

## Notice of Meeting

# Adult Social Care Select Committee



**Date & time**  
**Friday, 30**  
**November 2012**  
**at 10.00 am**

**Place**  
Committee Room C,  
County Hall, Kingston  
upon Thames, Surrey  
KT1 2DN

**Contact**  
Leah O'Donovan  
Room 122, County Hall  
Tel 020 8541 7030

**Chief Executive**  
David McNulty

leah.odonovan@surreycc.gov.  
uk

**If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 9068, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email [leah.odonovan@surreycc.gov.uk](mailto:leah.odonovan@surreycc.gov.uk).**

**This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Leah O'Donovan on 020 8541 7030.**

### **Members**

Mrs Sally Ann B Marks (Chairman), Mrs Yvonna Lay (Vice-Chairman), Ben Carasco, Mr Mel Few, Mrs Angela Fraser, Mr Tim Hall, Mr David Harmer, Mr Ernest Mallett, Mrs Caroline Nichols, Mr Chris Pitt, Mrs Fiona White and Mr Keith Witham

### **Ex Officio Members:**

Mrs Lavinia Sealy (Chairman of the County Council) and Mr David Munro (Vice Chairman of the County Council)

## **TERMS OF REFERENCE**

The Select Committee is responsible for the following areas:

- Services for Older People
- Services for People with Physical and Sensory Disabilities
- Services for People with Learning Disabilities/Mental Health issues
- Community Care
- Supporting People
- Health Services relations
- Transition

## PART 1 IN PUBLIC

### 1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

### 2 MINUTES OF THE PREVIOUS MEETING: 11 OCTOBER 2012

(Pages 1  
- 8)

To agree the minutes as a true record of the meeting.

### 3 DECLARATIONS OF INTEREST

To receive any declarations of disclosable pecuniary interests from Members in respect of any item to be considered at the meeting.

#### **Notes:**

- In line with the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, declarations may relate to the interest of the member, or the member's spouse or civil partner, or a person with whom the member is living as husband or wife, or a person with whom the member is living as if they were civil partners and the member is aware they have the interest.
- Members need only disclose interests not currently listed on the Register of Disclosable Pecuniary Interests.
- Members must notify the Monitoring Officer of any interests disclosed at the meeting so they may be added to the Register.
- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest.

### 4 QUESTIONS AND PETITIONS

#### **Notes:**

1. The deadline for Member's questions is 12.00pm four working days before the meeting (26 November 2012).
2. The deadline for public questions is seven days before the meeting (23 November 2012).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

### 5 RESPONSES FROM THE SELECT COMMITTEE TO ISSUES REFERRED BY THE SELECT COMMITTEE

### 6 DIRECTOR'S UPDATE

The Strategic Director of Adult Social Care will update the Committee on any significant developments since the last meeting.

### 7 PREVENTION THROUGH PARTNERSHIP

(Pages 9  
- 22)

**Purpose of report:** Scrutiny of Services/Policy Development and Review

The Committee will scrutinise an update on the emerging robust partnerships with Borough and District Councils that will underpin and support Adult Social Care's strategic direction.

- 8 SUPPORTING CARERS** (Pages 23 - 36)  
**Purpose of report:** Scrutiny of Services/Policy Development and Review  
The Committee will scrutinise performance against new, more realistic targets for carers' outcomes. It will also scrutinise the current provision of carers' services and contribute to future policy development.
- 9 DIRECT PAYMENT REVIEW GROUP** (Pages 37 - 44)  
**Purpose of report:** Scrutiny of Services  
The Direct Payment Review Group will report on its findings and the Committee will scrutinise the final report of the Directorate-led scrutiny of Direct Payment policy and practice.
- 10 BUDGET MONITORING** (Pages 45 - 54)  
**Purpose of Report:** Scrutiny of Budgets  
The Committee will scrutinise the most recent budget monitoring information.
- 11 SOCIAL CARE DEBT UPDATE** (Pages 55 - 60)  
**Purpose of Report:** Scrutiny of Services  
The reduction of Social Care debt was identified as a priority for the Committee which will scrutinise the current position.
- 12 COMPLETED INTERNAL AUDIT REPORTS** (Pages 61 - 68)  
**Purpose of Report:** Scrutiny of Services  
The Committee will review the most recent completed internal audit reports that indicate a Major Improvement Needed.
- 13 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME** (Pages 69 - 78)  
The Committee is asked to monitor progress on the implementation of recommendations from previous meetings, and to review its Forward Work Programme.
- 14 DATE OF NEXT MEETING**  
The next meeting of the Committee will be held on 14 February 2013.

**David McNulty**  
**Chief Executive**

Published: Thursday, 22 November 2012

Use of mobile technology (mobiles, BlackBerries, etc.) in meetings can:

- Interfere with the PA and Induction Loop systems
- Distract other people
- Interrupt presentations and debates
- Mean that you miss a key part of the discussion

**Please switch off your mobile phone/BlackBerry for the duration of the meeting.** If you wish to keep your mobile or BlackBerry switched on during the meeting for genuine personal reasons, ensure that you receive permission from the Chairman prior to the start of the meeting and set the device to silent mode.

*Thank you for your co-operation*

**MINUTES** of the meeting of the **ADULT SOCIAL CARE SELECT COMMITTEE** held at 10.00am on Thursday 11 October 2012 at County Hall, Kingston upon Thames.

These minutes are subject to confirmation by the Select Committee at its meeting on Friday 30 November 2012.

**Members:**

- \* Sally Marks (Chairman)
- A Yvonna Lay (Vice-Chairman)
- \* Chris Pitt
- A Ben Carasco
- \* Mel Few
- \* Mrs Angela Fraser
- \* David Harmer
- \* Keith Witham
- \* Ernest Mallett
- A Caroline Nichols
- \* Fiona White
- \* Tim Hall

**Substitutes:**

- \* Will Forster

**Ex officio Members:**

- A Lavinia Sealy, Chairman of the Council
- A David Munro, Vice-Chairman of the Council

**In attendance:**

- \* Michael Gosling, Cabinet Member for Adults Social Care
- \* Clare Curran, Chairman Children & Families Select Committee

\* = Present

x = Present for part of the meeting

**PART 1**  
**IN PUBLIC**

**55/12 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Caroline Nichols, Yvonna Lay and Ben Carasco sent apologies. Will Forster substituted for Caroline Nichols.

**56/12 MINUTES OF THE PREVIOUS MEETING: 4 July 2012 [Item 2]**

The minutes were agreed as an accurate record of the meeting, subject to an amendment that recorded Keith Witham's apologies for the previous meeting.

**57/12 DECLARATIONS OF INTERESTS [Item 3]**

None

**58/12 QUESTIONS AND PETITIONS [Item 4]**

None

**59/12 RESPONSE FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]**

None

**60/12 DIRECTOR'S UPDATE [Item 6]**

**Key Points Raised During the Discussion:**

1. The Director informed the Committee that the intention was for staff to become more mobile and that officers were exploring ways in which this could be developed.
2. The service have been working on a strategy to grow its share of the self funders market and the intention was to share this plan with the Committee at a future meeting.
3. Members were informed that there would be a conference on 22 October looking at the findings of the Department of Health review of care at Winterbourne View. A number of stakeholders had been invited to contribute to the day, and Members were encouraged to attend.

**Actions/Further Information to be Provided:**

- None

**61/12 ADULTS INTEGRATED SOLUTION (AIS) MEMBER REFERENCE GROUP [Item 7]**

**Declarations of Interest:**

None.

**Witnesses:**

John Woods, Assistant Director for Transformation  
Sarah Mitchell, Strategic Director, Adult Social Care & Health  
Paul Brocklehurst, Head of IMT

**Key Points Raised During the Discussion:**

1. The Committee were provided with an overview of the issues surrounding the Adults Integrated Solution (AIS) software used by Adult Social Care.
2. The current system, delivered by Northgate, was not a state of the art system, but rather a legacy system, based on SWIFT, that has been improved upon. There have been a number of issues with AIS such as staff spending too long inputting data, problems with the infrastructure (not all related to AIS) and business processes that did not keep pace with cultural changes such as personalisation.
3. The service, supported by colleagues from IMT, have entered into robust conversations with Northgate to address problems with the system. There have been a number of management meetings to implement the necessary changes and a decision has been made to implement the version 27 upgrade.
4. Witnesses informed the meeting that the contract with Northgate was due to end in early 2014. The intention was to create a detailed specification and to take this to an open market tendering process. There were concerns that there was not a lot of competition on the market and that the service needs to have a flexible system due to imminent new regulations from central government.
5. The Committee were informed that to implement a new system would be a serious decision as it would have implications in terms of resources and service disruption. This was due to needing to undertake a new process mapping exercise for the system. In addition staff would have to be taken away from front line duties to be trained.
6. There was an action plan to address issues with AIS and the County has also hired an external consultant to review Surrey's business processes. The issues with AIS have now been elevated to board level at Northgate as Surrey was the largest customer that they work with. Adult Social Care have spoken to regional colleagues to share knowledge and have learned that there is not a simple solution as many other authorities have been experiencing problems with their IT systems.
7. The Committee agreed to establish a Member Reference Group to oversee the business process review and tendering exercise. Mel Few, David Harmer, Ernest Mallett, Tim Hall and Keith Witham were nominated to serve on the group.

**Actions/Further Information to be Provided:**

- None

## **62/12 RECOMMENDATION TRACKER / FORWARD WORK PROGRAMME [Item 8]**

### **Actions:**

- Members were requested to email the Scrutiny Officer with any comments on the recommendation tracker or forward work programme.
- Members were informed of the likelihood of the next meeting taking place at a venue other than County Hall.

### **Recommendations:**

1. None

## **63/12 PUBLIC VALUE REVIEW (PVR) OF MENTAL HEALTH SERVICES [Item 9]**

### **Declarations of Interest:**

None

### **Witnesses:**

Donal Hegarty, Senior Manager, Commissioning  
Jane Bremner, Assistant Senior Manager, Commissioning  
Fiona Edwards, Chief Executive, Surrey & Borders Partnership NHS Foundation Trust (SABP)  
Alison Armstrong, Director of Older People's Services, North East Hampshire Liaison and Mental Health (Interim), SABP  
Richard Barritt, Chief Executive, Solent Mind (PVR external independent challenge)  
Don Ilman, Service User and LINK Mental Health Group Representative  
Carol Pearson, Chief Executive, Surrey Coalition of the Disabled

### **Key Points Raised During the Discussion:**

1. The recommendations contained within the paper have been generated in consultation with service users from the bottom up. The service wanted to focus on outcomes by encouraging new ideas and innovation. Corporately mental health should factor in to every strategy produced by the Council.
2. The witnesses made a presentation to the Committee and outlined the headlines within the strategy: equitable services in all districts and boroughs, a programme to address stigma, better support for carers, raising awareness of local services and an end to revolving doors for service users.
3. The Committee were informed that there were separate implementation plans for each individual recommendation and a communication strategy is being created.



4. The Committee received testimony from external witnesses who had acted as critical friends and had challenged Surrey to create a practical and effective strategy for mental health services.
5. There is a broader trend across the world for beginning a more mature dialogue on mental health. For context over the past twenty five years Surrey has transformed from having 10,000 mental health beds to 300 now. Care now takes place in the community closer to homes and meeting the needs of residents. Witnesses felt that the PVR sets out clear commissioning criteria and that this met with local health trust's plans. The PVR was considered to be right clinically; however, the challenges were to reach the large section of the population who have not experienced good services and to enshrine the concept and duties of partnership work. Surrey County Council and Surrey and Borders Partnership NHS Foundation Trust have signed a Section 75 agreement which was an example of the integration of services that needs to take place.
6. External witnesses believed that a person's pathway through mental health services was vitally important to remedy concerns about admissions to acute hospitals when in crisis. Witnesses praised the cooperation and communal working environment of the PVR exercise. This was considered a sensible approach to provision by starting again from scratch and was not driven by an agenda to cut services. The consultation was praised because it had spoken to 850 stakeholders even ahead of a County wide conference to present and discuss the PVR proposals. This has provided credibility to Surrey's proposals because they have been built from a local perspective.
7. The Committee were informed that a critical challenge was to support the Voluntary and Community Sector (VCS) who deliver important frontline services to residents. The County has decided to use strategic grants rather than contract support and was an issue that the Committee should consider scrutinising in further detail. The PVR was described as a radical opportunity to align the commissioning strategy with other local strategies across organisations. The commissioning landscape in Surrey is rapidly changing with the introduction of Clinical Commissioning Groups (CCGs). A major risk to the PVR was other organisations making budgetary decisions motivated by austerity that would impact negatively upon the aspirations in the mental health strategy.
8. Local service user groups thoroughly endorsed the findings of the PVR and felt that it represented their concerns. The Service was challenged to continue to consult residents and to deliver early intervention services. The Committee were reminded about the significant changes to welfare benefit reform and the issue of work welfare readiness preparation. Many of these issues had led to rising stress levels amongst service users and an increase in mental health inpatients in acute hospitals.
9. Members asked for an overview of current VCS services and were keen on identifying more ways in which the Council could support them to deliver services to residents. Members also raised the issue of retention of staff and how the service was addressing mental health amongst Council employees. In response witnesses outlined how the PVR has been seeking to stimulate the VCS and has been considering policies that reach across organisational boundaries. The PVR has been looking closely at how services are distributed across the County and how the Council works with districts and boroughs to manage any issues. The service was aware of concerns about

the mental health of staff and was exploring different ways of supporting people in the workplace. The service has been working with the GMB Union to introduce health checks for staff to identify any problems early.

10. Members felt that the PVR contained an excellent set of recommendations however, the Committee believed that there should be further reference to the presence of deprivation in some areas and the changes that other local public services were experiencing. The service agreed that strong links needed to be made with other key local programmes such as the Supporting Families Programme which recognised mental health issues as a risk to family resilience. The meeting was informed that this was an important issue under discussion by the Health and Wellbeing Board and that the emphasis of the PVR was to better connect the different parts of the system.
11. The Chairman of the Children and Families Select Committee was in attendance to provide comments on crossover issues and she welcomed the report from the perspective of better integration with children's services. The PVR should consider transition and the importance of supporting both care leavers and young people who are carers for family members with mental health issues.

**Actions/Further Information to be Provided:**

- None

**Recommendations:**

1. Officers, members and partners be thanked for their work on the PVR;
2. The Health Scrutiny Committee is requested to scrutinise the outcomes of the six-month review of partnership arrangements with Surrey and Borders Partnership NHS Foundation Trust and give consideration to reviewing the provision of psychiatric liaison in A&Es across the county;
3. A focus be given to ensuring an equity of offer across the county;
4. The outcomes of the PVR continue to be monitored by the PVR MRG and this Committee; and
5. Focus be given to the ongoing wellbeing of social care staff.

**64/12 MANAGING STAFF ABSENCES IN ADULT SOCIAL CARE [Item 10]**

**Declarations of Interest:**

None

**Witnesses:**

Sarah Mitchell, Strategic Director, Adult Social Care & Health  
Ken Akers, HR Relationship Manager (Adults)

**Key Points Raised During the Discussion:**

1. The Committee were provided with a narrative of the key issues affecting staff absences in adult social care. The performance framework considers both long term absence and short term absences. The total absence figure average level has flatlined at ten days, which was also the trigger point for corporate management action. The Committee were informed about the Bradford factor which was an index that was used nationally to understand patterns behind short term absence. This index looks at absences and multiplies the number of periods of leave to exaggerate repeat occurrences (squared). The evidence was that the overall trend is reducing and managers are performing better in identifying issues.
2. The meeting was informed that the service wide figures for overall days lost to short term absences was being greatly affected by outliers. Twenty one individuals accounted for over two thirds of the total absences attributed to stress. The Committee were informed that there were a small number of employees suffering from long term conditions and illness that were affecting the overall figures. The department was introducing mediation on long term cases so that they could be resolved as swiftly as possible.
3. The HR Manager is responsible for resolving long term cases and for uncovering the underlying causes of absence. The impetus was on ensuring that staff accessed training and used the correct procedures to avoid accidents and health issues while at work. Managers were aware that social work was a stressful and challenging profession and that staff needed to be supported to effectively to carry out their duties.

**Recommendations:**

1. The service is thanked for providing the information and key data to the Committee and for the work done to handle instances of long-term and frequent short-term sickness; and
2. The Committee continues to monitor levels of staff absence in the directorate at least every six months and would ask for a commentary to be included in future reports to better explain the statistics.

**65/12 DATE OF NEXT MEETING [Item 11]**

It was noted that the next meeting of the Committee would be held on Friday 30 November 2012 at 10.00am.

