OXFORDSHIRE COUNTY COUNCIL

Oxfordshire County Council

Adult Social Care

Self-Assessment

February 2024

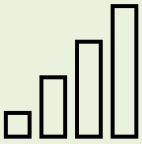
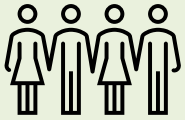
Contents

Overview and Summary

This is Oxfordshire

Oxfordshire has around 725,300 residents, and our population is growing faster than elsewhere. Between the 2011 and 2021 census the population grew by 10.9% compared to 6.6% in England. Over this same period the number of people aged over 65 grew by 25%. Oxfordshire is the most rural county in the Southeast region but 60% of the population live in the city of Oxford or other main towns. Life expectancy and healthy life expectancy in Oxfordshire are each significantly higher than national and regional averages for both males and females. Based on the Indices of Multiple Deprivation (IMD 2019), Oxfordshire was ranked the 10th least deprived of 151 upper-tier local authorities in England. More information and data about Oxfordshire and the people who live here can be found here.

Adult Social Care

 6550 people receiving ongoing care and support	 52,674 people who say they provide care and support to a family member or friend	 100+ providers of care in people's own home – 31,539 hours of care per week in January 2024 up 11.3% since January 2023	 6713 Safeguarding Concerns last year (2023)
 133 residential and nursing homes with 455 permanent admissions last year	 23.2% of Oxfordshire residents are from non-"white British" backgrounds	 23% of people living in Oxfordshire have a disability	 127,000 hits on our Live Well Oxfordshire website over the last year

Vision and Strategy for Adult Social Care

The Vision of Oxfordshire County Council Strategic plan 2023-2025 is: *To lead positive change by working in partnership to make Oxfordshire a greener, fairer and healthier county*. The Strategic Plan sets out nine priorities which include:

Our Annual Report sets out our achievements against these priorities over the past year.

Alongside our corporate plan, our Health and Wellbeing Board has a Shared Vision: "To work together in supporting and maintaining excellent health and well-being for all the residents of Oxfordshire".

The Vision and priorities are delivered and achieved through the Health And Wellbeing Board Strategy which has been recently refreshed, working with over 1,000 residents from all backgrounds and many seldom heard communities to hear about their challenges and what helps them stay well and healthy.

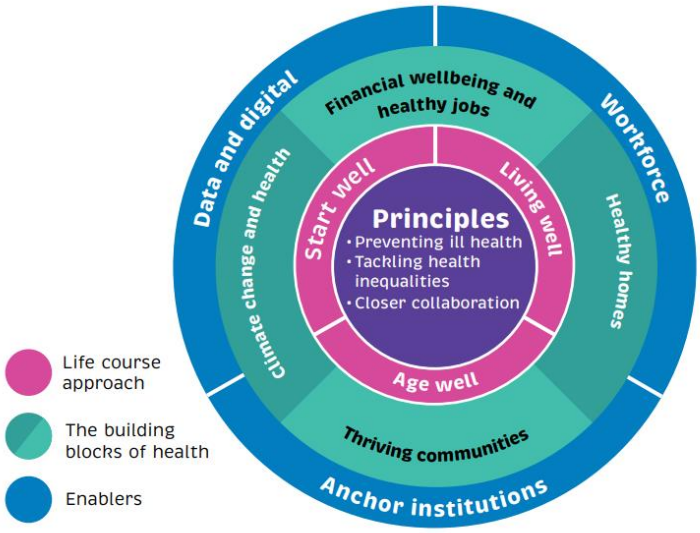
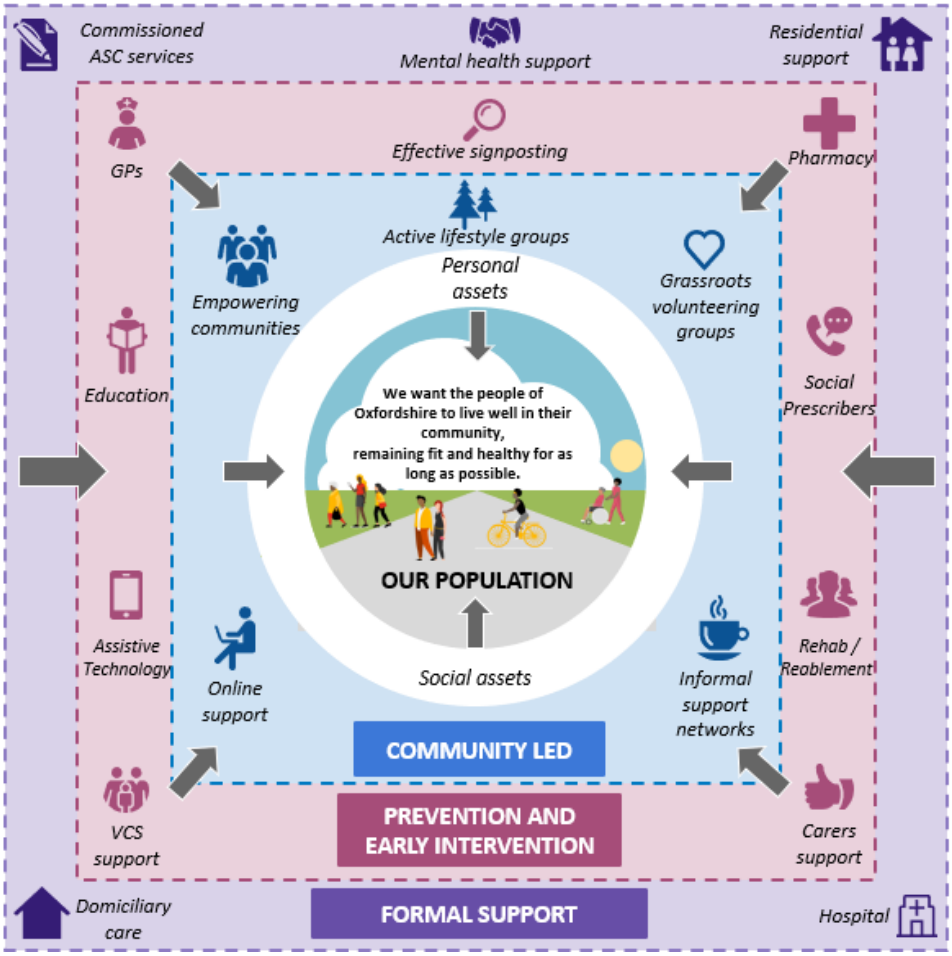


Figure 1: Summary of Oxfordshire Health and Wellbeing Strategy

The Oxfordshire Way

The Oxfordshire Way is our vision for Adult Social care, a compelling narrative for the transformation of Adult Social Care which we have been implementing over the past three years. It is unique because it is co-created and owned by Adult Social Care and the voluntary sector at all levels. The Oxfordshire Way is focused on providing people with the ability to identify and use their own strengths and assets to support themselves through person, local and system assets to 'keep them in the centre'. We want the people of Oxfordshire to live well in their community, remaining fit and healthy for as long as possible.



Oxfordshire Way priorities:

The Oxfordshire Way is having a real impact on people's lives, and we have seen a 46% reduction in the number of people waiting for a social care assessment since April 2021 and the longest wait time for an assessment fell by 56%. This is an ongoing journey, and we continue to work with our partners to implement change. You can find out more about the impact of the Oxfordshire Way for local people in the video below.

The delivery of the Oxfordshire Way is underpinned by our service delivery plan for Adult Social Care.[i]

Our Workforce

Our service is delivered by **One Team** comprising Operational Teams and the Health, Education and Social Care (HESC) Commissioning Team, with specialist input from the Housing Service

Operational teams work with people receiving care and support and their families in a strength-based and community-focused way to ensure people can live independent, meaningful lives in their home. They offer information and advice, assessments for care and support, provide person-centred support and dedicated safeguarding to vulnerable adults. Operational teams support the Oxfordshire Way ambition to promote independence, community connectedness and where necessary personalised care and support.

Health Education and Social Care (HESC) Commissioning Team is a joint commissioning function that oversees and delivers the Joint Commissioning Executive's programme for the population of Oxfordshire with a total budget of half a billion. It comprises staff employed by the council and the Oxfordshire Integrated Care Board with some posts designated as integrated roles. HESC activity supports the Oxfordshire Way ambition to provide personalised care and support.

The Housing service delivers three core functions:

- Strategic – defining housing needs to determine the levels and location of supply of accommodation, policy and strategy development, leading and involvement in strategic and implementation groups, such as Domestic Abuse Safe Accommodation, Accommodation Programme Board
- Commissioning – supporting HESC commissioners to enable housing provision, homeless agencies commissioning, Children, Education and Families (CEF) housing commissioning
- Housing expertise – support and advice system wide

Working Effectively in Partnership

Partnership is at the heart of the Oxfordshire Way. Working together with other organisations including local NHS services, and voluntary sector organisations we are using each other's strengths to pull together, united by a shared vision.

Partners are embedded in governance including in the Promoting Independence and Prevention Group and Transformation Group, which support and drive delivery of our prevention agenda and the Oxfordshire Way. The Promoting Independence and Prevention Group (PIP) was established in 2021 to support the prevention agenda within Oxfordshire. The group has grown and has a large membership with representation from all partners of the Oxfordshire Place system. The group is proving to be a solid platform for developing innovative thinking and creating a great web of relationships building and collaborative ways of working. PIP interacts with our Transformation Group that supports the Oxfordshire Way. Transformation Group formed to design and collaborate on the Oxfordshire Way in 2020/2021 and continues to provide a forum for us to collaborate and develop our leadership thinking together with strategic Oxfordshire Way partners.

We have a strong joint commissioning function that oversees the Joint Commissioning Executive's programme, with significant pooled budget arrangements. Our Better Care Fund plan was developed with partners including health and voluntary sector, through stakeholder workshops targeting prevention, delay to formal support, a Home First approach to hospital discharge, health inequalities and integrated care and support. We know that local people are keen to see collaborative working across seamless services, including between health and social care and we continue to work together to promote this.[ii]

Our Market Sustainability Plan has been co-produced with our care providers through a series of workshops together with a refresh of our Market Position Statement. Our refreshed Market Position Statement (MPS) is currently being shared with providers for their views and will be finalised for publication by March 2024. This will replace our 2019 – 2022 MPS. Provider feedback indicates that we have some examples of good practice in our strategic working with the care market such as the development of our workforce strategy and action plan and that they would welcome further opportunities for partnership working. We work closely with Oxfordshire Association of Care Providers (OACP) to provide regular and effective communication channels with the sector. We fund OACP directly for a range of market shaping activities (see more information here).

Oxfordshire has a robust multi-agency prevention framework in place that is overseen by the Health and Wellbeing Board to help deliver a range of initiatives that will PREVENT ill health, REDUCE the need for treatment and DELAY the need for care. This recognises the good work already happening including an increase in our average wellbeing scores for life satisfaction, a decrease in smoking prevalence and emergency hospital admissions due to falls, and an increase in the proportion of older social care clients supported at home.

The Oxfordshire Mental Health Prevention Framework is being delivered through the Mental Health Prevention Concordat which brings together a wide range of partners including Oxfordshire County Council, the ICS, Healthwatch, Oxford University Hospitals NHS Foundation Trust, District Councils, Age UK, Oxfordshire Mind, Oxford Health NHS Foundation Trust, and a range of third sector organisations. The framework sets out the vision for everyone in Oxfordshire to have the opportunity to achieve good mental health and wellbeing through partnership working, targeted action, increased skills and knowledge and building resilient communities.

We have also been working closely with people with lived experience in developing our Community Mental Health Framework. The framework seeks to bridge the gap more effectively between primary and secondary mental healthcare.

Co-Production and Engagement

We are committed to embedding co-production across our service delivery and commissioning teams and have encouraging examples of good practice that we continue to build on. Most recently we co-produced our All-Age Unpaid Carers Strategy and held a series of engagement events with carers to develop our approach and inform our decision making. We are initiating a programme of work to redesign our learning disabilities short breaks and respite resources, with leadership from our voluntary sector partners OxFSN to coproduce the procurement of future services.

Our Team Up Board, established over five years ago, provides the formal arena for overseeing our coproduction arrangements. It is a partnership between people with lived experience and staff members from the council and NHS. The membership is in the process of being expanded and its role as an advisory board debated and clarified. One of its activities is to monitor the progress of our commissioning projects to be assured coproduction opportunities are considered from the outset. We recognise this is an area which we want and need to strengthen.

We gain insight into how the public view our services through our Adult Social Care (ASC) user survey and our engagement and co-design work, our bi-annual Carers Survey, and our nationally published Adult Social Care outcome framework (ASCOF) data. We triangulate this data with our learning from compliments and complaints, informal feedback and staff experience.

Adult Social Care performance and activity

Our ASCOF outcomes for 2022/23 show that overall, we do well, performing better than average on 57% of all measures. Service users and carers say our services

impact positively on their lives, that they have choice and control over their lives and services and carers tell us we consult them in decisions about the person they care for. In 2022/23 we have seen an increase in overall satisfaction with services and a continued improvement in the already high number of working age adults we support at home, together with a reduction in care home admissions for those aged 65 and over.

Some key performance indicators are set out in the chart below, based on January 2024 data where available.

People supported with on-going care

6550

Jan 23	Change
6391	2.5% ↑

People supported in their own home

71.5%

Jan 23	Change
70.91%	0.59% ↑

Number on Assessment Waiting List

965

Jan 23	Change
1337	-28% ↓

Maximum wait on assessment waiting list

97 days

Jan 23	Change
176	-45% ↓

Adults with a learning disability supported to live at home

88.3%

Jan 23	Change
87.6%	0.74% ↑

Visits to Live well Oxfordshire

127,000 between April 23 and Jan 24

Apr 22- Jan 23	Change
59,069	115% ↑

People supported with a direct payment

1195

Jan 23	Change
1223	-2.3% ↓

Carer Direct Payments

2385 between April and Nov

Apr-Nov 22	Change
2243	6% ↑

CQC Theme 1: Working with People

Our Ambition

Our ambition is to support people to live independently and with increased social connections. We want our residents to have greater satisfaction with the services we provide to support them when they need it. Our aim is to promote preventative services leading to a reduction in the demand for formal care services and to support people to live at home wherever possible.

