

Notice of Meeting

Adult Social Care Select Committee



Date & time
Thursday, 24
October 2013
at 10.30 am

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

Contact
Ross Pike or Andrew Spragg
Room 122, County Hall
Tel 020 8541 7368 or 020
8213 2673

Chief Executive
David McNulty

ross.pike@surreycc.gov.uk or
andrew.spragg@surreycc.gov.uk

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

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ross Pike or Andrew Spragg on 020 8541 7368 or 020 8213 2673.

Members

Mr Keith Witham (Chairman), Mrs Margaret Hicks (Vice-Chairman), Mrs Liz Bowes, Mr Graham Ellwood, Mr Mike Goodman, Mr Saj Hussain, Mr Daniel Jenkins, Mr Colin Kemp, Mr Ernest Mallett MBE, Ms Barbara Thomson, Mrs Fiona White and Mr Richard Walsh

Ex Officio Members:

Mr David Munro (Chairman of the County Council) and Mrs Sally Ann B Marks (Vice Chairman of the County Council)

TERMS OF REFERENCE

The Select Committee is responsible for the following areas:

- Services for people with:
 - Mental health needs, including those with problems with memory, language or other mental functions
 - Learning disabilities
 - Physical impairments
 - Long-term health conditions, such as HIV or AIDS
 - Sensory impairments
 - Multiple impairments and complex needs
- Services for Carers
- Safeguarding

PART 1 **IN PUBLIC**

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETING: 5 SEPTEMBER 2013

(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 (18 October 2013).
2. The deadline for public questions is seven days before the meeting (17 October 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)

Recommendations were made to Cabinet regarding social capital, following the meeting of Adult Social Care Select Committee on 5 September 2013. A response was given by the Cabinet Member at the Cabinet meeting on 24 September 2013.

6 DIRECTOR'S UPDATE

The Strategic Director for Adult Social Care will update the Committee on important news and announcements.

7 FAMILY, FRIENDS AND COMMUNITY SUPPORT - SOCIAL CAPITAL IN SURREY

(Pages
15 - 28)

Purpose of report: Policy Development and Review

To provide an update on progress being made to maximise social capital in localities with effective care packages.

8 SUPPORTING CARERS

(Pages
29 - 52)

Purpose of the report: Scrutiny of Services

The Committee continues to monitor the Service's performance on securing positive outcomes for carers. The Committee will scrutinise an update report from the Carers Practice & Performance Group.

This report provides an update on ASC's progress in practice improvement and general support provided to carers who are supporting Surrey residents.

9 SOCIAL WORKER RECRUITMENT AND RETENTION

The decision has been taken to reschedule this item for a future committee meeting. An Officer will be attending to discuss timescales.

10 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME

(Pages
53 - 64)

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 10am on 5 December 2013.

David McNulty
Chief Executive

Published: Wednesday, 16 October 2013

MOBILE TECHNOLOGY – ACCEPTABLE USE

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Thank you for your co-operation

MINUTES of the meeting of the **ADULT SOCIAL CARE SELECT COMMITTEE** held at 10.30 am on 5 September 2013 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 24 October 2013.

Elected Members:

- * Mr Keith Witham (Chairman)
- * Mrs Margaret Hicks (Vice-Chairman)
- * Mrs Liz Bowes
- * Mr Graham Ellwood
- * Mr Mike Goodman
- * Mr Saj Hussain
- Mr Daniel Jenkins
- Mr Colin Kemp
- * Mr Ernest Mallett MBE
- * Ms Barbara Thomson
- * Mrs Fiona White
- * Mr Richard Walsh

Ex officio Members:

Mr David Munro, Chairman of the County Council
Mrs Sally Ann B Marks, Vice Chairman of the County Council

In attendance

Mel Few, Cabinet Member for Adult Social Care

34/13 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Colin Kemp. There were no substitutions.

35/13 MINUTES OF THE PREVIOUS MEETING: 20 JUNE 2013 [Item 2]

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

36/13 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest.

37/13 QUESTIONS AND PETITIONS [Item 4]

Declarations of interest: None.

