

# Oxfordshire County Council assessment

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Assessment published: <date of publication>

## About Oxfordshire County Council

### Demographics

Oxfordshire County Council is an upper-tier local authority in Southeast England. The local authority covers the county of Oxfordshire and works with five district councils: Oxford City, Cherwell, South Oxfordshire, Vale of White Horse, and West Oxfordshire. The county comprises a mix of urban and rural settings, including the historic city of Oxford, market towns, and villages.

Oxfordshire is ranked 144 out of 153 least deprived local authorities in England, with different levels of deprivation across the districts. It is the 9<sup>th</sup> most affluent place in England with an overall index of multiple deprivation (IMD) of 1 (10 is the most deprived, 1 is the least deprived). However, there are 10 wards which include areas ranked in the 20% most deprived in England.

Oxfordshire has 725,300 residents; the census confirmed that the population grew by 10.9% between 2011 and 2021. Over the same period, the number of people aged over 65 grew by 25% with 21.92% of the population in Oxfordshire being above 65 years of age, which is slightly higher than the England average of 18.61%. The county also has an aging population, with a notable increase in residents aged 65 and over. The demographic distribution varies across the county with some areas having a higher concentration of older residents.

Census (2021) data shows that the county has a predominantly white population (86.9%), with Black, Asian, and Minority Ethnic people making up 13.1% of the population. The largest minority groups are Asian (6.4%), mixed or multiple (3.1%), Black (2.1%), and other ethnic groups (1.6%). Urban areas, such as Oxford City, have higher concentrations of ethnic minorities compared to rural districts.

The local authority is under Buckinghamshire, Oxfordshire, Berkshire West Integrated Care System (BOB ICS). Oxfordshire County Council is a Liberal Democrat Green Party alliance that has been running the local authority as a minority administration. There are 63 county councilors representing 61 wards.

### Financial facts

The local authority estimated that in 2023/24, its total budget would be **£932,285,000**. Its actual spend for that year was **£969,147,000**, which was **£36,862,000.00** more than estimated.

The local authority estimated that it would spend **£266,232,000** of its total budget on adult social care in 2023/24. Its actual spend was **£258,247,000** which is **£7,985,000** less than estimated. In 2023/24, **26.65%** of the budget was spent on adult social care.

The local authority has raised the full adult social care precept for 2023/24, with a value of 2%. Please note that the amount raised through ASC precept varies from local authority to local authority.

Approximately **7965** people were accessing long-term adult social care support, and approximately 2300 people were accessing short-term adult social care support in 2023/24. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

## Overall Summary

### Local Authority rating and quality statement scores

Good: 64%

WEBTEAM TO INSERT LINEAR GRAPHIC SHOWING OVERALL RATING % SCORE

WEBTEAM TO INSERT COLOURED BLOBS SHOWING ALL 9 QS 1-4 SCORES

### Summary of people's experiences

Overall, people had positive experiences of adult social care in Oxfordshire County Council, although there were some aspects that required further improvement. Many young people and their parents described positive experiences of transitions from children's services to adult services, stating their needs were thoroughly assessed and considered with aspirational, ambitious conversations that led to a flexible approach to their care packages.

Staff were seen as person-centred and worked in a strength-based way, focusing on building relationships to address individual needs, which developed a sense of trust for some. Many people reported feeling involved in assessments and believed their desires and concerns were considered in the care planning process.

However, some carers described having mixed experiences of adult social care services. Some felt heard, supported and involved in the assessment process, while others highlighted inconsistencies in the support offered, especially in rural areas. This inconsistency created frustration and feelings of inequity. Some partners, such as voluntary sector organisations and providers, suggested improvements were needed in Care Act assessments to ensure a more person-centred approach, indicating that current assessment practices may not always capture the full spectrum of individual needs and preferences.

Some people highlighted information was provided to help them understand their options in a timely manner. Others felt there was a lack of communication, particularly around hospital discharge, which left their families unsure about what care provision and future support was available for the person who needed it. Some families spoken with described the hospital discharge process as rushed and said they would benefit from more discussion about planning for discharge. Both people and partners referred to

inconsistencies across social care and health assessments prior to discharge, on occasions referring to the lack of detail in those assessments that could affect the support allocated by adult social care services following discharge.

## Summary of strengths, areas for development and next steps

Oxfordshire County Council demonstrated strong strategic partnership working, particularly in facilitating the improved process of hospital discharge and supporting people to stay in their own homes. The Health Education and Social Care (HESC) commissioning team proved to be an asset, enabling shared budgets to facilitate collaborative work across health and social care, the outcome of which was smoother transitions and better integrated care.

The local authority had embarked on a period of change to embed the "Oxfordshire Way," which staff supported, as a strategy to improve service delivery and promote a more unified consistent approach across all areas of its work. Senior leaders had successfully communicated the vision of the Oxfordshire Way. The organisation continued to develop a consistent approach to meeting the needs of the diverse community and fully embedding the Oxfordshire Way. There were several strategies in development and planned future changes which would be pivotal to ensuring a strong preventative offer for people

The local authority had a clearly defined pathway for people to access its Social and Health Care Team (SHCT), a multidisciplinary team that included specialist customer service advisors, social workers, and occupational therapists. This team served as a central point of contact and facilitated access to a range of services.

Significant efforts had been made to reduce delays for assessments, resulting in tangible reductions in the time people waited to be seen and supported by the local authority. New processes and changes had been made to support the improvements. However, both providers and people who draw on care and support highlighted concerns with the level of detail in the assessments and the need for this to improve.

The local authority had improved systems and practices to safeguard people. Clear steps had been taken to reduce safeguarding backlogs, which positively affected the time people waited and improved the responsiveness of the safeguarding system. The authority had been responsive to learning through peer reviews and internal audits, which had created a positive willingness to embark on change and make improvements.

As of July 2024, the maximum wait for completion of Section 42 safeguarding enquiries was 54 days. The local authority told us significant concerns would be dealt with on the day they were received to mitigate any risk to individuals and all enquiries would be completed within 20 working days of allocation to a worker, which, in itself, could take up to 12 days. However, providers told us of their concerns related to a lack of responsiveness to safeguarding enquiries both in the management and communication around safeguarding. This may be because local teams must respond to safeguarding enquiries alongside their other work. The workforce was generally engaged and felt valued. Staff consistently spoke of their positive relationships with managers, and their ability to work flexibly and use their skills to work in a person-centred way. Staff and leaders engaged in external work, including research with the university and peer reviews, to drive performance. The authority utilised these opportunities to learn from others and improve its practices.

While progress was apparent, there were still gaps in ensuring consistent, high-quality care across the county. Providers and the local authority were aware of the gaps in service provision which was affecting particular groups. There were numerous areas where strategies were due to be developed, and this had left a gap in developing a clear strategic direction for formal support for areas such as mental health or autism.

The local authority worked well with partners who supported it to build knowledge of their communities. The local authority recognised there were gaps in fully understanding the needs of the community on a detailed level. Future developments with data were seen as an opportunity to ensure that strong evidence was developed to fully drive strategic direction.

Staff worked in a person-centred way and demonstrated areas of good practice. However, there was an absence of a consistent strategic approach to equality and diversity in service delivery. Partners felt there was a gap in addressing potential disparities in access and outcomes for marginalised groups. Some partners felt certain communities were harder to reach and engage with consistently, hindering the local authority's ability to address the unique needs of these populations.

Most providers said that they had a positive working relationship with Oxfordshire County Council and had confidence in the senior management team.

The Quality Improvement (QI) Team used provider self-assessments as the first stage in the Provider Assessment and Market Management Solutions (PAMMS) review; this was then followed up by an on-site review where required. Strategic providers received more frequent reviews and interventions. Providers could generate a PAMMS self-assessment and were visited at least yearly by the QA team. Providers could generate a PAMMS self-assessment and were visited at least every 1-3 years by the QI team. However, some felt quality assurance checks did not always provide actionable feedback. This may suggest a need for the local authority to provide more detailed explanations to providers of how the quality assurance process works and how the Quality Improvement Team monitors providers to alleviate their concerns going forward.

Oxfordshire County Council demonstrated strengths in its governance and strategic planning, particularly through effective partnerships. The focus on a strengths-based, person-centred approach had been well received by staff who made clear attempts to embed learning. Stability in leadership had provided a solid foundation for ongoing progress.

## Theme 1: How the local authority works with people

This theme includes these quality statements:

- Assessing needs

- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

## Assessing needs

Score: 2

2 - Evidence shows some shortfalls

### What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

### The local authority commitment:

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

### Key findings for this quality statement

#### **Assessment, care planning and review arrangements**

People could access the local authority's care and support services through multiple channels, including telephone, professional referral, and online self-assessment options. There was a clear process to access the Social and Health Care Team (SHCT) which operated as a multi-disciplinary team that included specialist customer service advisors, social workers, and occupational therapists.

The SHCT ensured that referrals were passed to the right professionals, with 21% of referrals sent to the Community Links Service and 93% of people's needs resolved through the use of the preventative offer. National data from the Adult Social Care Survey for 2023/24 showed that 68.51% of people were satisfied with care and support. This was somewhat better than the England average of 65.4%.

"The Oxfordshire Way" set out a delivery plan for Adult Social Care in the county. The Oxfordshire Way's ambition was to promote independence, community connectedness, and where necessary assessment for personalised care and support in a strengths-based person-centred way.

Pathways and processes ensured support was planned and coordinated across different agencies and services. The SHCT was able to provide information and advice on the range of equipment available to support a variety of needs. Onward referrals were sent to other organisations such as Community Links Oxfordshire, Carers Oxfordshire, and Age UK. Oxfordshire County Council was developing further online referral options to support people to self-serve and self-assess at times that suited them and at the time of the assessment were working on a pilot of a Care Act self-assessment.

Significant work had been undertaken to address the delays people experienced in waiting for an assessment. For example, the local authority had resourced the front door team to resolve people's issues through a strengths-based conversation without the need for onward referral or a Care Act assessment. At the time of the assessment, 7% of contacts were referred for assessment by locality teams. All teams were able to undertake Care Act assessments for people including those with a learning disability and autistic people. Staff told us people with a learning disability and autism were usually already identified before cases were passed to those who would be working with them, as most people would have been identified during childhood.

The approach to assessment and care planning was person-centred and strength-based, which allowed people to build on their strengths to achieve how they wished to live their lives. National data from the Adult Social Care Survey for 2023/24 showed 77.20% of people felt that they had control over their daily lives. This was similar to the England average of 77.62%. Feedback from people we spoke with was mainly positive, identifying that the local authority ensured a strengths-based approach was used during a person's assessment. An example was provided of a person who had an interest in engaging in activities within the local community and how they were supported to do so with the help of a Personal Assistant. Others also highlighted that their assessment was carried out in a timely way and was appropriate for their needs.

Feedback from providers commissioned by the local authority to deliver services was mixed with some saying that some people referred to them by adult social care had not been visited by a social worker, or another member of the local authority team before they visited the person. On occasions when providers became involved only virtual assessments had been carried out, these did not contain any risk assessments so providers were unaware of any risks they might face ahead of their visits to people's homes. However, the local authority told us that it took a proportionate assessment approach to ensure the response was appropriately tailored to the individual's needs, the specific situation, or the level of risk involved. Therefore, further work may be required to explain the approach fully to partners to alleviate their concerns going forward.

Other partners felt that navigating the initial adult social care assessment system was difficult when a person had an identified need. Providers told us that both initial assessments and Care Act assessments of needs tended to focus on physical issues rather than emotional, psychological, and mental health needs. They felt the system was very bureaucratic with lots of forms and the initial process could present barriers that put people off, so some people gave up. This presented a risk for people who were not accessing services that they may have needed. Partners felt that there was a need to have a service to support people to get through the initial assessment and that some changes in the questions being asked needed to be made. The local authority told us that it had embarked on a project to co-produce the language it used in the Care Act assessment to ensure the assessments are strength based and used ordinary language.

