OXFORDSHIRE COUNTY COUNCIL

Oxfordshire County Council

Adult Social Care

Self-Assessment

01 August 2024

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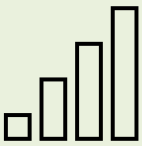
Overview and Summary

Oxfordshire as a place

Oxfordshire has circa 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.

Oxfordshire is a two tier local authority comprising one County Council and five district councils and is covered by the Berkshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB)

Adult Social Care



6660 people receiving ongoing care and support at the end of July 2023



52,674 people who say they provide care and support to a family member or friend in the census



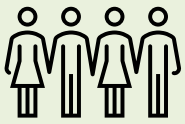
100+ providers of care in people's own home – 32,180 hours of care per week in June 2024 up 6.8% since June 2023



6698 Safeguarding Concerns from July 2023 to June 2024



136 care homes at July 2024 with 466 council funded permanent admissions over past 12 months



23.2% of Oxfordshire residents are from non-"white British" backgrounds (Census 2021)



14.5% of people living in Oxfordshire have a disability (Census 2021)



152,430 hits on our Live Well Oxfordshire website in 2023-24

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". This is delivered through the Joint Oxfordshire Health And Wellbeing Board Strategy which is Oxfordshire's primary strategy for health and wellbeing, setting out a strong, unified vision to improve health and

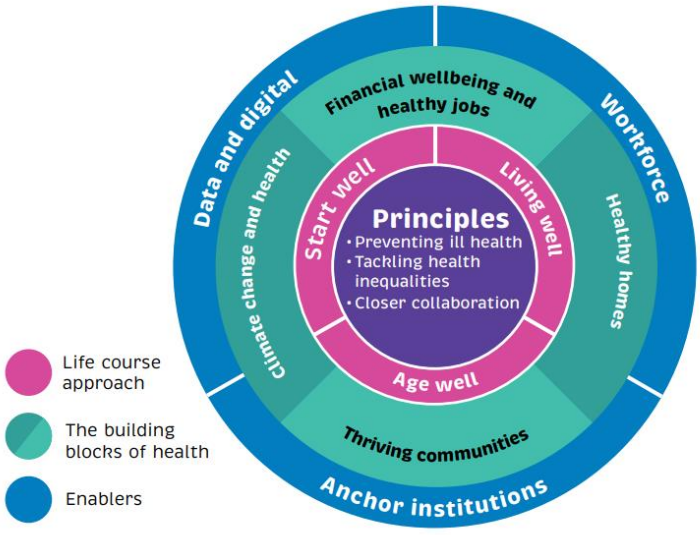
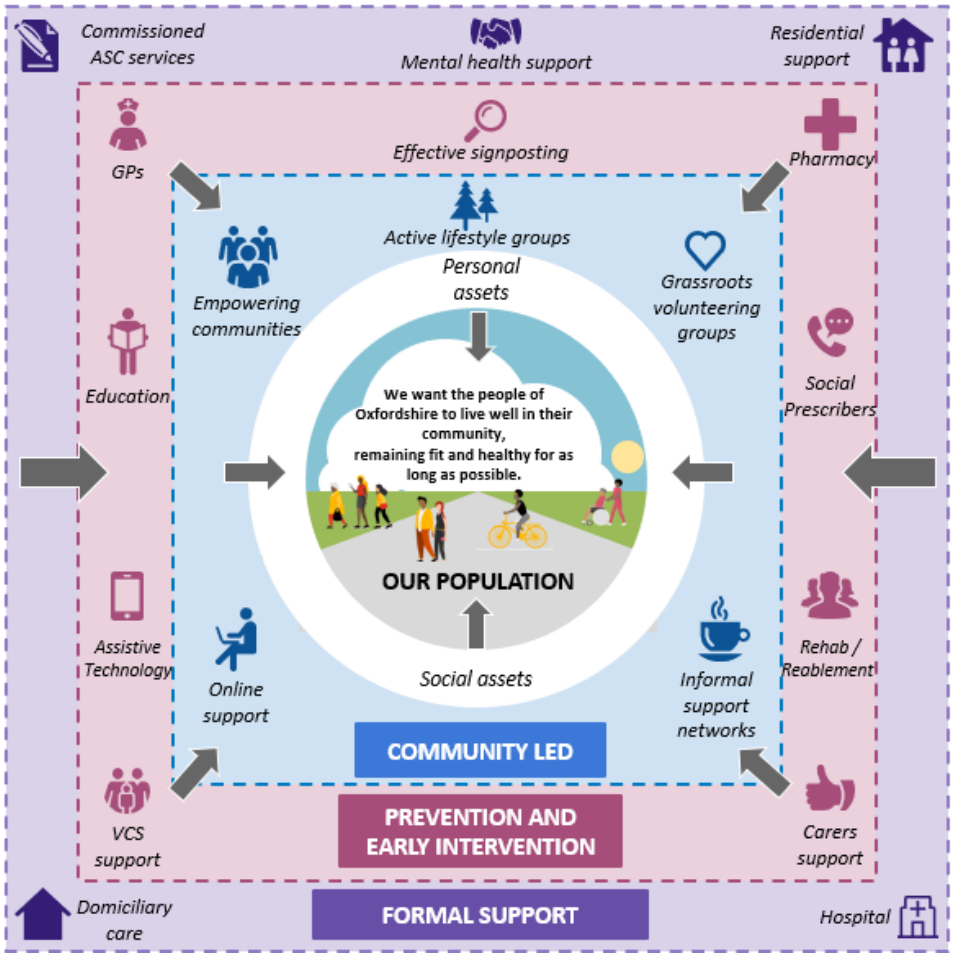


Figure 1: Summary of Oxfordshire Health and Wellbeing Strategy

wellbeing for local people between 2024-2030. The strategy has recently been refreshed, involving over 1,000 residents from all backgrounds and many seldom heard communities, listening to their challenges and hearing what helps them stay well and healthy.

The Oxfordshire Way

The Oxfordshire Way is our vision for Adult Social care, **"We want the people of Oxfordshire to live well in their community, remaining fit and healthy for as long as possible."** This vision has been driving the transformation of Adult Social Care in Oxfordshire for the past three years. The strategy which was co-created initially with the voluntary sector outlines the Council's vision and desired outcomes for people who need care and support and explains how we will achieve these goals.



The Oxfordshire Way[i] guides the service as we plan for the changing needs and demands of our population as set out in our Oxfordshire Way strategy.

In spring 2024 we refreshed our priorities, responding to our latest performance data and feedback from a variety of sources including people we support and our LGA Peer Review. We have a Continuous Improvement Implementation Plan[ii] to respond to the findings.

The Impact of the Oxfordshire Way

The Oxfordshire Way approach is having a tangible impact on people's lives. We have seen a 67% 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 59.5%. 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[iii].

Our Operating Model

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. Operational teams support the Oxfordshire Way ambition to promote independence, community connectedness and where necessary assessment for personalised care and support; they comprise multiple disciplines and award-winning in-house day services. Our Oxfordshire Employment Service is a dedicated team to support adults with additional needs into supported internships, to achieve their full potential and goals. The Shared Lives service is well established with a high proportion of long serving carers and has

ambitions for significant recruitment and growth to support individuals with a variety of needs including younger onset dementia in 2024.

The Health Education and Social Care Commissioning (HESC) Team is a joint commissioning function with the ICB that oversees and delivers the Joint Commissioning Executive's programme for the population of Oxfordshire with a total pooled budget of £500m in 2024/5. It includes staff employed by the council and the Oxfordshire Integrated Care Board with some posts designated as integrated roles. HESC strategies and activities[iv] deliver a collaborative commissioning approach which is co-designed at system-level for Oxfordshire. The strategies are all-age where possible. Guided by the Oxfordshire Way, we use data and intelligence to enable evidence-based decisions about investment and prioritisation. Our work is supported by detailed delivery plans and impact is monitored at service and system level. We use the principles illustrated in the Think Local Act Personal Ladder of Co-production to ensure that the voices of people who draw on care and support are at the forefront of conversations about strategic work to embed the Oxfordshire Way.

The service is further committed to working strategically with our district and city councils in relation to housing, to help shape policy and participate in the Housing Directors group.

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.

There are over 120 social prescribers and other community connectors embedded in the community in a variety of roles supporting people locally to access resources and activities which will support them to reduce isolation, improve their health and remain independent. An interactive map is available indicating where social prescribers and community connectors are across the county.

Partners are embedded in governance including in the Promoting Independence and Prevention Group (PIP), supporting and driving delivery of our prevention agenda and the Oxfordshire Way. PIP was established in 2021 and has a large and growing membership. All partners of the Oxfordshire Place system are represented. In 2024 the PIP group are playing an instrumental role in co-designing the Oxfordshire Prevention Strategy.

Our Communities of Practice, convened by Oxfordshire Voluntary and Community Action, bring together practitioners, charities and volunteers involved in Adult Social Care to share experiences and solve problems. These forums aim to provide better visibility of, and access to, available support, and to deliver a more joined-up experience for adults with social care needs within the community. A recent survey indicated that around 80% of members feel more connected, with increased knowledge about what is available locally and understanding of the work of colleagues in other parts of the system, and 64% said that they had made a new connection with a new person or organisation.

> *"I get so much out of your organised meetings. Part of our role is to engage with and identify new health support services, so we love to meet all other attendees and we learn so much from your speakers."*
> *Disability Employment Adviser, Banbury Job Centre and Communities of Practice Member*

HESC, the joint commissioning function, oversees the Joint Commissioning Executive's programme. 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.

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. 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) and have commissioned them to support and strengthen communication channels with the sector including increasing the number of face-to-face Provider Forums and Workforce Round Tables.

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.

The county council works in partnership with our five district councils in Oxfordshire to enable joint working and reduce duplication. Examples of joint working to support our communities include the Thriving Communities Strategy co-produced with Oxford City Council. In relation to housing and homelessness we attend and / or lead the following groups:

- The Prevention of Homelessness Directors Group (PHDG). This group produced the Homelessness and Rough Sleeping Strategy and monitors progress, providing support when required.
- The Countywide Housing Steering Group (CWSG). This group is responsible for the delivery of the above strategy. It also monitors the Homeless Alliance and looks at housing supply across the county.
- Joint Management Group (JMG). This looks at the strategic management of the Homeless Alliance, a commissioned service comprising six organisations and City and District Councils. This is driving a system wide approach and the leadership includes people with Lived Experience.

Co-Production and Engagement

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 co-production is vital to ensure that people with lived experience work alongside us to shape services. Following the feedback from our peer review we are continuing to strengthen our approach to co-production

The foundations of the approach are:

- The Team Up Board – a joint group of people with lived experience and officers who advise and promote co-production in our services and resources.
- A Co-production team – a staff team that leads and supports co-production, consultation and engagement activities including training.
- Formal engagement and co-design – involving people throughout the commissioning cycle, from planning to review, for example in the development of our All Age Oxfordshire Unpaid Carers Strategy 2023-6[v].
- Regular surveys and feedback – collecting and using people's views and experiences to improve services.
- People being in control of their own care and support.

We have recently worked with Oxfordshire Family Support Network (OxFSN) and My Life My Choice to co-produce a redesigned short breaks and respite offer[vi] as part of a recommissioning process. A co-production event was held in February 2024 bringing people together to talk about what was working well, what could be better and what a good service would look like in future. This initial work provided a springboard for ongoing co-production throughout the commissioning process including development of service specifications and plans for people with lived experience to participate in the procurement process later in 2024.

In 2023 our day services developed the role of Quality Checkers working with people who use the service to develop and take on the role. In the first year the 20 Quality Checkers have visited day service sites that they do not usually attend to obtain feedback. Based on the Quality Checkers feedback we are now looking to make digital support plans accessible to people who use the service and improve information sharing with digital displays about what is happening in the centres. Our quality checkers also highlighted that people who use the service do not always know how the staff who support them are trained or what procedures the services have. This summer our Quality Checkers will be working with staff from the service to review these two areas to see what improvements the services could make for people.

Our Quality Improvement Team attend residents' groups or similar forums arranged by our care providers, to listen to direct feedback from people we support, which informs our action plans. During our formal provider monitoring processes our QI officers speak to people who draw on care and support and the feedback is recorded to inform performance metrics. Our domiciliary care providers are required to

complete satisfaction surveys with people who draw on their service. Any provider with a satisfaction rate of below 80% are requested to complete an action plan to address this which is reviewed through quality monitoring processes.

Our Team Up Board, established over five years ago, provides the formal arena for overseeing our coproduction arrangements. Its purpose is to promote and develop co-production in current and future services and resources. The membership has evolved over time and in the past 12 months new representatives have joined the board, diversifying the range of different perspectives that are available to advise and challenge us. 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 ongoing insight into how the public views our services through

- our Adult Social Care (ASC) user survey
- our engagement and co-design work
- our bi-annual Carers Survey
- our nationally published Adult Social Care outcome framework (ASCOF) data.

Adult Social Care performance and activity

Our Performance, Practice and Pounds (PPP) extended leadership meeting oversees all improvement activity including our Continuous Improvement Implementation Plan[vii] which addresses our areas of development identified in spring 2024 with support from the LGA Peer Review.

