



**ADULT & COMMUNITY CARE  
PERFORMANCE REPORT**

**SURREY COUNTY COUNCIL'S  
LOCAL COMMITTEE (ELMBRIDGE AREA)  
19 JANUARY 2005**

**KEY ISSUE:**

This report describes the progress Adults and Community Care have made over the last year. This report provides an analysis of the current performance of services. It also set this analysis in the context of service activity at a borough-wide level, outlining key developments achieved or planned in the report presented in January 2004.

**SUMMARY:**

This report focuses on Adult and Community Care Service's performance for the year up to September 2004 against national performance Assessment Framework and Best Value performance measures for social care. It provides contextual data and explanations at a local level where possible and focus on specific borough issues.

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**BACKGROUND PAPERS:** None

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## **1 INTRODUCTION AND BACKGROUND**

- 1.1 The previous Adult and Community Care Report was presented to the local committee in Elmbridge in January 2004. It highlighted the findings of the joint review of our service by the Social Services Inspectorate and the Audit Commission. Adults and Community Care Services in Surrey are rated as serving most people well and with good prospects for the future. There remains, however, the challenge of continuing to deliver high quality services within budget given the complexities of the social care market in Surrey.
- 1.2 Adults and Community Care presents a quarterly performance report to the Executive and this report will look at progress and developments in Elmbridge.
- 1.3 Within Appendix 1 we have detailed the Surrey Wide Performance Indicators that we are required to report to the Department of Health. In the right hand column, we have referenced performance within Elmbridge. Wherever possible we have included statistical information that is specific for the borough to support the comments.

## **2 HEALTH AND SOCIAL CARE**

- 2.1 In North Surrey joint posts for older people and people with learning disabilities are in the process of being recruited. These are jointly funded posts that will be able to take forward our integration agenda in West Elmbridge.

Relevant to East Elmbridge is the consultation document 'Better Healthcare Closer to Home'. This was considered recently by the Executive and the views of local committees were taken into account. Members will recall expressing a strong preference for the proposed critical care hospital to be sited in Surrey and this is reflected in the response submitted by the Executive.

### **2.1.1 Services for Older People**

There continues to be a shift away from nursing and residential care with more resources being allocated to home based care. The number of people receiving Intensive Home Care is high in Elmbridge and together with the low number of hospital delays suggests our strategy to support more people at home is succeeding. An investment in assistive technology has been made and is available to the intermediate care team at Molesey Hospital. This enables equipment such as sensors to be placed in people's homes to check people are safe.

The Commission for Social care Inspection is undertaking an inspection and the results will be known by the time of the Committee. Whilst the inspectors have focused on the North West and East Areas they have visited each of our Areas and their findings will be relevant for the future of

older people's services throughout the County. The methodology is similar to that employed by other inspections; the key test being the experience of service users and their carers.

### **2.1.2 Services for People with Disabilities**

The Summers in Molesey is the only residential home for physically disabled people directly managed by the Council. The building transferred to Kingston YMCA some years ago and since that time has been administered via a partnership agreement with the staff remaining as employees of the Council. Discussions are taking place with the KYMCA, now Kingston and Wimbledon YMCA, to make best use of the centre as a base from which more disabled people are supported in their own home. The Summers may in future focus on short term rehabilitation and assessment for people with complex needs. Planning is at an early stage and any proposals will need to give careful consideration to existing residents, several of whom having lived there for many years.

Capital has now been approved to bring back into use the old social service office in Cobham. The intention is to work with a local trust to administer the building as a resource centre used by the wider community and especially to promote access to Arts. It will form an integrated service with existing Council services situated nearby. The funding will be released by closing a day centre for disabled people in Fetcham and therefore the development in Cobham will provide services for disabled people on a sessional basis.

Other local initiatives:

- A combined register for people with physical disability and learning disability which will help us plan for services at a local level.
- For people with physical, sensory, cognitive disabilities and HIV/AIDS, the County Council has recently adopted the social model of disability. The focus is on removing the barriers in society that prevent people with disabilities from achieving independence.
- Disability Empowerment Boards have now been running for almost two years, these boards are looking at Access, Transport, Employment and Housing Issues etc.

