency admissions and emergency bed days at the ORH. The expectation is that this pilot will be rolled out across the whole County. Further information will be provided at the Committee meeting.

### **Improved progress chasing of delays**

12. Following reviews of hospital social work and placement team operations at the beginning of January, we have improved the quality of NHS and OCC patient data, and improved the use of this by managers to progress chase discharges and review team and individual staff performance. Further work is required to ensure one primary record to support discharge planning.

### **Medium term strategy to address DTOC**

13. The current situation indicates that the following strategy remains the most effective to address the DTOC problem:
  - Stop people going into acute hospitals setting by providing better support in the community (health and social care). This is being progressed by the Abingdon Whole System Pilot and the Integrated Community Services pilot that is integrating primary care and community services on a locality basis
  - Shift resources and services for older people from acute to community provision
  - Challenge the risk averse nature of professionals (health and social care) and promote a culture of patient enablement on acute hospital wards.
  - Review the mix and spread of intermediate care provision.
  - Ensure that we have effective and efficient reablement services
  - Make much better use of universal services such as carer support, day services, information and advice, the ALERT service.
  - Target new developments in dementia care, continence services, and falls services on hospital patients.
  - Optimise long term care capacity by strict limits on Care Home placements.
  - Develop comprehensive post acute assessment for discharged patients.

## **Conclusion**

14. The County Council continues to work in partnership with the NHS to develop a wide ranging strategy to address the problem of delayed transfers of care. Reductions to delays are occurring, and are expected to continue to fall, resulting from improved planning and commissioning of intermediate care, especially the Reablement service, and the development of a new approach to admission avoidance. Performance has also improved by additional recent investment in on-going adult social care.

JOHN JACKSON  
Director for Social & Community Services

Contact Officers: Paul Purnell, Deputy Director Adult Social Care  
Tel: (01865) 323576

Steve Thomas, Performance Information Manager  
Tel (01865) 323609

## **Minute of the Meeting on 26 October 2010**

### **DELAYED TRANSFERS OF CARE**

(Agenda No. 8)

Mr Paul Purnell (Head of Adult Social Care) attended for this item, together with Ms Sonia Mills (Chief Executive – Oxfordshire PCT) and the Cabinet Member for Adult Services, in order to answer any questions which the Committee may have wished to ask.

The report before the Committee (AS9) provided the following information:

- purpose of the report
- performance on Delayed Transfers Of Care in 2010/11
- recent actions
- medium term strategy to address DTOC
- conclusion.

The Committee noted the update.

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## ADULT SERVICES SCRUTINY COMMITTEE

TUESDAY 8 MARCH 2011

### **TRANSFORMING ADULT SOCIAL CARE – UPDATE ON PROGRESS**

#### **Report by Director for Social & Community Services**

#### **Headlines for this update**

- Programme Closes on 31<sup>st</sup> March 2011
- Residual function will remain for six months to embed new ways of working
- Over 2200 people will have a personal budget by 31<sup>st</sup> March 2011 which will ensure over 30% of eligible people have a personal budget

#### **Introduction**

1. This report summarises the programme achievements and remaining work of the Transforming Adult Social Care (TASC) programme.

#### **Overall Progress**

2. The progress against the Putting People First milestones has been positive with Oxfordshire successfully achieving all of the milestones. As part of the programme closure a final meeting of the Programme Board will take place on 10<sup>th</sup> May 2011 to formally close the programme.

#### **Progress Against the Specific Milestones**

##### **3. Milestone 1 – Effective Partnerships with People**

The User Led Organisation, called the Oxfordshire Wheel, signed its constitution in December 2010. The organisation is currently producing its business plan and moving into new premises. In the first stage it is proposed that the organisation will take on responsibility for the administration of the Support with Confidence, Personal Assistants and Brokerage schemes.

The Service User and Carer Reference Group will be merging with the Programme Assurance Group to take an ongoing role in reviewing the outcomes from the programme. The new group will report into the Oxfordshire LINK.

##### **4. Milestone 2 – Self Directed Support & Personal Budgets**

There will be over 2200 people with a personal budget in Oxfordshire by 31<sup>st</sup> March 2011. This represents over 30% of eligible service users having a personal budget.

To support this, the following elements are in place:

- All new people receive a personal budget and range of options to support them in using this to meet their needs
- All existing service users are being transitioned to personal budgets and this will continue beyond the closure of the programme.
- The Older People / Physical Disability service has restructured to a locality team basis mixing social workers, occupational therapists and care co-ordinators. This mirrors the arrangements in the Learning Disability service.
- The Allocation of Personal Budgets policy has been agreed by Full Council.
- External brokerage is available to service users to help plan their support
- A payment card solution has been procured, as a trial, to help people manage their personal budgets
- Personal health budget work is developing well with people receiving their continuing care budget via a direct payment. There are now plans to expand this work to other health funding areas.
- Work within Mental Health is still continuing to develop the tools for self directed support. The final stage, until September 2011, will focus on ensuring self directed support becomes 'business-as-usual'.

#### **5. Milestone 3 – Prevention and Cost Effective Services**

The prevention strategy forms part of our Ageing Successfully Strategy, approved by Oxfordshire's Health & Wellbeing Partnership Board in September 2010. This is supported by a work programme comprising a wide range of projects – from community building, public health prevention initiatives, age proofing and the development of a Mobile Adult Services Centre for vulnerable and isolated older people through to the development of targeted preventative interventions. Examples of the latter include Falls, Stroke, Continence and Dementia, and includes the development of our Reablement Service.