Oxfordshire County Council was responsible for Care Act duties in relation to people detained in prison at 2 sites within the county accounting for 1,391 prisoners. These Care Act duties were discharged via a section 75 Partnership Agreement with NHS England. The local authority had received 35 referrals for 24 people in the last year. The memorandum of understanding between all partners ensured that each organisation understood its responsibilities and the approach which should be taken.

The hospital's integrated discharge team undertook assessments. People were assessed on admission to the hospital, when a baseline understanding of the person was considered using information from the local authority's system, including establishing any previous care package, mobility needs, and living arrangements. People's needs were discussed by a team and referred to a social worker if care provision was needed, this included considering the views of carers during hospital discharge planning. The hospital discharge team completed Care Act assessments and kept people on their caseload for 4-6 weeks, after which they were transferred to the review team and people were given information on what to do if their needs changed.

People's views were mixed about their experience of being discharged from hospital. Some felt their relatives were appropriately involved in the assessment and care planning. They felt that their wishes to have their relative involved were respected and this was apparent throughout the care assessment. People being discharged from hospital were offered advocacy. However, partners identified that, in general, there were long waiting lists for advocacy support which they said impacted people accessing timely support. The local authority told us that it had completed an audit of 50 cases referred to advocacy between April 24 and March 25 and concluded that 26 were allocated an advocate on the same or next day, 14 were allocated within 2-5 days and 10 waited over 5 days.

Other people told us that the discharge process could have been much better, through improved communication around what was happening. Concerns were raised about the lack of follow-up after discharge where there was no clarity on the length of time care would be provided to them after discharge. Providers told us some people referred to them by the local authority had not been visited by a social worker or another member of the local authority meaning they did not receive enough information about the level of care they were meant to provide to a person once discharged home. There were concerns from providers that people were either not receiving an assessment prior to discharge or that the documentation about the referrals sent through to them were not completed thoroughly or did not provide an accurate account of people's care needs. Some documents contained the wrong information. Providers felt that this presented challenges around the discharge to assess process which left them with minimal information and sometimes not enough time between receiving the referral and having to provide care to someone in their home. They felt this was due to the associated time parameters for responding to work placed on the framework. The local authority told us that it had been working to improve communication with providers, an area identified as needing improvement in a report commissioned by the system which was published in October 24. It had also developed a patient information leaflet. It told us that under the discharge to assess process it supported people to leave hospital without people being assessed by providers in hospital, although providers could have the opportunity to meet with adult social care team members prior to the person's discharge to discuss the care needed. It said providers were supplied with information about the person and given the opportunity to decide whether it could meet the persons care and support needs. If the provider felt it could not meet the person's needs, it could say, and another provider would be found. The provider would then meet the person on the first day at home after discharge to undertake its assessment.

It was clear that more work was needed to ensure all were clear about expectations of the discharge to assess process to ensure people received the care they needed on discharge from hospital.



## **Timeliness of assessments, care planning and reviews**

In the past, Oxfordshire County Council had significantly long delays for people awaiting assessment and reviews. However, substantial work had been undertaken to reduce the delays with the implementation of the “The Oxfordshire Way” and an improvement plan developed and implemented to improve the delivery of adult social care in the county. The positive impact of the Oxfordshire Way had led to a reduction of 66.9% in the number of people awaiting a social care assessment between April 2021 and July 2024. The local authority told us that of April 2025 the reduction stood at 83.6%.

In January 2025, 286 people were waiting for a Care Act assessment with the longest waiting time being 38 days, with a median of 8 days. The local authority was acting to manage and reduce waiting times for assessment, care planning, and reviews. This included actions to reduce any risks to people's wellbeing, while they were waiting for an assessment. The local authority felt a recent audit had enabled a targeted approach to work with teams to ensure only those in need of adult social care remained on the waiting list and those who did not would benefit from alternative signposting or community connection.

Previous inconsistencies were identified in how staff applied the Screening Guidance. The drive to improve practice had resulted in reductions in the waiting lists. When people first came through to locality teams, they were given an appointment to be assessed within 28 days; this improved the person's journey. The local authority's aim was to ensure appointments were scheduled within one week of an individual being placed on the waiting list. There was mixed feedback from people on the timeliness of assessments and reviews, with some identifying that the timeline for reviews and updates required greater clarification.

Transitions through to the Moving into Adults team usually started around 16 years of age. However, some young people identified that at times there were long periods without any communication from the local authority when young people were referred for an assessment to transition into adult services. Young people told us they felt like they were "in limbo" after the referral had been made and were unaware of what was happening. However, 93% of young people had received an assessment by their 18<sup>th</sup> birthday.

The local authority told us people on the waiting list were screened and prioritised to ensure they were appropriately managing risk. The Social and Healthcare Team utilised a prioritisation tool at the point of referral into locality teams which categorised referrals and alerts teams to urgent referrals.

There were 622 people awaiting a review with a maximum wait of 76 days and a median wait of 32 days in January 2025. An additional 24 people were awaiting a mental health review with a maximum wait of 69 days and a median of 24 days. National data from the Short- and Long-Term Support for 2023/24 showed that 61.52% of long-term support clients were reviewed (planned or unplanned). This was similar to the England average of 58.77% and demonstrated there had been improvements. However, providers told us there was an impact on people waiting for reviews as people's needs changed over time and between reviews which meant there were delays in agreeing new/different care packages which left people at risk. Providers identified they did as much as they could to keep people safe, but if anything went wrong, for example, a person fell or sustained an



injury, this would have negative repercussions for the providers, particularly concerning safeguarding.

The local authority told us 120 people were awaiting an occupational therapy (OT) assessment with the longest wait time being 45 days and a median of 9 days. Staff told us there had been work undertaken to improve waiting times for people using the service. For example, improvements had been made to the supervision of staff which they told us helped them discuss complex cases and come to decisions where, in the past, they might not have had the confidence or skills to provide support to the person or close the case. They told us this had helped them to manage caseloads more effectively. The local authority told us that staff received monthly supervision that provided support with complex case work and guidance on completing cases. Supervisors were also available daily to support staff to make timely decisions.

Staff told us that there had been a major reduction in the waiting list over the past 12 months following changes to practice, which included the introduction of provider-led reviews. This new process allowed the care provider for the person to complete the annual reviews. It was felt this benefited the person as the provider often knew them best. Providers had a range of views about how reviews were conducted, some stating that reviews were rarely undertaken, and on the occasions when they were undertaken, they received a call for the review to take place over the phone, which they felt was not appropriate. The local authority may wish to undertake further work to ensure providers are clear about the processes used for reviews to alleviate their concerns going forward.

## **Assessment and care planning for unpaid carers, child's carers and child carers**

The needs of unpaid carers were recognised by the local authority as distinct from the person with care needs and work was in place to reduce gaps in support. The local authority had identified the carers offer needed further improvement, particularly for young carers and their families. This was reflected in the local authority's priority of "identifying and supporting carers" of all ages in Oxfordshire. National data reflected the need for improvement, with the Survey of Adult Carers in England for 2023/24 showing that only 32.77% of carers reported that they were satisfied with social services. This was similar to the England average which was 36.83%. Oxfordshire County Council had recently developed a new all-age unpaid carers strategy working directly with people with lived experience.

Some carers experiences were positive; we were told that they were referred to partners who would support them and regularly kept in contact. There was a positive theme of people identifying that they felt involved in assessments and their wishes, ideas, and concerns were considered. Carers had highlighted the positive impact of the £300 grant which was given to unpaid carers, identifying that this had a positive impact in providing them with choices of how the money could be spent to support their own needs. However, some of the carers we spoke with felt that their needs were not fully understood throughout the assessment process as they did not feel listened to. National data supported the feedback from carers with the Survey of Adult Carers in England for 2023/24 showing that 37.14% of carers accessed a support group or someone to talk to in confidence. This was similar to the England average of 32.98%.

Staff spoke consistently about carers support specifically identifying that consideration of carers and the identification of carers happened throughout the assessment period. Carers provided examples of receiving a carers assessment yearly and feeling able to reach out to the local authority, or organisations if they need more support. Carers received support, but they described finding it difficult to explain what they wanted or needed due to the constant demands and pressures of the caring role, leaving little time for themselves. National data from the Survey of Adult Carers in England for 2023/24 showed that 84.72% of carers had enough time to care for other people they were responsible for. This was somewhat worse than the England average 87.23%.

Some of the carers we spoke to highlighted that they did not feel able to carry out hobbies as they did not always have the time available away from caring responsibilities. Carers identified that being recognised for their day-to-day responsibilities was positive. However, many did not feel their health and wellbeing had improved since the assessment was carried out. Partners' feedback on the carers offer from the local authority was mixed. Some told us there were carers groups for people to engage with, which was an opportunity to hear the voices of people. They also felt the local authority had put a strong focus on carers assessments and were trying to ensure that improvements were made to improve the outcomes for carers.

Other partners felt the local authority could do more to support carers and make services for them more accessible. They highlighted that people did not always see themselves as carers when supporting someone with mental health needs, so they did not access the support that they could be entitled to. It was felt carer's assessments seemed to focus on whether a person was caring for someone with a physical disability. Partners also told us the local authority was not always adequately meeting the needs of young carers who were transitioning into adulthood. It was felt that the pathway for young carers was not clear and contained barriers to referrals. The main concern identified was that they felt that there were challenges around support for young carers, particularly when transitioning to adulthood. For example, they told us that the assessment process was long and not user-friendly for young carers

VCS Partners also felt more needed to be done around delivering sessions to seldom heard groups, particularly the Black community as they were underrepresented as carers. One-off projects had been delivered, but partners felt there had not been a subsequent follow-up.

The local authority did not have specific timescales for the completion of carers' assessments. The data provided in July 2024 showed people waited no longer than 8 weeks for a carers assessment with the average waiting time being 6 weeks. The key reason people waited for carer's assessments was due to the lack of staff capacity to undertake them. At the time of the assessment (January 2025), 72 people were waiting for a carer's assessment. The local authority had taken action to reduce risk and waiting times by ensuring an advisor contacted all carers within 5 days of referral to determine whether there was any risk or immediate support that could be provided.

### **Help for people to meet their non-eligible care and support needs**

People were given help, advice, and information about how to access services, facilities, and other agencies for help with non-eligible care and support needs. Where the local authority determined the person did not have any eligible needs, it provided information

and advice about what was available in the community and what could be done to meet or reduce the needs or to prevent or delay the development of needs. The local authority advised people they could also be contacted if people's situation changed.

Staff ensured they allowed resources within the community to be utilised to meet people's care needs as this was in line with The Oxfordshire Way. Both Local Area Coordinators & Community Connectors had worked with people with non-eligible care needs as they worked with anyone in the community, to meet their needs.

### **Eligibility decisions for care and support**

The local authority had a policy that outlined the eligibility criteria for care and support. The process taken by the authority stated eligibility determination was based on assessment and determination and was not decided until the assessment was completed. However, staff told us if they were unsure whether a person had eligible needs, they would open the short intervention process which answered whether the person needed a Care Act assessment or not. This process allowed them to document which services they advised for people with non-eligible needs.

There were questions around the decisions on eligibility and the criteria for accessing care and support. Partners received regular feedback from the people they supported that the eligibility criteria for services and support were also very high which could impact on people's access to services. Partners told us that people were sometimes being passed around the system. The example provided highlighted that people could be told by adult social care that they did not meet the eligibility criteria and then passed to health, and health in turn passed them back to adult social care. Partners also told us that some people they supported commented on the long waits they experienced while their eligibility was being decided before received a support package. The local authority did not have a separate process for appeals as the comments and complaints policy was the formal route for any dispute about the outcome of the assessment process. For the year 2024/25 the authority received 4 complaints about eligibility decisions. 2 were partially upheld, 1 upheld and 1 was not upheld.

The local authority may wish to consider providing more clarity and training for staff to support them in assessing a person's eligibility and working with all partners to ensure there is clarity around the process going forward..