### **2.1.3 Services for People with a Learning Disability**

The challenge of improving local service options and providing increased choice remains a live issue for the service. Significant numbers of people continue to be placed out of the area in costly long-term placements, and short-term break options are severely limited. We are developing with our borough colleagues and local housing associations a housing strategy that

will provide focus for the development of future accommodation options. Elmbridge Borough Council are key contributors to this work.

We have established, from within existing resources, a new service – SAILS, the Supported Accommodation and Independent Living Services. This service brings together occupational therapy and home based care to ensure people with learning disabilities can receive the right support in supported living units.

Many people with learning disability will continue to reside with carers who may themselves be in their seventies. A short term break co-ordinator has recently undertaken a mapping exercise of service user needs and is looking to increase the range of short breaks available.

Since the last report, the complement of care managers providing the assessment and care planning function of our service has continued to grow. We believe that this group will deliver ongoing care management to each person known to our service in the near future. This continuity of worker involvement is important as we seek to find more and more appropriate outcomes for each person that we work with.

## **2.2 SOCIAL CARE AND HOUSING**

### **2.2.1 Extra Care Housing**

Negotiations have taken place with the new Chief Executive of Whiteley Village to make best use of 'extra care housing units' that were recently developed. The aim is that they are a genuine alternative to residential care and a number of people have benefited. Demand has however been less than anticipated and therefore a reduced contract is now in place.

### **2.2.2 Supporting People**

The Audit Commission have recently completed an inspection of our supporting people services. The Supporting Team is based at Elmbridge Civic Centre and provides a countywide service through a multi agency Commissioning Body. The initial results of the inspection will have been made known by the time of the Committee.

During the inspection the Government announced its funding intentions for supporting people. A 5% cut in our grant of around £19m has been announced with the likelihood of year on cuts at this level for the foreseeable future. The Executive will be responding to this announcement on behalf of the Council in due course. The immediate effect however will be to undermine a new 5 year strategy that is currently out for consultation.

Elmbridge want to provide housing and support services for people with a range of needs which promotes choice and independence, for example, those with a learning disability, frail elderly, people with mental health

problems, young people and teenage parents, those at risk of domestic violence, people who misuse drugs and alcohol and ex-offenders. In their Homelessness Strategy, they have particularly highlighted the need to improve support for homeless households. A new hostel for homeless families as an alternative to bed and breakfast is planned and Elmbridge would like to offer housing related support to vulnerable households. They have cited a need for accommodation with support for people with mental health issues and have noted that the high level of homelessness caused by domestic violence is a concern. 15 accommodation-based units have been developed to meet this need in recent years, funded through Supporting People.

In their Older Person's Housing Strategy, they make particular reference to the fact that there are a large number of people from black and minority ethnic groups currently in their 50s, especially Indian and Chinese Groups.

They have also identified a need for move-on from supported housing schemes across a range of client groups.

The ability of the Supporting People Team to assist with these priorities is clearly now much reduced by the financial constraints imposed by the Government.

## **2.3 PARTNERSHIPS**

### **2.3.1 Elmbridge Borough Council**

We work closely with Elmbridge Borough Council and have some excellent services provided by them through a contract. These include meals on wheels, community alarm and supportive technology. Specialist day care for people with dementia is incorporated within centres for retired people. We are also contracting for a joint post to work as a support worker to provide information and support to older people in Elmbridge that either are not known to us or are reluctant to visit the Centres.

### **2.3.2 Voluntary Bodies**

We have a number of voluntary organisations we support such as Crossroads providing a sitting service, CHEER a befriending service and Molesey and Ditton's Housework Scheme with whom we have just commissioned a visiting service. This enables families to have a person 'popping in' to check an elderly relative when they go on holiday or are in hospital.

Since the previous meeting, planning consent has been obtained to develop The Home of Compassion Nursing Home in Thames Ditton. Discussions are taking place to develop a business case to secure the necessary funding. The Council has indicated its willingness to set aside a capital contribution as part of a long term care contract subject to a satisfactory business case and normal procurement process.