The programme also includes projects such as the 'Whole System Community Bed-Based Strategy', and review and development of the Frail Older People's Pathway, which will ensure that the focus of core social and health care spending is put under the spotlight.

Work is also being completed on checklist for communities to consider how best to support vulnerable adults. This checklist has been developed on the basis of research from the Institute of Public Care and with other voluntary organisations. The checklist will be used by community development officers and as part of the community-led planning approach to help communities broaden their support of vulnerable adults. This work will feed into the Council's Big Society agenda as well.

## **6. Milestone 4 – Information and Advice**

A Public Information and Advice Strategy for adult social care was approved by the Transforming Adult Social Care Programme Board in April 2010. This has 30 recommendations for improvement. By 31<sup>st</sup> March 2011 work will have been commenced and completed on many of these recommendations. However, as many have an ongoing nature such as marketing, support has been made available until September 2011. The key elements delivered so far are:

- Information Accreditation Scheme – Oxfordshire has recently been reaccredited for this award making it the only Council in England to achieve this accreditation for how it manages its information standards.
- Looking Local - a digital channel that provides information on social care issues onto people's TV, mobile phones and the Nintendo Wii. This is currently being tested and will go live by early March.
- Information Hub – the information hub will take information from a variety of sources and present it in a single website. By March the information hub will have been procured and it will be implemented by September 2011.
- Website Restructure – the adult social care web site is currently being restructured into 'themes' which have been developed with service users. This work will be completed by the end of February 2011.

## **7. Milestone 5 – Local Commissioning**

A number of elements have been delivered to ensure that the transformation agenda is embedded within our commissioning strategies. The implications of the introduction of self directed support has led to re-commissioning arrangements for home support, day opportunities, transport and learning disability provider services. Stakeholders continue to be involved through reference groups, workshops and the commissioning conference.

The Directorate's Business Strategy for 2011/12 – 2014/15 focused future plans on protection, personalisation and prevention. The aspirations of Putting People First have been firmly embedded into the Directorate's future planning. The work outlined in Putting People First has also been renewed by the government in Think Local, Act Personal which was published in January 2011.

## **Impact on Service Users and Carers**

8. The implementation of personal budgets across Oxfordshire is still relatively recent. The Oxfordshire LiNK published their initial findings of research into the impact in late 2010. The key headlines from this were:
  - Respondents have highlighted the perceived and actual advantages of personal budgets as a system giving more choice, flexibility and an opportunity to meet social needs
  - A good broker is important in successful delivery of personal budgets.

- There is experience of (and a fear of) an additional burden of administration on clients and carers. To address this, workshops will be held to explore how to simplify the process and remove any unnecessary administration. Elements are already being worked on, such as payment cards, will further ease any administrative burden.
  - Consistent and personalised communication at every stage is very important.
  - There is a need for properly independent user-led support.
  - There is the possibility of rural disadvantage; this will be closely monitored as part of any continuing work on personal budgets.
9. There are already examples where the new way of accessing care has made a positive impact on individual's lives as well as those of their carers. Feedback received on the assessment included: *"Luke had his assessment last week. The young man who interviewed us was called Tom, and is from the physical disability team. He was excellent. Interested, went into all the necessary details of Luke's needs [...]. I am confident that we will have a fair result from the meeting, and Luke is not as anxious as he usually is after an assessment, due to the way it was carried out."* – Jasmine Davey, carer.

### **Impact on Staff and Partners**

10. The impact of Transforming Adult Social Care on staff has been significant. The Older People / Physical Disability service area has been through a restructure to support the new ways of working. The focus of ongoing work needs to be around reinforcing the vision for adult social care and embedding the new ways of working.
11. The impact of the programme on partners (providers, voluntary organisations and key partners) will also be significant and is only just starting to be seen. Changes to internal provider services, such as internal home support, day opportunities and transport, are all underway. The retendering of the external home support services will be using a 'framework' agreement which provides much more flexibility for people in the use of their personal budgets. The impact on the voluntary sector, many of whom are also providers of services, will also be significant as they are driven to promote and advertise their services. The outcome of these changes will continue to present challenges to partners but should also be seen as a real opportunity for positive development.

### **Dispelling the Myths**

12. *Common Myth 1 – Vulnerable People will be left at risk.* The process of allocating a personal budget has a number of steps to ensure people are not left at risk. For example the assessment will identify the levels of risk and these will define the appropriate next steps. Any support plan must be signed off by the Council and will include a contingency plan if things do



not work out. Reviews are also undertaken to ensure the plan is working and meeting people's needs.

- 13.** *Common Myth 2 – Everyone will be forced to have a personal assistant.* People have choice and control throughout the use of their personal budget. People have a range of support options to help them plan their support and can use their budget in a variety of ways to meet their needs. The use of the budget can include use of a personal assistant but people could equally choose to use an external agency or different forms of support or ask the Council to arrange their support for them.

