

## Notice of Meeting

# Adult Social Care Select Committee



**Date & time**  
**Thursday, 14**  
**February 2013**  
**at 10.00 am**

**Place**  
Ashcombe Suite,  
County Hall, Kingston  
upon Thames, Surrey  
KT1 2DN

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

**Chief Executive**  
David McNulty

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**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:

(Pages 1  
- 12)

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

To receive any questions or petitions.

#### **Notes:**

1. The deadline for Member's questions is 12.00pm four working days before the meeting (Friday 8 February 2013).
2. The deadline for public questions is seven days before the meeting (Wednesday 6 February 2013).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

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

(Pages  
13 - 14)

The Cabinet Member for Adult Social Care and Health has responded to the Committee's recommendations regarding the Adult Social Care directorate budget.

### 6 PERSONALISATION UPDATE

(Pages  
15 - 32)

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

The Adult Social Care Directorate has been implementing the Personalisation agenda. The Committee continues to monitor the success of this and will scrutinise progress in ensuring residents are supported to make appropriate decisions about their care, including through the use of

Personal Budgets and Direct Payments.

**7 OCCUPATIONAL THERAPY ASSESSMENTS TASK & FINISH GROUP FINAL REPORT** (Pages 33 - 60)

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

The Select Committee set up a Task & Finish Group in September 2011 to examine delays in the provision of Occupational Therapy assessments related to home adaptations. The Group will make its final report, setting out findings and recommendations for the Committee to consider.

**8 BUDGET MONITORING** (Pages 61 - 68)

**Purpose of report:** Scrutiny of Services and Budgets

The Committee will scrutinise the current budget monitoring information.

**9 SOCIAL CARE DEBT** (Pages 69 - 78)

**Purpose of report:** Scrutiny of Services and Budgets

The Committee continues to be concerned about the level of social care debt and will scrutinise the most recent monitoring information.

**10 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME** (Pages 79 - 88)

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

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

**11 DATE OF NEXT MEETING**

The next meeting of the Committee will be held at 10.00am on Thursday 11 April 2013.

**David McNulty  
Chief Executive**

Published: Wednesday, 6 February 2013

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**MINUTES** of the meeting of the **ADULT SOCIAL CARE SELECT COMMITTEE** held at 10.00 am on 30 November 2012 at Committee Room C, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 14 February 2013.

**Elected 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
- A Mrs Caroline Nichols
- \* Mr Chris Pitt
- \* Mrs Fiona White
- \* Mr Keith Witham

**Ex officio Members:**

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

**66/12 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Caroline Nichols and Michael Gosling. There were no substitutions.

**67/12 MINUTES OF THE PREVIOUS MEETING: 11 OCTOBER 2012 [Item 2]**

The minutes were agreed as an accurate record of the meeting.

**68/12 DECLARATIONS OF INTEREST [Item 3]**

There were no declarations of interests.

**69/12 QUESTIONS AND PETITIONS [Item 4]**

There were no questions or petitions.

**70/12 RESPONSES FROM THE SELECT COMMITTEE TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]**

**Declarations of interest:** None.

**Key points raised during the discussion:**

1. It was reported to Committee that the Chairman had been in attendance at Cabinet on 27 November 2012. She had expressed concerns in relation to the Adult Mental Health Services Public Value Review (PVR), in particular to the number of young people making the transition to Adult Social Care with mental health issues. Cabinet were requested to pay further focus to what support could be given to young people in order to help their transition to Adult Social Care.

**Actions/further information to be provided:**

None.

**71/12 DIRECTOR'S UPDATE [Item 6]**

**Declarations of interest:** None.

**Witnesses:**

Sarah Mitchell, Strategic Director for Adult Social Care

**Key points raised during the discussion:**

1. The Director of Adult Social Care gave an update on the developments in Adult Social Care, this included a summary of the work being undertaken as result of the Learning Disabilities PVR. There was an initiative in place looking at the cost of care with placements both in and out County. The Director of Adult Social Care reported that there had been some delay in achieving the savings identified, and that this was a result of difficulties around the recruitment of Social Workers. The work was now due to begin after December. This would involve matching a Social Worker with a

colleague from Procurement in order to identify where effective savings could be made in the costs of both new placements and by reviewing long-term placements.

2. The Committee questioned whether the cost of the salary saved by not recruiting balanced against the cost of the savings not being made as a result of the work not being undertaken. It was reported that the cost of the savings outweighed any savings made by having not recruited to a post. The Committee heard of the difficulties in recruiting experienced qualified staff into posts. Feedback from Social Workers seemed to indicate that there was a growing preference for agency work.
3. The Committee were asked to consider reviewing the PVR in March 2013 as it would then enable them to be part of the budgeting process. The Director of Adult Social Care expressed that she wished to ensure that the Select Committee had ongoing involvement with the development of the work.
4. The Committee raised a question regarding the personalisation of Learning Disabilities services, and who looks after the clients' interests in such instances. The Director of Adult Social Care reported that this was the responsibility of Surrey Mind Advocacy Services.

**Recommendations:**

None

**Actions/further information to be provided:**

None.

**Select Committee Next Steps:**

To review the work that has been undertaken as result of the Learning Disabilities PVR.

**72/12 SUPPORTING CARERS [Item 8]**

**Declarations of interest:** None.

**Witnesses:**

Dave Sargeant, Assistant Director for Personal Care & Support  
Shelley Head, Senior Manager, North West Surrey  
Mikki Toogood, Carers Practice Development Manager

Jane Thornton, CEO, Action for Carers

**Key points raised during the discussion:**

1. The Assistant Director for Personal Care & Support outlined that concerns around the support in place for carers had led to the setting

up of a Members Reference Group, and subsequently the Carers Practice and Performance Group.

2. The CEO of Action for Carers reported that it was felt that there had been improvements made, and praised the development of a good ethos. Carers were still reporting some concerns about not having named practitioners, however the appointment of Practitioners with a Carers lead was highlighted as being a positive step.
3. The Assistant Director for Personal Care & Support described the work in place to break down team performance to a local level, in order to identify areas of good practice and areas for improvement. The Committee were informed that further recruitment was being undertaken and that it was an ambition of Adult Social Care to ensure that every carer had a named worker.
4. The Committee were informed that there was now a drive to ensure that every carer would be offered a joint assessment. Historically this was measured against the national local authority performance indicator N135, however the Carers Practice and Performance Group recommended six key performance indicators that would give a fairer reflection of the Council's performance in relation to assessments. These were reported on a monthly basis, while reporting on N135 would be on an annual basis. It was also reported that there was an emphasis being placed on undertaking whole family assessments.
5. Members raised a question about the sixth performance measure, which set out to gather the views of carers in the form of a survey. It was reported that this was the first survey of its kind and it set a benchmark. There had been a 40% return so far and the results were looking positive. The Committee were informed that there was a large amount of qualitative data being returned. The survey was intended to be undertaken over a period of time in order to ensure outcomes could be effectively measured.
6. The Committee were informed that work was in place to improve the identification and support of young carers. Resources were being developed by the Carers Practice Development Manager. The Committee asked for further information on the process in place to link with schools around identifying the needs of young carers. The CEO of Action for Carers reported that they were commissioned to liaise with schools and outlined some of the work in place in relation to this.
7. The Committee discussed the development of a volunteer base to support young carers. Work was being undertaken to ensure that the profile of the volunteer base was being diversified, but that it also took into account the views of the carers in relation to how they wished to be supported.
8. The Committee were informed as to the progress in delivering the Carer Aware e-learning package. The course had been completed by 109 staff within weeks of the training becoming available, this included front-line and support staff. The feedback had been positive, and the Committee requested that they might be provided with an informal opportunity to view the training package.



**Recommendations:**

1. The Service and partners are commended for the increased rate of identification of carers since July 2011 and encouraged to continue to improve the number of carers with a Supported Self Assessment and ensure every carer has a named practitioner;
2. Statistics relating to the number of carers with a Supported Self Assessment (SSA) and who have a named practitioner are requested to be included in the Director's Update at the February meeting;
3. The Committee continues to be concerned about the identification of young carers and would encourage the continued prioritisation of work in this area; and
4. A meeting should be arranged to show the Young Carers e-Learning package to the Committee for their comment.

**Actions/further information to be provided:**

None.

**Select Committee Next Steps:**

None.

[Mel Few joined Committee at 10.50am]

**73/12 DIRECT PAYMENT REVIEW GROUP [Item 9]**

**Declarations of interest:** None.

**Witnesses:**

John Woods, Assistant Director, Transformation  
Caroline Jones, Senior Manager, Transformation  
Sarah Mitchell, Strategic Director for Adult Social Care  
Dan Wilson, Auditor

**Key points raised during the discussion:**

1. The Assistant Director, Transformation, outlined the findings of the Direct Payment Review Group. It was recognised that direct payments offered better outcomes and better value for money for clients, however there was also a need to ensure regular scrutiny and audit processes were in place. The Committee were informed that there was a national drive towards using Direct Payments and that Adult Social Care recognised the benefits of this.
2. The Committee were informed that a dedicated Direct Payment Review team had been set up as a result of an internal audit report, and work was being undertaken to tackle the number of overdue reviews for individuals in receipt of direct payment. The intention was

that the review process would be embedded within the Locality Teams in the future, rather than the responsibility of a dedicated team. There would be a review of the Direct Payment Review team undertaken in March 2013. There was also work in place to streamline the review and business processes in order to prevent future backlogs of work from being created. This was joined up with the Adult Services Business Process Review and would be one of the focuses of the Member Reference Group.

3. The Committee were informed that there were now clear definitions of fraud and misuse in place, and that the emphasis had shifted from defining use to an agreement of desired outcomes with clients. Regular reviews would also ensure that underspend was being identified and direct payments being adjusted appropriately.
4. The Committee discussed the difficulties caused by recruitment in relation to the Direct Payment Review Team. These were a result of the provider failing to provide suitable staff in a timely manner. It was further compounded by the general difficulties encountered by Adult Social Care in recruiting and retaining staff. The Director of Adult Social Care outlined the measures in place to address these issues. These included changes in the recruitment and exit processes in order to identify what factors influence recruitment.

**Recommendations:**

1. The Service is thanked for responding positively and quickly to the concerns identified in the audit report;
2. Recognising that further improvement is required, the Committee encouraged the Service to strive for a rating of "Effective" for the follow-up audit;
3. The Committee remains concerned about the ability of Surrey County Council to recruit sufficient personnel in order to further the success of the Direct Payments scheme and asks for a report on this in future to indicate progress.

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

None.

**Select Committee Next Steps:**

None.

**74/12 BUDGET MONITORING [Item 10]**

**Declarations of interest:** None.

**Witnesses:**

Paul Carey-Kent, Senior Finance Manager, Change & Efficiency  
Sarah Mitchell, Strategic Director for Adult Social Care

David Holmes, Managing Director, Ashcroft  
Mark Packer, Chief Executive, Welmede

**Key points raised during the discussion:**

1. The Committee were presented with the budget monitoring information for October 2012. There was a reported overspend of £3.9 million for the year. The Senior Finance Manager outlined that this was partly attributable to an unexpected increase in volume which had prevented efficiency savings from being met.
2. The Committee were informed that there were difficulties in delivering £28.4 million savings required for 2012/13. The budget was being managed with the intention of decreasing the level of overspend; £12 million of one-off savings had been utilised, however it was emphasised that these measures were one-off and not a year-by-year saving. It was highlighted that further savings were proposed as part of the Medium Term Financial Plan for 2013/14 and Adult Social Care would experience significant difficulties in achieving these.
3. The Committee raised concerns that the increase in volume had not been anticipated by Adult Social Care and asked what measures were being put in place to improve this going forward. The Director of Adult Social Care acknowledged that some of the increase had been a result of improvements in the delivery of Adult Social Care. It was highlighted that there was an increase in the number of people identified with early onset dementia, and that this had been in part as result of Adult Social Care initiatives to increase awareness of the illness.
4. The Committee were informed that the increase in the number of people remaining in a constant residential placement within the Local Authority area was having a positive impact in terms of quality of the service delivered, but had a potential negative impact on spending.
5. The Committee raised a question as to the capital expenditure budget and its current rate of spending, which was less than had originally been budgeted for. It was outlined that many of the capital costs were committed and would be more accurately reflected by the end of the financial year. It was suggested that the budget report broke capital expenditure figures into the following three categories: authorised, committed and spent. Officers agreed to do this.
6. The Committee discussed the need to look at volume and price calculations in order to get a true reflection of the run rates involved in Adult Social Care. This was agreed as being something that would be shown in the figures for January 2013.
7. The Committee were given a presentation by the Managing Director, Ashcroft and Chief Executive of Welmede outlining the current budgetary pressures being experienced by service providers. It was acknowledged that the providers and County Council were closely aligned in terms of common objectives; however, there were concerns about the level of savings providers were being asked to implement.

8. The Committee were informed of the significant growth pressures being felt by providers, and the impact this had in terms of service delivery and recruitment. The Committee acknowledged the pressures that providers were being exposed to, however also commented that partnership work needed to be put in place in order to identify where further savings could be made.

**Recommendations:**

1. The Adult Social Care Directorate has worked extremely well over the last two years to meet very challenging financial savings targets;
2. The Committee continues to champion preventative measures that will affect the long term figures positively;
3. The savings that have been required and will need to continue may now begin to affect the quality of care in some areas;
4. The Adult Social Care Select Committee formally requests that the Cabinet re-consider the savings targets being imposed on the Adult Social Care Directorate, bearing in mind the demographic challenges and increased demand facing it; and
5. The public need to be informed and prepared for possibly difficult announcements and impacts of the funding allocation from central government due in December and in the future.
6. David Holmes and Mark Packer are thanked for attending and making their presentation; and
7. Officers in Adult Social Care work with David and Mark to arrange a meeting with the Leadership Team to discuss their concerns and continue to work with providers to find opportunities to reduce their and our costs.

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

None.

**Select Committee Next Steps:**

None.

**75/12 SOCIAL CARE DEBT UPDATE [Item 11]**

**Declarations of interest:** None.

**Witnesses:**

Paul Carey-Kent, Senior Finance Manager, Change & Efficiency

**Key points raised during the discussion:**

1. The Senior Finance Manager outlined to Committee concerns that the level of Social Care debt had increased in September 2012. There were a number of factors that had contributed to this: issues relating to the ICT systems, a period of sickness amongst staff and a series of external factors. A review is under way to identify what changes in process might be required in order to prevent any further increase.
2. The Committee queried the decrease in Direct Debit payments between August and September 2012. It was explained that there were a small number of cancellations which were usually offset by a number of clients choosing to pay by direct debit. Shared services have a record of cancellations for those who are still receiving a billed service and will use this information to identify whether there are any possible trends in the causes of cancellations.

**Recommendation:**

1. Officers are requested to report back the results of the internal audit, the updated position and figures on the take-up of Direct Debits to the next meeting.

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

That future reports show a trend line of both two years and six months.

**Select Committee Next Steps:**

The Committee will be presented with a brief update in January with a more detailed update on 14 February 2013.

[Committee stopped for lunch at 12.50pm. Reconvened at 13.35pm]

**76/12 PREVENTION THROUGH PARTNERSHIP [Item 7]**

**Declarations of Interest:**

None.

**Witnesses:**

Melanie Bussicott, Assistant Director for District and Borough Council Partnerships

**Key Points Raised During the Discussion:**

1. The Committee were provided with an update on the work being undertaken by Adult Social Care to develop partnerships with District and Borough Councils. This included a short DVD designed as a promotional tool for telecare services.
2. The Committee were informed that 11 local plans were in the process of being developed and would be completed by the end of December 2012. These were intended to assist in connecting services between the County Council and District and Borough Councils. The Committee

were also asked to note the work underway to develop four Wellbeing Centres by April 2013.

3. The Committee had a detailed discussion around the development of telecare services. The feedback regarding telecare had been positive, and Adult Social Care would be promoting telecare on a local level. It was suggested by the Committee that this needed to be promoted to Local Committees, Parish Councils and other interested parties in order to effectively communicate the benefits of the service. This would also assist in identifying any specific gaps in the promotion of the service going forward. The Committee was informed that the long-term intention was to have a locally facing individual in each of the District and Boroughs who would make the appropriate links and effectively liaison between the respective parties.

**Recommendations:**

1. The Service is encouraged to think of innovative ways of promoting telecare across the County, such as a "Wellbeing Bus" that can act as a roving hub;
2. The Service is encouraged to take this report and the DVD to the local community services committees, the Local Committees and potentially to the Parish Councils due to its crossover issues with District and Borough joint working; and
3. The shadow Health and Wellbeing Board and Surrey Fire & Rescue Service are requested to comment on their involvement with this important cross-cutting area of work.

**Actions/Further information to be provided:**

None.

**Select Committee Next Steps:**

None.

**77/12 COMPLETED INTERNAL AUDIT REPORTS [Item 12]**

**Witnesses:**

Sue Lewry-Jones, Chief Internal Auditor  
Debbie Medlock, Assistant Director for Service Delivery  
Paul Goodwin, Senior Accountant Finance

**Key points raised during the discussion:**

1. The Committee were given a brief update as to the actions identified as part of the internal audit report on Residential Care Homes – Managing Residents' Monies. The Chief Internal Auditor indicated that the feedback had been positive with regards to the implementation of the Management Action Plan, and that there were no major concerns. It was also highlighted that the training put in place was being tailored to specific residential homes based on the findings of the audit.

2. The Committee thanked Internal Audit for their work.

**Recommendations:**

1. The Service is thanked for responding quickly to the concerns raised in the audit report.

**Select Committee Next Steps:**

None.

**78/12 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME  
[Item 13]**

**Witnesses:**

None

**Key points raised during the discussion:**

1. The Committee were asked to review the Forward Work Programme and Recommendation Tracker. There were no further comments.

**Recommendations:**

None.

**Select Committee Next Steps:**

The Committee will review the Recommendation Tracker and Forward Work Programme at the next meeting.

**79/12 DATE OF NEXT MEETING [Item 14]**

The Committee noted that the next meeting would take place on 14 February 2013 at 10am.

Meeting ended at: 2.20 pm

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**Chairman**

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**CABINET 18 DECEMBER 2012**

**CABINET MEMBER RESPONSE TO ADULT SOCIAL CARE SELECT COMMITTEE WITH REGARD TO BUDGET MONITORING**

**Adult Social Care Select Committee recommendations**

Therefore the Select Committee recommends to the Cabinet:

1. The Adult Social Care Directorate has worked extremely well over the last two years to meet very challenging financial savings targets;
2. The Committee continues to champion preventative measures that will affect the long term figures positively;
3. The savings that have been required and will need to continue may now begin to affect the quality of care in some areas;
4. The Adult Social Care Select Committee formally requests that the Cabinet re-consider the savings targets being imposed on the Adult Social Care Directorate, bearing in mind the demographic challenges and increased demand facing it; and
5. The public need to be informed and prepared for possibly difficult announcements and impacts of the funding allocation from central government due in December and in the future.

**Reply:**

I am grateful to the Select Committee Members for their work in scrutinising the forward budget position.

They rightly recognise the achievements of Adult Social Care Directorate in making savings approaching £90m over the past three years while reducing neither quality of service nor the underlying investment; and I agree that we should continue to invest for the longer term in such programmes as Reablement, Telecare and Supporting People.

I also agree that increased funding would be very welcome. However, we do need to make those decisions within the overall funding available to the County Council, and to make them on a fully informed basis. Accordingly, a substantive response will have to wait until after the Government's settlement has been received and its consequences analysed.

What I propose, therefore, is to feed the Committee's views into the relevant Cabinet discussions, and to attend the Committee's own budget workshop on 15 January to make sure I am fully aware of Members' views as we move towards making the decisions needed to set the budget for 2013/14

**Michael Gosling  
Cabinet Member for Adult Social Care and Health  
18 December 2012**

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Adult Social Care Select Committee  
14 February 2013

**Personalisation Update**

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

Personalisation is a holistic approach which underpins everything we do in Adult Social Care. This paper provides an update on a number of elements of personalisation, including the priorities arising from the 'Making it Real...In Surrey' event, personalisation and Self Directed Support in Mental Health, performance and practice development in Personal Care & Support, the take-up of personal budgets, the outcomes being delivered for people and the operation of the Resource Allocation System.