Our ASCOF outcomes submission for 2023/24 shows considerable improvement in performance.
Data is available on 20 of the 21 measures in the new framework. On 14 of the 20 measures performance improved in the year. Overall, we perform better than average on 57% of all measures and 15 of the 20 measures perform better than the last national position (22/23), with one measure scoring at the same level. In Oxfordshire people who use services say they have a real and positive impact on their lives; they have higher than average satisfaction – 68.5% of people are very or extremely satisfied with their care and support compared to 64.4% nationally, find it easy to access information about services and have as much social contact as they would like. We keep people independent within the Oxfordshire way with fewer permanent care home admissions than elsewhere, improving outcomes from reablement, with more people still at home 91 days after discharge from hospital than the national average and more adults with learning disability living in their own home or a family home. People are empowered by high use of direct payments and consistently people tell us they feel safe.

A summary of our ASCOF outcomes submission for 2023/24 is provided at the very end of this Self Assessment for reference. Data calculations are based on current population projections and the data we have submitted to NHS Digital.

Some additional key performance indicators are set out in the chart below.

People supported with on-going care **6660 (31 July 24)** July 23 6526 Change 2.1%↑	People supported in their own home **71.3% (July 24)** July 23 70.7% Change 0.5%↑
Number on Assessment Waiting List **592 (July 24)** July 23 1448 Change -59.1% ↓	Maximum wait on assessment waiting list **82 days (July 24)** July 23 130 Change -36.9% ↓
Adults with a learning disability supported to live at home **89.3% (July 24)** July 23 88.0% Change 0.7% ↑	Visits to Live well Oxfordshire **152,430 between April 23 and Mar 24** Apr 22- Mar 23 80,687 Change 89%↑
People supported with a direct payment **1205 (July 24)** July 23 1215 Change -0.8%↓	Carer Direct Payments **1761 between April 23 to March 24** 22-23 1781 Change 0.1% ↓

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 positive impact on people's lives, driving prevention, innovation and partnership working with the voluntary sector and other partners
- Staff are committed to delivering person centred, strength-based support
- Assistive technology is demonstrating impact in supporting people to stay safely in their own homes
- Our support for carers continues to develop offering information, guidance and support through creative support options which focus on prevention and early intervention.
- We work creatively to support people to remain independent working across the Oxfordshire system.

Areas for improvement and development

- Continuing to reduce the number of people waiting for assessment and improving timeliness of assessment
- Further embedding strength-based recording and approaches to assessment and support planning
- 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
66,400 contacts were taken by the social and health care team via phone calls and emails over the last 12 months	445 permanent care home admissions for people aged 65 and over – a rate of 340 per 100,000 pop and 21 permanent care home admissions for people 18-	592 people on the assessment allocation waiting list (July 24)

4,682 were forwarded to social care teams and the rest (7%) were forwarded to social care teams with t 93% resolved in the centre	64 – a rate 4.67 for the period July 23 – June 24	
6,660 people supported in long-term care, up by 2.1% over 12 months	77% of people fully independent following reablement in the last 12 months (July 23-June 24) and 89% with reduced care needs including fully independent	123 days longest wait on assessment waiting list (July 24)

Prevention

The Oxfordshire Way underpins everything we do and illustrates our commitment to prevention, innovation, and working in partnership with the voluntary sector and other partners. The LGA Peer Review further evidenced that frontline staff have a good understanding of the preventative options available to them. The LGA Peer Review also highlighted opportunities for clear strategies to further embed the culture and vision between commissioning and operational teams. We are working across health, care, public health and the wider community and voluntary sector to develop a Promoting Independence and Prevention Strategy for Oxfordshire. This will build on the Health & Wellbeing Strategy, the Strategic Vision and the Prevention framework and

1. Build community capacity to create the conditions for independence and prevention so that people can have the best possible mental and physical wellbeing
2. Keep people connected in their communities so that they are more independent
3. Create the right environment for the system-wide approach that prevention requires.

The strategy is in development and will be finalised and adopted by end of December 2024. It will support planning and investment decisions for 2025/26 in both the Better Care Fund plan and the wider prevention agenda and create a framework to measure the impact of this work in terms of addressing health inequalities within our wider partnerships.

Our Live Well Oxfordshire website has a wealth of community resources with over 2,000 services and community groups. 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 making it more accessible. This has increased visits for information by 115%.

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 and enable people to stay independent, preventing the need for long term social care support. The Community Links service reported that from April to June 2024/5[viii], the service received 555 referrals for one-to-one connecting support from a variety of sources including self-referral, social prescribers and Locality Teams. Of the 321 referrals from our Locality Teams, 73% of people needed no ongoing formal support.

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. The SHCT account for 21% of all referrals sent to the Community Links Service. As a result of this kind of innovative preventative working our Social and Healthcare Team resolve 93% of the contacts they receive. Supporting people to the right advice via Live Well or and or other preventative services such as reablement.

Oxfordshire has adopted Local Area Coordination as a new approach to support the Oxfordshire Way, working with Community Catalysts CIC (the national development organisation for Local Area Coordination). We have started this initiative in Bicester East and Chipping Norton, co-designing delivery with our PIP partners to target areas that are recognised as being “under-served”. We have recruited the first two Local Area Coordinators, and two further areas have been identified - Didcot West and Kidlington, where recruitment is starting in summer 2024.

A key part of our Oxfordshire Way prevention approach is asset-based community development and community capacity building. Our place-based Communities of Practice (CoPs), convened by Oxfordshire Community and Voluntary Action, are one example of this and were also mentioned earlier in the section on partnerships. 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 funded from our prevention budget to ensure that everyone has an equal voice. Those who attend see a real impact with positive member feedback.

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.

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

    - **Move Together**[ix] in collaboration with District Councils provides a supportive pathway for people across Oxfordshire with long-term health conditions to become more active.

    - **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.

Whilst we support the self-service principle of "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 the Live Well Oxfordshire website 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.

We are commissioning a new advice service[x] across Oxfordshire in partnership with Public Health to support people to live independently within the community and reduce the risk of financial hardship. Face-to-face support within community settings and in people's own homes is built into the delivery model for people who require this form of intervention. The service has been co-designed with key stakeholders and people with lived experience and will provide free, independent and impartial advice and training to assist people with benefits, debt, budgeting and other financial and welfare issues. The service is primarily aimed at older people, adults with learning disabilities, mental health problems, physical and sensory impairments, adult and young carers, young people aged 16+ and families with young children (particularly those with disabled children). There is a particular focus on ensuring that the Service is accessible to people living in the Lower Super Output Areas (LSOA's) in the county which are classified within the 20% most deprived nationally according to the IMD 2019 and most likely to experience inequality, and to people with protected characteristics.

Strengths-based practice

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.[xi]

When people are referred for assessment, we are committed to embedding the wellbeing principle and strengths-based practice into our assessments and reviews. We have clear guidance for assessment and review. Our Best Practice guidance was developed following an intensive training programme and Practice Standards have now been produced by the Principal Social Worker to complement the practice guidance. We consulted people who draw on care and support to find out what makes a good life for them and what's important for them when they are using Adult Social Care Services in developing these standards.

88% of people who use our services who responded to the national survey of people receiving long term support in 23/24 said they are 'satisfied' with their care and support. We also run an additional local survey. In the last 12 months we have received 859 survey returns. 88% of people who expressed an opinion said they were treated well by staff, but consistent themes that arise in less positive experiences include charging for services and delays or repetition in assessment processes. People do 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.[xii] 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.

Whilst adult social care staff self-assess that they are strength based in their practices, case audits by both the Principal Social Worker and Principal Occupational Therapist and those conducted in the LGA Peer Review indicates that person centred outcomes are at risk of becoming lost in recording. The peer review highlighted that we could further improve our strength-based practice by revising the language used in our Care Act Assessment and Support Plan documentation to be more outcome-focused. Our co-production team and Principal Social Worker will be working with people who draw on care and support and frontline workers to establish how our documentation can facilitate best practice, supporting people to identify their outcomes and live the lives they want. This is scheduled for delivery in December 2024.

We have an ongoing focus on case audit and our audit tool has been reviewed to provide oversight of how we are evidencing strength-based practice[xiii]. The tool includes clear ratings to identify outstanding practice and areas requiring improvement which are fed back to the person via their supervisions and as a consequence of audit. Overall performance of this is reported to the Internal Assurance Group.

[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.

The LGA Peer Review identified opportunities to clarify pathways between services. Mental health social workers (MHSW) for working age adults are embedded in adult mental health services under a s.75 agreement. They have statutory responsibility for assessing people under secondary mental health services. MHSW's have access to the local authority systems and meet regularly at all levels of practice to ensure that relationships are formed and maintained to ensure a safe and robust system for case transfers. The Service Manager attends the Adult Social Care Internal Assurance and Governance Group each month to report on activity, emerging issues and trends. Arrangements for the Care Act Assessment and Review of older adults with mental health needs are supported within the County Council. The team works collaboratively with health colleagues to deliver joined up care and support. Transfers between adult and older adult teams are discussed and supported by Team Managers.

MHSW's work closely with children's social care and CAMHS when a transfer of care for a young person is needed. The aim is for a seamless transition, and MHSW will work jointly with children social care and CAMHS to offer a smooth and safe transition between services.

Widening Channels of Assessment

Our digital vision describes our ambition to "harness technology in partnership with our residents and partners to improve wellbeing and promote independence". 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. This has increased the uptake from a total of 193 in 2023/24 to 291 in 2024/25 (to end of July). People who submit their forms via the online assessment experience a rapid response as delays are minimised by efficient information exchange. 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 has 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

Managing demand is a key challenge for local authorities across the country. (see Fig 1). Based on population projections the council funds 3% demographic growth in adult social care each year. Our work through the Oxfordshire Way to develop

community assets and support people to stay independent in their own communities has meant the number of people supported in long term care is growing less than indicated by the demography. Since April 2020 the number of people in long term care has risen by 600, whereas the expected increase due to demography was 750. This is a 20% reduction and represents 150 more people living independently in their own communities.

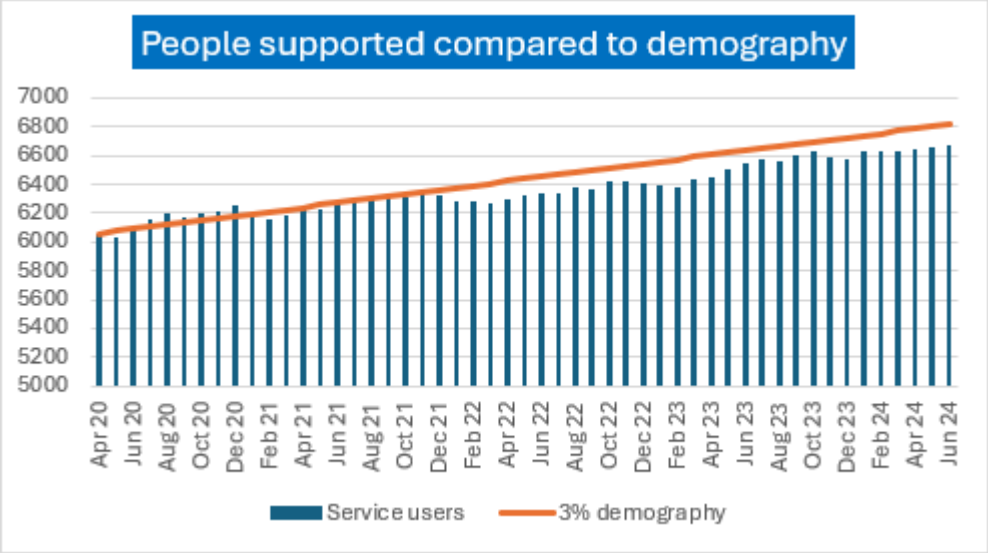


Figure 1. People supported compared to demography

The Oxfordshire Way has had a positive impact, leading to a reduction of 66.9% in the number of people awaiting a social care assessment between April 2021 and July 2024 the longest wait time for an assessment fell by 59.5% over the same period in locality teams.

This has been accomplished with the support of the Social and Healthcare Team which operates as the first point of contact for people to the Council. Through the application of strength-based conversations this team support people to connect with their local communities, provide advice and information and offer daily living aids. This often resolves a person's issues without the need for an onward referral or Care Act Assessment. Since 2019 the team has seen a significant increase in activity. Whilst telephony demand has only increased by 1%, email correspondence has increased by 120%. Whilst only 7% of contacts will be referred on for assessment by locality teams, there can be delays in this part of the process resulting in overall longer waiting times for people.

To address these delays, there is ongoing significant focus on delivering sustainable reductions in the number of people waiting for Locality Team assessments. Delivery is monitored by a weekly Meaningful Measures meeting overseen by the Deputy Director for Adult Social Care. This enables teams to have individual accountability and oversight as to their specific performance and areas for improvement. 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 77 days in July 2024 and the median was 62 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 July 2024, 25.6% already had a support plan and the number of people awaiting an assessment has reduced from 1,118 in April 2022 to 582 in July 2024.