### **Handover to Business as Usual**

- 14.** The main focus of the programme until the end of March 2011 is on ensuring the deliverables are handed onto business as usual functions. To support the programme beyond April 2011 a residual team will remain for six months to ensure smooth transition.
- 15.** The Scrutiny Working Group will continue to review the outcomes from the programme to ensure these are successfully embedded into the organisation and delivering benefits to service users and carers. The group is recommending that the Adult Services Scrutiny committee receives a regular report summarising the impact of the changes on staff, providers and service users and carers

JOHN JACKSON  
Director for Social & Community Services

Background Papers: Nil

Contact Officer: Jon Ray, Project Manager, Transforming Adult Social Care  
Tel: (01865) 323649

February 2011

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## **ADULT SERVICES SCRUTINY COMMITTEE**

**TUESDAY 8 MARCH 2011**

### **Update report on Developing Services for Adults on the Autistic Spectrum**

#### **1. Introduction**

This paper provides a progress update for the Adult Services Scrutiny Committee following the last report presented on 24 April 2010.

Since April last year progress on the plan to improve local services for adults on the autistic spectrum (AS) has been informed by a detailed needs analysis and stakeholder consultation and the latest guidance described in the Statutory Guidance on the National Autism Strategy. Listed below are the developments and actions that have taken place:

- October 2010 - Publication of the Oxfordshire AS Needs Assessment report
- 10 December 2010 - A multi stakeholder AS workshop event as part of the consultation process.
- 17 December 2010 - Publication of Statutory guidance on the National Autism Strategy
- 14 January 2011 – Publication of Oxfordshire Aspergers Syndrome (AS) consultation report.
- February 2011 – Service Specifications written and proposals for service development priorities agreed to commence by 31 March 2011.
- February 2011 – Commenced scoping a strategic approach which spans the whole autism spectrum across adults and children.

The work carried out to date provides a good example of collaboration between agencies and families with realistic expectations around delivering an integrated pathway and services with limited resources.

#### **2. Summary of National guidance**

The following provides an up to date position of the national strategy guidance:

##### **2.1 The Autism Act, 2009:**

- Sets out dates for the publication of guidance for local authorities about the planning and provision of services for adults on the autistic spectrum
- Requires a plan for meeting the needs of adults with autistic spectrum conditions in England by improving the provision of relevant services to such adults by local authorities and NHS bodies

##### **2.2 The National Strategy for adults with autism in England, 'Fulfilling and rewarding lives', March 2010.**

Strategic aims for achieving improvements to:

- increase awareness and understanding of autism among frontline professionals
- develop a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs AS assessment
- improve access for adults with autism to the services and support they need to live independently within the community

- help adults with autism into work
- enable local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities

This national strategy will be reviewed in 2013.

### **2.3 The Statutory guidance for local authorities and the NHS on the National Autism Strategy, December 2010.**

The guidance requires that local authorities and the NHS seek to improve services so that:

Adults with autism, their families and carers can expect:

- staff working in health and social care have had some autism awareness training
- staff in roles which have a direct impact on access to services for adults with autism – such as GPs, community care assessors and commissioners/service planners – have received specialist autism training
- staff working in health and social care are able to identify potential signs of autism and understand how to make reasonable adjustments in their behaviour, communication and services for adults with autism
- their local authority has a named lead professional responsible for the development of diagnostic and assessment services for adults with autism in their area
- there is a clear pathway to diagnosis in their local area
- if an adult is diagnosed with autism, they will be offered a community care assessment, regardless of their IQ, and their carers will be informed of their right to a carer's assessment
- if an adult is diagnosed with autism, they will be given access to information about autism and details of potential sources of support such as local voluntary groups and national representative groups
- there is a local commissioning plan for services for adults with autism, based on locally gathered data about the numbers and needs of adults with autism in the area
- the views of adults with autism and their carers are taken into account in the development of services locally
- if they need care services, they will be able to make choices about the services they receive, and are able to use a personal budget to pay for the services they want (if they are eligible for a personal budget)
- no decision about them is made without them.

In addition, young people with autism can expect that:

- they will receive transition support as they move from into adulthood they and their parents/carers will be informed of their right to a community care
- they and their parents will be informed of their right to a community care assessment for adult services, and their carers will be informed of their right to a carer's assessment
- they are involved in transition planning and support and that no decision about them is made without them.

### **3. Summary of Local Needs Assessment and Consultation**

In December 2009 a multi agency project steering group, which includes service user and carer representation, was established and continues to operate effectively. It's remit is to harness strategic direction locally and identify the care pathway and specific service gaps, particularly for those people with autism without a LD, who are at increased risk of developing MH problems. The steering group and joint commissioning responsibility for the county is led by Fenella Trevillion, NHS Oxfordshire, lead for Asperger's syndrome and high functioning autism and Ann Nursey, Oxfordshire County Council, lead for Autism and Learning disability.

## AS9a

During 2010/11 a small resource of £50,000 was identified and approved by the PCT Mental Health pooled budget to take forward work to improve the care pathway. It has been agreed to continue investment of £95,000 through 2011/12 and 2012/13. It was recognised the limited resources would not meet all the anticipated need but would have to be prioritised to provide good quality outcomes that are value for money.

All the documents referenced in the rest of section 3 below can be found at the following link:

<https://consult.oxfordshirepct.nhs.uk/consult.ti/ASneeds/listdocuments>

### **3.1 Aspergers syndrome (AS) Needs Assessment October 2010**

As part of the consultation for the Better Mental Health in Oxfordshire (BMHO) strategy, the need for more services for people with AS was identified.

