



People Overview & Scrutiny Committee

Thursday, 7 April 2022

ADDENDA

7. Oxfordshire Adults Services

This report describes what Adult services aim to achieve, how they are delivered and how quality of provision and service user satisfaction are measured. It also gives an overview of the Adult social care market and highlights concerns about the market's long-term stability, sustainability, and viability. Finally, the report sets upcoming legislation in the context of the national reform of the health and social care sector, provides an overview of finances, and identifies key risks.

The Committee is RECOMMENDED to note the overview of adult services in Oxfordshire, the adult social care market and delivery provided in this report.

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Divisions Affected – All

People Overview Scrutiny Committee – 7 April 2022

Oxfordshire Adult Services

Report by Karen Fuller, Interim Corporate Director of Adult and Housing

RECOMMENDATION

1. **The People Overview Scrutiny Committee is RECOMMENDED to** note the overview of adult services in Oxfordshire, the adult social care market and delivery provided in this report.

Executive Summary

2. This report describes what Adult services aim to achieve, how they are delivered and how quality of provision and service user satisfaction are measured. It also gives an overview of the Adult social care market and highlights concerns about the market's long-term stability, sustainability, and viability. Finally, the report sets upcoming legislation in the context of the national reform of the health and social care sector, provides an overview of finances, and identifies key risks.

Adult Services overview

3. Our vision is: We want the people of Oxfordshire to live well in their community, remaining fit and healthy for as long as possible.
4. We have approached the delivery of this vision the Oxfordshire Way which is about providing people with the ability to support themselves through personal, local and system assets to 'keep them in the centre'. In collaboration with our communities, voluntary sector, and other system partners we support people who are aged over 18 (from the age of 16 for people transitioning from children's services) to lead independent lives (**Annex 1** provides more detail).
5. We do this by providing information and advice, planning, commissioning, managing, and delivering care and support with people and their families. The service is delivered by One Team comprising several Operational Teams and the Health, Education and Social Care (HESC) Commissioning Team, with specialist input from the Housing Service. Key facts:
 - At the end of February 2022, the Council was funding services to 6,255 people through the pooled budget arrangements with the Oxfordshire Clinical Commissioning Group.
 - There are over 61,000 people in Oxfordshire who say they provide some form of care and support to a family member or friend.
 - Adult Social Care dealt with 4,941 safeguarding concerns last year.

6. Adult Services are part of a wider social and healthcare system, which includes the Oxfordshire Clinical Commissioning Group, Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Foundation Trust, South Central Ambulance Service, and Primary Care. As part of the national reform of the broader health and care sector, we have been supporting closer working with these partners over the past 18 months as the Buckinghamshire, Oxfordshire, and West Berkshire (BOB) Integrated Care System (ICS) develops. BOB ICS and its constituent Oxfordshire Place Board are scheduled to obtain statutory mandate on 1 July 2022, subject to parliamentary approval of the 2021 Health and Social Care Bill.

Performance and comparison data

7. All local authorities submit annual statistical returns to NHS digital which provides data and information services on health and social care in England. This data can be accessed by the Department for Health and Social Care (DHSC), Local Government Association, NHS, Care Quality Commission (CQC) and the public¹ [Microsoft Power BI](#) This data can be used to benchmark activity and performance of different local authorities.
8. As well as reporting on comparative levels of activity NHS digital also report on the Adult Social Care Outcome Framework (ASCOF) designed in 2010. This framework aims 'to measure how well care and support services achieve the outcomes that matter to most people' by considering outcomes over 4 domains:
 - enhancing quality of life for people with care and support needs
 - delaying and reducing the need for care
 - ensuring people have a positive experience of care and support
 - safeguarding adults whose circumstances make the vulnerable and protecting them from avoidable harm.
9. Oxfordshire performs well on the framework, being in the top quartile on over half of the measures. We are better than the England average at:
 - Keeping people at home and reducing care home admissions
 - Offering people a direct payment
 - Helping adults of a working age into employment
 - Supporting people with reablement after discharge from hospital
10. We are below the national average in terms of:
 - Reablement outcomes (people who are fully independent after reablement and those discharged from hospital who are still at home 3 months later)
 - People given a personal budget i.e., told how much we are spending on their care
 - People in contact with secondary mental health services living independently.
11. The comparative data also lets us see how many people we support compared to other authorities. At the 31st March 2021, the County Council were supporting 22% fewer people in long term services than the national average which

positively illustrates the transformation work in Adult Social Care with The Oxfordshire Way developing preventative services and enabling communities to support people without the need for long term statutory care. The Transformation work has supported a 45% reduction in the number of people awaiting a social care assessment.