Whilst waiting times have seen significant reductions, additional activity is being undertaken to further address delays in transfer from the Social and Healthcare Team to adult social care Locality Teams. This includes ensuring proportionate paperwork is embedded as a practice standard, making use of AI to support with administrative tasks, automation of some functions and improving data to understand team performance. The Meaningful Measures meeting is also used as an opportunity to share learning, reflections and development between the teams.

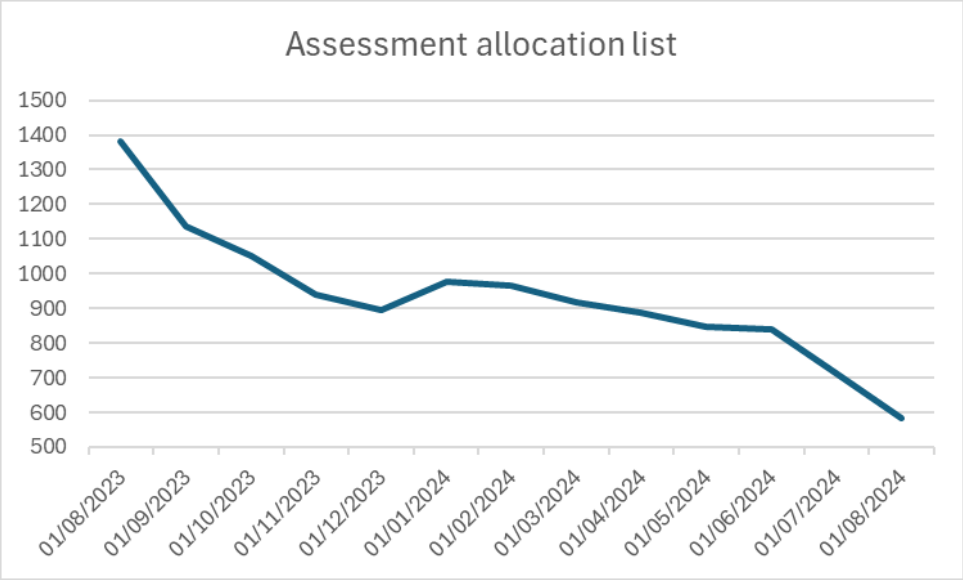


Figure 1: Number of people on allocation list

People on the waiting list are screened and prioritised to ensure we are appropriately managing risk. The Social and Healthcare Team utilises a prioritisation tool at the point of referral into locality teams which categorises referrals and alerts teams to urgent referrals. This is further screened by practice supervisors to provide verification and determine action required.

Screening best practice guidance was reviewed and updated in the last year following a Principal-led audit of the waiting list which evidenced that there was not always consistency in risk management and people were not always being contacted in a timely manner. This 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. The screening guidance is provided as a supportive tool for practitioners to use to manage risk on the waiting list, 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 senior managers and team

managers together ensure consistency of practice and embedding of the Oxfordshire Way at the point of support planning.

Prisons

Oxfordshire County Council is responsible for Care Act duties in relation to people detained in prison at 2 sites within the County. These Care Act duties are discharged via a s75 Partnership Agreement with NHS England. NHS England is responsible for healthcare within prisons and commissions on behalf of the Council the care delivered alongside this health provision. The Council is signatory to an MOU between the commissioners, the prisons and the provider of care and attends and assures the quality of care and the transfers of Care Act eligible service users into and out of prison. The Council attends quarterly contract meetings with the partners to the MOU as part of this assurance process. The East Locality operational team is the lead for this service. To avoid delays in assessment a lead practitioner in the East Locality team and the Team Manager co-ordinate the adult social care response for this group of people with 35 referrals for 24 people received in the last year.

Carers Assessments

Carers assessments in Oxfordshire are undertaken by Carers Oxfordshire[xiv]. We do not set target timescales for completion of carers assessments but currently the longest waiting for an assessment from date of referral is eight weeks, and the average is six weeks. The key reason carers wait for assessments is staff capacity. To address this, from 1st December 2023 an advisor has been 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, is aware of the waiting times, and to 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 47 young adult carers (aged 25 and younger), including one 17-year-old transitioning from young carer to adult carer. In the development of our All-age Carers Strategy, we recognised that our identification and support for young carers and their families needed significant improvement, as well as for our adult carers. As a result, the first priority of our Strategy is defined as 'identifying and supporting' carers of all ages in Oxfordshire.

The Strategy has provided a platform for all statutory and voluntary organisations to join up their activities under the three priorities of the co-produced Strategy. We are already seeing the impact of this approach. In terms of young carers, we have agreed a young carers protocol that has been shared across both directorates to ensure 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. Finally, Children's teams improved the recording of young carers in their systems. All of these efforts resulted in improvements in better identification and recording of young carers.

For adult carers, achievements include improving recording of carers and signposting them effectively when the Council becomes aware of a carer while working with the adult they care for. We are working on analysing the carers known to our partners to ensure we can support our carers effectively as the Oxfordshire system.

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).[xv] We actively promote the use of Direct Payments; in April 2024 there were 1,199 people supported via a direct payment[xvi]. However, the number of people receiving direct payments has been declining with 100 people passing away and 53 people experiencing a change in financial or personal circumstances that meant they were no longer eligible for funded care from Oxfordshire. Positively, successful activity from the Direct Payment Advice Team has resulted in the service supporting the further management of 366 Direct Payments on behalf of health services and children's social care. The service is committed to maintaining a high rate of Direct Payments and building on previous success. It has identified actions to promote Direct Payments including closer working with adult social care teams and commissioners, as well as engagement sessions with people with lived experience throughout the year.

2

Timeliness of Reviews

Our performance on reviews is 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.[xvii] Most reviews are undertaken by a central review team which has delivered a robust approach to performance. Provider led reviews have also been initiated with 43 providers participating, with further providers to be brought on board in August 2024. 146 reviews have been completed to date and submitted via the development of our secure online portal. These are proving to be high quality and are delivering efficiency benefits, with satisfaction reported both by those drawing on care and support and by care providers. On January 1st 2018, 57% of the reviews in The Review Team were overdue. On 1st July 2024 this figure is 9.18%, this represents a reduction of 47.82 percentage points (see Fig 4). We are looking to spread this focus to other specialist teams where some people may still experience a delay.

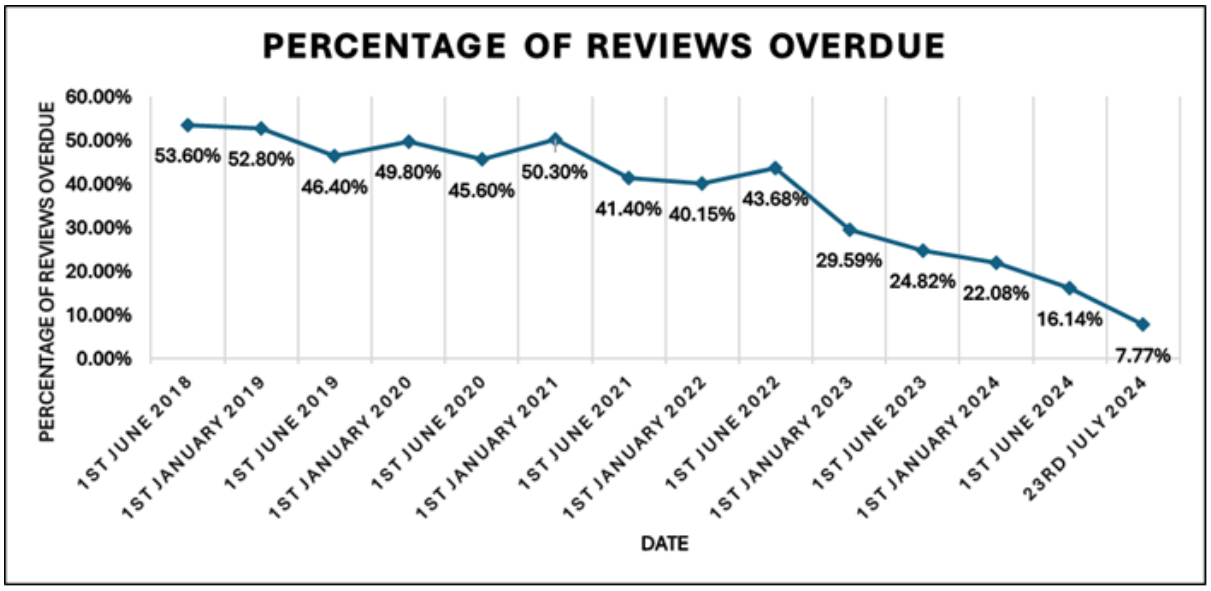


Figure 3: Percentage of Reviews Overdue

Information to support informed choices

Our key policies set out our arrangements for determining eligibility. They 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 people who fund their own care. We have produced new, more detailed guidance on care home banding definitions in collaboration with CHC, and providers. We have adopted a tracking report in teams so that people who whose capital is imminently

depleting or those who have a change in funding stream are now prioritised on our allocation list, reducing uncertainty and distress for people. This has led to closer working between locality teams and the financial assessment team to ensure people who are approaching the financial threshold for support are prioritised and receive joined up support.

Daily Living Aids and Adaptations

Oxfordshire residents can acquire a variety of living aids through our Integrated Community Equipment Service (ICES) provision. A digital tool was launched in 2023 for people to order daily living aids to help keep them safe and independent at home. 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.

We are also developing a Technology Enabled Care (TEC) strategy which will enable us to further harness the power of digital technology and better support our residents to live independently at home. This programme of work builds on our Adult Social Care Digital Vision. We are currently recommissioning our telecare response service, aiming to modernise our approach in line with technological developments.

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 Annual 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. The council engaged with a wide range of stakeholders to provide insight to inform both the development of the refreshed framework and its resulting action plan. Engagement activity focused on understanding the experiences of inclusion by residents with a wide range of demographics and their priorities for EDI progress in Oxfordshire. The primary method of resident engagement was a series of focus groups complemented by an online survey with under-heard communities, focusing on those who fell within the Equality Act 2010's protected characteristics.

The feedback from both focus groups and the online survey highlighted the positive impact of community groups and the challenges of travel and transport, socio-economic divides, safety and security issues, and communication sources of poor experiences of inclusion.

The framework has established a clear principle that inclusion is everyone's responsibility and is supported by a corporate action plan which is updated annually and used to track and measure our progress, monitored and owned by the EDI Steering group. Our service delivery aligns closely with the vision[xviii] and principles set out in the Including Everyone framework.

Oxfordshire is one of the most affluent areas of the country but there are 10 wards in 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 allocated a grant of £25k for each of the 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 has established six 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, which will report in December 2024.

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. One research project led by Oxford Community Action is revealing the wider value of their food bank, particularly in terms of addressing social isolation.

Our Health and Wellbeing Strategy has been recently renewed; 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. We provide financial support to VCSE groups working with people who may experience inequality. There is a wide range of financial support available, including Community Capacity Grants[xix] to build up and strengthen grassroots organisations in their own local areas, especially where we know there are gaps or insufficient development of local resources.

We are also working with the Homeless Alliance group, an innovative way of joint working between councils and commissioned organisations to deliver homeless and rough sleeping services. In the last two years a women's project was established, funded through the Alliance contract with support delivery by Homeless Oxfordshire. The project supports five women in a property in Oxford, all of whom have had multiple rough sleeping episodes in their life. The support is around ensuring the women feel safe, listened to and supported in a trauma informed practise. They are also supported to access benefits and move on housing, as well as deal with past trauma and current risks of abuse.

The team is providing practical support to engage with female rough-sleepers, working with Oxfordshire Homeless Movement to carry out the Women's Rough Sleeping Census in September 2024. The census will address how to better engage

with female rough sleepers, who are often overlooked by traditional methods of measuring homelessness. The qualitative data gathered will provide a more holistic view of their experiences and help to give a more informed approach to our services in the future.

Case Study – Homeless Oxfordshire Women's Project

"SS has been struggling with anxiety and when we assessed her she was spending her days sitting on her bed crying and unable to engage. Since moving in with us we have worked on building her self-esteem, she has started boxing with our HRW and has been going to see her children who live with her ex-partner. We have referred to Aspire and she is now looking into volunteering at the Porch. Having done so well we have applied for Band 2 [housing] which has been accepted and soon she will have her own place where she will be able to see her children and move on from the homeless pathway."

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 April 2024 our Public Health team commissioned mobile sexual health testing and treatment service for homeless people as well as other hard to reach population groups. The team is undertaking a sexual health needs assessment for homeless population in Oxfordshire which will start in September 2024.

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-centred support to stay healthy and independent.

Oxfordshire Supported Employment

Oxfordshire Employment Service (OES) is an ambitious team with a mission to support anyone who has a disability or health barrier to access employment through a range of supported employment options. County Print Finishers, which has operated in Oxfordshire for 75 years and was a founder member of the national Supported Business Alliance, is directly shaping supported business policy by working closely with the DWP and the Minister for Disabled People, Work and Health.