In Oxfordshire a lack of information was found on how many people with AS there are, and the gap between estimated national numbers of people and current service provision is wide. Estimates on prevalence are listed below:

- about 500,000 people with autism in England
- around 400,000 are adults
- autism is 3 to 4 times more common in men than women
- roughly 1 person in 100 is on the autism spectrum
- in Oxfordshire there are about 5,000 autistic adults
- there is estimated to be 4,000 people with AS aged 14 and above in Oxfordshire, based on families known to Autism Family Support

The framework of the needs analysis undertaken in Oxfordshire formed five themes which had been identified by work undertaken by the National Autistic Society and the National Audit Office:

1. Diagnosis and Support
2. Help in the Community
3. Employment and Other Meaningful Activity
4. Housing and Support
5. Health

The needs analysis looked at two strands of work; the current provision, which was identified through a survey of local providers, and focus group work with service users people with AS and families and carers. The analysis highlighted both the lack of AS-specific services in Oxfordshire and the need for such services.

The key findings of the needs assessment were:

#### *Survey of services*

1. There is a lack of AS-specific adult services in Oxfordshire
2. Provision is patchy across the county
3. There is a need for training and awareness amongst mainstream school staff
4. Oxfordshire has a highly skilled hub of AS expertise within the education Service for Autism.
5. This expertise is spreading to some further education colleges.
6. Some young people with AS are able to access some social support (directly or indirectly) from CYP&F children with disabilities services.
7. Once young people with AS leave education or become 18 years old, there is very little support for them
8. There are some professionals knowledgeable in AS amongst all of the services, but this has more to do with their special interest in this client group than having had access to professional formal training.

## AS9a

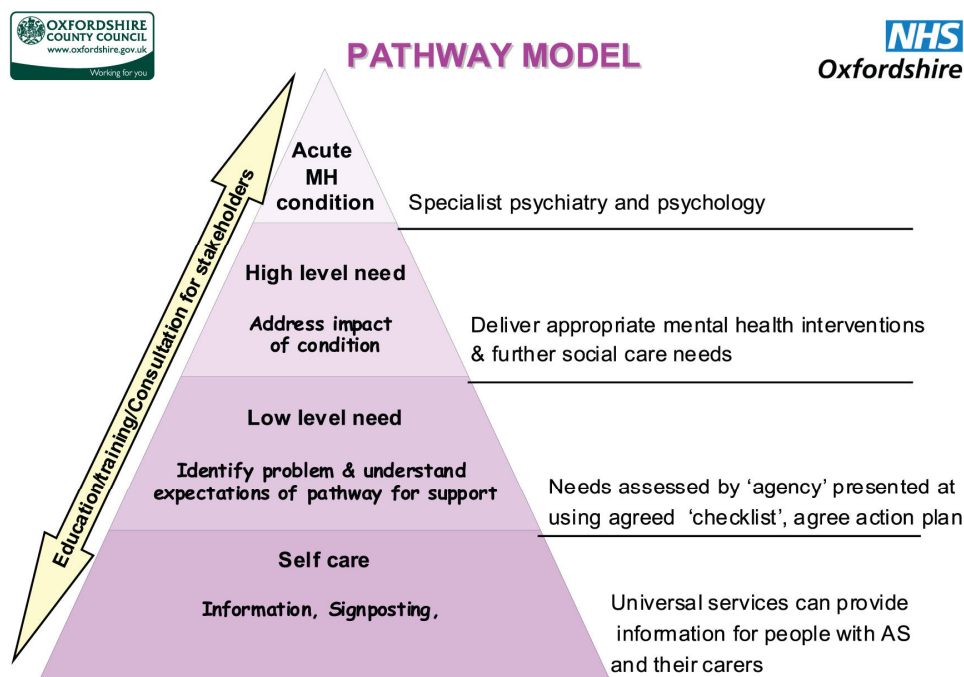
9. There is little AS-specific information and social support for adults and their families in Oxfordshire, other than those provided by the voluntary sector.
10. Those who have had some support from statutory services have often had to reach crisis point before being able to access it and have done so via Learning Disability or Mental Health teams.

### Focus group work

1. People with AS want to be enabled to go to college and to work
2. People with AS want to socialise, make friends and have relationships
3. A key worker/person is needed to ensure services are forthcoming and co-ordinated
4. Good communication between education, health, mental health and social care departments is essential
5. The adolescent years are crucial – at the very time the need for consistent and effective support is greatest, the staff and/or services change or disappear. Transition to adulthood is enough to cope with, transition to different support service staff and set ups is an unnecessary extra burden to young people and their families.
6. The Connexions service is aimed at assisting during the transition period, but many families reported it did not help their young person with AS, and only 2 Connexions advisors with AS understanding were identified across the county by families.
7. A One-stop shop for advice, information, support and advocacy is needed – information is hard to access and services so disjointed that people do not know where to start.
8. Quick diagnosis and immediate post-diagnostic support and needs assessment are essential for teenagers, adults and their families, including siblings and grandparents.
9. Parents and family carers need adequate respite and support services over the long-term to help them in their caring role. Siblings need short breaks and support too – opportunities to be with supportive peers, have fun and not have AS mentioned! They also need help in understanding AS and its pressures on their parents, and why they don't have all the attention they deserve.
10. Supported living accommodation, with careful, well-planned transition from living with parents, is needed by some people with AS and their families now and desired by most at some point.