### 2.3.3 Adult Protection

The Local Adult Protection Group was formed in January 2003 and made up of representatives of vulnerable people, the statutory, voluntary and independent sectors. The emphasis of the group is on raising local awareness of adult protection issues, promoting joint working and ensuring the focus is maintained on vulnerable people who are at risk of abuse.

Key priorities for this group for the coming year include:

- Carer representation on the local group
- Information sharing between agencies to protect vulnerable people from abuse
- Public awareness through events, promotion of 'Adult Protection Awareness Week' June 2005
- Reviewing the quality of work undertaken in this area and learning lessons for local practice
- Ensuring that agencies work in partnership where abuse is identified
- Ensuring that each agency has a robust reporting and recording procedure for adult protection concerns
- Implementing the revised 'Protecting Vulnerable Adults: Surrey Multi Agency Procedures' December 2004
- Linking up with related and overlapping strategies which have an impact on vulnerable people
- Encouraging care service providers to access local training opportunities to raise awareness about abuse issues

### 2.3.4 Carers Emergency Card

This card is for Carers to carry with them when they go out. If they are involved in an accident or fall ill, the emergency services are able to identify them as a substantial carer and that there is someone in need of caring. There is space for two local contacts who would either take over the care or contact others to look after the cared for person.

The card will be available from the Social Care Team or from the GP practices and is authorised by them. It will raise awareness of Carers assessments and GP registration and we also hope that it will enable GPs to offer flexible appointments for Carers. The leaflet with the card also provides contact numbers for Carers organisations.

We piloted the scheme in Spelthorne and have had positive feedback from Carers who value the card and feel more secure about going out. We are now able, thanks to the support from this Committee, to extend this scheme across Elmbridge. We will launch this in February 2005. We have recently learned that we have been short listed for Beacon Status in recognition of our work with carers.

### 2.3.5 Health and Social Care Improvement Plan

The Plan for North Surrey, which at the time of production was the first of its kind nationally, was launched on 20<sup>th</sup> May 2004. The reception has been very positive from community forums, voluntary agencies and statutory partners.

There has been a lot of external interest from other local PCTs, social services teams and the West Midlands. The plan has been submitted for Health and Social care Journal Awards and Community Care Magazine Awards and we are awaiting the outcome. An update report is attached in Appendix 2. East Elmbridge and Mid Surrey does not have a Health and Social Care Improvement Plan, but there is not statutory duty to produce one.

## 2.4 MAKING FULL USE OF THE POWER OF SURREY

### 2.4.1 Everybody Benefits – Helping people to claim their money

We now have three full time Benefits Advisors who have undergone an initial training course and will be receiving ongoing training. We have been working closely with Elmbridge Housing and Council Tax Benefit Department and The Pension Service who are jointly working with us on this project.

In the week commencing 11<sup>th</sup> October 2004 Elmbridge sent out 725 letters to residents of Elmbridge on Housing or Council Tax Benefit and aged over 75, offering them a Benefits Check. Although it is early days our initial impression is that we are having a good response. We hope to be able to report more fully at the next report date.

### 2.4.2 Better Government for Older People in Surrey

Currently there are over 900 people on the Surrey 50+ Network who want to be actively involved in the decision making process regarding local services.

- In Elmbridge there are 84 members, of which 54 expressed an interest in Health care issues, while 53 were interested in Social care issues.
- In Runnymede there are 61 members, of which 42 expressed an interest in Health care issues, while 42 were interested in Social care issues.
- In Spelthorne there are 82 members, of which 56 expressed an interest in Health care issues, while 42 were interested in Social care issues.

A pilot website ([www.surrey50plus.org.uk](http://www.surrey50plus.org.uk)) to support the aims of the 50+ Network, is currently under development. The site is being funded by the Office of the Deputy Prime Minister and was launched in early December

2004. The 50+ network will also be offering internet training in January 2005 through a number of libraries and community centres.