**Introduction:**

1. Personalisation means thinking about care and support services in an entirely different way. It means starting with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives. It requires a significant transformation of adult social care so that all systems, processes, staff and services put people first.

**Personalisation and Self Directed Support Roll Out**

2. Self Directed Support has been rolled-out across Surrey. The final team in Personal Care & Support went live in May 2011 and all Personal Care & Support practitioner staff have undertaken self directed support training.
3. A comprehensive training programme for personalisation and self directed support was co-designed and co-delivered by Surrey Independent Living Council, Advocacy Partners and the Transformation Team in Adult Social Care. Training was customised for different staff groups and designed to cover the cultural change associated with personalisation, as well as the process changes. A team of expert practitioners from the Transformation Team were on-site with each team for a number of weeks to guide the 'operationalising' of self directed

support and the Adults Integrated Systems (AIS), provide practical support, guidance and encouragement during their go-live period. The Staff Practice Guide was also published in autumn 2011.

4. The roll-out of self directed support has been underpinned by significant system and organisational changes. In terms of systems, the AIS and Electronic Social Care Record (ESCR) have been rolled-out to teams alongside self directed support and we have implemented new Swift finance modules – independent sector payments, block contract and financial assessment. Swift will be upgraded to V27.02 in May 2013 and work is underway on the new reablement scheduling system. Personal Care & Support are working with Information Management and Technology (IMT) to improve current processes within AIS and to explore a possible future alternative long-term solution for an adult social care client database. In terms of organisational changes, Personal Care & Support has co-located with districts and boroughs as the basis for a more integrated service and to help deliver a personalised service by embedding most staff within a specific locality.

#### **Personalisation and Self Directed Support in Mental Health**

5. Personalisation and self directed support training for 340 managers and practitioners in the Community Mental Health Teams was completed in July 2012, with the exception of the Drug and Alcohol Team, who are about to start a pilot. There were mop up sessions and the 3 Senior Practitioners currently working in the teams are providing ongoing training to support new staff and to assist them to embed the new ways of working.
6. By March 2013 the plan will be well under way for everybody new, and those already in receipt of social care funding, to have their own personal budget. In total, 246 people have received their own Indicative Weekly Budget with which to begin support planning. The number of people with a Support Plan in place is 81 and this number is growing daily. We are beginning to see that personalised support planning is working well. People are able to realise the government's vision of having increased choice and control, enabling them to choose solutions that are suited to them individually.
7. Social Capital and Brokers - Surrey's two mental health support brokers have worked with over 60 people giving input and support to develop new solutions. They have provided advice and guidance to many more people and their care coordinators, building up a huge wealth of local knowledge within people's own communities, promoting creative resources and sourcing new ones where there are gaps.

#### **Making a difference – Jane's Story**

Jane is in her early 60s with a diagnosis of paranoid schizophrenia in addition to living with limited mobility and daily pain as a result of her arthritis. Jane has struggled to accept the treatment options offered to her. Prior to Self Directed Support she was being encouraged to move to a supportive living

placement four days a week to have her needs met and give respite to her partner Bill.

Following her completion of the Supportive Self Assessment and working with her Indicative Personal Budget it became clear that Jane really did not wish to move elsewhere. She felt it would be detrimental to her family life and likely cause her health to deteriorate further. The unit identified was 40 miles away and not practicable. So looking at other alternatives within her community with her support broker she made the choice to have one-to-one support for six hours a day, four days a week, to support her within her own home enabling Bill to continue to work.

The specialist support provided is enabling Jane to be part of her local community by going out shopping, having coffee and a catch up with people she knows from the church, visit local places of interest, do baking at home and helping her to manage the intrusive and persistent symptoms of her illnesses. Incorporated into her plan is an annual membership to a local garden, where Bill and any care worker get in free. Jane is now able to spend time with her daughters and grandchildren. Being occupied and living life as she wants to during the day is reducing the stress and anxiety that accompany her symptoms. This transformation has provided huge support to her husband Bill. He can continue to work with reassurance. The stability in their life now means the couple can plan ahead. They are going out at weekends and are planning a holiday.

Best value - No crisis admissions to hospital in the last five months. Jane was being admitted once a month for a few days. Personal Budget of £373.53 a week compared to a supported living/residential placement of £580 a week. Jane and her family's quality of life and social inclusion as a result of personalisation have been great.

8. Making personalisation work in integrated mental health teams has its challenges – such as different professions, cultures, recording systems and values. It takes time, energy and commitment from all involved to put the structures in place to enable the workforce to support individuals and carers to achieving the outcomes that will make a difference to their lives and enable them to be part of their communities. A full review and evaluation of the Personalisation in Mental Health Strategy will be completed in spring 2013.

### **Performance and Practice Development**

9. In the Personal Care & Support service in Adult Social Care the introduction of personalisation has created the opportunity to celebrate, innovate and inspire our health and social care professional staff to facilitate improved outcomes for people and their circles of support.
10. Care Management as a model for delivering social care, not only limited the choice and control that individuals and carers had in the services they received; it also de-professionalised the Social Workers, Occupational Therapists and Nurses we have working within the Directorate. The investment to date in Adult Social Care's organisational

systems, structures, processes and leadership style has provided the platform on which to now begin to maximise the opportunity that personalisation has presented to re-professionalise the industry as a whole.

11. Nationally we hear about Social Work reform. In Surrey we talk about Health and Social Care Professional and Occupational reform. This recognises the opportunity for and commitment to, supporting and inspiring all our staff in professionally qualified or occupational roles, to be as good as they can be. The Performance and Practice Development Strategy has delivered three main outcomes to date under the banner of The People Strategy and Supporting You.

12. Strand 1 - Senior Practice Lead Development Programme

12.1 Occupational Therapists, Social Workers and Nurses with a minimum of five years experience in Adult Social Care occupy these positions. Their role is to be leaders of practice standards and practice development for locality, hospital and reablement services. This is a new role requiring specific skills. An accelerated training programme has been provided to the Senior Practice Leads including - Introduction to Action Learning Sets, coaching skills, Institute of Leadership Management Level 3 Qualification, Train the Trainer amongst others.

12.2 Having been equipped with the specific skill set to carry out the role they will now be delivering the following outcomes to staff in the 11 locality teams and hospital sites from January 2013:

- Supervision - Facilitated group supervision for professional and occupational roles.
- Training - Team based training sessions for staff to meet local need using the experience of individuals and carers as appropriate.
- Induction - Oversight of all new staff, through the first twelve week induction period.
- Mentoring - Support and mentor newly qualified Occupational Therapists and Social Workers through their first year of employment.
- Partnership - Work alongside individuals and carers to obtain feedback on the service they have had from staff to learn lessons and facilitate changes in approach as appropriate.
- Inspire and motivate staff at all levels through professional leadership.

13. Strand 2 - Area Practice Pools

13.1 In order to support individuals, carers and people who may be part of a family, a holistic approach to enabling people to identify what help they need is essential. Our workforce must be informed, empowered, confident and competent in accessing information and

advice in order to respond appropriately to all aspects of need that may arise. To this end, an Area Practice Pool was formed in each area in November 2012. Coordinated by the Senior Practice Leads these pools currently comprise Senior Specialist Practitioners from Children Schools & Families, Transition, Safeguarding, Mental Health, Continuing Health Care, DOLS & Deputyship, MCA, Carers, HIV & Aids.

#### 13.2 The outcomes for the Area Practice Pool are:

- To provide access to a comprehensive practice knowledge and advice 'hub' for practitioners at all levels across all sectors.
- Empower and facilitate joint working and planning on practice development in response to individual and carer feedback.
- A central mechanism for updating on national personalisation development initiatives, policy and practice standards.
- Celebrating and sharing innovative and rewarding practice stories internally and publicly.
- It is envisaged that the Area Practice Pools may become Area generic student units of the future for Occupational Therapy and Social Worker trainees across Adult Social Care and Children Schools & Families.

#### 14. Strand 3 - Performance, Practice and Personal Development

14.1 The PPP Folder has been designed to embed the principles and values of personalisation, enable staff to feel supported and valued in their roles, inspire and drive practice continuity and improvement and to developing people to their full potential. The folder will be issued to staff at all levels in professional or occupational roles within Personal Care & Support locality and hospital teams by end February 2013, specialist teams and roles by end March 2013. Service Delivery and Children Schools & Families are also adopting this model for their staff with dates of launch and implementation to be agreed.

14.2 The folders will provide a comprehensive, clear and simple mechanism for delivering the following outcomes for staff and the Directorate:

- Performance objectives that are job profile specific.
- Appraisal, supervision & personal development plans that meet the job profile and service objectives.
- Clear personal and professional development pathway for staff in professional and occupational roles, to encourage, inspire and motivate our potential leaders of the future.
- Personalised learning and development needs and outcomes to inform training commissioning.

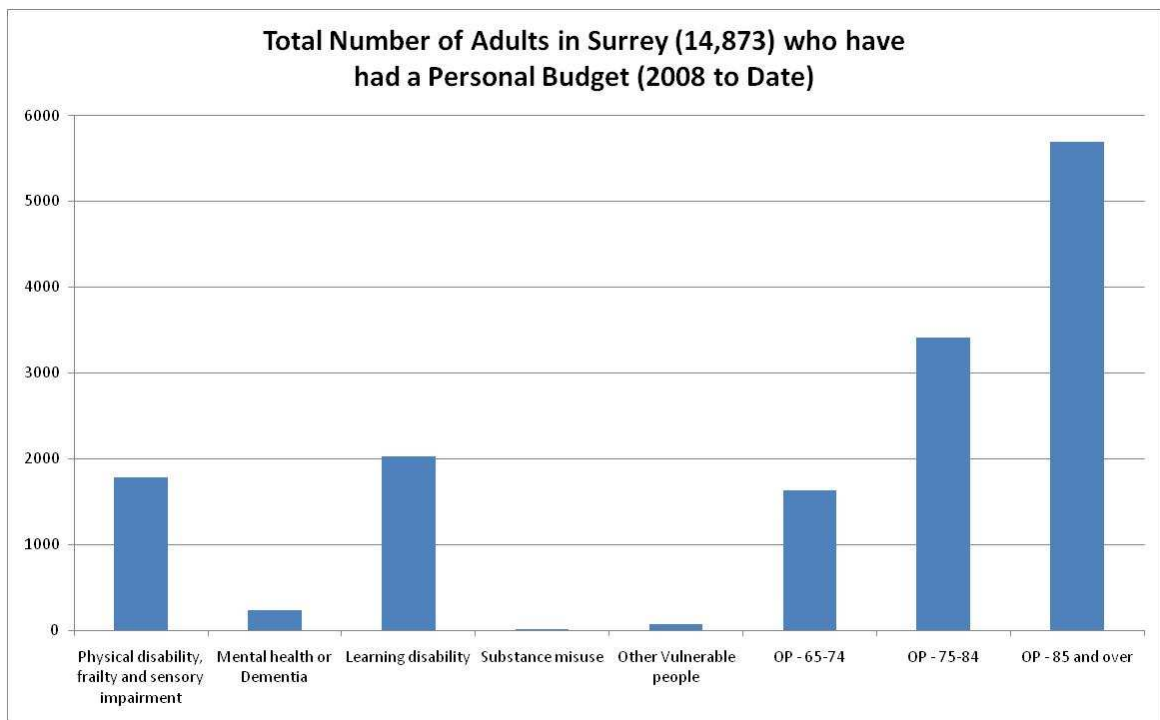
- Standards of proficiency and registration requirements attained for Occupational Therapists (PQF) and Social Workers (PCF) Professionals through continuing professional development and professional supervision.
- Safeguarding Competency Framework to measure and evaluate performance after training

14.3 Next Steps - The Supporting You project as part of the People Strategy will continue to support Personal Care & Support to build on and support the Performance and Practice Development Strategy in 2013.

### Personal Budgets

15. Personal budgets are a central part of the personalisation agenda giving people who use services choice and control over their lives. In the period since 2008 when Surrey County Council started to roll-out self directed support, 14,873 adults have had a personal budget across all client groups.

Figure 1 – Total number of adults in Surrey who have had a Personal Budget



16. Adult Social Care Outcomes Framework (ASCOF) 2011/12 compares Surrey's performance with other shire and south east counties. These measures show that Surrey was below the average of comparator authorities in the proportion of adults, older people and carers receiving self-directed support in the year to 31 March 2012. However, Surrey was above the average for the proportion of people using community based social care in receipt of personal budgets as a direct or cash payment.

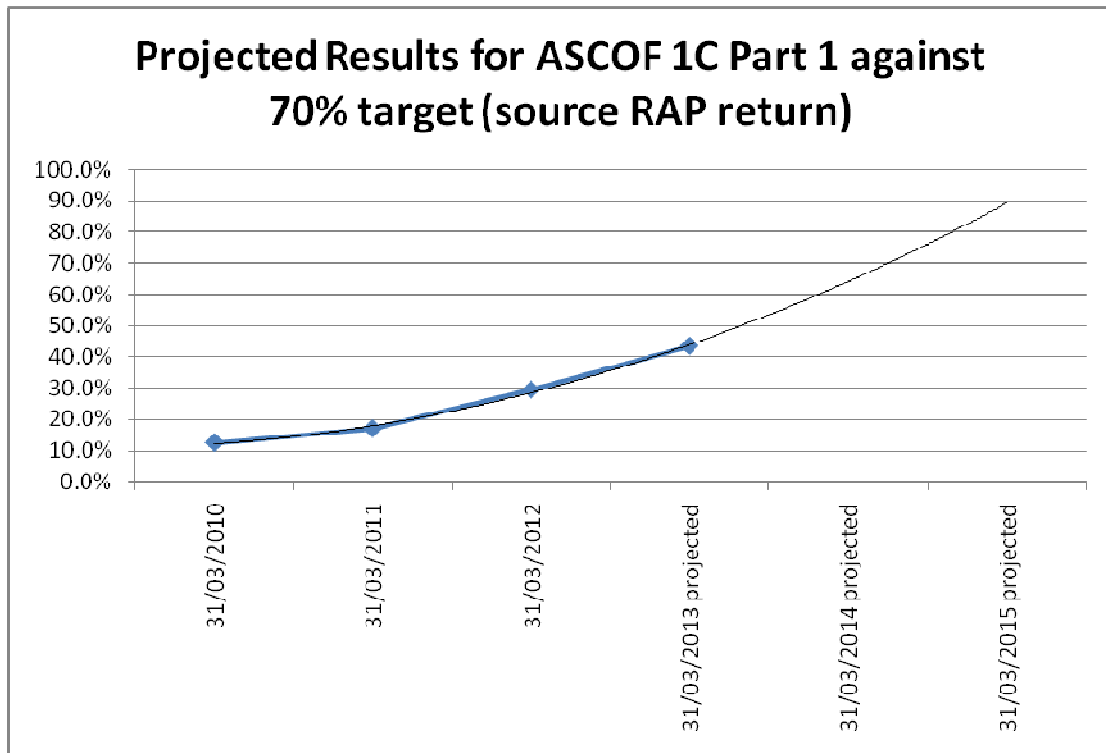


Figure 2 – Proportion of adults in receipt of self directed support and personal budgets in Surrey compared with the shire counties and south east region

ASCOF 1c Part 1 & 2	Surrey	Shire Counties	South East
The proportion of adults, older people and carers receiving self-directed support in the year to 31 March 2012 as a percentage of all clients receiving community based services and carers receiving carer specific services	29.5	42.6	40.3
The proportion of people using community based social care who receive personal budgets as a direct or cash payment	13.6	13.2	12.1

- Surrey is working towards the national target of providing 70% of people eligible for on-going social care with a personal budget by April 2013. As at 31 March 2012 Surrey had achieved 29.5%. Projecting forward, and assuming that the denominator (number of people using services and carers who have received community services during the year) remain unchanged, the results indicates Surrey would have an end of year position of 43% and would not reach the 70% target until the first quarter of 2015 (April - June).

Figure 3 – Projection of Surrey’s performance against the national target of 70% of people with a personal budget by April 2013.



18. It should be noted that there have historically been issues with the denominator of this indicator, hence the reduction in the national target from 100% to 70%. These issues remain for Surrey, in terms of the number of people we help with reablement only who are currently included in the denominator.
19. It is also important to appreciate the scale of the operational challenges that have impacted upon the roll out of personal budgets in Surrey. All teams in Personal Care & Support were live with the current version of AIS and had received personalisation and self directed support training by May 2011. However, during and since this period, Adult Social Care has undergone significant organisational change, all of which was essential to ensure we have a structure which is fit for purpose, but which has impacted temporarily on the capability and capacity of the workforce to see individuals and families to support them to receive a personal budget. For example:
  - A rebalancing of the number of qualified and unqualified staff (as recommended by the audit commission) led to a number of experienced staff leaving and a time lag in replacing this knowledge.
  - Long Term Teams have been reintegrated into locality teams, resulting in a large scale movement of staff and cases.
  - The Sourcing Team model has been flexed and developed in order to better fit operational need.
  - Recruitment has been an on-going and significant challenge and has meant many new staff who now need to grow their experience, alongside limited capacity for mentoring
  - Staff have needed to adapt to new systems, a mobile way of working and the move to borough and districts offices
20. With the large scale of change in Personal Care & Support, it is natural that staff and managers have focussed on processes & structures, to ensure they keep people safe and keep track of cases. Moving forward, the combination of organisational stability, more fully staffed teams, the roll out of the Performance and Practice Development Strategy and improved and more streamlined processes will enable Personal Care & Support to significantly increase the numbers of people in receipt of self-directed support and a personal budget.
21. Adult Social Care took part in the Personal Budgets Outcome Evaluation Tool (POET) survey in early 2012. The survey was developed by the Centre for Disability Research, Lancaster University and In Control to identify outcomes and experiences of people using personal budgets and those of their carers. It is designed to help local authorities to build on the positives and understand what improvements are needed.
22. 700 people (88 responded) and 300 carers (74 responded) were invited to participate in the survey in Surrey. The results told us that personal budgets are delivering improved outcomes and have an overall positive impact on the lives of people and their carers in Surrey.

23. Personal budget holders told us their personal budget had made a positive difference in their lives in:
- Being supported with dignity (71%)
  - Mental well-being (71%)
  - Staying independent (70%)
  - Getting (69%) and being in control of support (62%)
24. Carers taking part in the survey told us personal budgets had made a positive difference to their:
- Capacity to continue caring and remain well (74%)
  - Quality of life (59%)
  - Finances (53%)
  - Physical and mental well-being (49%)
25. This reflects a similar pattern in the national survey. Comments indicate that whilst carers are highly positive about the impact of personal budgets they are more negative about all aspects of the process and the stress and worry for them.