### **Financial assessment and charging policy for care and support**

The local authority's framework for assessing and charging adults for care and support was clear and transparent. Historically there had been a wait time for the completion of financial assessments. Financial assessments were a focused area of improvement for the local authority with a new online financial assessment platform. This allowed people or their representatives to complete the form online at their convenience. The new platform had increased the uptake of assessments from a total of 193 in 2023/24 to 291 in 2024/25 (to the end of July).

At the time of assessment, there was no waiting list for financial assessments. The financial assessment team had set targets for carrying out financial assessments to ensure that people were made aware of their financial responsibilities on time and accurately. The targets were set from 1 working day up to 10 working days depending on the individual circumstance. The people we spoke to told us that they were provided with information on

paying for care before a financial assessment was completed and the financial assessment details were completed and sent to them. There were 41 financial assessment appeals for 2023/24, the outcome of the appeals was, that 35 (deprivation of assets) were not upheld, 6 appeals were upheld and 39 (reassessment requests) were not upheld and 7 were upheld

### **Provision of independent advocacy**

A partner organisation was commissioned to provide independent statutory advocacy services. Advocacy support was recommissioned and tendered in 2023. The local authority utilised experts by experience to contribute and developed some of the questions with the local authority which formed part of the evaluation process of the tender. The all-age advocacy service was a jointly commissioned service with BOB Integrated Care Board (ICB). The service covered independent mental capacity advocates (IMCA), independent mental health advocates (IMHA), NHS complaints, and children's advocacy. The All-Age Advocacy contracts had been proposed to improve quality standards for supporting vulnerable children and adults to communicate their preferences and ensure that their voice is heard when engaging with health and care services.

Staff across adult social care spoke positively about the advocacy services stating that access to the service was simple and clear. Staff acknowledged that there were sometimes delays in the service but highlighted that delays were not common. Partners told us that there were long waits for advocacy services in general, as there were not enough advocates to cope with demand. Partners told us that there was a need for more immediate advocacy services, especially when there was a crisis. The current contract had been in place since April 2024, Figures showed that between 2024/ early 25, 93 people had waited to be allocated support from statutory advocacy services. The local authority provided additional information which showed that for the year ending 31st March 2025 69% of referrals (1086) were allocated an advocate within 5 days, 78% within 10 days, and 12% waited more than 10 days.

## Supporting people to lead healthier lives

Score: 2

2 - Evidence of some shortfalls

### What people expect:

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

### The local authority commitment:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

### Key findings for this quality statement

#### **Arrangements to prevent, delay or reduce needs for care and support**

The local authority worked with people, partners, and the local community to provide a range of services, facilities, and resources to promote independence, and to prevent, delay or reduce the need for care and support. The Oxfordshire Way strategic plan 2023-2025 outlined the commitment to help people live independently and support themselves through personal and local facilities. The local authority offered residents community led prevention and early intervention support mechanisms which supported people to live healthier lives. Community led initiatives, preventative measures, and assistive technology were identified to provide care and support for people.

The Health and Wellbeing strategy 2024-2030 was jointly developed and reviewed by both partners and the local community. The strategy outlined plans to improve the health and wellbeing of local people and encompassed a preventative approach to improving health outcomes.

Preventative services to promote independence included referral or self-referral to voluntary and community services which offered residents support, advice, and guidance to access appropriate services in Oxfordshire. Many preventative services offered were jointly commissioned with the ICB. VCS partners told us that they felt valued for the work they delivered that was commissioned by the local authority. However, they felt the local authority did not always recognise the additional services and support for people who were not eligible under the Care Act. It was felt that the people with non-eligible care needs had vulnerabilities associated with mental health, family support, housing, and employment and needed a lot of support.

Key delivery arrangements to prevent, reduce, and delay the need for adult social care was achieved through partnerships. The local authority worked with the ICB, local NHS providers, and voluntary sector organisations to deliver the vision of the Oxfordshire Way. Working in partnership has supported the local authority to develop pathways to enable

people to become more active. Over 2,000 people used a service to get people active in 2023-2024; 54% of referrals were made by health professionals. Most people who accessed the service had at least one long term health condition and 77% were inactive before joining. There had been a 28% reduction in the use of out of hours healthcare and 12% fewer falls reported after a four-week programme.

Senior leaders were aware of the areas of deprivation and the health concerns, particularly in Oxfordshire's 10 most deprived wards that ranked among the 20 percent most socio-economically deprived in England. There was an acknowledgment that prevention and early intervention were the driving factors for addressing wider determinants of health such as poor housing conditions, and access to medication.

The local authority supported people to live in their own homes and linked them to volunteering and befriending opportunities. Leaders told us that understanding how services worked with localities to meet people's needs in the community had been integral to preventing, reducing, and delaying the need for adult social care. There was a strong theme around encouraging and supporting each other to think innovatively with their approach to supporting people's health and wellbeing and staff were encouraged to engage in positive risk taking to achieve better outcomes for people.

Staff told us that the s75 agreement worked well in supporting people with mental health needs. However, it was clear that there was a gap in the support offered. Staff told us some people did not meet the threshold for being cared for by the community mental health teams but required more support than could be offered through adult social care services. It was felt there was a gap in provision for people with complex mental health needs which was not met through the current offer. Senior leaders told us they intended to improve the provision of care and support services for adults with mental health needs. They described a focus on shifting services more 'upstream', to create a more preventative approach, that would also include help with employment and domestic support. Work had been undertaken to strengthen relationships with the voluntary and community sectors in response to the need for more support, with a move away from services that just focused on treatment.

Data analysis had started to indicate key areas for prioritisation. The local authority used the Joint Strategic Needs Assessment (JSNA) as part of the evidence base on issues that affected the community in Oxfordshire such as housing, homelessness, isolation, and loneliness. This information was used by the local authority to identify actions to improve the health and well-being of individuals and communities. The local authority identified that the success of prevention services had resulted in 31% fewer people waiting for a social care assessment, and 88% of adults with a learning disability were supported to live at home. Leaders told us community profiles and data supported them to understand the wider determinants of health and their impact. This had also led to the use of Community Connectors and Local Area Coordinators to understand what could be done to keep people well and independent for as long as possible.

There was an acknowledgment that more data was needed to further understand the impact and outcomes for people who accessed preventative services. The partnership approach had allowed collaborative working, and all agreed further examination of the data was needed as available data did not allow them to drill down far enough into issues. The local authority had begun work to establish how prevention outcomes and data could be tracked and recorded from the VCS. This would allow the authority to understand the



impact of which prevention provisions were working for people who accessed them. The local authority was also working with the University of Oxford to understand what data could be obtained from VCS providers they worked with.

## **Provision and impact of intermediate care and reablement services**

Oxfordshire's s75 agreement covered a range of areas, including reablement services. Over the last 18 months, reablement systems had been re-designed to provide an integrated approach across providers. Restructuring had enabled the local authority to deliver a 7-day service from an integrated team of social workers, occupational therapists, and coordinators. The local authority had developed a systems approach to discharge which had significantly reduced the number of people who experienced delayed discharges from hospital. The outcomes for people had improved with data provided by the local authority showing 75.1% of people achieving independence at the end of their reablement journey in 2023/24 as compared to 65% in 2021/22. National data from the Adult Social Care Outcomes Framework for 2023/24 showed 75.13% of people who received short-term support no longer required support. This was somewhat worse than the England average 79.39%, demonstrating that the authority was still on an improvement journey.

The local authority worked with partners to deliver intermediate care and reablement services that enabled people to return to independence. Reablement had been on an improvement journey over the last 18 months which was supported by the revised s75 agreement with the ICB. There were measurable positive outcomes in the actions taken to improve work with health partners. For example, there had been an increase in the number of people who were discharged to home on the discharge to assess pathway. Staff felt they were able to prevent delays to discharge and care provision by having access to a good range of diverse services in the area. Community referrals for reablement had increased and the number of people readmitted to hospital had reduced over the same timeframe. This helped promote people's independence and increased the volume of people using reablement services in the county.

The new Live Well at Home framework had delivered system savings through avoided hospital admissions and reablement. The increase in community referral routes had delivered savings through avoided admissions. National data from the Adult Social Care Outcomes Framework for 2023/24 supported the improvement showing that 3.05% of people aged 65+ received reablement/rehabilitation services after discharge from hospital. This was similar to England's average of 3%.

However, some people did not receive adequate support for rehabilitation when discharged from the hospital. For example, some received regular physiotherapy when in hospital, but this stopped when they were discharged, and no provision was in place for it to continue in the community. They described how physiotherapy, was an important part of improving wellbeing and some people said they had experienced worse outcomes due to a lack of access in the community. The local authority told us that not everyone who received physiotherapy in hospital would receive physiotherapy on discharge but if ongoing physiotherapy was felt to be needed it would refer people to health colleagues.

In October 2024 Healthwatch Oxfordshire published a report reviewing hospital discharge, and although overall this was a positive report, one key area identified for improvement was communication. The local authority, along with system partners accepted the report



and had looked to improve communication. However, there was still some work to be done to improve communication around discharge from hospital. For example, a carer told us that their relative had not been given clear information on what was happening after they were discharged and how long the care provision put in place would last. They described feeling like the process was too quick and told us their relative was discharged without any discussion with the person receiving care and support or with them.

The improvement journey demonstrated it had been effective with 77% of people being fully independent following reablement between July 2023 to June 2024 and 89% of people with reduced care needs. National data from the Short and Long Term Support for 2023/24 showed 86.49% of people aged 65+ were still at home 91 days after discharge from hospital into reablement or rehab. This was similar to England's average of 83.70%.

## **Access to equipment and home adaptations**

People were able to access equipment and minor home adaptations to maintain their independence and continue living in their own homes. Oxfordshire County Council offered living aids and equipment through the community equipment services. This was a jointly commissioned service under the s75 agreement.

The local authority launched a digital tool in 2023 to support residents in exploring a self-serve online method for ordering equipment. Alternative options to purchase equipment were also detailed on the website which allowed users to navigate using pictures and names of home equipment. The local authority provided access to low-level, simple equipment to the Social and Health Care Team who had trusted assessors as part of the team. The local authority had a clear assessment process, undertaken by either occupational therapists or trusted assessors in a variety of settings. Funding for adaptations to a person's home was accessed through the local authority or other sources, such as the Disabled Facilities Grant (DFG). Districts had ownership of their area, the DFG group worked in partnership to share best practices and standardise the allocation of money.

People spoke positively about the assessments they received and provided examples of how aids and equipment supported their well-being. This included a pendant alarm which could alert others in the event of the person falling. Others spoke of the strengths-based approach which was used to support them reach their goal of walking independently. An individual, for example, was provided with a four-wheeled walker to support their independence.

Requests for equipment and aids totalling over £1000 were reviewed to assess cost efficiency. However, the use of pooled budgets had given staff a greater ability to be more flexible and creative with the use of equipment. The pooled commissioning budget shared between the local authority and health helped the team when working with people who were eligible for NHS continuing healthcare (CHC). Staff acknowledged that there were occasional delays to people's discharge from the hospital due to the unavailability of equipment and aids. However, they said that generally equipment could be accessed very quickly. Staff worked closely with commissioning teams to further improve the provision of assistive technology to support people with independence and provide information and advice to the adult social care workforce about the use of technology. A new service was introduced for passive monitoring technology, which is a technology that can be used to

monitor someone at home. The local authority had seen reductions in care needs and increased independence in people using this service.

Local authority data showed 120 people were waiting for an occupational therapy assessment as of July 2024, 45 days was the longest wait, and the median wait time was 9 days. The median waiting time for the provision of equipment was 5 days for the last 12 months. The maximum wait time for equipment provision was 190 days.

## **Provision of accessible information and advice**

People could access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included unpaid carers and people who funded or arranged their care and support. Partners told us they were confident the local authority was working hard to meet the needs of the increasing elderly population. National data from the Adult Social Care Survey for 2023/24 showed 61.23% of people said help and support helped them think and feel better about themselves. This was similar to the England average of 62.48%.