## **2.5 QUALITY AND VALUE FOR MONEY**

### 2.5.1 Performance

Appendix 1 provides an abstract of performance with some commentary relating to Elmbridge. Detailed returns are submitted to the Department of Health which determine our 'star rating'. Emphasis is placed on both the quality of performance and volumes of service.

### 2.5.2 Home Based Care

The Commission for Social Care Inspection recently undertook an inspection of home-based care in East Elmbridge.

Positive feedback:

- Inspectors identified a very open and inclusive approach
- Team proactive in promoting independence and quality homecare provision
- Good practice observed with regard to medication training
- Proposal to train home care staff alongside health care staff
- Development of career pathway for home based care
- Weekly multidisciplinary meeting including home-based care to provide intensive home care packages
- The proposal to increase to a 24 x 7 service
- Excellent record of timekeeping demonstrating consistent provision of care

Areas for improvement:

- More moving and handling dates needed across County to link with equal opportunities i.e. to accommodate weekend staff
- Individual supervision records to be written and kept on file
- Statement of purpose to be reviewed and updated once responsible individuals application approved
- To publish compliments and to state positive outcomes of intensive packages of care that have successfully maintained a person at home over a number of years until their death

The Inspector was impressed with the openness of the team and was pleased to be able to witness the quality of the service we are providing.

### 2.5.3. Policy and Productivity Review

The service has been formulating proposals as part of the Policy and



Productivity Review. It is anticipated that the broad policy proposal set out in the Medium Term Strategy will continue alongside every effort to ensure good value for money.

## 2.6 AN OPEN SERVICE

### 2.6.1 External Inspections

Reference has been made to the inspections that are currently or have recently taken place. Inspections focus on the experience of users and carers and inspectors hold discussions with front line staff. If one sets aside the amount of time needed by the service to support this activity they do provide useful information to support internal quality assurance processes and provide 'reality checks' to test how well our strategies are understood and how effectively they are being delivered.

### 2.6.2 Consultations

The involvement of users and carers in the two area partnership boards and the carers strategy group reflects already the service's commitment to user involvement as an accepted standard of best practice.

### 2.6.3 Freedom of Information

In January 2005, the Freedom of Information Act comes into force and gives a statutory right of access to any recorded information, regardless of form, held by public authorities. Adults and Community Care in Mid Surrey and North Surrey are gearing up for this in the following ways:

- Providing **briefings** and updates to all staff
- Holding '**tidy up**' days in our Area
- Running **awareness** and **training** sessions for staff
- Making an **e-learning** package available
- Identifying **contacts** in each team who will work with an identified Information Access Officer to locate and retrieve information, requested after 1<sup>st</sup> January 2005

## 3 FINANCIAL POSITION/IMPLICATIONS

### 3.1 Budget Projections

As at 15<sup>th</sup> September 2004 the North Area was showing an overall overspend of £242k. The Direct Services budget was overspent by £432k and the hosted budgets were showing a projected underspend of £188k. The position in the Mid Area was in balance.

Tight budgetary position will need to be managed effectively in order to ensure that people are not waiting for a service for financial reasons in a way that is not equitable with other parts of the County.

#### **4 WORKFORCE MATTERS**

Heather Schroeder, the Area Director, left at the beginning of September 2004. Jon Muller, Service Manager in the North West Area, has been appointed to the post and will take up his position in North Surrey in January 2005. Guy Hall has been covering the vacant post since Heather left, whilst maintaining his responsibilities within Mid Surrey.

There are high numbers of care manager and occupational therapy vacancies in the North Area and in the short term locums are being used to cover these posts in order to meet the service needs. In the medium term we propose a radical rethink so that the locums can be let go. This would involve converting care manager vacancies to community support workers to work under the supervision of more experienced staff. This strategy has been successful as a 'grow your own' initiative when backed up by good training opportunities.

#### **5 RISK MANAGEMENT**

The extremely difficult financial position of North Surrey Primary Care Trust facing financial recovery amounting to several million pounds presents real challenges. Work is taking place to ensure that commissioning plans and continuing care agreements are properly coordinated.