Witnesses: Sarah Mitchell, Strategic Director, Adult Social Care

Key points raised during the discussion:

1. A Member's question was received from Hazel Watson. The questions and responses were tabled, and are enclosed with these minutes.
2. The Chairman invited Hazel Watson to ask a supplementary question. The Member asked that the report following the Serious Case Review (SCR) be published in full, and that the contact details of Chair of the Surrey Safeguarding Adults Board (SSAB) are made available to the public.
3. Officers confirmed the report would be published in full on the Safeguarding Adults website following completion of the SCR. It was agreed that the direct contact details of the Chair of the SSAB could be shared with Members, pending permission of the Chair being obtained to do so.

Recommendations:

None.

Actions/further information to be provided:

None.

Committee Next Steps:

None.

38/13 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]

Declarations of interest: None.

Witnesses: None.

Key points raised during the discussion:

1. The Committee noted the response from the Cabinet Member in reference to Social Capital and agreed to review it in conjunction with the Budget Update (item 7).

Recommendations:

None.

Actions/further information to be provided:

None.

Committee Next Steps:

None.

39/13 DIRECTOR'S UPDATE [Item 6]

Declarations of interest: None.

Witnesses: Sarah Mitchell, Strategic Director, Adult Social Care

Mel Few, Cabinet Member for Adult Social Care

Key points raised during the discussion:

1. The Strategic Director for Adult Social Care thanked Members for their engagement during Learning Disabilities Awareness Week. The Committee was informed that the information and feedback collected during the week was being collated and would be circulated to the Committee. Members commented that they had been impressed with the level of information available as part of the engagement exercises, but also asked that this information was shared with key referral agencies as well.
2. The Committee queried whether there were concerns regarding the level of staffing in Adult Social Care. Officers commented that the Directorate was more fully staffed than it had been historically, and that levels of sickness were below the national average for Adult Social Care staff. Officers outlined the measures the Directorate had to identify where service pressures were and when extra staffing support was required. The Committee was informed that a number of initiatives were in place to recruit social workers from universities, as well as continuing to fund qualifications where appropriate.
3. The Committee had a discussion regarding the use of agency workers. It was raised that agency workers were more costly to the Directorate, but that many experienced practitioners found agency placements preferable to contracted work. The Committee requested that a report on social worker recruitment and retention be brought to a future meeting.

Recommendations:

None.

Actions/further information to be provided:

A report on social worker recruitment and retention will be brought to a future Committee meeting.

Committee Next Steps:

None.

40/13 BUDGET UPDATE - JULY 2013 [Item 7]

Declarations of interest: None.

Witnesses: Paul Carey-Kent, Senior Finance Manager, Change & Efficiency
Neill Moore, Senior Principal Accountant
Sarah Mitchell, Strategic Director, Adult Social Care

Mel Few, Cabinet Member for Adult Social Care

Key points raised during the discussion:

1. Officers outlined the financial position as of July 2013. The Committee was informed that the Adult Social Care budget was complex, due to it being demand driven and required to meet significant saving challenges. It was highlighted that savings of £24 million for 2013/14 were still to be met. Officers commented that the actions to meet these savings challenges would begin to take effect as of September 2013. The Directorate would then be able to make a judgement as to whether further action was required.
2. The Committee asked for clarification regarding Whole Systems funding, it was explained that this was funding the NHS was required to pass onto the local authority.
3. The Committee invited the Cabinet Member to comment on the decisions he had taken on 4 September 2013 in relation to the Invest to Save fund. The Committee was informed that the decision related to the development of an IT portal that would enable assessment teams to identify and access placements. It would also be linked to the Surrey Information Point, allowing a maximisation of the use of social capital and beds already available.
4. Members asked for clarification on the individual actions that would account for the savings in relation to social capital being made. The Cabinet Member explained that social capital was making use of resources both in the voluntary sector and community to meet need, and that part of implementing this would be to embed it within the assessment process.