Our Strengths

- The Oxfordshire Way is having a significant impact on people's lives, driving prevention, innovation and partnership working with the voluntary sector and other partners
- Strengths-based practice is at the heart of our approach
- Assistive technology is demonstrating impact in supporting people to stay safely in their own homes

Areas for improvement and development

- Continuing to reduce the number of people waiting for assessment and improving timeliness of assessment
- Widening channels for people to access assessment for care and support services and ensuring information is easy to access
- Embedding co-production and equality, diversity and inclusion more consistently

Key Statistics

Activity	Working Well	Priority Area
42,726 contacts over the last 12 months 89.5% contacts to Social Care Health Team resolved at first point of contact in last 12 months	358 permanent care home admissions per 100,000 population for people 65+	965 people on the assessment allocation waiting list
6550 people supported in long-term care, up by 2.5% over 12 months	10% increase in people entering reablement who are fully reabled (80% of all people in December 2023)	97 days longest wait on assessment waiting list

Prevention

The Oxfordshire Way underpins everything we do and illustrates our commitment to prevention, innovation, and work in partnership with the voluntary sector and other partners. The Oxfordshire Way which was co-created with the voluntary sector is focused on providing people with the ability to identify and use their own strengths and assets to support themselves through person, local and system assets to 'keep them in the centre'. People with lived experience tell us that they value being part of their communities and neighbourhoods and having a range of activities in their homes and communities to make a good life.

People with lived experience describe having a range of options when they need support, from family to neighbours to formal care. Prevention is at the heart of our approach through a range of strategies and the Oxfordshire Way supports residents to live well in their community, remaining fit and healthy for as long as possible. We have performance indicators monitored by our Directorate Leadership Team (DLT) in order to evaluate and monitor the effectiveness of our preventative approach.

We work closely with our partners to ensure we can signpost people effectively to information and support that is right for them through the Oxfordshire Way, particularly where they do not need formal services. Our Live Well Oxfordshire website has a wealth of community resources with over 2,000 services and community groups plus information pages and a calendar of activities to join in the community. The website is actively updated with 2,592 quality checks completed in 2023 and 442 new groups/services added. During 2023 we worked with people with lived experience to redesign the website to improve it further making it easier to search for and find information. It attracts large numbers of visits, over 127,000 over the period from April 2023 to January 2024, an increase of 115% compared to the same period the previous year, and over 312,000 page views in this period. It provides a wide range of information and support to enable people to find resources in their community.

We commission Age UK to provide Community Links Oxfordshire which gives residents local information and connects them into their community. Community Links Oxfordshire supports people to be as independent as possible and live life to the full, the way they want to. It ensures people are enabled to find out about what support and opportunities exist in their local area. The Social and Health Care Team (SHCT) are the first point of contact for all Adult Social Care enquiries and referrals from members of the public and professionals. The team includes specialist customer service advisors, social workers and occupational therapists. They work closely with other organisations including Community Links Oxfordshire who are co-located as part of the SHCT once per week, in order to promote and support a prevention approach to deliver the Oxfordshire Way. As a result of this kind of innovative preventative working our customer service centre resolved 89.5% of issues at the point of first contact in the last year.

We are adopting Local Area Coordination as a new approach to support the Oxfordshire Way in 2024 with our first two posts. We are working with Community Catalysts CIC (the national development organisation for Local Area Coordination) to achieve this. Local Area Coordinators (LACs) are highly skilled and trusted

Coordinators in a local area, not Coordinators of the local area. Recruited with the input of local people, these council employed Local Area Coordinators are based in accessible places in order to connect with and 'walk alongside' **any** person or family (many of whom are dealing with complex and multiple issues in their lives) to overcome barriers to inclusion, avoid a need for future service intervention and to achieve their vision of a good life as a connected citizen of their community. They do this by working to a particular evidence based and principle driven approach that we train them on as part of the wider development support from the Local Area Coordination Network at Community Catalysts.

The approach requires Local Area Coordinators to take the time to build trusting relationships and work in partnership with the person, family, the wider community (and other forms of support where needed) to identify sustainable and personalised solutions, ideally from within that person's own resources and community. Over 30 years of Local Area Coordination evidence shows how it achieves multiple outcomes including reducing, diverting and delaying future use of social care (and other formal services). We are starting this initiative in Bicester East and Chipping Norton, following an assessment of important factors for choosing the areas which was designed in partnership with the PIP group. We are currently recruiting the two LACs.

A key part of our Oxfordshire Way prevention approach is asset-based community development and community capacity building. Our communities of practice are one demonstration of this. Oxfordshire Community and Voluntary Action host these place-based Communities of Practice (CoPs) bringing together people who work with adults in the community.

Each CoP is a group of people sharing a common concern, set of problems or interest in a topic who come together to fulfil their goals. Members include social prescribers, link workers, social workers, OTs, community nursing, advice workers, district and county council staff and community connectors, together with local charity and voluntary groups across mental and physical health, housing, and those working with people with learning disabilities. The CoPs are facilitated by OCVA and funded from our prevention budget to ensure that everyone has an equal voice. Those who attend see a real impact with one member observing 'it's great to be part of a conversation where you're all addressing similar issues to me'.

We work in collaboration with partners to support people's wellbeing and prevent the need for formal services at an early stage. For example, our exercise and falls prevention programmes which have been developed in partnership by Public Health, Adult Social Care, the ICB and the voluntary sector. These include:

- Age UK Oxfordshire's Physical Activity Service which promotes positive physical health to people as they age primarily through two core offers: **Stay, Strong and Steady** (focus on Falls Prevention) which provides a stepping stone for participants to then transition into a vibrant **Community Exercise Programme**. Stay Strong and Steady is a falls prevention community exercise and education programme for adults aged 65 years and older who have fallen or are at risk of falling, to reduce their risk of falling. Participants can complete the six-month programme in-person at a local community class or at home, either through an

online class or through a six-month Otago programme. The Community Exercise provision includes development of a network of evidence-based community exercise classes available across Oxfordshire, with a particular focus on areas with higher levels of inequalities.

- Three initiatives provided by Active Oxfordshire that support people to have a more active lifestyle

    - **Move Together** in collaboration with District Councils provides a supportive pathway for people across Oxfordshire with long-term health conditions to become more active. Participants receive support, advice, and motivation from the Move Together coordinators across the county, who assess their needs and preferences.

    - **YouMove** is a new initiative which from April 2024 will offer free or low-cost physical activity for young people and their families who are facing the greatest barriers to physical activity (children in receipt of benefits-related free school meals, children in or on the edge of care, children classed as 'otherwise vulnerable').

    - **Physical Activity Clinical Champion** (PACC) in collaboration with Public Health is a new place-based pilot in Oxfordshire to provide and deliver bespoke, progressive system-wide education and training for all healthcare providers in implementing physical activity intervention into routine patient care.

We have recently confirmed our intention to commission a new advice service across Oxfordshire in partnership with Public Health in order to support people with the impact of financial hardship on their health and wellbeing. Advice services can be crucial to support households to access the support they need to maximise income and manage debts and in turn help to reduce some of the stresses associated with financial worries. The new advice service model will work to address the drivers and impact of disadvantage and prioritise the health and wellbeing of residents to tackle inequalities. Financially stable households are less likely to require specialist Adult Social Care and other services and are more resilient and able to cope with health and/or social difficulties if they arise. The service design has been co-produced with key stakeholders and people with lived experience and will provide free, independent and impartial advice to assist people with benefits, debt, budgeting and other financial and welfare issues, thereby maximising incomes and helping people to make the best use of the money available to them.

Whilst we have a good range of information available we are continuously working to ensure it is easier to access. We continue to develop this area to ensure we share knowledge across our partners and a recent signposting event brought together partner organisations including Reducing the Risk of Domestic Abuse, Dementia Oxfordshire, Active Oxfordshire and social prescribers to share how they work with local people. ASCOF data for 2021/22 told us that people did not always find it easy to find information about support (56.9% of people who use services found it easy compared to 64.6% nationally and 55.4% of carers compared to 57.7% nationally). People have also told us through our user survey that they can find our systems and

processes too complex and that information provided is sometimes unclear particularly around financial assessment.[iii] We are working to strengthen our web presence through improvements to our website and have developed a refreshed co-designed public portal, making information easier to find and the website easier to navigate, as well as our online financial assessment (see detail here). Whilst we support digital first we will ensure that people can find information easily in other ways that suit them. For example, in response to feedback from people who use Live Well Oxfordshire we have introduced a telephone number for people who are not able to access the website, or who may need some support in using it. There were 750 calls between April and December 2023, an increase of over 500% from the first month to the last. The number is advertised on our Live Well Oxfordshire promotional materials. In the 2022/23 ASCOF data we saw an improvement for people who use services as the percentage of people who found it easy to access information had increased to 65.4%. This continues to be an area of priority.

Strengths-based practice

Our assessment approach is driven throughout by the Oxfordshire Way, and this ensures that we prioritise people getting the right support at the right time, and having their needs met in a timely way. We have some feedback from people with lived experience and providers that the process for accessing adult social care support is easy and rapid, although some feel that they wait too long for assessment.[iv]

When people do come through for assessment, we are committed to embedding the wellbeing principle and strengths-based practice into our assessments and reviews. We completed an extensive programme of training in strengths-based practice which continues with our new starters with strengths-based working part of the induction and our support for newly qualified social workers. We have clear guidance for assessment and review with a strengths-based approach underpinning all we do in the operational teams. Our Best Practice guidance was developed following an intensive training programme on strengths-based practice.[v]

Operational teams speak confidently about their focus on person-centred assessments and the ways in which they engage with the person and their carers in decision making. The vast majority (95%) of our staff agree that they feel confident that the work they do has a positive impact on citizens, and this is borne out by people who use our services, as 88% of people who use our services who responded to the national survey of people receiving long term support said they are 'satisfied'.[vi] People who use services and carers say our services positively impact their lives. Over 86% of people who responded to our user survey in 2023 reported that they were treated well by staff with less than 5% saying they were not happy with how they were treated. They say they feel safe, and our services support them in feeling safe.[1] The majority of carers (65.8%) told us that we consulted them in decisions about the person they care for.[vii] People with lived experience tell us that support from services is valued and that the right person to support them has a positive impact on their lives. They describe our staff as polite, helpful, thorough and

[1] 72.6% of people who use services feel safe vs 69.7% in England, and 85.7% say services make them feel safe vs 87.1% in England.

friendly and talk about them making things easier for them and the people they care for.[viii]

However, whilst adult social care staff self-assess that they are strength based in their practices, audit of case records indicates that this is not always immediately clear. We have an ongoing focus on case audit and most recent work has identified the need to focus on embedding and evidencing strength-based practice.

Widening Channels of Assessment

We are working to widen our channels of assessment and implemented an Online Financial Assessment in summer 2023. This provides people with a digital channel to find out how much they are likely to have to contribute towards their care and support. Using the online financial assessment allows people or their representatives to complete the form at a time convenient to them and enables the Financial Assessment team to complete the financial assessment quicker than via a paper form. After an initial soft launch, we engaged with early users, making changes based on their feedback and are now publicising this option widely. We have recently been approached by another Local Authority who wish to learn from our approach to introducing an online financial assessment as they found ours particularly user-friendly. The financial assessment team have also been working to review processes and ensure these are as lean and efficient as possible.

We continue to develop further online referral options to support people to self-serve and self-assess at times that suit them and are currently working on a pilot of a Care Act self-assessment. We have harnessed the digital first approach established as part of our Adult Social Care Reform trailblazer work and continue to drive this forward to ensure increased channels are available for our residents.

Timeliness of Assessment

The Oxfordshire Way has had a significant impact leading to a reduction of 46% in the number of people awaiting a social care assessment between April 2021 and the longest wait time for an assessment fell by 56% over the same period. However, we recognise this is an ongoing improvement journey, and had identified in 2023 that both demand and the numbers of people waiting for an assessment had begun to rise again.

Managing demand is a key challenge for local authorities across the country, although through the Oxfordshire Way we have seen demand stay below our demographic growth (see Fig 1).

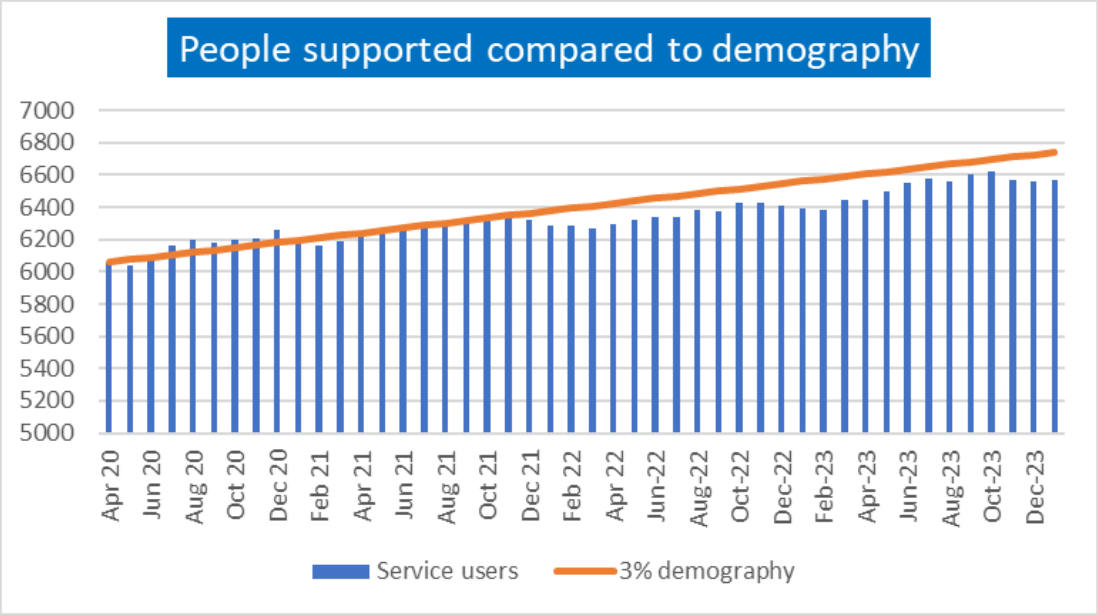


Figure 1

Whilst 74% of people who responded to our ASC user survey in 2023 said that they were happy that they had been contacted quickly enough, 14% were not happy and some shared that they had waited a long time to get the help they needed. This is consistent with our own performance data which demonstrates that whilst longest waiting times have fallen they remain a key area of focus.