12. The ASCOF framework is currently being refreshed in line with the 2021 Health and Social Care Bill that is going through parliamentary process. The revised framework will support the new duty within the bill for the CQC to review and assess how local authorities deliver their adult social care duties. This is referred to as Assurance. The introduction of assurance is planned from April 2023 onwards.
13. The pandemic has put the wider health and care system under unprecedented pressure nationally and locally. Oxfordshire system has been challenged in terms of its capacity, agility, and resilience, and has positively worked together to respond to increased demand for services across all parts of the system. This impact is illustrated by these key figures:
 - 211 new requests for home care received in December 2021 represented an increase of 48% compared to April 2019
 - 25,128 hours of home care purchased in December 2021 represented an increase of 22% compared to April 2019
 - In the last 2 years, home care requests originated:
 - ✓ 45% from reablement
 - ✓ 20% from a hospital pathway
 - ✓ 35% from people's own home
 - Additional 20 beds in a hotel supported with 24-hour-live-in care opened in January 2022 to manage demand generated by the Omicron wave.
 - 1,150 people were waiting for next contact with a social care professional at the beginning of March 2022. This represents a reduction of 45% in the number of people awaiting a social care assessment, with people waiting up to 44% less time to be seen in comparison to April 2021.
 - At the end of January 2022 there were 403 of whom 239 have a service already in place and are awaiting a change of package so are supported. All other cases are case managed, and risk reviewed regularly.
 - There are currently 1940 outstanding people who have not had a review in the last 12 months. It must be noted that the review team were reassigned to support the covid response, so we anticipated a reduction in review numbers. To ensure risk is mitigated with reviews learning disability and those who do not have a familial representative are being prioritised.
14. We will continue to respond to the pandemic deploying our resources flexibly to meet demand (for example, staff from the Review team supporting hospital teams during the week and at weekends to increase capacity and facilitate discharges from hospital), whilst closely monitoring the ongoing impact of the pandemic coupled with the less known impact of long Covid on future demand trajectory across all areas of our service.

First point of contact

15. Oxfordshire residents contact the Adult services through several channels, with most contacts coming to the Social and Healthcare Team based in the Customer Services Centre (CSC). The team works collaboratively across the system to connect people to the right next step to enable them to achieve better outcomes. This involves ensuring that each conversation is person-centred, strength-based, and outcome-focused. 90% of calls relating to Adult Social Care are resolved at the first point of contact demonstrating the impact the Oxfordshire Way is having with a strong focus on outcomes for our residents.
16. Other contact channels for residents and professionals reflect that the Adult services are part of a large and complex health and social care system, and include the NHS Single Point of Access service, hospital, and mental health service-based channels among others. Oxfordshire system partners are collaborating to reduce and simplify contact channels through greater integration and efficiency.

The Adult Social Care market and workforce issues

17. Data from the Care Quality Commission records that Oxfordshire has 5366 care home beds per 100,000 population aged 65+. This is within 4% of the national figure (5586). However, in Oxfordshire 77% of those beds are registered as nursing home beds, compared to 49% nationally. This means we have over 50% more nursing home beds per head of population in Oxfordshire than nationally. The Adult Social Care market in England is diverse, fragmented, and fragile as has been demonstrated over the last two years nationally and locally. In Oxfordshire, there are 132 residential and nursing homes, with whom we make on average 15 placements per week. There are 145¹ providers of care in people's homes, from which we purchase 25,128 hours per week, this has increased by 25% over the period from April 2020 to January 2022. In addition, there are also 30 organisations providing physical or learning disability, or mental health support to adults of working age.
18. During the Covid pandemic, the health and social care sector responded as one to un-precedented pressures that have continued into the recovery and the Build Back Better phase. At the same time, concerns about the social care sector's stability, sustainability, and viability in the long term took central stage and are being considered as part of the national reform.
19. Nationally, workforce capacity, capability and sustainability remain the foremost challenges across the sector. Current estimates based on the forecast for demographic growth in Oxfordshire suggest the social care workforce will need to grow by up to 5,000 jobs over the remainder of this decade. However, our commitment to transforming the way people's health and care needs are met will mitigate this requirement. More importantly, our focus on strengths-based approaches and building people's health and resilience through preventative

¹ As of March 2nd, as recorded on CQC website there are 145. The council does not use all these providers, and some provide supported living services rather than traditional home care.

measures will result in fewer people becoming reliant on formal services as they age through our transformation work. We will also extend and expand the use of innovative technologies to enable people to remain independent and manage their own conditions.