### 3.2 Stakeholder engagement and consultation

The consultation focussed on the themes and findings from the needs assessment and participants were asked to consider the care pathway model below as a basis for how the needs could be met:



The consultation was done in three ways. Firstly a workshop which gained good feedback took place on 10 December 2010. Over 100 people – a mix of professionals those with AS and family carers – were invited and 68 attended; these included people with AS and their carers, medical professionals including psychiatrists, representatives from Oxfordshire County Council, NHS Oxfordshire and the probation service and a wide range of voluntary sector organisations with an interest in AS.

Secondly, a survey was also available online and on paper for completion and thirdly, an online discussion group was set up. In all over 500 people were invited to get involved including the Local Involvement Networks; 91 people registered an interest on line and over 100 people took part altogether.

### 3.2.1 Workshop outcomes:

The following topics were picked out as significant by the working groups:

- Individual support - Services need to be personalised and flexible recognising that if diagnosis does not happen early it needs to be available at other points in the journey and that diagnosis should not happen in a vacuum – it must lead to active support of the person with AS through the system.
- Mainstream support
- Training
- Leadership
- Access
- GPs
- Awareness
- Tensions in priorities

In addition five more topics came up in several group discussions – these have been listed in order of prevalence:

- Diagnosis - There seems to be a recognition that what is more important than diagnosis is making sure that services meet needs properly so diagnosis can be informal (i.e. not provided by a medical professional but by someone trained to identify AS) but also followed up with personalised, individual support.
- Links to children's services
- Pathways - There were also several suggestions that models already in place could be utilised to develop services for those with AS. For example piggy backing onto the learning disability friendship and support network system which is already there; using the early issues identification system in schools to extend to identifying those with AS.
- Information
- Finance

### 3.2.2 Online questionnaire and discussion forum topics:

Topics raised in addition to the above included –

- Advice and support
- Transition support from childhood to adult
- Communication between services
- Role of the carer important especially as carers get older – need a plan
- Use existing expertise but at the time and place – across boundaries
- Employment support

## AS9a

Finally when asked about what strategic approach was needed to take the work forward there was widespread support for an all age autism board with clearly defined objectives and powers to make a difference, it should not be tokenistic.

### **3.3 Summary of consultation findings**

#### **Support**

The importance of appropriate support mechanisms was mentioned as a constant strand through all this work. Support in employment, during stages of transition and support in establishing social networking/relationships were all significantly mentioned as options for development.

#### **Diagnosis**

There was a lot of support for finding new ways to diagnose AS, not only through psychiatric assessment but also through assessment by those who work regularly with this group of patients.

#### **Training**

To support this there would need to be effective training throughout the system. Training in understanding how to work with people with AS was also mentioned in both the workshop and the survey responses.

#### **Pathways**

The use of pathways was also discussed. Signposting should be clear and entry to the pathway should be as easy as possible. But it was also suggested that the pathway needs to be personalised for individuals and carefully crafted to recognise the particular needs of those with AS.

#### **Family carers**

The needs of family carers were important to the respondents of the questionnaire. There needs to be recognition of their expertise and effective support during transition.

#### **Leadership**

This was the topic for the discussion forum and also mentioned in both the responses to the questionnaire and in the workshop. There was wide support for an autism board but no strong views on its reporting and accountability. However it was recognised that the autism board would need to have both clear accountability and more importantly the power to make a difference.

### **4. Local Service Development progress to date**

The project steering group considered all the local and national findings of need and looked at areas where best value for money could be gained. It was agreed to develop the following workstreams with a plan to invest the small amount of resources available to initiate pilot service developments before the end of March 2011.

Four areas were identified and service specifications developed; all designed to help people aged 16 and over with AS. They form part of a pathway that links into and out of clinical pathways, supporting people to self manage in the wider community.

#### **4.1 Pilot service for Oxfordshire AS Alert Card**

Investment:

£10,000

Specification:

The importance of professional training and awareness of how people with AS may present was highlighted as a constant priority, in particular within the Criminal Justice System.



Many individuals going through the system may not be immediately identified as having AS and therefore their needs may be misunderstood or not met when processed through the Criminal Justice System (CJS), therefore this service specification requires the development and implementation of an Alert Card for people with AS which can be rolled out across Oxfordshire. Work will need to be joined up with Thames Valley Police and other relevant partners to implement a robust process to train staff and enable people to identify themselves as having AS.

The cards should be carried at all times by the individual and can be presented if they find themselves in a situation where they cannot easily explain their behaviour or need additional support.

Improved outcomes against need should include:

- Individual Well being
- Support
- Awareness
- Prevalence data
- Equity of Access

Service Provider:

A proposal to implement a pilot service has been provisionally approved from a local independent organisation and is due to be formally agreed by the steering group at the next meeting on 2 March 2010

#### **4.2 Oxfordshire AS Pilot Employment Support Service**

Investment:

£20,000

Specification:

The importance of appropriate support mechanisms was highlighted as a constant priority through all this work, in particular support into employment and ongoing employment support for people with AS, and their employers.

This service specification is designed to help people aged 16 and over with AS take greater control over their lives and promote positive well being which leads to employment. This will be achieved by providing information, support and services in non-clinical settings.