#### **6 EXTERNAL AWARDS, RECOGNITION AND PUBLIC PROFILE**

The Council has been short listed under the Beacon Status Programme in recognition of its work with and on behalf of carers.

#### **7 EQUALITIES IMPLICATIONS**

Elmbridge Borough Council are undertaking an Equality and Diversity Best Value Review. We are assisting them as a critical friend and are looking at undertaking joint impact assessments.

#### **8 SELF RELIANCE IMPLICATIONS**

The Local Director in each area has a responsibility for identifying and coordinating self reliance initiatives and Adult & Community Care works closely with the Local Director to ensure that they are aware of our core services and helping to identify particular areas of social deprivation.

North Walton ward has been identified locally as an area where particular pro-active support and intervention would be justified.

## **9 CRIME AND DISORDER IMPLICATIONS**

We are working with colleagues in the Police and Trading Standards to try to prevent the incidences of distraction burglary.

## **10 CONCLUSIONS**

- Monitoring performance in Elmbridge is complicated by the organisational boundaries of health and social care. Despite these complications there is no evidence that the population is disadvantaged. In fact there are many examples of services that seem to be ahead of other parts of the County. Members of the Committee will be aware of the changes being made in our business processes and in time much better information will be available on a local basis.
- There is much still to do particularly in the context of a challenging health and social care market. It is now accepted however that Adults and Community Care Services serve most people well and have good prospects. There is evidence of further progress in this report.

**Key Performance Indicators**

## a) Surrey Performance Wheel

Indicator	Target	County Result so far	Status	Comment / Remedial Action		
Continuously improve service delivery, particularly for vulnerable and disadvantaged people						
<b>Number of delayed transfers for social care reasons - acute hospitals – per 100,000 pop aged +65 (ACC24, SCC01)</b>	42	21	G	We have continued to maintain very low numbers of delays in acute hospitals across Elmbridge.		
<b>Number of households helped with intensive home care per 1,000 pop aged 65+ (BV53, SCC02)</b>	5.4 (931 users)	5.3 (914 users)	G	We are already well above our target in Elmbridge. This has been helped by the creation of a specialist home care team.		
<b>Number of extra care units available (ACC34, SCC03)</b>	70	67	G	There are 25 places at Aldwyn Place and 10 units at Huntley House. 20 places are in the pipeline for completion in 18 months and a further 20 are under discussion for completion within 3 years.		
<b>% carers offered assessments (ACC26, SCC04)</b>	95%	85%	R	This figure has decreased since the last quarter, but this is a high priority and we are improving performance by reviewing our recording practices.		

Indicator	Target	County Result so far	Status	Comment / Remedial Action		
<b>The number of adults and older people receiving Direct Payments per 100,000 pop (PAF C51, SCC05)</b>	46.5 (386 users)	45.3 (376 users)	<b>G</b>	We are promoting the use of direct payments across Elmbridge and would expect to meet our targets by the end of the financial year.		
<b>% Equipment delivered to all adult users within 7 days (BV56, SCC06)</b>	85%	72%	<b>R</b>	The service is continuously improving both in terms of response times and customer satisfaction.		
<b>Proportion of people receiving a statement of needs (BV58)</b>	SCA target  County: 94%  (DoH Target:100 %)	88%	<b>G</b>	The result has improved by 27% this quarter and we aim to maintain this level from now on.		
<b>% assessments of new OP begin within 48 hrs of first contact (BV195a)</b>	SCA target  County: 85% (DOH target of 100% by Dec 2004)	88%	<b>G</b>	This result is well above target and is an improvement of 13% since the last quarter.		
<b>% assessments of new OP completed within 4 weeks of first contact (BV195b)</b>	SCA target  County: 81% (DoH target: 100%)	89%	<b>G</b>	There has been a steady increase in the result over the last 3 quarters and we are well above target.		