In 2022 Oxfordshire was one of 20 local authorities which won a bid for Local Supported Employment. The team works with 200 people at any one time providing a comprehensive model of supported employment, including 40 supported internships for 16- 25 year olds with an EHCP provision. In 2022 the work of the team was recognised by the British Association of Supported Employment award for Practitioner of the Year and holds the RNIB Visibly Better Award 2022.

Working with local college providers (Abingdon and Witney College, Activate Learning), OES was a key partner in developing the Oxfordshire Supported Internship model. OES has met or exceeded all KPIs in the Local Supported Employment contract, including 50% of people sustaining employment 3 months post support against a KPI of 30% set by the DWP. The programme is now extended until Summer 2025 to support over 150 people on their journey towards employment.

Community Links

Through our Community Links[xx] contract Age UK Oxfordshire supports older people across the county, focusing resource on those who face exclusion through low income, poor health or loneliness. In 2022/23 they supported over 30,000 people, including 1,500 reached by Community Connectors who are drawn from the communities they serve, working with people by listening and talking through what could make a difference in their life. Age UK have recently undertaken an exploratory exercise to ensure that they are able to reach people in the most deprived wards through services funded by Adult Social Care.

Our Advocacy services[xxi] provide support for people who are struggling to get their voice heard, mostly supporting vulnerable people with the protected characteristics. When recommissioning this service in 2023, the service specifications were diligently prepared to include the specific needs of disabled people and those people with mental health needs. Experts by experience were asked to contribute and developed some of the questions with the Council which formed part of the evaluation process of the tender. As the new service is embedded during 2024, ongoing monitoring of the service will provide insight into potential gaps in provision than can be investigated and addressed.

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 to realise our vision and strategy. 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 in conjunction with our partners, as well as high quality formal care and support to benefit residents of Oxfordshire. We commission personalised, preventative services that extend and support delivery of our strengths-based ambition set out in the Oxfordshire Way.

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 and a willingness to delegate leadership for this work where this increases impact
- There is a strong focus on supporting people in communities
- Our joint commissioning and market management approach ensures that people receive affordable and high-quality care that meets their needs, preferences and outcomes, when and where they need it.
- We have recommissioned our home care though our Live Well at Home framework. This has enabled a 6.8% increase in hours delivered in the last 12 months from 30,141 hours of home care per week at the end of June 2023 to 32,180 at the end of June 24
- Our Adult Social Care Workforce Strategy and Delivery Plan[xxii] have been co-designed with our provider market to address local workforce challenges, and we have commissioned innovative workforce initiatives to support the market.
- Increased our Extra Care Housing provision aligned to our vision which has increased the occupancy by 9%.

Areas for improvement and development

- Further development of our relationship with the care market to ensure Oxfordshire has a sustainable market that is incentivised to support personalised strengths-based care, aligned to our strategic long-term approach.
- Developing alternatives to care (e.g. assistive technology and equipment, or use of community resources) that extend people's independence and create efficiency and recycle capacity
- 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 and outcomes-based approaches wherever possible

- Development of an offer to self-funders which assures they can understand their choices and maintain their independence in the most cost-effective way possible. Developing our current intelligence and data to direct this work.
- Using the results of the recently completed Supported Housing Needs Survey to inform our commissioning intentions relating to accommodation requirements both in the short and long term. Working in a two-tier authority, it was imperative that we undertook our own survey.
- Increasing the scope and impact of our commissioning and market development by working in partnership on both strategy and implementation e.g. with Public Health, District Councils (including housing authorities) and the NHS.

Key Statistics

Activity	Working Well	Priority Area
9.0% increase in people being supported in extra care housing with planned care in last 12 months	115 providers are working with us through our Living Well at Home framework for reablement and domiciliary care	2.0% increase in people supported in their own home and 6.8% increase in number of hours of home care provided per week in last 12 months
32,180 hours per week of home care	99 community micro enterprises supporting 1,537 people with more than 3,600 hours of support	1.4% decrease in people supported in care homes in last 12 months

Market Shaping and Commissioning Strategies

Since HESC was established in 2021, we have made significant progress in engaging, understanding and managing the complexities of the Oxfordshire care market.

The purpose of the joint Health, Education and Social Care Commissioning (HESC) service is to improve outcomes for the population of the county through embedding the Oxfordshire Way in all we do.

Our strategies and activities:

- deliver a collaborative commissioning approach across health and care and in partnership with our population, key anchor organisations, and health and care providers
- are co-designed at system-level for Oxfordshire (all age where possible)
- build on the assets that are present in the community and local provider networks
- mobilise individuals, organisations and institutions to come together to realise and develop their strengths
- use data and intelligence to enable evidence-based decisions about investment and prioritisation
- are supported by detailed delivery plans
- promote independence and personal and community capability, rejecting the deficit-based approach that focuses on identifying and servicing needs
- impact is monitored through the Joint Commissioning Executive (JCE), an executive partnership established within our s75 agreement with the NHS and with delegated powers from Cabinet and from the NHS ICB Board, and reported into the Health & Wellbeing Board and Place Based Partnership Board

Our HESC approach is underpinned by principles of co production to ensure that the voices of people who draw on care and support are at the forefront of conversations about our work. We also work in partnership with operational services and the procurement hub to develop and deliver activities. We have identified clear overarching strategic commissioning priorities[xxiii] setting out how we will deliver across commissioning areas of Start Well, Live Well and Age Well. Our activity is supported by strategies such as the Oxfordshire Adult Social Care Workforce Strategy.

Our 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 the 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."

The HESC team has developed several care service frameworks as more efficient and transparent mechanisms for market shaping and management. Recent examples of this include:

- Introduction of a Care Homes framework with an agreed care and funding model which was designed with health and care clinicians and independent providers.
- Live Well at Home reablement and home care framework with an agreed model for delivery of Home First Discharge to Assess against a fixed fee model for reablement and homecare.
- A redefined approach to Adult Short Breaks (formerly known as Learning Disability Respite)

Following feedback from the Peer Review and our stakeholders we are currently working to develop and refresh our commissioning strategies[xxiv] with a focus on specific care need / communities of interest and supporting early intervention where possible. For example, we are working in partnership with SCIE to develop our All-Age Autism Strategy working with key local stakeholders especially autistic people, their families, parents, and carers. This strategy aims to improve the lives of autistic people living in the county across all aspects of their lives.

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 data to inform and support our commissioning cycle with a particular view to targeting areas of inequality and supporting seldom-heard groups. We aim to involve experts by experience throughout service evaluation, service design, specification, evaluation criteria and evaluation of bidder's responses.

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 have a refreshed Market Position Statement (2024). In 2022 we commissioned LaingBuisson as an independent organisation to work with our providers to undertake our Oxfordshire cost of care exercise. 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.

In September 2023 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 hold regular Workforce Round Tables[xxv] which are well-attended by providers and partners such as Oxfordshire Local Economic Partnership, local colleges and Skills for Care. The aim of Round Tables is to provide a forum for providers to share what's going well and lessons learnt from recruitment and retention practice, to foster collaboration between providers as well as develop good relationships with our market. These conversations have contributed to the development of our Workforce Strategy and shape our Delivery Plan.

Our most recent Workforce Round Table in May 2024 included updates about:

- Our work in partnership with SE ADASS on a consortium bid for DHSC International Recruitment Funds. The council led the commissioning of a technology-based solution to support social care providers in the south east with international recruitment.
- The impact of our joint recruitment initiative with our partners Care Friends, tailoring the Care Friends offer (which is available nationwide) for Oxfordshire with additional recruitment assistance for local providers, which targets recruitment efforts towards people who are "new to care", growing capacity in the county.
- A presentation from OACP, as a member of South-East Social Care Alliance (SESCA), about local support that is available to overseas carers including free training for recent arrivals to support their wellbeing in a new country; support to develop understanding of cultural differences and English language in the care context; support for displaced migrant workers to find alternative, ethical employment opportunities; and initiatives to support international recruits affected by unethical employment practices.
- Local training and development offers from Grey Matter Learning (Click) including the addition of a wellbeing bundle which the council subsidises locally

Our recommissioning of home care has positively impacted the available capacity of home care with the market now stabilised. Delays now are often associated with a complex level of need. For example, we recognise that we have longer waiting times for people who require supported living and have created posts for dedicated

brokerage officers who prioritise referrals working closely with our operational teams, providers and commissioners to identify appropriate timely placements. 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 available placements in real time.

Although overall we have good capacity within our internal market, we do need to continue developing appropriate accommodation in Oxfordshire. We seek to commercialise our housing operations and look for an increased flexibility and risk reduction. We have made an initial capital 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. Oxfordshire's £5m initial investment will support 22 new supported living placements for people with a learning disability and Autism in partnership with Golden Lane Housing and will be delivered in 2024.

Extra Care Housing

We want the residents of Oxfordshire to live well and able in their own communities for longer, preventing the need for individuals to move to either residential or nursing 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 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. Over the last 12 months, there has been a 9% increase in numbers of people being supported in extra care housing with planned care.

Data from the supported housing needs assessment, completed in July 2024, is being finalised. It will be used to analyse prevalence of different types of units and will support our strategic planning.

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.

Our current ECH provision is above the England average and equivalent to our CIPFA comparators (see table on next page).

	Extra care housing (units)			
Local Authority	**Open market sale / shared ownership**	**Rent***	**Total**	**Prevalence Rate per 1000 of over 75 population**
CIPFA Comparator average	**436**	**917**	**1,354**	**15**
Oxfordshire	**349**	**733**	**1,082**	**15**
England	**13,629**	**46,176**	**59,805**	**11**

Table 1. Extra care housing unit provision in Oxfordshire, England and CIPFA Comparators

Following the publication of the supported needs assessment, we will be developing a Housing Strategy, informing our commissioning intentions to ensure we deliver the right housing in the right places.

Live Well Supported Living Framework

We have developed a new ten-year Live Well Supported Living 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 enables the tender of supported living contracts through “mini tenders” as new accommodation becomes available through the council’s development programme.

We have invested Additional Discharge Fund in two fixed term posts of Housing Specialists. They are currently ensuring that existing housing stock is used to best effect, working to reduce empty properties by repurposing or decommissioning units that no longer serve their intended purpose. Their work also includes analysis to assist hospital discharge and hospital admission avoidance. The system has also invested Additional 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, ensuring where possible that 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.

Safe Space

We are developing a Safe Space business case, recognising this would be a robust resource in the community to support the local system to use a proactive and preventative model, reducing admissions under the Mental Health Act for people

who have a learning disability and / or autism. We have developed plans for an NHS England Capital Grant new build bid for a Safe Space as an alternative to hospital admission. This resource would allow time to ensure that an in-county option can be identified, when repairs/environmental adaptations are required when needs are escalating, to prevent the breakdown of care arrangements and avoid admission to hospital.

Micro Providers

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. 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 has resulted in 99 community micro enterprises (CMEs) currently supporting 1,537 people with more than 3,600 hours of support.

Assistive Technology

Our ASC Digital Vision was updated in 2024, and one of the strategic outcomes identified was that we will co-design care and support options that take advantage of cutting-edge technology.

Assistive technology is supporting the Oxfordshire Way by 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. This activity helped to delivering an increase in the use of activity monitoring using Canary Care and Just Checking from 2022 to 2023. Recent evaluation in 2024 demonstrated that three installations have delivered increased independence for people and 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.

Adult Social Care has secured funding via NHS England Digitising Social Care Fund as part of a BOB ICS bid to scale technology supplier Anthropos. The aim of this project is to test the feasibility and effectiveness of sensor-based falls technology (SBFT) in adult social care settings across BOB. Anthropos uses sensors and other data sources to detect and prevent falls among older people living in care homes, extra care housing and short stay hub beds. The project involves installing Anthropos in selected care settings, based on data analysis and stakeholder engagement, and evaluating its impact on demand, workforce capacity, and cost. The project will also support the cultural and procedural changes required to ensure the adoption and sustainability of SBFT, by providing toolkits, training, and communication materials, as well as regular feedback and troubleshooting sessions. The final evaluation will collect quantitative/ qualitative data and case studies to demonstrate the benefits of SBFT and build the case for further roll-out. The project is due to go live in September 2024.

The following examples demonstrate more of the actions and planned work which will become part of our developing Tech-Enabled Care (TEC) strategy, as aligned to the 3 key strategic outcomes detailed in the Digital Vision:

Digitally Connected Residents

- We are reprocuring our telecare response service due to contract expiration in March 2025. This is a vital service that provides reassurance to our residents and their families and reduces pressure on ambulance and hospital services
- The Public Switched Telephone Network (PSTN) switchover is being managed through a programme approach with dedicated ITID project management and clinical support

Digitally Enabled Community

We want to improve access to information and TEC for our residents, for example

- We have developed a new digital tool 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
- We are exploring developing an Independent Living Centre which enables residents to experiment with TEC before committing to purchase
- We are also simplifying our processes for ordering kit to make it easier for residents to access the technology they need

Digitally Confident Workforce and Partners

- We have a dedicated Assistive Technology team who run regular CPD sessions to support our workforce to utilise technology. We would like to build out this provision with community training partners to offer more training sessions for our staff
- We want to streamline how we conduct market research, pilot new products and embed them into business-as-usual service provision. We are working with our data and innovation leads to establish current technology usage and develop a framework for TEC.