5. The Committee was informed that work was being undertaken in conjunction with the community to identify where there were resources to meet people's needs. Officers commented that user groups had initially identified social capital as a means of empowering them. It was recognised that there was risk attached to the savings being made through social capital.
6. The Cabinet Member expressed the view that of the overall saving target of £46 million in 2013/14, £5 million was at risk of not being achievable. The Committee challenged this view as optimistic, and commented that the projected budget should reflect a more realistic outcome.
7. Members queried whether £9.5 million overspend forecast in the Older People budget for 2013/14 was achievable given overspend was £6.1 million in the first financial quarter. Officers commented that the majority of savings connected to social capital were in the Older People budget, and that the implementation of this management action plan through the year would impact on the current rate of spend.
8. The Committee expressed the view that the budget position of the Directorate was still of serious concern, and that there should be recognition of the need to prioritise the safeguarding of vulnerable adults and older people.
9. Members asked for clarification around the reclaiming surplus balances for direct payments. The Committee was informed that the surplus balance was created as a result of service users spending less than the originally assessed amount identified. Officers expressed the view that this was due to service users being better at identifying their individual needs, and their decision-making often lead to a reduction in costs. It was clarified that direct payments were encouraged only where it was felt appropriate for a service user.

Recommendations:

- That -- in light of the Committee's serious concerns about the possibility of budget overspend -- the Adult Social Care budget for this year be reviewed again to reflect increased demand on the services.

Action by: Cabinet

Actions/further information to be provided:

None.

Committee Next Steps:

None.

41/13 INCOME / DEBT UPDATE REPORT [Item 8]

Declarations of interest: None.

Witnesses: Paul Carey-Kent, Senior Finance Manager, Change & Efficiency
Sarah Mitchell, Strategic Director, Adult Social Care
Toni Carney, Benefits and Charging Consultancy Team Manager

Mel Few, Cabinet Member for Adult Social Care

Key points raised during the discussion:

1. The Committee asked how the Council's social care debt position stood in comparison to other local authorities. Officers confirmed that it was within the upper quarter in terms of performance. It was agreed that figures could be circulated to the Committee.
2. Members commented on a significant level of write-offs in 2009-2010 and asked officers whether they were confident that the Rapid Improvement Event (RIE) would lead to a reduction in the level of debt being written off, as well as the level of unsecured debt. Officers expressed the view that the changes would have an impact when they became fully effective. It was highlighted that one of the key outcomes of the RIE was ensuring that the paying for care conversation was undertaken by financial assessments and benefits staff. This was being piloted in September 2013, with it being implemented fully across the Directorate by November 2013.
3. The Committee asked for clarification about what financial advice could be provided to service users, and whether they could be advised to raise finance against properties. Officers commented that service users were encouraged to seek independent financial advice when identifying the means for paying for care. The Committee was informed that the Council is prevented by legislation from providing financial advice or directing service users in how to pay for their care. It was further highlighted that the statutory duty of the local authority was to provide care, irrespective of an individual's ability to pay.

Recommendations:

None.

Actions/further information to be provided:

Comparative social care debt data from other local authorities to be circulated to the Committee.

Committee Next Steps:

The Committee will receive an update on the social care debt position in six months.

42/13 THE CARE BILL - REFORMING CARE AND SUPPORT [Item 9]

Declarations of interest: None.

Witnesses: John Woods, Assistant Director for Policy & Strategy
Sarah Mitchell, Strategic Director, Adult Social Care

Mel Few, Cabinet Member for Adult Social Care

Key points raised during the discussion:

1. The Committee was provided with a presentation on the proposed changes contained within the Care Bill. A copy of this is provided as an appendix. The Committee was informed that the changes presented a significant financial and cultural challenge, and that a working group had been set up to examine the implications of each clause contained within the Bill.

Recommendations:

- a) That the Directorate deliver further Care Bill awareness events for staff and Members across all localities.

Action by: Assistant Director for Policy & Strategy

- b) That the Care Bill implementation Group is initiated.