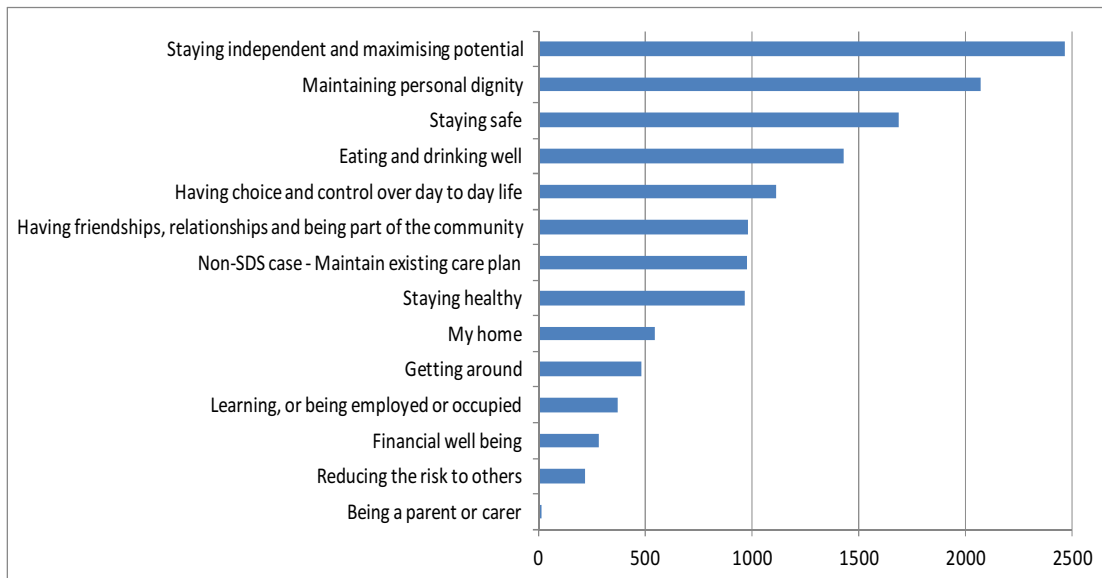
## Outcomes

26. With the introduction of self directed support and the Adults Integrated System we are now able to monitor the outcomes of the support plans for people who use services and their carers:
- Over 14,000 people who use services and carers have one or more personal outcomes recorded.
  - Where progress is recorded at review, 81% of people who use services and 75% of carers consider their outcomes are being achieved.
27. The top three outcomes recorded for people who use services<sup>1</sup> are:
- Staying independent and maximising potential
  - Maintaining personal dignity
  - Staying safe

Figure 2 – Number of people who use services where progress has been reviewed and recorded against their identified personal outcomes

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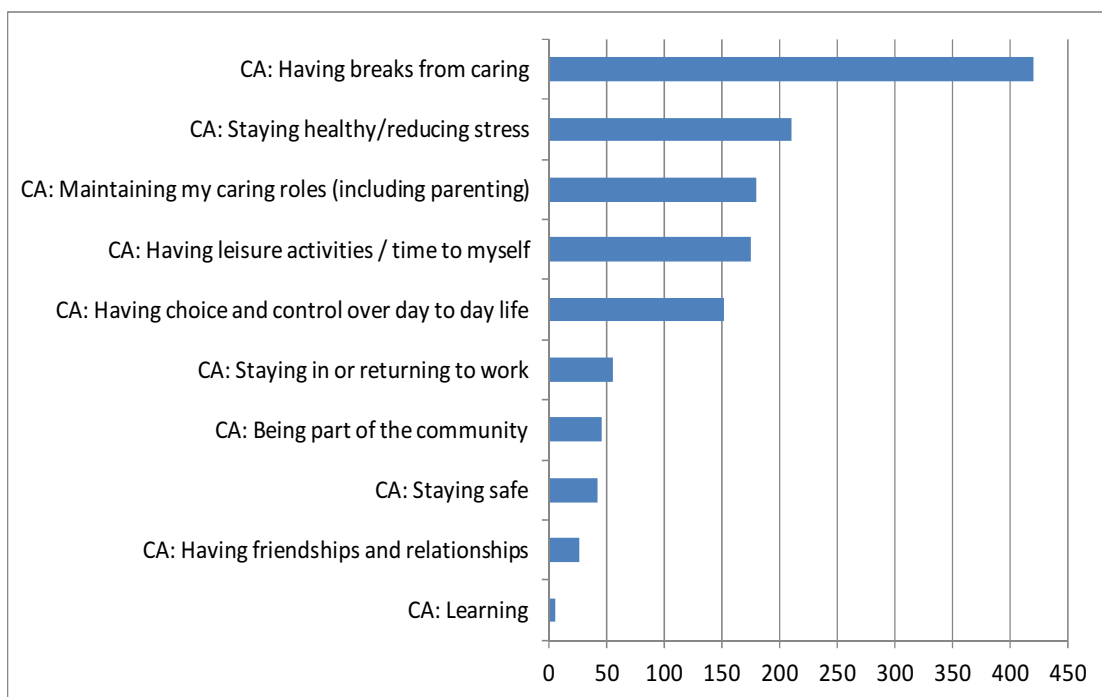
<sup>1</sup> Source AIS 2 February 2013  
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28. For carers the top three outcomes recorded are:

- Having breaks from caring
- Staying healthy/reducing stress
- Having leisure activities / time to myself

Figure 3 - Number of carers where progress has been reviewed and recorded against their identified personal outcomes



**Resource Allocation System**

29. In Surrey we use a system that allocates, or “scores” points to each answer given in the Supported Self Assessment. These points then translate into amounts of money which, when combined, show an indicative personal budget. Whilst points are allocated to reflect the

volume of support required to meet a person's eligible needs, an additional amount is added to reflect any support to the assessed person that a carer requires to continue caring. The Resource Allocation System therefore invites a person and their carer to look at their situation as a whole, and to ensure the needs of the carer are taken into account when carrying out the Support Plan.

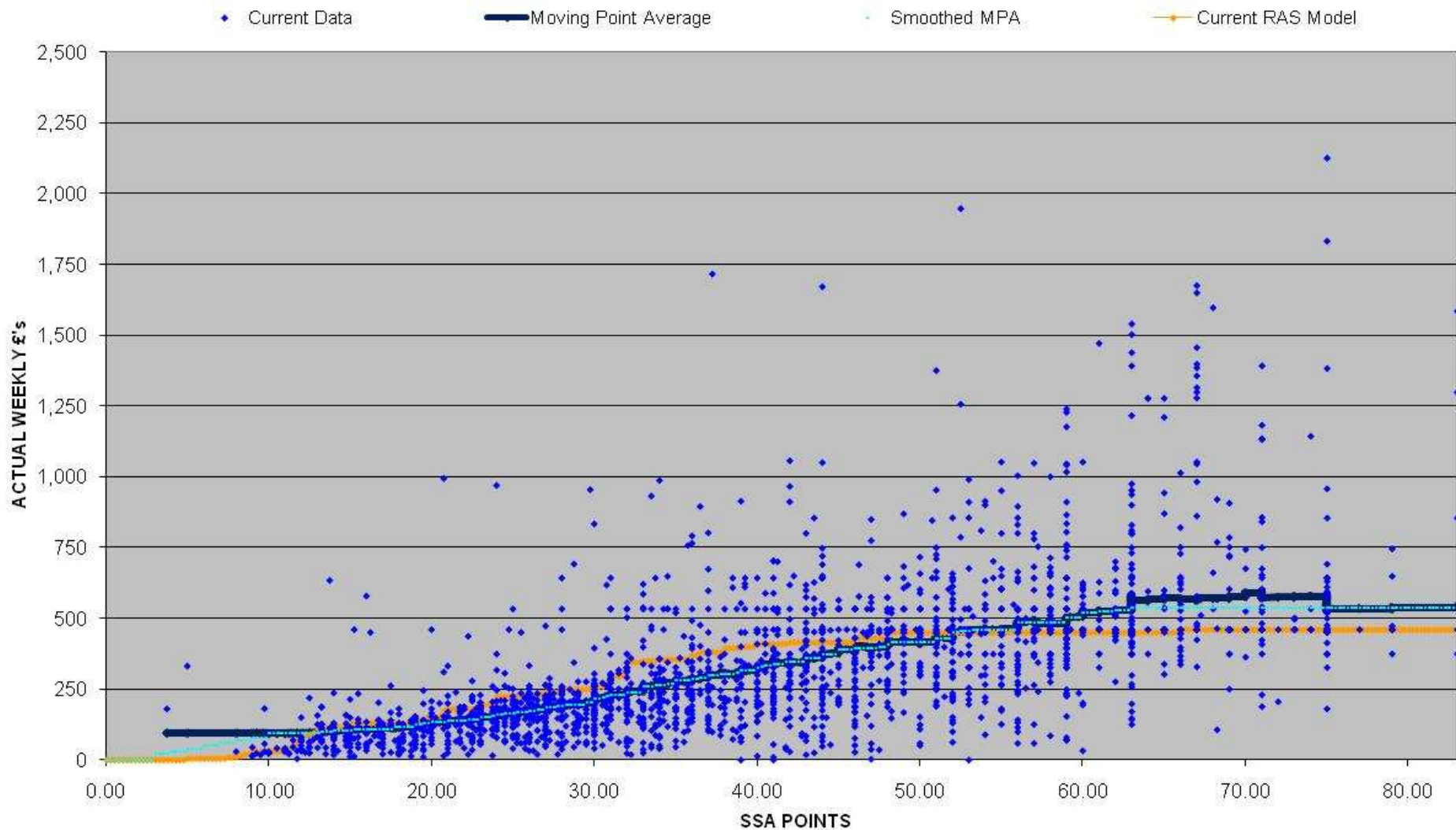
30. The Resource Allocation System is a guidance tool – it works on average support costs and cannot be expected to be accurate for those people with complex or fluctuating needs, or those requiring specialist services. The aim is to ensure equity. It challenges staff to share, discuss and record any disagreements with a score, and requires them to justify why a higher or lower figure may be more appropriate. At the same time, it serves as a challenge to people and their carers to make prudent decisions on their future care and support, and to look for innovative, no cost or low cost solutions.
31. The purpose of the Resource Allocation System is to:
  - Make funding decisions fairer and more transparent
  - Ensure the correct balance in the system between adults and older people
  - Provide an up-front 'indicative' allocation of funding, so support planning can begin with a value
  - Allow support planning to be outcomes focused rather than services focused
  - Enable creativity, develop more informal support options and grow community capacity
  - Manage the budget and deliver savings identified in the Medium Term Financial Plan
32. Guidance from the Audit Commission has clearly stated, "Personal budgets in themselves are unlikely to produce significant cash savings"<sup>2</sup>. However, this is not to say that the implementation of Self Directed Support and the delivery of personalised services and support will not save money. In the long term, the satisfaction and wellbeing of personal budget holders is expected to improve. At the same time, it is expected that as more and more people take up direct payments and plan their own support, they will work out more creative and cost-effective ways to achieve their outcomes. This is expected to reduce the number of high-cost packages of care and support in the future.
33. The year-to-date position in December 2012 was 9,171 people of all age groups (33.8%) with a supported self assessment.
34. The scatter graphs below map individuals in receipt of a personal budget and illustrates their assessed level of need in points against the weekly cost of support being provided to them - each dot represents a current

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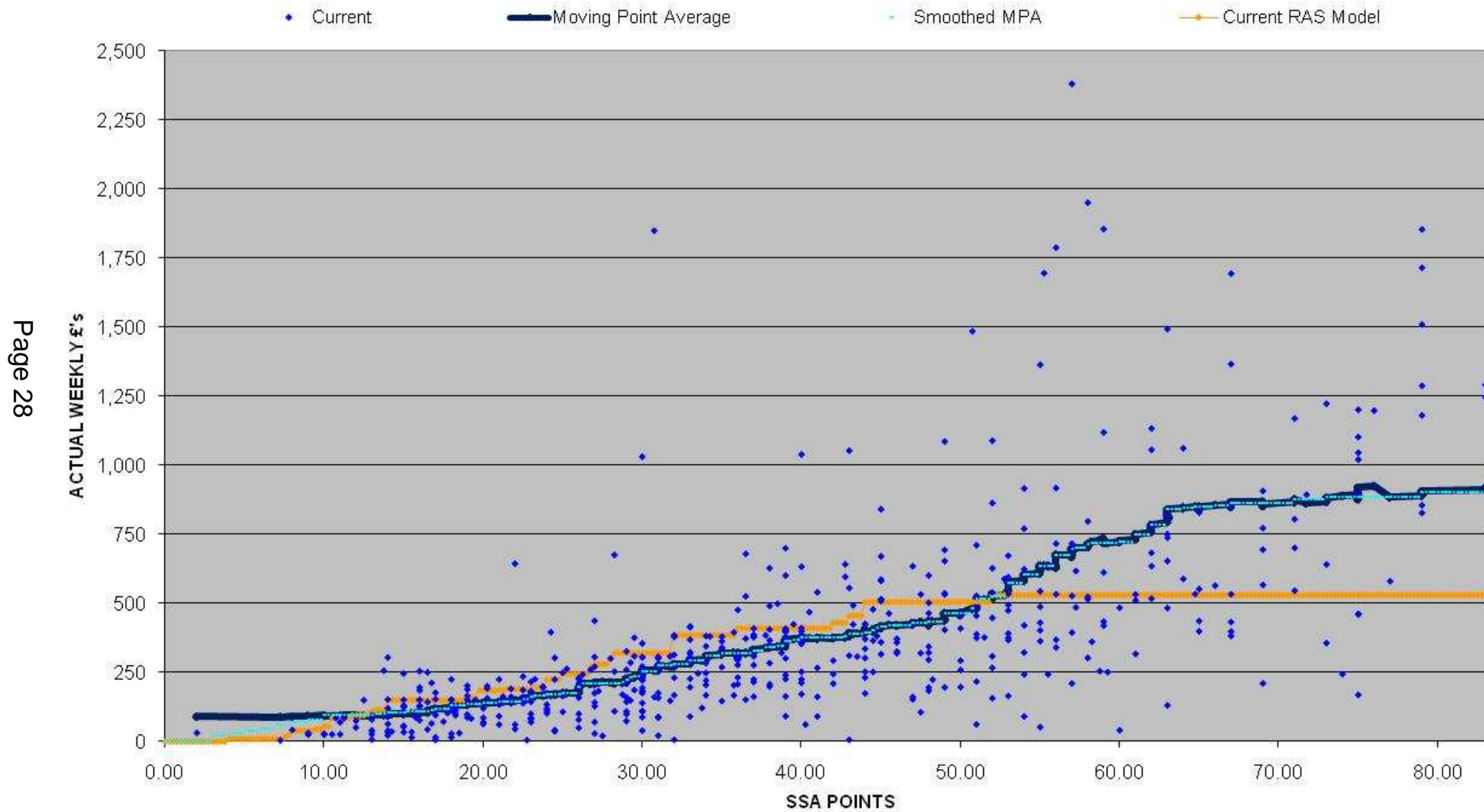
<sup>2</sup> Financial management of personal budgets: Challenges and opportunities for councils (Audit Commission, Oct 2010, p42)

case as at 31 December 2012. These graphs also highlight the line for the existing RAS Model, which represents the initial offer used for support planning, and the line for the current cases representing the average cost at which those levels of need are being met.

# OLDER PEOPLE

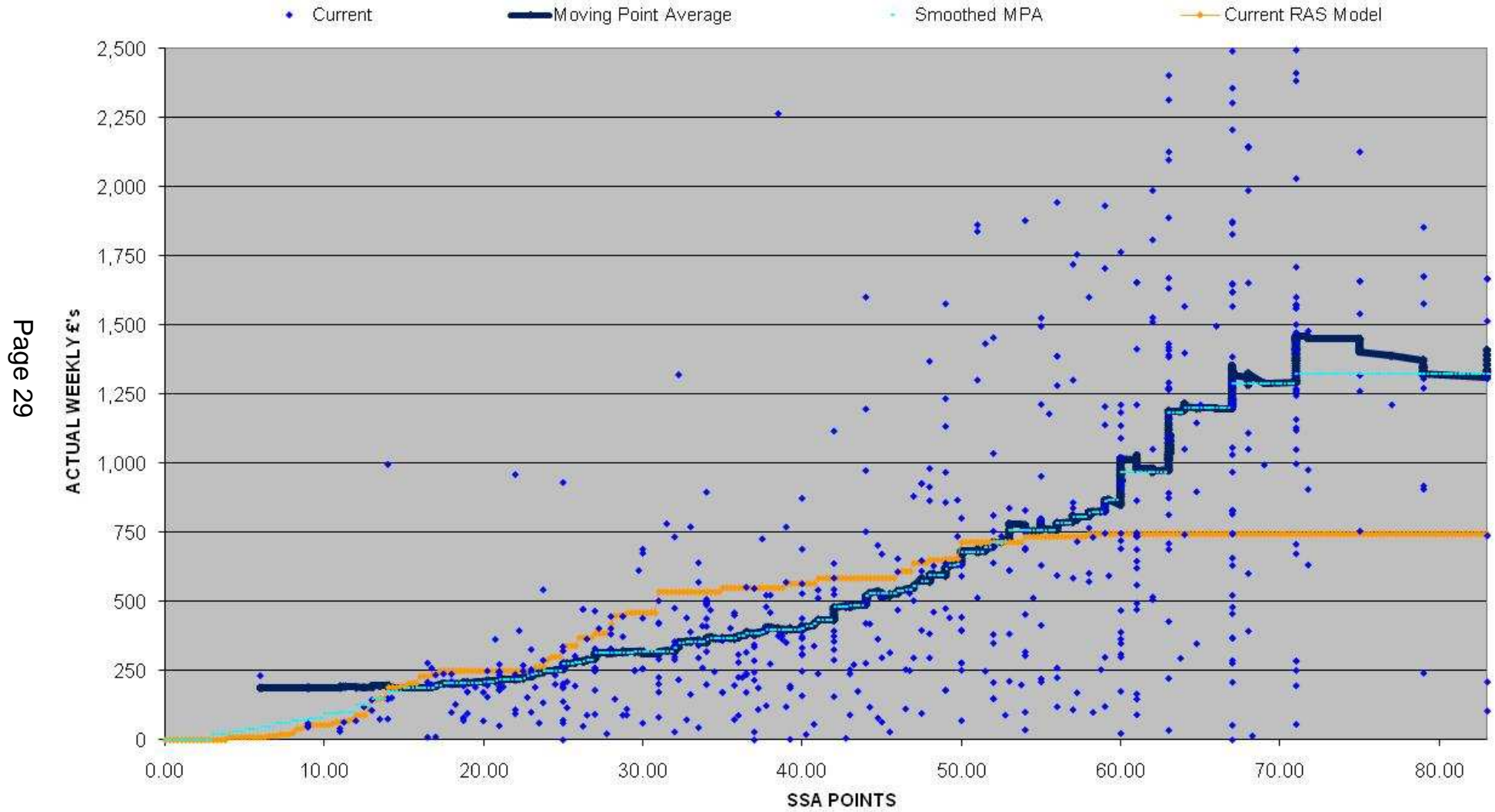


# PHYSICAL & SENSORY DISABILITY





# LEARNING DISABILITY



## **Conclusions:**

35. The conclusions arising from this paper are that:
- The change programme in support of personalisation and self directed support has now transferred to Personal Care & Support as part of business as usual.
  - Work to achieve the cultural change to enable staff to work in creative and person-centred ways will continue via a variety of routes including, the Senior Practice Lead Development Programme; Area Practice Pools; and Performance, Practice and Personal Development initiatives.
  - Commissioning and Personal Care & Support are jointly implementing a strategy to increase access for all to universal services and to assist people make better use of their personal networks and social capital.
  - Personal budgets are at the heart of our commitment to personalisation. Our focus will continue to be upon giving people real choice and control over their lives, achieving outcomes that matter to them and measuring our progress with integrity and transparency. Moving forward, the plans we have in place will mean we will be able to significantly increase the numbers of people in receipt of a personal budget.
  - Surrey County Council has been at least as successful as other local authorities in implementing personalisation in Adult Social Care. Whilst there is still a long way to go, significant progress has been made in transforming systems, processes, staff and services to put people first and all involved should be commended for their huge efforts.

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

36. Personal budgets in themselves are unlikely to produce significant savings; however, the delivery of personalised services and support may save money in the long term as the satisfaction and wellbeing of personal budget holders improves and as more people plan their own support and work out more creative and cost-effective ways to achieve their outcomes.

### **Equalities Implications**

37. Equalities Impact Assessment are being undertaken as part of the work to define the Medium Term Financial Plan (MTFP) 2013-18 efficiency saving.

### **Risk Management Implications**

38. A risk register for all projects in the Adult Social Care Implementation Programme is maintained and reviewed periodically by the Adults Leadership Team. Any risks scored as critical are reported as part of the Adult Social Care Corporate Risk Register. Personalisation does involve a balance of risk with creativity and choice. The challenge for Adult

Social Care staff is to support individuals in making informed choices whilst managing risk.