Better Care Fund

Oxfordshire has developed and improved system wide planning that aligns the Better Care Fund to other system resources such as Public Health grant, NHS Urgent and Emergency Care Funding, and NHS Health Inequalities Funding. Our approach is to identify and improve those services that support the delivery of BCF metrics and extend our ability to deliver on prevention, inequalities, partnership and collaborative working and coproduction. The BCF is managed through a system wide planning, development, implementation and monitoring group which works alongside other partnership groups (eg Urgent Care Delivery Group, provider urgent care groups, County Housing and Homelessness Directors groups) and reports into the Urgent and Emergency Care Board and Place Based Partnerships in addition to the Health & Wellbeing Board.

Examples of the approach within the BCF include

- Focus on hospital avoidance: working to develop preventative services eg around falls delivered in partnership by community health and voluntary and community sector
- Supporting discharge home: implementation of Home First Discharge to Assess and the redesign of bed-based D2A around more complex dementia/delirium presentations
- Supporting care homes resilience

- Focus on supporting people with Learning Disability and/or Autism, or mental health presentations or complex drug. Alcohol and homeless issues in discharge from acute inpatient and ED settings
- Expanded offer to Carers and to people who are living with dementia or mild cognitive impairment
- System wide initiatives: funding of system leadership roles: Urgent and Emergency Care Director, Transfer of Care Hub Lead, Home First Lead

In 2024/25 we are developing our backing data to map the impact of schemes into the BCF metrics and to support a better understanding of value and efficiency to support our 2025/26 planning round.

Communities

We have a strong focus on supporting people in their local 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, issued through the Connected Communities Fund, are demonstrating real impact on people's lives through supporting small organisations who work more directly with our communities in innovative ways to support sustainable communities.

Case Study: Daybreak

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 CQC registered "Good" 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. The ambition of the Shared Lives service is to become more flexible to meet a broader range of needs most recently including short breaks for people with dementia. We have identified as an organisation that we had a gap in provision for individuals transitioning into adulthood and are working closely with our children's colleagues to provide opportunities for care leavers and are working collaboratively with Shared Lives Plus as they support Local Authorities to develop the model through their 2 year funded programme. We have also used Accelerated Reform Fund monies to procure Shared Lives Plus to make recommendations on investment in our scheme particularly in relation to supporting more complex individuals. Positively targeted recruitment and advertising has resulted in a further 11 Shared Lives carers to offer placements this year, with people who have drawn on the service involved in the selection of new Shared Lives carers.

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 to support unpaid carers over the age of 18 years who are caring for a person of any age. Carers Oxfordshire carries out carers assessments (a self-assessment giving flexibility and control, and supporting those who may not use the self-assessment) and draws up a support plan to support carers' health and wellbeing, which may include carer payments as well as providing information, advice and support based on their assessment.

In line with Oxfordshire Way, Carers Oxfordshire 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 2023/24 Carers Oxfordshire reached 40,872 of Oxfordshire unpaid carers through a variety of means including a telephone helpline (Carersline), email and text access and the Carers website.

Our review of feedback from carers showed taking a break from caring has a significant impact on carers' health and wellbeing. 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.

To raise awareness on carers health and wellbeing and share information on what is available, we have a network of Carer Champions across the whole system including NHS Hospital Trusts, our own operational teams and throughout the council. In 2024, we also established a Carers Network in the Council to provide a safe space

for colleagues to share their experiences and information on the support services available across Oxfordshire.

Case Study – Feet Up Friday

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. Carers, including Shirley from Witney, find this extra support "just wonderful".

Dementia Support

- In partnership with the NHS, we commission Dementia Oxfordshire, a service provided by Age UK Oxfordshire.
- The service provides 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.

Our partnership approach has included co-design of services with those who use them. Oxfordshire residents who receive a dementia diagnosis can now attend sessions that have been created with people who are living with the condition themselves. Dementia Oxfordshire worked with experts by experience to devise post-diagnostic education sessions.

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 it "Made our lives easier" and that they "Feel supported". 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 under section 75 of the NHS Act 2006 (c. £500m in 2024-25). The s75 agreement incorporates the Oxfordshire Better Care Fund plan.

The s75 agreement covers a range of aligned and joint-funded services. The latter include

- Mental Health Outcomes-based contract
- Reablement services
- Community equipment services
- Step down short stay hub bed pathway
- Dementia support
- Services for carers
- Preventative services that are in turn aligned to funds outside of the s75 but deployed by Public Health and from the ICB Health Inequalities Fund
- Joint posts, eg brokerage operating across adult social care and NHS Continuing Healthcare

The s75 was significantly revised in 2022/23 to reflect the development of the HESC joint commissioning structure and particularly to reflect the life course approach within our strategic commissioning ambition. There is significant alignment with Children and Young People's services around commissioning that supports transition to adult services.

The s75 agreement sets out a series of performance measures that are aligned to the Health & Wellbeing Strategy and the Better Care Fund and are reported into the Health and Wellbeing Board via the Joint Commissioning Executive. The JCE oversees the deployment and performance of the s75 agreement and assures scrutiny from Adult Social Care, NHS ICB including Clinical Leads from mental health and urgent and emergency care, Public Health and finance leads. The JCE is accountable to Cabinet and to the ICB Board.

Reablement and Home First

The Oxfordshire System collectively recognised the need to transform reablement and discharge to assess services to deliver better outcomes for residents and improve hospital flow[xxvi]. Over the last 18 months reablement in Oxfordshire has been redesigned to deliver an integrated approach across Strategic Domiciliary Providers, the Council's Home First Neighbourhood teams and health colleagues. A restructure of Adult Social Care's internal workforce of Social Workers, Occupational Therapists and coordinators was completed to deliver a "7 days service".

Our Home First teams and Strategic Providers support the development of reablement goals for people being discharged from hospital or who are at risk of admission. They provide liaison with people and their families throughout and undertake statutory Care

Act Assessments for long term care where necessary. The focus was not just on reablement but developing a whole system approach to Discharge to Assess. The service has been expanded to incorporate a trusted assessment from reablement providers to reduce duplication for people and maximise capacity where Social Work or Occupational Therapy input are not required.

Joint accountability for the system wide commitment to this approach is being achieved through the recently established Transfer of Care Hub (ToC), which supports discharge from all bed bases for physical ill health. Adult Social Care teams collaborated with Health colleagues alongside voluntary sector and housing officers to create a truly multidisciplinary forum for all discharges to be discussed and a pathway to be determined in accordance with the national hospital discharge guidance. The appointments of both the system lead post in the Council and the Transfer of Care Hub Clinical Lead have been done in consultation with senior leaders across health and social care. This collaborative way of working ensures fair decision making and sharing of skills are the established culture, and ultimately the outcomes for the person are optimised.

The Transfer of Care Team convenes 3 times daily to review referrals and has substantive members from each representative organisation. The daily system call, at 08.30 each morning is chaired by senior leaders of the ICB, Acute and Community Trusts and the Council on a rotational basis, ensuring all partners have equal accountability. This daily call also enables the Transfer of Care Hub to seek support for any matters in need of escalation in a culture of collaborative problem solving.

The service has been procured to include short-term 24-hour support and/or waking nights in a person's own home to reduce the risks of premature entry to long term residential care and has resulted in a circa 10% reduction of the number of people being referred to pathway 2 beds since September 23. Significantly increased flow has also been achieved with Oxfordshire now performing well on the number of delays in hospital with 7.4% of people not meeting the criteria to reside (24th July 2024) positioning the Oxfordshire system as having one of the lowest number of delays in the region. During 2024-25 we will reprocure our short stay hub bed stock. Using Additional Discharge Funding we are piloting complex D2A beds to support people with complex dementia, resolving delirium and other mental health/behaviour needs that cannot be assessed effectively in hospital. We are working with Healthwatch Oxfordshire to carry out a large-scale survey of user and professional experience of the D2A model to inform these next steps.

The effects of this alongside more comprehensive Extra Care Housing provision have been profound, with admission rates to residential care reducing from 438.8 per 100,000 in 22/23 to 337 in 23/24. Outcomes for people continue to improve with 75.1 % of people achieving independence at the end of their reablement journey in 23/24 as compared to 65% in 21/22. Progress continues to accelerate for access to reablement in the community with a 16% rise in the number of referrals from community pathways so far this year.

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.

Oxfordshire Out of Hospital Team

The Oxfordshire Out of Hospital Care Team (OOHC) formed in 2021 as part of DHSC's Shared Outcomes initiative.

An integrated partnership, operating across housing, health, care and third-sector systems, the core aims of the service are to:

Support planned, safe discharges from hospital for people experiencing or at risk of homelessness - avoiding discharges to the street;

- Increase access to mainstream services in community settings - avoiding unnecessary (re)admissions and reducing inequalities;
- Prevent rough sleeping and homelessness.

Rated as both high performing and highly cost effective by King's College London, our work is sector-leading and has been highlighted in national guidance and Government frameworks.

100% of the people seen by the team have their needs assessed by a multi-disciplinary team led by a Social Worker. Since inception the key successes delivered by the service include:

- 450 planned discharges from hospital with only one person returning to rough sleeping

- 26% reduction of emergency admissions over 12 months for people engaged with the service
- over 100 people at imminent risk of losing their accommodation supported to maintain tenancies.

Supporting the Adult Social Care Workforce

Our social care workforce comprises 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.

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

Our Adult Social Care Workforce Strategy addresses both the internal, directly employed workforce and the external workforce employed by provider partners. It

has been developed in collaboration with key stakeholders, including care providers, and sets out the challenges facing the workforce and how together we plan to respond to these. We sought feedback on this draft strategy via Workforce Round Tables and our Let's Talk engagement platform to help us shape a delivery plan[xxvii]. The objectives of the delivery plan are as follows:

1. Reduce vacancy rates across the adult social care workforce
2. Reduce turnover rates across the adult social care workforce
3. Develop the skills of our workforce using opportunities including Workforce Development Funding and Apprenticeships
4. Drive inclusivity and diversity
5. Promote opportunities to develop a career in the sector

As part of a programme for sharing best practice, developing tools and providing support, Partners in Care and Health (PCH) worked with Oxfordshire County Council to offer a 'critical friend appraisal' of our newly refreshed adult social care workforce strategy and delivery plan[xxviii]. We want to use the appraisal to help shape the strategy further giving a framework for future iterations and to set the benchmark. Partners in Care and Health undertook the appraisal in March 2024, with findings presented in July 2024. This has given valuable feedback and recommendations which are shaping our activity.

Our Adult Social Care 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 adult social care careers to school leavers and young people, reporting to our Strategic Commissioner for Workforce.

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

We work collaboratively with providers to support workforce development. This drives tangible outcomes such as a website aimed at bringing more people into caring positions in Oxfordshire. Proud to Care Oxfordshire has been developed 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 worked with The Care Workers Charity (CWC) to administer grant funds since 2022, awarding a total of £537k for Crisis Grants and "New To Care" Grants for people starting work in the sector[xxix]. The crisis grant fund 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) through a particularly difficult period. To date 990 care workers have been supported through the programme, 49 of whom are international recruits, across 160 different care providers. Funding to continue the grant activity has recently been secured through the Better Care Fund.

Our workforce strategy draws on data from the Adult Social Care Workforce Dataset that does not include data from many of our 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 PIP and other forums to share good practice and ensure that workforce initiatives are as inclusive for all our partners as possible.

The council's People and Culture Strategy (for council employees) aims to develop and maintain a high performing, innovative, highly engaged and agile team, employing the best people, and reflecting the communities we serve.

Our internal workforce development activity is a key area of focus for the Directorate Leadership Team (DLT). Key internal 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 development planning.

Registered Professionals working for the Council are supported by the Social Work Academy[xxx], led by the Principal Social Worker. Responsible for the oversight of the ASYE programme, student placements and apprenticeships the Social Work Academy plays a crucial role in practice development; this is alongside the Principal-led progression pathway for experienced staff.

This year the Principal Social Worker successfully led a bid for £300k to support recruitment of 10 social work apprenticeships in adult social care. Advertising this opportunity internally and externally generated 300 applications with 10 successful appointments.

Case study: Growing and sustaining the best workforce to ensure the best outcomes for the people with lived experience of social work

Practice Educators are usually trained in universities where PEPS programmes are offered to meet the need for student placements. Working with renowned author and social educator Siobhan Maclean, we developed a unique programme that would enable us to improve quality and accessibility while allowing us to tailor it to our service's needs and priorities. The grant funded programme will commence in September 2024 with a range of high-quality training sessions and a robust assessment strategy with our own mentor/assessors, recruited from our own workforce.

The Principal Occupational Therapist is also supporting the application of Apprenticeships and will be embedding the Preceptorship programme for Occupational Therapists in the coming months following feedback from staff and the Peer Review that the newly qualified pathways for Occupational Therapy is not yet as embedded as Social Work.