Action by: Assistant Director for Policy & Strategy

- c) That updates on implementation progress to come to the Adult Select Committee

Action by: Scrutiny Officer/ Chairman

- d) That the Chairman of the Committee send a letter to the Department of Health, requesting that the funding formula for the allocation of central Government funding to meet the costs of the Care Bill is clarified and adequately reflects the demographic

Action by: Scrutiny Officer/ Chairman

Actions/further information to be provided:

- All future reports to the Committee to contain a section that outlines the implication of the Care Bill in relation to the item.

Committee Next Steps:

None.

43/13 CARE HOME TOP-UP FEES [Item 10]

Declarations of interest: None.

Witnesses: Sarah Mitchell, Strategic Director, Adult Social Care
Toni Carney, Benefits and Charging Consultancy Team Manager

Mel Few, Cabinet Member for Adult Social Care

Key points raised during the discussion:

1. The Committee was informed that the Directorate was happy to discuss its practices with organisations or individuals, and that often Freedom of Information requests were not the most practical means of exploring an issue. Members commented that Surrey's categorisation seemed unfair.
2. The Committee asked whether there was a plan to update how information on top-up fees was held. It was confirmed that the new IT portal being developed would enable this information to be stored centrally.

Recommendations:

None.

Actions/further information to be provided:

The Directorate to reissue guidance on the use of top-ups to care practitioners.

Committee Next Steps:

None.

**44/13 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME
[Item 11]**

Declarations of interest: None.

Witnesses: None.

Key points raised during the discussion:

1. The Committee noted its Forward Work Programme and Recommendation Tracker. It was agreed that an item on recruitment practices and procedures would be brought to the Committee as a future item.

Recommendations:

None.

Actions/further information to be provided:

An item on recruitment practices and procedures to be added to the Committee's Forward Work Programme.

Committee Next Steps:

None.

45/13 DATE OF NEXT MEETING [Item 12]

It was noted that the next meeting of the Committee would be on 24 October 2013 at 10.30am

Meeting ended at: 12.57pm

Chairman

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Questions to Adult Social Care Select Committee – 5 September 2013

A response from Surrey Police to a Freedom of Information request submitted by me on 29 May but not responded to until 19 August states that their Individual Management Review (IMR) as part of a Serious Crime Review (SCR) (sic) into the death of Gloria Foster who died in February, over 6 months ago, was commissioned by the Surrey Safeguarding Adults Board (SSAB) in March 2013. It goes on to state that the SCR is still ongoing.

I am informed by Surrey County Council officers that the new Independent Chair of the SSAB was appointed on 17 May 2013, after the previous Chair resigned in April 2012, 13 months earlier.

1. Who Chaired the SSAB from April 2012 to 17 May 2013?
2. Which meetings of the SSAB have taken place between April 2012 and May 2013?
3. At which meetings of the SSAB has the Gloria Foster case been discussed?
4. Has the Serious Case Review Group (SCRG), chaired by Adam Colwood of Surrey Police, met to consider the Gloria Foster case? If so how often and when?
5. At which meeting and by whom was the IMR commissioned?
6. Has the lack of a Chair for the SSAB resulted in delays in the investigation into Gloria Foster's death?
7. When is there likely to be a report on the findings of the the Serious Case Review?
8. What is the process for appointing the Independent Chair of the SSAB?
9. Who appointed the present Chair of the SSAB?
10. I am informed that the Independent Chair of the SSAB can only be contacted via officers of the County Council. Why is it thought necessary to gatekeep access to the Independent Chair, which could lead to serious concerns about the independence of access given the sensitivity of safeguarding cases?

Hazel Watson (Dorking Hills)

Response

The existence of the Surrey Safeguarding Adults Board (SSAB) is not currently a statutory function. The board was chaired from April 2012 to May 2013 by Sarah Mitchell, Strategic Director for Adult Social Care, until an appropriate independent chair was found.

During this period, SSAB meetings took place on 28 June 2012, 18 October 2012, 24 January 2013 and 16 May 2013. The minutes of all these meetings are available on request. Further information on the Surrey Safeguarding Adults Board can be found at the following web address:

<http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/protecting-adults-from-harm/surrey-safeguarding-adults-board>

The current independent chair, who is happy to be contacted directly by anyone, was appointed after making a presentation and attending an interview by a panel made up of key partner agencies.