Staff told us they were able to signpost people to appropriate information and advice. They felt able to direct people to the Live Well Oxfordshire service. They worked closely with social prescribers, who were also able to provide support to people, including undertaking joint visits with colleagues from the integrated discharge team if needed. Documents were provided in numerous languages and braille which detailed statutory, voluntary, and community services available in the county to assist people in making informed choices about care and support.

People told us the local authority had provided advice and information on local voluntary and community organisations they could access. For example, a person was interested in engaging in volunteering work to help support their recovery and was given information relevant to this. Others told us they received a lot of support from the social worker during their transition into adult services. National data from the Adult Social Care Survey for 2023/24 showed that 70.29% of people who use services find it easy to find support information. This was similar to England's average of 67.12%.

Feedback from voluntary and community groups was mixed. Some described the Live Well online directory of services as positive and a comprehensive platform. However, VCS organisations needed to be encouraged to add information about their service and keep it up to date. Others felt that more could be done to make information more accessible to people. People told us it was difficult to get a response directed to the appropriate team within the local authority. Partners told us that information and advice that was digital-based, was not always inclusive of the people they supported. Other partners told us that although the local authority staff signposted people to services they could access for help and support people reported that it was not always easy to contact these services and they would benefit from support to access these, not just being given the contact details. The local authority was aware of the disparities highlighted above and had proposed a new service in February 2024 aimed at older people, adults with learning disabilities, adults with mental ill health, adults with physical and sensory impairments, adult and young carers, young people aged 16+ and families with young children (particularly those with disabled children), with a specific focus on supporting people in their communities most likely to experience inequalities. The new all age service was launched in November 24 and offered specialised advice and support through The Oxfordshire Advice Partnership.

Its aim was to support people who struggled with day-to-day life due to illness or disability. Included in this initiative was the Oxfordshire Advice Navigator; a key tool that people could use to access relevant information on benefits, entitlements and debt support.

## **Direct payments**

There were mixed views on direct payments; people told us they used direct payments to control how their care and support needs were met and mostly described positive outcomes from using them. VCS partners told us the people they supported did not understand direct payments and this impacted the uptake. They felt the local authority needed to do more to improve the awareness and understanding of direct payments.

However, we were told that people were given information and advice regarding direct payments and were offered support throughout. A parent carer of a young person who had recently transitioned into adult social care described the outcomes of having regular time with a Personal Assistant (PA) funded by direct payments as being highly beneficial for the young person. They told us this had been straightforward to set up. The local authority provided information, advice, and guidance to people who wanted to seek their own care and support. They supported people to look at what they wanted to achieve and supported people with making the necessary arrangements to manage direct payments. The local authority had an Advice Team which people could contact to get support and help to resolve issues.

The local authority understood the themes and trends in the provision of direct payments. There were 1,208 Adult Social Care service users in receipt of payments in July 2024. This number had been largely unchanged for the previous ten years. Direct payments were managed through an Advice Team.

The local authority acknowledged that there had been challenges with the shortage of Personal Assistants. However, staff told us they continued to promote the use of direct payments and worked to identify people who may want to become a PA in the future. National data from the Adult Social Care Outcomes Framework for 2023/24 showed 28.17% of service users receive direct payments. This was better than the England average (25.48%). The local authority had an action plan that aimed to promote increased awareness of direct payments as the first option for those needing care and support.

The local authority provided ongoing access to information on direct payments in several formats including online and written booklet form.

## Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

### What people expect:

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

### The local authority commitment:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

### Key findings for this quality statement

#### **Understanding and reducing barriers to care and support and reducing inequalities**

The local authority was working to understand its local population profile, and demographics to better understand how it could reach all communities. Oxfordshire County Council had an Equality, Diversity, and Inclusion plan for June 2024, which highlighted areas of action for children's and adult social care, and demonstrated the local authority was on an improvement journey. There were examples of positive projects, and of person-centred delivery designed to improve outcomes in the community. However, equality and diversity had not been embedded throughout adult social care. More improvements were needed to ensure decisions were data-driven and evidenced-based. Staff acknowledged the need to better use equality diversity and inclusion data to drive improvements and make changes and this was an area that the local authority had started to focus on.

The local authority was aware of health inequalities in the county and acknowledged Oxfordshire was a fairly healthy and affluent county. However, the local authority understood the differing needs of people who lived in the 10 wards identified which fell into the 20 percent most socioeconomically deprived in England. Oxfordshire's most deprived neighbourhoods had a life expectancy that was over 10 years shorter than people in more affluent areas. The local authority's approach to joint commissioning with health was based on the life course approach and designed to begin to tackle inequalities and implement system improvements across health and social care.

Senior leaders acknowledged they had more work to do to address inequalities. It was recognised the next stage was to look at how to tackle inequalities collectively as a system and implement a plan. The VCS partners supported this and expressed that Oxfordshire experiences inequalities that were masked by the affluence of areas with lower levels of deprivation. People supported by adult social care who lived in more rural parts of the county faced barriers and inequalities and the local authority was aware of this. The local authority had developed several community profiles to better understand the needs of

people living within more deprived parts of the county. The information was being used to support work being done to reach people who may be in under-served communities. The local authority had identified a number of areas for continuous improvement in relation to equality, diversity and inclusion which were yet to be started. This included future plans to co-design and implement approaches to equality, diversity and inclusion with those with lived experience including seldom heard groups. The local authority also had plans to improve data in areas including ethnicity and religion as it was identified there was a lack of data to ensure community needs were understood.

Partners understood that people who lived in more rural parts of the county may be more likely to face loneliness and isolation which was more prevalent for people living in these areas. Data used by the local authority and its partners showed around 35% of people aged 75 or over were living alone. Limited local transport provision had prevented some people from being able to take part in social activities, which in turn had increased isolation. Partners described how this problem was more significant for people living in villages and rural parts of the county unable to access services. There were significant challenges with the provision of transport for people with physical disabilities and sensory impairments, specifically people who used a wheelchair. People using services and carers said they relied on the volunteer driver scheme which was described as patchy and inadequate to meet people's needs. It was recognised that the local authority had identified some areas of improvement and funding to target under-served communities.

Senior leaders acknowledged the need to provide care and support to under-served communities. The authority was now focused on this area of development. Examples were provided of the shortage of sites suitable for the Gypsy Roma and Traveller community to live in, highlighting that a local plan was now in place to address the issue.

Staff told us that they considered protected characteristics when care and support was provided. Staff told us that culture and religious preferences were duly considered to provide bespoke and responsive support to people who drew on care and support. An example was provided of finding a specific supported living placement out of the area because the accommodation was able to support the individual's religious beliefs.

There were clear areas of improvement for the local authority to ensure there was a consistent embedded approach to equality, diversity, and inclusion across adult social care. There was a clear reliance on the VCS to work with under-served groups. However, senior leaders acknowledged there was not always equal provision of the VCS across the county for people to access.

Oxfordshire County Council had signed a covenant with the Armed Forces in 2011; this was renewed with civilian and military partners in 2018. The covenant aimed to encourage partnership work with charities, local authorities, businesses, communities, and individuals to work together with the military to offer support to service personnel and their families as well as reservists and veterans. There were 4 veterans clubs in Oxfordshire, one actively supported Carterton camp. The club aimed to provide support and access to other services such as housing. The local authority acknowledged the different needs of this community, and processes were in place to meet the base commander and attend meetings to support the authority to analyse the needs of this community.

The Health and Wellbeing strategy had recently been renewed with a focus on seldom heard-heard groups and diverse communities to support identifying people at risk of poorer health outcomes.

Partners told us they now believed that the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex (LGBTQIA+) community in Oxfordshire was the third largest in the UK. Census 2021 data shows that 4% of Oxfordshire residents aged 16 and over identified with various non-heterosexual orientations, ranking the county 37th out of 175 authorities. A recent survey undertaken by a service found that 50% of respondents were in relationships with features of domestic abuse. Partners felt the local authority did not provide or commission services to adequately support domestic abuse for LGBTQIA+ people. Research produced by the JSNA Women's and Equalities Committee in Oxfordshire found that LGBTQIA+ people felt they were expected to fit into systems that assumed they were straight and cisgender. It was unclear what future support had been identified for LGBTQIA+ people in Oxfordshire. The local authority acknowledged that information on sexual orientation was not routinely collected, and they were working to ensure all protected characteristics were recorded in systems to have a better understanding of people who use adult social care services.

The local authority undertook work with the VCS. However, partners felt more engagement was needed to better understand the needs of the community. It was felt local authority needed to communicate much more, not just to individuals but also to wider communities. The positive initiatives were recognised but people did not always know about them across diverse communities. It was felt Oxfordshire was diverse but there was a focus on Oxford City, which was not helpful to rural communities and communities such as the large African-Caribbean community.

There were pockets of good practice such as the grants provided to VCS partners and work that had started to review the assets of the voluntary sector. However, the authority needed to get better at looking more broadly.

The local authority was using information gathered on equality diversity and inclusion to plan the commissioning of services such as community hubs. There was an equality, diversity, steering group that reviewed how data collated could be used for service improvements, but the authority had plans to use the data to fully understand the needs of seldom herd groups.

## **Inclusion and accessibility arrangements**

Inclusion and accessibility arrangements were considered by the local authority. However, there remained areas that needed further development such as digital inclusion and access to service provision in all areas.

The local authority had commissioned an interpretation service. This included phone and in-person translation, written translation, British Sign Language interpretation, and interpretation for people who were blind or visually impaired. The local authority recommissioned interpretation services to ensure language would not be a barrier to accessing services. People's individual needs and characteristics were considered when providing care and support, to provide inclusive and accessible options for people.

Although BSL interpretation was made available and accessible from multiple sources, additional resources had been secured to invest in interpreters, which helped support

people who were profoundly deaf and whose first language was British Sign Language. They had identified that the group of people faced barriers to accessible communication with the local authority. The local authority had a digital inclusion strategy. Oxfordshire had recognised the barriers to digital access and had ensured there was a digital offer across Oxfordshire Libraries that delivered digital resources, such as free access to Wi-Fi and computers, with trained staff to support people to get online. Partners told us digitalisation had caused a barrier for some elderly people to access the same resources as others in the community. The local authority had identified this as an area for improvement.

The local authority produced an easy read document for homeless people to signpost them to services. There was a directory of around 2000 services available to people, including information on local voluntary and community-based organisations. It was available in both a physical handbook which could be posted to people, as well as an online website.

The local authority commissioned a service to provide support to unpaid carers living in Oxfordshire. Contact methods included access to a language line translation service which enabled a translator to be added to calls with unpaid carers to enable communication in over 200 languages.



## Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

### Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

#### What people expect:

I have care and support that is co-ordinated, and everyone works well together and with me.

#### The local authority commitment:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

#### Key findings for this quality statement

##### Understanding local needs for care and support

The local authority worked with local people and stakeholders, and used available data, from the Joint Strategic Needs Analysis (JSNA), to understand the care and support needs of people and communities. This provided insight into the current and future health and social care needs of the people in Oxfordshire. The JSNA was used to provide the evidence base for the Health and Wellbeing strategy. This included people who were most likely to experience poor care and outcomes, unpaid carers, and people who fund or arrange their care, now and in the future.

Oxfordshire's Market Position Statement 2024 outlined the demographic challenges which included an increasing and aging population, this was set in the context of the significant workforce challenges. Providers told us Oxfordshire County Council had the desire to listen to providers to shape and understand the market. However, providers felt the local authority needed to work more closely with them to create a better understanding of people's needs in the changing context.

Oxfordshire County Council operated in a diverse context, the JSNA highlighted Oxfordshire's population grew by 10.9% since the last Census in 2021. The population of older people aged over 65+ increased by 48%, against the 20% increase of the total population. There had also been an increase in adults in Oxfordshire receiving long-term care and support, and an increase in demand for adult social care services as a result of the aging population. The JSNA estimates 900 more people would need care by 2031. The local authority had identified that 13,636 people were providing over 50 hours of unpaid

care per week in Oxfordshire, many of whom were not in good health. Oxfordshire was aware of the challenges, and they were outlined in the JSNA. However, partners felt the data from JSNA was not always used to help providers understand what was needed in the future. Providers felt the authority needed to be more data efficient to build a picture of what could happen in the long term.