[Meeting ended: 12:35h]

---

**Chairman**



Adult Social Care Select Committee  
30 November 2012

## Prevention through Partnership Activity with Borough and District Councils

**Purpose of the report:** Scrutiny of Services/Policy Development and Review

This report provides the Adult Social Care Select Committee with an update on 'Prevention through Partnership' activity with Borough and District Councils. The report covers the following work areas:

Personalisation and Partnership Fund  
Telecare and Telehealth  
Wellbeing Centres  
Meals and Wheels  
Volunteering

### Introduction:

1. Adult Social Care's vision for the future is:

"Working with all our partners to make a difference to the lives of people, through trusted, personalised and universal social care support, so people have choice and control, and can maximise their wellbeing and independence in their local community".

2. This vision recognises the role of developing a robust partnership agenda with Boroughs and Districts that is of mutual benefit.

3. Partnership is key to delivering on Adult Social Care's vision enabling people across the 11 Borough and District Council's in Surrey to:

- Live independently and safely
- Have as much choice and control over their lives as possible
- Live in their own home if they wish, or other accommodation of their choice

- Find out about information services and support available and how to access them
  - Get the support they need in local and community settings
  - Remain safe from abuse
4. In 2011 the Assistant Director for Borough and District Council Partnerships secondment post was introduced to develop the following:
- Personalisation through Prevention – Launch of the Personalisation and Prevention Partnership Fund.
  - Mainstreaming Telecare and Telehealth.
  - 11 Wellbeing Centres across Surrey linking to existing Dementia and Older People’s services.
  - Meals on Wheels service provision across Surrey.
  - Volunteering Project to support partnership developments.
  - Co-location opportunities.
  - Joint database.
5. This report sets out progress to date in each of these areas. In addition further areas are now being developed including:
- A coordinated joint training programme that will support Adult Social Care, Boroughs and Districts and the voluntary sector in the delivery of preventative services.

<p><b>Prevention Through Partnership – launch of the Personalisation and Prevention Partnership Fund</b></p>
--

6. A key area of activity has been the development of a delivery plan for the Personalisation and Preventative Partnership Fund. This fund, launched by the Leader of Surrey County Council, will provide 10 million over five years for Boroughs and Districts.
7. **Annex 1** details the offer that will enable 11 local preventative partnership plans to be developed. This supports Dilnot and White Paper principles of broadening eligibility criteria for the Surrey wide preventative offer. Plans are emerging at a local level that support and maintain preventative services provided by Borough and District Councils, as well as acting as a lever for new innovative services working in partnership with community and voluntary organisations as well as small-scale business opportunities.
8. The following development areas have been highlighted by Borough and District Councils for further consideration:
- a) Consideration of a post to take forward preventative services and enhance partner engagement/access to services.

- b) Council promotional activity to ensure all departments are aware of each other's activity- particularly those services supporting vulnerable residents.
- c) Consider single telephone access or reception access following co-location.
- d) Links to the Wellbeing Centre core offer.
- e) Review of Centres for the community/retired people to ensure they meet community needs both now and in the future.
- f) Access to Community Transport provision outside core times to meet local needs.
- g) Community based physical activity programmes linking to parks, swimming pools, walks programmes, indoor and outdoor gyms and centres.
- h) Advice on housing options for older people to help them consider downsizing to accommodation that meet their needs.
- i) Occupational Therapy assessments for moderate need residents linking to the disabled facility grant process.
- j) A project to take forward the recommendations from the Community Connections report produced by the Guildford Diocese.
- k) Local co-design events to more widely engage with the community in the development of local plans.

### **Mainstreaming of Telecare and Telehealth**

9. An enhanced telecare offer became operational on 1st October 2012. Any resident across Surrey can have a community alarm installed for a locally determined cost. In addition a range of telecare equipment can also be provided for no additional charge. There is also an opportunity to trial the community Alarm and telecare equipment for the first 12 weeks free of charge. This will simplify the system and enable increased usage of telecare.
10. The key deliverables for mainstreaming telecare are:
  - The development of a delivery model of telecare that will enable increased usage
  - Delivering telecare training to all front line staff
  - Nomination of telecare champions
  - Development of 24/7 consistent, co-ordinated and easy to access visiting response services.
  - Development of a telecare demonstrator site, re-launched website and Surrey-wide awareness raising programme
11. In order to maximise the demand for telecare, Surrey is now providing an enhanced telecare offer of free sensor equipment. This offer involves:

- Retaining existing arrangements for the free 12 week introduction to community alarm and telecare services following hospital discharge or distraction burglary;
  - A Simplified Surrey wide care pathway and referral process to enhance take up;
  - A new two-year Service Level Agreement with Boroughs and Districts which formally start on 1 January 2013;
  - A single monthly reporting form completed by Boroughs and Districts that both provides detailed information on take-up rates, enabling better benefit estimation and a vehicle for reimbursing Boroughs and Districts for the cost of sensors and for the 12 week free periods.
12. To encourage users to request Telecare, Surrey is rolling out a major awareness raising campaign. These activities include attendance at all significant events involving potential users and advertising in local papers, on local radio, on buses, on appointment cards and on the plasma screens in hospitals and GP surgeries. To help with awareness raising, a short video that will be available on the telecare website and as a DVD.
  13. To promote greater telecare referrals by professionals, Surrey has now appointed 12 telecare champions and begun a training campaign across the county. This training is aimed at professionals in all organisations (including those covered by the Surrey Care Association) to help them understand the benefits of telecare to give them greater confidence in making referrals. 17 visits to locality and acute hospital teams have been undertaken by Surrey Senior Managers and Borough and District Council telecare leads/telecare installers to promote the new offer. This ensures understanding and enables further referrals to be easily made.
  14. To support the Boroughs and Districts, Procurement are working with all interested parties to see if there is a case for central procurement of telecare equipment both for the county (for sensors) and for the Boroughs and Districts (for dispersed alarms).
  15. Four specialist installers have been recruited to increase capacity to deliver telecare. All have appropriately liveried vans and are working across the county to install telecare and to support the awareness campaigns.
  16. Community alarms and telecare directly link to a 24-hour telecare response service who despatch an ambulance or contact relatives. A number of potential customers do not have an immediate contact who can respond to an alarm call. A 24-hour response service would deal with this situation to enhance the service. A detailed specification for this enhanced service has been developed and negotiations are currently underway with potential providers.



17. Throughout 2012, Surrey has been building a substantial telehealth programme. Beginning with awareness raising at local Transformation Boards and CCG events, moving through agreeing requirements with key potential users and influencers before beginning the competitive tender process in July. Responses from the two-stage procurement were received in early September and a successful bidder was identified in early November, with whom final negotiations are now underway.
18. There are a range of Telehealth options emerging at the current time for consideration and development in the future. These include consideration of Telecare apps to be downloadable onto patients' own phones and tablets. The MHRA (Medicines and Healthcare products Regulatory Agency) are currently considering this for wider roll out in the future. These could significantly reduce costs and support service discharge and medicines management.

### **Wellbeing Centres Surrey wide**

19. To support Surrey County Council's (SCC) Dementia Strategy Surrey is working to establish 11 Wellbeing Centres – one in every borough and district. Wellbeing Centres will be specifically aimed at people in the early stages of dementia, providing information, support and a pathway into appropriate assessment and support services, with the aim of slowing the impact of the disease, enhancing quality of life and supporting carers. The centres will link up existing dementia services and give carers and sufferers a local hub for help and information.
20. Surrey is making available capital funding to support the development of the 11 Wellbeing Centres on the basis of £55k per centre for capital developments, which will include a telecare demonstration facility, funded by a further £7k per district or borough by money allocated by the Leader of Surrey County Council. SCC are asking Borough and District councils to support the revenue costs of wellbeing centres although the service level agreement is enabling a contribution towards monitoring links for the telecare demonstrator suites and IT costs.
21. The Wellbeing Centres will form key partnerships with the District or Borough Council. Alzheimer's Society and SABP in each location, and will include other local partners as appropriate. In nearly all locations, ADL (electronic OT assessment service) Smartcare are partnering with the Wellbeing Centre.
22. The Wellbeing Centres are all co-located with existing community centres so that service users can also benefit from the wider range of services on offer in the community centre, such as hot lunches, podiatry, exercise classes and social activities.
23. Although wellbeing centres were initially focussed solely to support early diagnosis of dementia their offer has now been broadened to include telecare demonstrator sites, a local training facility, OT assessment clinic, opportunity to have independent living centre aids

on sale and for each Wellbeing Centre to have its own individual offer based on identified local needs.

24. Runnymede Wellbeing Centre was launched in May 2012. Plans have been agreed for a further four Wellbeing Centres, with hope for completion by April 2013 (Tandridge, Spelthorne, Elmbridge, Epsom and Ewell). In addition Surrey Heath is also at a confirmed planning stage but due to the requirement to resolve tenancy arrangements within existing garages this centre will now not be completed until 2014. Four Boroughs and Districts are in initial planning stages having identified or in the process of identifying suitable locations (Mole Valley, Woking, Waverley, Reigate and Banstead).
25. **Annex 2** is a review of Wellbeing Centres Surrey-wide identifying the location, partner engagement and estimated completion dates at this stage.

### **Meals on Wheels**

26. A major plank of preventative services for Providing People is the provision of a daily hot meals service. Surrey County Council is working in partnership with Borough and District Councils to develop Meals on Wheels Services with the expansion of a teatime service where someone on Meals on Wheels could also receive a sandwich, fruit and drink. The introduction of a breakfast service is currently being considered in addition to seeking to ensure there is a Surrey wide Meals on Wheels service.

### **Volunteering**

27. As preventative services expand, volunteers will be key to supporting the development of telecare and telehealth, Wellbeing Centres, Meals on Wheels, voluntary care schemes, befriending and new emerging services to support informal as well as formal volunteering/community engagement opportunities.
28. A project to take forward volunteering to support local communities and Borough and District Council Preventative Services is now under way. This will either involve developing existing services or initiating new support. This concept was developed through discussions and co-design meetings to mainstream telecare and technology opportunities where there was some concern about technology taking away from the human face of support and that some customers would benefit from a volunteer to support them with technology solutions.
29. Existing volunteering activity is being mapped against identified need. The importance of ensuring sustainability of any activity in the longer term needs to be considered.

### **Co-location**

30. Discussions are taking place regarding how opportunities can be developed in partnership. All personal care and support teams are now located within borough and district councils, which enable discussions through the development of local plans to take place as to how best joint working, can be developed.

#### **Joint Database**

31. A review exercise has been undertaken with Boroughs and Districts to look at the opportunity of developing a joint database. This includes basic personal information records that can be used for Meals on Wheels, Centre referrals, Community Transport and Community Alarm and Telecare Services. Early next year consideration will be given to working together on a joint database.

#### **Resources**

32. In order to take forward the mainstreaming of telecare and telehealth in Surrey and the volunteering project, whole systems funding has been identified initially over a two-year period.
33. The amount of £150,000 capital per year has been identified in the current MTFP to support the set-up costs for Wellbeing Centres.
34. The amount of £10m has been made available over a five-year period to support the development of 11 local partnership plans, with £150k committed to each Borough and District Council in this financial year and also £0.5m to enable the roll out of Meals on Wheels provision and other preventative services that would benefit from a county-wide approach.

#### **Conclusions:**

35. The work streams identified in this report will be undertaken in partnership to maximise residents' wellbeing and independence in their local communities to ensure community based support avoiding inappropriate and more costly alternatives.

#### **Financial and value for money implications**

36. The cost of the telecare equipment for all those who would benefit will be met from the Whole Systems Funding received from the DoH via the PCT. This approach is seen as a vitally important component in order to deliver telecare to all residents across Surrey. Direct costs are hard to assess as it depends on the take up. Initially to mainstream telecare £950,000 for a two year period was identified as funding required within the whole systems budget.
37. In the long term support should reduce cost pressure on Adult Social Care by reducing the cost of care required. That will apply not only to people who do not have the wealth to fund their own care, but also to those who do, as it will help maintain the savings of 'self-funders' in line

with the aims of the Dilnot Report, as endorsed by the Government's recent White Paper. That in turn will slow the speed at which self-funders whose savings run down become a cost to the Council as 'capital depleters'.

38. In the shorter term this universal focus does have a negative financial impact. The Directorate's current MTFP plans put a significant emphasis on the plans to reduce future demand on the Council's services through the use of telecare and other preventative strategies such as reablement and telehealth: savings of £3.6m per year were envisaged. That was predicated on the investment being made solely in the 20% of people in social care need who cannot afford to pay for themselves. Extending the offer to the 80% of people who self-fund will reduce the County Council's savings stream significantly – possibly by as much as 80% (because the savings will be to the individuals concerned). The next iteration of the MTFP (covering 2013-18) is in preparation now ahead of the Council's budget-setting process for 2013-14, and will need to take account of this factor.
39. A robust single monthly reporting tool will enable activity to be captured of those supported in maintaining their independence. This will also evidence financial savings through delivering services differently.
40. The expanding telehealth agenda will be a vital component in reducing and avoiding hospital admission.
41. The development of local plans is already demonstrating that funding is in principal being matched by the Boroughs and Districts to enhance discretionary services together.

### **Equalities Implications**

42. An EIA has been completed with respect to the development of the telecare project and an EIA will be completed the 11 locality plans are developed.

### **Risk Management Implications**

43. Risks arise out of insufficient referrals being achieved through the scaling up of telecare. Following procurement negotiations it needs to be ensured that telehealth is rolled out across Surrey as quickly as possible working in partnership with the Primary Care Trust, Surrey CCG's, acute hospitals and the Surrey and Border Partnership Trust.
44. Negotiations with Boroughs and Districts in terms of the 11 local plans and their active engagement are at the development stage. Commitment will be key to the impact at a local level.
45. There are still three locations to be identified for Wellbeing Centres in Surrey.

### **Implications for the Council's Priorities or Community Strategy**

46. Promoting independence in order to allow residents to live in their community for as long as possible is a key aspect of the vision for Adult Social Care in Surrey.

**Recommendations:**

47. That the high level activity to mainstream telecare and telehealth is supported; and
48. That the key work areas and deliverables across the partnership agenda are supported; and
49. That the principle to develop 11 Personalisation and Prevention Partnership Plans is endorsed recognising the important role they play in promoting independence and taking forward personalisation across Surrey.

**Next steps:**

The sign off of the Service Level Agreements with the 10 Borough and District Councils (with one Borough council providing telecare across two Boroughs – i.e., coverage of all 11) for the delivery of telecare by the 31 December 2012.

Delivering on the telecare communication engagement plan meeting all the agreed actions within recognised timescales.

Piloting a 24/7 telecare visiting response service to inform a future surrey-wide roll out.

Completion of CCG and other Trust, business telehealth business cases and implementation plans.

Completion of the telehealth procurement, and the start of rollout of the service

The launch a further four wellbeing centres by end of April 2013 and to have confirmed all remaining plans for wellbeing centres within this time period.

To have signed off 11 local personalisation partnership preventative plans for 12/13 by the 31 December 2012.

To have developed Surrey wide Meals on Wheels services and further expanded the Teatime Service to Meals on Wheels customers by 31 March 2013.

---

**Report contact:** Melanie Bussicott, Assistant Director for District and Borough Council Partnerships, Adult Social Care

**Contact details:** 01372 474545; mbussicott@elbridge.gov.uk

**Sources/background papers:** Held by officers supporting the Partnership through Prevention agenda

## Annex

Tel: 020 8541 9320  
Fax: 020 8541 8968  
E:mail sarah.mitchell@surreycc.gov.uk



Chief Executive

**Adult Social Care**  
County Hall  
Penrhyn Road  
Kingston upon Thames  
KT1 2DN

24 August 2012

Dear Colleague

### **Personalisation and Prevention Partnership Fund**

Following on from my presentation to you at the Surrey Chief Executives meeting with the details of the partnership funding, and further to the Leader of Surrey County Council's announcement regarding the Personalisation and Prevention Partnership Fund of £10 million over five years, I can now confirm how we would like to take forward this exciting partnership proposal.

The background to the development of this fund is recognising that we live in unparalleled times in rising demand for services. This is particularly acute in Adult Social Care with an ageing population, an increasing number of people developing dementia and one of the largest populations of people with learning disabilities. We recognise that we will not be receiving extra money to deal with the growing demand, so we need to look at how we deliver services differently. We have not had a tradition in Surrey of offering a preventative approach to Adult Social Care, with the result that those not eligible for funding or services may end up at the door of District and Borough Councils who do not have the resources to deal with them due to their discretionary nature of activity.

This fund will enable Borough and District Councils to develop local partnership plans that will support and underpin the Adult Social Care Directorate Strategy by enabling the merging areas of activity to be taken forward with mutual partnership benefit, ensuring sustainability in the longer term. This Preventative Partnership Fund will enable initiatives to be evolved, social capital opportunities to be explored and support the co-design of services.