The board's Serious Case Review (SCR) Group looks at cases and makes a recommendation to the SSAB chair conducting an SCR. In this case, the chair had already decided one was needed. Members of the board were advised about this at the meeting on 24 January 2013.

An SCR panel was set up and all the agencies involved were asked to complete IMRs in a letter from the independent chair. The SCR is being completed and will be published shortly.

Keith Witham
Chairman – Adult Social Care Select Committee

CABINET RESPONSE TO ADULT SOCIAL CARE SELECT COMMITTEE**Adult Social Care Budget 2013/14
(considered by Select Committee on 5 September 2013)****SELECT COMMITTEE RECOMMENDATION:**

That -- in light of the Committee's serious concerns about the possibility of budget overspend -- the Adult Social Care budget for this year be reviewed again to reflect increased demand on the services.

RESPONSE

The Select Committee expressed doubts about the realism of outturn forecasts, and requests that the adult social care budget be reviewed to reflect a more realistic financial position.

1. 2013/14 Budget background

- a. It is acknowledged that this budget does carry risks.
- b. In addition to the savings made over the last three years of £86m, a further savings target of £46m (of £64m for the total County) was passed down to the service for the current financial year.
- c. The Select Committee at the budget setting stage did express its concerns at the level of savings required, and the budget was increased by £11m compared with the previous MTFP assumption.

2. Budget Objectives

- a. To achieve the savings targets the budget had the following main saving initiatives:
 - i. successful negotiation with suppliers
 - ii. no increases in demand beyond those built into the budget (as did occur in 2012/13)
 - iii. minimal slippage in the established savings programs
 - iv. £15 million of savings through the new initiative making better use of social capital

3. Current Status

- a. It is expected that objectives i-iii above will be achieved assuming no new pressures or increase in demand arise.
- b. Objective iv, above is the main item at risk. It must be emphasised that this objective represents a radical change in the way that the service has approached assessment and is the main focus of the service.
- c. It is still believed that £8m of this target can be achieved by the year end. That would leave a gap in achievement of £7m which it is proposed be met this year from unused Whole Systems Funds but will also need to be funded going forward.

4. Ongoing Actions

- a. The service believes that the current management of the budget performance is adequate and in completing the outturn for the year, the full list of

- objectives in the comprehensive savings list is constantly monitored
- b. By the October reporting date to Adult Social Care select committee and Cabinet will provide the first viable indications of the extent to which that £8 million is likely to be delivered this year, and also some initial indication of the long-term deliverability of the program.

Mr Mel Few
Cabinet Member for Adult Social Care
24 September 2013



Adult Social Care Select Committee
24 October 2013

**Family, Friends and Community Support
Social Capital in Surrey**

Purpose of the report:

To provide an update on progress being made to maximise social capital in localities with effective care packages.

Introduction:

- 1 Adult Social Care Strategy:
'Working with our partners to ensure people have choice and control, so they can maximise their wellbeing and independence in their local community and remain safe'
- 2 The definition of social capital is **'involving family, friends and community support to re-engage individuals with the communities in which they live'**.
- 3 Surrey plans to drive the development of community support locally, aligning locally based staff to stimulate and utilise a range of low or not cost solutions in the community to meet care needs.
- 4 Under the new Care Bill, it will become a duty for local authorities to
 - a) Promote people's **wellbeing**, and put the outcomes which matter to them at the heart of every decision that is made;
 - b) Enable people to **prevent and postpone** the need for care and support, rather than only intervening at crisis point;
 - c) Put **people in control** of their lives so they can pursue opportunities to realise their potential
- 5 In order to fulfil these duties, Surrey aims to maximise the use of social capital in localities to wholly or partially replace purchased services so as to:
 - a) Promote people's independence and wellbeing, by enabling them to live in their own home if they wish and access support in their communities.
 - b) Delay or reduce the need for more intense, costly intervention, which in turn will support the Council's medium term financial plan.