Indicator	Target	County Result so far	Status	Comment / Remedial Action		
<b>% full OP care packages starting within four weeks after assessment (BV196)</b>	SCA target County: 80% (DoH target: 100%)	87%	<b>G</b>	There has been an increase in this result of 24% over the last 3 quarters.		
<b>No. older people helped to live at home per 1,000 pop. 65 &amp; over (AMT 4, PAF C 32 / BV 54)</b>	SCA Target County 37.3 (6428 users)	39.4 (6833 users)	<b>G</b>	The numbers helped to live at home are increasing in Elmbridge. A number of services are provided by Elmbridge Borough Council.		
<b>No. admissions older people to residential &amp; nursing care homes per 10,000 pop. 65 &amp; over (AMT1 / PAF C26)</b>	SCA Target County; 92.3 (1578 admissions)	101.2 (456 admissions)	<b>G</b>	These figures reflect the County targets and results, however Elmbridge is on target so far this year and will continue to meet the target if we maintain the same rate of admissions during the rest of the year.		
<b>No. admissions adults to residential &amp; nursing care homes per 10,000 pop. 18-64 (AMT1 / PAF C27)</b>	SCA Target County: 1.9 (129 admissions)	2.41* (43 admissions)	<b>A</b>	The numbers of admissions are few, comparative performance is not meaningful.		
<b>No. PLD helped into employment (PSA)</b>	SCA Target County: 615	601	<b>G</b>	We have already met our local target for this year. As the result for this indicator is cumulative we should exceed our target by the end of the year.		

Indicator	Target	County Result so far	Status	Comment / Remedial Action		
<b>No. adults with phys. disabilities. helped to live at home per 1000 pop. 18-64 (AMT 4, PAF C29)</b>	SCA target  County: 2.9  (1960 users)	2.95  (1937 users)	<b>R</b>	We are below our target locally. Although there has been an increase in community based packages, there has been a larger increase in residential and nursing placements.		
<b>No. adults with learning disabs. helped to live at home per 1000 pop. 18-64 (AMT 4, PAF C30)</b>	SCA target  County: 1.7 (1163 users)	1.53 (1003 users)	<b>G</b>	We are well above target locally.		
<b>No. of delayed transfers for Health &amp; Social care reasons – all hospitals</b>	SCA target  County: 126	94	<b>G</b>	We are on target and continue to work hard with our Health Colleagues to ensure that this remains the case. Significant progress in eliminating delay in acute hospitals in Elmbridge has been achieved without significant increase in Community Hospitals.		
<b>Proportion of cases allocated to key workers (AMT 9 &amp; 10)</b>	SCA target: 90%	88%	<b>G</b>	The result for this indicator has been stable for 3 quarters.		
<b>Proportion of annual reviews completed (AMT 11 / PAF D40 / BV 55)</b>	SCA target  County: 88%	84%	<b>G</b>	We have managed to meet this target locally following the recruitment of CSW'S who will assist Care managers with the carrying out of reviews.		

Indicator	Target	County Result so far	Status	Comment / Remedial Action		
<b>No. staff in post as a % of establishment (AMT 13)</b>	SCA target County:87%	84%	<b>G</b>	The number of staff in post has remained constant over the last 4 quarters.		
<b>No. days lost to staff sickness (AMT 14)</b>	SCA target County:7%	7%	<b>R</b>	This figure has gone down slightly since the last quarter. There are staff on long term sick leave.		
<b>No. staff receiving regular supervision (Core Standards)</b>	SCA target County:95%	88%	<b>R</b>	This figure has improved over the last 3 quarters but is still below our target. We will review our recording practices.		



## Health and Social Care Improvement Plan (HSCIP) report

### **1 Health and Social Care Improvement Structure**

Since the launch of the HSCIP the PCT Health Improvement structure has been revised in light of the need to link closely with borough plans such as community strategies and Community Safety Strategies. The borough Partnership Planning Groups have now reformed and are also the Health and Social Care task groups of each borough Local Strategic Partnership. This has enabled us to implement the joint targets in the HSCIP and resulted in more robust monitoring arrangements. The end result of this change has been less duplication and more effective partnership working.