People on the waiting list are screened and prioritised in order to ensure we are appropriately managing risk, utilising a prioritisation tool at point of referral into locality teams to categorise referrals and alert teams to urgent referrals. This is further screened by practice supervisors to provide verification and determine action required. Screening best practice guidance is provided as a supportive tool for practitioners to use to manage risk on the waiting list and to continue to progress people waiting, ensuring all onward referrals are made in line with the Oxfordshire Way, for example through referrals to Community Links Oxfordshire, Dementia Oxfordshire, Referrals for Carers assessments. The Adult Social Care Forum brings practitioners together to check on consistency of practice, strength-based practice and embedding of the Oxfordshire Way at the point of support planning.

In addition to the risk management and prioritisation of our waiting list we have a robust action plan in place to scrutinise and reduce waiting times further founded on learning from Principal-led audits of our waiting list. Audits suggested that the majority of prioritisation screening is accurate but that there is some inconsistency of practice across different teams and that teams are not always consistently evidencing how they are managing risk, and people are not always being contacted in a timely manner. This scrutiny through audit enabled a targeted approach to work with our teams to ensure that only those in need of adult social care remain on the waiting list and those who would benefit from alternative signposting or community connection receive swift advice. There is a plan in place with SMART targets to deliver sustainable reductions in the number of those waiting and its delivery is being

monitored by a weekly Meaningful Measures meeting overseen by the Deputy Director for Adult Social Care and the Social and Health Care Team and progress is reported to Internal Assurance and Governance Board and DLT. This focus on reducing waiting time has had a significant impact as illustrated at Fig. 2. The mean average wait for completion of an assessment was 98 days in February 2024 and the median 78 days, compared to a mean average of 105 days and a median of 125 days in April 2022. Of those on our waiting list in February 2024 29% already had a support plan.

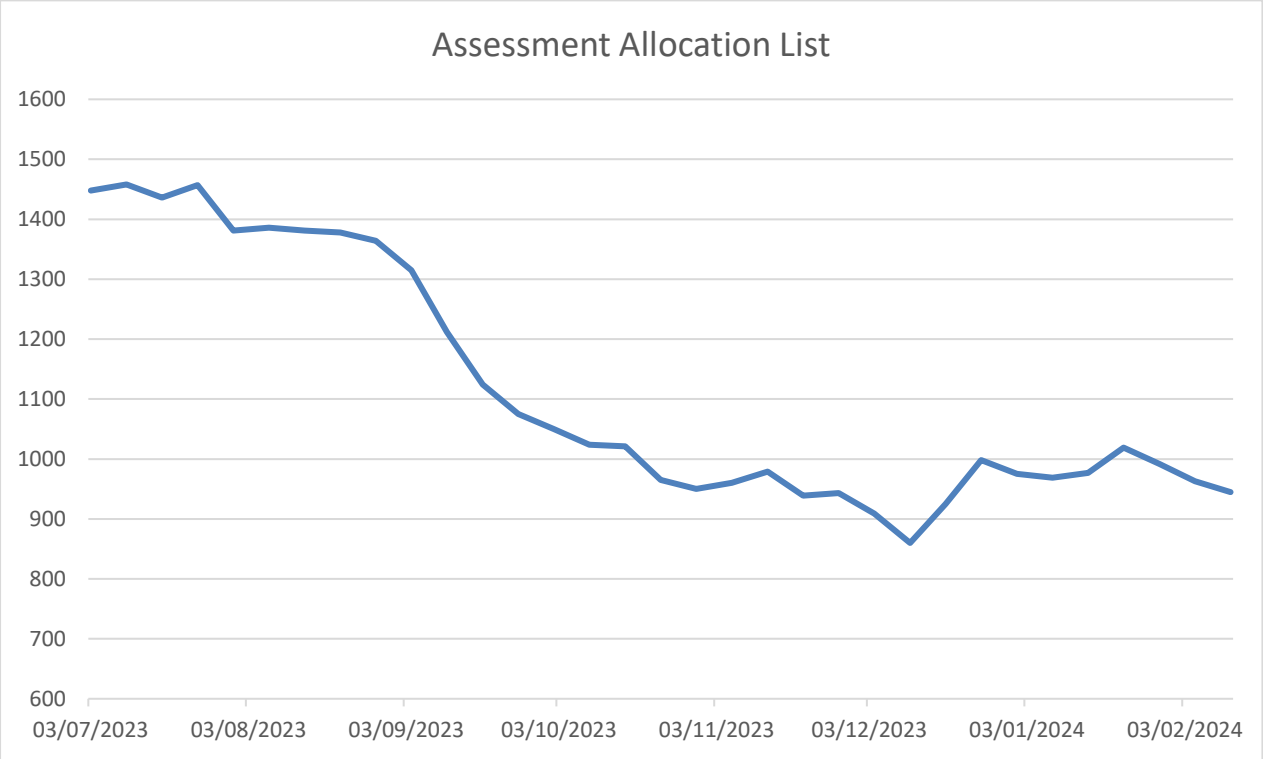


Figure 2

Carers Assessments

Carers assessments in Oxfordshire are undertaken by Carers Oxfordshire. We do not set target timescales for completion of carers assessments but currently the longest waiting for an assessment from date of referral is six weeks, and the average is four weeks. The key reason carers wait for assessments is staff capacity and from 1st December 2023 a triage pilot has been running with an advisor contacting each carer on the waiting list within 5 working days to check if there is an issue that can be resolved immediately, ensure the carer knows they have been referred and know about waiting times, and send out useful information or signpost appropriately. To date this has demonstrated improved carer satisfaction but has not reduced waiting times for allocations or assessments. A review is underway of the current delivery model, including carers' line to ensure it is the most efficient way of working.

In the last 12 months the Carers Oxfordshire service has supported 48 young adult carers (aged 25 and younger). We have, however, recognised that our identification and support for young carers and their families needed significant improvement. As a result, we set up a working group with colleagues across Children's and Adult's Social Care to address this urgently. The identification of Young Carers and the

review of current Young Carer support is one of the main objectives in the All-Age Carers' Strategy Action Plan. The first outcome from this work is that we now have an agreed young carers protocol that has been shared across both directorates. The protocol will ensure that there is a more coordinated approach to supporting our young carers in Oxfordshire. Secondly, Children's Services have completed bespoke training for staff to increase awareness in relation to the identification of young carers. Work continues to implement a range of further actions including improvements in our recording and training for Adult Social Care to ensure colleagues are aware of young carers, and the impact of caring on their lives while working with the adult they care for.

Timeliness of Financial Assessment

We apply an equitable policy to financial assessment through our contributions policy.[ix] The team sets targets for the timely completion of financial assessments to ensure people are aware of their financial responsibilities as early as possible. However, whilst overall cases are allocated to financial assessment officers swiftly, we recognise that there are still long waiting times for some to have their assessment completed (see Fig 3), and are working to address the backlog of assessments, proactively reviewing those that are incomplete and ensuring timely reminders are sent to people. We have developed new guidance to ensure that where families have not provided evidence cases are closed and will be reopened when evidence is provided. The introduction of the Online Financial Assessment has also had a positive impact on the speed at which people are being assessed. There is further work to develop a Client Finance Portal that will increase our self-assessment offer.

Waiting times for allocation to an assessment officer (assessment completed 2023)	
Maximum waiting time	155 days
Median waiting time	12 days
Waiting times for completion of a financial assessment (assessment completed 2023)	
Maximum waiting time	215 days
Median waiting time	21 days

Figure 3

Direct Payments

The percentage of people who use services who receive direct payments is consistently higher in Oxfordshire than the national average (28.4% compared to 26.2% nationally in 2022/23).[x] We actively promote the use of Direct Payments and in January 2024 there were 1195 people supported via a direct payment. However, the number of people receiving direct payments has been declining, and we have identified the need to take action to reverse this trend. An improvement plan has been developed that includes measures such as outreach programmes for seldom heard groups, workshops with key partners, awareness raising and direct payment advisors working in locality office bases on a rota basis.[xi]

Timeliness of Reviews

Improving the timeliness of reviews has been a priority for us. In January 2019, the most overdue review in The Review Team was 2914 days. On 1st January 2024, this was 230 days which represents a reduction of 2684 days.

On January 1st, 2018, 57% of the reviews in The Review Team were overdue. On 1st January 2024 this figure is 22.08%, this represents a reduction of 32.92% (see Fig 4).

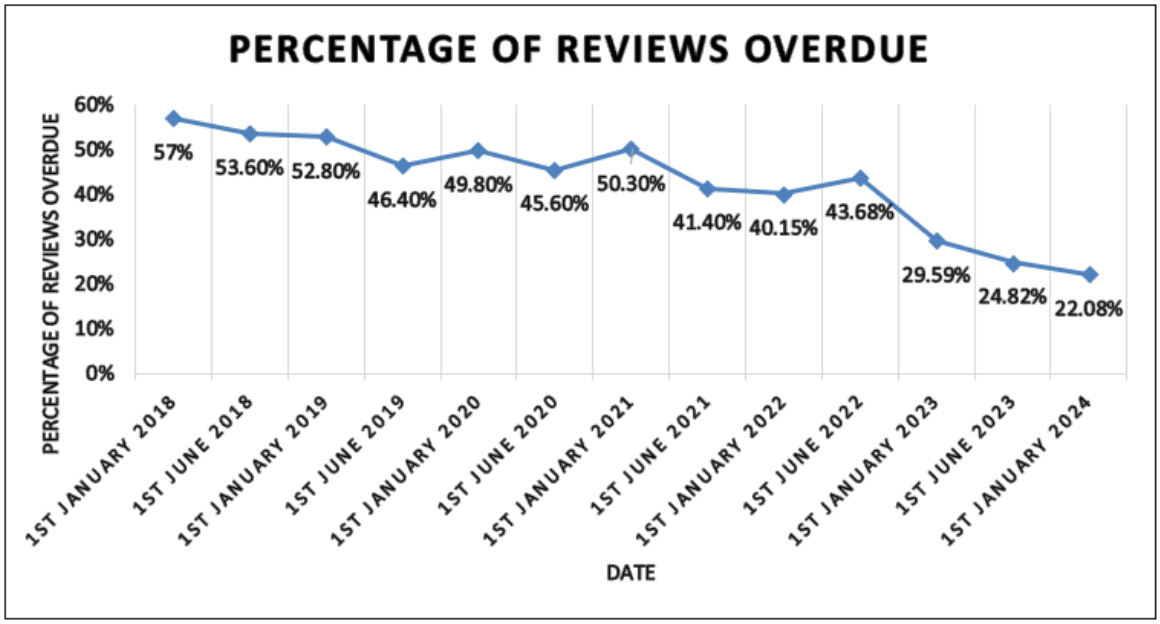


Figure 4

Our performance in this area is now much stronger than the national average, and in 2022/23 71% of people received a review compared to 57% in England and in the south-east region.[xii] However, we continue to strive for improvement and from January to March 2024 the review team will aim to reduce the most overdue review to 180 days whilst new staff complete probation periods and increase knowledge and skills. To support our approach to reviews we have developed a provider-led review process which is currently in a pilot phase working with four providers in the first instance, expanding to 15 from February 2024 to complete reviews via an online portal on behalf of the Local Authority.

Information to support informed choices

Our key policies set out our arrangements for determining eligibility and are published on our website where people can also find a range of information to support them in making informed choices about care and support. We continue to review and enhance our information provision. For example, we have been enhancing our policies and processes in relation to the financial threshold process. We recognise that when residents are approaching financial threshold whether in the community or in a care home that this can be a stressful and confusing time. We are currently finalising draft letters for residents and their families that will provide greater clarity in this area, as well as letters and leaflets for providers to share with self-

funders giving them important information if their funds may run low or if they are nearing end of life. We have produced new, more detailed guidance on care home banding definitions in collaboration with CHC, providers and colleagues in HESC. The brokerage service is also working to this guidance and staff have had training in this area. We have also adopted a threshold tracking report in teams and people who are reaching threshold or have a change in funding are now prioritised on our allocation list.

Daily Living Aids and Adaptations

Our Assistive Technology strategy has been refreshed and a new digital tool has been launched for people to order daily living aids to help keep them safe and independent at home (link here). The tool has been designed to be intuitive and user-friendly and people can navigate around pictures of rooms in their home to find equipment they can borrow.

Working with our diverse communities

Our ambition is to lead the field in equality and diversity in our workplace and service delivery, tackling disadvantage in our diverse communities. Our 2019/20 Director of Public Health Annal Report set out the challenges for Oxfordshire where affluence 'hides significant health and social inequalities'. Oxfordshire has an 'Including Everyone' framework which sets out our vision. Equality objectives are reviewed at least 4-yearly. The framework has established a clear principle that inclusion is everyone's responsibility and is supported by an action plan which is updated annually and used to track and measure our progress. This plan is monitored and owned by the EDI Steering group.