- c) Transform people's experience of care and support, providing a collaborative approach and putting them in control and ensuring they have a choice of support which responds to what they need.
- 6 Maximising social capital is a core ambition in the Adult Social Care Directorate Strategy for 2013-17. Social capital will significantly reinforce and facilitate the continued shift to personalised community based care and will enhance the prevention agenda, enabling people to remain independent for longer.
 - 7 In line with this, and to use plain English, social capital will now be referred to as **"Family, Friends, and Community Support"** which is more descriptive and easier for residents and staff to understand.
 - 8 In taking forward the Family, Friends and Community Support agenda, the vital importance of working in partnership across the health and social care sector, particularly with existing local networks to deliver sustainable family, friends and community support resources is recognised.

Key Considerations

A. Current Family, Friends and Community Support Activity

- 9 A wide range of projects are already being delivered, which contribute towards the delivery of family, friends, and community support. The services already being delivered are outlined in Appendix 1.

B. Managing Expectations

- 10 The majority of Surrey residents live independently, not needing the support of the local authority to maintain their health and wellbeing. As people develop care support needs, our aim is to, where possible, retain and regain their independence, rather than to embed a dependency on state services.
- 11 Under the Care Bill, the financial reforms will mean that Adult Social Care will need to support a greater number of people. These increased numbers would overwhelm existing provision and finances available. Sharing this limited resource fairly for all those we serve is vital.

C. Empowering Staff

- 12 As part of our approach to building sustainable communities and public services we need to increase our productivity. The programme of Rapid Improvement Events (RIEs) is working towards freeing up staff time by reducing the time spent on recording and administration.
- 13 Freeing up staff time, will enable them to spend more time 'face to face', and staff are being equipped to use this time to have confident, 'brave' conversations. These conversations ask new questions and introduce a culture change, both for practitioners and the people who use our services, as they are a shift from deficit-based to asset-based thinking.
- 14 *"Deficit-focused assessments risk defining an individual by their problems - that generally require outside expertise and resources to fix."*¹ Deficit-focused assessments can have negative effects, even when

¹Roehlkepartain, 2005

a positive change is intended, because they highlight an individual's lowest capabilities in order to define the support required.

- 15 Family, Friends and Community Support will introduce a shift from deficit-focus to asset-focus, and will bring about more positive outcomes for the individual and the community, such as:

Deficit Focus	Asset Focus
Focus on deficiencies	Focus on strengths
Result in fragmented responses to deficiencies	Build relationships amongst people, groups and organisations
Make people consumers of services; build dependency on services	Identify ways that people and organisations can give of their talents and resources
Give residents little voice in how to address support needs	Empower people to be an integral part of the solution to their support needs

- 16 We need to support staff to help manage public expectation. Asset-based conversations will understand the individual, focus on assets, manage expectations and explore what the person can do for themselves. In practice this may mean asking questions such as:



What did you do in your working life?

Do you have any friends or neighbours who might be able to support you?

Could volunteer transport help?

Are there activities you would enjoy getting involved with in the local community?

Is faith an important part of your life?

- 17 Asset-based conversations will encourage practitioners and individuals to look at existing positive assets in an individual's life—relationships or activities for example - and how they could build on that rather than replace it with local authority services. These conversations provide the opportunity for the individual to take personal control of their care support plan and implement choice and personalisation in the provision of their

care support – an approach which user representatives have asked us to promote in our practice.

- 18 The opportunity has been taken to attach an example of how different conversations from staff are resulting in individuals committing to use family, friends and community support. We need to give our staff the time and confidence to have these conversations.

7

Our Resident:

X is 28 and has Down's Syndrome. She lives with her father who is her full-time, main carer. She is new to the area and doesn't know what is available locally. She is very dependent on her father and cannot go anywhere without him or vice versa. She needs activities to gain independence and enable her father to have time for himself. She could be taken advantage of and there are risks around fire at home. Her indicative weekly budget was £250pw.

How Her Needs Were Met:

- Short breaks for her father for 3 weeks per annum could have cost £4086, but family members agreed to do this voluntarily. As a result the Father continues as the main carer.
- Shared Gym membership which they agreed to pay for themselves.
- Horticultural day service - 11 hours of support and travel

The Cost:

Actual cost is £204.14pw compared to the £250pw indicated, or the further increased costs of providing respite and alternative care if family and friends had not been included in the support plan.