As well as the financial challenge we are all facing the other equally important driver - and arguably more important - is personalisation and how we support individuals with their own budgets. We are seeing increasing numbers of people with personal budgets making their own decisions about how their needs are met and what services they want to meet their outcomes. The personalisation agenda is driving a structural shift in the way care is delivered so presents both opportunities and risks for those delivering services. We see the Partnership Fund as investment to support you in reshaping services that will attract those with personal budgets as well as self-funders. In Surrey some 80% of social care is funded through private means so there is some real potential to tap into other income streams if the service offer is what people want.

Surrey County Council will make a commitment of £150,000 per Borough and District for year 2012/13 and a commitment of £2 million Surrey-wide to develop plans thereafter to 2016/17.

We are not looking to prescribe what each model looks like. Discussions between Surrey County Council and your Borough/District over recent months have demonstrated that there are themes emerging that we would both mutually welcome taking forward in partnership to enable local residents to remain independent at home, but have a localised range of services to support them.

Appendix A highlights some of these areas.

You will be aware in recent months we have been actively developing our partnership agenda with Borough and District Council colleagues and these core projects will continue to operate and develop as follows from previously identified funding sources:

- Mainstreaming Telecare
- Development of 11 Wellbeing Centres and Telecare Demonstrator Suites across Surrey
- Ensuring Meals on Wheels are provided across Surrey with the two Boroughs and Districts who currently do not operate a service are supported by neighbouring Boroughs/ District
- Volunteering project programme

I would like to highlight that with respect to Telecare in light of the recent Government White Paper I have taken the opportunity to review with Surrey County Council colleagues our Telecare offer, particularly in terms of the financial support provided for Telecare equipment. This to enable the scaling up of Telecare installations across Surrey. As a result Melanie Bussicott, Assistant Director for District and Borough Council Partnerships and other colleagues leading on Telecare will be in touch with Boroughs and Districts by the end of next week. Together we are working on ensuring a coordinated mainstreaming proposal is operational across Surrey from 1 October 2012.

The £150,000 for this year will be released to enable each Borough/District to actively develop localised plans. Appendix A gives you some further details in terms of how to claim and develop local plans by 31 December 2012.

Melanie Bussicott and Anne Butler, Assistant Director for Commissioning will be writing to identified lead officers from each Borough and District Council to set up an initial meeting to support in the development of local plans.

In closing, we are looking forward to building on what we are already achieving together; co-location of staff, development of citizens hubs and Wellbeing Centres and new and enhanced Telecare arrangements. We hope that you will share our view that this is a unique opportunity for us to work together and deliver something special for our residents whilst helping us to manage both the continual conflict of rising demand and the restricted resources in the public sector.

Yours sincerely



**Sarah Mitchell**  
Strategic Director of Adult Social Care and Health



## Annex 2 – Review of Wellbeing Centres Surrey-wide

Location	Summary	Partners	Start Date	End Date	Next Steps
<b>Runnymede</b> Manor Farm Centre Manor Farm Lane Egham TW20 9HR	To convert a store room into a wellbeing centre and install a disabled toilet	1. Runnymede BC 2. Alzheimer's Society 3. SABP 4. ADL Smartcare	Oct 2011	Mar 2012	The next step for the Runnymede Wellbeing Centre is raising its profile amongst key groups, including health professionals who may wish to refer individuals to the centre.
<b>Spelthorne</b> Greeno Centre Glebelands Road Shepperton	To renovate the 1st floor of the centre creating a suite of rooms, and install a lift suitable for disabled access.	1. Spelthorne BC 2. Alzheimer's Society 3. SABP 4. ADL Smartcare 5. DLIG 6. CCG	Jan 2013	Mar 2013	To cost the appropriate building works and schedule in construction.
<b>Elmbridge</b> Walton Centre Manor Road Walton on Thames Surrey KT12 2PB	To build an extension on the back of the centre, incorporating a disabled toilet	1. Elmbridge BC 2. Alzheimer's Society 3. SABP 4. Elmbridge Relief Carers	Jan 2013	Mar 2013	To bring together partners and develop the Wellbeing Centre offering on a weekly basis.
<b>Epsom &amp; Ewell</b> Longmead Centre, Sefton Road Epsom, KT19 9HG	To convert a secondary foyer space and adjacent office into a Wellbeing Centre and Telecare demonstration site	1. Epsom & Ewell BC 2. Alzheimer's Society 3. SABP 4. ADL Smartcare	Dec 2012	Jan 2013	To finalise the building requirements and costings.

<b>Tandridge</b> Douglas Brunton Centre Chaldon Road Caterham on the Hill	To build a conservatory adjoining the main building.	1. Tandridge DC 2. Alzheimer's Society 3. SABP 4. ASC-PLD 5. CCG 6. DLIG 7. ADL Smartcare 8. First Community Health	Sept 2012	Nov 2012	To plan a range of promotional and launch events to engage and raise awareness amongst health and social care professionals and service users.
<b>Surrey Heath</b> Winde Valley Centre Park Street Bagshot GU19 5AQ	Knock down existing structure and rebuild a wellbeing centre.	1. Surrey Heath BC 2. Alzheimer's Society 3. SABP 4. ADL Smartcare 5. ASC - PLD 6. CCG 7. DLIG	Jan 2013	Original date Apr 2013	To resolve the tenancy arrangements on the existing garages so that they can be vacated and demolished. This will impact on the completion date.
<b>Woking</b>	Woking has a range of community centres and dementia services, so deciding where best to place a Wellbeing Centre has engaged partners in reviewing gaps in service provision, and how we could better co-ordinate our services. Building on a number of successful existing services where there would be opportunity to connect with a range of individuals at a vibrant and busy centre. A meeting is planned to confirm wellbeing centre location and to agree project plan and establishment of a partnership-working group.				
<b>Mole Valley</b>	Having reviewed their service provision, Mole Valley is keen to start work developing a Wellbeing Centre at the Fairfield Centre in Leatherhead. The Wellbeing Centre will sit in a redeveloped section at the front of the centre, where two offices are being knocked together and extended. Those visiting the Wellbeing Centre will benefit from the range of complimentary activities on offer at the Fairfield Centre, including social activities and hot lunches. A higher needs dementia group – The Conservatory Club - already meets at the Fairfield Centre and the Wellbeing Centre will provide a good compliment, providing information for carers and those at an early stage in their walk with dementia. Plans are currently being drawn up and we are working towards confirming a start date.				
<b>Waverley</b>	In Waverley negotiations are underway to establish a Wellbeing Centre at one of the council-supported community centres for older people. Strong partnership and enthusiasm from colleagues will help us to identify the right location.				
<b>Reigate &amp; Banstead</b>	In Reigate and Banstead the Wellbeing Centre will be a particular opportunity to create a focal point for dementia services and raise awareness of the services on offer in the Borough. Currently discussions and visits to confirm the venue.				
<b>Guildford</b>	No plans currently in place, although the first wellbeing centre review meeting is currently being finalised.				



Adult Social Care Select Committee  
30 November 2012

**Supporting Carers**

**Purpose of the report:** Scrutiny of Services/Policy Development

In May 2012, Adult Social Care Select Committee agreed to continue to monitor Adult Social Care's performance in relation to assessment and personal outcomes being achieved for carers. This report provides an account, at the request of Select Committee, of the progress of Adult Social Care in relation to the recommendations and new carer performance measures agreed by Select Committee in May 2012. It will also provide a brief account of some of the main changes and implications of the newly published Draft Social Care Bill.

**Introduction:**

1. In 2011, at the recommendation of the Adult Social Care Select Committee a time limited Carer Task and Finish (Officer) Group and Carers Member Reference Group were established to address Adult Social Care's performance in relation to the completion of Carer Assessments. This was brought about because carer assessment numbers had remained low over a prolonged period of time.
2. The Task and Finish Group was tasked with looking at bringing about improvement in all services to carers including carers assessments.
3. Whilst there was acknowledgement that Adult Social Care was well known for providing excellent services for carers, particularly those commissioned from the voluntary sector, a systemic approach to improving services for carers was needed.
4. In May 2012 the Carers Member Reference Group and Officers Carers Task and Finish Group reported to Adult Social Care Select Committee on the actions taken to improve practice and performance in relation to assessment and support for carers.

5. These reports made recommendations endorsed by Select Committee in relation to improvements in the assessment and support of carers which are addressed in this report.
6. Select Committee recognised the work of the Task and Finish Group and Members Reference Group and improvements accomplished to that point.
7. Information that follows in this report will give an account of ongoing progress relating to these recommendations.

#### **Carers Practice and Performance Group**

8. The Carers Practice and Performance Groups was established in June 2012 comprising of the recommended membership (to include representation from Select Committee). Annex 1 outlines terms of reference of this group and the membership.
9. A quarterly meeting is chaired by the Assistant Director for Personal Care and Support.
10. The function of the group is to consider and respond to feedback from group members, particularly that of carers, via local carer support organisations, and agree with partners the priorities on which to focus activity in relation to improving support and outcomes for carers.

#### **Assistant Practitioner Level 2 (Carers) Posts**

11. Personal Care and Support is committed to improving performance by embedding good practice in the activity carried out by front line teams.
12. The role of Assistant Practitioner Level 2 (Carers) was created to provide capacity within each front line team within Personal Care and Support to bring about the above. The role provides support to practitioners on improving how carers are identified, engaged and supported to achieve their personal outcomes (including young carers).
13. The role will also develop links with local voluntary organisations that support carers.
14. In total, 13 Posts have been created: one in each of the 11 Locality Teams, the County Transition Team, and an additional role covering the five Hospital Teams and Contact Centre.

***An example of the activity already being carried out by this role is as follows:***

*“I have had 1:1 sessions on carers and AP2 - Carers role with all new starters; we talked about the role, what is in and out of scope with case examples; about what training is available on carers; what carers support organisations there are in Runnymede and what they offer to carers; we touched on recording carers, carers involvements and reasons and outcomes including personal outcomes and reviews; we have also discussed young carers, offered all new practitioners assistance with recording, especially when they get to the point when the case is ready for authorisation, they will notify me and I will check with them how things are recorded, but also whether and how they offered an assessment to the carer, what support they are going to provide to the carer, etc.”*

## **Recruitment**

15. Nine of the 13 Assistant Practitioner Level 2 (Carers) posts have been recruited to.
16. Vacancies remain in the following Teams:
  - Mid Surrey: Elmbridge, Epsom & Ewell and Mole Valley Locality Teams
  - East Surrey: Reigate and Banstead Locality Team
  - South West: Waverley Locality Team
17. Recruitment to the remaining positions remains a priority. Posts are being re-advertised.

## **Induction**

18. An induction programme has been developed and has been implemented by Carers Practice Development Manager. This is supported by Adult Social Care Data Quality and Business Intelligence Teams as well as Action for Carers Surrey. The programme will be repeated regularly to ensure new appointees and their Team Managers are clear about the expectations of the role.
19. An important part of the induction programme is the Assistant Practitioner Level 2 (Carer) role identifying and connecting with their local carer networks. In some areas this has already shown dividends in building working relationships that foster better outcomes for carers.

***Practice Example:*** *“Since networking with other agencies e.g. East Surrey Carers Support, Alzheimer’s Society, Crossroads, Age UK, many more referrals have been made to provide support for carers within the voluntary sector.”*

## **Ongoing Practice Development of Role**

20. Carers Practice Development Manager is providing support to AP2 (Carer) role through regular Best Practice Development Meetings. Meetings are scheduled to take place at least monthly.
21. From January 2013, Carer Liaison Workers working in Surrey and Borders Partnership NHS Foundation Trust will be joining the Best

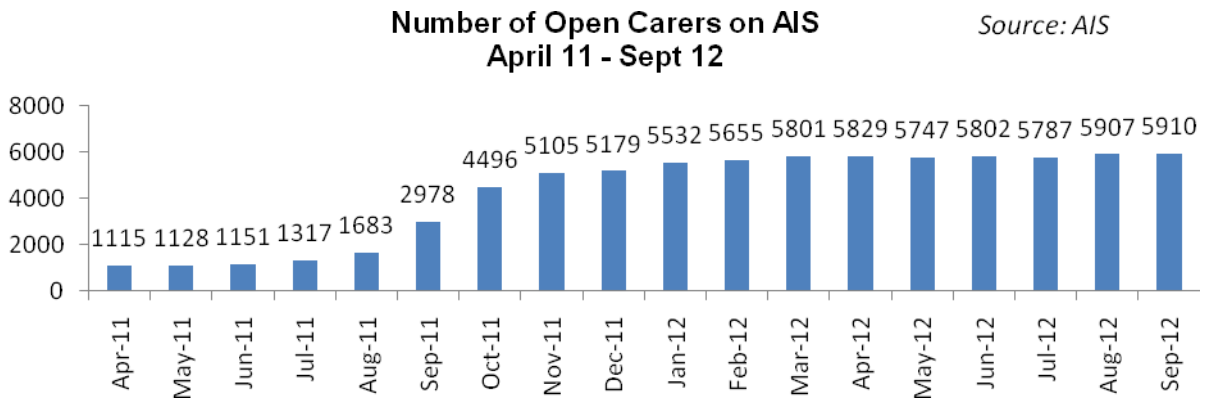
Practice Development Meetings forming a network of practitioners with specialist knowledge and skills.

**Performance Measures**

22. In May 2012 Select Committee endorsed the following six performance measures relating to Adult Social Care’s assessment and support for Carers:
- Number of Open Carers on AIS
  - Number of Carers with a Supported Self Assessment recorded
  - Details of carer personal outcomes [numbers of carers with a recorded personal outcome and carer personal outcome (category) as a percentage of all recorded carer personal outcomes]
  - Number of young carers helped either through Adult Social Care services or support from voluntary organisations funded by Adult Social Care.
  - Annual reporting on the budget for voluntary organisations supporting carers (including the numbers of carers supported and the difference made to those carers)
  - Annual survey of carers (to start autumn 2012)

**Identification of Carers – Number of Open carers**

23. Currently, 5,910 carers are open to Personal Care and Support (as at end Sept 2012). This reflects an additional 109 carers known to PC&S since May 2012. In total this represents a 450% increase in the number of identified carers open to Personal Care and Support Teams since targeted activity was initiated in July 2011.



24. Some additional growth is anticipated but growth will slow / level off as higher numbers of carers are identified.
25. In April 2012 Adult Social Care provided funding to certain voluntary organisations supporting carers with the requirement of providing Support Payments (a form of carer’s personal budget) to allow for early interventions with carers known to them but not open/known to Personal Care and Support. During the six month period (1 April – 30 September 2012) 418 carers have received a support payment through this initiative.

This includes 116 support payments being made to support a young carer.

26. Adult Social Care operates a Carers Emergency Registration Scheme. This allows carers supporting someone who is not known to Adult Social Care to log their and the person they care for's details, describing their collective situation, and giving an indication of what they think should happen should the carer not be able to continue their role in an emergency situation. The scheme is valued by carers giving them a peace of mind should something happen to them.
27. The Multi Agency Carers Commissioning Strategy includes a range of preventative support services that provide support to over 13,000 carers every year. Information received through new bi-annual contract monitoring arrangements will be reported on in future reports.

### **Identification of Young Carers**

28. Currently, 21 young carers are open to Personal Care and Support (as at end September 2012).
29. Carers Practice and Performance Group have agreed the need to target activity in relation to the identification of young carers within the whole family assessment process.
30. Targeted activity within teams that have appointed to their Assistant Practitioner Level 2 (Carer) role has been initiated. Impact of this will be monitored through monthly performance reporting as above.

**Practice Example:** Assistant Practitioner Level 2 (Carer) emailed their team asking about details of young carers practitioners were aware of on their caseloads. This resulted in four young carers not previously open to the team being identified and are now reflected within the whole family recording process.