Oxfordshire operated an integrated approach to commissioning services with one of the largest pooled budgets between social care and health in the country. There was a renewed focus on delivering services through the s75 agreement which promoted a collaborative approach to prevention which underpinned the plans to deliver the Oxfordshire Way.

Oxfordshire County Council was designated a Marmot Place in December 2024; this would ensure the wider determinants of health drove cultural, and system change by prioritising health equity in the system. Senior leaders felt whilst the local authority had a social perspective on issues, they required improved data and analytics to look at future planning and understand how to develop as the demographics of the population changes.

The authority had identified the gaps in accommodation and support for people with complex needs including serious mental illness, including psychosis, acquired brain injury, poor physical health and long-term health conditions, addictions, and dual diagnosis. Partners told us that there could be improved care provision for people who lived with a physical disability or sensory impairment. The local authority had plans to develop a complex needs delivery site for people with learning disabilities and autism specifically. There were plans in place to develop an autism strategy. There were gaps highlighted in the market position statement which highlighted the lack of local provision in Oxfordshire to meet the needs of people who had severe and enduring mental illness, challenging behaviour, or complex health needs. The availability of homecare for people with mental illness was also identified as challenging.

## **Market shaping and commissioning to meet local needs**

Oxfordshire County Council updated its market position statement in 2024. The strategic approach which underpinned the Oxfordshire Way and supported the development of “I” statements was developed in 2022 to support the quality assurance of commissioned services. Senior leaders told us there had been a lot of change in the commissioning team, and the newly formed joint commissioning team has been fundamental in shifting conversations as a system concerning the commissioning of services. The commissioning team (HESC) was a joint commissioning function that oversaw and delivered the Joint Commissioning Executive’s program for Oxfordshire with a total budget of half a billion pounds. Commissioning jointly worked to fulfil the priorities of both adult social care, and the ICB. The local authority had plans in place to produce commissioning strategies for Autism, Learning Disabilities, Prevention, Tech-Enabled Care, Housing, Accommodation, Mental Health, Physical Disabilities and Sensory Impairment, and Dementia. At the time of the assessment, most commissioning plans were identified as either work in progress or due to begin which demonstrated that the local authority was at an early stage in its strategic journey with these.

Oxfordshire Council’s Market Shaping, Development, and Management document outlined several objectives including a shift from residential to homecare and reduced waiting time for care and support and sourcing. The authority also detailed a focus on reduced waiting

time for discharge from the hospital and improving outcomes from reablement. The local authority had re-commissioned and developed several new frameworks, to shape and manage the market. The homecare and the Live Well at Home framework were among these developments and had delivered a 6.8% increase in hours in the last 12 months up until June 2024 and had successfully contributed to reduced waiting times for people. Senior leaders acknowledged that bold decisions were made concerning commissioning to ensure a sustainable market. Leaders acknowledged that the authority was data-rich, but it was not as well used as it could be. Providers felt the new framework had presented challenges to the market and recognised the local authority sought to strike a balance between sustainability and its obligations. Their concern was that the local authority would not be able to manage the number of providers there were currently on the new frameworks. The local authority had acknowledged that managing and monitoring a high number of providers could be an operational challenge for internal teams going forward and had been developing better reporting on Power Bi to support the management of providers.

There were also noted restrictions for the mental health step-down pathway, as there were issues experienced due to access to long-term housing, particularly for those having been "multiple excluded" from both general needs and supported housing. The local authority spoke positively of plans to complete the mental health strategy. Senior leaders told us they were currently managing an increased volume of mental health work and planned to respond to this with health partners

The local authority had identified that improvement work was needed to successfully work with the local community to further develop commissioning strategies. It had also identified that there was a need to increase the scope and impact of commissioning and market development by working in partnership on both strategy and implementation. The Adult Social Care Survey for 2023/24 shows that 68.75% of people expressed choice over services, this was similar to England's average of 70.28%. Both staff and providers recognised gaps in the provision for mental health, learning disabilities and autism. There were future plans in place to work with providers to support unpaid carers better from a prevention point of view. National data from the Survey of Adult Carers in England for 2023/24 showed 11.26% of carers accessed support or services allowing them to take a break from caring at short notice or in an emergency. This was similar to the England average of (12.08%).

## **Ensuring sufficient capacity in local services to meet demand**

Oxfordshire County Council understood areas where there was a need for greater capacity and had plans to meet the care and support needs of the people in the county. Data submitted by the local authority for July 2024 stated that 54% of homecare referrals were sourced within 48 hours, and 23% were sourced within 3-5 days. 48% of care home placements were sourced within 48 hours, and 24% within 3-5 days. The data provided demonstrated that there had been a reduction in the number of people waiting over the last 12 months.

In July 2024, 33% of referrals were sourced within 6 weeks, and 67% were sourced within 3 months for supported living. The local authority was aware that a number of factors affected the time people waited for housing including requests to live in specific locations in Oxfordshire.

Oxfordshire County Council had identified the gaps in accommodation and support for people with complex needs. Senior leaders told us that there was a lack of appropriate housing options in the area, specifically for people who were veterans and people with physical disabilities resulting in people who had been placed in accommodation as far as Bristol to meet their needs. Leaders told us housing developments were happening in the area as they were aware of the need to provide an adequate amount of care and support. The authority had plans to work with health partners and providers to review future options.

Data provided by the local authority showed 270 people were placed out of the area of Oxfordshire. Fifty nine of the placements were made within the last 12 months. One hundred and four people were placed in neighbouring authorities and 166 with other authorities. The majority of placements were because the authority was unable to identify a provider within Oxfordshire who could meet a person's specialist requirements. This was more prevalent in people under 65 and people with learning disability and autism diagnoses. Staff told us there were challenges with finding appropriate placements for people with learning disabilities, especially those with conditions that may be more complex. They told us it could sometimes take several months to find suitable support, and people may have to be placed out of Oxfordshire.

Oxfordshire worked in partnership with the district councils and care providers when sourcing extra care housing. There were 1,082 units of extra care housing (ECH) at 20 schemes in Oxfordshire. The data provided for June 2024 showed that 21% of ECH placements were sourced within 48 hours, and 26% were sourced within 10 days. The local authority promoted ECH as an alternative to residential care to enable people to live well in their own community. The local authority had seen positive outcomes for people as a result of using extra care, with a reduced rate of residential care admissions in 2022/23. There had been a 9% increase in people being supported in extra care housing over the last 12 months, the local authority had commissioned additional ECH.

The authority had plans to improve reporting around waiting numbers for supported living and ECH referrals in the future. There were current restrictions to the data available concerning housing which affected the authority's ability to view real time data.

As of July 2024, the median waiting time for homecare referrals was 3 days. 54% were sourced within 48 hours, and 23% were sourced within 3-5 days. The local authority acknowledged that finding homecare for people with mental health problems was challenging, and plans included adding an additional 9 providers that would be able to support people with forensic needs, in addition to mental health needs.

Staff told us that there were gaps in provision for working-aged people outside of education. With limited availability of services specifically in day services, and community engagements, what was available often had larger waiting lists for access. This had been fed back to the commissioning team, who were actively working with the market to address this gap.

Some areas of Oxfordshire had little or no care home provision. In more rural areas there was a limited choice for people who needed care homes. In contrast, some areas had high levels of provision, above the forecasted needs of the local community. However, whilst there was adequate capacity across Oxfordshire some people from areas with no or little

provision would need to move to another area of Oxfordshire to access care home provision.

At the time of our assessment visit there was no one waiting for a Care Act assessment under the s75 arrangement for people who met the health criteria. However, staff told us people who needed support to live well with their mental health issues in the community had to wait a long time to receive social care services which often meant their mental health deteriorated, and they ended up in hospital. Staff felt adult social care locality teams did what they could within the scope of their competence, but they recognised they needed specialist skills to support people adequately, which they did not have. They said there was insufficient accommodation, care and support provision available in Oxfordshire to meet the needs of people who had a severe and enduring mental illness, or people with complex mental health needs to prevent them needing admission to hospital. Other staff raised concerns about large gaps in mental health provision not being available to people of working age, as the thresholds were so much higher than Child and Adolescent Mental Health Services (CAMHS). Staff told us there was a lack of support and provision for people with a primary diagnosis of autism, and no specific autism-only provisions available. Partners also told us that there was a gap in service provision for people with mental health needs in Oxfordshire. They felt there were no services for people moving on from rehabilitation or for people with lower-level needs requiring a service to maintain their well-being.

Senior leaders were aware mental health had been a challenge for the local authority. In addressing issues, the local authority had taken steps to use Better Care Funds to embed housing workers in a local hospital to support homeless people and had improved provision with the new Mental Health Prevention Framework. Some reductions in hospital presentation and in discharges back to the streets had been seen but it was still too early to assess the full impact of the new framework.

### **Ensuring quality of local services**

The local authority had arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed. The Quality Improvement team used 3 levels of formal reviews, self-assessments, desktop reviews, and on-site reviews. Each provider had an allocated officer. Staff told us they used a red, amber, green (RAG) rating to assess the performance and standards of services in line with CQC regulations. They use the Provider Assessment and Market Management Solution (PAMMS) system to generate ratings of services based on available information and they engage in quarterly contract monitoring of providers.

Based on the team's assessment of the quality of services, they could take action to support providers and ensure people received appropriate care and support. The commissioning team tried to ensure they were balanced and proportionate in their approach. Providers' experience of the system had varied with some stating that some providers had quality assurance visits but no report back and felt they were in limbo. Some providers felt quality assurance from the local authority was not always effective. For example, some providers felt there was a lack of knowledge and understanding among quality assurance officers about their services. In response to feedback from providers, from 1 January 25 the local authority had introduced timescales to ensure providers received timely feedback within 2 months. Providers acknowledged there was a positive relationship with senior leaders which they found supportive.

The local authority had processes to ensure people were involved in assessing the quality of commissioned services. VCS partners supported the local authority to conduct quality checks of learning disability settings, supported living and residential care homes. Working with 'expert by experience inspectors' supported the authority to monitor processes to ensure the environment was satisfactory. Providers highlighted that the inclusion of experts by experience, as part of the quality assurance visits, always added value and insight. The Community Support Service (CSS) had quality checkers, and their details were displayed on CSS sites to make them identifiable to people using services. Quality checkers were a diverse group of people with lived experience in Community Support Services, with physical and learning disabilities, mental health conditions, and physical health conditions. Their role was to speak to people who used CSS to get their views on the quality of the services that they receive and then make suggestions for improvements.

In addition to this, My Life My Choice also had a quality checking role in the supported living services. They were part of a project which involved the Quality Checkers visiting supported living settings, talking to managers, staff and people with a learning disability and their families to look at the quality of the service using the 'REACH' supported living standards.

The local authority was improving the use of data to inform work and provide better insights into the quality of local services. For example, the use of the power BI platform, which provided a digital visualisation of data dashboards. Staff told us there was variation in the knowledge and understanding of CQC regulations amongst local providers and the planned improvements would inform their approach to providing quality assurance. For example, they had previously focused more resources and efforts on services that performed poorly and learned lessons and had shifted their model to ensure adequate input and support were provided to all commissioned services.

At the time of our assessment, 7.50% of residential homes were rated outstanding by CQC, 77.50 % were rated good, 7.50% were rated requires improvement, 0 were rated inadequate and 7.50% had not yet been rated. Of the homecare services in Oxfordshire, 6.86% of homecare services were rated outstanding, 57.14% were rated good, 6.29% were rated requires improvement, 0.57% were rated inadequate, and 29.14% had not yet been rated. 9.89% of nursing care was rated outstanding, 78.02% of nursing homes were rated good and 9.89% were rated requires improvement, 1.10% inadequate, and 1.10% not rated. 3.13% of supported living services were rated outstanding, 71.88% Good, 6.25% were rated requires improvement, 0 were rated inadequate and 18.75% had not yet been rated.