We use the Employer Standards Health Check as a tool to help us better understand the experiences of our workforce. The 2024 Employee Standards Health Check reported on the experience of social workers, occupational therapists and non-registered social care workers within OCC ASC. Across both professional disciplines Oxfordshire scored highly for 'access to facilities' and staff feeling 'physically safe' in the workplace. Our highest scoring standards are 'wellbeing' and 'supervision' indicating that our staff generally feel well supported in their roles. The lowest scoring themes with commonality across the three staff groups were: frameworks for newly qualified staff particularly OTs; annual appraisals and professional development plans; ability to influence organisational change and reflective supervision. This triangulates with feedback from the LGA Peer Review.

As a response to the Healthcheck, we have developed a Principal-led action plan to work with frontline staff and managers to improve the staff experience through access to resources, training, better quality supervision and robust development pathways.

Quality Monitoring of Services

Our approach to quality monitoring of externally provided services is set out in our Quality Improvement Protocol[xxxi]. The council's Quality Improvement Team undertakes a range of monitoring interventions gathering performance data and where required conducting regular contract monitoring meetings. It also conducts periodic on-site reviews and works with safeguarding, regulatory bodies, inspectorates, as well as commissioning and operational teams where there are issues of concern. The quality improvement team draws on a wide range of sources including KPI data from providers, provider assessments, capacity tracker data and information from expert by experience quality checkers. Currently (July 2024) 90.6% of care homes are rated as Good or Outstanding by the CQC against 80.6% for England and 90.8% of Community Based providers are CQC rated as Good or Outstanding against 85.4% for England

Where people receive care out of county, we work with the host local authority to assure ourselves of the provider's quality before a placement is made. In most cases we expect the host authority to lead on managing the performance of providers in their area. We 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 team 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. 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: Green indicates no concerns with the provider; Amber indicates issues around the standard of care and to seek advice from Quality Improvement before placing; Red indicates serious concerns and not to use. The provider is 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, using 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 through relevant training and development, sharing good, safe practice across the system partners and ensuring effective pathways.

Our Strengths

- A well-resourced 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
- Quality Improvement complete routine quality assurance with processes in place to manage serious concerns and standards of care in partnership with Safeguarding where necessary.
- The Approved Mental Health Professional Service is well coordinated with staff across adult social care and mental health services supported to complete training.
- We have reorganised how we work with our children's teams and made significant improvements to transition experience for young people

Areas for improvement and development

- Our priority is to ensure the safety and well-being of residents who are at risk of abuse or neglect. We are constantly reviewing and refining our business process to respond effectively to s42 enquiries and manage risk appropriately.
- Deprivation of Liberty (DoLS) waiting lists are risk assessed using the ADASS guidance and best practice tool. An action plan to reduce the waiting is in train.
- Waiting list figures for care and support assessments have historically been 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 outcomes
- The publication of a number of SARS this year will support consolidation of learning from adverse events.

Key Statistics

Activity	Working Well	Priority Area
6698 safeguarding concerns raised in the last 12 months (July 2023 to June 2024) of which 1377 (21%) went to a safeguarding enquiry	74.6% of people who use services feel safe (Feb 24 social care user survey) compared to 69.7% - the latest national figure	Sustaining improved performance in the management of s42 concerns and enquiries
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	91% of adult social care providers in Oxfordshire are rated good or outstanding compared to 83% nationally at June 2024	571 DoLS applications completed a rate of 397 per 100,000 population in 2023/24

Moving Into Adulthood

One of our key achievements is the establishment of a dedicated and co-produced Moving Into Adulthood Team, which supports young people with additional needs aged 16 to 25 in their transition from education to adulthood. This team, works in alignment with the Education and Health and Care Plan (EHCP) processes and ensures that young people receive ongoing support until they have successfully moved into adulthood. Our children's occupational therapy team also collaborates with adult occupational therapists and housing professionals to facilitate seamless transitions between children's and adults' services. The impact of this new team has been evident in the improved multi-agency coordination, the earlier identification of young people who will require ASC support, and the smoother transitions at crucial stages in a young person's life, such as when they turn 18 and when their EHCP ceases.

Measurable improvements following the development of the new team include:

- An increase in young people open to the team from 229 in 2021 up to 460 in June 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 87% in June 2024.
- 89% of young people have a support plan in place by their 18th birthday, compared to 20% in 2021.

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[xxxii]. We are working hard to address this, and continuity begins from the very first point of contact, with our Social and Health Care Team staff using the same prioritisation tool as our locality teams. This ensures a consistent proportionate response and robust identification of risk.

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 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 team manage approximately 1,500 per year (see **Error! Reference source not found.**). The 2022-2023 National data show that the Buckinghamshire, Oxfordshire and Berkshire Integrated care Board to which we belong has the second lowest detention rates per 100,000 – 37.4 and only second to Surrey Heartland (25.8).

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 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 Significant concerns about the safety of Bob's property and extent of self-neglect resulted in an emergency admission to a care home.

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 number of professionals felt that Bob's needs would best be met long term in a care home, but Bob wished to return home. The Social Worker applied the legislation and completed a Mental Capacity Assessment and was able to work with colleagues to alleviate professional concerns and most importantly respect Bob's views about how his care should be delivered.

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 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

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[xxxiii] to respond to unexpected incidents and support people with an adult social care need. If necessary, the team has access 24/7 to a corporate Director and a dedicated Adult Social Care Manager should advice /guidance be required.

Quality Improvement in the provider market

Our Quality Improvement (QI) team ensures that care and support services in Oxfordshire are safe and of high quality. The team monitors providers using data from Key Performance Indicators (KPIs), on-site reviews, intelligence sharing with partner agencies, and assessments through our Provider and Market Management System (PAMMS).
When underperformance or risks are identified, the QI team collaborates with the provider to make improvements. If the risks are serious, the provider may be placed on a traffic light system with usage restrictions, depending on the severity of the findings. The QI team will involve other council teams and partner agencies as needed to oversee performance. If the provider fails to show sufficient improvement within the given timelines, a joint decision with these stakeholders will be made regarding contract termination and resourcing care and support for residents.

Data from the February User survey shows 74.6% of people who use services in Oxfordshire feel safe, compared to 70.9% in the region and 69.7% nationally from last year's published data. [i]

The council has developed a clear approach to provider service hand backs and contract terminations. Where contracts are ended, the QI team works with operational colleagues and other stakeholders to ensure that each person continues to receive the care they need and a robust risk stratification methodology is applied. 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. Where hand backs or closure is confirmed, the operational teams work systematically to review each person's case and risks to ensure correct prioritisation for reprovision.

Case Study – managing provider failure

A care provider delivering 118 packages commissioned by OCC was rated “poor” following a PAMMS assessment by the Quality Improvement Team who found challenges around poor staff training, inaccurate visit logs, missed appointments, and concerning hiring methods. The provider had also had their Sponsorship licence suspended by the Home Office, which the provider challenged. A Red Traffic Light was implemented by the Quality Improvement Team. A multi-disciplinary decision was taken to reallocate all 118 care packages to alternate providers within a one month time frame. The Review Team played a critical role, considering the service users' needs, keeping them informed, and supporting them during the reviews. Service users received letters to clarify the situation and the steps being taken, complemented by phone calls to the users or their relatives to ensure address any emerging questions or complaints. CQC and health colleagues were notified of the intent and individuals funding their own care with the provider also received letters detailing the concerns and OCC's response, along with guidance on alternative providers.

Brokers sourced alternative provision timed to deliver a seamless transition of arrangements for people. With prior experience in similar processes, the teams guaranteed a seamless transition to new agencies and maintained open, consistent communication with people who draw on care and support, thereby minimizing distress and complaints from them and their family members.

Safeguarding Adults Board

Our organisation is supported by a strong Safeguarding Adults Board (OSAB) which was acknowledged and praised at Peer Review. We commission an annual self-assessment and peer review which includes feedback from partner agencies and is committed to the tracking of agreed actions. 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; 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.

The annual Safeguarding Self-assessment is a joint piece of work between the Adults Board and Children’s Board. The purpose of the Safeguarding Self-Assessment is to formally request and gather information from member agencies on the safeguarding arrangements made in line with section 11 of the Children Act 2004, as well as the standards developed by the Local Government Association for Adult Safeguarding Services. Board members experience the self-assessment as

positive critical challenge with mature relationships, this was also evidenced through the board member feedback to the LGA Peer Challenge.

Safeguarding training begins at induction and the Learning and Development 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.

Learning from Incidents and SARS

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.

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.

From recommendations arising from a Thematic Review into 9 Deaths in 18/19 of Homeless People in Oxfordshire, the Board created the Multi-Agency Risk Management (MARM) Framework and invested in an Officer role to coordinate the process and lead the meetings. The MARM Framework is designed to support anyone working with an adult where there is a high level of risk and the circumstances sit outside the statutory adult safeguarding framework, but where a multi-agency approach would be beneficial. It enables a proactive approach which helps to identify and respond to risks before crisis point is reached, focusing on prevention and early intervention. As of 2024 all deaths that meet the criteria for a Homeless Mortality Review are now managed via the SAR subgroup to ensure consistency of learning and approach.

The first annual report of MARM was completed in 2023 and provided positive reflections of the process but also additional learning for agencies. Safeguarding Adults Board Reports - Oxfordshire Safeguarding Adults Board (osab.co.uk) 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. A positive reflection from a person supported through MARM process is outlined below.

Case Study MARM

A man who had experienced multiple periods of homelessness was referred into the MARM process by his support worker in a third sector organisation. Initially he declined invitations to attend the multi-agency meetings himself so the support worker acted as his advocate in the process and would meet with him before and after the MARM meetings to share what was said and what was agreed. After nearly a year of meetings, he accepted the invitation to attend and was “blown away” by the commitment of the organisations around the table to offer him support. He thanked those around the table and said:

"you're getting it right. I've not been able to do this for 27 years on my own. I'm really pleased with the help you've given me"

The man is now in settled accommodation and is fully engaged with the organisations working with him to offer the support services he needed.

Post covid the Oxfordshire Board and Deputy Director for Adult Social Care noted that serious incidents were not being progressed for consideration by the SAR subgroup. This was rectified by a review of serious incidents and 5 were referred on to the SAR Subgroup. A schedule of publication by the board is starting in July 2024 to cover a total of 10 SARS and HMR’s. The learning from these is being resourced into a comprehensive action plan for agencies to embed. Adult Social Care will track their learning actions from this review via the Internal Assurance Group where the Board Manager is also invited to attend.

The serious incidents reporting, and procedure has recently been reviewed by the Principal Social Worker who has audited to ensure compliance with the reporting procedure. These provide clear guidance and a governance structure for all staff. An audit completed in July 2024 demonstrates that the case management forms are being recorded appropriately where a serious incident or death has occurred, and that feedback is being provided where appropriate to ensure a more detailed internal report is considered if necessary. 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.

Safer Oxfordshire Partnership

The Safer Oxfordshire Partnership provides strategic oversight and direction for preventing crime and anti-social behaviour across Oxfordshire, in turn the district Community Safety Partnerships develop strategic plans for their respective areas and work with partners on countywide priorities through the Partnership. Adult Social Care are represented in the partnership. A working protocol has been agreed across the multi-agency Boards/ Partnerships that are working to improve the health

and wellbeing of Oxfordshire's residents and safeguard children, young people and adults with care and support needs who are vulnerable to abuse and neglect. Underpinning this protocol are the principles of 'thinking partnership working'; understanding our own responsibilities and those of other partnerships; working together on themes of common interest; sharing information about risk; providing mutual challenge and support; sharing good practice and resources; and working with openness and honesty. The protocol sets out how the different Boards and partnerships will interface with each other, including reporting; regular liaison and consultation; and escalating safeguarding concerns.

In 2023 an Anti-Slavery Coordinator was appointed, hosted by Oxford City Community Safety Partnership. Alongside this Oxfordshire County Council has worked extensively with partners within the Safer Oxfordshire Partnership to tackle exploitation of care workers, particularly those recruited from overseas. We use intelligence from the Home Office, workers themselves and our provider monitoring processes to understand where exploitative practices may be occurring and take necessary action to disrupt this activity and, where necessary, terminate our contracts with those providers. A multi-agency strategy developed with the partnership and associated action plan is in development to be published in Q3 2024.

As part of community safety our Fire Service operate a "Safe and Well" visiting service for adults who have specific vulnerabilities and in 23/24 completed 2,658 visits to people. Throughout the year have also worked collaboratively with adult social care's sensory impairment team to identify opportunities for the installation of specialist fire alarm equipment and completed this as part of their Safe and Well visits.

Safeguarding

Concerns to Adult Safeguarding are initially received through the Social and Health Care Team who complete an initial screen for any actions requiring an emergency response within two hours of receipt. They then refer to the Safeguarding Team for further triage. Oxfordshire has a dedicated Safeguarding Team that retains responsibility for the detailed triage of the majority of statutory concerns and completes a s.42 enquiry where the person is not already known to another social care team or where organisational abuse is suspected. Demand over the last 2 years has been broadly stable with a minor 2.7% decrease in referrals in 23/24 to 6,581 pertaining to 4,734 people. Of those people 1,107 had a concern raised in both 22/23 and 23/24.