Oxfordshire is one of the most affluent areas of the country but there are 10 wards in Oxfordshire which include areas ranked in the 20% most deprived in England. To understand the needs and priorities of these communities our Public Health team is working with local partners creating ten community profiles setting out both the local health needs of these areas and their community assets. We have a £25k grant allocation for each of these ten areas to provide seed funding for community initiatives to support implementation of the profiles' recommendations. The Well Together Programme has recently been established by the Integrated Care Board for Oxfordshire which builds on this work and provides further prevention-based grant funding to these ten local communities. The Public Health team have established five Community Health Development Officer posts that sit in the relevant District Council and work with the ten priority communities to ensure ongoing action to improve health and wellbeing and community resilience. We have commissioned Oxford University to support independent evaluation of this work to understand its effectiveness.

Oxfordshire has received one of 25 grants from UK Research and Innovation (UKRI) which will help build a network to support the development of a community-led research strategy for Oxfordshire focused on the wider determinants of health and inequalities. The Council is working alongside Aspire Oxfordshire, Banbury Muslim Mosque Society, Oxfordshire Community and Voluntary Action and Oxfordshire Mind on this project.

Our Health and Wellbeing Strategy has been recently renewed and we worked from the outset with our diverse communities to ensure their priorities are reflected in the strategy. There was a particular focus on engaging with communities who are at greater risk of poor health outcomes. This was supported by work led by Healthwatch who spoke to around 1,000 residents across Oxfordshire.

Our Voluntary and Community Sector Strategy also recognises that tackling inequalities is a key part of our work, and that the voluntary and community sector is key in helping us to achieve meaningful change. In the strategy we set out our plans to work collaboratively with the local VCS to address inequalities by focusing on those in greatest need.

Our Delivering the Future Together Programme embeds equality, diversity and inclusion as a key value within the organisation and champions within our teams share learning and knowledge in this area.

We have worked with our performance and insight team to analyse how our services meet the needs of our population and initial analysis by ethnicity suggests that provision of service is broadly in line with our population but that there is some higher levels of provision for black or black British groups compare to white British for those over 65 and have undertaken work to look at this taking account of intersectionality with other areas such as wealth, religion and gender.

We have a range of services and arrangements in place to support our approach to inclusion and accessibility for the people of Oxfordshire who come from a wide range of backgrounds. We have translation and interpretation services for those who speak another language, including a Language Line, and over the last year delivered 29 interpretations in Adult Social Care across 15 different languages, as well as 11 video remote translations across 7 languages. Where we have cultural diversity within a team this can be matched with people using our services if appropriate, in order to make the person's experience easier, timely and culturally sensitive, and avoiding needing to use a third-party interpreter where this would lead to a speedier resolution and better outcome for the person.

Our sensory impairment team works with a wide range of people and British Sign Language users can contact the council using a British Sign Language video interpreter, via the InterpretersLive! Service. We have an easy read licence to ensure we share information with people in appropriate formats. Our Community Support Service supports adults with physical disabilities, learning disabilities, mental ill-health and dementia to provide person-centre support to stay health and independent. We also work with our partners in the community to reach the range of our diverse communities. Our partner Age UK Oxfordshire for example supports older people across the county, focusing most of its resource on those who face exclusion through low income, poor health or loneliness. In 2022/23 they supported over 30,000 people, including 1500 reached by Community Connectors who are drawn from the communities they serve, and work with people and listen and talk through what could make a difference in their life.

CQC Theme 2: Providing Support

Our Ambition

Oxfordshire's ambition is to commission and provide high quality services that meet the needs of our communities. We have a diverse range of support options to meet people's care and support needs with a focus on prevention and support close to home in people's communities, as well as high quality formal care and support.

Our Strengths

- Robust joint commissioning arrangements are in place with significant pooled budgets
- There is strong partnership working including with the community and voluntary sector
- There is a strong focus on supporting people in communities

Areas for improvement and development

- Further development of our relationship with the care market
- Drawing on our work with local communities to further develop our commissioning strategies with a particular focus on specific care need / communities of interest and supporting early intervention where possible
- Working with the market to develop our local provision and support

Key Statistics

Activity	Working Well	Priority Area
8% increase in people being supported in extra care housing with planned care in last 12 months	Increased number of providers on our Live Well At Home Framework from 18 in 2021 to over 100 in January 2024	11.1% increase in people supported in their own home and 11.3% increase in number of hours of home care provided per week in last 12 months
31,539 hours per week of home care	86 community micro enterprises supporting 1264 people with 3564 hours of support	0.1% increase in people supported in care homes in last 12 months

Market Shaping and Commissioning Strategies

The Oxfordshire Way sets our strategy for Adult Social Care and we have identified clear overarching strategic commissioning priorities setting out how we will transform across commissioning areas of start well, live well and age well. This is supported by strategies such as our All-Age Unpaid Carers Strategy. We are currently working to develop other refreshed commissioning strategies with a focus on specific care need / communities of interest and supporting early intervention where possible. Refreshed strategies will have action plans developed with partners and will shape delivery and set direction for the next five to ten years. We have clear needs identification through our JSNA, and will continue to improve the way in which we use this to inform and support our commissioning cycle with a particular view to targeting areas of inequality and supporting seldom-heard groups.

We work closely with our care providers in order to better understand and shape our market. We worked with care providers in the development of our Market Sustainability Plan and refreshed Market Position statement which is currently being shared with providers for their views and will be finalised by March 2024. In 2022 we commissioned LaingBuisson to work with our providers to undertake the cost of care exercise required by the government to support the planned implementation of charging reform. The outcome of the cost of care exercise can be found here. The Oxfordshire Association of Care Providers (OACP) and Healthwatch Oxfordshire were members of the Fair Cost of Care Project Board to ensure transparency of the process and seek their views on wider market engagement. Proposals for winter funding around recruitment and retention were planned through a workshop with providers, and we undertake consultation with providers on annual fee uplifts. In September we launched a social care provider engagement hub on our Let's Talk platform. This provides an interactive space for us to share information between us and our providers. This has proved an effective way of communicating with providers about guidance updates, stories of difference and surveys, and we are seeing the number of visitors growing since launch. We will continue to work with our providers to seek new ways of using the platform.

We currently have a good level of capacity in our home care and care home market and when people wait for care it is more often due to a complex level of needs. For example, we recognise that we have longer waiting times for people who require supported living and have dedicated brokerage officers who support this area, prioritising referrals and working closely with the Community Connections Team, providers and commissioners to identify appropriate placements as soon as possible. We have also worked to reduce our voids within Oxfordshire, creating a Voids Oversight Board and working group which has developed a workplan to improve the voids process for learning disabilities (supported living), extra care housing and residential and nursing placements. This has helped to create an improved picture of supported living voids so these can be made available and returned to use quickly. We are working with colleagues in finance and digital workstreams to better utilise social care dashboards, Power BI and automation and in future this will enable teams to see data on voids in real time.

Although overall we have good capacity within our internal market there are currently 260 people placed out of area in residential placements, of whom 73 were placed

there in the last year. The key overarching reasons for this are that the person requested to be placed out of area, i.e. to live closer to a relative, or that it was not possible to identify suitable provision to meet needs in the local area. In the majority of cases this is because people have complex needs with learning disability and autism. The reasons for this are predominantly:

1. the current contractual arrangements for support and accommodation in-county do not provide the level of capacity and capability required for specific specialisms for complex needs for those people on the Dynamic Support Register when people:

    - are ready for discharge from hospital having been detained under the Mental Health Act
    - have escalating needs requiring a specialist response
    - are in transition from moving into adulthood with complex needs

2. there are specific geographical restrictions placed on an individual with a forensic history being placed in County

3. some families have moved out of County and the person chooses to be placed close to family

We are committed wherever possible to ensuring that people are able to stay independent in their own homes, and to provide accommodation for people who have been placed out of Oxfordshire to return to the county to suitable and appropriate homes. We are also committed to decreasing the number of people placed out of county in future. Through our strategic approach to commissioning and housing we are working to develop our accommodation market and reduce future out of area placements in a variety of ways.

In order to support people to live independently in their own homes, we are moving away from using nursing or residential care to better utilise Extra Care Housing (ECH) for people who have a care need but are not ready for permanent care. Our ECH offer provides people the opportunity and support to live in their own home and the ability for their care package to be adjusted over time to suit their needs. We have an ongoing focus on developing extra care housing as an alternative to residential care, and over the last 12 months have seen a 8% increase in people being supported in extra care housing with planned care.

We have commissioned additional extra care housing provision with three new Extra Care Housing schemes opening their doors over the past two years, establishing a total of 235 new units across all tenures, of which 157 are units for rental for social care nominations .

We seek to commercialise our housing operations and look for an increased flexibility and risk reduction. We have made an initial investment of £5m in the Resonance Supported Homes Fund, an Alternative Investment Fund which was established to provide high quality Specialist Supported Accommodation across Oxfordshire. The fund will raise £100m directly from Local Authorities to provide much needed accommodation across the UK. Oxfordshire's £5m initial investment

will unlock 25 new supported living placements for people with a learning disability and Autism in partnership with Golden Lane Housing and will be delivered in 2024.

We have commissioned a specialist housing & supported living needs assessment which will report in March this year.

With this robust data, we will be in a better position to influence the number of homes in the community by providing an evidence base for the planning process and engaging in the development of the Districts & City local plan policies that are at various stages of review consultation.

The City Council along with the four District Councils are the Housing Authorities for general needs housing and we work closely with them and other partners to deliver system-wide solutions. Following the publication of the needs assessment, we will be developing a Housing Strategy, to map out how we will deliver the right housing in the right place for the people who we serve. This will include an extra care housing strategy to showcase our extra care housing service and ensure that it is an attractive, fit for purpose service.

We have developed a new ten-year Live Well Supported Service (Adults) Framework to ensure Oxfordshire has a range of providers who can demonstrate the capability and capacity to meet complex needs . The Framework will provide a new contracting and commissioning approach that the Council can tender supported living contracts through “mini tenders” as new accommodation becomes available through the council’s development programme.

We have invested through the Advance Discharge fund in two Housing Specialists to ensure best use of existing accommodation and develop capacity for complex needs. The system has also invested through the Discharge Fund in a specialist Dynamic Support Register Practitioner Team to provide intensive case management to proactively discharge back to County and support those people identified as high risk with complex needs to ensure where possible support is wrapped around the person in the community working with the Intensive Support Team (all age LD) and RAS (Reasonable Adjustments Team for Autism) to avoid admission or out of county placement.

We have also developed plans for an NHS England Capital Grant new build bid for a “Safe Space” as an alternative to hospital admission allowing time to ensure where possible an in-county resource can be identified / repairs and environmental adaptations are made to support an existing in County placement when needs are escalating.

For out of area mental health packages we continue to review out of area placements working with individuals and their families to identify opportunities to bring them back into county. Placements tend to be made out of area due to a limitation in capacity for people where needs are more complex. Once placed out of area this often continues to be the right option for them as people form local connections and have generally positive outcomes.

Whilst we work closely with the 'traditional' provider market one of our key values as a Local Authority is to dare to do things differently. For example, as part of the Oxfordshire Way the council commissioned Community Catalysts to stimulate the growth of micro-enterprises, focused on parts of the county where traditional care providers have a lower presence. This resulted in 86 community micro enterprises (CMEs) currently supporting 1,264 people with 3,564 hours of support.

Assistive Technology

Alongside 'traditional' care provision, assistive technology is also demonstrating impact enabling people to stay safely in their own homes and achieve decreased dependence on formal care. For example, the provision of a MemRabel 2, (memory clock) enabled a young adult with ASD and ADHA to become independent with personal care and taking medication. The equipment reduced his anxiety and challenging behaviour. The family described the equipment as 'life changing' and it provided a cost saving of £11,367 per year to Adult Social Care. The Assistive Technology team delivers mandatory training to all Adult Social Care Staff to promote these ways of working.

2023 saw the role out of our activity monitoring training sessions, looking at Canary Care and Just Checking. There was an increase in the use of this equipment from 2022 to 2023, and evaluation demonstrates that three installations delivered a cost saving of £105,612.

Case Study – Supporting Independence Through Assistive Technology

Mary is 82 years old and has Alzheimer's Disease. She is becoming increasingly forgetful and falling more frequently. She is very active, likes to go out to meet friends and is very sociable. She lives in supported living with no night-time support and has two daily carer visits to support with medication and meal prompts. There were reports of Mary showing increased confusion and walking at night and other residents were raising concerns about Mary's welfare with a possible increase in care being considered.

Canary Care was installed for 2 weeks which gave us data about Mary's actual movements both in the day and night-time. During this time no night-time door activity was detected and the use of Canary confirmed that Mary was leaving her flat but only during the day. This gave both the warden and other residents reassurance that Mary was not leaving at night and enabled her family to work with Mary to continue to support her to access the community during the day. This prevented a possible care home placement and supported Mary to continue living more independently.

We are also about to launch a pilot project using Intelligent Lilli over a six-month period in the Home First Neighbourhood (HFN) service. Intelligent Lilli is an unobtrusive activity monitoring system that allows us to monitor the patterns and behaviours of daily life to identify soft signs and changes that might indicate a change in health condition. This allows carers, loved ones and health and social care practitioners to be better informed in how and when they need to support people they are working with. Lilli will provide our HFN teams, family, carers and other professionals involved, a set of data to help us support independent living.

Specifically, in our D2A pathway, Lilli will support decision making about whether home is the right place for an individual to remain. Evidence of positive routines, patterns of behaviour and also absence of activity over night will help us support more people to remain safely in their own home.

The Assistive Technology team also have an equipment review group to review our current and new equipment on the market. For example, we have been reviewing the equipment for Telecare with the up-and-coming PSTN (Public Switched Telecare Network) to ensure our digital Telecare equipment is suitable and resilient.

Support in people's communities

We have a strong focus on supporting people in communities through initiatives such as community capacity grants, additional extra care housing places and an all-age accommodation framework for people with complex needs. Community capacity grants are demonstrating real impact on people's lives through supporting small organisations who work more directly with our communities. For example, a grant of £9,282 to Gig Buddies has enabled them to bring together volunteers with members to support them to do fun and interesting things like going to football matches, concerts or museums. Daybreak, a charity specialising in providing activities for people with dementia and offering respite for carers has benefited from a grant of £9,809 that has enabled them to support 1,500 people buying specialist equipment, nutritious meals and further staff training.