Improved outcomes against need should include:

- Well being
- Employment
  - Increased percentage of people with AS preparing for employment by building their work capacity and skills or looking for work
  - Increased percentage of people with AS entering and/or retaining paid employment
  - Percentage of service Users in Employment
  - Percentage of service users who move on in a planned way

- Equity of access

Service Provider:

Four proposals were submitted to implement a pilot service and one has been provisionally approved from a local voluntary sector organisation and is due to be formally agreed by the steering group at the next meeting on 2 March 2010

#### **4.3 Oxfordshire Pilot AS Training Programme**

Investment:

£10,000

Specification:

The importance of professional training and awareness of how people with AS may present was highlighted as a constant priority, notably training in understanding how to work with people with AS was mentioned in both the workshop and the survey responses.

The needs assessment stated:

'There are some professionals knowledgeable in AS amongst all of the services, but this has more to do with their special interest in this client group than having had access to professional formal training'

The Adult Autism Strategy Statutory Guidance covers general autism awareness training as well as specialised training for staff in key roles. It states specifically that for staff who provide services to adults with autism, autism awareness training should be made available to all staff working in health and social care

This service specification requires a provider to develop a programme of training to different staff groups in NHS and social care with an implementation roll out plan starting in 2010/11 until 2012/13, thereafter training should be able to be embedded in organisations for long term development and to promote behaviour change.

Delivery would include:

- Autism awareness training at a generic level and at more intense level for practitioners likely to come in to contact with people with AS more regularly.
- Training in the first instance to focus on GPs, Integrated Youth Services, Connexions and Housing providers

Improved outcomes against need should include:

- Individual Well being
- Support
- Awareness
- Equity of Access

Service Provider:

A proposal to implement a pilot service has been provisionally approved from a local independent organisation and is due to be formally agreed by the steering group at the next meeting on 2 March 2010

#### **4.4 Improving pathway to diagnosis**

A sub group of the steering group has been established to progress this workstream to map current pathways and identify the options available, to include opportunities and barriers to implementation. The workstream should have identified a preferred option by June 2010.

#### **5. Local Strategy development**

Since the last scrutiny report, the publication of the statutory guidance and the feedback from the consultation further discussion with children's services partner has taken place and we have begun to move forward work on a strategic approach which spans the whole autism spectrum across adults and children. This has not deflected from our original remit to continue with the strand of work around AS as is illustrated above in the current workstreams identified.

This broader strategy development will need a longer timescale to develop and will be driven by the Autism Partnership Board which is planned to be established by September 2011.

Further discussions will also be needed to establish a robust governance structure for the Autism Partnership Board.

#### **6. Next Steps**

During 2011/12 the following work will be progressed:

- Complete formation of an all age Autism Partnership Board with leadership, agreed membership, Terms of reference and governance across LA and NHS.

## AS9a

- Complete pilot service development projects with evaluation reports and recommendations for further roll out.
- Identify, and invest in, a clear care pathway to diagnosis or formal assessment of needs
- Consider a cost benefit analysis of funding a ASD coordinator/liaison role to act as a central resource for individuals and organisations engaged in the care pathway.

JL/22/2/2011

## Appendix A

### Glossary:

#### AS

Aspergers syndrome and other autistic spectrum conditions with no co-existing learning disability

#### Autism

The National Autistic Society (NAS) defines autism as: a lifelong developmental disability. It is part of the autism spectrum and is sometimes referred to as an autism spectrum disorder, or an ASD. The word 'spectrum' is used because, while all people with autism share three main areas of difficulty, their condition will affect them in very different ways. Some are able to live relatively 'everyday' lives; others will require a lifetime of specialist support.

The three main areas of difficulty which all people with autism share are sometimes known as the 'triad of impairments'. They are:

- difficulty with social communication
- difficulty with social interaction
- difficulty with social imagination.

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## **ADULT SERVICES SCRUTINY COMMITTEE**

**TUESDAY 8 MARCH 2011**

### **Minute of the Meeting on 27 April 2010**

#### **SERVICES FOR ADULTS ON THE AUTISTIC SPECTRUM**

(Agenda No. 8)

Ms Fenella Trevillion (Head of Joint Commissioning, NHS Oxfordshire), Mr Martin Mellors (Service Development Manager – Mental Health, NHS Oxfordshire) and Ms Ann Nursey (Assistant Head of Adult Social Care - Learning Disabilities) attended for this item in order to update the Committee and to answer Member's questions. The Cabinet Member for Adult Services also attended for this item.

A report was before the Committee (AS8) which covered a definition of autism, the national and local contexts, prevalence levels, an outline of the needs analysis, costs to the system, emerging trends/information, potential service models and issues for discussion.

Two young people with Asperger's Syndrome, Ms Lindsay Smith and Mr Paul Isaacs also attended for this item in order to describe the issues they faced and what would help them and people on the autistic spectrum in future.

They were accompanied by Ms Kathy Erangey, the parent of an eighteen year old son with Asperger's Syndrome, who was also assisting Oxfordshire County Council and NHS Oxfordshire with the work they were doing on Asperger's Syndrome specific service development as both a Consultant and an expert by qualification and experience.

Ms Smith began the discussion by making the following points:

- support was needed at college. It would be helpful if there was a room where students with Asperger's Syndrome could go if they wanted to be on their own for a while. Socialising was hard work;
- it would be helpful to have someone to talk to once a week, for example, about going to college or finding a job.