Care Providers, both domiciliary and residential, remain the largest overall referral source accounting for 29% of all concerns. Recent attendance by the Service Manager and Board Manager at the quarterly provider forum indicates that providers remain concerned about reporting issues via safeguarding to ensure compliance with CQC standards. Further work will be planned with providers about safeguarding thresholds to reduce unnecessary referrals. A similar position is seen with ambulance services. South Central Ambulance have been piloting a new approach to concerns in Hampshire and will share the learning with the board later this year.

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.

The Safeguarding Team has undergone a radical approach to performance improvement in the last 12 months to target delays in allocation and resolution of safeguarding concerns and enquiries. A formal action plan was initiated in February and following completion of the initial plan ongoing delivery and implementation of a Meaningful Measures approach was adopted overseen by the Deputy Director and Service Manager. Actions, escalations and progress are tracked weekly through this forum. The Senior Leadership Team for the Council has been informed throughout the year in respect of progress and risks. Actions to address significant back logs in allocation and enquiry resolution included both detailed service management audit of caseloads, attention to allocation rates and the closure of historic cases throughout 22/23.

Some delays are still seen for the closure or progression of concerns and the conversion rate of concern to enquiry fell by 6% along with a 22% fall in the overall number of enquiries completed. This needs to be understood in the context of service activity. Liquid Logic case management system allows information to be recorded at the concern stage, which has over time led to workers completing significant work at the concerns stage when it would be more appropriate to move the concern to an enquiry stage. The pathway has been redesigned in the Liquid Logic and is due to go live in Q3 which will improve recording of enquiry activity and ensure that it is not recorded at the concern stage. Additionally, data indicate that for every enquiry 4 concerns are raised which may be concerns raised by different agencies relating to the same issue or a cluster of events resolved under 1 enquiry. A recorded advocate for those lacking mental capacity fell by 6% in 22/23 and close attention will be paid to quality of practice alongside the required pace to provide a timelier response. As 1,107 people have had enquires raised in 22/23 and 23/24 and audit of 10% of those cases is planned by the Service Manager in September to look at what learning can be achieved and shared with both the team and wider services.

The Service Manager for Safeguarding has introduced a weekly “Intractable Case Clinic”, where cases over 6 weeks in duration can be discussed and learning shared to inform future areas for audit. A monthly safeguarding forum has been developed and 125 staff attended the session on Positive Risk Taking with further sessions to follow.

The overall improvement in performance whilst subject to some fluctuation has been a significant achievement for the team illustrated by the fact that in July 2023 there were 527 open enquiries with 268 of these open over 12 weeks. As of July 2024, there are 183 open enquires with only 13 over 12 weeks. These 13 cases are well understood and discussed weekly at the Meaningful Measures meeting chaired by the Deputy Director for Operations and Safeguarding Service Manager.

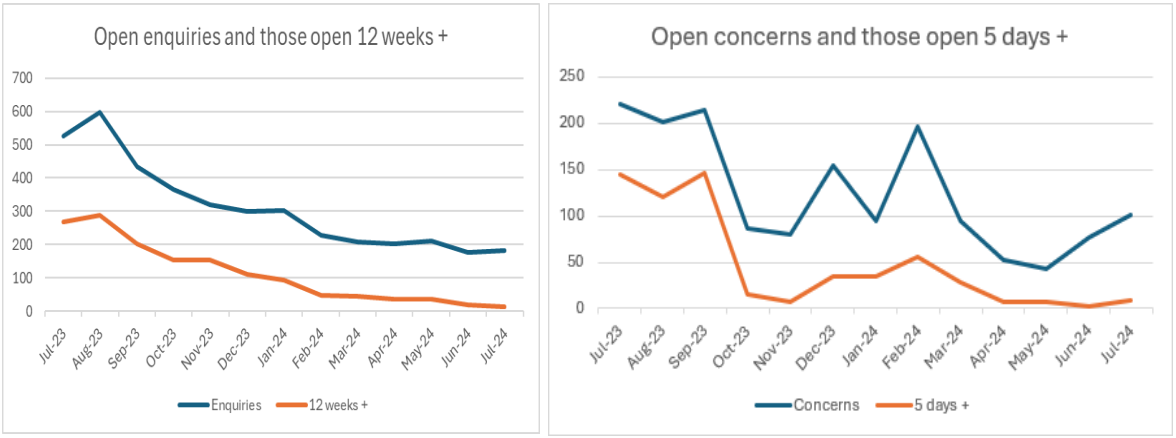


Figure 4. Graphs illustrating numbers of open enquiries and open concerns

Overall, the team's performance has improved significantly but will require close monitoring to ensure that enquiry rates remain proportionate to individual circumstances and that data continue to inform areas requiring qualitative exploration. Future considerations will be given to the operational safeguarding model to ensure sustained improvements.

Making Safeguarding Personal

A number of workshops have been completed in relation to Making Safeguarding Personal (MSP) across the service. Whilst MSP scores remain strong at the closure of an enquiry the Principal Social Worker through audit identified that outcomes were not always robustly sought at the very beginning of the enquiry process. Regular "dip audits" now show that people's views are now being sought at the very beginning of the safeguarding episode.

Making Safeguarding Personal (MSP) is embedded in the team practice and procedures and refresher learning sessions are delivered by the Principal Social Worker. The percentage of section 42 safeguarding enquiries where the desired outcomes were asked for and expressed and were then achieved was higher than the England average for 2022/23. Although the figure dropped marginally in 23/24 it remains above the latest national position. Outcomes were fully achieved for 63% of people in 2021/22 rising to 68% in 2022/23 and 73.1% in 2023/24 of those who expressed a desired outcome. [xxxiv]

	CIPFA family 22/23	England 22/23	Oxon 22/23	Oxon 23/24
% of care users who feel safe 2022/23 %	69.8	69.7	72.6	74.6
% of section 42 safeguarding enquiries where desired outcomes were asked for and expressed	66.4	56.3	73.7	70.3
% of section 42 safeguarding enquiries where desired outcomes were asked for, expressed, and fully achieved	63	67.1	67.8	73.1
% of section 42 safeguarding enquiries where desired outcomes were asked for and expressed, where outcomes were achieved	90.9	94.8	98.5	97.3
% of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed	n/a	91	94.8	94.2

Table 2: Key safeguarding metrics

Deprivation of Liberty Safeguards (DoLS)

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, an action plan was developed for delivery in Q1 of 24/25 to further reduce the DoLS waiting list. This has led to the successful procurement of 2 agencies to complete a total of 500 assessments and is on track for delivery by the end of August. Additional long-term funding has been identified to increase the full time staff in the team to sustain an improved position. 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. Further work is planned across Adult Social Care to expedite the completion of community deprivation of liberty applications and ensure that all qualified staff members have the opportunity to develop their skills in this area.

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

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

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. 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.

The DoLS team supports teams with targeted CPD sessions on request. Practitioners consult with the team with queries and dilemmas. The team works with partner agencies, care providers and carers representatives to increase knowledge and understanding of the Mental Capacity Act and DoLS.

Complex Needs

We have a Dynamic Support Register in place for those with high complex needs with learning disability and autism. We also have a newly formed team of Dynamic Support Register Practitioners. Their role is to provide intensive case management support to those in inpatient settings who are ready for discharge. They also provide robust support to those people with a Learning Disability and/or Autism who are at most risk of going into crisis in the community. Strong and positive multi-agency relationships have been developed with key partners such as the Learning Disability Intensive Support Team (IST) and our Reasonable Adjustment Service (RAS) as a result of the DSR Team.

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). An updated report is due for publication this year.

Quality of Practice

The introduction of a standalone Principal Social Worker and Principal Occupational Therapist in 2023 underlines the service commitment to the development of practice. Both Principal's report to the Deputy Director for Operations on a day-to-day basis with monthly meetings with the Director of Adult Social Care. Our Quality Assurance

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

Recent practice audits have been completed for locality teams and the safeguarding team. Both audits 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. In response to the feedback obtained during the LGA Peer Review and the Principal assessment of practice, Social Care Futures have been approached to support with specific sessions in relation to strength-based approaches and have delivered a session on “Glorious Ordinary Lives” attended by 75 staff. 4 further sessions are planned for this year with a further programme to be established for 2025. Principally led audits inform practice developments leading to tangible changes in case audit practice and expectations.

CQC Theme 4: Leadership

Our Ambition

We have a clear strategic vision for Adult Social Care set out through the Oxfordshire Way, which has guided our work since 2021, and has recently been refreshed and updated. We are focused on enabling our residents to achieve their optimal well-being. Our leadership, governance and management structures support this through transformation, sustainability and the effective management of risk. In conjunction with our corporate values, we strive to be a learning organisation that seeks every opportunity to enhance, innovate and adapt. We are committed to developing as a team, fostering an inclusive and empowered workforce. We recognise the importance of developing individual skills and developing as a system; exploring new ways of working to improve the quality, value and scope of the services we offer.

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
- Joint and integrated strategic leadership across the system, based on well established relationships with health partners at both strategic and place levels
- We are creating an inclusive and transformative learning and career development environment for our staff though our academy, embedding best practice on the frontline and creating a culture of continuous learning and professional curiosity.
- Effective team business/emergency planning arrangements which enables timely response.
- An established Joint Commissioning Executive with the ICB which enables collaboration and prioritisation of the pooled budget.
- We have a strong commitment to innovation and continuous improvement.
- We have a clear vision for transforming the Council, supported by a strong and collaborative leadership team with effective financial oversight
- We have a comprehensive ASYE programme and have launched an internal Practice Educator Programme

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
- Continue to develop our transformation programme for mental health commissioning in partnership with Oxford Health, ICB and VCSE partners, working together in a systems approach to define the new care model and the subsequent transformation workstreams.
- Supporting all of our team to embed strengths-based practice and understanding the Oxfordshire Way approach in everything we do

Key Priorities

Activity	Working Well	Priority Area
Comprehensive improvement plan in place with project management support	Cohesive substantive directorate leadership team	Further development of focused strategies

Governance

Senior Leadership Team

The senior leadership team[xxxv] (SLT) in Oxfordshire County Council is composed of the chief executive and associated directors who lead the main service areas of the council. SLT is responsible for delivering the council's vision, strategy, and priorities, as well as managing the council's resources, performance, and risks. SLT works closely with the elected members, partners, and stakeholders to ensure that the council provides high-quality services and outcomes for the residents, communities, and businesses of Oxfordshire.

Director Leadership Team (DLT)

The team works collaboratively with other teams and partners to achieve the shared goals and objectives. The team is committed to continuous improvement and innovation to meet the current and future challenges and opportunities.

DLT sets the strategic direction, ensuring quality and performance, manages the budget and resources, and leads the transformation and integration of services. The director also represents the council at regional and national forums and engages with stakeholders and partners as required.

Cabinet/Councillor engagement

Adult social care has a strong relationship with our Adult Social Care Cabinet Member as well as the wider cabinet which is further supported by formal governance through People Scrutiny, Health Overview and Scrutiny Committee (HOSC) and the Health and Wellbeing Board (HWB). Our relationship between officers and Members including the opposition parties is transparent and collaborative and we strive to address MP and Member enquiries and questions promptly and effectively. The Director meets weekly with the lead member, and this is extended to include other DLT members monthly. These meetings are used to update on service-related matters, brief on delegated decisions and discuss matters which potentially could have an impact on the council reputation.

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. The directorate has a service plan with clearly identified priorities and plans that are monitored on a quarterly basis by our Directorate Leadership Team. Our corporate approach to business planning has been redesigned in 2024 and is moving to a four-year approach which will further improve our ability to plan and manage resources over the longer term.

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.

Risk Management and Assurance

We have robust risk management processes in place through both the adult social care directorate risk register and the corporate risk register 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. This board identifies themes, shares learning and has oversight of actions taken to address issues and concerns. The corporate risk register is reviewed monthly at Council Management Team to discuss any risks arising and what corporate support may be required in mitigation. The service risk register is reviewed monthly by senior managers in adult social care as risk owners.

A new data reporting and analysis approach has been developed using Power BI that will further strengthen strategic oversight, inform prioritisation and drive

continuous improvement through internal and external benchmarking. Adult Social Care is also working alongside public health to utilise data to tackle inequalities.

Ou Practice, Performance and Pounds DLT is an extended leadership meeting providing a forum for focused internal scrutiny and challenge as well a place to share and celebrate what is going well. This monthly forum reviews progress of our Continuous Improvement Implementation Plan[xxxvi].

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.

Our Director, Principle Social Worker and Deputy Director have participated as peers in LGA peer reviews of other authorities in the South East.

Financial Oversight and Strategy

The Directorate exercises effective oversight, accountability and governance over its budget. It has a proven history of operating within its allocated financial resources and delivering required savings. It has communicated the budgetary requirement to fulfil statutory obligations and has scrutinised its financial and operational performance against benchmarks to inform strategic budgeting and service planning. However, we need to acknowledge the increasing financial pressures from service demands. This requires a renewed emphasis on how Oxfordshire can enhance and better integrate adult social care practice with a more explicit prevention offer and the procurement of a broader array of future-oriented services, to discharge Oxfordshire's Care Act duties while simultaneously strengthening robust, sustainable financial management.

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. There is clear governance for this process through the PPP and DLT.