Case Study: Gig Buddies

A community capacity grant of £9,282 to Gig Buddies has had a direct impact on Katie, from Witney, who is 32 and has a learning disability. Like many people in their early 30s, Katie enjoys going out to clubs, and loves musical theatre, and thanks to a programme which introduced her to fellow musicals fan Gina from Oxford, Katie now enjoys going to the theatre and monthly Stingray club nights for adults with learning disabilities.

Katie says: "Having disabilities does not mean I can't do things I love. Through the gig buddy scheme, I've met a friend for life, going to shows in Oxford and having a great time at the Stingray nightclub. The positive experiences I have give me the confidence to take on other challenges and live life to the max."

Shared Lives

The Oxfordshire shared lives programme is a service where carers who have the skills, commitment and training have chosen to share their homes and lives with people who need support. There are around 100 shared lives households in Oxfordshire offering everything from short stays and support for a few hours a day to more long-term places to live.

Supporting Unpaid Carers

Carers Oxfordshire is commissioned by the council and the Integrated Care Board and is provided by Action for Carers Oxfordshire and Rethink Mental Illness. The service provides information, advice and support to unpaid carers over the age of 18 years who are caring for a person of any age. It supports carers to identify and manage their own needs and to plan for the future using a three-stage, strengths-based 'guided conversation' approach. This strengths-based approach aims to reduce social isolation and to enable carers to enjoy their own lives alongside their caring role. In 2022/23 the work of Carers Oxfordshire reached a large number of Oxfordshire unpaid carers through a variety of means including a telephone helpline (Carersline), email and text access, newsletters and the Carers website. Our carer assessment process allows carers to complete a self-assessment giving flexibility and control. Carer payments have been introduced as part of the support plan for carers.

In a recent Healthwatch survey 44 people reported that caring responsibilities were a barrier to health and wellbeing in Oxfordshire.[xiii] We recognise the vital importance of supporting carers' wellbeing and we have been able to introduce innovative projects that have supported carers in having short breaks from essential tasks that others may take for granted. For example, Feet Up Friday is a scheme in which a hot meal is delivered on a Friday evening for all the family so that the carer does not have to think about preparing a meal. A laundry service has also been introduced where laundry is picked up from the carers, cleaned and then delivered back to them.

Carer Champions are increasing across the whole system including our NHS Hospital Trusts, our own operational teams and throughout the council. We have established a staff carers group which has proved to be popular and is a safe space for our working carers.

Dementia Support

We work with the NHS to commission Dementia Oxfordshire a service provided by Age UK Oxfordshire to provide free, ongoing support for people living with dementia and their families in Oxfordshire. In 2023 the service supported 2,609 people living with dementia and 3,262 unpaid carers, completing 5,730 6-monthly reviews. The service is working with 71% of people living with dementia in the community. Feedback provided to the service demonstrates that it has helped to reduce isolation and loneliness, and decreased carers' anxiety and increased their confidence in their caring role. When asked about the impact the support had had on them carers report is "Made our lives easier" and that they "Feel supported".[i] A new educational offer has been co-produced with carers and people living with dementia, some of whom now assist in the delivery of the sessions. Additional funding has meant that the service has developed a preventative Memory Support Case model to support people with memory concerns or Mild Cognitive Impairment, providing people with advice to reduce or delay progression to a full dementia diagnosis on lifestyle adjustments.

Joint Commissioning and System Working

We have a strong joint commissioning function with significant pooled budget arrangements (c £500m in 2024-25), and we work with local people in a co-design approach to commission services that meet their needs. Commissioning strategies such as our All-Age Unpaid Carers Strategy have been co-produced with carers, and we are embedding working with people with lived experience from the outset in co-designing the recommissioning of our respite services. We continue to engage carers in the oversight and delivery of the carers' strategy action plan.

In establishing the Oxfordshire Home First pathway, we have moved into a 'system led' space with our health and voluntary sector colleagues. Joint accountability for change and investment in the pathway was achieved through collaborative working on a daily basis with our acute and community health colleagues. This integrated way of working continues to ensure all stakeholders are aligned in our ambitions for the service and outcomes for the people of Oxfordshire being supported by Home First. Positive working relationships have been forged between organisational leads which have then been modelled and adopted throughout the pathway to achieve a 'one team' feel.

This joint accountability was mirrored in the recent development of the Oxfordshire Transfer of Care Hub.(ToC) which has been successfully implemented across all discharge pathways. OCC teams have worked together with our Health colleagues to establish a truly multidisciplinary forum for all discharges to be discussed. This collaborative way of working ensures equitable decisions are made, learning and cross fertilisation of skills are the new culture, and ultimately the outcomes for the person are optimised.

Within the partnership working structures of the Oxfordshire Safeguarding Adults Board there are many examples of close working between Oxfordshire County Council's Adult Social Care (ASC) directorate and health organisations across Oxfordshire. One example is the strategic and procedural work overseen by the Board, such as the development of the Threshold for Accessing Safeguarding Services (threshold of needs) matrix. This was produced through a collaboration between Adult Safeguarding, the Acute Trust (Oxford University Hospitals NHS Foundation Trust), community hospitals (Oxford Health NHS Foundation Trust) and the care provider forum to develop a document covering the categories of abuse and neglect as well as those areas commonly reported as safeguarding concerns when another response may be required (Medication Errors, Pressure Ulcers and Trips & Falls).

Supporting the Adult Social Care Workforce

The social care workforce is made up of a diverse range of roles. Professional roles include social workers, occupational therapists, registered managers of social care settings, commissioners, customer service centre specialists, care workers, project managers, cleaners, co-ordinators, and administrators. Joint recruitment strategies are in place between OCC and Oxford Health, and we continue to develop secondment and rotational opportunities. In 2022/23, the Adult Social Care Workforce Dataset (Skills for Care) indicated that there were 18,500 filled posts in

Oxfordshire (4.8% or 900 in local authority, 78% or 14,500 in independent sector, 4.3% or 800 employed by direct payment recipients and 12.4% or 2,300 in other settings). About two thirds of these roles are workers providing direct care. In ASC there are 723.23 FTE in January 2024 and 88.35 in HESC.

Workforce is a key area of focus for the Directorate Leadership Team (DLT). Key workforce data including staff turnover, leavers, and sickness are reviewed quarterly at DLT meetings. Monthly Practice, Performance and Pounds (3Ps) meetings with the extended leadership team for the Directorate also provide a space for discussion around workforce issues.

The majority (77%) of the local authority ASC and HESC workforce is female. Across the internal and external care workforce the figure is a little higher at 80% female, and the average age is 44/45. Our internal workforce is predominantly white (87%) and whilst the population of Oxfordshire is also predominantly white, in the wider population there are 23% of people who are of an ethnic minority background, so this is not fully reflective of our population. However, as a total social care workforce across Oxfordshire including the independent sector, 29% are from ethnic minority groups. The staff vacancy rate in Oxfordshire for 2022/23 was 15.2% which is higher than the UK average of 9.9%. The local authority turnover rate was 8.5%, whilst in the independent sector it is 47.1% and the latter is significantly higher than the national average of 30.4%. This is particularly challenging in the context of the 15% of the Oxfordshire social care workforce who are above the age of 60 and therefore approaching retirement age.

We are working with care providers to support them in what we recognise can be significant workforce challenges attributable to four key factors:

- Increasing demand for care and support, as the population of Oxfordshire grows and ages
- Challenges in recruiting new entrants to social care
- Increasing skill levels required for adult social care work, as people's needs become more complex
- Challenges in retaining staff in the sector due to comparable or better pay in other sectors, for less demanding roles

A workforce strategy has been developed in collaboration with key stakeholders, including care providers, which sets out the challenges facing the workforce and how together we plan to respond to these. We sought feedback on this draft strategy (here) to help us shape a delivery plan for the next three years to ensure Oxfordshire has a highly skilled, resilient and diverse workforce that can provide quality care and support to residents who need help and support. We are going through a peer review process with Partners in Care and Health in March which will ensure that the document is robust, and after this it will be published on our website.

Our workforce development delivery plan includes key objectives of reducing vacancy rates and turnover rates as well as driving inclusivity and diversity, and training and retaining our workforce. We have recognised that attraction and recruitment efforts need to focus on and appeal to younger people. We have a dedicated post in HESC to promote adults social care careers to school leavers and

young people, reporting to our Workforce Strategy Lead. In Quarter 3 of 2023/24 there were 105 agency bookings across the Directorate, the majority of which were in social care teams. It is a key part of our resourcing strategy to address vacancy issues and reduce agency spend.

Provider feedback indicates that they welcome the way in which we are seeking to work with them and would welcome further development of this relationship through increased communication and partnership working.

We hold regular workforce round table events with a focus on working collaboratively with providers to support workforce development. This collaborative working drives tangible outcomes such as a new website that has been launched aimed at bringing more people into caring positions in Oxfordshire. Proud to Care Oxfordshire has been developed by Oxfordshire County Council in partnership with Oxfordshire Association of Care Providers (OACP). The website highlights the broad range of jobs available in the care sector as well as providing a free platform for care providers to advertise any opportunities they have available.

We have also worked with The Care Workers' Charity (CWC) awarding them a total of £322k, of which £319k was assigned to the crisis grant fund which is used to financially assist current, former or retired care workers. One person who received this support described how the funding enabled them to continue to work in their role in a care home in Oxfordshire (see more here).

Our workforce strategy draws on data from the social care workforce dataset that does not include data from the most VCS partners, but we recognise that this is a sector that also faces key workforce challenges. As a key partner we will continue to work together with the voluntary and community sector through governance such as the Transformation Group and PIP to discuss these important issues.

Case Study – Workforce Round Tables

We have held a series of workforce round tables to explore and investigate our shared workforce challenges. These events have fostered sharing of good practice and collaboration enabling providers to support each other in developing ways of working. One organisation shared an example of how they have worked to champion their diverse workforce and generate mutual understanding between them and the people they support. This has encouraged a more person-centred relationship between people being supported and their care workers based on shared experiences. Other organisations have then mirrored this approach with international recruitment with positive outcomes.

Quality Monitoring of Services

Our approach to quality monitoring of externally provided services is set out in our Quality Improvement Protocol.[xiv] The council's Quality Improvement Team undertake a range of monitoring interventions gathering performance data and where required conducting regular contract monitoring meetings. They will also conduct periodic on-site reviews and work with safeguarding, regulatory bodies, inspectorates, as well as

commissioning and operational teams where there are issues of concern. The quality improvement team draw on a wide range of sources including KPI data from providers, provider assessments, capacity tracker data and information from expert by experience quality checkers.

Where people receive care out of county we will work with the host local authority to assure ourselves of the provider's quality before a placement is made. In most cases we will expect the host authority to lead on managing the performance of providers in their area. We will have regular contact with host authorities with whom we have an out of county placement to ensure the provider continues to operate to a good standard or, if providers require improvement, to get updates on action plans.

The quality improvement team and safeguarding work together to ensure that provider performance and safety are closely monitored and that where the quality of service is not at the required standard appropriate action is taken and, where needed, embargoes are put in place until the issues have been addressed. We communicate this to the providers and to operational teams as traffic lights; with Green indicating no concerns with the provider, Amber indicating issues around the standard of care and to seek advice from Quality Improvement before placing and Red to indicate serious concerns and not to use. The provider will be given timeframes in which to make the improvements with a warning that a failure to do so may result in contract termination.

We are exploring the possibility of working with our care providers to include people who use care, support and housing services in quarterly contract meetings. This would further widen existing channels of engagement in quality improvement such as requesting feedback from people who use services, their families and friends, and allows us to hear first-hand from people with lived experience and use this to drive improvement.

Case Study: My Life My Choice

My Life My Choice is an advocacy service run by people with learning disabilities and autism. The council funds them to act as experts by experience, reviewing our services and respite for people with learning disabilities and autism and delivering reports and recommendations on those services. Working in this way over the last 10 years we have developed strong relationships with the group who triangulate our quality assurance and provide us with an alternative perspective based on the experiences of people using and living in our services. My Life My Choice review over 40 services per year and they work directly with people using services and their families, and some of their experts by experience also live in supported living themselves. Last year (2022/23) they spoke to 116 people with learning disabilities in supported living and communicated with 53 families (2022/23). Quality Improvement Officers work closely with them, sharing learning and bringing together different perspectives to build a stronger view. My Life My Choice share their reports directly with people who use the services and their families and produce easy read succinct reports.

CQC Theme 3: Ensuring safety within the system

Our Ambition

Our ambition in Oxfordshire is to continue to embed safety and safeguarding into our practice, procedures and strategic decision making. We want to promote a culture of learning and continuous professional development from adverse events, and from sharing good, safe practice across the system partners.

Our Strengths

- A robust Safeguarding Adults Board which oversees learning from adverse events
- Making Safeguarding Personal is embedded in team practice and procedures
- Good practice around transitions including for young people aged 16 to 25 and for people leaving hospital

Areas for improvement and development

- Managing demand into safeguarding and reducing wait times
- DOLS waiting list figures are high and have continued to increase and we are implementing an action plan to address this
- Improving audit methodology to ensure practice learning drives strengths-based practice

Key Statistics

Activity	Working Well	Priority Area
6770 safeguarding concerns in 2022/23 of which 28% went on to Section 42 enquiries	73% of people who use services feel safe compared to 70.9% in the region and 69.7% nationally	Number of safeguarding concerns raised has increased by 14% from 2021/22 to 2022/2
98% of people where desired outcomes were asked for and expressed had their outcomes fully or partially met from a safeguarding enquiry in 2022/23	90% of adult social care providers in Oxfordshire are rated good or outstanding compared to 83% nationally	352 DoLS applications completed per 100,000 population in 2022/23

Moving Into Adulthood

We have good transition pathways for young people aged 16 to 25 through our co-produced Moving Into Adulthood Team. As a Local Authority we have recognised the importance of a positive and successful transition into adulthood for young people

with additional needs. This has resulted in us creating through co-production a standalone ‘Moving into Adulthood’(MiA) Team which has been in operation since June 2021. The team aligns with Education and Health and Care Plan (EHCP) processes and works with young people until they have successfully transitioned from education into adulthood. Our children's occupational therapy team work with adult occupational therapists and housing to ensure joined up working and smooth transitions between children's and adults’ services. We have seen positive impact being made with more coordinated multi-agency working, earlier identification of young people who will need ASC support and smoother transitions at key points in a young person’s life such as when they turn 18 and when their EHCP is ceased. This has led to an increase in young people open to the team from 229 in 2021 up to 463 in February 2024. The percentage of people referred to the team who have an assessment in place by their 18th birthday has increased from 58% in 2021 to 84% in February 2024 with 77% of young people having a support plan in place by their 18th birthday, compared to 20% in 2021.