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

39. Personalisation is making a significant contribution towards the strategic shift outlined in the Adult Social Care Directorate Strategy to:
- Work with partners to co-design and deliver local, universal and preventative services
  - Continued shift from residential and nursing care to personalised community-based care and support
  - Redesign systems, processes and structures for a Directorate that is fit for purpose
40. It will also contribute towards achieving the Council Council's corporate themes of Personal Responsibility and Deciding and Delivering Locally.

#### **Recommendations:**

41. The Committee is requested to scrutinise the Adult Social Care Directorate on the continuing implementation and embedding of the Personalisation agenda.

#### **Next steps:**

The next steps for personalisation in Adult Social Care will be to:

- A full review and evaluation of the Personalisation in Mental Health Strategy will be completed in spring 2103.
- The Supporting You project as part of the People Strategy will continue to support Personal Care & Support to build on and support the Performance and Practice Development Strategy in 2013.
- On-going analysis and recalibration of the Resource Allocation System.

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#### **Sources/background papers:**

- Financial management of personal budgets: Challenges and opportunities for councils (Audit Commission, Oct 2010)
- SWIFT AIS – Infoview reports
- Resource Allocation System analysis and quarterly calibration

- Adult Social Care Outcomes Framework 2011/12 - Surrey, South East and Shire Counties Data



Adult Social Care Select Committee  
14 February 2013

## Occupational Therapy Task & Finish Group Final Report

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

This is the final report of the Task & Finish Group set up to review the provision of occupational therapy assessments related to Disabled Facilities Grant and Major Adaptations applications.

### Introduction:

1. Residents with mobility issues or a sensory or physical disability may need adaptations made to their homes in order to help them to remain independent. These can include a stairlift, easy-access shower, access ramps and various other adaptations that will help someone with mobility problems or a physical or sensory disability to carry on with daily activities.
2. There is a central government scheme called the Disabled Facilities Grant (DFG), given by District and Borough Councils under Part I of the Housing Grants, Construction and Regeneration Act 1996, that helps to cover the costs of adaptations.
3. Surrey County Council has its own discretionary Major Adaptations Budget to help pay for adaptations if the applicant is not eligible for a DFG or it is not enough to cover the whole cost of the adaptation.
4. Following concerns about the continued underspending of the Major Adaptations Budget, a Task & Finish Group was set up in September 2011. The Major Adaptations Budget is £700k a year.
5. An identified reason for the continued underspend was the amount of time it took to complete an adaptation. The Committee had concerns that this was due to our own Occupational Therapy service not assessing in a timely manner. The Task & Finish Group has not found this to be the case and sets out its findings in this report.

6. The membership of the Task & Finish Group consisted of:
  - a) Linda Kemeny (later moved on to Cabinet)
  - b) Caroline Nichols
  - c) Ernest Mallett
  - d) Yvonna Lay (replacing Linda Kemeny)
  - e) Peter Hickman (representative from Health Scrutiny Committee to reflect crossover issues)
7. Adult Social Care officer support was provided by Liz Uliasz, Senior Manager, South West, and Claire White, Assistant Senior Manager, Transformation, both of whom have Occupational Therapist backgrounds.

### **Disabled Facilities Grant process**

8. When a resident applies for a DFG, the application is made to his/her local Borough or District council's housing department. This application is backed up by an Occupational Therapist assessment provided by a Surrey County Council Adult Social Care Occupational Therapist to confirm the need for the adaptations. The majority of DFG applications arise from an Occupational Therapist advising a person that his/her needs could be met from an adaptation and that DFG is a way of paying for it. The application must be made either by the owner of the dwelling or a tenant if it is rented. A landlord may also apply on behalf of a disabled tenant.
9. The local District or Borough council normally requires two written estimates for the work before deciding the application. This requires the person to contact builders, surveyors and architects, depending on the nature of the work to be done. The resident cannot pay a member of his/her family to carry out the works. There is a requirement on applicants to sign a certificate that they will not be moving from the property within five years.
10. The local District or Borough council will assess the application to ensure that the proposed works are necessary and appropriate to meet the person's needs and that it is reasonable and practicable depending on the age and condition of the property. They will consult the Occupational Therapist from the County Council to confirm that the works meet the person's needs.
11. The grant is means-tested. The amount a person gets will be dependent on the income and capital of the applicant and any spouse or partner. While the scope of this review is about DFGs for adults, it is important to point out that there is no means test for a disabled child or young person under 19.
12. The outcome of this assessment will indicate whether or not the person needs to make a contribution to the works. Someone on income support,

income-based jobseeker's allowance or in receipt of guaranteed state pension credit will not normally be required to make a contribution. The total amount payable is £30,000.

13. Surrey County Council has a discretionary Major Adaptations Budget that will 'top-up' the amount needed if the person does not meet the DFG threshold or the amount awarded is not enough to cover the cost of the works. This is also means-tested requiring a financial assessment.
14. Some more complex adaptations, especially those that involve structural work, may require planning permission. The applicant is normally advised early on in the process whether or not this will be necessary. This can add to the overall length of the process.
15. The grant will only then be paid when the council has determined that the work has been completed to their satisfaction and in accordance with the grant approval. The grant is paid via an invoice, demand or receipt of payment for the works. The grant may be paid in instalments throughout the process or at the end once works are completed. The grant may be paid direct to the contractor or it will be made in a form payable to the contractor.

#### **Scoping the review**

16. It was identified very early in the development of the Group that the scope was very broad and would need to be narrowed greatly. Concerns to be addressed included the delays in the DFG process and an alleged backlog of residents awaiting an Occupational Therapy assessment as part of this process.
17. It had already been recognised that there were significant delays in the DFG process due to the amount of joint working required between the County Council Adult Social Care directorate, District and Borough Housing and Planning departments and external Housing Associations. An officer-led group made up of District and Borough housing officers and County Council Adult Social Care staff was already underway, looking at how the DFG process could be improved.
18. Following discussions with officers in Adult Social Care in December 2011, the Group agreed that there was no need to duplicate work on improving the DFG process but that the Scrutiny Officer would attend these meetings to represent the Group. The Group were also reassured by Adult Social Care officers that a framework agreement is in place to manage the unpredictable demand for OT assessments. This agreement is still in place and is used on occasion to ensure no one has to wait long for an assessment.
19. The Group discussed with officers the concern that delays in receiving an OT assessment were also contributing to the underspending each year of the Major Adaptations Budget (MAB). The MAB is set at around £700k each year. Officers explained that, while the money can be committed to building projects in one financial year, these projects may not be completed in the same financial year. The amount that is

underspent must be rolled over into the next financial year in order to pay for the works once they are completed. The Group was assured that this would be expected of this budget, given the complexity and length of time required for some building works.

20. The scope of the review was narrowed to specifically look at outcomes for residents. Witness sessions were discussed but it was agreed that many of the residents who receive adaptations would find it difficult to attend a meeting at County Hall. A survey of residents who had a completed adaptation in the last 12 months was proposed instead, and this was agreed. The results of the survey would then be reviewed and a decision made on whether further scrutiny was required.

## The Survey

### Preparing the survey

21. In February and March 2012, the Group sat down with officers from Adult Social Care to discuss the content of the survey and the number to be surveyed.
22. The Group agreed it would be beneficial to ask questions around the type of adaptation, length of time needed, whether planning permission was required, level of advice given and service user involvement. It was important to have an equal number from each of the 11 Boroughs and Districts and to have an equal age range, as adaptations are for anyone of any age who may need one. Officers agreed with these parameters and the Group agreed on a figure of 100 residents to be surveyed.
23. Officers advised that it would be useful to get service user input into the survey to ensure it was accessible and asked the right questions. They had a service user in mind and would ensure his input, as well as that of Quality Assurance colleagues, before the survey was sent out.
24. In order to obtain responses from all 11 boroughs and districts, the survey was sent out in two rounds. The first round yielded responses from seven boroughs and districts and the second round ensured a response from the rest. The survey is at **Appendix 1** and the results report is at **Appendix 2**.

### Survey results

25. The Group was pleased to see that there was generally a high level of satisfaction with the adaptation process amongst those surveyed. It would appear from the results that those that were not satisfied had not been as involved or supported to be involved in the process as a whole. This can be due to individual circumstances in what family or carers are available and the relationship with the housing department or social worker during the process.
26. Related to this, it would appear that it is also important to ensure the right information is available at the right time. The free text boxes at the end of the survey offered respondents an opportunity to indicate what could be



improved and the communication and information during the process were highlighted as needing improvement for some people. This includes information about the grant application process, how and when to apply for planning permission and other relevant communication.

27. Lessons should be learned from these results. Both the Adult Social Care directorate and District and Borough housing departments need to ensure that clients are supported and involved throughout the adaptation process.
28. Despite the problem of a few adaptations taking a very long time to complete, the majority of respondents indicated their adaptation took less than six months. Unsurprisingly, when an adaptation required planning permission the overall length of time was much longer. An interesting point that was made that it seemed that, often, more time was taken to obtain the DFG than it did to complete the adaptation.
29. Both Runnymede and Elmbridge received very positive results with 100% of respondents indicating either 'very' or 'quite' satisfied overall. The lowest positive responses were Spelthorne and Reigate & Banstead with 63% and 67% respectively.
30. Overall, the survey was seen as a success and provided useful information for the Group and the Service itself. Ultimately, the issues remain with the DFG process itself and the interactions between the County Council's Adult Social Care, District and Borough Housing and Planning Departments, external Housing Associations and with the clients themselves. The results of the survey were shared with the joint County and Borough and District DFG officer group and it is expected that they will work together to ensure areas for improvement are addressed.

#### **DFG Officer Group Workshop**

31. Following consideration of the survey results, the Group agreed that there would not be much benefit from any further scrutiny on its part but that the most important priority had to be streamlining the DFG process. The DFG Officer Group had been meeting for more than a year but had not yet effected any improvements in the process.
32. Adult Social Care officers suggested that a workshop be set up for the DFG Officer Group and its sole purpose would be to identify the obstacles and problems with the DFG process. This was proposed and agreed by the Member Reference Group in October 2012 and the DFG Officer Group in November 2012. The workshop was held on 17 January 2013. Attendees included Senior Managers from Adult Social Care Personal Care & Support and Transformation and Housing Managers, including private sector, from each Borough and District. A majority of the Boroughs and Districts were represented at the meeting.

#### **Workshop Outcomes**

33. At one of the first meetings of the DFG officer group, a list of issues was put together on which the group hoped to work on improving. The workshop focused on identifying where work had been completed on each issue and what further work needed to be done.
34. The following issues were identified and work discussed to take forward improvements.
  - 34.1 Data sharing between the County Council and boroughs and districts – a spreadsheet exists that all County Council Adult Social Care staff are expected to update with information on the DFG process as it progresses for each client they refer or are involved with process for. Officers in Adult Social Care indicated that they would speak with the Adult Social Care Business Intelligence team who gather this information to assess how it is used and whether relevant information can be shared with each Borough or District. There will also be work done to ensure that all social care staff update the referrer (e.g. the Borough or District officer) on the status of a case regularly.
  - 34.2 Establishing a coherent client pathway – an officer in Adult Social Care and two District and Borough officers will set up a separate group to review and revise the 2005 DFG guidance that is shared between the County Council and the Districts and Boroughs. This will also include work on producing an updated and more simplified process flowchart.
  - 34.3 Two different financial assessments – the group has learned that there is no way to avoid the two separate financial assessments. This is vital to the process and is not able to be changed.
  - 34.4 Ensuring clients are kept informed during the process – booklets and leaflets have already been prepared. Officers from the Boroughs and Districts and Adult Social Care will work together to review these and update them where necessary.
  - 34.5 Delays in receiving and the quality of the Occupational Therapist reports – officers in Adult Social Care will work to ensure that all Occupational Therapists, including those from the outsourcing company, use the same report template. There will also be work done to tackle local problems as they arise. It was agreed that the report only needed to include basic information such as the outcomes the client wished to achieve with the adaptation and basic daily living/medical and carer information. There is no need for the report to be specific in suggesting where equipment should go; this is the job of the surveyor. Simplifying the requirements and ensuring this best practice is adapted across the Occupational Therapist service, including those that are outsourced, should reduce delays in receiving the report and ensure all are to the same quality standard.
  - 34.6 Delays in procuring and servicing equipment – an officer from Runnymede Borough Council will take forward work on identifying ways to recycle equipment, such as stairlifts and ramps, and addressing issues in servicing the equipment.

- 34.7 Ensuring those with low to moderate needs are signposted and supported – the SmartAssist website is a self assessment tool for people to identify their equipment needs. Visitors to the site will answer questions about their needs and the tool will identify the best equipment that may help them with daily activities, such as large cutlery or large number phones. People with identified low to moderate needs are signposted to this website. In October 2012 alone, there were 800 visitors to the website. Adult Social Care has now put a link to each Borough and District's DFG pages in order to signpost visitors to them as well.
35. The group finished the meeting by agreeing how it would continue in future. It was agreed that a quarterly meeting would be best, with the next scheduled for March/April 2013. That meeting will consist of updating on work on areas outlined above and identifying any further work needed. There will be continued involvement of Adult Social Care Senior Managers. The group will provide a forum for County Council Adult Social Care and Borough and District Housing Managers to discuss issues and identify ways of working together to address them.

#### **Conclusions:**

36. The Occupational Therapy Task & Finish Group has worked with officers in Adult Social Care to assess the quality of the Occupational Therapy service for residents of Surrey. It has identified that the majority of residents are happy with the service they receive in the process of applying for a Disabled Facilities Grant. There are some minor improvements that need to be made and the already-convened DFG officer group is best placed to take these forward.

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

37. The Major Adaptations Budget in Adult Social Care is set at around £700,000 per year. The under-spending or over-spending of this budget affects the overall Adult Social Care budget.

#### **Equalities Implications**

38. In all aspects of this work, the Group has been mindful of ensuring equality. Officers were instructed to ensure a broad range of survey recipients.

#### **Risk Management Implications**

39. None identified.

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

40. The work of this Group supports Adult Social Care in ensuring residents of Surrey are supported to identify their needs and receive a timely assessment of those needs. It supports the aims of ensuring that those in need of social care are supported to remain independent in their own homes for as long as possible.

<b>Recommendations:</b>
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41. The Select Committee is requested to endorse the work of the Task & Finish Group and the Disabled Facilities Grant officer group.
42. Adult Social Care is encouraged to learn lessons from the survey results and continue to work productively with the DFG officer group to ensure continuous improvement to the DFG process for all residents.
43. The Select Committee should continue to monitor the work of the DFG group and requests an update report in six to nine months.

<b>Next steps:</b>
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The next DFG officer group will be in March/April 2013.

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

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

**Sources/background papers:**

- Notes of Occupational Therapy Task & Finish Group meetings
- Department for Communities & Local Government booklet on Disabled Facilities Grant process
- Adult Social Care Business Intelligence report on outcomes of Disabled Facilities Grant survey
- Budget Monitoring report to Select Committee 14 February 2013

# S

## DFG Major Adaptation Feedback Form

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Please use this feedback form to tell us about your most recent adaptation.

1. Thinking about your most recent adaptation, what type of adaptation did you have?

Stairlift

Ramp

Bathroom Modification

Kitchen Adaptation

Extension

Other (please specify below)

2. Approximately how long did it take to complete your most recent adaptation?

Under 6 months

Between 6 and 12 months

Between a year and 18 months

Between 18 months and 2 years

More than 2 years

**3. If you experienced a delay in the DFG process, when was this?**

There was a delay during the application stage

There was a delay at the installation stage

I did not experience a delay

**Please state below the reason for the delay (if known)**

**4. How did you find out about your entitlement to an adaptation?**

Contact Centre

Social Care Practitioner

Occupational Therapist

Hospital Professional

District/Borough Council

Other (please specify below)

**5. On a scale of 1-5 how informed did you feel about the adaptation process before it began? (where 1 is not at all informed and 5 is very informed)**

1 Not at all informed

2

3

4

5 Very Informed

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**6. On a scale of 1-5 how involved did you feel through the process of planning and installing your adaptation?**

1 Not at all involved

2

3

4

5 Very Involved

--	--	--	--	--

**7. On a scale of 1-5 how supported did you feel through the process of installing your adaptation?**

1 Not at all supported

2

3

4

5 Very Supported

--	--	--	--	--

**8. Which of the following, if any, provided you with support through the process of installing your adaptation? (please tick all that apply)**

District & Borough Grants Dept

Home Improvement Agency

GP

Advocate

Hospital Occupational Therapist

Social Care Occupational Therapist / Practitioner

Housing association

CAB

Family/Carer

No one

Other (please specify below)

--

**9. Did you make changes to the original adaptation plans?**

Yes

No

**10. Did your adaptation require planning permission?**

Yes

No

If Yes, go to question 11;  
If No, go straight to question 12.

**11. If your adaptation required planning permission, did you receive the appropriate advice on this?**

Yes

No

**12. Did you need interim living arrangements during the building work?**

Yes

No

**13. How satisfied are you that the adaptation has helped you to remain living independently?**

1 Not at all  
satisfied

2

3

4

5 Very  
satisfied

--	--	--	--	--

**14. Did you personally contribute towards the cost of your adaptation?**

Yes

No

**15. Overall, how satisfied are you with the adaptation process?**

1 Not at all  
satisfied

2

3

4

5 Very  
satisfied

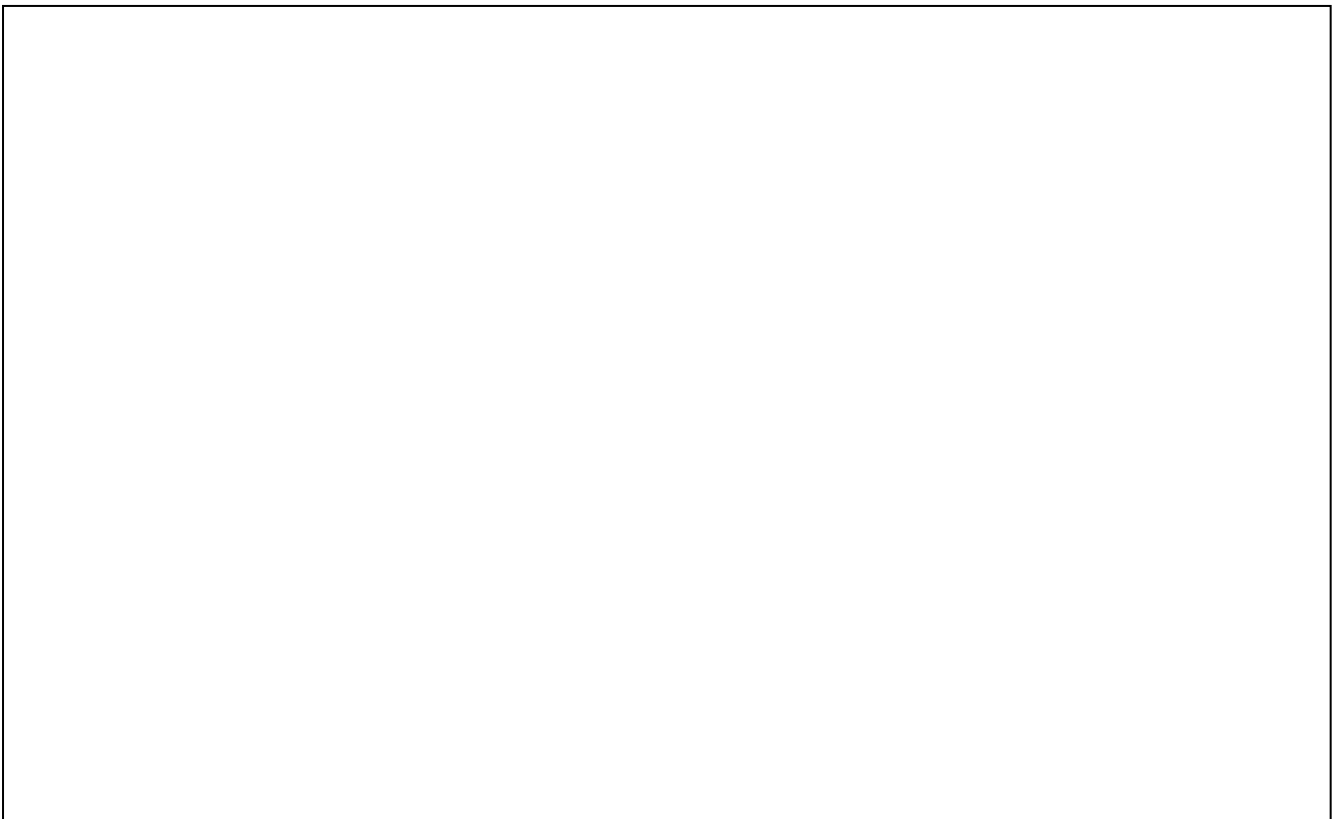
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**16. Thinking about your most recent adaptation, what one thing could Adult Social Care improve?**