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, and we have Champions throughout the service who support communication and feedback mechanisms on progress. Our senior leaders have completed training in the programme and live the values alongside the workforce. We have quarterly meetings with our Delivering the Future Together Champions where we listen to feedback about how the programme is being received

by our teams, and how the activity is supporting our ongoing transformation as an organisation, aligned to our corporate strategy.

Our supervision guidance, which was refreshed in 2023, refers to the Delivering the Future Together programme and the values, encouraging managers to consider members of the team who may have protected characteristics and any support or reasonable adjustments we may need to put in place. The guidance asks for feedback to be shared and to actively encourage staff to give and receive feedback staff have received a learning session with a focus on supervision.

We are a member of **Inclusive Employers** to support our commitment to including everyone and help us on our journey to create a truly inclusive workplace[xxxvii]. Along with over 300 of the UK's largest organisations, our partnership with Inclusive Employers gives us access to a wealth of expert inclusion and diversity support materials.

We are a **Disability Confident Employer** and committed to:

- Interview all disabled applicants who meet the essential criteria for a job vacancy and consider them on their abilities.
- Ensure there is a mechanism in place to discuss with disabled employees what both parties can do to make sure employees with a disability can develop and use their abilities.
- Make reasonable adjustments to support employees if they become disabled to make sure they stay in employment
- Take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work.

We are a **Stonewall Diversity Champion**, which means we are an inclusive organisation committed to creating a workplace that enables LGBTQ+ staff to reach their full potential. The Council supports a staff network for LGBTQ+ employees and allies which is involved in LGBTQ+ inclusion activities.

We are committed to supporting **young people leaving care** into employment. We guarantee to interview job applicants who meet the essential job criteria, have been in care and who have successfully completed a course of further education at school, college or university. For those leaving care without any further or higher education we guarantee an interview for apprenticeships with the council.

The Council recognises that many staff have unpaid **caring responsibilities** for relatives, children and friends who need support due to illness, disability, frailty or addiction. Combining work and caring can be difficult and the council is committed to supporting carers wherever possible through a range of policies and support mechanisms such as flexible working, planned carers' leave, emergency leave, parental leave and an Employee Assistance Programme. This year we set up a Carers' Network for staff who are carers to share experiences and support each other.

We have an Employee Assistance Programme which provides free and confidential support for all staff. We also have a wide range of staff networks that provide a

space for colleagues with a shared experience or characteristic to come together and offer support to each other, while also working together with the council to improve the experiences of colleagues in the organisation. Existing networks are:

- LGBTIQ + Awareness Network
- Disability and Wellbeing Network – DAWN
- Race Equality and Cultural Heritage Network (REACH)
- Christian Network Group
- Neurodiversity Wellbeing Group
- Young People's Network
- Jewish Network
- Women's Network
- Muslim Network

Representatives of these networks attend Equalities, Diversity and Inclusion Steering Group to share the updates, make connections, identify actions and improvements to our services and staff being more inclusive.

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 introduced a survey for people who use adult social care services that is issued at key trigger points along their care and support journey. Since inception in 2023 we have now obtained over 850 responses with the majority of responses being submitted online. Internal Assurance and Governance Board has initiated receiving monthly updates on the outcomes of the survey, via the Principal Social Worker. 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.

Leading our approach to Embedding Co-Production

We are firmly committed to the principles of co-production. Following the Peer Review, work has begun to make our co-production approach clearer and simpler to support the way we embed this across all our work.

We have identified three main types or areas of co-production:

- Person-centred practice: This is about listening to and respecting the voice of the person who uses care and support in everything we do. It includes person-centred planning, strengths-based assessments, record keeping, and staff training.
- Commissioning: This is about co-producing and co-designing commissioning strategies and services with people who have relevant and up to date lived experience. It includes formal and informal consultation, involvement and

engagement, feedback mechanisms, user-led services, partnerships with VCSE and community groups, and place shaping.

- Co-production – architecture and infrastructure: This is about the structures and systems that support and enable co-production in our organisation and beyond. It includes the Team Up Board, the Co-production team, our Coproduction training resources and materials, and our close working relationship with our infrastructure partners Oxfordshire Community and Voluntary Action and Oxfordshire Association of Care Providers.

Case Study: Working Together Week 2024

During Coproduction Week[xxxviii], our Co-production Team delivered seven virtual Co-Pro Hour sessions, three hosted events and an exhibition in County Hall.

Throughout the week there were events from the Start Well, Live Well and Age Well commissioning teams. These events also featured presenters from Dementia Oxfordshire, Council for Disabled Children, Keystone Mental Health and Wellbeing Hubs, and Fitzroy.

We celebrated some great examples of working together, and shared reflection and learning with one another. Our colleagues highlighted that some of the key challenges for achieving co-production and working together was time available to dedicate to a great piece of work, and our ability to reach seldom heard voices and those who would not usually take the time to work with us.

Our teams also shared some great tips and advice for successful co-production and working together:

Get people involved from the start.

Be flexible – Don't just think about what you need from them – what do they need from us? How can we best support people to be involved?

Be honest and transparent – share the process and the progress.

Listen, hear, and act on what people say – and give updates.

Give a safe space for feedback – both complaints and compliments.

Case Study – Cheers M'Dears

As part of our work to embed coproduction in everything we do, we have been celebrating the way we have worked with people with lived experience to co-design improvements to our frontline services[xxxix]. Our new pub room 'Cheers M'Dears' opened in Banbury in 2023. The new space provides a social setting and also opportunities to learn new skills and experience to support meaningful employment in the future. This project won the MJ Award for Innovation in Children's and Adults' Services in June 2024. This award recognised how we have coproduced this new service offer with people who have additional needs, thinking innovatively and working with connections in the local community to create a fun social space for people who use our community support service. The local community provided donations and funding from the Friends of Redlands charity.

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.

We have a corporate consultation and engagement strategy and our Working Together guide[xl] 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 strengthening our connections with a wider range of 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.

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

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."

We promote and support apprenticeships to ensure staff have opportunities to learn and develop and to support career progression. 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

We do however recognise that our recent internal staff survey highlighted that we need to offer more support to staff to address less positive feedback about work/life balance, and they want us to ensure we are demonstrating inspiring leadership. We are addressing this through a variety of means including staff listening events, drop-in sessions, increased visibility of leaders in our offices.

Glass Door reviews for the whole council show an overall rating of 4.0 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 of strength: most people find their work interesting and fairly paid, and over the previous year our work to address staff's feedback had led to some groups of staff becoming more positive and engaged. Some people report feeling under too much pressure and that this impacts on their ability to maintain their work life balance. We also have heard that people want to see us demonstrating inspiring leadership.

We recognise that we need to work together with staff to improve experience further. The Directorate Leadership Team together with the wider Council take this feedback very seriously. We have introduced a more systematic approach to internal communications using a variety of roadshows and forums that provide an opportunity to celebrate excellent work and supportively encourage our very committed workforce to feel empowered to manage their time in a way that enables them to have an improved work-life balance.

Driving Innovation

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.

Annex 1: A summary of our ASCOF outcomes submission for 2023/24.

Data calculations are based on current population projections and the data we have submitted to NHS Digital.

		2022/23			2023/24		
		England	Oxon	Compared to England	Oxon	Change in year	Compared to England
1. Quality of life	1A: quality of life of people who use services	19.0	18.9	-0.1	19.2	0.3	0.2
	1B: quality of life of people who use services - adjusted for local authority impact	0.41	0.41	0.0	0.42	0.01	0.01
	1C: quality of life of carers	7.3	7.3	0.0	7.2	-0.1	-0.1
	1D: overall satisfaction of people who use services with their care and support	64.4	64.7	0.3	68.5	3.8	4.1
	1E: overall satisfaction of carers with social services (for them and for the person they care for)	36.3	31.4	-4.9	32.7	1.3	-3.6
2. Independence	2A: % of new people who received short-term services during the year – where no further request was made	77.5	70.0	-7.5	75.1	5.1	-2.4
	2B: Permanent care home admissions 18 to 64 per 100,000 population	14.6	8.5	-42%	8.0	-5.9%	-45%
	2B: Permanent care home admissions 65+ per 100,000 population	560.8	357.7	-36%	337.8	-5.6%	-40%
	2D: the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital	82.3	84.8	2.5	86.3	1.5	4.0
	2E: the proportion of people who receive long-term support who live in their home or with family	80.5	88.4	7.9	89.3	0.9	8.8
3. Empowerment	3A: % of people who use services who report having control over their daily life	77.2	79.9	2.7	77.2	-2.7	0.0
	3B: % of carers who report that they have been involved in discussions about the person they care for	64.7	65.8	1.1	64.1	-1.7	-0.6
	3C: % of people who use services who found it easy to find information about services and/or support	67.2	65.4	-1.8	71.0	5.6	3.8
	3C: % of carers who use services who found it easy to find information about services and/or support	57.7	55.4	-2.3	61.4	6.0	3.7
	3D: % of people who use services who receive direct payments	26.2	28.6	2.4	28.2	-0.4	2.0
4. Safety	4A: the proportion of people who use services who feel safe	69.7	72.6	2.9	74.6	2.0	4.9
	4B: the proportion of section 42 safeguarding enquiries where a risk was identified, and the reported outcome was that this risk was reduced or removed	91.0	94.8	3.8	94.2	-0.6	3.2
5. social connections	5A: the proportion of people who use services who reported that they had as much social contact as they would like.	44.4	42.9	-1.5	45.7	2.8	1.3
	5B: the proportion of carers who reported that they had as much social contact as they would like.	28.0	26.7	-1.3	29.1	2.4	1.1
6. Continuity and quality of care	6A: the proportion of staff in the formal care workforce leaving their role in the past 12 months	28.3	38.9	10.6	not yet available		
	6B: the percentage of adult social care providers rated good or outstanding by CQC	83.2	90.8	7.6	90.3	-0.5	7.1

[i] See IR30, 4. The Oxfordshire Way in Adult Social Care July 2024
[ii] See IR30, 1. Continuous Improvement – Implementation Plan
[iii] See IR30 – 2. Service Plan 2024 2025 ADULTS
[iv] See IR16 – 2. Commissioning Strategies in Oxfordshire July update
[v] See IR33 – 2. OCC Unpaid Carers Strategy
[vi] See IR35 – 6. Co production in commissioning case study short breaks
[vii] See IR30 – 1. Continuous Improvement – Implementation Plan
[viii] See IR22 – 6. Community Links Oxon Report Q1, Yr2
[ix] See IR22 – 3. Move Together End of Year Report April 2023 – March 2024
[x] See IR8 – 6. Advice Services Commission Cabinet Member Decision Paper Feb 24 and IR8 – 6a. Annex 1 – Equalities Impact Assessment

[xi] See IR2 – 1. Feedback Analysis 2024 summary
[xii] Measures from the Adult Social Care Outcomes Framework - NHS Digital
[xiii] See IR31 – 9. Principal Social Worker Report 2023
[xiv] See IR22 – 7. Partnership with Carers Oxfordshire
[xv] Measures from the Adult Social Care Outcomes Framework - NHS Digital
[xvi] See IR7 – 5. Direct Payments Themes and Trends
[xvii] Adult Social Care Activity and Finance Report, England, 2022-23 - NHS Digital
[xviii] See IR12 – 0. Overview of EDI 25.07.2024
[xix] See IR12 - 11a. and IR12 – 11b. Connected Communities Fund reports
[xx] See IR22 – 6. Community Links Oxon Report Q1, Yr2
[xxi] See IR12 – 9. Award for All Age Advocacy Contracts
[xxii] See IR19 – 2. ASC Workforce Development Delivery Plan 2023
[xxiii] See IR16 – 3. HESC Annual Report and Development Plan for JCE 09.05.2024
[xxiv] See IR16 – 2. Commissioning Strategies in Oxfordshire July update
[xxv] See IR15 – 5. Workforce Roundtable
[xxvi] See IR22 – 1. Joint ToC_D2A presentation July 2024
[xxvii] See IR19 – 2. ASC Workforce Development Delivery Plan 2023
[xxviii] See IR19 – 7. Oxfordshire Appraisal of workforce strategy findings – March 2024
[xxix] See IR19 – 3. Care Workers Charity end of fund report May 2024
[xxx] See IR36 – 7. Social Work Academy 2024
[xxxi] See IR18 – 1. Quality Improvement Protocol
[xxxii] See IR2 – 1. Feedback analysis 2024 summary
[xxxiii] See IR25 – 2b. Core Team Protocol Purpose Function
[i] Measures from the Adult Social Care Outcomes Framework - NHS Digital
[xxxiv] LG Inform Preparing for Adult Social Care Assurance – informing councils' self-assessment (Pilot data pack)
[xxxv] See IR31 – 6. Governance Map July 2024
[xxxvi] See IR30 – 1. Continuous Improvement – Implementation Plan
[xxxvii] See IR12 – 0. Overview of EDI 25.07.2024
[xxxviii] See IR35 – 3. Working Together Week Summary
[xxxix] See IR35 – 5. Case Study Cheers M Dears at Banbury CSS
[xl] See IR35 – 2. Working Together