Transfer of Care and Reablement

The hospital discharge pathways in Oxfordshire have also been a significant area of development over the last 12 months. Building on the existing success of the relatively new Home First reablement pathway, (achieving an average of 77% of people reaching full independence over the last 12 months) the teams have worked through pilots and test and learn cycles to move into a fully implemented Discharge to Assess (D2A) model in January this year. The Oxfordshire D2A model aims to reduce the time people spend in hospital once they are medically optimised to leave. This 7-day service consists of four Home First Neighbourhood teams, who are community based and a front door team working into the Oxfordshire Transfer of Care Hub. The Transfer of Care Hub is responsible for convening a decision-making multi-disciplinary team to decide on the appropriate discharge pathway for the patient and coordinates proactive planning for discharge to ensure the patient is ready to leave on the day they are Medically Optimised for Discharge. This collaborative team is made up of staff from acute health, community health, social care, voluntary sector and housing and convene three times a day to ensure joint decision making for people leaving hospital happens in a timely and joined up way.

Data so far shows that around one third of people who would have previously been referred for an ongoing package of support prior to hospital discharge, are now being supported under a reablement framework and have reductions in their support needs and increases in independence. Based on December 2023 figures this means an additional 92 people were supported on a reablement pathway, contributing to the reduction of 1,152 reablement care hours in that month alone.

The D2A model not only supports hospital flow, it supports strength-based working and the Oxfordshire Way, recognising that longer stays in hospital can lead to worse health outcomes particularly for older people. This is our drive to make going home the default pathway, with alternative pathways the exception for people who cannot go straight home. Being able to support and assess people in their own environment promotes dignity, control and personalisation of the support being provided. Understanding people as individuals, and how they function within their own home, helps our social care staff to identify community-based resources that will support

sustainable independence. Preliminary data shows that people leaving hospital under the D2A pathway are getting home more quickly once medically optimised, with fewer delays.

Support in people's home at the point of discharge is delivered by D2A pathway strategic providers. These providers use an enabling approach to all the support they deliver ensuring they work closely with our new Home First Neighbourhood teams. Daily MDT meetings and huddles provide opportunities for working with our providers but also our acute health and community health colleagues to ensure a person's needs are met holistically.

The hospital social care team includes a link worker role to work collaboratively with providers and ensure effective liaison with people and their families throughout the journey. A link worker is allocated for each person leaving hospital. This may be a social worker, Occupational Therapist, or coordinator who plans the provision of reablement, voluntary support/signposting or formal care via a Care Act assessment where necessary. The service includes provision of physiotherapy to support rehabilitation needs and to maximise independence wherever possible. Having physiotherapy embedded in a social care service is a strong example of joint working between the local authority and the NHS and demonstrates the commitment to system working to achieve the best outcomes for Oxfordshire's residents.

Case Study – Impact of Reablement

Mrs H (90) was admitted to hospital having had two falls, with a long lie on the floor before being discovered after the second fall out of bed. After a few weeks in hospital Mrs H was discharged home with reablement support through Home First. The Home First occupational therapist met with Mrs H who explained that before her fall she had been attending the gym and was a former athlete. They talked about her awards and achievements and Mrs H explained how she wanted to live her life and do things for herself including going to the gym. The reablement team including support workers and the occupational therapist worked with Mrs H to help her regain her independence in managing her personal care, to regain her confidence and get back to using her stairs. By the second week of reablement support, Mrs H felt ready to go outdoors again and walked to the end of the road and back with the occupational therapist but without any mobility equipment, getting her towards her goal of reaching the bus stop in order to get back to the gym.

Small items of equipment were provided to help Mrs H feel secure in bed and to use her shower. After 19 days of reablement Mrs H was discharged as independent with no ongoing care needs.

Transfers Between Teams

Through the Oxfordshire Way our goal is to put people at the heart of all we do, thinking innovatively about how we deliver support. Good collaborative working between teams and our partners is a key part of this. We know this is an area of importance for people who use our services and carers, and some people report that they experience a lack of co-ordination across workers, departments or services.[xv] We are working hard to

address this, and continuity begins from the very first point of contact, as our Customer Service Centre staff use the same prioritisation tool as our locality teams, ensuring a consistent approach leading to a proportionate response and robust identification of risk and required action.

When there are overlaps between teams, for example a referral to both an occupational therapist and a social worker we work collaboratively to deliver the best assessment for the person, and staff are trained as trusted assessors with the skills to avoid unnecessary transfers between professionals. We work actively to reduce transfers, looking for the best fit to promote the best interests of the person. If transfers are necessary it is part of our process to inform the person so that this is clear and transparent. We are constantly striving to improve transfers, for example locality teams are working with safeguarding to further develop 'warm' handovers when people move between safeguarding and other teams and are exploring the potential for co-location and shadowing of roles to promote mutual understanding of roles and responsibilities. The review team also takes a collaborative approach, identifying a practice supervisor to link to the receiving team to ensure a smooth handover when there is an identified change in need.

This approach is extended to our external partners. For example, we have funded posts from external partners within locality teams, e.g. Oxford City Council, Homelessness and Disabled Facilities Grant work / Housing Occupational Therapy. We work with the Health Integrated Locality Team, attend MAPPA level 2 and 3 meetings with our external partners and our Occupational Therapy and Home Improvement Agencies have a joint database to enable transfer of referrals and warm handovers. We undertake joint multi-disciplinary assessments when people are transitioning out of continuing healthcare funding to ensure that there is no delay or difficulty in transition for the person.

We have information sharing arrangements with our key partners, for example Carers Oxfordshire and the Fire and Rescue Service have access to our database to enable them to link with our teams, and we have a health information exchange which enables social care to view relevant health care data avoiding people having to tell their story twice.

Approved Mental Health Professional Service

Our Approved Mental Health Professional (AMHP) Service safeguards the rights of service users through checks and balances by offering an alternative to the medical model. We engage with individuals and carers/families when people experiencing mental health crisis have met the threshold for assessment under the Mental Health Act 1983 (MHA). We ensure decisions are within the context of least restrictive options for the service users and uphold and support civil liberties under the Human Rights Act 1998. The number of referrals to the service are around 1,500 per year (see Figure 5).

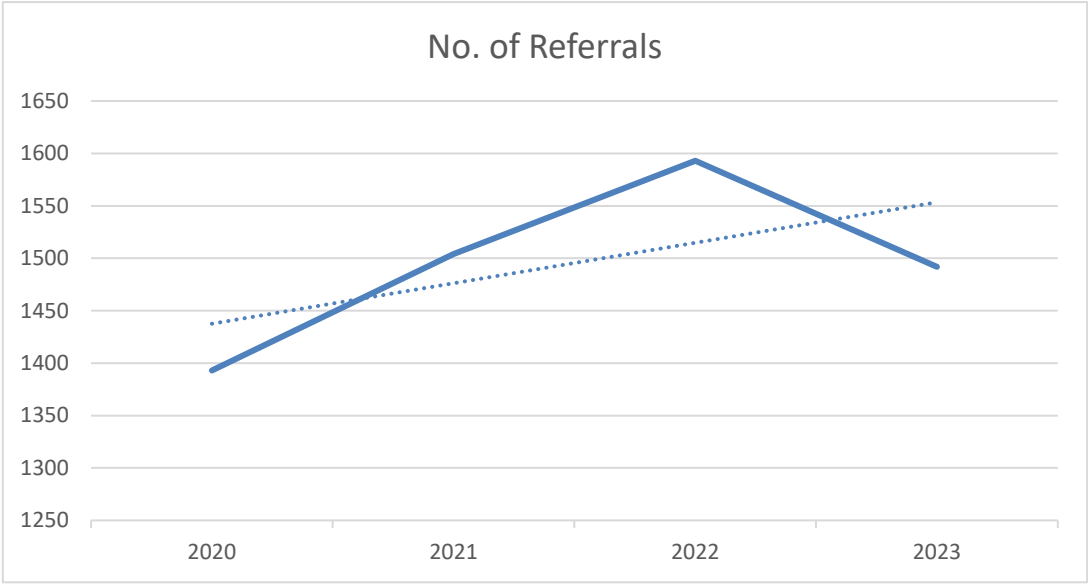


Figure 5

Our AMHP workforce is composed of a combination of rota, casual and substantive staff. Nationally, recruitment of AMHPs is challenging and we have therefore committed to a model of 'growing our own AMHPs' by identifying and investing in suitable trainees. The AMHP training co-ordinator commissions suitable refresher training and keeps a record of training undertaken.

Case Study –Supporting a person with extensive needs to return home

Bob (78) with a diagnosis of Bi-Polar and mild-cognitive impairment and depression was referred to the Older Adult Mental Health Social Worker Team by the Older Adult Mental Health Community Team due to increasing risk of further deterioration of his mental health He was not taking his medication as prescribed, there was some self-neglect, his informal care support was at risk, and his physical health was significantly at risk due to the unhygienic and unsafe condition of his home. He had had a number of falls and was not attending to his personal care.

Bob agreed to move into a short-stay placement at a local care home and for improvements to be made to his home environment to reduce risk. Bob's mental wellbeing improved significantly in the care home, he engaged with care staff and professionals, ate well, slept better, kept active and was accepting personal care. A re-assessment recommended that a full-time residential placement would be appropriate to support his needs, but Bob wished to return home. A Mental Capacity Assessment was completed which determined that he had the capacity to that decision.

Now home, Bob has shared his appreciation for the social work intervention, and returning home has provided him with a fresh start in a safe environment where he can live a rich and fulfilled life within his own home whilst still mitigating risk. Delivering the Oxfordshire Way and applying a person-centred approach, enabled Bob to voice his wishes to return home and for this to be achieved.

*Name altered to anonymise

In addition to formal supervision of individual AMHPs, AMHP reports are scrutinised on a continuous and on-going basis by the management team for quality, as are supervision records. Every AMHP is required to complete a report on our case management system of each MHA assessment they undertake, recording the reason for the assessment, the assessment itself, the risks to the patient and capacity of that patient to make decisions, and the outcome of the assessment.

Our AMHPs work well with our partners including Oxford Health NHS Foundation Trust, Oxford University Hospital NHS FT, Thames Valley Police, and South-Central Ambulance Service and have worked to develop and sustain positive multi-disciplinary relationships.

Contingency and Emergency Preparedness

Our Emergency Duty Team (EDT) comprises 10 adult social care social workers and 10 children's social workers. They provide an out of office hours social work response and are co-located with Thames Valley Police, a collaboration which has enhanced working practices around safeguarding children and vulnerable adults.

We have business continuity plans in place across the directorate, as well as a council-wide incident management framework. We have a bank of volunteers from across our staff who form a core team to respond to unexpected incidents and support people with an adult social care need.[xvi]

Provider Monitoring and Provider Exits

Latest published data shows that 72.6% of people who use services in Oxfordshire feel safe, compared to 70.9% in the region and 69.7% nationally. A further question which asked specifically if our services make people feel safe found that 85.7% said that they did compared to 86.8% in the region and 87.1% nationally.[xvii]

The CQC provider ratings evidence that that 90% of social care providers in Oxfordshire are good or outstanding compared with 83% nationally.

The safeguarding team works closely with the quality improvement team to identify risks. Strategy discussions occur early in the process and a multi-disciplinary approach is taken where appropriate. We have a Multi-Agency Risk Management (MARM) process for high-risk cases. MARM meetings are well-supported by ASC and health partners working together to provide professional expertise. MARM demonstrates a strong collaborative approach to working with the individual to reduce risks in their lives, working preventatively to ensure people remain autonomous and feel empowered in their lives. Work is in progress around transitional safeguarding. Serious Concerns meetings and our Care Provider Governance Board are further examples of partnership working, learning and quality assurance.

We have recently refreshed our serious incidents process and guidance to provide clear guidance and a governance structure for all staff. Our serious incidents are to be reviewed via the Internal Assurance and Governance Board. Our serious

concerns process is established through our Quality Improvement Protocol which has been recently refreshed.

The council has developed a clear approach to provider handbacks and contract terminations. Where contracts are ended the quality improvement team work with operational colleagues and other stakeholders to ensure that each person continues to receive the care that they need. They do this through a multi-disciplinary meeting to address each person's needs in turn and take appropriate action to review their needs and resource care where required. For example, a large home care provider failure to assure the council of its ability to provide safe care for the 130+ people they supported. The concerns included mistreatment of overseas workers, recording errors and invoicing discrepancies. After following the traffic lights process a decision was made to terminate all of the care packages and resource care. As a result of the process outlined above all packages were resourced within 2 weeks.[xviii]

Case Study – managing provider failure

In December 2022 ‘Homecare Company A’ approached the Council to advise that they couldn’t continue to operate their homecare business without significant investment. This would have meant increasing their per hour rates well above the established baseline for homecare in the county. This would not have provided good use of budgets to meet the needs of all our residents and we reached a **mutual agreement** that ‘Homecare Company A’ would **exit the market**. The council worked with the provider to ensure that there was no gap in care delivery while alternative providers were sourced, and reviews were undertaken with people who were being supported **working collaboratively** with them to agree on next steps. This approach allowed us to **put the resident at the heart of everything** that we did and ensured that an ongoing working relationship with the wider organisation behind ‘Homecare Company A’ could be maintained.