20. A new initiative with Community Catalysts is providing an alternative support provision, helping people to remain independent at home. In March 2022, 50 providers have supported 817 people. They have provided 1677 hours and 34 sessions/activities. The development of Community Micro Enterprises is going well, with a total of 188 enquiries received and 78 signing up to the Do It Right standards with Community Catalysts.
21. Oxfordshire providers report that they face two critical challenges with recruiting staff in Oxfordshire. Firstly, the high cost of accommodation in Oxfordshire, secondly a highly competitive employment market offering jobseekers a wide range of jobs that are more attractive options due to their pay rate and other working conditions such as requirement for shift work.
22. To drive new recruitment and retention across the sector we are currently:
 - working with care providers to deliver a new marketing campaign promoting health and social care as a positive career pathway, with partners collaborating on campaigns rather than competing for staff
 - running myth-busting workshops with jobseekers, working with partner agencies including Jobcentre Plus, local further education colleges and other employment service providers to reach new candidate pools
 - supporting providers to develop new international recruitment activities following the introduction of overseas sponsorship routes for care workers in January 2022
 - funding reward bonuses for our existing workforce when they refer-a-friend to work in care, via an innovative scheme called “Care Friends” which has performed well in other local authority areas with similar challenges to Oxfordshire in the south east
 - improving the www.proudtocareoxfordshire.org.uk recruitment portal to promote career pathways and list vacancies in Oxfordshire conducting outreach into schools and colleges to engage with the future workforce, and noticing a distinct upswing in interest in working in the sector
23. Some of this activity is funded from a portion of the £4.418m Oxfordshire received from the DHSC Workforce Recruitment and Retention Fund. Much of the fund (81%) was directly passported to providers to support their workforce recruitment and retention initiatives from October 2021 to March 2022. Providers are working with us to share the learning from how they used the funds so that we can build on what worked and scale up initiatives in future.
24. We are closely collaborating as the Buckinghamshire, Oxfordshire and West Berkshire integrated system with health and social care providers and their representative bodies to develop a sustainable health and social care workforce, required to support more people to live at home.

25. We are changing our relationship with the market by adopting a more strategic, systemwide, and collaborative approach to meeting population needs, for example by commissioning the new Live Well at Home model of care that went live on 1st October 2021 and by working more closely across council and CCG on Continuing Health Care arrangements and supporting care providers to manage the impact of the pandemic.
26. We have worked with care home providers to actively encourage the take-up of vaccines amongst staff and residents of care homes. As a direct result, 95% of care home residents had been fully vaccinated, with over 85% having received a booster ahead of the Omicron variant spike in December/January. We also helped to encourage care home staff to take up the vaccine ahead of the Vaccination as a Condition of Deployment (VCOD) law change in November by hosting webinars to address concerns from individuals and myth-busting about the vaccines.
27. The Quality and Improvement Team in HESC commissioning works with providers to ensure the delivery of high-quality services. Quality is measured against performance indicators set in contracts but also against standards set by the CQC or Ofsted when the service is a regulated one. The quality of Oxfordshire providers as monitored by CQC is better than the national average; in December 2021 94% were good or outstanding compared to 84% nationally. During the pandemic CQC has adopted a light touch regime with fewer physical inspections taking place now.
28. The team monitors quality using a range of methods and tools, such as Provider Assessment and Market Management System used for adult social care; a web-based platform to efficiently track and store provider self-assessment data used to support on-site monitoring visits. The team is mapping a Quality Assurance Framework to ensure consistent application of best practice across contracts and services for all population groups. The first phase of this exercise is focused on Start Well with a delivery date of 29th April 2022. They will then focus on mapping Live Well and Age Well by the end of June 2022. We will continuously evaluate our processes to eliminate duplication and improving inefficiency. The team also supports providers with on-going Covid response by coordinating the dispersal of the Infection Control Fund and ensuring its compliant deployment.