Data was provided by the local authority for the termination of contracts due to provider performance, quality, or falling below the required standards. Between July 23 to July 2024, this affected 289 people for homecare (6 providers), and 2 people for Supported Living (1 provider).

The local authority recently changed how it recorded contract hand backs to better understand themes and trends, this was to support providers and provide insight into the local authority's ability to manage the market and any associated risks.

## **Ensuring local services are sustainable**

Oxfordshire County Council undertook a comprehensive review of the Care Home Framework which had resulted in new care and funding model for purchasing care home beds for adults in Oxfordshire. The Care Homes Framework was developed in partnership with NHS partners and with local care homes. The care home bandings defined levels of need from 1 (residential) to 4 (complex nursing) and the inputs required from the care home provider to meet these needs. The cost of care for each care band was fixed. Providers bid to join the framework at the care banding they delivered; they were evaluated against the care banding criteria and paid at the designated rate. Some providers were on the framework for more than one banding.

Following the review of home care provision in Oxfordshire in 2019/20 the Live Well at Home Framework was developed as part of the approach to supporting people to live independently. The 'Home First' framework was an approach to support people to live independently at home for longer. The local authority had acknowledged that it had supported more people through the framework compared to previous home support contracts with a 16.5% increase in home support over the last 4 years. The new framework was supporting it to meet demand but required improvements to both contract and quality management. Senior leaders told us they worked to develop a sustainable marketplace and had to make bold decisions to change to ensure a sustainable market for the future. Staff felt improvements to commissioning frameworks, and standardisation of care costings had a positive effect on the availability of services at an operational level. This had also led to better relationships between providers.

Oxfordshire County Council had worked closely with providers to gather feedback on the new open care home framework. There were mixed feelings about the new framework. Some providers felt they had more risk than they had before as they were working with people with more complex conditions and behaviours, and a higher risk of falls. Some care providers told us they were working hard to maintain people's independence but when people's needs changed, delays in reviews meant that they were still providing care at the initial assessed level where people's needs had clearly changed.

The local authority understood its current and future social care workforce needs. Oxfordshire had experienced continued high vacancies in health and social care. Oxfordshire County Council's objective was to reduce vacancy and turnover rates across the adult social care workforce. The staff turnover rate in the independent health and social care sector was 40.7%, higher than the local authority which was 12.2% and significantly higher than the national average for the sector at 28.3%. The local authority had identified a number of challenges that contributed to the vacancy rate such as the increasing demand for care and had developed targeted plans to address concerns. Providers recognised Oxfordshire's commitment to partnership working and recognised proactive work on the workforce issues seeing it as a joint challenge.



## Partnerships and communities

Score: 3

3 - Evidence shows a good standard

### What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

### The local authority commitment:

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

### Key findings for this quality statement

#### **Partnership working to deliver shared local and national objectives**

The local authority worked collaboratively with partners to agree and align strategic priorities, plans, and responsibilities for people in the area. There was a strong vision in the Oxfordshire Way, which placed partnership working with the NHS and the voluntary and community sector at the heart of system change. There was a focus on developing a structure that sought to embed partners in the governance processes with the aim of collective response and delivery of the prevention agenda.

The local authority developed a Promoting Independence and Prevention Group (PIP) in 2021 to support the prevention agenda within Oxfordshire. Its membership was drawn from the NHS, the local authority, Public Health, and voluntary sector organisations. There were regularly scheduled meetings with the Director of Adult Services, which was an open table where they felt able to discuss their ideas, provide comments, and share concerns. The PIP group shared information and outcomes with the Health and Wellbeing Board and the Prevention and Health Inequalities Forum.

The Better Care Fund plans were owned and approved by the Health & Wellbeing Board on behalf of the local authority and Integrated Care Board and other partners. Senior leaders told us the Health and Wellbeing Board had been effective in ensuring a better integration between the council, district, and health partners. It was described as a powerful group of people to deliver the Oxfordshire Way. The board provided the authority with the opportunity to jointly develop services and discuss preventative initiatives for the community.

The local authority had a joint commissioning function with a pooled budget under s75 of the NHS Act 2006. The s75 agreement was significantly revised in June 2023 and incorporated with the Oxfordshire Better Care Fund. The s75 agreement covered a range of services. There were performance measures in place to provide oversight of the effectiveness of the work undertaken through the s75 agreement.

The agreement included a mental health outcomes-based contract; reablement services; community equipment services; step down short stay hub bed pathway; dementia support; and services for carers. The local authority had strategically integrated aspects of its care and support function to work collaboratively with partners. There were areas where there were improved outcomes for people. For example, effective hospital discharge as Oxfordshire now had one of the lowest delays in the region and the reduction of the number of people being referred to pathway 2 beds. However, the local authority was still developing the offer, and partners and the authority felt that there were still gaps in support. For example, there are gaps in unpaid carers not receiving adequate information and the limited provision of care and support services for adults with mental health and those that were moving on from rehabilitation. Senior leaders highlighted areas that required further development to meet the needs of people. The local authority worked closely with the ICB to continue to develop a stronger understanding of what was needed to be delivered as part of the Place offer.

Both staff and leaders spoke of the positive relationships with district councils. Leaders highlighted that Oxfordshire had developed good working relationships by identifying opportunities to work together in areas such as planning for care homes and homelessness. The Disabled Facilities Group had been established by the County and District Councils to coordinate efforts across the five districts to manage where monies were distributed in the localities. The group was exploring ways to increase options for applicants by considering alternative housing solutions, such as extra care housing, and opportunities through equipment and technology-enabled care.

The local authority felt the recent restructuring of the Integrated Care Partnership (ICP) to create an overall Place Director across its wider footprint would negatively impact the Place-based approach in which Oxfordshire was progressing. In response to this, It had proposed the opportunity of jointly funding a Place Director with health to ensure that the place needs of the county were maintained and worked in the interest of people who lived in the county.

### **Arrangements to support effective partnership working**

Oxfordshire had governance arrangements to support effective partnership working. The s75 agreement specifically provided strategic and operational advantages because of pooled budgets, it also provided a collaborative platform to discuss wider systems change. Staff described working closely with commissioning teams and the ICB to develop a stronger understanding of what could be delivered as a place. Work was undertaken to ensure the alignment of strategies that had positively shaped productive and effective commissioning arrangements, as well as being in line with the Oxfordshire Way. They told us about work completed with Local Area Co-ordinators informed the commissioning team's priorities including services that may be needed in the future.

Operational boards provided the opportunity to work with partners and partnerships and monitor the effectiveness of areas such as the Better Care Fund. Staff told us that the Better Care Fund metrics had been used in commissioning to ensure the development of a system wide approach to monitor how commissioning is performing. Oxfordshire's commissioning reports were also presented to the Health and Wellbeing Board and Place Based Partnership as this supported engagement and transparency.

The local authority was aware of the importance of the VCS and recognised the structure and approach needed further consideration. Senior leaders told us that the local authority continued to invest in the VCS to support early intervention and prevention work. The response from the VCS to the Covid 19 pandemic helped the local authority to have a different conversation with the VCS about how it worked with the county council and strategic partners to deliver adult social care and preventative services to people in Oxfordshire. However, there was still work to be done in this area to embed the experiences of the VCS and community to ensure that there was a meaningful partnership.

### **Impact of partnership working**

The local authority monitored and evaluated the impact of its partnership working with the use of KPIs that informed ongoing development and continuous improvement. There were clear improvements in waiting lists in areas such as hospital discharge and across adult social care, with partners working together to ensure frameworks that met the care and support needs of the community. The local authority's report for 2023-24 highlighted that it was on track to meet the targets for areas such as the rate of permanent admissions to residential care and the proportion of older people 65 and over who were still at home 91 days after discharge.

The authority had noted there were positive successes in many areas including the quality and responsiveness of the provider market, particularly the providers on the Live Well at Home reablement and domiciliary care framework. The pooled budget provided partners and the local authority with the ability to jointly strategically plan for the future. Oxfordshire was extremely positive about the authority's approach to joint working and was proud of the system and the efforts that were made to pool budgets and think strategically with one voice. A preventative strategy had just been developed at the time of our site visit. The creation of a framework to measure the impact of prevention work specifically to address health inequalities with wider partnerships was also planned. Until this work had been fully completed and embedded, the authority would be unable to fully understand the impact of partnership prevention work on people accessing services.

There was still work to be done in many areas for the local authority to meet some of the KPIs set. Recruitment challenges remained a consistent issue for several providers, restricting their ability to meet demand. However, the local authority told us that while some providers may find it difficult to recruit and therefore may be unable to meet some demand locally but as a system, it believed there was sufficient capacity. The authority recognised the key challenges from partners around the hospital discharge policy and acknowledged the population's confidence in the home first and independence-focused approaches were not as strong as they could be. Although the authority used KPIs, particularly around the Better Care Fund to understand and develop the effectiveness of partnership working, further work was needed for the local authority to fully incorporate the use of co-production and the experiences of people consistently to understand the impact of service delivery on desired outcomes.

### **Working with voluntary and charity sector groups**

The local authority worked with VCS organisations and supported improvement to influence the sustainability of organisations. However, there were gaps in effectively utilising the voluntary sector to understand and respond to the needs of the community.

The local authority acknowledged a key part of the Oxfordshire Way prevention agenda was through an asset-based community approach. The local authority had undertaken initiatives to support the VCS specifically using grants and the Better Care Fund to prevent or delay the need for statutory services. Partners told us of funding streams they had accessed which included the Capacity Grant, Cost of Living Grant, and Step Change Funding.

Communities of Practice (CoPs) were funded by adult social care, which brought together practitioners and professionals working with older people and those with additional needs every month to ensure a person-centred approach. It was also an opportunity to promote awareness of the local VCS offer. Partners highlighted the positive relationships they had with the authority. However, it was not consistent across the VCS and some organisations had very little involvement with the authority. The VCS partners highlighted that the local authority commissioning team engaged well, and work had begun to involve more members in co-production. There was recognition that local authority grants were a positive funding stream, and the opportunity to be a part of partnership meetings was also highlighted as inclusive.

However, the risk in the use of short-term funding created an element of insecurity and instability making it difficult for VCS partners to plan and build services. The local authority's approach appeared fragmented to the VCS, focusing on specific requirements rather than considering whether different budgets could be pooled and used more effectively. Partners identified a gap in embedding the VCS fully and agreed with the local authority that there needed to be a long-term commitment to ensure this happened. Senior leaders told us the local authority recognised the need to invest in communities as it was an important part of prevention. The financial risks of the VCS, and the need to look at how partners could work together to build a strong sector in the future were also recognised.

The local authority worked hard to seek wider partnership opportunities to support people and described a rich, diverse community of organisations they worked with, in line with the Oxfordshire Way, and recognised it could better connect across local communities to strengthen the formal connections with the voluntary and community sectors.

### Theme 3: How the local authority ensures safety within the system

*This theme includes these quality statements:*

- *Safe pathways, systems and transitions*

- *Safeguarding*

*We may not always review all quality statements during every assessment.*

## Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

### What people expect:

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

### The local authority commitment:

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

### Key findings for this quality statement

#### **Safety management**

The local authority was clear about its obligations to ensure safety across all areas of its work and had an actively managed risk register, supported by processes that determined how transition between services, such as hospital discharge, and across local authority boundaries should be managed. The local authority had processes and pathways from first contact which supported people's care journey. Teams told us they worked with the NHSSingle Point of Access (front door to health) to ensure people had access to a district nurse or support from an appropriate health professional. Staff could easily contact other departments of the city and district councils, such as housing, to request support if a person was known to that department.

Pathways and processes ensured people's support was planned and coordinated across different agencies and services. For Approved Mental Health Professionals (AMHPs), the NHS Single Point of Access was the main referral point. A specialist team assessed people with needs related to mental health conditions. There was an integrated Community Mental Health Team (CMHT), which commissioned and delivered mental health social work under a s75 agreement between the local authority, and the ICB. The team undertook a daily risk assessment of people waiting for support. Staff worked closely with colleagues in Oxford Health NHS Foundation Trust.