Safeguarding Adults Board

We have a robust Safeguarding Adults Board (OSAB). We commission an annual self-assessment and peer review which includes feedback from partner agencies. The engagement sub-group is active and includes our advocacy provider and similar organisations, such as My Life, My Choice. Through them and the partner agency's existing engagement mechanisms the subgroup aims to gather the voices of those with lived experience.

Safeguarding thresholds are clearly set out in OSAB procedures and the matrix is used for referrals. Referral data is analysed and identified trends are addressed with the agencies through information sharing meetings and at the Board.

Safeguarding training begins at induction and the training subgroup of the SAB (joint with the OSCB) coordinate ongoing training. Training is evaluated through the subgroup. Education on the issue of modern slavery is included in pathways and training.

Case Study: Homeless Mortality Reviews

As a result of work through our Safeguarding Adults Board a Homeless Directors' Group was formed bringing together partners from the County Council, City and Districts, with key stakeholders including health and probation. This multi-agency approach has strengthened our oversight of this key area of work and has led to the creation of Oxfordshire's Homelessness and Rough Sleeping Strategy 2021-2026. Crucially, it has also led to a regular Homeless Mortality Review Meeting which has enabled us to get to root causes of homeless mortality with the aim of instigating preventative measures to support this vulnerable group within our population. Bringing people together for Homeless Mortality Review meetings enables partners to have open and honest discussions which drive forward learning in a safe space.

As a partnership we have also introduced a new role of Making Every Adult Matter Officer which has a key focus on identifying trends in homeless mortality and working with the most complex to support them and reduce and prevent further excess deaths.

Safeguarding

In 2022/23 Adult Social Care in Oxfordshire dealt with 6770 safeguarding concerns. Demand into the Safeguarding Team continues to increase as the number of concerns raised has increased by 14% from 2021/22 to 2022/23. Enquiries have also risen over the same period by 10.5% (Figure 6). We have working to reduce the number of inappropriate referrals received into the safeguarding team. This has included meeting with key partners to address the issue at source, such as South-Central Ambulance service (SCAS). SCAS has presented to the Board regarding work they are undertaking internally to reduce inappropriate referrals across authorities, such as delivering safeguarding training to their staff and undertaking routine auditing. Work is being piloted in Hampshire and we will be looking to evaluate the impact. Further work with other partners including the police and providers is planned. Our Safeguarding team operate a consultation line that is monitored by a manager who answers queries and signposts to relevant teams and services when not appropriate to for safeguarding.

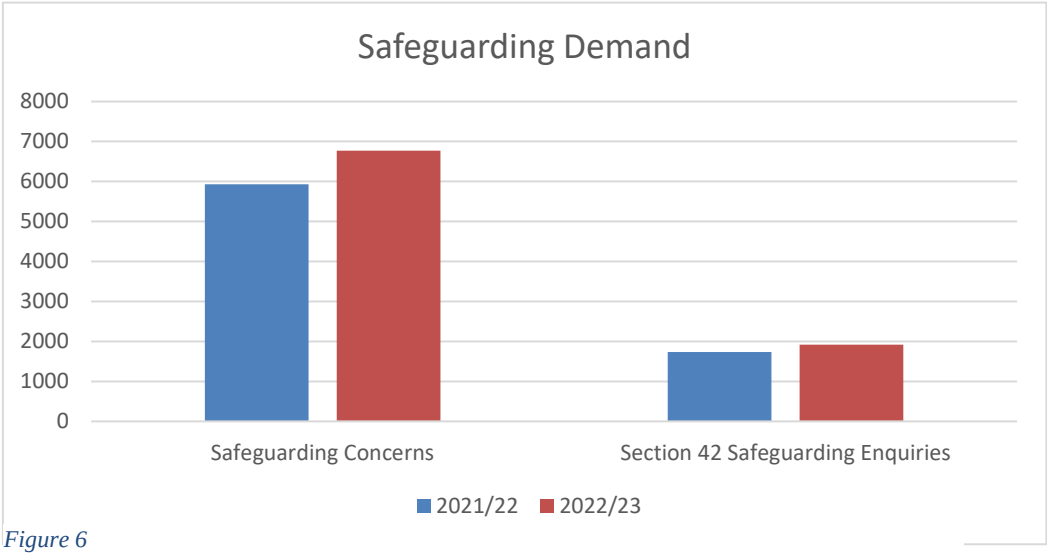


Figure 6

The Care Act does not define timescales for safeguarding, but we have set internal timescales based on the outcomes of a benchmarking exercise where timescales proposed by other local authorities were researched and considered:

- Concerns should be raised on the same working day
- Triage of concerns should be completed within 2 working days
- Allocation of enquiry to a worker withing 10 working days from completion of triage
- Enquiries should be completed within 20 working days from allocation

These timescales provide a framework but are approached flexibly, for example where there are complex cases.

A new service manager for safeguarding is now in post and an action plan is in place to reduce waiting times and work together with partners to ensure partners are confident in raising appropriate safeguarding referrals.

A robust action plan has been implemented introducing a weekly meaningful measures meeting between the Deputy Director, Service Manager and the safeguarding leadership team to support staff to develop practice, increase oversight and awareness on cases. A planned trajectory to decrease open triage cases and open enquiries is being closely monitored and is demonstrating impact (see **Error! R eference source not found.**). It should be noted that triage numbers increased in November due to fluctuations in staff resource which have now been addressed. The fluctuations in staffing created temporary shortages resulting in delays in the Triage pod. To respond to this, we have increased staffing and in December, we adopted an all staff on duty approach. All safeguarding staff work in the office to support peer to peer learning. This has led to improvements and in recent weeks the numbers of referrals are stabilising, and timeliness has improved in cases opened over 5 days. We anticipate that further improvement in triage pod will be gained through close monitoring both within the meaningful measures and weekly meetings with Practice Supervisors.

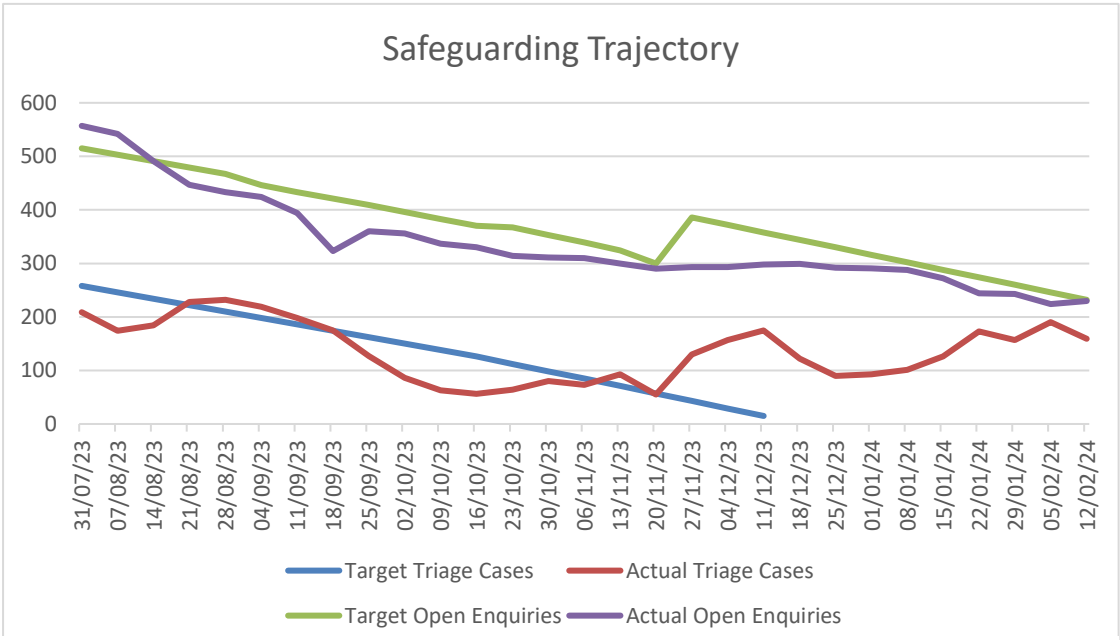


Figure 7

Particular focus has been given to unallocated cases. In June 2023 this stood at 322 people. On 12th February 2024 unallocated cases currently stand at 29 people with a median waiting time over the last 12 months of 10 days. There is more work to be done in this area with the action place to support this.

Making Safeguarding Personal

Making Safeguarding Personal (MSP) is embedded in the team practice and procedures and refresher learning sessions are delivered by the Principal Social Worker. People going through the safeguarding process are asked what outcome they want to see, and this is recorded and later reviewed to monitor if it is achieved. The percentage of section 42 safeguarding enquiries where the desired outcomes were asked for and expressed and were then achieved was slightly higher than the England average for 2022/23. Outcomes were fully achieved for 63% of people in 2021/22 rising to 68% in 2022/23 of those who expressed a desired outcome. Nearly all (98%) had their outcomes either fully or partially met in both 2022 and in 2023.[xix]

Auditing of safeguarding practice is feeding into action planning to ensure that desired outcomes are asked for at the earliest stage. The service manager and operations manager are currently completing a number of audits to see if MSP remains embedded in practice as well as timelier decision making whilst ensuring that desired outcomes are achieved.

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

Councils in England have significant backlogs in processing DoLS applications, and the requirement to complete a standard DoLS authorisation within 21 days and urgent authorisations within 7 days is frequently not being met. In 2022-23 Oxfordshire completed 352 applications per 100,000 population compared to an average in England of 638 and the percentage of DoLS authorisations completed within 21 days was lower than the England average, and the average time from receiving an application to last assessment was also significantly higher.[2]

Due to unforeseen changes in service management arrangements in 2022 and a delay in the Liberty Protection Safeguards being implemented, gaps in staffing highlighted the need for a review of existing staffing levels. This has led to a business case and procurement piece to reduce 500 of the longest waiting cases in this financial year, and in Q1 of 24/25 an action plan to further reduce the DoLS waiting list is also being introduced. An ADASS rag rating tool is used when all authorisation requests are received ensuring that a clear procedure is in place to determine urgency and risk.

[2] For details of the average, median and longest waits over the last 12 months see IR29 in the Local Authority Information Return.

Mental Capacity Act and Best Interest

We adhere to the Mental Capacity Act and associated Best Interest principles in the Code of Practice in all areas of adult social care practice. The DOLS Team provides support and guidance in implementing the Mental Capacity Act to teams and individual practitioners. All staff complete necessary e-learning as part of their induction training and additional refresher training is available. Staff are supported to develop their assessment skills via supervision, reflective discussion and observation within their teams. Occupational Therapists complete the core e-learning sessions available to all staff. In addition to this we have recently embedded additional learning and development sessions to focus specifically on Mental Capacity/ Best Interest in relation to Occupational Therapy. This gives the staff examples which they can apply to practice.

The DoLS team supports teams with targeted CPD sessions on request. Practitioners consult with the team with queries and dilemmas. Work has started to support teams to recognise when a deprivation of liberty is occurring and to ensure that appropriate referrals are made in a timely manner. The team works with partner agencies, care providers and carers representatives to increase knowledge and understanding of the Mental Capacity Act and DOLS.

Mental Capacity Assessments and Best Interest decisions are a key part of safeguarding safety planning. We undertake mental capacity assessments to identify whether people referred to safeguarding can make a decision about their desired safeguarding outcomes, or whether that decision will need to be made in their best interests. Where the person is assessed as lacking mental capacity, it is ensured that they have advocacy support, either through an informal route or through formal advocacy services. The Mental Capacity Assessment also underpins the right of people with capacity's right to make their own choices.

Complex Needs

We have a Dynamic Support Register in place for those with high complex needs with learning disability and autism. We have strong partnership working around the (Learning Disability Mortality Review) LeDeR process which provides a thorough multi-agency review of how all organisations have worked with an adult with a learning disability who has died, regardless of cause of death. Health and Social Care organisations come together to pool their collective knowledge of the person and scrutinise the practice of organisations and how they worked with the person to determine if this was of a good standard. These reviews have led to challenging but constructive conversations between partners holding each other to account without blame that have improved the outcomes for adults living with a Learning Disability. This was demonstrated during COVID, where the rate of deaths amongst the LD population was the same as the general population, despite reports from other areas that adults with LD were disproportionately affected. Equally, this joint working and scrutiny has led to the leading cause of death for an adult with LD in Oxfordshire to be the same as an adult in the rest of the population (VAM (LeDeR) Panel Annual Report 2021-22).

Quality of Practice

Our Quality Assurance Framework drives a focus on quality practice and continuous improvement and assurance outcomes are scrutinised by Internal Assurance and Governance Board.

Our Practice Standards describe the way that we work in Oxfordshire Adult Social Care and the expectations for the quality of practice. They describe the processes, principles and standards of practice that can be expected by the residents of Oxfordshire, our colleagues and our partners. They support us to ensure safe, ethical and effective practice, keeping the people we work with at the heart of all we do. The practice standards are linked to our corporate values and our vision for adult social care, including “The Oxfordshire Way”. They are derived from legislation, statutory guidance, and professional standards. The Practice Standards are newly published, and we are in the process of socialising the document with staff and ensuring it is a useable tool to support practice development.

Recent practice audits have been completed for locality teams and the safeguarding team. Both results highlighted the need to focus on the voice of the person, their desired outcomes and timely contact from the service. Feedback and learning sessions led by the Principals have been delivered alongside the implementation of the Practice Standards.

The Principals also audited the waiting list to identify areas of practice development and how we can best manage the risk. As a result, Locality One Page Screening Guidance has been developed in consultation with staff. This provides support and structure for the management of locality waiting lists and supports staff to make decisions, involve the person and record in a consistent manner. This work has supported the teams to manage risk within their waiting lists, reduce the number of people waiting via screening practice and ensure consistent practice across the teams. The Principal Social Worker and Principal Occupational Therapist have reviewed our audit and quality assurance processes and refreshed audit tools are currently in development.