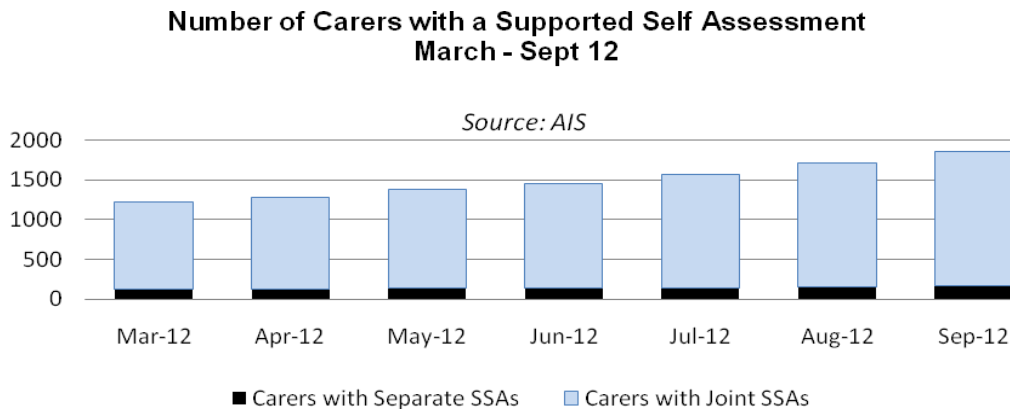
31. Surrey Joint Carers Commissioning Group has commissioned Young Carer Aware E-Learning course which was developed in June 2012. This innovative package is the first of its kind in the Country. Young carers in Surrey were engaged and contributed substantially to both content and delivery of the package. (This training is available to anyone wanting to improve their awareness of carer and young carers issues. Follow this link if you'd like to complete the course. [Carer Aware E-Learning](http://surreycc.elumos.net/public/) http://surreycc.elumos.net/public/)
32. Young Carer Aware E-Learning course has been launched in Personal Care and Support. All staff are expected to complete this and the Carer Aware E-Learning course by the end of December 2012. Progress will be monitored through Carers Practice and Performance Group.

**Practice Example:** Assistant Practitioner Level 2 (Carer) reports "Staff are in the process of completing Carers Aware e-learning and there has been discussion in the office regarding the training content indicating that awareness of carers/young carers has increased - Two practitioners have identified a Young Carer in their caseload."

33. Action for Carers Surrey's – Surrey Young Carers Service provides support to over 1200 young carers each year. Additional investment has been provided for increased support to young carers (including young carers in transition to adulthood, the 18 – 25 age group). More detail about this area of provision will be provided in future reports in line with new voluntary organisation monitoring arrangements.

### Carers with a Supported Self Assessment

34. In total, 1849 carers have undergone a Supported Self Assessment (as at end September 2012).



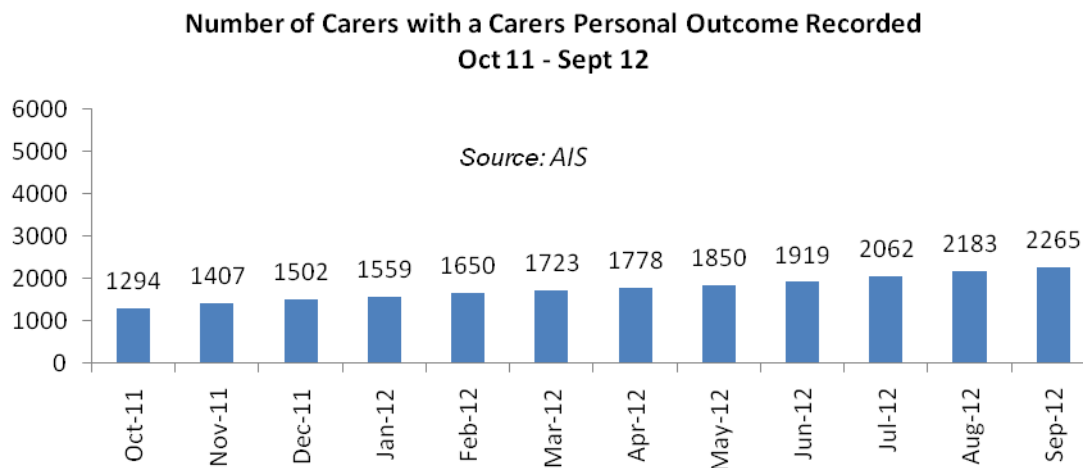
35. Of this, 1684 (91%) of these assessments have been as a part of a whole family assessment (reflected on the graph as Carers with a Joint Assessment). The high proportion joint Carers Supported Self Assessments is a positive indicator that whole family approach is bedding down in practice.

### Carers Personal Outcomes

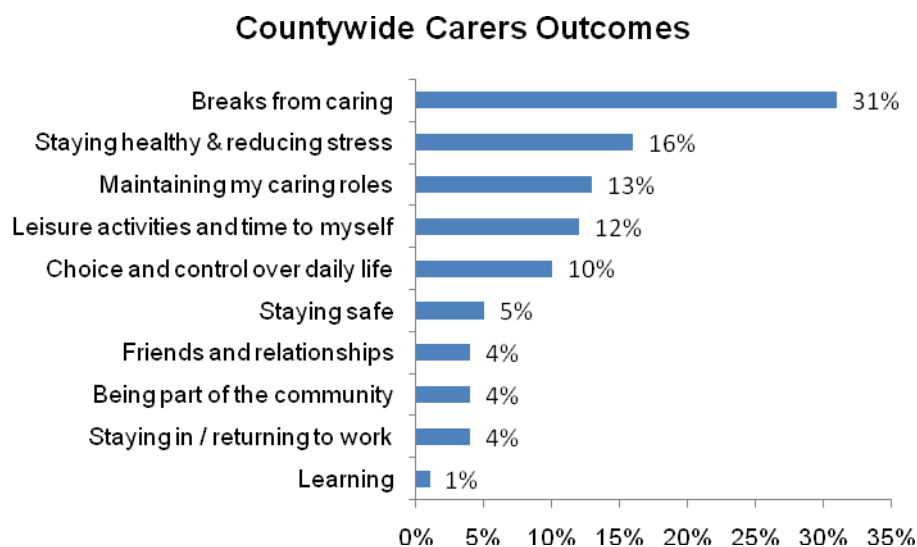
36. Support provided to a carer (either by care being provided to the person they care for and/ or by support being provided directly to themselves as carer) will usually have a positive outcome personal to that carer.
37. The Care Quality Commission defines themes to what carers have identified they would like to experience. These are as follows:
- Carer being a part of the community
  - Carer having Breaks from Caring
  - Choice and control over their daily life
  - Carer having friends and relationships
  - Carer being able to take part in leisure activities and have time to themselves
  - Carer being able to maintain their caring role
  - Carer being able to stay healthy and reduce their stress
  - Carer being able to stay in or return to work
  - Carer staying safe



38. As a part of the support planning process, carers are asked to identify what they wish to achieve to help them achieve a balance between their caring role and maintaining their independence and desired quality of life.
39. In total, 2265 (approximately 33%) of open carers (paragraph 23) have a personal outcome recorded. There has been a steady growth in this aspect of practice.



40. Carers are likely to experience more than one of the outcomes outlined in paragraph 39. The graph below reflects the spread of outcomes as a proportion of all the outcomes chosen by carers.



41. The three most common personal outcomes to be achieved chosen by carers are as follows:
- Breaks from caring (31%)
  - Staying healthy and reducing stress (16%)
  - Maintaining my caring role (13%)

**Voluntary Sector Financial Spend**

42. New bi-annual contract monitoring arrangements were initiated on 1 April 2012 aligned to a three-year funding commitment for voluntary organisations. An analysis of the first return within the new arrangements will be available to report on by the end of December 2012.

### **Carers Survey**

43. The first statutory Carers Survey has been completed (November 2012). In total, 1630 postal questionnaires were sent to an identified carer sample. The results of the survey will be collated and reported on in coming months.

### **Integrated Mental Health Service**

44. Surrey and Borders Partnership NHS Foundation Trust has nominated a Senior Manager to represent the Trust on the Carer's Practice and Performance Group. This involvement will progress a consistent approach to both good practice and performance reporting across all services.
45. Self Directed Support is being implemented within the Trust, the implementation programme not yet complete. Once operational in all Teams, the whole family approach to assessment and support of carers will embed, delivering better support and outcomes for carers.
46. It is anticipated that on completion of the implementation of Self Directed Support, the Trust's practices will be aligned to deliver on the new performance measures.
47. Surrey and Borders Partnership NHS Foundation Trust has published results of a Carer Survey carried out December 2011 – February 2012. There were 168 respondents to the survey.
48. Highlights of the Carer Survey are as follows:
  - 98 (61%) of carers were caring for people who use Community Mental Health Services. Other services included Older Adult Services, Learning Disability and Children and Young People Mental Health Services.
  - 125 out of 168 (74%) carers were offered a carers needs assessment
  - 61 (49%) of carers received an assessment within one month
  - The average time that carers are caring for someone is 8 years.
  - The main age group of the person they are caring for is 18-64 years.
49. Carers were asked about what help or support did they receive after the Carers assessment:
  - 56 (59%) of carers received help with Choice and control over day to day life
  - 61 (65%) of carers received support to make friendships and relationships
  - 63 (61%) of carers were offered leisure activities/time to myself

- 68 (56%) of carers received support with maintaining caring roles (including parenting).

<b>Draft Care and Support Bill</b>
------------------------------------

50. In July 2012 the Draft Care and Support Bill was published with the consultation period concluding at the end of October 2012.
51. The main anticipated implications for Local Authorities in relation to supporting carers which if adopted will need to be implemented by 2015 are as follows:
- A whole family approach to assessment when assessing individuals and carers.
  - A carers entitlement to request an assessment of their own needs will not be predicated on them providing regular and substantial care (current legislative requirement), but rather an assessment of carer should be entered into whenever a carer is identified as having needs (using the assessment process to determine entitlement to a response to those needs).
  - A need for increased focus on supporting young carers in the transition to adulthood.
  - Local Authorities will have a duty to respond to a carer's eligible needs, providing a solution, (rather than a power which is the case at the moment.)
  - Requirement to provide better information services for carers
  - Local Authorities will have a statutory obligation to provide a range of preventative services including to Carers
  - Local Authorities will be required to provide more breaks (including residential and nursing care and support in people's own homes).
52. Adult Social Care already delivers on many of the above anticipated changes, and is well placed to develop further where necessary. Examples of this are:
- A whole family assessment underpins our Self Directed Support assessment and support planning model which is reflected in the Carers Policy and Procedure.
  - Adult Social Care's Carers Policy and Procedure already commits Adult Social Care to meeting eligible needs of a carer in line with SCC's Eligibility Policy.
  - An inclusive approach to carers assessment is promoted to ensure carers are identified in the assessment process, their contribution recognised and are supported to continue their caring role for as long as they are willing and able to do so.
  - SCC Adult Social Care's strong national reputation for the provision of independent carer support including for young carers which will help the Council respond to the new requirements around prevention and provision of advice and information.
  - Investment in 2012/13 in an early intervention scheme administered through Local Carer Support organisations, aimed at supporting carers who are not known to Adult Social Care, enabling them to create balance between their caring role and their life away from it. (Carer Support Payments, a form of personal budget enable carers to arrange support for themselves that helps them

continue caring, minimising the impact of that role on their own health and well-being).

53. Government acknowledge that duties and implications of the new Act will have an associated financial cost to deliver. The Government's Impact Assessment suggests a net increased cost to Local Authorities of £150 million a year for additional services for carers and £25 million for additional assessment costs. The cost in Surrey is estimated by the County Council to be £3.4 million per annum with further assessment costs to be added.
54. A partnership event lead by Adult Social Care will take place in January 2012 to co-design next steps needed to respond to the likely requirements of the Bill. The new Act provides an opportunity for Adult Social Care to consider with partner organisations (Mental Health, Health and Voluntary and Carers) how best to deliver on these new requirements.

### **Conclusions:**

55. Adult Social Care continues in its improvement in how it supports carers to achieve a balance between their caring role and their life away from caring.

### **Financial Implications**

56. None to report at this time.

### **Equalities Implications**

57. None to report at this time.

### **Risk Management Implications**

58. There are no risk management implications identified within the content of this report

### **Implications for the Council's Priorities or Community Strategy**

59. Continued improvement will contribute to Surrey County Council's ambition that every child or adult in need of support (including carers) is protected and supported to lead an independent life.
60. Ongoing practice and performance improvement as highlighted in this report will also support Adult Social Care priorities for 2012/13:
  - Developing staff with the values, attitude, motivation, confidence, training, supervision and tools to facilitate the outcomes people who use services and carers want.
  - Embedding personalisation by working towards personal budgets for everyone eligible for ongoing social care
  - Providing clear signposting for all Surrey residents, irrespective of their ability to pay, to social care and support services, so they can lead more independent and fulfilled lives.

<b>Recommendations:</b>
-------------------------

61. For Committee to endorse continued progress in relation practice and performance improvement achieved by Personal Care and Support.
62. For Committee to continue in its scrutiny of ASC performance in relation to assessment and support of carers.
63. For Committee to request a report on performance areas not reported on in this report (i.e. Voluntary Sector Financial Spend, Outcome of Carer Survey).
64. Select Committee to recommend a member(s) to represent the Committee at the Co-design event in January 2013 and to receive a report providing information on conclusions and proposals for future development in line with the new Bill.

-----

**Report contact:** Mikki Toogood, Carers Practice and Development Manager, Adult Social Care

**Contact details:** 01483 518245; michaela.toogood@surreycc.gov.uk

**Sources/background papers:**

- Carers Member Group Report to Select Committee - 18th May 2012
- Officer's report to Select Committee reporting on Carers Task and Finish Group – 18th May 2012
- Legislative Context - Carers Policy and Procedure
- Terms of Reference: Adult Social Care – Personal Care and Support Carers Practice and Performance Group
- Surrey and Borders Partnership NHS Foundation Trust: Carers Survey (December 2011 – February 2012) – A report on Carers Views on the support and services that they and the person they care for have received.

This page is intentionally left blank

## **Annex 1: Carers Practice and Performance Group Membership**

**Assistant Director Personal Care and Support:** Group Sponsor and Chair

**Senior Manager for each geographical area within Personal Care and Support**

**Mid Surrey** (Epsom and Ewell, Elmbridge, Mole Valley Localities)

**North West Surrey** (Runnymede, Spelthorne and Woking Localities)

**East Surrey** (Tandridge, Reigate and Banstead Localities)

**South West Surrey** (Guildford, Waverley, Surrey Heath Localities)

**Operational Lead Manager for Surrey and Borders Partnership Trust**

**County Councillor – Adult Social Care Select Committee**

**Carer Practice & Development Manager – Adult Social Care, Personal Care and Support**

**Lead Manager – Business Intelligence Team, Adult Social Care**

**Commissioning Manager for Carers - Adult Social Care**

**Chief Executive Action for Carers Surrey**

**Nominee of the Surrey Carers Support Chairs Group**

**Nominee from NHS Surrey**

**Nominee from Rethink Carer Support Surrey**

**Young Carers** – involvement will be achieved by members of this group making use of Young Carers Forum and Young Carers Strategy Group

**Scrutiny Officer – Surrey County Council Adult Social Care Select Committee**

### **Note:**

- Membership of this group may from time to time be expanded to include others, particularly if sub groups are created.
- Members should nominate someone to deputise for them when they are not able to attend.

This page is intentionally left blank





Adult Social Care Select Committee  
30 November 2012

**Direct Payments**

**Purpose of the report:** Scrutiny of Services/Policy Review and Development

This report outlines Adult Social Care improvements to practise and performance with making Direct Payments to individuals and carers. The report includes specific details following an internal audit (April 2012) and resulting Management Action Plan.

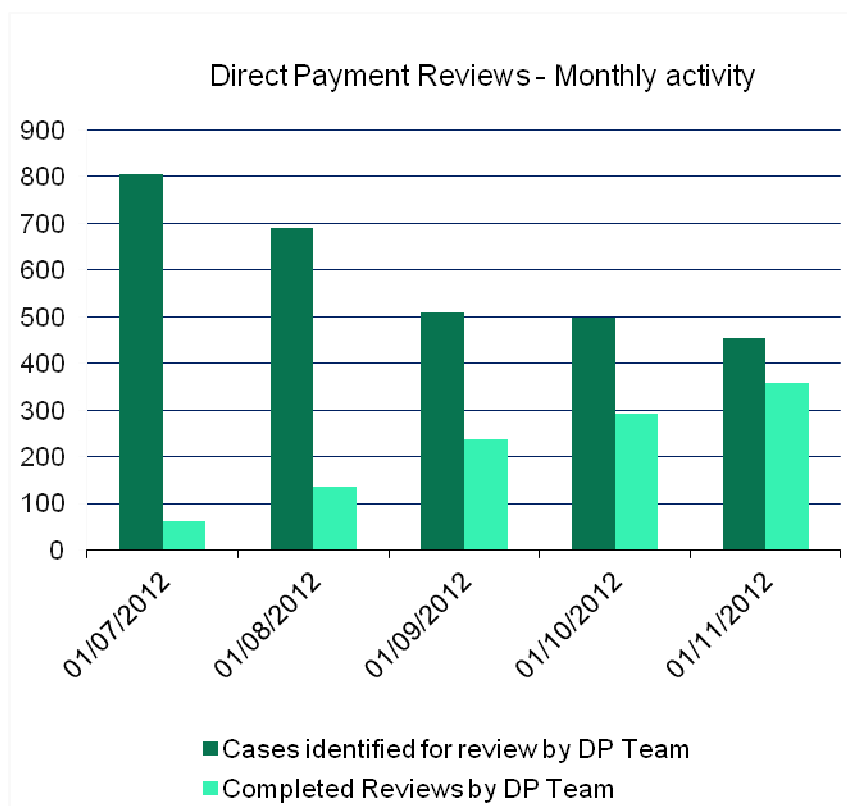
**Introduction:**

1. Direct Payments continue to have national importance as a means of increasing choice and control for individuals and carers. Everyone in receipt of support from a local authority should have a personal budget by April 2015 and the stated aim is that the majority of these should be by way of Direct Payment.
2. In Surrey, at the end of September 2012, 21,478 individuals were in receipt of support from Adult Social Care (ASC) with 5,910 carers also identified. Of this, 2,587 individuals and 615 carers were in receipt of a Direct Payment in 2011/12 although the carers figures do not include one-off Direct Payments.
3. An internal audit was carried out in April 2012 – Review of Direct Payments: Controls Mitigating Fraud and a subsequent Management Action Plan (MAP) was agreed. A significant concern was raised at the number of individuals who had not had an annual review of either their support needs or financial reconciliation which meant Adult Social Care could not be sure that fraudulent activity had taken place. In addition, failure to complete an annual review may leave people at risk that their needs are not met and insufficient support is provided.
4. A number of other improvements and changes have been made to Direct Payment Policy and Procedures to support practitioners and finance staff in giving clear and accurate information to people who use Direct Payments.

