

People waiting for Adult Social Care in Oxfordshire

Introduction

1. The council aims to help people remain as independent as possible by supporting a range of services in local communities which are open to all (such as lunch clubs) and services targeted to specific individuals to help them remain independent or gain independence following an incident (e.g. fall) or period of ill health. However some people will need on-going support.
2. The process by which a person receives on-going support is known as 'self directed support' (SDS) and is shown diagrammatically in annex 1. When a person approaches the council for help we will provide information on local services that may be able to help people remain independent. If a person needs more targeted support we will organise short term services such as therapy or helping people become able to undertake daily living tasks, such as dressing, feeding and washing. These services are offered to all people. If a person needs on-going support, their needs will be assessed and if the needs they have meet the criteria for providing care, a budget will be provided for the person to purchase this care. At the same time the person will be financially assessed to determine how much they need to contribute to their care. The budget provided is called a personal budget. The person can then choose to take this as cash and organise the care for themselves, or ask the council or other person to organise this care. However this care is organised, a support plan will be produced with the person agreeing how the services purchased will meet their needs. This will be regularly reviewed and the result of the review could change the level of the budget e.g. as a person gets better the budget may reduce or stop completely.
3. There are currently around 5,500 people in Oxfordshire receiving on-going support from the council. Between April 2010 and January 2011
 - 5,825 new people were assessed (132 people per week)
 - 1,466 people started long term services (33 people per week)
 - 4,675 people were reviewed (106 people per week).
4. Nationally there has been significant demographic pressure on adult social care, with a growing elderly population and advances in health that mean people with a disability live for longer. The population estimates for Oxfordshire show that between 2008 and 2033, the population of people over 65 will increase by 75,000 or 77%; the population of people over 85 will increase by 265% and the population of people over 90 will increase by 367%. This is shown in table 1 In addition to this in 2011/12 we have seen increased referrals for services over and above that which would be expected by the simple increase in population.

Forecast population change in Oxfordshire 2008 - 2033

	2008	2033	Difference	% difference
People aged over 65	96,600	171,200	74,600	177
People aged Over 85	14,200	37,600	23,400	265
People aged Over 90	4,600	16,900	12,300	367

Recent Service Changes

5. The last 18 months have been a time of significant change in adult social care. The process of SDS described above was implemented across Oxfordshire in 2010/11. This led to the decision to close the internal home care service last year and the re-organisation of social work teams. During these changes we were concerned that it would take some people longer to get services than had previously been the case.
6. The process of SDS originally implemented needs to be simplified, work on this has begun, but further work is still needed.. Some significant changes have already been made e.g. devolving budgets for care to a team level to remove unnecessary processes. This has seen the number of people waiting for care in their own home drop by over 60% since June. Options for further change were presented to senior managers in February, and proposals for improvement are included in paragraph 13 below.
7. The original restructure of teams has been reviewed. In order to ensure people are reviewed in a timely manner we have introduced additional specialist reviewing officers. This will allow more specialist staff to have smaller caseloads of around 25 people with a much quicker turnover of work. Significant training is being provided to non-specialist staff, which, while reducing the time these staff have to spend with clients at present, does mean that their skills will improve and timeliness increase.
8. The closure of the internal home care service is now complete. All recipients of service have now moved to new providers. The council has also retendered its external home care contracts and has purchased significantly more home care this year. We are now purchasing over 20% more home care hours for older people than the same time last year at 18% lower cost per hour than this time last year, with new providers who need to staff up appropriately for the new demand.

Timeliness of Services

9. Last year the council took part in a national survey on social care. 90% of the people in Oxfordshire who responded to the survey (over 550 people) were satisfied with services, with 59% being very satisfied. Locally in Oxfordshire we wished to check how happy people were with the speed of our response, so we asked extra local questions including a question on timeliness. Most people were happy with the time taken to receive a service, 53% saying it was received as quickly as possible, and another 33% citing minor understandable delays. However only 15% of people said at least one part of the process took longer than expected, with just 4% saying everything took longer.
10. When people are waiting to receive the most appropriate care, they will still be supported as appropriately by the council. Locality teams work a prioritisation system of urgent, high, medium and low priority cases. Urgent cases are allocated immediately and not put onto the waiting list. This includes any safeguarding cases and work under the Police and Criminal Evidence Act. High priority cases identified as next to be seen should be picked up within 14 days,

and where they cannot be managed within the duty system (i.e. the social workers taking urgent calls). The duty team will ensure any urgent care needs are addressed, or if appropriate a person can be started or fast tracked for equipment. Other high priority cases may wait. Medium priority cases identified as next to be seen should be seen within 28 days. Most people waiting for care at home or in a care home are currently in receipt of services, but need a more appropriate service.

11. We are currently reviewing whether an interim payment can be made at the end of the assessment as the support plan is being drawn up, so that people can receive immediate financial help which would be reviewed when the assessment is made.

Delayed Transfers of Care

12. People who are classed as delayed transfers of care are people who are in a hospital bed when it is not the most appropriate setting for their care. They could be waiting for on-going social care or on-going health care. Those waiting for on-going social care will be included above. The most recent published figures for delayed transfers of care are for the end of January and show that in Oxfordshire 176 people were delayed transfers of care on the last relevant snapshot day of that month. Of these 39 were due to social services (27 waiting for care homes, 7 for assessment, and 5 for care at home). A further 43 were waiting for both social care and health care of who 34 were waiting for reablement, 5 for care homes and 4 for assessment.

Next steps

13. The key next steps are
 - To continue to work in partnership with the NHS to improve the effectiveness and efficiency of the reablement service run by Oxford Health, this provides time-limited support to help people recover after a period or incident of ill health. We need to ensure more people are seen by the service and that at the end of their time with the service more people have returned to full independence.
 - Within the Appropriate Care for Everyone (ACE) programme ensure we move people away from bed based services to services in their own home where this is appropriate.
 - Redefine the work of locality teams to focus just on people eligible for SDS and diverting single service clients to local community based services, alongside the provision of good quality information and signposting to services for everyone
 - Continue to simplify the SDS process
 - Continue to clean up and reduce the assessment waiting list
 - Implement new locality reports on service recipients and waiting lists
 - Improve case recording and reporting with the implementation of the new Adult Information System
 - Commissioners to work to identify shortages in domiciliary agency capacity in local hot spot areas and work with provider market to incentivise an increase in capacity and quality e.g. reducing the time between notification of a new client and starting to provide them with care.

PROCESS TO RECEIVE CARE