The cross borough Health & Social Care Partnership Group has also reformed and held its first meeting on August 18<sup>th</sup> 2004. Membership is now focused on operational leads from:

- PCT
- A&CC
- Childrens Service
- Mental Health Partnership Trust
- Runnymede BC
- Spelthorne BC
- Elmbridge BC
- RAVS
- VAIS

The operational leads feed back quarterly on progress. Now that the first meeting has been held future meetings are timed to coincide with updates to Health Improvement Subcommittee.

The purpose of this report is to provide a six monthly update on progress. Community forums, voluntary agencies and statutory partners were asked to provide a response on progress over the past two financial quarters.

To ensure a grass roots, bottom up approach the PCT has continued to support a joint funded post between Runnymede, Spelthorne and Elmbridge borough councils and Adults and Community Care to administer and facilitate local forums. The local forums have a key role in reporting on the progress of the HSCIP from a service user and carer perspective.

### **2 Joint working between PCT and A&CC**

The Local Government Act 2000 encourages local authorities to look beyond traditional service boundaries and take the lead in improving the well-being in the widest sense. To these ends Janet Haynes, Partnership

and Planning Officer, has joined the Surrey and Sussex Public Health Network representing North Surrey area as joint Health Improvement and Reducing Inequalities lead with Anna Raleigh, Assistant Director of Public Health.

### **3 Monitoring of the Plan**

A traffic light system has been devised to aid in the monitoring of the plan. Red signifies no known action, amber signifies work taking place and green signifies issue resolved or needs being met.

### **4 Key updates**

#### *To Support Parents and Families*

- Progress has been made on most items contained in this section.
- Main outstanding items are access to parenting skills support and youth counselling, and access to occupational and speech therapy. Leads have been identified to address these issues.

#### *To Support Healthy Lifestyles*

- Progress has been made on the majority of items contained in this section.
- Good examples of partnership working taking place across the PCT to address physical activity, e.g. Spelthorne BC Leisure Directory, Health Walks and Inclusive Fitness Initiatives. Runnymede BC is also making progress on these issues and has planned a Healthy Walks programme for Spring 2004.
- Obesity Strategy Group has held inaugural meeting and is on track.
- Stop Smoking Service have achieved their targets.
- Awaiting substance misuse update from Health Promotion.

#### *To Improve Social Inclusion*

- Progress has been made on most items contained in this section.
- Considerable progress is being made in the Housing Section. Surrey CC has appointed a key worker housing officer. Elmbridge BC has identified 5 additional units for families experiencing domestic violence. Spelthorne is undertaking work to address extra care housing for older people.
- Outstanding issues remain in the area of mental health housing and there is no current update on this situation.
- Joint work around ethnicity and diversity is taking place.

- The pilot scheme for taxi vouchers to increase access to GPs has ended resulting in a decrease in accessible transport provision in North Surrey.
- Community Safety Group currently have representation from all statutory organisations.
- Considerable progress has been made on actions to address Carers issues.
- Good progress on actions to address Learning Disabilities issues.
- Whilst a local needs assessment is not being undertaken in the area of Traveller Health, a Surrey Wide group are addressing this issues and a review of the literature and a broader needs assessment is being undertaken by Surrey University and North Surrey staff are awaiting outcomes of this work.

*To Maintain Good Health and Independence Into Older Age*

- A great deal of partnership work is progressing to tackle the issues identified.
- Work is being carried out through the NSF Older People Local Implementation Team.

**5 Recommendations & Future Planning**

- The right membership of the Health & Social Care Partnership Group is vital in maintaining consistent updates on progress. All Partner agencies are asked to ensure that they have identified the appropriate lead from their organisation to input. Organisations to insure that these identified staff are supported to access this information.
- Children's Services and Mental Health Services are key and important members of these groups.
- The Health & Social Care Partnership group needs to identify a lead to feed progress from the LIT into the Plan and also an Older People and mental health lead to inform on progress.
- Deadline for next quarters update is **10<sup>th</sup> January 2005** and **4<sup>th</sup> April 2005** for quarter 4.

An annual report will be produced in April 2005.