The hospital discharge team worked as an integrated team of professionals that included occupational therapists, social workers, co-ordinators (involved in screening and responding to queries), practice supervisors, a liaison hub and discharge matron, and an

allied health professional lead. The team met three times a day, five days a week, to discuss cases for discharge pathways. The team worked closely with ward based medical teams and discharge coordinators to support people leaving the hospital. The collaborative work aimed to provide positive outcomes for people, and the team operated as well-integrated team.

There was guidance on placements, discharge to assess, and access to reablement. The local authority had also identified that housing issues had an impact on discharge from the hospital. In 2021 the local authority set up the Health and Homelessness Inclusion Team to work with adults who were homeless and had significant difficulty in accessing mainstream health and social care services. The team aimed to improve access to healthcare, provide better health outcomes, plan safe discharges, and prevent rough sleeping and homelessness. The team had reduced street discharges from 70% to 4%. They had also reduced emergency admissions to hospitals for people they worked with by 24% along with a reduction of 56% in presentations at the emergency hospital department.

### **Safety during transitions**

Care and support was planned and organised with people, partners and communities, in ways that improved safety across peoples' care journeys and ensured continuity. There were processes in place to ensure referrals, admissions, and discharge operated across the system. However, there was an acknowledgment that more improvements were needed to support the transition to adult services, especially around mental health.

There was a process in place to support the transition of young people into adult services. This was supported by a 'Moving into Adulthood Protocol' to support young people and their families and set out what to expect through the transition process. The transition process started with the young person from the age of 16. However, a dedicated transition team attended meetings for the young person when they were 14 years old. The team held the case until the person was 25 years old, which allowed the young person to gain consistency in support to meet their care and support needs.

Most people spoke positively of the transition they experienced, identifying that there was an aspirational, ambitious conversation that led to a flexible approach to their care packages. In the past, communication had been a problem in transitions, but the local authority had taken steps to address this and this had now improved.

Partners felt the local authority did not consistently meet the needs of young carers transitioning into adulthood. They felt the pathway was not always clear and could contain barriers to being referred for support. Their experience was that they could only go through safeguarding channels to get support for young carers, which could be distressing for the young carers.

The transition process included considerations about planning for the future. Assessments included the suitability of shared lives placements and other support as the young person grew into adulthood. Young people supported by the transitions team were positive, highlighting how they were involved and how needs were met after the assessment.

There was a protocol for the transfer of care discharges which supported the transitions between services for a person who was currently in the community, and there was no prior knowledge of the escalating risk of admission. It provided a series of prompts for commissioners and professionals to consider helping people with a learning disability

and/or people with autism from being admitted unnecessarily to a mental health hospital; or where there was a clinical need for admission to ensure that the intended outcomes.

### Contingency planning

The local authority had contingency plans to ensure preparedness for possible interruptions in the provision of care and support. For example, the Business Continuity Plan detailed the strategic and tactical capability of the organisation to plan for and respond to incidents and business disruptions to continue business operations at an acceptable predefined level. There were checklists and plans in place for moving people to other local authorities for care and support. Process and procedures detailed support for staff to ensure that people's care and support was maintained during the process. The authority ensured Care Act assessments and associated support plans were transferred in advance.

## Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect:

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's



lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

## Key findings for this quality statement

### Safeguarding systems, processes and practices

There were systems, processes, and practices in place to make sure people were protected from abuse and neglect. The processes used by Oxfordshire County Council had recently undergone a transformation to ensure improved responsiveness to safeguarding. The local authority had produced an action plan which outlined areas where improvements were required to ensure safeguarding was progressed promptly. It also highlighted that improvements were needed to manage risks which could result in poorer outcomes for residents. According to the Adult Social Care Survey for 2023/24, 74.71% of people who used services felt safe. This was somewhat better than the England average of 71.06%.

The Safeguarding Team had taken a radical approach to performance improvement in the last 12 months to target delays in the allocation and resolution of safeguarding concerns and enquiries. The delivery of the plan was a part of the Meaningful Measures approach which was overseen by senior leaders.

The safeguarding process involved concerns being received through the Social and Health Care Team who completed an initial screening for actions, and an emergency response if required, within two hours of receipt. The concern was then referred to the Safeguarding Team for further consideration. Oxfordshire County Council had a dedicated Safeguarding Team that retained responsibility for the detailed consideration of most statutory concerns and completed a Section 42 (s42) enquiry where the person was not already known to another social care team or where organisational abuse was suspected. Wider locality teams had been supporting with safeguarding enquiries and concerns during a period of change to the safeguarding team. The authority had reported a 37% increase in safeguarding referrals recently. The local authority recognised that clarity on what constituted a s42 safeguarding concern and when s42 safeguarding enquiries were required was needed particularly for care/nursing homes as there was a low conversion rate to s 42. Joint work with partners had started to ensure a greater understanding of this area. The new processes and ways of working had positively impacted the management and people waiting for both safeguarding concerns and s42 enquiries to be undertaken. In the last 6 months of 2024, Oxfordshire County Council received 4586 safeguarding concerns, the median time for a safeguarding concern to be open was 5 days. At the time of assessment, there were 48 safeguarding enquiries awaiting allocation, none had been waiting more than 10 working days. All concerns were reviewed on the same day they were received, and any urgent action taken to mitigate risk and keep people safe. Staff were confident that they were now managing the process much better and recognised the improvements that had been made.

Providers told us that the safeguarding concerns that they had raised were not always investigated in a timely manner and there were issues around poor communication. Examples of delayed responses to safeguarding concerns were raised with us. Provider told us the delays provided challenges in safeguarding people. Further concerns were raised about the safeguarding team being difficult to contact via the helpline. However, the local authority told us that historically, concerns were not always investigated in a timely manner. In July 2023, there were 286 concerns that had been open for over 12 weeks,

whereas by July 2024 this number had decreased to 18. The local authority data highlighted that care providers, both domiciliary and residential, were the largest source of referrals for safeguarding accounting for 29% of all concerns. Recent engagement with the Provider Forum indicated that providers needed the local authority to do more to help them understand the threshold for safeguarding. The local authority said it planned to undertake this work in the future to reduce unnecessary referrals.

Changes to safeguarding processes had made a positive impact on managing safeguarding. Senior leaders identified the need to take a proportionate approach to managing resources available in the teams. The local authority was able to utilise resources from the locality teams to meet the safeguarding demands and ensure safeguarding concerns were addressed and dealt with appropriately.

The local authority worked with the Oxfordshire Safeguarding Adults Board (OSAB) and partners to safeguard adults. The OSAB had 6 safeguarding subgroups that reported directly to it to progress different areas of work. The local authority commissioned an annual self-assessment and peer review by the Local Government Association in 2023-2024. One of the measures implemented to address issues was the use of a Meaningful Measures weekly meeting to track the progress of waiting lists and identify issues for escalation. The local authority described the review process as a positive critical challenge, which allowed it to gain feedback from partner agencies. Work undertaken with the OSAB resulted in an action plan for the areas that required improvement. The Safeguarding Adults Board was reviewing its strategy and work plan to have a greater focus on acting on learning and measuring the impact of learning activity. It has held several workshops for staff to share learning from a Safeguarding Adults Review.

Partners expressed concerns about the high turnover of staff in the safeguarding team and raised concerns about whether staff had the required training for safeguarding. However, the local authority told us that to work in the safeguarding team, staff needed to have a thorough understanding, knowledge, and experience of working within the adult safeguarding arena, including S42 enquiries, Making Safeguarding Personal, and the Care Act (2014). The local authority may wish to consider working with partners to alleviate the concerns going forward.

Feedback received across system partners recognised that the new focus on multi-agency risk management was valuable. Partners told us that there had been an opportunity to engage with OSAB to discuss the high-risk cases which were held by partners and to discuss the people who did not have eligible needs under the Care Act. It was highlighted that the local authority had recruited staff to support the Multi-Agency Risk Management (MARM) process to ensure the correct multi-disciplinary teams were convened to support adults at risk of harm and proactively respond to the risk. Partners told us the MARM process had not been part of the safeguarding framework previously. However, Oxfordshire County Council had started to meet to discuss people at risk and it found this very useful.

The local authority was a strategic member of the Safer Oxfordshire Partnership. The Safer Oxfordshire Partnership was a thematic group that brought together community safety partners to work together to deliver on joint priorities and emerging themes. The vision was 'working together to reduce crime and create a safer Oxfordshire'. Partnership priorities for 2023/24 were, fighting modern slavery and serious violence and protecting vulnerable people through reducing the risk of abuse.

## **Responding to local safeguarding risks and issues**

The local authority had made changes to ensure there were robust ways to embed the learning from Safeguarding Adult Reviews (SARs) and serious incidents. Serious incidents were not previously being progressed for consideration by the SAR subgroup. However, this had now changed and a review of 5 serious incidents had been referred to the SARs subgroup. This was now scheduled to be part of the publication by the board which had started in July 2024. The serious incidents audit report of May 2024 highlighted there was variance in who was notified following a serious incident and the decisions made. The serious incidents reporting, and the procedure had been reviewed by the Principal Social Worker who had also undertaken an audit to ensure compliance with the reporting procedure. A subsequent audit completed in July 2024 demonstrated case management forms were now being recorded appropriately where a serious incident or death had occurred, and feedback was being provided where appropriate to ensure consideration of whether a more detailed internal report was needed. The quality improvement protocol had recently been refreshed to take this into account. The local authority had a safeguarding operational action plan in place to ensure that actions were captured.

The local authority recognised risks to people's well-being presented by the Deprivation of Liberty Safeguards (DoLS) and actively managed its DoLS service and the applications submitted for consideration: at the time of our assessment, there were 1285 DoLS applications awaiting allocation. The local authority was using a risk rating tool to determine urgent responses and put a risk management plan in place for regular review of those people waiting. The tool had been adapted from the ADASS DoLS Priority Tool. The local authority decided to invest in Best Interest Assessors (BIA) and employed 5 permanent members of staff to support safeguarding processes; staff told us this had made a positive impact on the process. There were also steps being taken to procure a specialist service to address those waiting the longest. This led to 750 DoLS applications being completed. There had been increased recruitment and improvements to internal processes within staff teams which led to higher productivity. Senior leaders told us that DoLS data was being reviewed, and the authority was trying to understand the patterns of referrals by care homes which had increased DoLS applications in the county.

## **Responding to concerns and undertaking Section 42 enquiries**

The local authority had increased its dedicated resources to managing safeguarding and s42 enquiries. Staff told us that there had been recent changes to how safeguarding enquiries and concerns were recorded and reported through the internal system. There had been improvements because of the changes made to processes and recording of the data, demonstrating a gradual reduction in the time taken to start an enquiry after a concern has been triaged. In April 2023, 35% of enquiries started within 1 week of triage, this had increased to 55% in April 2024. The Safeguarding Team triaged all safeguarding concerns that related to people who were unallocated to a social worker and care providers; people with an allocated worker were managed by that worker. Concerns relating to people in the hospital where the concern has an impact on safe discharge were considered by the hospital team. Decisions about whether a concern met the threshold for an enquiry were made by a manager.

Overall, the authority demonstrated that processes for managing risk were in place and positive changes were evident in the current improvement journey. There had been

improvements in addressing resources and processes, but there were still gaps in working with providers to ensure they had an understanding of the processes, expectations, and communication.

## **Making safeguarding personal**

There was a renewed focus on Making Safeguarding Personal in Oxfordshire. The internal audit undertaken by the Principal Social Worker in 2024, identified safeguarding processes did not work to ensure Making Safeguarding Personal (MSP) principles and standards were always followed. The local authority identified that too long was spent on collating information and documenting it rather than providing solutions, focused interaction, and resolutions. The impact of this was that resolutions for the person were not timely or proportionate to the person's needs. The authority had worked with the Safeguarding Team, and changes were made to the recording system to better focus on recording people's desired outcomes. The authority had made efforts to improve this area of safeguarding; several workshops had been delivered and completed to ensure MSP was understood across the service. In the year 2022-2023, data provided by the local authority showed that 74% of adults involved in a safeguarding enquiry defined the outcome they wanted and 99% reported that they were either completely or partially satisfied with the outcome (68% were completely satisfied). Twenty one percent of enquiries related to people who lacked capacity and 80% of these people were supported by an advocate. Staff told us they worked hard to make safeguarding personal and actively worked with family members. The local authority had worked hard to implement the new process which came in a year ago alongside using advocacy regularly and translators if needed.