**What one thing did Adult Social Care do well?**



**Are you male or female?**      Male       Female

**How old are you?**    18-34     35-64     65-74     75-84     85+

**To which of these groups do you consider you belong?** *(please tick one box)*

White (British, Irish, Traveller, any other white background)

Mixed (White & Black Caribbean, White & Black African,  
White & Asian, other mixed)

Asian or Asian British (Indian, Pakistani, Bangladeshi,  
any other Asian background)

Black or Black British (Caribbean, African, any other Black background)

Chinese or Other Ethnic Group

I would rather not answer

**Within which district or borough do you live?**

Elmbridge

Spelthorne

Epsom and Ewell

Surrey Heath

Guildford

Tandridge

Mole Valley

Waverley

Reigate and Banstead

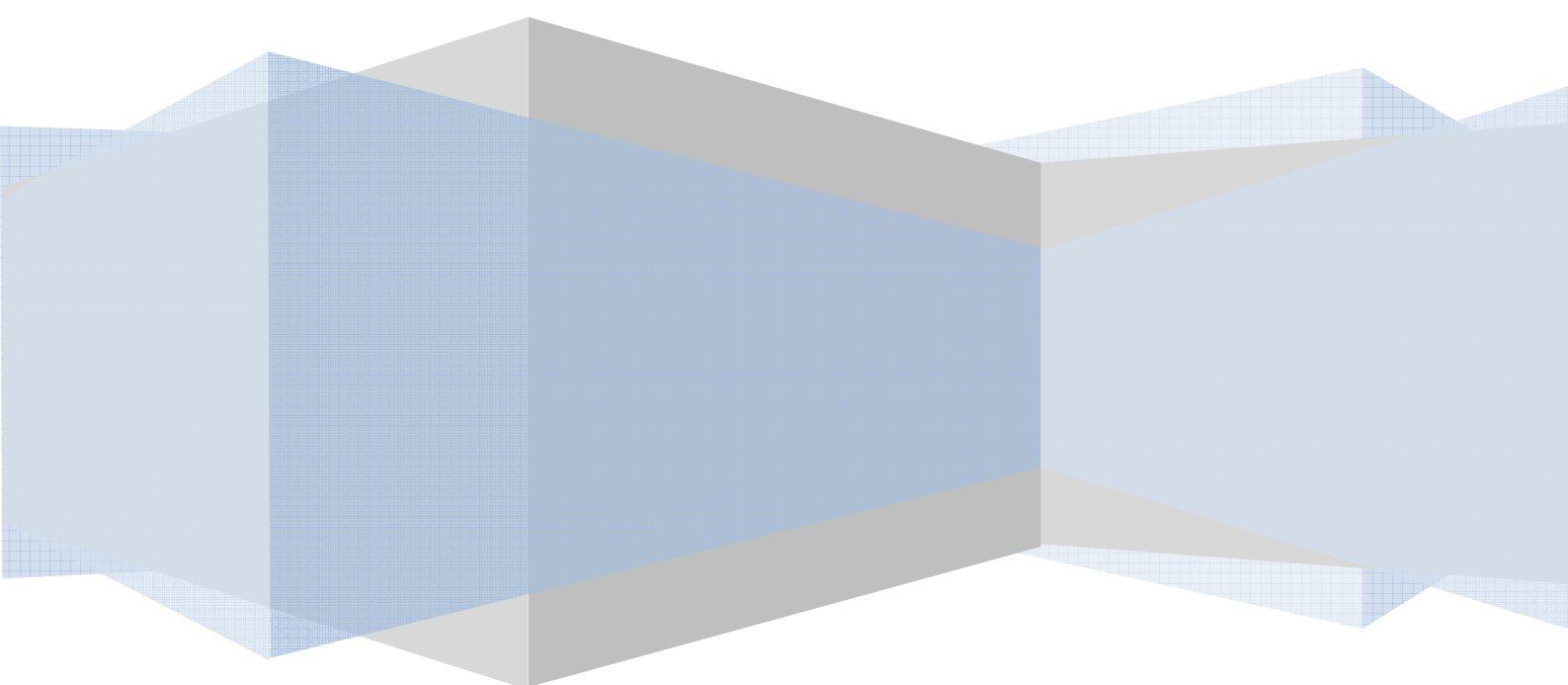
Woking

Runnymede

**Thank-you for taking the time to complete this questionnaire.  
Please return your completed questionnaire in the pre-paid envelope  
by Friday 16<sup>th</sup> November 2012.**

# Disabled Facilities Grant: Feedback

January 2013



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## Background / Context

Disabled Facilities Grants help people to remain living independently, by enabling them to adapt their home so that it meets their needs. Typically this grant is used for something like a bathroom modification or a stairlift.

The process of obtaining the grant and then planning and installing the adaptation is complex and involves a number of agencies. In order to gather feedback about this process, a survey was sent to people who have recently had an adaptation to their home that was funded or supported by Adult Social Care and / or by a Disabled Facilities Grant from the districts and boroughs.

This form was initially sent to 146 people in June 2012, however not all districts and boroughs within Surrey were represented within this cohort. It was therefore decided to extend the survey to include districts and boroughs not originally covered. A further 168 surveys were subsequently sent out, meaning that the final dataset covers all areas of Surrey.

Results from both stages of the survey have been combined before presenting here, in order to give the fullest picture possible. One additional question was added to the second group of surveys; results for this question have been analysed separately.

## Responding Cohort

Of the 314 surveys sent out, 118 people responded. This is an equivalent response rate of 38%.

Basic information about respondents is given below:

	<b>% of Respondents</b>
18-34	3%
35-64	24%
65-74	22%
75-84	34%
85+	17%

	<b>% of Respondents</b>
Female	57%
Male	43%

Just under three-quarters of respondents were aged 65 or over; Slightly more than half of all respondents were female.

The majority of respondents to the survey described their ethnicity as White (8% were non-White).

The Disabled Facilities Grant may be used for a number of different types of home adaptation. Respondents to the survey had received grants for the following types of adaptation:

<b>Type of Adaptation</b>	<b>% of Respondents</b>
Bathroom modification	60%
Stairlift	26%
Ramp	7%
Kitchen adaptation	3%
Extension	3%
Other	2%
<b>Total</b>	<b>100%</b>

## Overall Satisfaction

91% of respondents said they were quite, or very satisfied that the adaptation has helped them to remain living independently.

Breakdown of respondents' satisfaction with the overall adaptation process was slightly less positive.

86% of respondents said they were quite, or very satisfied with the overall adaptation process.

Of the remaining 14% of respondents:

- 10 people were 'Neutral'
- 5 people were 'slightly dissatisfied'

No one said they were 'Not at all satisfied' with the process.

Of the 5 people that expressed some dissatisfaction:

- 4 people had a bathroom modification adaptation
- 1 person had a stairlift installed
- 3 people said their adaptation took under 6 months; 1 person took 6-12 months; 1 person took 12-18 months

3 out of 5 of these people gave negative responses in answer to questions around feeling involved and supported. One person did not answer these questions and another gave very positive responses (though this might be an error).

Free text comments from these people indicated possible reasons for their dissatisfaction:

*'There was a delay during the application stage'*

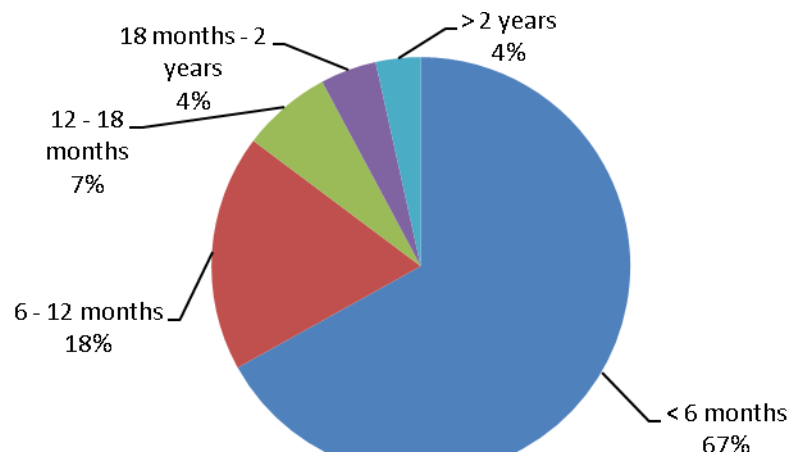
*'One contact person could have helped instead of the many departments and the visits'*

*'When a contract is to do an improvement and the council pays for it, the council should get a satisfactory completion certificate from the occupant before paying the contractors. It is a pity this has not been done'*

## Time taken to complete Adaptation

The time taken to complete a major adaptation will vary significantly, since it depends not just on the speed of the process but on external factors such as whether planning permission is required, and what type of adaptation is being made.

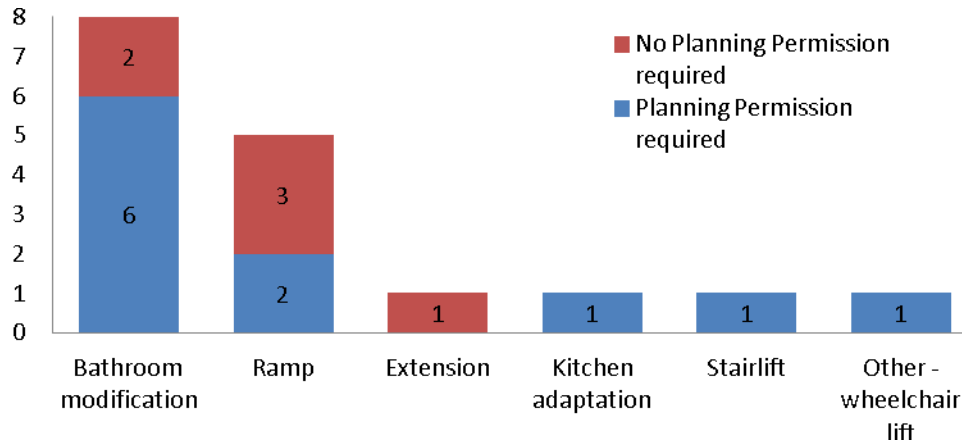
Overall, two-thirds of respondents said that their adaptation took less than 6 months to complete. A full breakdown of responses is shown here:



Estimates from Districts and Boroughs themselves around how long an adaptation should take indicate that even a complex adaptation (such as a bathroom modification) should take a maximum of 10 months.

It is therefore those responses indicating timeframes greater than 12 months that are of most concern. 15% of all respondents reported that their adaptation took longer than a year to complete - this is equivalent to 17 individuals. Types of adaptations for these individuals may be broken down as follows:





Bathroom modifications and ramps appear to most frequently take longer than a year to complete. It is evident that these sometimes require planning permission, and bathroom modifications in particular may be complex; all of these factors may lengthen the time taken to complete.

It should be noted that the majority of respondents expressing some degree of dissatisfaction related to bathroom modifications (however these are also the most frequent type of adaptation within the survey cohort).

## Delays at Application Stage

A further question was added to the second batch of surveys (sent to 168 individuals, of whom 77 responded), around whether any delay was experienced, and if so, at what stage of the process.

37% of respondents (26 out of 71) indicated that they had experienced a delay in the process. Of these people, the majority (84%, or 22 out of 26) said that this delay was in the application stage of the process. The remaining 4 people attributed the delay to the installation.

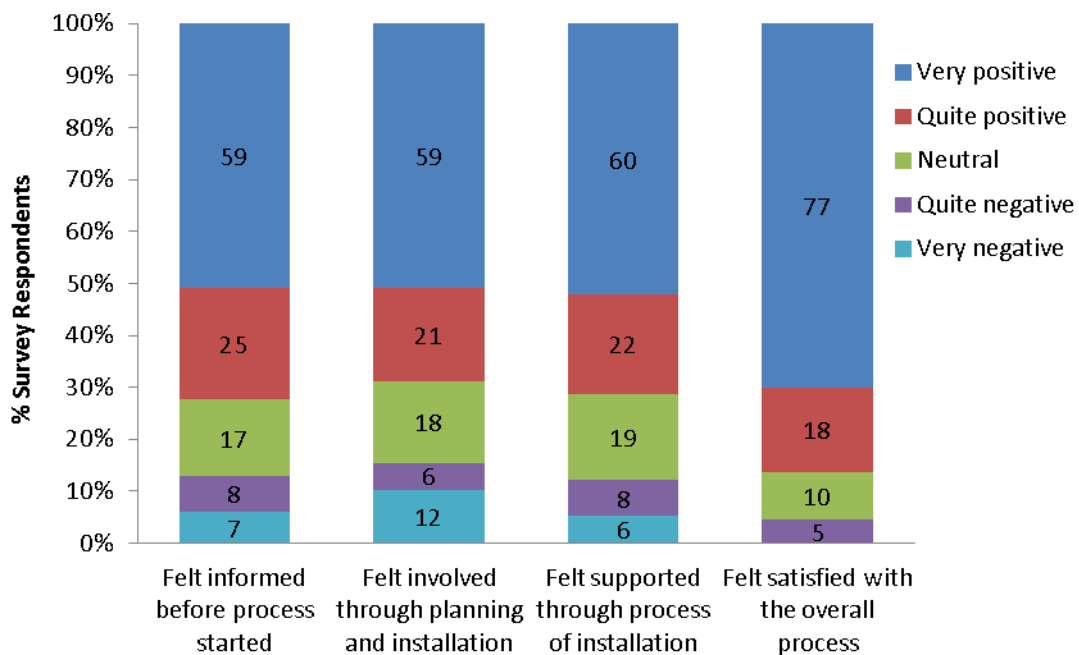
This data suggests that there is an issue around the application process; however as this is a complex process involving communication between several parties it is difficult to draw conclusions as to what the issues might be.

Some further insight is available from free text comments provided by people around this question. Whilst the number of comments is not statistically significant, there are some themes including issues such as: budget constraints, waiting lists where other people had higher needs and time needed to working out the type of adaptation needed. One person said their application was mislaid and required intervention from local Councillor in order to proceed.



## Overall Perceptions of the Adaptation Process

The graph below shows responses to survey questions indicating how the process was perceived by people receiving an adaptation. Survey recipients were asked how informed they felt before the process started, how involved they felt through planning and installation, and how supported they felt through the installation process.



Roughly half of all survey respondents reported feeling 'very' informed, involved, or supported.

Interesting to note that people responded more positively to the question about overall satisfaction than specific questions about aspects such as feeling informed / involved / supported.

## Feeling Informed

Survey respondents found out about their entitlement to an adaptation from a variety of sources:

Found out from...	% of survey respondents
Occupational Therapist	41%
District / Borough Council	22%

Social Care Practitioner	20%
Hospital Professional	8%
Other	6%
Contact Centre	3%

Half of all respondents said they felt 'very' informed before the process started. 13% of respondents said they felt slightly un-informed, or not at all informed.

Most people (92% of respondents) whose application required planning permission said that they received appropriate advice on this.

## Feeling Involved

Again, roughly half of all respondents said they felt 'very' involved through the process of planning and installing the adaptation. 16% said they felt slightly uninvolved, or not at all involved.

## Feeling Supported

Again, roughly half of all respondents said they felt 'very' supported through the installation process.

Respondents were also asked who they were supported by and could select their response from a list. 35% of all respondents indicated they had support from two or more of the sources listed (which included the option 'Other').

The following 5 responses were most frequently given in answer to this question:

<b>Supported by...</b>	<b>% of survey respondents</b>
District & Borough Grants Department	53%
Social Care Occupational Therapist / Practitioner	37%
Family / Carer	14%
Housing Improvement Agency	13%
Housing Association	12%

11 people said they felt 'slightly unsupported' or 'Not at all supported'.

Of the 6 people who said they felt ‘not at all supported’, 2 people said no one gave them any support, and 4 people said they received support from one source. This was either the District & Borough Grants Department, Social Care OT / Practitioner or Family / Carer.

## Districts and Boroughs

The second round of surveys has ensured reasonable coverage across all Districts and Boroughs in Surrey. Numbers of respondents were as follows:

<b>District / Borough</b>	<b>No. of Survey Respondents</b>	<b>% of respondents ‘very’ or ‘quite’ satisfied overall</b>
Guildford	14	93%
Surrey Heath	16	88%
Waverley	6	83%
Elmbridge	12	100%
Epsom & Ewell	16	88%
Mole Valley	7	71%
Woking	12	92%
Spelthorne	8	63%
Runnymede	10	100%
Tandridge	10	90%
Reigate & Banstead	6	67%
<b>Total:</b>	<b>117*</b>	<b>87%</b>

\* 1 respondent with missing District / Borough

Both Elmbridge and Runnymede showed high levels of satisfaction, with all survey respondents in these areas saying they were ‘very’ or ‘quite’ satisfied with the adaptation process.

## Feedback regarding Adult Social Care

Survey respondents were specifically asked to reflect on areas in which Adult Social Care did well, and a way in which Adult Social Care could improve.

### What one thing did ASC do well?

#### **Staff**

- 'The workers carrying out the installation were very thoughtful'
- 'My OT [Occupational Therapist] was absolutely marvellous and she treated me with great respect'
- 'Runnymede Borough Council have a great team of carers'
- 'Very supportive throughout the whole process'
- 'Very nice people doing their job in a sensitive and understanding way'

#### **Communication**

- '...kept us fully informed at every step of the way'
- 'Follow up was first class, 2 or 3 telephone calls in the immediate 2 weeks after'
- 'Did receive support in my native language which helped me fully understand the process'
- 'They kept me and my husband informed and supported me'

#### **Quality of Work**

- 'All the work was done to a really high standard'
- 'All done very well'
- 'The builders were very tidy and friendly'

### Can you think of a way in which ASC could improve?

#### **Communication**

- 'More consultation about my needs'
- 'More discussion with me during the planning process'
- 'Keeping in touch by telephone'
- 'Telling you where you are on the [waiting] list'
- 'Making it easier to find out about in the first place'

#### **Quality of Work**

- 'Making sure the job is finished to a high standard'
- 'Shower gets stuck most of the time'
- 'Would have liked a tidy, clean contractor'
- 'Council should get a satisfactory completion certificate from the occupant before paying the Contractors'

#### **Waiting time**

- 'For various reasons it took a long long while to get the stair lift. Not being able to go to bed for nearly two years did affect my health and standard of life'
- '[They could improve..] the time it takes. My Mum waited 18 months.'

## Conclusions and Ways Forward

Overall, respondents were positive about their experience of the DFG process and the outcomes it helped them to achieve. 86% of respondents said they were 'very' or 'quite' satisfied with the overall process.

There appear to be some issues with the application process which are, in some instances, affecting the length of time it takes for the adaptation to be completed. An officer-led group with representatives from SCC and Districts and Boroughs has been established in the last year to look at this very complex process and find ways of streamlining it. A workshop was held in January with the District and Boroughs and work streams agreed to address these issues.