## Direct Payment Review Team

5. In order to address the audit report's identified risk in Adult Social Care's failure to undertake annual reviews, a Direct Payment Review Team was established, which began to undertake reviews in June 2012. This work was led by the Transformation Team and consisted of permanent practitioners from that team working with a group of temporary social workers. Recruitment to temporary posts was slow as our provider was not able to provide suitable staff quickly and a turnover of those staff has taken place. The Transformation Team provided extensive bespoke training and support which remains ongoing.
6. In April 2012, 2,202 individuals were in receipt of a Direct Payment from Adult Social Care. This figure does not include carers with a Direct Payment. In May 2012, 816 individuals with a Direct Payment had not had an annual review. Outstanding review dates varied, with a few individuals having no review since 2005.
7. All 816 individuals have now been screened – details investigated of any current concerns or activity, their financial status and reconciliations and any information held by Surrey Independent Living Council (SILC). SILC currently provide advice, information and support to individuals and carers who would like to have a Direct Payment or who are in receipt of a Direct Payment.
8. Of the 816 individuals who had not had an annual review, 360 did not require any action by the Direct Payment Review Team. This was for a number of reasons, which included being wrongly included as the Direct Payment was for a carer, the individual had died or the local team had already begun a review or reassessment or a Direct Payment was no longer provided.
9. In total, 368 reviews have now been completed, beginning with the most overdue reviews first, with all reviews due from 2005 to 2010 being completed. The team are now working on reviews due to have been completed in 2011. A significant number of individuals who had a review due in 2011 are requiring a reassessment which will give an opportunity to provide greater clarity about which of an individual's needs are eligible needs, how they would like these needs to be supported and finally to provide a clear support plan.
10. It has become evident that, with the rollout of Self Directed Support in Surrey, some practitioners, in the early days, found the new Supported Self Assessment challenging to complete as well as the requirements of a Support Plan. This meant that some early Support Plans lacked clarity for individuals – something which is far less of an issue now. It is anticipated that the initial 816 individuals will have had a review or completed reassessment where required by the end of 2012.

11. The graph below shows the number of reviews to be completed by the Direct Payment Review Team (column on left) which has reduced where it was identified that this team did not need to undertake a review. The right hand column shows the reviews which have been completed.



12. No fraud has been identified to date during the process of review but there has been some evidence of misuse in a minority of cases. In some instances this has been a result of a lack of clear information from practitioners about what the Direct Payment should be spent on. An important role of the Direct Payment Review Team has been to provide a clear review document detailing what has been agreed and a requirement that individuals sign to confirm this is accurate and that they are in agreement. This will provide important information for future reviews and will allow for absolute clarity about the purpose for which the Direct Payment has been made and which eligible needs it is meeting.
13. In terms of reclaiming surplus funds, the current position is that a Direct Payment recipient can maintain a balance equivalent to thirteen weeks of Direct Payment funding in year. Any surplus more than two weeks of Direct Payment funding is then reclaimed at the end of the financial year. The Direct Payment Review Team has contacted local finance teams to reclaim a total surplus of £86,000 since June 2012. It is important to note that some of these reclaims will have already been started by local finance teams before the Direct Payment Review Team began.
14. The MAP identified ongoing risk to ASC if annual reviews are not completed and this risk has been included in the directorate risk register. The transition to Self Directed Support with the expectation that

everyone has a personal budget has proved nationally to be a strain on resources as most reviews require a reassessment. The Medium Term Financial Plan for ASC included a change in the numbers of qualified to unqualified posts – requiring additional training and support to staff. With a restructure and slow recruitment, teams are only now beginning to address outstanding reviews. It is proposed that the Direct Payment Review Team remain in place until March 2013.

#### **Direct Payment Project Group**

15. A Direct Payment Task and Finish Group was initiated in November 2011 with the aim of increasing the take up of Direct Payments and improving processes and procedures relating to Direct Payments. This group was chaired by a Senior Manager from Transformation and had Personal Care and Support managers, practitioners and finance staff as members. ASC Commissioning was also represented with Children's Services, SILC and individuals and carers who currently use a Direct Payment.
16. The group has met every month with a high level of commitment from members with significant new documents produced. The following documents have either been refreshed or are new.
  - Direct Payment Policy – joint policy with Children's Services
  - Direct Payment Procedures – practitioners and finance staff including an escalation procedure for misuse and fraud
  - Guidance for practitioners – what a Direct Payment could be used for
  - Direct Payment Agreements – for people who have a Direct Payment
  - All Direct Payment correspondence relating to financial reconciliation
17. Following the Internal Audit Report of April 2012, the Direct Payment Group also incorporated MAP requirements into the documents as above.

#### **Direct Payment Re-launch workshops**

18. The Direct Payment Project Group has led five workshops in October for all staff from Personal Care and Support. Over 370 staff have attended with the aim of ensuring everyone is aware of the value of Direct Payments to recipients in terms of increasing their choice and control of the support they need. In addition, a key aim was to introduce the revised Direct Payment Policy and Procedures and answer queries and concerns. The workshops were aimed at practitioners and finance staff together as it is essential different groups of staff work together to understand how to support individuals to manage their Direct Payments and what to do if concerns are raised. Two further workshops are planned for November and December and feedback from the workshops has been positive.

## Direct Payment Policy , Procedures and documents

19. Legislation under which local authorities have a duty to offer a Direct Payment as an alternative to arranging social care services has not changed with personalisation and Self Directed Support. Direct Payments continue to be provided to individuals, carers and to children with disabilities. Adult Social Care Direct Payments Policy and Procedure was one document dated May 2008. This was a joint policy with Children's Services and it was agreed that the policy and procedures should be split with a joint Adult and Children's Policy and separate procedures. This has been completed and is awaiting sign off by Children's Services. Adult Services Procedures now contain information for practitioners and finance staff in one document with clear guidance on roles and responsibilities on planning support, setting up a Direct Payment, reviewing support needs, financial reconciliation and an escalation process. Clear guidance has been provided to staff on what types of support could be funded with a Direct Payment to help provide uniform good practise across the county. People who currently use a Direct Payment supported and welcomed this guidance and the new Procedures have been welcomed by practitioners and finance staff.
20. New agreements have been produced reducing the previous eight different agreements to two – helping practitioners give clear advice about Direct Payments to people wishing to take them up. New letters to people detailing the amount of their Direct Payment, asking for reconciliations to be submitted and reclaiming surplus funds have also been produced. Payments are now made electronically two weeks in advance rather than the previous four weeks with a choice of monthly or quarterly payments. This will help some people who may find budgeting over a quarter more challenging.
21. An escalation process has been formalised when concerns are raised that reconciliations have not been received, unusual payments have occurred or that there are large surpluses or a deficit on a Direct Payment account. This includes ensuring Team Managers and Assistant Senior Managers are informed on a monthly basis and that these issues become part of the quarterly performance and budget meeting held with area Senior Managers and the Assistant Director of Personal Care and Support.
22. A Supported Managed Account (SMA) is available to people who need support with managing the financial aspects of a Direct Payment. Guidance for practitioners and people wanting this level of support has been reviewed. This support is currently provided by SILC and will be included in the contract for information and guidance for people wishing to take up a Direct Payment. The current contract is out to tender and a provider will be appointed from end March 2013.

## **Conclusions:**

23. The work of the Direct Payment Project Group has achieved significant improvements to ASC Direct Payment procedures and guidance for all staff. This work will be embedded in practise over the coming months and it is anticipated that staff will be able to give consistent advice and support to people wishing to take up a Direct Payment.
24. The Direct Payment Review Team has reduced the level of overdue reviews and will continue to support teams and colleagues centrally until teams are in a position to undertake reviews locally.
25. The Direct Payment Project Group will be re formed into a Direct Payment Forum where different groups of people – practitioners, finance staff, individuals and carers who use Direct Payments and voluntary organisations – can come together to share their experiences and improve practise.

### **Financial and value for money implications**

26. Annual reviews as a minimum requirement reduce the risk to individuals and carers of insufficient support, enable surplus funds to be reclaimed in a timely manner and clarify potential inappropriate spend.
27. The use of a review team to undertake this specific focussed task has been effective in reducing the number of overdue reviews for Direct Payment recipients. Evidence continues to be seen of good practise with Case Studies available which support the use of Direct Payments as part of the national policy directive to achieve personal budgets by April 2015 for all recipients of local authority social care support.

### **Equalities Implications**

28. Direct Payments enable everyone to increase the choice and control they have over their own support. Indirect Payments can be made to a 'suitable person' where an individual lacks the capacity to consent to a Direct Payment that might be in their best interest. Direct Payments are an excellent way for individuals and carers to purchase support that best meets their cultural needs.

### **Risk Management Implications**

29. A significant number of Direct Payment recipients have now had a review and no evidence of fraud has been found. There has been no evidence of individuals at risk of a breakdown of support as a result of a review not having taken place.

### **Implications for the Council's Priorities or Community Strategy**

30. Adult Social Care will continue to promote the use of Direct Payments in line with national policy and direction which requires an increase in the

number of individuals purchasing their own support to meet their eligible social care needs.

<b>Recommendations:</b>
-------------------------

31. The Direct Payment Review Team will continue to provide support to locality teams in undertaking overdue reviews for individuals in receipt of a Direct Payment. It is anticipated this work will continue until the end of March 2013.
32. Remaining planned Direct Payment Relaunch Workshops should take place as planned in November and December and ongoing training in the use of Direct Payments should be re commissioned from January 2013.
33. The Direct Payment Project Group will complete their agreed action plan in December 2012 and a Direct Payment Focus Group will begin in January 2013 bringing practitioners, finance staff and individuals and carers together to share experiences and improve practise and process within Personal Care and Support.

---

**Report contact:** Caroline Jones, Senior Manager-Transformation Team,  
Adult Social Care

**Contact details:** [caroline.jones@surreycc.gov.uk](mailto:caroline.jones@surreycc.gov.uk); 01276 800306; 07968 832838

**Sources/background papers:**

Direct Payments: Controls Mitigating Fraud 2012-2013  
Management Action Plan resulting from above  
Adult Social Care Direct Payment Policy 2012  
Adult Social Care Direct Payment Procedure 2012

This page is intentionally left blank





Adult Social Care Select Committee  
30 November 2012

**Budget Update**

**Purpose of the report:** Scrutiny of Budgets/Performance Management

Regular budget monitoring is a priority for the committee. This report presents the outturn for 2012/13.

**Introduction:**

1. This report presents the current estimated outturn for 2012/13, which shows a projected overspend of £3.9m. Every effort will be made to manage this figure down, but the pressures on the budget are making this difficult.
2. The appendices set out the full detail of the budget position in the usual way. Problems have arisen due to two main factors:
  - Increases in the number of people given social care assistance. From a start of year position in line with the expectations built into the budget, current projections show a 5% increase in numbers. That has been accompanied by a 3% reduction in the average cost per person dealt with in the main change areas of older people and people with a physical disability, but savings of that type were already built into the budget, so this still represents a very significant additional pressure.
  - There have been difficulties in delivering the full £28.4m of savings required by the budget in the anticipated ways. Slippage has occurred due, for example, to a slower and more strategic approach being taken to the review of in-house services, impacts of the NHS reorganisation making it more complicated to take forward some strands of action, and the delayed launch of the telecare strategy. To some extent it has been possible to replace the savings through alternative – but one-off - measures. Members will be aware that the use of one off measures does come with sequential need to replace them in the following year.
3. The result is that, whilst this year is looking difficult, next year comes with three combined potential problems: the increase in demand, the need to replace one

off savings measures, and the need to achieve the very ambitious (£28.6m) savings proposals currently built into the MTFP for 2013/14.

4. There are plans in place to utilise the whole systems funding of £10.6m in 2012/13 on measures which assist in the long term to improve the Health and Social Care system as whole. Given the particular problems faced this year, any slippage against that spending is being recycled where appropriate to assist with the overall budget position. £800,000 has been identified from that source in the current monitoring position. Without this contribution from Whole Systems, the increase from the September position of £3.2m would have been more than the £700,000 reported this month.
5. The key to preventing the projected overspend rising further is controlling demand, and reducing it if possible (that is also the likely key to delivering a sustainable budget in 2013/14). The Director of Adult Social Care is formulating a plan which will implement such measures with imminent effect.

#### **Conclusions:**

6. Significant pressures have developed over the course of 2012/13. Measures will be taken to minimise any overspend, but the current projection is £3.9m (1.2%).

#### **Financial and value for money implications**

7. The national context of reducing public expenditure over the period of the Council's Medium Term Financial Planning has led to the requirement to make significant savings, and this report is an important element in ensuring that these are achieved appropriately.

#### **Equalities Implications**

8. There are no equalities implications arising directly from this report.

#### **Risk Management Implications**

9. The risks associated with implementing the savings required in the Medium Term Financial Plan have been highlighted and continue to be managed in the process of setting and monitoring the budget.