D. Developing Family, Friends and Community Support Providers

- 19 Surrey has a wide range of community resources, and case studies show these are being effectively utilised in some cases. The opportunity has been taken to attach an example of how existing family, friends and community support can be harnessed and developed to meet individual's needs. This is one example of many across Surrey.

Our Resident:

JM is a 67 year old lady with a moderate learning difficulty. She had an indicative weekly budget of £110 a week. Her needs included support to access church and social activities and help with managing her affairs and budgeting.

How Her Needs Were Met:

The practitioner could have arranged five hours support at a cost of £100 a week. Instead they referred JM to the Older People's Outreach Worker employed by her local church. This worker will provide JM with ongoing support with correspondence and budgeting and will also support her to attend the church and its regular lunch club. The Church also runs groups for people with learning difficulties that she may be interested in. The minister will continue to visit her at home for communion. The support will be reviewed in a few months.

The Cost:

The cost to SCC at this point is nil.

- 20 Asset Based Community Development (ABCD)² applies the same idea of focusing on assets to whole communities, and highlights that communities have never been built on their deficiencies, rather on the capacities and assets of the people and the place. Family, Friends and Community Support will focus on the positive aspects of communities, and will use existing examples of community support as positive rallying points for further collective action and community involvement. The opportunity has been taken to attach an example of how local businesses could be included in Family, Friends and Community Support.

Our Resident:
 F is a disabled man with a young family. The family were unable to go out together as their car was too small for them all, and his wheelchair.

How His Needs Were Met:
Lions, a local charity, contributed to the deposit for a new car for F and his family. F pays for the vehicle lease through Motability with his DLA, but now has a larger vehicle so that the whole family can go out together.

The Cost:
 The cost to social care at this point is nil.

- 21 Under the Care Bill, Adult Social Care (ASC) will also have a universal obligation towards all local people to:
 - a) Arrange services, facilities or taking other steps to **prevent, reduce or delay** needs for care and support
 - b) Provide **information and advice** to help people understand the care and support system, access services and plan for the future
 - c) **Promote diversity and quality in the market** of providers so that there are high quality services to meet people’s choices
- 22 These duties to provide information and advice to people who are not otherwise entitled to adult social care support will require adult social care to better understand and stimulate the wider marketplace, particularly the community support services available to people.
- 23 SCC needs to look for opportunities to support and encourage family, friends and community support, linking with local community partnership contacts to access local knowledge and funding opportunities. We will invest in the community and build relationships using locally driven networks and events, aligned with local Personal Care & Support and Commissioning managers.

E. Improving Access to Community Support

- 24 The challenge of family, friends and community support is access - the mediating role of matching the care needs with the support available. The role of Adult Social Care in this will be carefully considered so that individuals, families and communities are empowered and not over-regulated, maintaining adequate governance, quality assurance and duty of care, while giving opportunity and freedom for innovation and self-management.

² John McKnight and John Kretzman

- 25 This challenge, referred to as becoming a “**modest council**” is being addressed through various change projects already underway, including the sourcing and admin review, the assessment review and the introduction of services such as Surrey Information Point (SIP). What this means for staff skills will be addressed as part of our Personal Care and Support training programme and our workforce strategy.

F. Reaching the Self Funding and Lower Need Market

- 26 The changing demographics and introduction of the Care Bill mean it is crucial to provide choice, quality, value and capacity in meeting the support needs of Surrey residents. There are 186,599 people aged 65 + and most people are not supported by Adult Social Care. Under the Care Bill adult social care will need to support increased numbers of people including:
- a) Those meeting the new financial eligibility criteria, and those exceeding their care cost cap
 - b) Those with low and moderate needs in order to prevent and postpone the need for further care and support
- 27 Providing information and advice on accessible support services to these people will introduce preventative services earlier and in turn will delay or reduce the need for further costly interventions.
- 28 There needs to be a greater ownership and understanding of the value that family, friends and community support can have to improve quality of life and maintain independence for this group.
- 29 In order to provide adequate and affordable support for this group, adult social care will need to encourage and better understand the wider market of support providers. Encouraging the development of, and easy access to, community support will be an important service to this group.