Other suggestions for consideration going forwards:

- Look at ways of reviewing or gathering feedback on DFG cases taking longer than a year. This could be used to learn from cases where there have been delays in order to develop continuous improvement of this process.
- Establish protocol for keeping customer informed where there are delays.
- Look at ways to raise awareness of DFG funding (one suggestion was leaflets in GP's surgeries).
- Consider ways to signpost people to sources of support throughout the process

Further information and details on this survey are available from:

**Liz Uliasz** – Senior Manager, South West Surrey

Phone: 01483 518072 Email: [liz.uliasz@surreycc.gov.uk](mailto:liz.uliasz@surreycc.gov.uk)

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Adult Social Care Select Committee  
14 February 2013

**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 £4.3m, an increase of £0.4m over the £3.9m forecast reported to the Committee's November meeting. That is the position before the outcome of the Council's £2.9m Winter Pressures bid to the NHS is known. Clearly, a favourable outcome to that bid would have a positive effect, and in addition every effort will be made to manage this figure down. Nonetheless, the pressures on the budget make 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 6% 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 mainly one-off – measures. Members will be aware that the use of one off measures does come with a consequential need to replace them in the following year, and that factor has featured in the 2013/14 budget setting process.

**Conclusions:**

3. Significant pressures have developed over the course of 2012/13. Measures will continue to be taken to minimise any overspend, concentrating on maximising income from partnership arrangements and any under-utilised Direct Payments (given that changes to care packages have a limited effect this late in the year, the impact of such reviews will be felt significantly only in 2013/14). Nonetheless, the current projection is for an overspend of £4.3m (less any Winter Pressures funding received).

**Financial and value for money implications**

4. 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**

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

**Risk Management Implications**

6. 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:**

7. The Committee is requested to scrutinise the current budget position.

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**Report contact:** Paul Carey-Kent, Strategic Finance Manager, Adult Social Care

**Contact details:** 020 8541 8536; paul.carey-kent@surreycc.gov.uk

**Sources/background papers:** None

**Adult Social Care Level 2 Finance Commentary**

Month End **Dec-12**  
 Directorate **Adult Social Care**  
 Date **22-Jan-13**

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

**Section 2: Summary Financial Position**

**Budget & Summary Position**

Previous Month Variance £000s	Policy Line	Month Budget £000s	Month Actual £000s	Month Variance £000s	YTD Budget £000s	YTD Actual £000s	YTD Variance £000s	Full Year Budget £000s	Projected Outturn £000s	Projected Outturn Variance £000s	Change from Prev month £000s
	<b>Older People</b>										
(55)	Nursing General	1,685	1,769	84	15,165	15,615	450	20,219	20,538	319	374
1,748	Nursing Dementia	788	1,075	287	7,094	8,530	1,435	9,459	11,328	1,869	122
(17)	Residential General - External	3,380	3,306	(74)	30,419	30,044	(374)	40,558	40,541	(17)	(0)
1,191	Residential Dementia - External	1,014	1,108	94	9,127	9,880	753	12,170	13,450	1,280	89
448	Residential In-House Provision	580	564	(17)	5,222	5,761	539	6,962	7,492	529	81
1,052	Homecare - External	2,985	3,182	198	26,861	27,879	1,017	35,815	36,932	1,116	65
(1,177)	Reablement In-House Provision	683	548	(135)	6,147	5,078	(1,069)	8,196	6,938	(1,258)	(81)
(16)	Extra Care In-House Provision	103	91	(12)	925	916	(8)	1,233	1,223	(10)	6
(770)	Direct Payments	945	937	(8)	8,503	7,469	(1,034)	11,337	10,689	(648)	121
190	Day Care - External	212	210	(1)	1,904	1,855	(49)	2,538	2,733	194	5
44	Day Care In-House Provision	14	16	2	125	122	(3)	167	193	26	(18)
472	Respite Care	119	155	36	1,069	1,627	557	1,426	1,975	549	77
126	Transport Services	39	52	13	352	503	151	469	695	226	100
216	Other Care	869	710	(159)	6,882	7,004	122	8,147	8,398	251	34
<b>3,451</b>	<b>Total Older People</b>	<b>13,414</b>	<b>13,723</b>	<b>309</b>	<b>119,794</b>	<b>122,281</b>	<b>2,487</b>	<b>158,697</b>	<b>163,122</b>	<b>4,425</b>	<b>974</b>
	<b>Physical and Sensory Disabilities</b>										
266	Nursing General	294	356	62	2,647	2,987	341	3,529	3,834	306	39
26	Nursing Dementia	9	10	1	77	99	22	103	128	26	0
(514)	Residential General - External	522	555	34	4,696	4,411	(285)	6,261	5,878	(382)	132
12	Residential Dementia - External	9	16	7	84	97	13	112	137	24	12
0	Residential In-House Provision	0	0	0	0	12	12	0	0	0	0
448	Supported Living / Homecare	481	684	203	4,330	4,757	427	5,773	6,395	622	174
1,311	Direct Payments	1,201	1,486	285	10,810	12,012	1,202	14,413	15,857	1,444	133
22	Day Care - External	79	83	4	708	725	17	945	970	26	4
(28)	Day Care In-House Provision	45	36	(8)	401	365	(36)	535	524	(11)	17
70	Respite Care	37	38	1	332	403	71	443	514	70	1
(32)	Transport Services	30	32	2	268	240	(28)	358	323	(35)	(3)
(42)	Other Care - External	1,164	877	(287)	10,469	10,279	(191)	13,960	13,947	(13)	29
0	Other Care In-House Provision	0	0	(0)	0	0	0	0	0	0	0
<b>1,539</b>	<b>Total Physical and Sensory Disabilities</b>	<b>3,869</b>	<b>4,173</b>	<b>303</b>	<b>34,823</b>	<b>36,387</b>	<b>1,565</b>	<b>46,431</b>	<b>48,507</b>	<b>2,076</b>	<b>537</b>
	<b>People with Learning Disabilities</b>										
179	Nursing General	40	64	24	359	501	141	479	673	194	15
32	Nursing Dementia	16	19	3	146	171	25	194	227	32	0
3,226	Residential General - External	5,520	6,209	689	49,681	52,843	3,162	66,242	70,325	4,083	857
6	Residential Dementia - External	6	7	1	56	61	5	75	81	6	0
2	Residential In-House Provision	417	273	(144)	3,757	3,759	2	5,009	5,009	1	(2)
3,680	Supported Living / Homecare - External	1,441	1,924	483	12,973	15,351	2,378	17,298	20,895	3,597	(83)
(126)	Supported Living / Homecare In-House Provision	61	44	(17)	549	499	(51)	732	596	(136)	(10)
1,057	Direct Payments	814	1,031	217	7,330	7,987	657	9,773	11,037	1,264	206
(290)	Day Care - External	389	250	(139)	3,505	3,035	(470)	4,674	4,370	(304)	(14)
(24)	Day Care In-House Provision	521	259	(261)	4,686	4,612	(75)	6,248	6,187	(62)	(38)
(497)	Respite Care	77	34	(43)	692	291	(401)	923	511	(412)	86
333	Transport Services	87	137	49	785	1,071	285	1,047	1,439	392	59
(464)	Other Care - External	394	332	(61)	3,543	2,852	(691)	4,724	4,153	(571)	(107)
18	Other Care In-House Provision	118	107	(11)	1,059	1,009	(51)	1,413	1,402	(10)	(28)
<b>7,133</b>	<b>Total People with Learning Disabilities</b>	<b>9,903</b>	<b>11,079</b>	<b>1,176</b>	<b>89,123</b>	<b>94,039</b>	<b>4,916</b>	<b>118,831</b>	<b>126,905</b>	<b>8,075</b>	<b>942</b>
	<b>Mental Health and Substance Misuse</b>										
(23)	Nursing General	38	36	(2)	341	323	(18)	455	430	(25)	(1)
39	Nursing Dementia	4	7	3	35	63	28	47	85	39	0
(309)	Residential General	214	190	(24)	1,928	1,586	(342)	2,570	2,253	(317)	(8)
(32)	Residential Dementia	5	0	(5)	44	25	(19)	59	26	(33)	(1)
167	Supported Living / Homecare	191	221	30	1,720	1,784	64	2,293	2,482	188	22
25	Direct Payments	23	21	(2)	205	230	25	273	306	32	7
(2)	Day Care	5	3	(2)	45	21	(24)	59	44	(16)	(13)
6	Respite Care	0	0	(0)	0	13	13	1	7	6	0
7	Transport Services	1	1	0	8	10	2	11	19	8	1
(6)	Other Care	140	137	(2)	1,257	1,265	8	1,676	1,689	12	18
<b>(129)</b>	<b>Total Mental Health and Substance Misuse</b>	<b>620</b>	<b>617</b>	<b>(3)</b>	<b>5,583</b>	<b>5,321</b>	<b>(262)</b>	<b>7,445</b>	<b>7,340</b>	<b>(105)</b>	<b>24</b>
	<b>Other Expenditure</b>										
(2,208)	Management and Support	1,630	1,310	(320)	14,674	12,234	(2,440)	19,565	16,760	(2,805)	(598)
(1,358)	Assessment, Care Management	2,241	2,063	(178)	20,166	18,408	(1,758)	26,888	25,098	(1,790)	(432)
(521)	Supporting People	1,313	1,182	(131)	11,824	11,357	(467)	15,762	15,141	(622)	(101)
<b>(4,087)</b>	<b>Total Other Expenditure</b>	<b>5,184</b>	<b>4,555</b>	<b>(629)</b>	<b>46,664</b>	<b>41,999</b>	<b>(4,665)</b>	<b>62,216</b>	<b>56,999</b>	<b>(5,217)</b>	<b>(1,130)</b>
	<b>Income</b>										
(299)	Fees & Charges	(2,810)	(3,083)	(274)	(25,287)	(26,105)	(818)	(33,716)	(34,300)	(583)	(285)
334	Section 256/7 Fees & Charges	(328)	(390)	(62)	(2,951)	(2,760)	190	(3,934)	(3,653)	281	(53)
1,208	Joint Funded Care Package Income	(283)	(280)	3	(2,547)	(2,011)	537	(3,396)	(2,314)	1,082	(125)
0	Government Grants	(22)	0	22	(195)	(0)	195	(260)	(260)	0	0
105	Section 256/7 Income	(148)	(138)	10	(1,336)	(1,256)	80	(1,782)	(1,672)	110	5
(5,306)	Other Income	(1,213)	(1,124)	89	(10,989)	(12,396)	(1,407)	(13,287)	(19,141)	(5,853)	(548)
<b>(3,958)</b>	<b>Total Income</b>	<b>(4,804)</b>	<b>(5,015)</b>	<b>(212)</b>	<b>(43,306)</b>	<b>(44,529)</b>	<b>(1,223)</b>	<b>(56,376)</b>	<b>(61,339)</b>	<b>(4,963)</b>	<b>(1,005)</b>
<b>3,949</b>	<b>Net Expenditure</b>	<b>28,187</b>	<b>29,131</b>	<b>944</b>	<b>252,682</b>	<b>255,499</b>	<b>2,817</b>	<b>337,243</b>	<b>341,534</b>	<b>4,291</b>	<b>342</b>

<b>Subjective</b>		Month	Month	Month	YTD Budget	YTD Actual	YTD	Full Year	Projected	Projected	Change
Previous	Subjective Type	Budget	Actual	Variance			Variance	Budget	Outturn	Outturn	from Prev
Variance										Variance	month
£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
(3,338)	Staffing	5,881	5,481	(399)	52,925	49,525	(3,400)	70,567	66,170	(4,396)	(1,059) ↓
11,245	Non Staffing	26,921	28,665	1,744	242,289	250,502	8,213	323,053	336,703	13,650	2,406 ↑
(3,958)	Income	(4,698)	(5,015)	(317)	(42,282)	(44,529)	(2,246)	(56,376)	(61,339)	(4,963)	(1,005) ↑
<b>3,949</b>	<b>Net Expenditure</b>	<b>28,104</b>	<b>29,131</b>	<b>1,028</b>	<b>252,932</b>	<b>255,499</b>	<b>2,567</b>	<b>337,243</b>	<b>341,534</b>	<b>4,291</b>	<b>342</b> ↑
<b>Services Summary</b>											
Previous	ASC Division	Month	Month	Month	YTD Budget	YTD Actual	YTD	Full Year	Projected	Projected	Change
Variance		Budget	Actual	Variance			Variance	Budget	Outturn	Outturn	from Prev
£000s		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
5,183	Personal Care & Support	20,806	22,520	1,714	187,241	191,634	4,393	249,657	255,654	5,997	813 ↑
(13)	Service Delivery	1,634	1,235	(398)	14,704	14,822	118	19,605	19,578	(27)	(15) ↓
(251)	ASC Transformation	245	232	(13)	2,205	2,006	(199)	2,940	2,639	(301)	(50) ↓
(1,105)	Commissioning	5,336	4,969	(367)	47,029	45,595	(1,434)	63,035	61,492	(1,543)	(438) ↓
134	Strategic Support	167	176	9	1,504	1,442	(62)	2,005	2,171	165	31 ↑
<b>3,949</b>	<b>Net Expenditure</b>	<b>28,187</b>	<b>29,131</b>	<b>944</b>	<b>252,682</b>	<b>255,499</b>	<b>2,817</b>	<b>337,243</b>	<b>341,534</b>	<b>4,291</b>	<b>342</b> ↑

#### Explanation of significant variances

The December projected outturn for Adult Social Care is an overspend of £4.3m. This represents an increase of £0.3m from the November position.

The ASC budget continues to face considerable pressures, leading to the forecast that an overspend of £4.3m (1.3% of the budget) is likely at year end. The main reasons for this remain as follow:

- 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 transition from children's services, a trend which has increased since November but has been offset by increased income.
- staff recruitment difficulties and the need for complex partnership working have slowed delivery of some savings

The Whole Systems funding programme is in the second of its four years, with £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 in the longer term to reduce pressures on care and health budgets through preventative mechanisms such as telecare and telehealth. The funding is being retained on the balance sheet and drawn down to match expenditure as it is incurred. Due to growing demand pressures it is proposed that £0.8m of Whole Systems funds will be drawn down as a contribution to help offset these pressures. This represents 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. Given the reduction in this year's forecast of achievable savings, £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.

Further to the above health funding streams, the government has recently announced Winter Pressures funding for 2012/13. The County Council has bid for £2.9m of this funding on the basis of the pressures forecast to be incurred over the winter period. The pro rata allocation to Surrey would be £1.6m, so it is hoped that this is the minimum amount that will be received. This potential funding has not been included in the December position, but whatever income is received, the outcome should be known by the end of January, will help to reduce the current level of projected overspend.

The policy line summary shown above for Adult Social Care does not include a £1m contribution from the corporate centre to fund additional temporary staff to support more rapid progress with personalisation, which is to be matched by a £1m contribution from ASC. The recruitment of these staff is now due to take place next year, so hence the £1m corporate contribution has been included in the 2013/14 budget as part of the forward budget setting process.

This position does include the £1m corporate contribution towards partnership working with the districts and borough councils, which is matched by £1m from ASC. It is expected that this £2m will be spent in year, but in view of the separate identification of the sum by the leader for this partnership purpose, any balance will be retained on the balance sheet if not fully spent in 2012-13 for draw down in 2013-14.

#### Summary of Management Actions included in the December projections

Forecast Efficiency Savings in the remainder of 2012/13:

- > £(1.7)m Maximising Income through partnership arrangements. CHC savings of £(1.3)m have been validated as at the end of December 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 backdated payments to health that reduce the net CHC savings the department secures.
- > £(0.1)m S256 Attrition - £(2.0)m of savings were achieved in full as at the end of December. A further £(0.1)m of savings are projected for the remainder of the financial year.
- > £(0.3)m 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 £0.6m, of which £0.3m of savings had been achieved by the end of December 2012.
- > £(0.1)m Home Based Care Tender - a retender 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.
- > £(0.2)m 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. £2.1m of reclaims had been achieved by the end of December 2012.
- > £(0.2)m 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.
- > £(2.0)m 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.
- > £(0.6)m An adjustment has been applied to Older People Home Care projections to account to breaks in service and ceases not yet actioned in the AIS. This is in line with prior years' trends.

**Older People: £4.4m overspend, an increase of £1.0m from November**

The key variances within Older People services are:

- > £3.4m 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 RAS savings against these policy lines.
- > £1.1m Spot Home Based Care pressures primarily due to MTFP efficiencies in relation to preventative savings not expected to be fully achieved within the current financial year.
- > £1.2m Overspend in relation to Other Community Services, including respite, day care and transport due to strategic shift as part of the personalisation agenda.
- > £0.6m Overspend within In-house residential homes including Day Care, due to MTFP efficiencies ascribed to this budget area being achieved within other areas in Service Delivery.
- > £(1.3)m Underspend within the Reablement service due to a high level of vacancies and delays in the appointment process.
- > £(0.6)m Underspend on Direct Payments primarily due to a reduction in the actual start position and an overachievement against the demography and inflation efficiencies.

£(0.8)m of Management Actions are included in the November monitoring position for Older People.

The main changes from last month are:

- > £0.4m Increase across Older People spot care packages mainly in Nursing due to changes in future forecasts to reflect current demand and back-dated packages.
- > £0.3m Reduction in Management Actions
- > £0.2m Other community care packages primarily due to a £100k increase in S256 transport costs for people who have transferred from Ethel Bailey to supported living plus and an increase of £100k in respite and other community services as part of SDS support planning.
- > £0.1m Increase in in-house Residential Homes

**Physical Disabilities: £2.0m overspend, an increase of £0.5m from November**

The key variances within Physical Disability services are:

- > £1.4m Overspend on Direct Payments due to the start position in spot care being higher than budgeted and a net increase of 107 DP services from April to December 2012/13.
- > £0.6m Overspend on Supported Living due to the start position in spot care being higher than budgeted, together with the under-achievement against preventative and strategic shift efficiencies.
- > £0.3m Overspend on Nursing spot care, mainly due to a net increase of 8 spot nursing care packages so far this year plus some MTFP savings being achieved against other policy lines.
- > £(0.3)m Underspend on Residential care, primarily due to lower than anticipated volumes of PSD transition clients.

£(0.1)m of Management Actions are included in the December monitoring position for PSD.

The main changes from last month were:

- > £0.2m Increase in Supported Living costs, mainly due to a net increase of 9 services in the last month.
- > £0.2m Increase in other PSD spot care costs, most notably Residential care due to 2 new packages being commissioned during December.
- > £0.1m Reduction in Management Action planned savings.

**Learning Disabilities: £8.1m overspend, an increase of £1.0m from November**

The key variances within People with 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.
- > £2.6m Overspend on Residential spot care mainly due to forecast under-achievement against strategic supplier review, preventative efficiencies, LD PVR and strategic shift efficiencies.
- > £2.0m 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 December 2012 and under-achievement against preventative savings.
- > £1.2m Overspend on former S256 PLD clients due to anticipated under-achievement against MTFP efficiencies.
- > £0.2m Overspend on Nursing spot care due to a net increase of 3 services since the start of the financial year.
- > £(0.6)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.
- > £(0.2)m Underspend on In-house Supported Living, Day Services and Residential care.

£(0.5)m of Management Actions are included in the December monitoring position for PLD.

The main changes from last month were:

- > £0.6m Reduction in Management Action planned savings, mainly relating to the reduction in forecast LD PVR savings this year.
- > £0.3m Increase in Residential spot care due to a high cost package being commissioned in December and correction of errors in the previous months' projections.
- > £0.1m Increase in Other Community Care due to a net increase of 12 services in December.

**Mental Health: £(0.1)m underspend, no significant change in projection from November**

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

No significant change from the November report.

**Other expenditure: £(5.2)m underspend, an increased underspend of £(1.1)m from November**

The key reasons for the underspend on Other Expenditure are:

- > £(2.6)m Underspend on core establishment including on-costs due to ongoing workforce reconfiguration and delays in recruitment.
- > £(2.0)m Funds brought forward from 2011/12 being used to offset pressures within the main client group budgets.
- > £(0.6)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.

£(0.3)m of Management Actions are included in the December monitoring position for Other Expenditure.

The main changes from last month were:

- > £(0.6)m Increased underspend on core establishment budgets due to further recruitment delays and a senior management decision to not commence any new recruitment until the start of the next financial year.
- > £(0.4)m Increased underspend on funds carried forward from 2011/12 as a contribution to pressures within the main client groups.
- > £(0.1)m Reduction in the Supporting People spend due to the renegotiation of contracts.