Preparing for adulthood

29. Oxfordshire approach to supporting young people who might need social care as children and adults has focused on preparing them for adulthood – a key stage in everyone’s life. The principles of this approach were co-produced with young people, families and health, education, and social care professionals. The recommendations were: young person and family to have a named worker, adopt case management model, start planning earlier and focus on outcomes.
30. In 2021 a Moving into Adulthood team has been introduced to support 18-25-year-olds, with the aim of reaching into children's services as early as possible. The team is made up of social workers and coordinators, with a named worker overseeing each individual case until the person has a support plan funded by adult services; it currently supports 391 young people and their families. In the

last quarter 20 adults aged 18-25 transitioned to new on-going care support funded by adult social care. This is a rate of 26 per 100,000 population. We currently support 445 people aged 18-25 with on-going care including 185 people with a direct payment. People are supported through a number of services including supported living; shared lives; daytime support, respite care and home support.

31. Young people and families remain central to co-delivery of service through:
 - Delivering values-based recruitment and induction to develop a culture focused on outcomes, being proactive, responsive and person centred
 - Developing a Team Charter focusing on the customer experience and customer journey and recognising that professionals are experts in their profession and young people and families are experts in their own lives
 - Co-producing with the Oxfordshire Family Support Network, a model to measure the team's performance, including a user survey that gives immediate feedback in addition to the annual user and carers surveys.
32. The delivery of person-centred planning for adulthood is strengthened by commissioners and housing colleagues growing local specialist supported housing options for young people with learning disability and/or autism, such as Resonance developing 25 flats in 2022/23.

Best practice review, service user and carer experience

33. The Care Act 2014 sets out the legislative framework, best practice standards and regulations for Adult services focused on person-centred strength-based and outcome-focused practice. As part of the Oxfordshire Way approach, we are collaborating with our voluntary sector partners and communities to ensure greater satisfaction and outcomes for people in need of support, our communities, and our partners. We pro-actively seek service user feedback on their experience and measure impact using a range of methods.
34. Quantitative data tells us that:
 - In February 2021, 89% of people were satisfied with Adult services; 6% are neither satisfied nor dissatisfied and 5% are dissatisfied (National satisfaction survey)
 - 6193 visits to Live Well Oxfordshire reflect that people are proactively seeking information to make their own arrangements, exercising choice and control. Live Well Oxfordshire visits have increased by 93% since April 2021.
 - Since April 2021, 905 people have been supported to achieve positive outcomes through preventative support from voluntary sector and communities through collaborative working. Over 33% of cases referred did not need any formal support from Adult Social Care again illustrating the success of the Oxfordshire Way transformation work and therefore are no longer waiting for formal services.
35. We also seek qualitative insight into people's experiences and celebrate best practice by publishing stories of difference (included in **Annexes 2 and 3.**)

36. The service also commissions, jointly with our health partners, information, advice, and support to Oxfordshire informal carers. Quantitative data tells us that:
- 61,000 people in Oxfordshire provide some form of care and support to a family member or friend
 - In February 2022, 224 people were assessed by the Carers Oxfordshire service, including assessments completed online
 - In February 2022, 189 people were assessed jointly with individuals they care for
37. Satisfaction levels of informal carers are measured by the Survey of Adult Carers in England that is run every two years. The latest survey was sent out in October 2021. It is sent to a sample of carers who were assessed or reviewed in the 12 months prior to the survey, including people who had a joint cared for person and carer assessment. In Oxfordshire, the survey was sent out to 1,600 carers and 465 carers responded, a 29.1% response rate.
38. The survey provides data for 5 ASCOF measures:
- Carer reported quality of life
 - I have as much social contact as I want with people I like (combined with user survey)
 - Overall satisfaction of carers with social services
 - The proportion of carers who report that they have been included or consulted in discussions about the person they care for
 - The proportion of carers who find it easy to find information about services (combined with user survey)
39. Oxfordshire informal carers have reported lower levels of satisfaction across all five measures. Some of this may be related to the pandemic (e.g., proportion of carers who reported that they had as much social contact as they would like). We also know that nationally over the last four surveys overall results have fallen.
40. The Carers Oxfordshire service provided by Action for Carers Oxfordshire remains our principle support to informal carers in Oxfordshire. This service is commissioned by Oxfordshire County Council and Oxfordshire Clinical Commissioning Group in partnership and started on 1 April 2021.