#### **Recommendations:**

10. The committee notes the budget position and steps being taken and makes any relevant comments.

-----

#### **Report contact:**

Paul Carey-Kent, Senior Adults Social Care Finance Manager, Finance, Change and Efficiency.  
Contact details 0208 541 8536

Sheet	Description
<a href="#">Appendix 1 - ASC Commentary</a>	ASC Level 2 Commentary outlining the October 2012 budget monitoring position in detail
<a href="#">Appendix 2 - ASC Efficiency Tracker</a>	Full details on progress against savings with comments & risk ratings as at the end of October 2012
<a href="#">Appendix 3 - Summary Position Graph</a>	Graphical representation of progress against MTFP savings, including split of savings between one-off & recurring
<a href="#">Appendix 4 - Capital Monitoring Statement</a>	ASC capital monitoring position as at the end of October 2012

Adult Social Care Level 2 Finance Commentary

Month End: Oct-12  
 Directorate: Adult Social Care  
 Date: 21-Nov-12

Strategic Director: Sarah Mitchell  
 Senior Finance Manager: Paul Carey-Kent

Section 2: Summary Financial Position

Budget F: Summary Financial Position

Previous Month	Policy Line	Month Budget	Month Actual	Month Variance	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outturn	Projected Variance	Change from Prev month
£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
	<b>Older People</b>										
(130)	Nursing Dementia	1,665	1,812	127	11,795	12,197	402	20,219	20,164	(55)	75
1,574	Nursing Dementia - External	788	999	211	5,518	6,478	961	9,459	11,206	1,748	173
(135)	Residential Dementia - External	3,360	3,341	(19)	23,659	23,338	(321)	40,558	40,541	(17)	173
1,087	Residential Dementia - External	1,014	1,125	111	7,099	7,622	523	12,170	13,560	1,191	104
370	Residential In-House Provision	580	708	128	4,061	4,729	668	6,962	7,411	448	78
1,059	Homecare - External	2,985	3,232	248	20,892	21,673	781	35,815	36,867	1,052	1,052
(970)	Reablement In-House Provision	683	613	(70)	4,781	3,984	(797)	8,136	7,019	(1,117)	(207)
6	Extra Care In-House Provision	103	739	636	719	3,984	19	1,233	1,217	(16)	(16)
(885)	Direct Payments	945	732	(213)	6,613	5,621	(992)	11,337	10,567	(770)	115
199	Day Care - External	212	135	(76)	1,481	1,446	(34)	2,538	2,228	(310)	(9)
48	Day Care - External	14	12	(2)	97	92	(5)	167	211	44	44
383	Respite Care	119	215	(97)	832	1,288	456	1,426	1,898	472	79
122	Transport Services	39	20	(19)	274	399	126	469	595	126	5
320	Other Care	249	2,427	2,178	2,713	5,187	2,474	3,959	4,175	216	5
3,057	<b>Total Older People</b>	<b>12,795</b>	<b>15,483</b>	<b>2,688</b>	<b>90,534</b>	<b>94,794</b>	<b>4,260</b>	<b>154,508</b>	<b>157,959</b>	<b>3,451</b>	<b>394</b>
	<b>Physical and Sensory Disabilities</b>										
152	Nursing General	294	331	37	2,058	2,296	238	3,529	3,795	266	114
26	Nursing Dementia	9	32	24	60	79	19	103	128	26	0
(492)	Residential Dementia - External	522	504	(18)	3,652	3,360	(292)	6,261	5,747	(514)	(22)
0	Residential Dementia - External	9	14	4	66	70	4	112	125	12	11
2	Residential In-House Provision	0	1	1	0	12	12	0	0	0	0
590	Supported Living / Homecare	481	474	(7)	3,367	3,529	162	5,773	6,221	448	448
1,057	Day Care - External	1,201	1,187	(14)	8,408	9,140	732	14,413	15,724	1,311	1,311
(31)	Day Care - External	79	103	24	551	556	5	535	507	(28)	3
22	Respite Care	45	48	3	312	283	(29)	535	513	(22)	48
(23)	Transport Services	30	26	(4)	209	179	(30)	358	325	(33)	72
(114)	Other Care - External	1,164	1,411	248	8,142	8,135	(7)	13,960	13,918	(42)	0
0	Other Care In-House Provision	0	0	(0)	0	0	0	0	0	0	0
1,224	<b>Total Physical and Sensory Disabilities</b>	<b>3,869</b>	<b>4,138</b>	<b>269</b>	<b>27,084</b>	<b>27,954</b>	<b>871</b>	<b>46,431</b>	<b>47,970</b>	<b>1,539</b>	<b>315</b>
	<b>People with Learning Disabilities</b>										
160	Nursing General	40	68	28	279	358	79	479	656	179	18
32	Nursing Dementia	16	27	11	113	227	114	194	227	32	0
2,790	Residential Dementia - External	5,520	5,904	383	38,641	40,643	2,002	66,242	69,468	3,226	436
(10)	Residential Dementia - External	6	482	476	44	48	4	75	5,011	6	81
3,145	Supported Living / Homecare - External	1,441	1,941	500	2,922	3,053	131	5,009	5,011	2	12
(102)	Supported Living / Homecare In-House Provision	61	70	9	427	414	(14)	17,296	20,978	3,680	536
1,045	Direct Payments	814	937	123	5,701	6,004	303	9,773	10,830	1,057	1,057
(284)	Day Care - External	389	343	(46)	2,726	2,146	(580)	4,674	4,984	(310)	(5)
(361)	Day Care In-House Provision	521	51	(470)	3,645	3,777	133	6,248	6,225	(24)	(6)
(248)	Respite Care	77	21	(56)	538	211	(327)	923	425	(497)	(7)
(540)	Other Care - External	87	773	686	611	2,118	1,507	1,047	1,380	333	86
20	Other Care In-House Provision	304	354	(50)	2,756	2,148	(608)	4,724	4,260	(464)	76
6,188	<b>Total People with Learning Disabilities</b>	<b>9,901</b>	<b>10,946</b>	<b>1,045</b>	<b>69,304</b>	<b>72,129</b>	<b>2,825</b>	<b>118,807</b>	<b>125,940</b>	<b>7,133</b>	<b>945</b>
	<b>Mental Health and Substance Misuse</b>										
(9)	Nursing General	38	39	1	255	251	(4)	455	431	(23)	(15)
(271)	Residential Dementia	4	7	3	27	48	21	47	85	39	0
(177)	Residential Dementia	214	189	(25)	1,499	1,225	(274)	2,570	2,261	(309)	(309)
110	Supported Living / Homecare	5	3	(2)	34	25	(9)	59	27	(32)	(15)
634	Direct Payments	191	227	36	1,338	1,335	(3)	2,293	2,460	167	96
4	Day Care	23	27	5	159	185	29	273	296	23	25
6	Respite Care	5	4	(1)	35	27	(8)	59	57	(2)	(7)
(444)	Transport Services	1	2	1	0	13	12	1	7	6	5
61	<b>Total Mental Health and Substance Misuse</b>	<b>140</b>	<b>187</b>	<b>47</b>	<b>978</b>	<b>973</b>	<b>(5)</b>	<b>1,676</b>	<b>1,671</b>	<b>(5)</b>	<b>439</b>
	<b>Other Expenditure</b>										
(2,249)	Management and Support	1,603	1,356	(247)	11,221	9,479	(1,742)	19,236	17,028	(2,208)	41
(1,288)	Assessment, Care Management	2,236	2,195	(41)	15,651	14,397	(1,254)	28,830	25,472	(1,358)	(70)
(4,952)	Supporting People	1,313	1,165	(148)	9,199	8,943	(256)	15,762	15,242	(521)	(521)
(3,992)	<b>Total Other Expenditure</b>	<b>5,152</b>	<b>4,716</b>	<b>(436)</b>	<b>36,071</b>	<b>32,819</b>	<b>(3,252)</b>	<b>61,829</b>	<b>57,742</b>	<b>(4,087)</b>	<b>(95)</b>
	<b>Income</b>										
1	Fees & Charges	(2,810)	(2,824)	(14)	(19,668)	(20,043)	(375)	(33,716)	(34,015)	(299)	(300)
322	Section 256/7 Fees & Charges	(328)	(403)	(76)	(2,295)	(2,851)	(556)	(3,934)	(3,600)	(334)	12
1,088	Joint Funded Care Package Income	(283)	(106)	177	(1,981)	(1,382)	600	(3,396)	(2,189)	1,208	120
0	Government Grants	(22)	73	95	(1,52)	(0)	152	(280)	(260)	20	0
86	Section 256/7 Income	(148)	(141)	7	(1,039)	(989)	50	(1,782)	(1,677)	105	19
(4,860)	Other Income	(760)	(1,795)	(1,024)	(6,298)	(9,472)	(3,174)	(10,099)	(15,404)	(5,306)	(455)
(3,353)	<b>Total Income</b>	<b>(4,351)</b>	<b>(5,186)</b>	<b>(835)</b>	<b>(31,433)</b>	<b>(34,737)</b>	<b>(3,304)</b>	<b>(53,188)</b>	<b>(57,146)</b>	<b>(3,958)</b>	<b>(604)</b>
3,184	<b>Net Expenditure</b>	<b>27,986</b>	<b>30,781</b>	<b>2,795</b>	<b>195,902</b>	<b>197,053</b>	<b>1,151</b>	<b>335,632</b>	<b>339,781</b>	<b>3,949</b>	<b>766</b>

Subjective Previous Month Variance	Subjective Type	Month	Month	Month	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outcome	Projected Outcome Variance	Change from Prev month
		£000s	£000s	£000s							
(3,103)	Staffing	5,822	5,736	(86)	40,754	38,477	(2,276)	69,863	66,526	(3,338)	(234)
9,641	Non Staffing	26,596	30,232	3,635	186,174	193,313	7,139	319,156	330,401	11,245	1,604
(3,353)	Income	(4,432)	(5,186)	(753)	(31,026)	(34,737)	(3,711)	(53,189)	(57,145)	(3,956)	(604)
<b>3,184</b>	<b>Net Expenditure</b>	<b>27,986</b>	<b>30,781</b>	<b>2,795</b>	<b>195,902</b>	<b>197,053</b>	<b>1,151</b>	<b>335,632</b>	<b>339,781</b>	<b>3,949</b>	<b>766</b>
<b>Services Summary</b>											
Previous Month Variance	ASC Division	Month	Month	Month	YTD Budget	YTD Actual	YTD Variance	Full Year Budget	Projected Outcome	Projected Outcome Variance	Change from Prev month
£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
4,293	Personal Care & Support	20,806	21,935	1,130	145,630	146,747	1,118	249,657	254,941	5,183	890
(1)	Service Delivery	1,628	1,706	78	11,397	12,067	670	19,537	19,525	(13)	(12)
(206)	ASC Transformation	216	333	116	1,515	1,607	92	2,597	2,347	(251)	(45)
(1,055)	Commissioning	5,169	6,899	1,670	36,191	35,529	(662)	62,035	60,930	(1,105)	(50)
152	Strategic Support	167	(32)	(199)	1,170	1,104	(66)	2,005	2,139	134	(18)
<b>3,184</b>	<b>Net Expenditure</b>	<b>27,986</b>	<b>30,781</b>	<b>2,795</b>	<b>195,902</b>	<b>197,053</b>	<b>1,151</b>	<b>335,632</b>	<b>339,781</b>	<b>3,949</b>	<b>766</b>

**Explanation of significant variances**

The **October projected outcome** for Adult Social Care is an **overspend of £3.9m**. This represents an **increase of £0.8m** from the September position.

The ASC budget is coming under considerable pressures, leading to the forecast that an overspend of around £3.9m (1.2% of the budget) is likely at year end. These pressures can be summarised as follows:

- all of the £3.8m underspend carried forward from 2011/12 has now been used to fund new pressures
- there are growing demand pressures within the main client groups, including escalation from children's services
- staff recruitment difficulties and the need for complex partnership working have slowed delivery of some savings

A comprehensive review of savings plans concluded in September led to the removal of some high risk savings and their replacement largely with temporary one-off measures which will help to contain this year's overspend, but will not solve the problem caused by needing to replace such one off savings in following years. The need to replace these one-off measures is being flagged as part of the forward budget setting process. As part of the 2011/12 year end process £3.8m of unspent funds were carried forward into 2012/13 to help offset pressures forecast to occur in the current and future financial years. It is assumed these funds will be fully spent by year end.

The Whole Systems funding programme is continuing, with an additional £10.2m allocation received in 2012/13. Joint plans have been agreed with NHS Surrey to spend this money on new projects which should help to reduce pressures on care budgets through preventative mechanisms such as telecare and telehealth. The funding will be retained on the balance sheet and drawn down to match expenditure as it is incurred. Due to growing demand pressures it is now proposed that £0.8m of Whole Systems funds will be drawn down as a contribution to help offset these pressures. This would represent a reallocation of funding previously set aside for internal ASC projects and as such would not directly affect plans agreed with health and other partners.

In addition to the Whole Systems funding, £2.4m of Dept of Health funding allocated to the County Council via the PCT was received late in 2011/12 and so remained unspent at year end. As a result of the reduction in this year's forecast savings it is proposed that £2m of this funding is drawn down as a contribution towards ASC's wider budget pressures. Every effort will be made to maximise savings in the remainder of the year, which may reduce the amount of DoH funding needed for this purpose.

The policy/line summary shown above for Adult Social Care does not include the following :

1. £1m contribution from the corporate centre to support the work with District and Boroughs as announced by the Leader of the County Council. This timing of the contribution is due to be considered in at the Cabinet on 27th November and is to be matched by a £1m contribution from ASC which is included in the above ASC position.
2. £1m contribution from the corporate centre to fund additional temporary staff to support more rapid progress with personalisation. This is to be matched by a £1m contribution from ASC. The timing of the corporate contribution is yet to be established, but spending patterns suggest next year.

**Summary of Management Actions included in the September projections**

Forecast Efficiency Savings in the remainder of 2012/13:

- > £1.7m Maximising income through partnership arrangements. CHC savings of £1.3m have been validated as at the end of September 2012. Based on 2011/12 performance and the backlog of cases still awaiting assessment additional savings are expected, but full year savings have been reduced to £3m because of risks brought about by changes in health economy and growing numbers of individuals losing CHC with associated backdate payments to health that reduce the net CHC savings the department secures.
- > £10.2m S266 Allocation - £1.8m of savings were achieved in full as at the end of October. A further £0.2m of savings are projected for the remainder of the financial year.
- > £0.7m Delays in recruitment of the specialist PLD review team mean that achievement of some LD PVR savings will be delayed. Total savings in 2012/13 are now forecast to be £1m, of which £0.2m of savings had been achieved by the end of September 2012.
- > £10.1m Home Based Care Tender - a re-tender exercise has been completed by Procurement for 2012/13. This is anticipated to deliver savings as existing packages cease and are replaced by lower cost new services.
- > £10.5m Consistent application of the RAS - it is anticipated that a proportion of service users currently receiving a direct payment, will be identified as needing lower cost packages which will lead to reclaims of surplus balances.
- > £10.5m Further reductions in staffing costs - the current projections include ambitious recruitment plans. An adjustment has been made to account for some potential slippage of these plans. The year to date position for Fees & Charges suggests that a surplus may be achieved by year end. £0.3m has been included as a management action this month to allow time for further analysis to confirm this position.
- > £12.0m As a result of the reduction in this year's forecast savings it is now proposed that £2m of Additional DoH funding is drawn down as a contribution towards ASC's wider budget pressures.
- > £10.6m An adjustment has been applied to Older People Home Care projections to account to breaks in service and ceases not yet actioned in the AS. This is in line with prior years trends.
- > £10.6m £0.8m of Whole Systems funding previously set aside for internal ASC projects is now planned to be drawn down as a contribution to the wider ASC budget pressures.

Total Management Actions = £7.4m, a increase of £10.4m from the Management Actions plans included in the September projections

**Older People: £3.4m overspend, an increase of £0.4m from September**

The key variances within Older People services are:

- > £2.8m Overspend on Nursing and Residential placements mainly due to demand pressures that it has not been possible to absorb within the budget and underachievement against preventative CHC and NHS savings against these policy lines.
- > £1.1m Short home based care pressures primarily due to inefficiencies in relation to preventative savings not expected to be fully achieved within the current financial year.
- > £1.0m Reduction in Management Actions due to increased savings and efficiencies in the current year and the performance of the personification agencies.
- > £0.5m Overspend within In-House residential homes including Day Care due to MTRP efficiencies ascribed to the budget, also being achieved within other areas in Service Delivery.
- > £0.2m Underspend on Direct Payments primarily due to a reduction in the actual start position and an overachievement against the demography and inflation efficiencies.

£1.1)m of Management Actions are included in the September monitoring position for Older People.

The main changes from last month were:

- > £0.4m Increase across Older People spot care packages mainly in Nursing and Residential dementia due to a net increase of 21 placements in month reflecting increasing demographic pressures around dementia.
- > £0.3m Reduction in Management Actions
- > £0.1m Increase in In-House Residential Homes
- > £0.3m Reduction in projected spot Home Based Care costs due to accruals made at the end of the previous financial year that it has been identified are no longer required.
- > £0.1m Reduction in Contract and Grants within Commissioning

**Physical Disabilities: £1.5m overspend, an increase of £0.3m from September**

The key variances within Physical Disability services are:

- > £1.3m Overspend on Direct Payments due to the start position in spot care being higher than budgeted and a net increase of 91 DP services between April and October 2012.
- > £0.4m Overspend on Supported Living due to the start position in spot care being higher than budgeted, together with the underachievement against preventative and strategic shift efficiencies.
- > £0.4m Overspend on Nursing spot care, mainly due to a net increase of 3 spot nursing care packages so far this year plus some MTRP savings being achieved against other policy lines.
- > £0.5)m Underspend on Residential care, primarily due to lower than anticipated volumes of PSD transition clients.

£0.3)m of Management Actions are included in the September monitoring position for PSD.

The main changes from last month were:

- > £0.2m Increase in PSD spot care costs, mainly within Nursing General and Direct Payments due to a net increase of 12 services in the last month.
- > £0.1m Reduction in Management Action planned savings.

**Learning Disabilities: £7.1m overspend, an increase of £0.9m from September**

The key variances within Learning Disabilities services are:

- > £2.9m Overspend for PLD Transition clients due to growing demand pressures and increased volumes above those previously anticipated, forecast non-achievement of the £1m Optimisation of Transition Pathways efficiency, and a number of high cost packages that the department has had to pick up this year.
- > £2.0m Overspend on Residential spot care mainly due to forecast under-achievement against strategic supplier review, preventative efficiencies, LD PVR and strategic shift efficiencies.
- > £1.9m Overspend on Supported Living spot care excluding S256 and Transition clients primarily because the start position was £1m higher than budgeted due to increased volumes in late 2011/12 (in line with the focus on community based provisions as part of personalisation), a net increase of 54 Supported Living services between April and October 2012 and under-achievement against preventative savings.
- > £1.1m Overspend on former S256 PLD clients due to anticipated under-achievement against MTRP efficiencies.
- > £0.9)m Underspend across other community services, particularly on Other Community Care and Respite Care, due to a lower start of year position than originally forecast and a higher proportion of savings expected to be achieved against these service areas than was budgeted.