CQC Theme 4: Leadership

Our Ambition

We have a clear strategic vision for Adult Social Care set out through the Oxfordshire way. Our ambition is to embed and promote a culture of continuous learning and improvement across our workforce. We want to build a modern service that promotes innovative solutions to the needs of our residents.

Our Strengths

- There is strong leadership with clear vision, well understood roles and practice leadership
- We are actively involved in sector-led improvement locally, regionally and nationally
- We have a strong commitment to innovation and continuous improvement

Areas for improvement and development

- Improving our use of data to strengthen monitoring of performance and quality
- Expanding our sources of continuous feedback from people who use our services to drive learning and development
- Principal-led learning through audits to drive ongoing practice improvement

Key Statistics

Activity	Working Well	Priority Area
Over 300 staff in 14 teams gained professional development through team-led transformation approach	95% of staff agree they feel confident the work they do has a positive impact on citizens	264 audits completed on people on waiting lists

Well-led

We have a clear, strategic vision for Adult Social Care established through the Oxfordshire Way.

The Oxfordshire Way is underpinned by the strategic intentions set by our Corporate Plan and the directorate has a service plan with clearly identified priorities and plans that are monitored on a quarterly basis by our Directorate Leadership Team.

Oxfordshire's political and executive leaders are well informed about the potential risks facing adult social care and governance arrangements are in place to ensure they are kept updated on issues. There are regular briefings with the Cabinet and portfolio holder and wider Members. People's Scrutiny are briefed regularly on issues including budgets, risk, and assurance.

We do however recognise that our recent workforce survey highlighted that for our staff, and particularly those at team manager level across the directorate, leadership is seen as an area for further development. We are addressing this through a variety of means including staff listening events, drop-in sessions, increased visibility of leaders in our offices.

Risk Management and Assurance

We have robust risk management processes in place through risk registers and performance monitoring arrangements. We have an Internal Assurance and Governance Board that meets monthly and reviews areas such as complaints, serious incidents and concerns and safeguarding.

A new data reporting and analysis approach has been developed that will further strengthen strategic oversight, inform prioritisation and drive continuous improvement through internal and external benchmarking. Adult Social Care are also working alongside public health to utilise data effectively in order to tackle inequalities.

Oxfordshire's Internal Assurance and Governance Board and 3Ps extended leadership sessions both meet monthly and provide internal scrutiny and challenge and report to ASC Directorate Leadership Team.

The ASC Staff Forum has been refreshed and feedback from staff is being captured and shared with Internal Assurance and Governance Group through regular reports from the Principal Social Worker and Principal Occupational Therapist.

Sector Leadership

We are actively involved in national and regional learning and improvement demonstrated by our role as a trailblazer for the charging reforms. Through this programme we worked alongside the DHSC and 5 other Local Authorities to shape reform implementation

Financial Strategy

There is a clear Medium Term Financial Strategy in place and Adult Social Care (ASC) has a clearly developed savings plan which demonstrates its understanding of the savings targets for ASC as well as the approach it takes to oversight of delivery and realisation of benefits. Savings plans are aligned with our overall priorities and are transformational. There is clear governance for this process through the '3Ps' and DLT.

Transformation

There is a transformation programme in place with project management and strategy support from a dedicated Strategy and Innovation team. The transformation programme is reviewed monthly through Transformation Directorate Leadership Team meetings.

Living our Values

Our Delivering the Future Together Programme is firmly embedded in all our Council teams including Adult Social Care. The values of integrity, equality and diversity are a strong focus of the programme. The senior leaders have completed training in the programme and live the values alongside the workforce. Our supervision guidance which has been refreshed over summer 2023 refers to the programme and the values base, it encourages managers to consider members of the team who may have protected characteristics and how any support may need to be adapted to accommodate this. The guidance asks for feedback to be shared and to actively encourage staff to give and receive feedback, and staff have received a learning session with a focus on supervision.

We are a Disability Confident Employer and Stonewall Diversity Champions and hold gold status Armed Forces Covenant. We have a range of staff groups to connect, empower and champion for staff including the LGBTQI+ awareness network, the Carers' Network, and the Race Equality and Cultural Heritage Network (REACH). A new Women's Network was launched in September 2023, and our Young People's Network is relaunching in February 2024.

Learning from feedback

Over the past year Adult Social Care has been developing its approach to gathering, triangulating and responding to feedback from people who use our services and local residents. Learning from this feedback enables us to improve the ways we work with Oxfordshire residents as part of our continuous improvement journey.

During 2023 Adult Social Care piloted and then rolled out across the service a survey for people who use adult social care services that is issued at key trigger points along their care and support journey. Between 9th January and 14th December 2023, 357 people completed our ASC survey. We make the survey available online and the majority (70%) accessed it in that way, but over 100 people chose to complete and return a hard copy by post. Internal Assurance and Governance Board has initiated receiving monthly updates on the outcomes of the survey, via the Principal Social Worker report. The Board also receives quarterly Complaints Reports and the Voice of the Customer Manager attends the Board in order to discuss key themes, trends and learning. On average there are 45 complaints received each quarter and a similar number of lower-level issues which are classed as service requests or concerns. The majority are coded as 'multiple issues' reflecting the often-complex nature of people's complaints. However, other common issues are disputes over financial or funding issues, service failure, and lack of contact or action.[xx] Our complaints policy is published on our website.

Embedding Co-Production

Underpinning all our work is a focus on the impact we have on people's lives and the outcomes for our residents. We recognise that working in co-production is vital to ensure that people with lived experience work alongside us to shape services.

We have recent, encouraging examples of good practice in this area. For example, our new All-Age Unpaid Carers Strategy has been launched having been designed hand in hand with carers through co-production. Officers worked in partnership with carers from the outset ensuring carers' experiences and expertise drove the development of the strategy to make it meaningful and beneficial. Partners from health, education and social care, city and district councils and voluntary organisations including Carers Oxfordshire were also involved.

Case Study – Coproducing our new All-Age Unpaid Carers Strategy

Oxfordshire County Council has developed a new all-age unpaid carers strategy directly with people who have real life experiences of being an unpaid carer. During the initial stages the council heard from 1,600 carers of different ages and faiths and from various locations across Oxfordshire. Partners in health, education and social care (HESC), city and district councils and voluntary organisations such as Carers Oxfordshire have also been helping to create the final version of the strategy for consultation.

Elsa Dawson a carer from Oxfordshire was central in developing the strategy, using her own experience and talking to other carers about how they can be better supported. Working alongside carers in this way has strengthened our strategy ensuring it will help to support them better in future. Elsa reflected that "It is so important that carers are given they support they need, helping them to live a life alongside caring. We've listened to more than one and a half thousand carers, each with a different story to tell, and brought this all together to form the strategy."

As well as driving our strategic direction, we also work directly with people with lived experience to co-design the frontline services they require. A new pub room 'Cheers M'Dears' has opened in Banbury for people who use the Council's community support service. The space was co-designed with the people who use the service and created in partnership with the local community who provided donations and funding from the Friends of Redlands charity. The new space provides a social setting and also opportunities to learn new skills and experience to support meaningful employment in the future.

We take a continuous learning approach to co-production to embed this good practice and staff are offered regular training opportunities on co-production as well as having a wide range of tools to gather feedback, engage with people and hear their views. Our Let's Talk platform provides us with a channel to share engagement opportunities with people and to provide feedback through 'You Said We Did' reports, such as recent work to update our care home standards based on engaging directly with care home residents. During co-production week in early July 2023 there were daily talks from external speakers highlighting the power of co-production

practice including discussion of digital exclusion for older people and carers' experiences.

We have a corporate consultation and engagement strategy and our Working Together guide sets out our service approach to co-production. Adult Social Care has a co-production advisory board (Team Up Board) with representation from a wide range of people with lived experience. The Board has recently recruited additional members improving its diversity and representative reach, with people with lived experience of homelessness, the criminal justice system and domestic violence. This diversity of experience is supporting our work to strengthen our reach to wider community organisations, and we have worked with Team Up Board to update our network of local community groups who we already work with or where there may be future opportunities for co-design. Working in this way with Team Up Board enables us to widen our reach into the community and recent work to co-design a refresh of the ASC Customer Portal provided a positive example of working collaboratively with Team Up Board members to support co-design.

We are working with Team Up Board to continue to develop the way in which we work collaboratively to embed co-production consistently across Adult Social Care. We have a senior leader who is the champion for co-design for Adult Social Care to ensure that its importance is visible throughout the directorate.

Practice Leadership

The creation of Principal roles for both social work and occupational therapy have been implemented in recognition of the importance of professional leadership and development for the workforce in a large County.

Our Quality Assurance Framework has a strong focus on practice review and audit, with a clear feedback loop to the workforce and strong links to how that learning will inform training and development opportunities. Assurance activity is overseen by Internal Assurance and Governance Group.

Continuous Learning and Improvement

We are committed to continuous development and have undertaken an extensive programme of team-led transformation, involving over 300 staff in 14 teams working

Case Study: Team-Led Transformation

Over 300 staff in 14 teams developed through our Team-Led Transformation approach. Each team invested time in building skills and capabilities across 12 elements including unlocking opportunities, empowering communities and forward planning. Staff reported real change:

"Team-led Transformation gave us the ownership to create and drive the change. To think outside of the box and step back to improve the team's current practice."

"As a team, we are more focussed on keeping our allocation list tidy, early signposting and involving Voluntary Sector Providers."

together to allow each team to build skills and capabilities across 12 elements including unlocking opportunities, empowering communities, and forward planning.

We promote and support apprenticeships to ensure staff have opportunities to learn and develop and to support career progression. We have worked with providers to open access to the social worker degree apprenticeship to the external market which is promoted via webinars and school engagement events. We offer student placements across adult social care teams with practice educator support. We have developed our recruitment webpages in order to attract people to work with us in delivering adult social care differently and have developed a Return to Social Work/OT pathway for people who are qualified but have not been registered for some time. We have adopted a buddy system for professional staff and co-ordinators which supports staff learning and inspires progression into professional occupations by increasing their skill mix and giving them experience of other roles. This enhanced skill-mix improves the experience of people who use services and supports continuity.

The Principal Social Worker and Principal Occupational Therapist continue to drive forward practice development with a series of learning sessions established on areas such as supervision practice, safeguarding and mental capacity. Learning sessions are response led and are scheduled to support specific areas of practice based on audit outcomes, staff requests or areas of interest highlighted by staff or in response to learning outcomes.

Staff Surveys

Glass Door reviews for the whole council show an overall rating of 3.9 out of 5, and we undertake regular staff surveys in order to review staff wellbeing and help us to identify and act on areas of improvement. The most recent council-wide staff survey undertaken through Best Companies Limited identified some areas where we recognise that we need to work together with staff to improve their experience and engagement. Whilst in areas such as personal growth, relationship with a person's direct manager and their team, and fair pay we perform better or the same as other 1 Star companies, in some areas such as leadership it was notable that staff's feedback was somewhat lower. Feedback was particularly challenging from people working at a Team Manager level across the Directorate. This included feedback from some that leadership of the organisation could be more inspirational and that they believe they could have more confidence in the leadership skills of senior management. Some also reported pressures of work impacting on their health. The Directorate Leadership Team together with the wider Council take this feedback very seriously and immediately implemented a series of staff engagement and listening exercises in order to develop an action plan. A follow up pulse survey will shortly test whether this has been effective in driving improvement and the plan will then be adjusted accordingly.

Driving Innovation

Through our Innovation Hub (iHUB) we are driving forward cutting-edge technology and innovation. In 2018-19 we piloted voice enabled technology to support older people with eligible needs in support of homecare, testing the use of digital

technology for medicine prompting. We have recently launched smart medicine boxes as a 6-month project to remind older people to take their medicine and completed a 17-month project exploring the use of virtual reality in care homes to improve wellbeing through exercise and social engagement.

We work with the Better Care Fund to invest in innovation, for example we are currently exploring the possibility of implementing a technology-enabled service to assess and monitor the risk of falls in older people. We have recently completed a remote ECG monitoring project and we undertake evaluation of our work to review its impact for our residents.

The Council has launched a data and digital skills academy for staff which will promote and improve our data and digital capabilities including an online library with helpful learning opportunities and a data and analytics community.

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[i] See IR30, Local Authority Information Return
[ii] Feedback Analysis 2023 summary, See IR2, Local Authority Information Return
[iii] Feedback Analysis 2023 summary, See IR2, Local Authority Information Return
[iv] See for example Feedback Analysis 2023 summary in IR2, Local Authority Information Return
[v] See IR6, Local Authority Information Return
[vi] Microsoft Power BI
[vii] Measures from the Adult Social Care Outcomes Framework - NHS Digital
[viii] Feedback Analysis 2023 summary, See IR2, Local Authority Information Return
[ix] See IR5, Local Authority Information Return
[x] Measures from the Adult Social Care Outcomes Framework - NHS Digital
[xi] See Direct Payments Improvement Plan, IR7, Local Authority Information Return
[xii] Adult Social Care Activity and Finance Report, England, 2022-23 - NHS Digital
[xiii] Feedback Analysis 2023 summary, See IR2, Local Authority Information Return
[i] Our impact - Dementia Oxfordshire
[xiv] See IR18, Local Authority Information Return
[xv] Feedback Analysis 2023 summary, See IR2, Local Authority Information Return
[xvi] See IR25, Local Authority Information Return
[xvii] Measures from the Adult Social Care Outcomes Framework - NHS Digital
[xviii] ASC Handbacks & Care Provider Exit Guide, See IR25, Local Authority Information Return
[xix] LG Inform Preparing for Adult Social Care Assurance – informing councils' self-assessment (Pilot data pack)
[xx] Feedback Analysis 2023 summary, See IR2, Local Authority Information Return