Alongside carers and Action for Carers Oxfordshire, we are reviewing the potential reasons for the fall across all measures. We propose to have a plan ready for agreement with key stakeholders by week commencing 11th April to review this which will include a review of the responses of the survey. Of note is the fact that the pathway for carers to contact Carer's support services was altered in this the first year of the contract. Carers are now going directly to the carers service where previously they were directed to ASC Health and Social Care team. Calls answered via the new Carers Line have increased by 42% in comparison to the previous service which is positive.

We have now established a new website that facilitates better direct access to specialist carers services, and this has experienced 5,000 new visitors in the

last 6 months. Concerning the contact with Social Care staff, Carers Oxfordshire have now integrated staff into the locality teams for both adults and children, offering direct support to the social work team.

41. The detailed qualitative feedback provided by informal carers will be analysed and inform the development of an action plan that will be co-produced with Oxfordshire informal carers.

Upcoming legislation and preparation for 2023 assurance requirement

42. The responsibilities of Oxfordshire County Council are set out in the Care Act 2014, Mental Health Act 2007, Mental Capacity Act 2005, and the Deprivation of Liberty Safeguard.
43. There are several pieces of legislation upcoming in 2022/23 that would reform how Adult services are funded, delivered, and regulated in the future:
 - Health and Social Care Bill 2021 that covers health and social care integration and is currently going through parliamentary approval
 - Build Back Better reforms that introduce a care cap, fair cost of care, and changes to financial assessments
 - New CQC-led Assurance framework for Health and Social Care systems that will operate alongside CQC-led Assurance framework for local authorities from April 2023
 - On 17 March 2022 the Government launched a consultation on Liberty Protection Safeguards (LPS) to ensure the freedoms and human rights of people who may need assistance making everyday decisions are better protected. This consultation is seeking views on the proposed changes to the Mental Capacity Act 2005 Code of Practice, which includes guidance on the new Liberty Protection Safeguards System and on the LPS regulations, which will underpin the new system. The consultation will last 16 weeks from 17 March to 7 July, and we will be producing a system-wide response.
44. Full detail of these proposals has not yet been published and therefore it isn't possible to accurately forecast the financial impact of these proposals. The medium-term financial strategy for 2022/23 includes a pressure of £0.250m from 2022/23 onwards reflecting the need to invest to deliver on this new requirement. It isn't clear at this stage how much grant funding will also be made available to meet this new burden.

Finances, key risks, and their implications

45. The directorate has robust financial oversight and control, which is reflected in the budget. Despite this it is only possible to plan based on known information, and therefore there are some risks which remain. The biggest financial risk for the medium-term relates to the Build Back Better reforms, which introduce a care cap, fair cost of care, and changes to financial assessments. The detailed guidance on implementation of the care cap is beginning to be released and we have started to work through this information and consider its implications,

sharing and comparing our emerging understanding with colleagues in other local authorities.

46. We are also preparing for the roll out of the fair cost of care exercise that all local authorities have been required to complete in the first half of 2022. These developments are and will continue to be closely monitored and reviewed. As this work progresses in Oxfordshire and across the sector with ongoing guidance and support from the Association of Directors of Adult Social Services, and as more detailed guidance is made public, current limitations on the accuracy of forecasts for new expenditure, income or grant funding would begin to reduce.
47. Provider stability is a risk as we move out of Covid and the financial support provided to this sector over the pandemic period reduces, particularly in relation to recruitment and retention, occupancy, and ongoing financial viability of the businesses.
48. Financial risks also relate to price and demand. Inflation for 2022 is expected to be higher than recent years, due to a significant increase in the National Living Wage, along with other national inflation pressures such as energy prices, which is expected to be met by the budget proposals in the 2022/23 medium-term financial strategy. If inflation remains high into future years, this risk becomes a further pressure on the council budget. A level of demographic increase has been assumed as part of the budget planning process; however, it is possible that the assumptions used do not reflect reality, and that external factors such as the impact of Covid-19 influence this.

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Annexes: Annex 1 Oxfordshire Way illustration
 Annex 2 Stories of difference
 Annex 3 Community Information Network

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