£1.1)m of Management Actions are included in the September monitoring position for PLD.

The main changes from last month were:

- > £0.4m Increase in Transition spot care, primarily within Residential and Support Living
- > £0.3m Reduction in Management Action planned savings
- >£0.2m Increase in PLD spot care, mainly within Support Living due to a net increase of 14 services in the last month.

**Mental Health: £0.1m underspend, a decrease of £0.2)m from September**

The £0.1m underspend on Mental Health is due to an underspend on Substance Misuse within Residential Care offset by an overspend within Supported Living/Home Based care services

The decrease is due to a budget virement resulting in a reduction of £0.02)m in Mental Health Commissioning offset by a contra entry in Other Income.

**Other expenditure: £14.1)m underspend, an increased underspend of £10.1)m from September**

The key reasons for the underspend on Other Expenditure are:

- > £12.1)m Underspend on core establishment including on-costs due to ongoing workforce reconfiguration and delays in recruitment.
- > £1.0)m Funds brought forward from 2011/12 being used to offset pressures within the main client group budgets
- > £1.0)m Underspend on Supporting People - this is due to achievement of the Supporting People efficiency through the renegotiation of contracts in respect of volume and unit costs ahead of the 4 year plan.

£10.5)m of Management Actions are included in the September monitoring position for Other Expenditure.

The main changes from last month were:

- > £10.1)m Reduction in the Supporting People spend due to the renegotiation of contracts

**Income: £14.0)m surplus, an increased surplus of £10.6)m from September**

The key variances that make up the overall surplus forecast on income are:

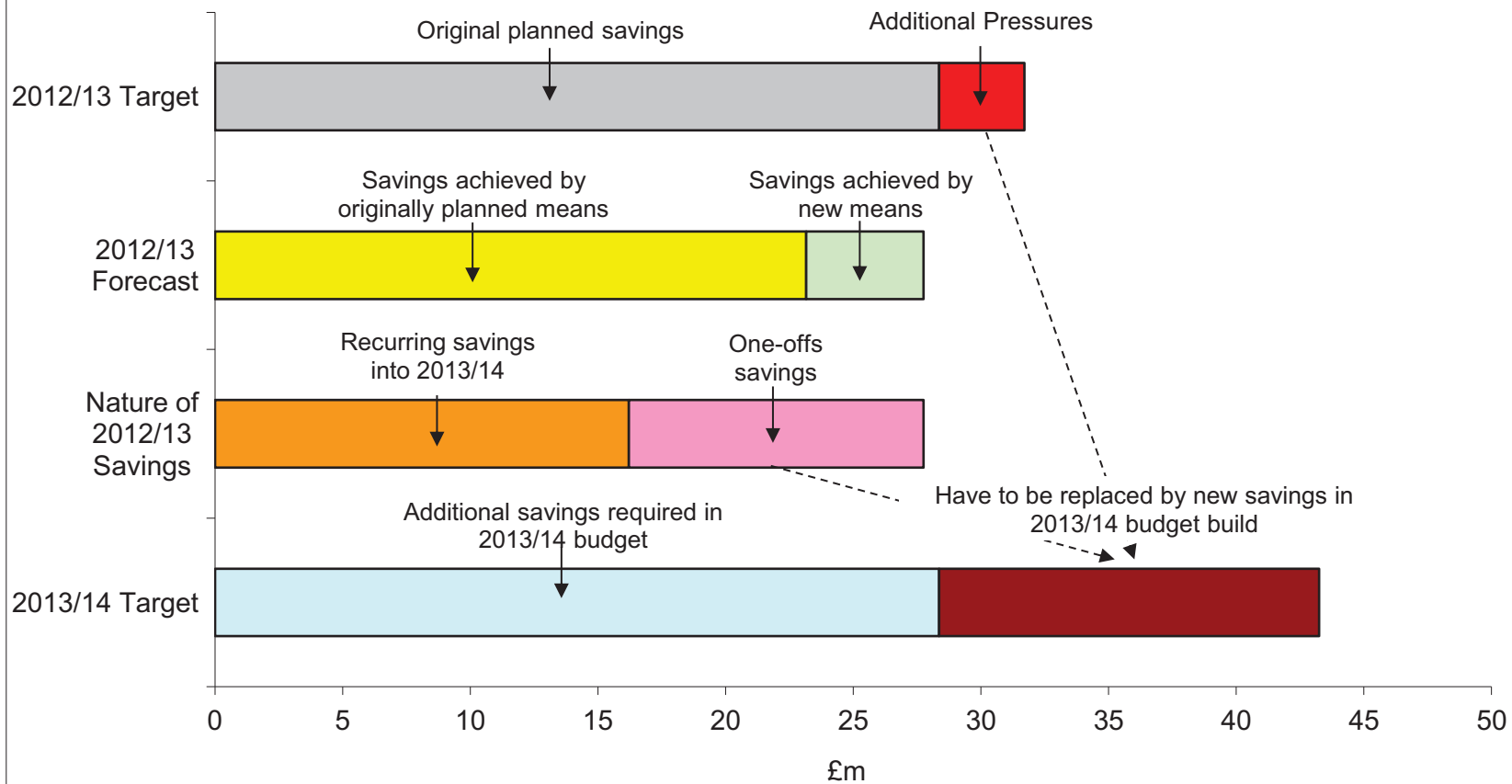
- > £16.3)m Surplus on Other Income due to £13.9)m of draw downs of Additional DoH funding, Whole Systems and other historic balance sheet funding to help offset wider pressures and unbudgeted refunds for clients who are determined as CHC with a backdated effective date.
- > £10.3)m Potential surplus on Fees & Charges based on the year to date position. Further work is underway to validate this potential surplus.
- > £1.2)m Shortfall on Joint Funded care package income, mainly caused by a reduction in the number of joint funded clients due to ongoing reviews of historical joint funding arrangements which usually result in clients being determined as either 100% CHC or 100% social care.
- > £0.4)m Shortfall on Section 256 fees & charges and Section 256 Mental Health income caused by reductions in S256 user numbers and offset by reductions in expenditure as a result.

£14.4)m of Management Actions are included in the September monitoring position for Income.

The key changes from last month were:



## 2012/13 Adult Social Care Efficiency Summary





**Capital Variance Summary - Adult Social Care**

<b>2012 13 Full Year Forecast</b>	MTFP Budget	C.Fwd Budget	Budget Virement	Revised Full Year Budget	Full Year Forecast	Full Year Variance
	£000s	£000s	£000s	£000s	£000s	£000s
Major Adaptations	1,000	57	-357	700	700	0
D&B developments - wellbeing centres	200	0	0	200	200	0
In-house capital improvement schemes	280	0	357	637	637	0
User led organisational hubs	150	0	0	150	150	0
NHS Campus Reprovision Project	0	0	0	0		0
<b>Total Adult Social Care</b>	<b>1,630</b>	<b>57</b>	<b>0</b>	<b>1,687</b>	<b>1,687</b>	<b>0</b>

**Capital Variance Summary - Adult Social Care**

<b>2012 13 Year to Date</b>	YTD Budget	YTD Actual	YTD Variance	Committed	Year to Go
	£000s	£000s	£000s	£000s	£000s
Major Adaptations	408	96	-313	92	512
D&B developments - wellbeing centres	117	0	-117	0	200
In-house capital improvement schemes	372	99	-272	712	-174
User led organisational hubs	88	0	-88	0	150
NHS Campus Reprovision Project	0	-7	-7	0	7
<b>Total Adult Social Care</b>	<b>984</b>	<b>187</b>	<b>-797</b>	<b>804</b>	<b>695</b>

**Major Adaptations:**

Approved £819k to date with a further £50k awaiting approval but actuals to date only £96k have chased Senior Managers and Service to review capital spend for remainder of the year and chase invoices.

**Wellbeing**

Although there has been a delay in receiving relevant invoices, It is anticipated that this budget will be fully committed by year end.

**In-House Improvement**

Late estimate of a £9k overspend but projecting to be absorbed by year end. Committed in SAP overstated due to EPM Purchase Orders needing to be transferred to EPM project codes.

**User Led Hubs**

Reviewing expenditure to classify between revenue and capital. If Hubs expenditure is revenue aiming aiming to transfer capital and revenue between ASC and Fire & Rescue - therefore projecting fully committed

Page 53

This page is intentionally left blank



Adult Social Care Select Committee  
30 November 2012

**Social Care Debt**

**Purpose of the report:** Scrutiny of Services

Members have requested updates every other meeting on social care debt management.

**Introduction:**

1. This report gives an update on social care charge raising practice and debt management as at the end of September 2012. Both areas of activity aim to maximise income and reduce the level of uncollected social care debt.

**Progress Update: Raising charges and Benefits Maximisation**

2. The Financial Assessment and Benefit [FAB] teams have migrated all residential and nursing assessments from Abacus to SWIFT with the exception of cases involving property debt. The property cases will be transferred by the end of the calendar year subject to satisfactory testing of the interface between SWIFT and SAP.
3. A reconciliation of SWIFT records is underway to ensure that all relevant residential and nursing placements have a financial assessment. Going forward the workflow will automatically refer cases to the FAB team negating the need for further reconciliations.
4. The teams will be commencing the review and migration of non-residential assessments, which will incorporate checks to ensure that all benefits are being claimed as appropriate. The target date for completion of this work is March 2013.

**Progress Update: Debt Collection**

5. Since August 2011 to date care debt collected totalled **£36.56m** compared to **£35.86m** charges raised - showing a **101.95%** collection

rate on that billed. Levels collected are consistently over 100% of that billed which continues to reflect the ongoing work to reduce overall debt levels.

6. Since the last report total unsecured debt has **increased** from **£7.03m** to **£7.38m**. Secured debt has **increased** from **£6.65m** to **£7.02m** as a number of legal charges against property have been secured.
7. Our campaign to increase the number of clients paying by Direct Debit as our preferred method of payment continues to show results. The latest figures show that during September 2012, **64.86%** of payments were received by this method (down 0.61 on the 65.47% August rate reported in October). Our target of 65% in the 2012/13 financial year therefore continues to be met. A new target will be set for 2013/14.
8. Currently **88.64%** of unsecured social care debt is less than two years old compared to September 2011 when the position stood at **89.92%**. Although the September 2011 position was a little higher, that was still reflecting a specific aged debt exercise carried out around that time. There are also always fluctuations during the year as the trend graph in paragraph 12 shows. All teams continue to remain focused on reducing debt levels.
9. We continue to promote awareness and take-up of our “e” billing option amongst clients who pay by direct debit or electronically (eg by BACS or via the Council’s website). Around 22% of clients currently receive their bill by email.

<b>Debt Position</b>
----------------------

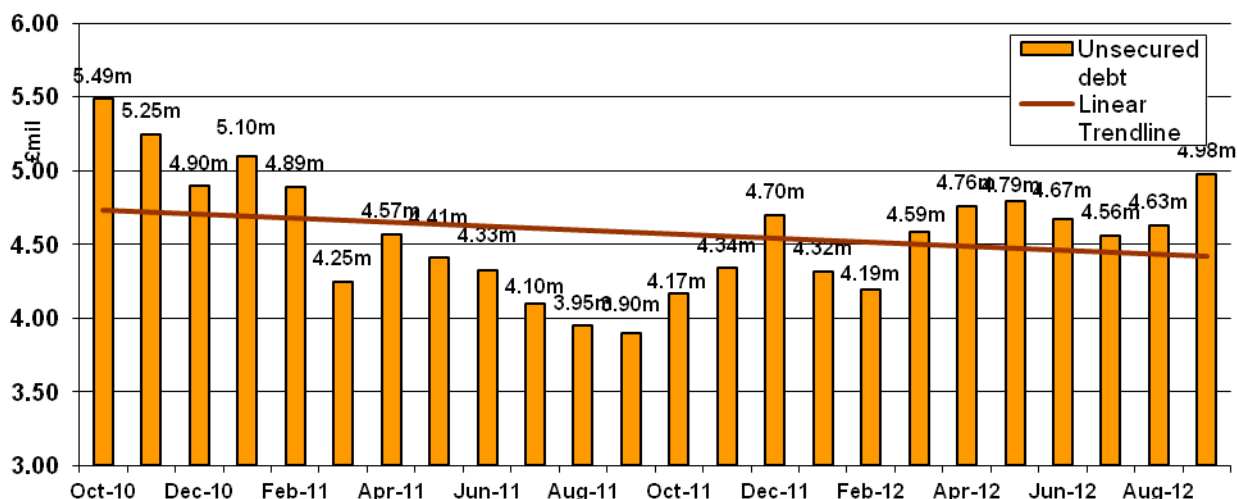
10. New debt of £3.09m was raised in September. The total debt on the system may be summarised as follows:

	£m
Less than 30 days old (including new charges raised, not yet overdue, not otherwise covered by this report)	<b>3.03</b>
Secured debt	<b>7.02</b>
Unsecured debt	<b>7.38</b>
Total	<b>17.43</b>

Unsecured Social Care Debt currently stands at **£7.38m** of which **£2.40m** is referred to Legal Services and remains as open cases. As at 30th September, 73 accounts (with balances over £75) have been written off with a value of £280,446.

11. This leaves a further collectable debt of **£4.98m** of which **£4.42m** is less than two years old.

### Unsecured (excl Legal) Debt Progress - Oct'10 to Sept'12 - two year trend

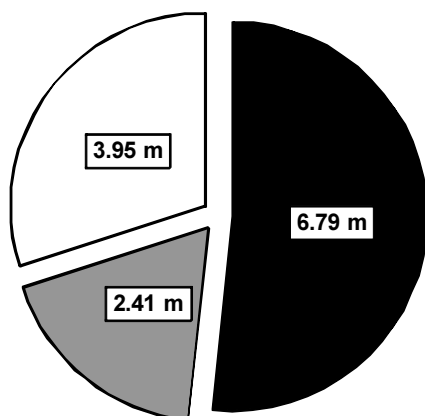


12. Clearly there has been a worsening of the position during September. Whilst this may be linked to external factors, it is also possible that resourcing and system issues in Adult Social Care and Finance Shared Service have contributed to the impact on debt collection figures. Accordingly, officers from both Directorates will be working together to identify potential causes and to take the necessary steps to improve the position.
  
13. Of the collectible debt, £0.55m is monitored by the Adults Deputyship Team. This figure has reduced by over £200k from the previous report, following successful applications to the Court of Protection requesting the appointment of a solicitor in respect of 3 cases where a property needs to be sold. A further £70k is pending payment in respect of 2 cases where the team has secured funds. The remainder of the debt is either pending appointment of a Deputy by the Court of Protection, pending an application to the Court or under investigation to identify whether funds are available to settle the debt.
  
14. A further **£7.02m** is currently secured against property.

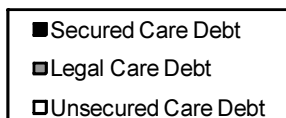
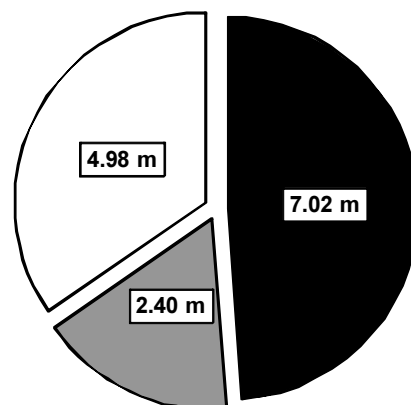
## Debt Profile – September 2011 to September 2012 Comparison

15. The following graph demonstrates how the profile of social care debt has changed over the period.

**Care Debt Breakdown**  
- at 30/09/2011 -



**Care Debt Breakdown**  
- at 30/09/2012 -



### Legal Action Cases: Update to 30th September 2012

16. Since May 2008, 178 cases have been referred for legal action amounting to £4.76m at the date of referral. 62 cases are “open” with a current debt value of £2.40m.
17. £2.08m has been recovered and “banked” (£1.93m net of costs), with further sums due under instalment arrangements, secured by charging order, or otherwise agreed to be paid and not “in dispute”:

Paid: £000	Due by Instalments £000	Secured by Charging Order £000	Not in dispute: £000	TOTAL (Gross) £000	TOTAL (Net) £000
2,077	68	163	386	2,694	2,546

18. In summary, £2.69m gross (£2.54m net) has been banked, secured or agreed to be paid.
19. During July, the Debt Recovery Manager outlined the process of social care debt recovery, and the experience Surrey has gained over the last 4 years, at a joint training event with SCC’s legal team, DWF, Solicitors and 1 Chancery Lane Chambers. The training covered both the legal complexities and practical issues for successful recovery of this type of debt and was tailored for local authority finance managers and legal officers. The event received very positive feedback; and an article covering the same topic also appeared in the Local Government Lawyer in August.