**Income: £(5.0)m surplus, an increased surplus of £(1.0)m from November**

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

- > £(5.8)m Surplus on Other Income due to £(3.5)m of draw downs of Additional DoH funding, Whole Systems and other historic balance sheet funding to help offset wider pressure, unbudgeted refunds for clients who are determined as CHC with a backdated effective date £(1.9)m, unbudgeted income within Service Delivery of £(0.3)m and £(0.1)m additional Carers income.
- > £(0.6)m Potential surplus on Fees & Charges based on the year to date position. Further work is underway to validate this potential surplus.
- > £1.1m 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.
- > £0.3m 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.

£(4.3)m of Management Actions are included in the November monitoring position for Income.

The key changes from last month were:

- > £(0.5)m Increase in Other Income due to £(0.2)m changes to Management Actions in respect of CHC, increase of £(0.1)m in Q3 bad debt provision, reimbursement of £(0.1)m against Carer

Adult Social Care 2012-13 Efficiency Tracker - October 2012

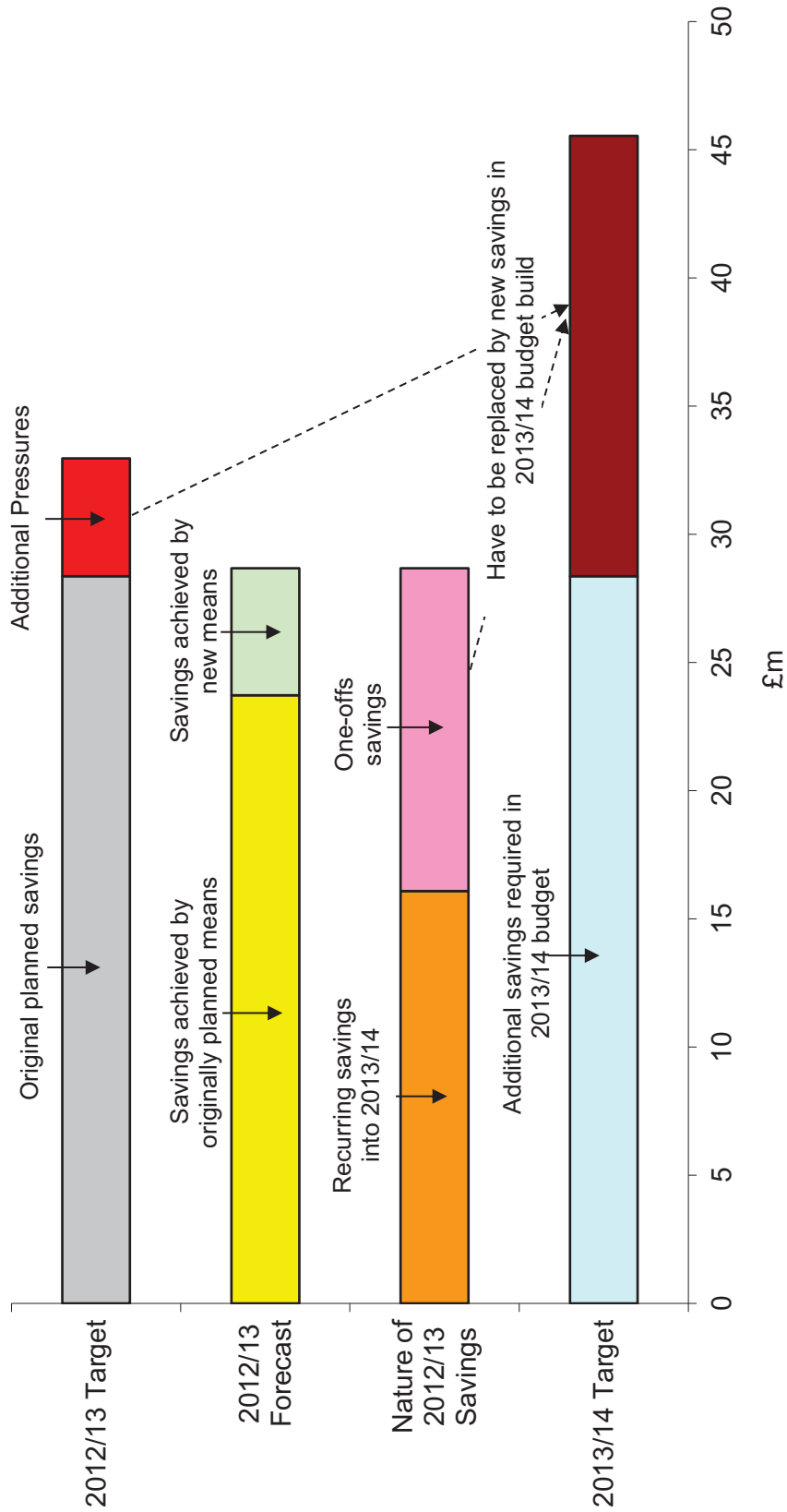
Description of Efficiency	Division Budget	ASC Efficiency Owner	ASC Project Stream	2012/13 Original Target	2012/13 Revised Target	Savings Type	Budget Status	Planned Start Date	Frequency of Savings	Achieved Apr 12 - Dec 12	Forecast Jan 12 - Mar 13	Total Forecast Savings	(Over) / Under Target	Performance	Lifetimes	The RAG Score	RAG Status	Planning Status	Service Planned Actions to Achieve Efficiency / Other Comments	Procurement Contribution		Nature of Savings		October Management Actions	
				£000	£000					£000	£000	£000	£000							£000	£000	£000	%	One-off	Recurring
Optimisation of Spot Care Rates	PCS	Anne Butler	Commissioning & Procurement	(5,252)	(5,252)	Non-Cashable	Budget Out	Apr-12	Monthly	(4,060)	(1,353)	(5,413)	(161)	6	4	24	G	Plan in Progress	Budget set with 0.5% increase - for all Residential & Nursing packages no uplift for Community services. SCL negotiations awaiting outcome of National Prices exercise.	(5,413)	100%	(5,413)		0	
Maximising Income through Partnership Arrangements	PCS	Simon Laker	Health & Social Care Systems	(4,000)	(4,000)	Cashable	Budget Out	Apr-12	Monthly	(3,320)	(1,680)	(3,000)	1,000	5	3	15	A	Plan in Progress	Implementation of new Joint CHC Health & Social Care Team. The dedicated CHC team has worked hard in conjunction with finance and the service to both put in place internal processes and negotiate with relevant PCTs to maximise savings. Detailed exercise ongoing with NHS Surrey to work through backlog of outstanding assessments. However, risks brought about by changes in the structure of health and a number of cases arising where individuals have lost CHC leading to additional costs for SCL mean that full achievement of the ambitious savings target is now unlikely.	0	0%	(950)	(2,050)	(1,739)	
Preventative Savings through Whole Life Systems interventions including Telecare	PCS	Anne Butler / Melanie Buscott	Prevention through Partnerships	(3,600)	(1,800)	Cashable	Budget Out	Jul-12	Monthly	0	0	0	1,800	1	6	6	R	Part Plan in Progress	A combination of the delay in rollout of the telecare strategy across Surrey and a change in the focus of this strategy towards a broader offering to all Surrey residents to better fit with the aims of Social Care White Paper mean that savings are delayed and will be at a reduced rate: a prudent view has been taken of the impact in 2012-13 as the methodology for evaluating savings achieved is still under development.	0	N/A	0	0	0	
Absorption of Demographic Pressures	PCS	Dave Sargeant	Health & Social Care Systems	(2,938)	(2,938)	Non-Cashable	Budget Out	Apr-12	Monthly	0	0	0	2,938	1	6	6	R	Plan in Progress	Start position and demographic changes Apr 12 - Dec 12 are showing a combined demographic pressure of £8.2m. As such none of the planned £2.8m absorption of demographics is forecast to be achieved.	0	N/A	0	0	0	
Learning Disabilities Public Value Review	PCS	Anne Butler	Valuing People Now	(2,000)	(2,000)	Cashable	Budget Out	Jul-12	Monthly	(271)	(329)	(600)	1,400	3	4	12	A	Plan in Progress	Savings to be delivered in line with LD PVR project plan. Delay in recruitment of the specialist LD PVR review team mean that achievements in savings will also be delayed, hence the shortfall against the MTFP target now forecast for 2012/13.	(219)	37%	(600)		(705)	
Strategic Shift from Residential care to Community based provision	PCS	Dave Sargeant	Health & Social Care Systems	(1,752)	(1,752)	Cashable	Budget Out	Apr-12	Monthly	(248)	(83)	(331)	1,421	2	5	10	R	Plan in Progress	Continued work to deliver strategic shift and continuing sign off of RAG responses by SMIASM. The service is successfully shifting the balance of care away from residential to nursing in line with the aims of Social Care White Paper. This will achieve savings in the long-term, but only a limited amount of 9-year savings are expected.	(200)	60%	(331)		0	
Section 256 Client Group Savings	PCS	Dave Sargeant	Valuing People Now	(1,500)	(1,500)	Cashable	Budget Out	Apr-12	Monthly	(1,987)	(73)	(2,060)	(560)	6	6	36	G	Plan in Progress	Overachievement of the savings target to forecast due to higher levels of attrition than originally forecast.	0	0%	(2,060)		(183)	
Extract Better Value from Block Contracts	Comm	Anne Butler	Commissioning & Procurement	(1,400)	(1,400)	Cashable	Budget Out	Apr-12	Monthly	(1,444)	(481)	(1,925)	(525)	6	6	36	G	Plan in Progress	Sell back of 32 beds achieved in the last quarter of 2011-12 has resulted in savings in 2012-13. Further savings were secured as a result of favourable inflation negotiations.	(361)	19%	(1,925)		0	
Optimisation of Transition Pathways	PCS	Dave Sargeant	Health & Social Care Systems	(1,000)	(1,000)	Non-Cashable	Budget Out	Sep-12	Monthly	0	0	0	1,000	1	6	6	R	Plan in Progress	A budget including efficiencies of £3.3m was set for new transition clients entering Adults from Children's in 2012/13. Costs for new clients are currently forecast to be in excess of £3m due to higher numbers than previously forecast and some high cost cases that ASC has had to pick up this year. As such none of the £1.0m Transition Pathways efficiency is forecast to be achieved.	0	N/A	0	0	0	
Strategic Supplier Review	PCS	Anne Butler	Commissioning & Procurement	(1,000)	(1,000)	Cashable	Budget Out	Apr-12	Monthly	(470)	(123)	(593)	407	4	5	20	G	Plan in Progress	SSR savings will be a combination of flow through of actions taken in the previous financial year and new commissioning initiatives still in the process of being determined.	(593)	100%	(572)	(21)	0	
Manage costs below budget on a one-off basis	PCS	Sarah Mitchell	Workforce Development	(929)	(3,029)	Cashable	Credit Budget	Apr-12	Monthly	(3,480)	(1,160)	(4,640)	(1,611)	6	5	30	G	Plan in Progress	A high level of vacancies due to ongoing workforce reorganisation and delays in recruitment processes combined with underspending against the of budget from 2011/12 as a contribution to wider ASC pressures has led to projected one-off savings of £1.6m. The overall target for one-off savings has been increased to £3.0m as a result of the reduction of the WLS preventative savings target by £1.8m and the removal of the Social Enterprise Plus target of £0.3m.	0	0%	(4,640)		(500)	
Other Commissioning Strategies	Comm	Anne Butler	Commissioning & Procurement	(800)	(800)	Cashable	Credit Budget	Apr-12	Monthly	(692)	(108)	(800)	0	6	5	30	G	Plan in Progress	Actions already taken to achieve the majority of the savings. The underachievement is being offset by an overachievement of Commissioning savings on block contracts and Supporting People.	0	0%	(112)	(688)	0	
Apply Resource Allocation System more consistently	PCS	John Woods	Technology	(500)	(500)	Cashable	Budget Out	Apr-12	Monthly	(2,070)	(235)	(2,305)	(1,805)	6	5	30	G	Plan in Progress	As part of the continued application of the RAG it is expected that a proportion of service users who currently receive Direct Payments will be identified as needing lower cost packages which will lead to realignments of surplus balances.	0	0%	(2,305)		(533)	
Recommission Supporting People Contracts	Comm	Anne Butler	Commissioning & Procurement	(400)	(400)	Cashable	Budget Out	Apr-12	Monthly	(764)	(255)	(1,018)	(618)	6	6	36	G	Plan in Progress	Renegotiation of Supporting People contracts in respect of volume and unit costs is anticipated to achieve £1.0m of savings. This is a 4 year programme which is currently ahead of schedule.	(668)	66%	(1,018)		0	
General In-House Service Efficiencies, including Shadow Trading Accounts	SD	Debbie Medlock	In-House	(400)	(400)	Cashable	Credit Budget	Apr-12	Monthly	(320)	(107)	(427)	(27)	6	5	30	G	Plan in Progress	Underspend in some in-house services and activities as a result of vacancies and other one-off savings.	0	0%	(427)		0	
Optimisation of Block Contract Rates	Comm	Anne Butler	Commissioning & Procurement	(389)	(389)	Cashable	Budget Out	Apr-12	Monthly	(365)	(122)	(486)	(97)	6	5	30	G	Plan in Progress	No inflation has been offered on any contracts outside of the block contracts.	0	0%	(486)		0	
Social Enterprise Pilot	Strat Sup	Graham Willan	In-House	(300)	0	Cashable	Credit Budget	Jan-13	Monthly	0	0	0	0	0	0	0	0	0	Plan in Progress	As the First Point pilot is still in its initial pilot phase, no savings are expected to be achieved in the current financial year.	0	N/A	0		0
Home Based Care Retender	PCS	Anne Butler	Commissioning & Procurement	(200)	(200)	Cashable	Budget Out	Apr-12	Monthly	(93)	(31)	(124)	76	4	4	16	A	Plan in Progress	These savings relate to new cases and so are likely to be achieved in the remaining part of the financial year.	(124)	100%	(124)		(64)	
Strategic Review In-House 13-14																									
Streamlining NHS Community Budget 13-14																									
Community Budget Efficiencies 13-14																									
New Strategies 13-14																									
				(28,360)	(28,360)					(17,983)	(6,139)	(23,722)	4,637								(7,978)	32%	(9,046)	(14,676)	(3,724)

Other Adult Social Care Savings / Pressures

Other contract & grant savings / pressures in Commissioning	Comm	Anne Butler	N/A	0	0	Cashable	N/A	Apr-12	Monthly	(150)	(50)	(203)	(201)	6	6	36	G	Plan in Progress	Savings / pressures on contracts and grant budgets outside of the block contracts.	(118)	59%		(201)		0
Transformation savings	Trans	John Woods	N/A	0	0	Cashable	N/A	Apr-12	Monthly	(74)	(25)	(98)	(98)	6	6	36	G	Plan in Progress	Realignment of Right to Control grant expenditure has led to reduction in projected costs.	0	0%	(98)		0	
Overprojection of Older People spot Home Care costs	PCS	Dave Sargeant	N/A	0	0	Cashable	N/A	Apr-12	Monthly	(450)	(150)	(600)	(600)	6	4	24	G	Part Plan in Progress	Past trends of overprojecting homecare combined with a low level of cases for the YTD position mean that OP homecare costs are likely to currently be overprojected. Based on past trends and the YTD spend, there is evidence that costs are over-projected and so projected costs have been reduced by £0.6m instead of including this as a management action.	0	0%	(600)		(600)	
Additional Demographic Pressures - Spot Care	PCS	Dave Sargeant	N/A	0	0	Cashable	N/A	Apr-12	Monthly	2,454	818	3,272	3,272	6	4	24	G	Plan in Progress	The start position and demographic changes Apr 12 - Dec 12 are showing a combined demographic pressure of £8.2m. Not only does this mean that none of the planned £2.8m absorption of demographic pressures efficiency is being achieved, but an additional pressure of £3.3m is being forecast. Demographic changes in the remainder of the year could alter this position.	0	0%			3,272	
Additional Demographic Pressures - Transition	PCS	Dave Sargeant	N/A	0	0	Cashable	N/A	Apr-12	Monthly	997	332	1,329	1,329	6	4	24	G	Plan in Progress	An increase in the number of high cost transition cases that Adults have had to pick up this year means that additional pressures are forecast for transition over and above the non-achievement of the £1m Optimisation of Transition pathways efficiency savings target.	0	0%			1,329	
One-off funding to offset wider ASC pressures	All	Various	N/A	0	0	Cashable	N/A	Oct-12	Monthly	(1,718)	(1,718)	(3,436)	(3,436)	6	5	30	G	Plan in Progress	As a result of the growing budget pressures ASC is facing this year, a decision has been taken to draw down £2.0m of Additional Department of Health funds received in 2011/12, £0.8m of Whole Systems funding and £0.6m of historic funding on the balance sheet as one-off contributions to the bottom line in 2012/13.	0	0%	(3,436)		(2,800)	
Fees & Charges	PCS	Dave Sargeant	N/A	0	0	Cashable	N/A	Apr-12	Monthly	(439)	(146)	(585)	(585)	6	3	18	A	Plan in Progress	The year to date position for Fees & Charges suggests that a surplus of £0.6m may be achieved by year end.	0	0%		(585)	(300)	
Retaining savings / pressures to August Monitoring	All	Various	N/A	0	0	Cashable	N/A	Apr-12	Monthly	(21)	(7)	(28)	(28)	6	6	36	G	Plan in Progress	Other savings, pressures and adjustments	0	0%		(28)	0	
				0	0					599	(946)	(346)	(346)								(118)	34%	(3,534)	3,181	(3,700)

<b>Total Forecast (Over) / Under Achievement vs MTFP</b>				(28,360)	(28,360)					(16,984)	(7,085)	(24,069)	4,291								(7,698)	32%	(12,580)	(11,488)	(7,424)
<b>Remaining 2011/12 Carry Forward available after funding of current budget pressures</b>														6	6	36	G								
<b>Potential (Surplus) / Deficit at year-end</b>													4,291												
<b>Planned Carry Forward into 2013/14</b>													0												
<b>Revised Projected (Surplus) / Deficit at year-end</b>													4,291	6	6	36	G								

## 2012/13 Adult Social Care Efficiency Summary



<b>2012 13 Full Year Forecast</b>		Revised Full Year Budget	Full Year Forecast	Full Year Variance	YTD Actual	Already Committed in SAP	Total Approved To Date
		£000s	£000s	£000s	£000s	£000s	£000s
Major Adaptations		700	535	-165	260	36	777
D&B developments - wellbeing centres		200	200	0	0	0	200
In-house capital improvement schemes		637	637	0	128	526	657
User led organisational hubs		150	150	0	0	0	102
NHS Campus Reprovision Project		0	0	0	-7	0	0
<b>Total Adult Social Care</b>		<b>1,687</b>	<b>1,522</b>	<b>-165</b>	<b>381</b>	<b>562</b>	<b>1,736</b>

#### Major Adaptations

£777k of Major Adaptations have been approved to date however it is likely that due to a delay in building projects that £165k will not be completed until the next financial year. A request to carry forward this underspend will be made by the Service.

#### Wellbeing Centres

£200k has been approved for capital works - this is currently being chased to confirm actual in year spend, however any under-spend will be requested as a carry forward to complete the identified schemes.

#### In-House Improvement

£657k of spend has been approved to date of which £526k has been committed in SAP plus £260k of year to date actuals. It is anticipated that there will be some delays in completion by year end reflected in the projection to budget. Budgets have now been finalised with EPM for the Fire Safety works and use of funds carried forward from the previous financial year for in-house schemes.

#### User Led Hubs

£102k has been approved for capital works - delays in completion of project may result in some of this spend not being completed by year end and needing to request a carry forward for completion in 2013-14.