Mr Isaacs then made the following points:

- diagnostic services for people with Asperger's Syndrome needed to be improved. He had been to Charter House in Thame (Thame Adult Community Mental Health Team) for an assessment and on requesting his notes had discovered that he had been misdiagnosed with schizotypal personality disorder and psychosis and also as having Asperger's traits

- with a complex personality. He would not be able to tell a future employer that he had Asperger's traits with "a complex personality" as it was a bizarre and meaning less diagnosis;
- he had finally managed to obtain a Statement of Special Educational Needs from a specialist in Asperger's Syndrome at Littlemore Hospital;
  - too many people with Asperger's Syndrome were being misdiagnosed and wrongly labelled, which was upsetting for both the person concerned and for their family;
  - a cluster of symptoms created this complex syndrome: dyspraxia (includes clumsiness and co-ordination/motor difficulties), social emotional agnosia (eg "blindness" to body language, facial expressions and the intentions of the individual) and alexithymia (eg. understanding of one's own feelings), as well as being on the autistic spectrum (eg restricted social capabilities);
  - coping at work was very difficult for many people with this condition. Pre-diagnosis he had experienced a nervous breakdown as a result of finding work difficult but had not been sure what was wrong with him. Many people with Asperger's Syndrome found it difficult to find work and not being able to obtain benefits or work support were also common problems. The Benefits Service was not clued up as how to assist people with Asperger's Syndrome;
  - he had started an Asperger's social group in Thame at The Well (a cafe). It would be helpful if the Council could provide funding for this group. It met once a month which meant that only £576 per year was needed;
  - social groups for people with Asperger's Syndrome were very important because they enabled people to come together to help each other and learn how to relate to other people. People with autistic spectrum disorders often had very strong interests and it was good to enable them to share them, relax and be free from the anxieties of mixing with the "outside world". There should be more social groups for people with Asperger's Syndrome. This would also help to raise awareness of the condition. Specialists (eg. Psychiatrists) could be invited to the group in order to learn more about the condition which would raise awareness and increase correct diagnosis;
  - people with the condition should be provided with Disability Living Allowance (DLA) as soon as the condition was diagnosed. He had been to Oxfordshire Welfare Rights for assistance with claiming DLA. DLA was useful in that it helped people to have a better life and was also recognition that the person receiving it had a disability;
  - Job Centre Staff needed to be more understanding towards people with Asperger's Syndrome who were on Job Seekers' Allowance. For example, they might need to rephrase some of the questions that they were asking that people with this condition found hard to answer. There was a need for mutual understanding on both sides.

Ms Smith then made the following comments:

- she found it useful going to social groups for people with Asperger's Syndrome as you could "be yourself" and relax, without other people thinking that you were weird or being judged harshly or having to make a conscious effort to fit in and be "normal";
- everyone she knew with Asperger's Syndrome either did not have a job or struggled with this;
- people with the condition had many interests and needed support to enable them to develop themselves. It was hard for them to work it out for themselves and they often needed prompting.

Ms Erangey stated that as the parent of an eighteen year-old son with Asperger's Syndrome she concurred with the points made by Ms Smith and Mr Isaacs, and then made the following points:

- there was a huge need for understanding of the needs of people with Asperger's Syndrome - particularly in terms of support at college, with employment and socially;
- people with the condition often found it hard to fit into social groups because they thought differently and did not have the innate social instinct that most people were born with;
- not all people with Asperger's Syndrome wanted to have a social group especially for people with this condition. They also wanted to socialise with people without the condition but would need support to do so initially, which could then be gradually withdrawn.

The Committee then asked Mr Isaacs and Ms Smith a number of questions, a selection of which, together with their responses, is given below:

- **[To Mr Isaacs] Did you manage to amend your medical records?**

Yes.

- **Should there be more training (eg focus groups) for employers to explain autistic spectrum conditions?**

Yes.

- **Would you want formal or informal social services intervention or would you prefer to set up your own groups for people with Asperger's Syndrome?**

Ms Smith stated that it was nice when people with Asperger's Syndrome could start these groups on their own because it helped to reduce feelings of alienation, as people with Asperger's Syndrome knew that it had been started by people "like them". However, they did need to be provided with funding as a lack of funding deterred people from starting up groups.

Ms Erangey commented that not everyone with Asperger's Syndrome was capable of setting up their own group and therefore a range of services was needed. For example, a considerable number of people on the autistic spectrum had difficulties with organisation.

- **Do you have one special person to go to other than your parents if you have problems or are too many people involved?**

Mr Isaacs stated that he relied a lot on his parents - probably more so than someone who was not on the autistic spectrum - and that his parents were worried that he would not be able to lead an independent life due to his condition. In his view there needed to be more help and more people involved and there was no such thing as too much support. Support to parents was also important.

Ms Smith stated that she relied heavily on her mother and that it was sometimes difficult to assert her independence as a result. She added that she sometimes did want to speak to someone that was not her mother, but as she found communication difficult she had not managed to speak to anyone else.

Ms Erangey stated that there needed to be a bespoke service available that people with Asperger's syndrome could ring to speak to someone about their worries.

- **Would it be helpful for people to be invited to speak to the Asperger's Groups, for example, to provide benefits and careers advice?**

Yes.

- **[to Ms Smith] At Oxford University some colleges had set up a buddying system for people on the autistic spectrum on a voluntary basis, whereby people not on the autistic spectrum provided support. Would this be helpful and do you already have any experience of this?**

A buddying system would be helpful and she did not have any experience of this.