## **Conclusions:**

### **Financial and value for money implications**

20. The more debt that is recovered, the less provision for bad debt ASC will need to make, therefore spending more on service users. It is vital that the County Council can continue to satisfy, to the best of its ability, the demands placed upon it and good debt-raising practice together with timely debt-management makes a major and positive contribution. The adverse trend in September is a cause for concern: it confirms the need to monitor the position closely to ensure that is the case.

### **Equalities Implications**

21. Charging for all Adults Care services is assessed against the ability to pay or contribute. This is a consistent process and is applied fairly, based on national guidance and local discretionary policy.

### **Risk Management Implications**

22. Risk is mitigated by the maintenance of financial provisions in the Council's balance sheet, in the event of an estimated percentage of non-payments. Appropriate measures are now in place, which seek to eliminate and minimise as many risks as possible by continual process improvement, accountability and high-standards of administration.

### **Implications for the Council's Priorities or Community Strategy**

23. Debt management is a high priority for the Council and this subject is now addressed in a more concerted manner at both member and officer levels particularly given the current pressures.

## **Recommendations:**

24. In view of the adverse trend in September, a further report be brought to the Committee's meeting on 14th February 2013, ie the next meeting, rather than the established approach of reporting formally every other cycle.

---

### **Report contact:**

Paul Carey-Kent, Senior Adults Social Care Finance Manager, Finance, Change and Efficiency.

Contact details 0208 541 8536

Jacky Edwards, Principal Lawyer, Legal & Democratic Services.

Contact details: 0208 541 9745

**Sources/background papers:** SAP reports

This page is intentionally left blank



Adult Social Care Select Committee  
30 November 2012

**Completed Internal Audit Reports**

**Purpose of the report:** Scrutiny of Services

The purpose of this report is to inform Members of an Internal Audit report on Residential Care Homes - Managing Residents' Monies which was given the audit opinion of Major Improvement Needed.

**Introduction:**

1. At a meeting of the Council Overview and Scrutiny Committee on 18 October the Chief Internal Auditor presented an item on Completed Audit Reports. This showed that a recent audit report relating to Residential Care Homes - Managing Residents' Monies had attracted an audit opinion of "Major Improvement Needed".
2. At that meeting of the Council Overview and Scrutiny Committee the Chairman of this Committee agreed to consider the findings and recommendations of this audit at a future meeting of this Committee.

**Internal Audit and the Reporting Process:**

3. The Accounts and Audit Regulations 2011 require that a local authority "must undertake an adequate and effective internal audit of its accounting records and of its system of internal control in accordance with the proper practices in relation to internal control". The Internal Audit plan for 2012/13, which sets out the work that Internal Audit will complete during the year to meet its statutory responsibility, was approved by Audit and Governance Committee on 5 April 2012.
4. The Internal Audit reporting and escalation policy requires that all final audit reports are circulated with a management action plan, agreed by the relevant Head of Service, which sets out what management action is proposed in response to audit recommendations. Included in the audit report is the auditor's opinion on the controls in place. The audit opinion will fall into one of the following agreed classifications:
  - Effective

- Some Improvement Needed
  - Major Improvement Needed
  - Unsatisfactory
5. All final audit reports are circulated to the relevant strategic director; the Cabinet Portfolio holder; and, the relevant Select Committee Chairman. In addition, all members of the Audit and Governance Committee receive full copies of all Internal Audit reports.

#### **AUDIT OF RESIDENTIAL CARE HOMES – MANAGING RESIDENTS’ MONIES**

6. An audit of Residential Care Homes – Managing Residents’ Monies was included in the Internal Audit Plan for 2012/13 and the resultant Internal Audit report was issued on 21 September 2012. The report gave an audit opinion of Major Improvement Needed which is defined as:

*Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met.*

7. The auditor made seven audit recommendations that were rated as High Priority. A Management Action Plan setting out the action to be taken in response to the Internal Audit recommendations was agreed with the Assistant Director for Service Delivery.
8. The key findings and recommendations arising from the audit of Residential Care Homes – Managing Residents’ Monies audits are summarised at Annex A for information.

#### **IMPLICATIONS:**

9. There are no direct implications (relating to finance, equalities, risk management or value for money) arising from this report. Any such matters highlighted as part of the audit work referred to in this report, would be progressed through the agreed Internal Audit Reporting and Escalation Policy.

#### **Recommendations:**

10. That the Committee notes the findings of the audit of Residential Care Homes – Managing Residents’ Monies and considers whether any further action is required.

#### **Next Steps:**

11. That the Committee receives further updates on completed Internal Audit reports at future meetings where those audit reports have attracted an audit opinion of either “Major Improvement Needed” or “Unsatisfactory”.

---

**Report contact:**

Sue Lewry-Jones  
Chief Internal Auditor

**Contact details:** 020 8541 9190

**Sources/background papers:**

- Full audit report on Residential Care Homes – Managing Residents' Monies and agreed management action plan.

This page is intentionally left blank

Audit	Background to review	Key findings	Audit opinion (1)	Recommendations for improvement (Priority) (2)
<p>Residential Care Homes – Managing Residents’ Monies</p>	<p>The council has 13 in-house residential care homes: six for older people; and seven for people with learning disabilities. In July, the council was supporting over 260 permanent residents in these homes to manage their personal money, i.e. money for day-to-day expenses. The service requested an audit of the management of residents’ monies.</p>	<p>There were a number of areas of concern arising from this audit that pose financial and reputational risks to the council. Key concerns include:</p> <ul style="list-style-type: none"> <li>• Out of date and unavailable central guidance leading to inconsistent, local procedures at individual homes;</li> <li>• 45 personal accounts with overdrawn balances;</li> <li>• Banking duties being carried out by lone officers;</li> <li>• Failure to store cash securely despite safes being available;</li> <li>• Officers withdrawing cash from residents’ cash tins with no record of authorisation from the resident; and</li> <li>• Officers using their own money to make purchases on behalf of residents.</li> </ul> <p>Despite these concerns, the desire of officers to help and support residents was evident at all homes. It was apparent that officers were acting with good intentions and the best interests of residents in mind.</p>	<p>Major Improvement Needed</p>	<p>The Service Delivery and ASC Finance teams must work together to produce updated guidance for managing personal accounts. This exercise must consider:</p> <ul style="list-style-type: none"> <li>• Review of personal accounts templates and spreadsheets and reconciliation requirements;</li> <li>• Escalation procedures for accounts with low or overdrawn balances;</li> <li>• Defining authorisation levels for access to safes;</li> <li>• Arrangements for obtaining resident authorisation for cash withdrawals;</li> <li>• Creation and retention of records including officers receiving cash;</li> <li>• Evidence of spend requirements where residents withdraw cash and where officers purchase on behalf of residents; and</li> <li>• Checks to ensure residents receive goods purchased. <b>(H)</b></li> </ul> <p>The updated Imprest procedure notes should be finalised and circulated to all relevant teams and care homes. <b>(H)</b></p> <p>All debit [overdrawn] balances must be investigated and corrective action taken. <b>(H)</b></p>

Audit	Background to review	Key findings	Audit opinion (1)	Recommendations for improvement (Priority) (2)
Residential Care Homes – Managing Residents’ Monies cont’d			Major Improvement Needed	<p>Implement a strict policy whereby officers undertaking banking duties do so in pairs, driving to the bank where possible. <b>(H)</b></p> <p>The auditor has given the AD for Service Delivery a copy of Internal Audits’ safe guidance and detailed recommendations on the use of safes. These procedures should be implemented immediately. <b>(H)</b></p> <p>The recommendations as above include guidance on storing bank cards and PINs but the service should work with the Financial Assessment &amp; Benefits Team to determine the capacity of residents to keep their own bank cards or PINs. <b>(H)</b></p> <p>Clear communication must be sent to all homes prohibiting officers from using their own funds to make purchases on behalf of residents. <b>(H)</b></p>

<sup>1</sup> Audit Opinions

<b>Effective</b>	Controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.
<b>Some Improvement Needed</b>	A few specific control weaknesses were noted; generally however, controls evaluated are adequate, appropriate, and effective to provide reasonable assurance that risks are being managed and objectives should be met.
<b>Major Improvement Needed</b>	Numerous specific control weaknesses were noted. Controls evaluated are unlikely to provide reasonable assurance that risks are being managed and objectives should be met.
<b>Unsatisfactory</b>	Controls evaluated are not adequate, appropriate, or effective to provide reasonable assurance that risks are being managed and objectives should be met.

<sup>2</sup> Audit Recommendations

**Priority High (H)** - major control weakness requiring immediate implementation of recommendation

**Priority Medium (M)** - existing procedures have a negative impact on internal control or the efficient use of resources

**Priority Low (L)** - recommendation represents good practice but its implementation is not fundamental to internal control

This page is intentionally left blank





Adult Social Care Select Committee  
30 November 2012

**Recommendations Tracker and Forward Work Programme**

**Purpose of the report:** Scrutiny of Services/Policy Development and Review

For Members to consider and comment on the Committee's forward work programme and recommendations tracker.

**Introduction:**

1. The current work programme of items for future meetings is attached as **Annex 1**, and the Select Committee is asked to review the items scheduled and suggest any further topics for consideration.
2. A recommendations tracker recording actions and recommendations from previous meetings is attached as **Annex 2**, and the Select Committee is asked to review progress on the items listed.

**Recommendations:**

3. The Committee is asked to monitor progress on the implementation of recommendations from previous meetings and to review its Forward Work Programme

---

**Report contact:** Leah O'Donovan, Scrutiny Officer, Legal & Democratic Services

**Contact details:** 020 8541 7030; leah.odonovan@surreycc.gov.uk

**Sources/background papers:** None

This page is intentionally left blank

**ADULT SOCIAL CARE SELECT COMMITTEE  
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED 1 NOVEMBER 2012**

The recommendations tracker allows Committee Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Select Committee. Once an action has been completed, it will be shaded out to indicate that it will be removed from the tracker at the next meeting. The next progress check will highlight to members where actions have not been dealt with.

**Recommendations made to Cabinet**

<b>Date</b>	<b>Item</b>	<b>Recommendations</b>	<b>To</b>	<b>Response</b>	<b>Progress Check On</b>
R002	Learning Disabilities Joint Commissioning Strategy [Item 9]	The Adult Social Care and Children, Schools and Families directorates work with the Chief Executive and HR to explore all possibilities, including creative and innovative ideas and alternative structures, to effectively recruit and resource social work in Surrey.	Strategic Director for Adult Social Care & Deputy Director – Children, Schools and Families & HR Relationship Manager - CSF		<i>November 2012</i>
R001	Cabinet Member Priorities [Item 8]	There is a need to reinvigorate the communication of adult social care as a priority to Surrey residents.	Cabinet Member & Strategic Director for Adult Social Care	A briefing was supplied to Members at the October meeting.	<b>COMPLETE</b>

Page 71

**Select Committee and Officer Actions**

<b>Date</b>	<b>Item</b>	<b>Recommendations</b>	<b>To</b>	<b>Response</b>	<b>Progress Check On</b>
SC002	Mainstreaming Telecare and	That the Committee comment to the government department	Leah O'Donovan	A letter has been prepared and	<i>November 2012</i>

<b>Date</b>	<b>Item</b>	<b>Recommendations</b>	<b>To</b>	<b>Response</b>	<b>Progress Check On</b>
	Telehealth Service in Surrey [Item 8]	responsible for administering the DALLAS initiative about the burdensome bureaucracy and cost of applying, copying in all Surrey MPs;		officers are being consulted on its contents.	
SC009	Impact of Welfare Benefit Changes [Item 10]	Agreed to that the implications of the Welfare Reform Act be included as an item for the next meeting with Surrey MPs.	David Hodge		<i>November 2012</i>
SC017	Public Value Review (PVR) of mental health services [Item 9]	The Health Scrutiny Committee is requested to scrutinise the outcomes of the six-month review of partnership arrangements with Surrey and Borders Partnership NHS Foundation Trust and give consideration to reviewing the provision of psychiatric liaison in A&Es across the country.	Health Scrutiny Committee / Scrutiny Officer	This will be added to the work programme once the meeting dates for 2013/14 are known. Likely to be May 2013 or July 2013 meeting.	<i>April 2013</i>
SC018	Public Value Review (PVR) of mental health services [Item 9]	The outcomes of the PVR continue to be monitored by the PVR MRG and this Committee	Adult Social Care Select Committee	Community connections bidding process has started with services and money to be allocated from 1 April 2013. Update reports will be available on request from January 2013.	<i>January 2013</i>

<b>Date</b>	<b>Item</b>	<b>Recommendations</b>	<b>To</b>	<b>Response</b>	<b>Progress Check On</b>
SC019	Managing Staff Absences in Adult Social Care [Item 10]	The Committee continues to monitor levels of staff absence in the directorate at least every six months and would ask for a commentary to be included in future reports to better explain the statistics	Scrutiny Officer / HR Relationship Manager (HR)	This will be added to the work programme once the meeting dates for 2013/14 are known. Likely to be May 2013 or July 2013 meeting.	<i>April 2013</i>
SC003	Managing Staff Absence [Item 10]	That the Committee receive a summary of headlines from the Healthchecks via the bulletin	Ken Akers	This was covered in the October Committee item.	<i>COMPLETE</i>
SC015	Older People's Commissioning Strategy and Whole Systems working [Item 11]	Consideration is given to reinvigorating the current communication strategy, specifically looking at advice and information as a means of prevention, in particular to the provision of telecare and telehealth.	Strategic Director Adult Social Care & Cabinet Member	A briefing was supplied to Members at the October meeting.	<i>COMPLETE</i>

This page is intentionally left blank

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
<b>January 2013</b>				
28 Jan	Locality Services Deep Dive	Scrutiny of Services – There should be a wide range of services available to service users to allow them to use their budget/direct payment effectively. The Committee will explore the service provision in one specific area – east Surrey is suggested – and identify what is working well and if there are any gaps.	TBC	One-day scrutiny
<b>February 2013</b>				
14 Feb	Community Capacity and Social Capital	Scrutiny of Services – The Vision for Adult Social Care says that local authorities should work with all partners to develop community capacity to provide services that help those that are not yet in need of statutory services. The Committee will scrutinise current preventative services.	John Woods	
14 Feb	Occupational Therapy Task & Finish Group	Scrutiny of Services – The Committee will scrutinise the final report of the Occupational Therapy Task & Finish Group’s work assessing the equality of outcomes for individuals in receipt of Disabled Facilities Grant funding and SCC Major Adaptations Budget funding.	Liz Uliasz/ Leah O’Donovan	
14 Feb	Personalisation update	Scrutiny of Services – The Committee last scrutinised the implementation of personalisation in January 2012. There are still some concerns around take-up of personal budgets, re-assessments and the lack of consistent care management contacts. This item will also include information on the rollout of personalisation in mental health services.	Dave Sargeant/ John Woods	

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
14 Feb	Review of in-house residential homes for older people  Part 2	Policy development – The Committee will scrutinise the final options appraisal for the six in-house residential homes for older people, prior to a decision by the Cabinet.	Debbie Medlock	
14 Feb	Budget monitoring	Scrutiny of Budgets – The Committee will scrutinise the most recent budget monitoring information.	Paul Carey-Kent	
14 Feb	Social Care Debt Update	Scrutiny of Services/Policy Development – The reduction in Social Care debt was identified as a priority for the Committee in the last Council year.	Paul Carey-Kent	For information only
<b>April 2013</b>				
18 Apr	What has Surrey Adult Social Care achieved in the last four years?	Scrutiny of Services – As this will be the last meeting before County Council elections, the Committee will focus on the achievements of the Adult Social Care directorate over the last four-year Council term.	Sarah Mitchell & Assistant Directors	

Page 76

### Task and Working Groups

Group	Membership	Purpose	Reporting dates
<b>Occupational Therapy Assessment Process. Task and Finish Group</b>	Ernest Mallett, Caroline Nichols, Peter Hickman (HOSC), Yvonna Lay	To assess the equality of outcomes for individuals in receipt of Disabled Facilities Grant funding and SCC Major Adaptations Budget funding.	February 2013
<b>Adults Information System (AIS) Member Reference Group</b>	David Harmer, Ernest Mallett, Mel Few, Keith Witham, Tim Hall	To monitor the procurement process for the adult social care IT database	February/April 2013



		systems.	
<b>Welfare Benefits Advice Service</b>	TBC	To assess the impact of the benefits changes on Surrey residents and to contribute to the development of a new welfare benefits advice service.	TBC

This page is intentionally left blank