National data from the Safeguarding Adults Collection for 2023/24 showed that 73.08% of individuals who lacked capacity were supported by an advocate, family, or friend. This was somewhat worse than the England average of 83.38%. This demonstrated more work was needed to ensure that people could participate in the safeguarding process as much as they wanted to. It was recognised that the local authority was working hard to improve the uptake of advocacy as part of the safeguarding work. There had been training for frontline staff and an improvement in the quality of referrals. In addition, the advocacy provider participated in the Adult Social Care Forum, interacting with over 100 staff members, and also attended a safeguarding team meeting.

## Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

### The local authority commitment:

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

### Key findings for this quality statement

#### **Governance, accountability and risk management**

The local authority understood its risks and challenges. Governance structures were in place across multiple partners, providing a foundation for collaborative decision-making and oversight.

The governance systems and processes used by Oxfordshire County Council were effective, with a focus on developing partnerships that facilitated a systems approach to the vision of the Oxfordshire Way. The local authority was on an improvement journey underpinned by a corporate vision that viewed prevention as a systems target across

partners. The s75 agreements with health partners had supported several key areas of work within adult social care and were supported by clear governance structures and pathways. The local authority had governance boards in place to oversee objectives and targets with positive working relationships.

The authority had gone through a period of change over the last 2 years. There had been changes to both senior management and frontline operational delivery teams and a wider internal transformation. There was a stable adult social care leadership team with clear roles, responsibilities, and accountabilities. Staff felt supported by managers and senior leaders within the organisation. Leaders were identified as visible and approachable. Partners told us that they had visibly seen the impact and changes over time. However, some felt there was still a gap between the vision of the senior leadership team and what happened on an operational level. Partners and providers felt the authority was aware of this and were working to resolve this issue.

The local authority had recognised it was on an improvement journey and targeted resources and expertise to areas that required urgent change, such as waiting lists. Risk management and business continuity were in place to support managers and different areas of adult services in emergency situations. There was oversight of performance and quality of services, and risks were identified with detailed mitigation plans.

Changes to the ICB were also highlighted as an area of high risk for the local authority as future changes could have an impact on the ability to work effectively as a health and social care system to meet the Care Act needs for people in Oxfordshire. Senior leaders told us it was important for Oxfordshire to have the balance of resources in the right place to achieve productivity and were relentless in the drive to keep shared working arrangements despite the challenges.

The local authority's political leaders were informed about the risks facing adult social care including budget issues and the backlogs of safeguarding enquiries.

Performance management and reporting were used to monitor and manage areas of improvement. The local authority used its Meaningful Measures Group, and the Performance, Practice, and Pounds (PPP) extended leadership meeting to monitor and oversee performance. However, there were gaps and limitations in the data available to the organisation which the authority recognised. It aimed to continually improve the use and functionality of Power BI to ensure it could provide live data in the future. In addition, the local authority aimed to continue to work with system partners to improve data sharing systems.

The use of data in strategic decision making was raised as an area that required further improvement and was an area that was being improved with new dashboards in development. There were also plans to use frontline data to inform strategic priorities.

Oxfordshire County Council worked with the Health and Wellbeing Board (HWB) to provide better integration and engagement across partners.

## **Strategic planning**

The Health and Wellbeing strategy was in place for 2024-2030. This strategy outlined principles for tackling inequalities in Oxfordshire. The strategy identified that residents experienced inequalities in access, experience, and overall health outcomes. There was a focus on the 10 most deprived wards in Oxfordshire where people experienced the

greatest inequality, and work had begun to create area profiles for each area to generate plans and strategies to address poor outcomes for people. There was still work to be done to develop and implement targeted plans based on data and feedback from the community.

The prevention framework detailed the ambition of creating system-wide priorities over the next 5 years, which included cross organisational leadership for prevention and for optimising resources available to deliver the prevention agenda. The local authority's strategic vision placed prevention at the heart of the Oxfordshire Way, which was dependent on the collaboration and support of all sectors. Elements of the strategic direction of travel were developing and emerging based on joint partnership work with health. There were plans to develop several strategies including a mental health and autism strategy, and to implement the prevention strategy. These were categorised as being in addition to business as usual. In considering this, the local authority may need to consider whether adequate resources would be available to sustain the current changes and drive the new system changes with the current staffing issues.

Stability in leadership has provided a solid foundation for ongoing progress in implementing changes and developing new strategies. It was too early in those changes to assess the sustainability of the approach. Improvements to processes and outcomes in areas such as safeguarding were recent. Going forward it will be important for the local authority to maintain progress and adapt to evolving challenges as well as evaluating resource allocation and workforce capacity to ensure lasting benefits for the community.

### **Information security**

The local authority had arrangements to maintain the security of records, and data management systems. There were performance measures, with an appointed person, and risk measures considered, for example, cyber security. Staff described that there was an information sharing agreement that promoted, good information sharing between teams, with good links between all professionals across health and social care. However, there was mixed feedback about the effectiveness of systems for data sharing with providers. Some raised concerns about wrong or inaccurate information being sent to them regarding new referrals.



## Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

### The local authority commitment:

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

### Key findings for this quality statement

#### **Continuous learning, improvement and professional development**

There was an inclusive and positive culture of continuous learning and improvement. Staff had ongoing access to learning and support, which supported the Care Act duties to be delivered safely and effectively. Staff described how the positive culture within the organisation enabled them to grow and progress throughout their careers. Continuous professional and personal development was supported, and staff were enabled to acquire new skills and knowledge to perform their roles to a high standard. Teams were offered robust training and individuals were provided with the opportunity to request specific training if staff felt it was needed.

An audit conducted in 2023 identified inconsistent practices across adult social care teams and engagement was not always apparent. The authority had taken steps to improve this through a review of the quality assurance framework, which provided revised learning sessions delivered to support staff to understand the importance of high-quality practice and embedded a process of setting standards. Learning and information sessions were used to focus on practice areas of concern with a focus on supervision documents and guidance, effective screening, hospital placements, and Mental Capacity Act (MCA) assessments. Senior leaders told us there was a focus on continuous improvement within the adult social care team and described this as being driven by "honest energy". New ideas were harnessed and utilised, without losing sight of the person. Leaders told us they felt privileged to see the "flower open" at Oxfordshire during their time in the role.

The local authority collaborated with providers to address the concerns around staff shortages in the care sector. Staff told us capacity in the care sector was very tough, but the authority had used different ways to retain people. The local authority was looking at different ways to incentivise people to stay in the workforce longer. This included the use of the care app and rewarding people had also been considered. The local authority had also worked with the local university in many areas including recruiting more staff to support homeless services. This generated a number of students offering to work with rough sleepers and led to better support for individuals.

Oxfordshire County Council recognised that co-production was vital to ensuring that people with lived experience worked alongside the authority to shape services. Co-production was used to develop strategies including the recent all-age Carers Strategy. The local authority had recently worked with Oxfordshire partners to co-produce a redesigned short breaks and respite offer as part of a recommissioning process. A co-production event was held to bring people together to talk about what was working well,

and what could be better in the future. However, co-production was not consistently embedded into adult social care. Senior leaders told us co-production needed more work to be effective and meaningful as it currently felt like the local authority made decisions, and then brought in people's voices, rather than being led by people's voices. The local authority had identified that co-production and equality, diversity, and inclusion needed to be embedded more consistently. The local authority did not have Co-production Strategy but co-production aims were included in the Consultation and Engagement Strategy.

There were mixed views from people about how effective co-production was. Some felt it was limited to the same voices being involved in all the projects and these were not representative of the thoughts and voices of people across the county. It was felt that co-production in some areas was a paid-for service which risked it not being an independent voice. Others felt that it had been positive to participate in many co-production projects with participants in co-production feeling respected and valued. Efforts by the local authority to undertake genuine co-production were recognised but the need to improve was also highlighted. Partners told us they had attended meetings held by the local authority when decisions had already been made, resulting in it feeling more like a "tick-box" exercise, with instances where the views and opinions of carers were not considered.

Staff and leaders engaged with external work, including research to ensure that innovation and new ideas were used to drive performance. Oxfordshire County Council's award-winning Innovation Service joined the South East Association of Directors of Adult Social Services (ADASS) consortium for the Department of Health and Social Care (DHSC) International Recruitment Fund with an ambition to deliver a technology-based solution to support social care providers in the southeast of England with international recruitment. Borderless was a contract that started in December 2023 and was an International Recruitment project to support adult social care providers to recruit more staff. Staff were also able to take part in joint learning sessions across localities, staff forum meetings, and practice supervisor-led training.

The local authority actively participated in peer reviews and sector-led improvement activity, drawing on external support to improve when necessary. The authority took part in the Oxfordshire Safeguarding Adult Board (OSAB) peer review in 2023-2024. Learning from Safeguarding Adults Reviews (SAR) fed into the Internal Assurance Group and learning for Oxfordshire County Council was shared with the PSW and wider teams.

Oxfordshire County Council was part of a peer challenge with the Local Government Association in March 2024. Senior leaders felt that the peer challenge allowed the authority to recognise what was good and what could be improved.

## **Learning from feedback**

The local authority had started to develop processes that allowed it to learn from people's feedback about their experiences of care and support. There had been a significant period of change in the authority which had led to several areas being developed and progressed simultaneously. There was recognition of the need to improve communication with people who use services and their carers and to draw feedback from their experience of care and support. Examples of this included "you said we did" feedback from care home residents, family, and friends. This approach was also designed to support the local authority to review the standards of care in care homes. Work had also begun in response to carers' feedback in which the local authority had developed plans to amend the Care Act assessment to a more strength-based approach. Staff told us data was collated and reviewed to understand people's feedback. The data was used to drive improvements

within local authority to make changes to policies and processes to make people's care journeys better. This was also fed directly to the Health and Wellbeing Board.

A report published by Healthwatch called "How People Experience Joined Up Care in Oxfordshire", published in October 2023 stated that people in Oxfordshire experienced fragmented care, inadequate communication, and significant challenges to navigate the social care system. This was particularly evident for complex cases or where people had multiple services involved. The local authority recognised similar issues and was committed to the improvement of people's experiences.

The recent peer review identified that more could be done to ensure the commissioning approach was explained clearly. The peer review identified that the local authority's strategy and intentions were not visible enough to all colleagues, and some staff working in operational teams lacked knowledge of the transformation within the commissioning teams. Staff told us this feedback had informed improvement work to ensure the workforce was engaged with the strategy so that it was meaningful for people.

There was evidence that co-production had improved ways of working. However, people felt currently there was more to do to ensure it was effective. The local authority had begun to use co-production in different areas of work but the Co-production Board was not seen as diverse and did not include people with a range of experiences. Partners felt there had been some positive changes to co-production with a renewed focus on this area of work. They felt there was still work to do to link this work with strategic and service development. However, it was felt that the general ethos had changed in the way the local authority was now doing things.

The local authority told us data from complaints received between 1 April 2023 and 31 March 2024 had been reviewed and on average there were 30 complaints received each quarter. The themes of complaints were reviewed by the Internal Assurance and Governance Group; common issues arising were related to disputes over funding, level of service/ service failure, and lack of contact or action. There were 67 learning actions raised as a result of complaints. Examples included improving communication, being proactive to ensure a timely response, and taking the time to ensure people understood the reason and rationale behind a decision.

There had been a year-on-year improvement in ASCOF data for 2023/24, which demonstrated that changes had been made to ensure people had better experiences of adult social care. Satisfaction reports were shared with the Internal Assurance and Governance Group and key feedback was highlighted to staff via the Adult Social Care Roadshow. It was less clear how this information would become an embedded part of the improvement plan which would be monitored and improved over time.