Adult Social Care Select Committee  
14 February 2013

**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 December 2012. Both areas of activity aim to maximise income and reduce the level of uncollected social care debt. Updates are provided on actions being taken, aimed at improving how the processes work. In addition, Internal Audit are to undertake an end to end review of the debt raising and collection process in March. That will document that systems and controls in place and assess their effectiveness, providing both a 'health check' and a potential basis on which to consider any other improvements needed. The draft Terms of Reference for the review are attached at **Appendix 1**.
2. There has been a slight increase (from £5.13m to £5.27m) in the headline figure of collectible debt outstanding (excluding that subject to legal action) since the last report to members. Actions have been put in place which seeks to reverse that trend. The overall position is can be seen in the context of the concerted action – initiated by this Committee - to reduce the historically high figure, which was £12.95m in Sept 2007. The current position can also be seen in the following more recent context (using end of December as a consistent comparison point given that Christmas may be a factor):

	31 December 2010	31 December 2011	31 December 2012
Income billed in year £m	37.8	37.7	38.5*
Collectible Debt Outstanding £m**	4.90	4.70	5.27
As % of income billed	13.0%	12.5%	13.7%

\* Expected

\*\*More than a month old, excluding debt secured or subject to legal action

Thus, while there has been some slipping back on the improvement in 2011 that is in the context of increased income collection, and the position remains far better than it was in 2009.

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

3. It is intended as soon as possible to focus Financial Assessment & Benefit (FAB) team resources fully on raising invoices promptly and correctly, maximising benefit take-up, and monitoring success in those aims. For the moment, however, a proportion of FAB time is being taken up with additional tasks necessitated by system change, and that is realistically likely to last well into 2013/14. Those system issues are, then, the ones concentrated on in this update.
4. The income raised by the Financial Assessments and Benefits Teams currently averages £3.1 million per month. The majority of this income is now calculated in SWIFT and is largely comprised of residential assessments. The deferred debt cases remain in Abacus at the present time, as we have been unable to complete the testing for transferring property cases to SWIFT. It is hoped that this will be achieved and the cases transferred into SWIFT by the end of the financial year.
5. Using SWIFT to calculate financial assessments has significant benefits in terms of automatic workflow to enable better reconciliation between the provision of care and the financial assessment record. We have recently undertaken a reconciliation of the residential provisions and financial assessments and this resulted in additional income of £390,000 raised in November, which will have had an impact on the debt figure for December. A further £140,000 was raised in December and will impact on the debt figure in January. Going forward, i.e. once the missing assessments have been investigated and resolved, this reconciliation will be undertaken on a monthly basis to minimise any backdated assessments.
6. The integration of the care record, the costed package of care and the financial assessment does result in a more complex system in SWIFT/AIS. The interdependencies of each stage of the process can impact on the timeliness of completion of the assessment. The financial assessment is at the end of the process in system terms. We are currently looking at how this could be improved and are planning a pilot to start shortly in the East Financial Assessment and Benefit Team to target financial assessments in advance of the support planning process. This should enable the FAB Team to undertake the financial assessment and provide benefits advice at an early stage in the process and promote the take-up of payment by Direct Debit. Early financial assessment is essential for prompt income generation and debt collection but the integrated SWIFT system does not lend itself to the current end to end process. An authorised provision of care must be recorded in the system

before the financial assessment can be completed and we are committed to getting a more efficient process in place before transferring non-residential cases into SWIFT. We will report back to Members in the new financial year on the results of the pilot.

**Progress Update: Debt Collection**

7. The restructure of the shared service centre took place in the autumn. Vacancies and sickness absence coincided with that, as reported at the last Committee meeting. As of January, however, the new structure is up and running with new appointments made as necessary and the aim is to rebalance the allocation of resources as appropriate in order to maximise the attention paid to care debt, given that it tends to be the most difficult area of debt to deal with successfully.
8. Among the initiatives being taken are:
  - \* An assessment of the number of people cancelling direct debit arrangements, and the reasons for them doing so. The table below gives the December figures along with the average over the last six months. To encourage more service users to pay by direct debit we will send a promotion mail shot with the February statement issue.

Direct Debit	Monthly average Last six months	Dec 2012
New customers billed	212	101
New DD instructions	96	75
% New customers with DD	45%	75%
Cancelled instructions	76	70
Cancelled – still receiving service	11	8

An analysis of the eight cases where direct-debit cancellations were received in December and where there was an indication of an ongoing service is shown below, and shows that two were not receiving service, so reducing cancelled cases below 10% of new accounts set up.

	Account status	Reason
1	Account paid in full	Person admitted to hospital – now deceased
2	Account in arrears	Reason not known
3	Account paid in full	DD cancelled following disputed respite charge
4	Account paid in full previously.	Person admitted to hospital – new DD received Jan 2013 for residential charges.
5	Outstanding debt	Person cancelled care due to charges
6	Small balance outstanding	Insufficient funds to pay in full, arrangement made to pay by instalments
7	Balance on account pending adjustment	Person now deceased
8	Account in arrears	No funds available pending imminent sale of

	property
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Officers are currently examining the feasibility of running trials of the use of the Small Claims Court for selected debts below £5000. This is in line with procedure for non-care debt and can potentially be undertaken by shared service centre staff. It is hoped to take 10 cases forward as a pilot over the next few weeks if the assessment is positive. By way of comparison, six cases of over £5,000 have been referred to legal through established procedures in 2012/13 to date.

9. Since January 2012 to date care debt collected totaled **£35.44m** compared to **£35.35m** charges raised - showing a **100%** collection rate on that billed. Levels collected are consistently 100% or more of that billed which continues to reflect the ongoing work to reduce overall debt levels.
10. Since the last report total **unsecured debt has decreased from £7.38m to £7.14m** as a result of a £0.52m reduction in unsecured legal debt currently in progress, offset by a £0.28m increase in other unsecured debt. **Secured debt has increased from £7.02m to £7.36m** as a number of legal charges against property have been secured.
11. The latest figures show that during December 2012, **65.07%** of payments were received by direct debit (up 0.98 on the 64.09% rate reported to the Committee in November). Our target of 65% in the 2012/13 financial year is therefore being met, and this target appears likely to remain appropriate for 2013/14.
12. Currently **88.45%** of unsecured social care debt is less than two years old compared to December 2011 when the position stood at **91.41%**. Although the December 2011 position was a little higher, that reflected a specific aged debt exercise carried out around that time. Moreover, there are always fluctuations during the year.
13. 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 21% of clients currently receive their bill by email.

<b>Debt Position</b>
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14. New debt of £3.37m was raised in December. The total debt on the system may be summarised as follows:

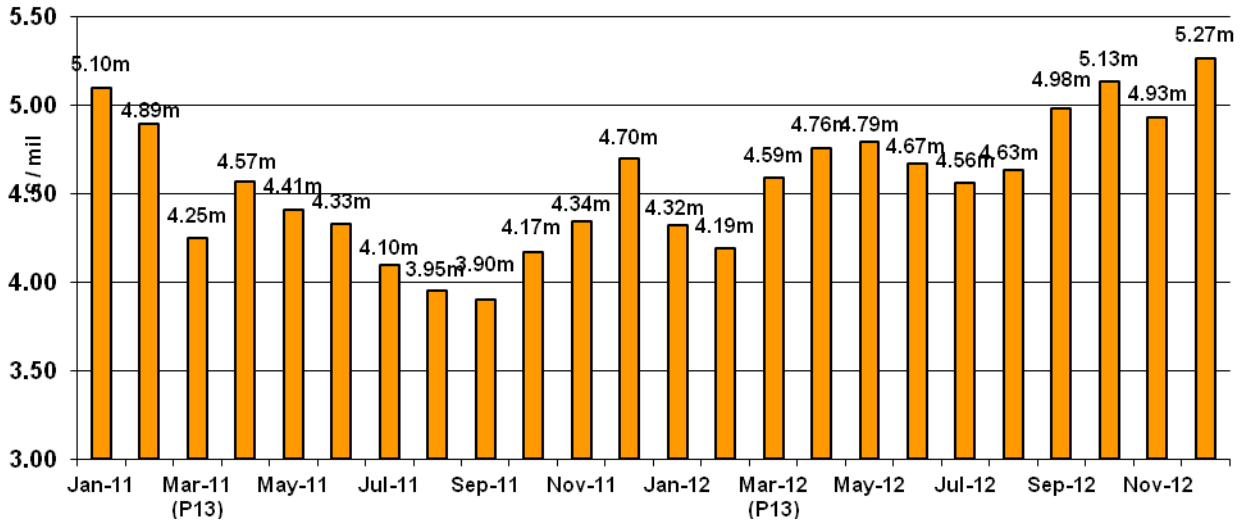
	£m
Less than 30 days old (including new charges raised, not yet overdue, not otherwise covered by this report)	<b>3.28</b>
Secured debt	<b>7.36</b>
Unsecured debt	<b>7.14</b>
Total	<b>17.78</b>

Unsecured Social Care Debt currently stands at **£7.14m** of which **£1.88m** is referred to Legal Services and remains as open cases. As at

31 December, 104 accounts (with balances over £75) have been written off in 2012/13, to a value of £346,244.

15. This leaves a further collectable debt of **£5.27m** of which **£4.66m** is less than two years old. While this figure has risen slightly from the October figure of £5.13m reported to the Committee's previous meeting. The increase is greater against November's figure, but that is likely to reflect Christmas factors to some extent.

**Unsecured (excl Legal) Debt Progress - Jan'11 to Dec'12 - two year trend**

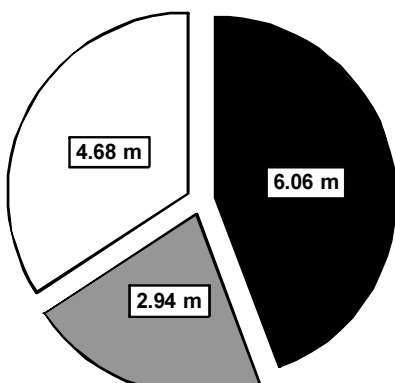


16. While the position does fluctuate month to month, recent trends highlight the need to work on improvements to debt collection processes. That is the focus of the actions set out in paragraph 7 above.
17. Of the collectible debt, £0.53m is monitored by the Adults Deputyship Team. The majority of the outstanding debt, £0.47m relates to just 11 accounts, two of which are pending probate, seven of which are with the Court of Protection pending the appointment of a Deputy or pending an application to the Court, one is under investigation to establish the person's true financial person and one account is being reverted to the control of the person now that she has gained capacity to manage her own financial affairs. A further **£7.36m** is currently secured against property.

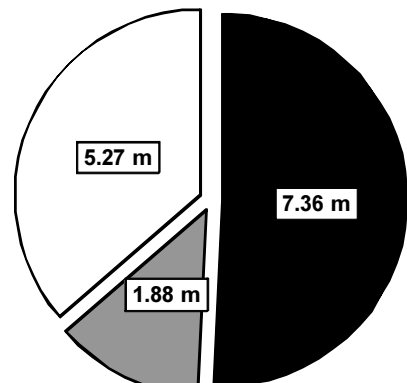
**Debt Profile – December 2011 to December 2012 Comparison**

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

**Care Debt Breakdown - at 31/12/2011 -**



**Care Debt Breakdown - at 31/12/2012 -**



■ Secured Care Debt  
 ■ Legal Care Debt  
 □ Unsecured Care Debt

## Legal Action Cases: Update to 31 December 2012

19. Since May 2008, 179 cases have been referred for legal action amounting to £4.87m at the date of referral. 63 cases are “open” with a current debt value of £1.88m.
20. £2.22m has been recovered and “banked” (£2.04m 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	<b>TOTAL (Gross) £000</b>	<b>TOTAL (Net) £000</b>
2,222	52	163	327	<b>2,764</b>	<b>2,578</b>

21. In summary, £2.76m gross (£2.58m net) has been banked, secured or agreed to be paid.

## Conclusions:

### Financial and value for money implications

22. 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 recent adverse trend is a cause for concern, and has led to the initiatives set out in this report, the impacts of which will be closely monitored.

### Equalities Implications

23. 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

24. 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

25. 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:**

26. The Committee is asked to note this report.

**Next steps:**

A further report be brought to the Committee's meeting on 18 April.

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**Report contact:** Paul Carey-Kent, Senior Adult Social Care Finance Manager, Change & Efficiency; Jacky Edwards, Principal Lawyer, Legal & Democratic Services

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[jacky.edwards@surreycc.gov.uk](mailto:jacky.edwards@surreycc.gov.uk), 020 8541 9745

**Sources/background papers:** SAP Reports

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# Appendix 1: INTERNAL AUDIT DRAFT TERMS OF REFERENCE

## *Accounts Receivable (Care services)2012/13*

### BACKGROUND

Surrey County Council (SCC) provides a number of care services to its residents. The details of the services provided and their users are held in various systems within the Council. Using this information, some or all of the cost of providing these services is charged to the recipient of the services by raising invoices on a regular basis. The staff responsible for the financial assessment of service users transferred from the Shared Service Centre to Adult Social Care in April 2012.

The Accounts Receivable (AR) Team carries out the function of raising invoices based on information provided by Adult Social Care, receiving and recording the income in County's financial ledger, SAP. In addition, AR, in conjunction with the frontline services, undertake the debt management function whereby outstanding debts are followed up and recovered or recommended for write-off through the appropriate channels. Overall the annual debt raised for care services via AR is in the region of £48m and as such is classified as a key financial system.

### PURPOSE OF THE AUDIT

The audit will ascertain whether the flow of information within the County's systems is operating with adequate controls to enable the end-to-end processes within the Accounts Receivable function to operate satisfactorily. This will include ensuring that the following procedures are being completed correctly, in a timely manner, and evidenced adequately in the Council's financial ledger:

- arrangements for raising invoices to customers, collecting and recording the income
- debt recovery procedures
- monitoring levels of arrears and ensuring that there is proper authorisation of the write-off of debts
- the correct operation of interfaces between SWIFT/ABACUS and the Accounts Receivable module in SAP

### WORK TO BE UNDERTAKEN

Discussions will be held with officers responsible for the Accounts receivable function in order to establish and document the system in operation. Procedure notes will be reviewed and testing will seek to confirm that these procedures are being followed. A sample of transactions will be tested to provide assurance that the key controls in place are operating effectively.

As part of SCC's response to the 'Fighting Fraud Locally' initiative, the audit will also consider the results of a self assessment exercise where teams will be asked to consider how controls minimise specific fraud risk hazards..

## OUTCOMES

The findings of this review will form a report to Surrey County Council management, with an overall audit opinion on the effectiveness of systems in place and recommendations for improvement if required. Subject to the availability of resources, and the agreement of the auditee, the audit will also seek to obtain an overview of arrangements in place for:

- Data quality and security;
- Equality and diversity;
- Value for Money;
- Business continuity, and
- Risk management.

The outcome of any work undertaken will be used to inform our future audit planning processes and also contribute to an overall opinion on the adequacy of arrangements across the Council in these areas.

## REPORTING ARRANGEMENTS

Auditor:  
Supervisor: Diane Mackay  
Reporting to: Paul Osborne/Toni Carney  
Audit Ref: KF7 / 2012/13



Adult Social Care Select Committee  
14 February 2013

**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

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

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

**Sources/background papers:** None

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**ADULT SOCIAL CARE SELECT COMMITTEE  
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED 5 FEBRUARY 2013**

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**

Number	Item	Recommendations	To	Response	Progress Check On
R003	Budget monitoring [Item 10]	The Adult Social Care Select Committee formally requests that the Cabinet re-consider the savings targets being imposed on the Adult Social Care Directorate, bearing in mind the demographic challenges and increased demand facing it; and the public need to be informed and prepared for possibly difficult announcements and impacts of the funding allocation from central government due in December and in the future.	Cabinet		<i>February 2013</i>

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**Select Committee and Officer Actions**

Number	Item	Recommendations	To	Response	Progress Check On
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	Health Scrutiny Committee / Scrutiny Officer	This will be added to the work programme once	<i>April 2013</i>

Number	Item	Recommendations	To	Response	Progress Check On
		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.		the meeting dates for 2013/14 are known. Likely to be May 2013 or July 2013 meeting.	
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>April 2013</i>
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>
SC020	Supporting carers [Item 8]	The Service and partners are commended for the increased rate of identification of carers since July 2011 and encouraged to continue to improve the number of carers	Assistant Director, Personal Care & Support		<i>April 2013</i>

Number	Item	Recommendations	To	Response	Progress Check On
		with a Supported Self Assessment and ensure every carer has a named practitioner;			
SC021	Supporting carers [Item 8]	Statistics relating to the number of carers with a Supported Self Assessment (SSA) and who have a named carer are requested to be included in the Director's Update at the February meeting;	Strategic Director for Adult Social Care		<i>February 2013</i>
SC022	Supporting carers [Item 8]	The Committee continues to be concerned about the identification of young carers and would encourage the continued prioritisation of work in this area;	Assistant Director, Personal Care & Support and Carers Practice Development Manager		<i>April 2013</i>
SC024	Direct payments [Item 9]	Recognising that further improvement is required, the Committee encouraged the Service to strive for a rating of "Effective" for the follow-up audit;	Assistant Director, Transformation		<i>April 2013</i>
SC025	Direct payments [Item 9]	The Committee remains concerned about the ability of Surrey County Council to recruit sufficient personnel in order to further the success of the Direct Payments scheme and asks for a report on this in future to indicate progress.	Assistant Director, Transformation	To be put on Work Programme once 2013/14 meeting dates are known.	<i>April 2013</i>
SC028	Prevention through partnership [Item 7]	The Service is encouraged to think of innovative ways of promoting telecare across the County, such as a "Wellbeing Bus" that can act as a roving hub;	Assistant Director for District & Borough Partnerships		<i>April 2013</i>

Number	Item	Recommendations	To	Response	Progress Check On
SC029	Prevention through partnership [Item 7]	The Service is encouraged to take this report and the DVD to the local community services committees, the Local Committees and potentially to the Parish Councils due to its crossover issues with District and Borough joint working;	Assistant Director for District & Borough Partnerships		<i>April 2013</i>
SC030	Prevention through partnership [Item 7]	The shadow Health and Wellbeing Board and Surrey Fire & Rescue Service are requested to comment on their involvement with this important cross-cutting area of work.	Assistant Director for District & Borough Partnerships/Scrutiny Officer		<i>April 2013</i>
<b>COMPLETED ITEMS</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>Ongoing</i>
SC026	Budget monitoring [Item 10]	Officers in Adult Social Care work with David and Mark to arrange a meeting with the Leadership Team to discuss their concerns and continue to work with providers to find opportunities to reduce their and our costs.	Strategic Director for Adult Social Care	Arrangements have been made to meet with David McNulty.	<b>COMPLETE</b>



<b>Number</b>	<b>Item</b>	<b>Recommendations</b>	<b>To</b>	<b>Response</b>	<b>Progress Check On</b>
SC023	Supporting carers [Item 8]	A meeting should be arranged to show the Young Carers e-Learning package to the Committee for their comment.	Scrutiny Officer	This has been arranged for 18 February 2013	<i>COMPLETE</i>
SC027	Social care debt [Item 11]	Officers are requested to report back the results of the internal audit, the updated position and figures on the take-up of Direct Debits to the next meeting.	Senior Finance Manager	This is contained within the report	<i>COMPLETE</i>

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**Adult Social Care Select Committee Work Programme 2012-13 (last updated 5 February 2013)**

<b>Date</b>	<b>Item</b>	<b>Why is this a Scrutiny Item?</b>	<b>Contact Officer</b>	<b>Additional Comments</b>
<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	
<b>May 2013</b>				
TBC	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	
TBC	Local Authority Trading Companies Part 2	Policy Development – The Committee will scrutinise plans for the development of Local Authority Trading Companies (LATCs) to manage the Council's in-house residential homes for older people and people with learning disabilities.	Mark Lloyd/ Debbie Medlock	

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**Task and Working Groups**

<b>Group</b>	<b>Membership</b>	<b>Purpose</b>	<b>Reporting dates</b>
<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</b>	David Harmer, Ernest Mallett, Mel	To monitor the procurement process	May/July 2013

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<b>(AIS) Member Reference Group</b>	Few, Keith Witham, Tim Hall	for the adult social care IT database 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