- **[to Ms Smith] If you did ask for support at college did they try to meet your needs?**

Ms Smith stated that she had found it too hard to ask for support at college until she was desperate for help. Her mother had helped her to ask but



she had not received much support. Ms Smith further stated that she had to leave college due to a lack of support and that a buddying system would have helped.

- **Would you relate to an office situation? What about volunteering? How would you prefer to ease yourselves into employment?**

Mr Isaacs stated that he was currently volunteering at Autism Resource Base (Thame) and that he was at an advantage in that he could relate to the children and their behaviour. Staff at the base had told him that his involvement had been of benefit to the children.

In terms of employment Mr Isaacs stated that staff did not have to be experts in autistic spectrum conditions, but did need to have a basic understanding of what a person with such a condition could and could not instinctively do. For example, many people with Asperger's Syndrome took things literally and misinterpreted instructions. He added that having a mentor would be helpful possibly for the first six months. This support could then be gradually reduced when the individual had settled into work and felt more comfortable.

Ms Smith stated that she had done a lot of voluntary work and it was a good way to gain skills and confidence as "you weren't expected to be perfect". However, in her experience, it seemed to hardly ever lead to paid employment even if the volunteer was very good and had been volunteering for a long time. Finding paid work afterwards was problematic.

Mr Isaacs stated that many people with autistic spectrum conditions were loyal, reliable and hard working. In his view, it was less likely that they would get involved with office politics and gossip.

The officers present then spoke to the Committee.

Ms Trevillion stated that as Head of Joint Commissioning (NHS Oxfordshire) she was the lead for mental health and was therefore the lead budget manager for the pooled budget for mental health. Therefore she was speaking on behalf of the single arrangements which brought both pots of money together. She added that Ms Nursey (Assistant Head of Adult Social Care – Learning Disabilities) was the lead for learning disabilities and the lead budget manager for the pooled budget for learning disabilities.

Ms Trevillion then made the following points:

- service development for adults on the autistic spectrum was being led by mental health because at least 50% of people with autism did not have a learning disability;
- however, people with Asperger's syndrome had a higher incidence of mental health problems than the general population. People with Asperger's Syndrome had a great deal of insight and therefore negatively responded to the appalling experiences they may have had. Unfortunately, misdiagnosis was prevalent;
- however, in recent years the Government had begun to issue specific guidance in relation to people with autism. In March 2010 the Strategy for Adults with Autism in England was published as required by the Autism Act 2009; and by 31<sup>st</sup> December 2010 statutory guidance for Local Authorities and the NHS on the implementation of its Autism Strategy was to have been published;
- better services for people on the autistic spectrum was a cross party issue and was not likely to be discontinued after the elections
- Ms Erangey had led on the six focus groups in Oxfordshire for adults with Asperger's syndrome/High Functioning autism across the county, which had identified key themes including diagnosis, employment, housing and health. Many people with these conditions felt isolated and unrecognised;
- on a positive note Goldman Sachs provided a good case study for the successful recruitment and retention of people with Asperger's Syndrome. A number of senior managers at the company had sons or daughters with the condition. They had set up a workstation for this group of employees (who all happened to excel at IT) in a small part of the office to provide them with a calmer, less distracting environment in which to work. Training was carried out on an individual basis or in small groups. Other employees were then asked to email them to avoid distracting discussions. The outcome for this group of employees and the organisation was very positive and they were so hard working that they had to be reminded to go home;
- many of the issues which had been raised at today's meeting would be covered in the commissioning strategy that was being developed.

Ms Nursey stated that although adults with Asperger's Syndrome who did not also have a learning disability did not meet the eligibility criteria for services from the learning disability teams there was a great deal of expertise in supporting people with autism in those teams. She added that some people with the condition were supported by both the mental health and learning disability teams and that expertise had been drawn from both teams.

Mr Mellors added that many of the issues experienced by people with Asperger's Syndrome related to how they interacted with the world, which was something that they needed help with.

The Committee then asked the officers present a number of questions, a selection of which, together with their responses, is given below:

- **What would be done to improve training, diagnosis and support?**

Mr Mellors stated that plans were being developed. He had spoken to Ms Erangey regarding the needs analysis which she had been working on and people had been identified who needed help now. Actual or virtual teams also needed to be set up who were trained in recognising symptoms and providing appropriate support. The development of these services would then attract people that needed the services.

Ms Erangey stated that she was organising a conference on autism to be held in June which aimed to reach a wider range of people. Mr Isaacs and Ms Smith had both spoken at events and had been very well received. However, it was notable that not many GPs attended these events.

- **What was happening with regard to the transition from children's to adult services?**

Transition processes were not perfect but a number of systems were in place. There were clear processes for identifying young people when they reached the age of fourteen who might require services (eg. The Transition Panel) and officers tried to direct people to the "best fit" team.

- **Did officers speak to the District Councils regarding appropriate housing?**

Officers were currently looking at an appropriate housing strategy.

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

- to thank Ms Smith and Mr Isaacs for sharing their moving and informative personal experiences and suggestions, which will help to shape responsive services for people with Asperger's Syndrome;
- to thank Ms Erangey and officers for their contribution; and
- to keep this service area under review, including considering a report on the outline commissioning strategy (or the draft Strategy if it is ready) at its September meeting.

Councillor Dr Peter Skolar undertook to draw the attention of the Oxfordshire Joint Health Overview and Scrutiny Committee to the lack of diagnosis of Asperger's Syndrome by many GPs and the need for more training and awareness raising to be provided to them.

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