<h3>Financial Implications</h3>
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- 30 The savings planned for the 2013/14 period were set at £15.5million, as published in the Medium Term Financial Plan (MTFP). Savings targets were set for each locality team, based on the pro rata cost of the client base as at November 2012.
- 31 At this stage in planning for the refreshed MTFP – which is still under development pending further Government announcements - a further £15m has been attributed to social capital in 14/15, and a further £10m in 2015/16 and 2016/17. That would bring the total impact of the enhanced use of family, friends and community support to £50million over the four years 2013-17.
- 32 The savings are forecast over a four year period to allow time for family, friends and community support to be embedded. Within 4 years, everyone who uses our services should either be new to the service or have been fully reviewed, giving the opportunity for conversations about family, friends and community support to influence their support plan. The largest proportion of medium term financial plan savings attached to family, friends and community support relates to older people. Given the number of older people using our services, this group will have been fully

reviewed within two years bringing about a significant portion of the cost reduction.

- 33 **Monitoring Cost Savings:** It is difficult to directly monitor the savings resulting from the use of family, friends and community support. The savings can only be assessed by reviewing alteration in the overall spend against support packages. Any alteration in this spend could be resultant on a number of factors, including demand, price pressures and the implementation of a range of other projects designed “to offset increased demand”.
- 34 **Delivering Cost Savings:** The realisation of the financial savings attached to the use of family friends and community support is dependent on three main challenges;
- a) **Time**
The current changes to our internal process will integrate the use of family, friends and community support into the heart of what we do (e.g. the new resource availability portal) and free up time for staff to spend with the people who use our services, having brave conversations around the use of family, friends and community support. Until these processes are embedded, harnessing family, friends and community support will be slower than anticipated. Staff need to be freed up to have brave conversations with the people who use our services. Managers are already working to give staff time to understand the family, friends and community support available in their localities and to share good practice and case studies of using family, friends and community support.
 - b) **Culture Change**
To be sustainable, the focus on family, friends and community support requires a culture change both amongst staff and Surrey residents, as they start to be empowered, understand what they can do for themselves and how they can take control of meeting their care needs. This takes time to embed and we will not see the full realisation of the family, friends and community support agenda until this has made further progress.
 - c) **Market Stimulation**
Knowledge of family, friends and community support providers is patchy across the county, and varied between areas. A key task will be in identifying the support available and developing further capacity. A number of projects are underway to achieve this, such as the inclusion of family, friends and community support on the resource availability portal, awareness raising of Surrey Information Point amongst providers, and local mapping work driven by locality teams. Until family, friends and community support can be identified, either by the practitioner or by the individual themselves, through SIP for example, the introduction of family, friends and community support, and in turn the savings, will be delayed.
- 35 It was always recognised that the savings would come through in the latter part of the financial year, due, in part, to the phasing of reviews and the need, in practice, to generate understanding, changes in practitioner approaches, free up time through system improvements, and continue to develop the support available in the community in order to implement the

approach in full. The target savings for the first year have been reduced to £8.8 million as at August 2013. The savings figure will be reviewed as part of the budget monitoring based on data as at the end of September 2013, and may be subject to further update then. (The Adult Social Care Select Committee Budget Update from 5 September 2013 is attached in Appendix 2). An action plan has been developed to ensure that savings are maximised in the coming months.

- 36 A more realistic estimation of the expected savings in 2013/14, £7.5million has been set aside from an under spend against previous years' whole systems budgets in order to offset the shortfall. This still leaves a challenge for future years, assuming this is a long-term slippage.

Development of the Family, Friends and Community Support Deliverables

Family, Friends and Community Support Strategy

- 37 To achieve Surrey's Family, Friends and Community Support Vision, a set of key deliverables and subsequent Service Delivery Plan is being developed to harness family, friends and community support across Surrey within the year 2013/14.
- 38 It is recognised that delivery of the above agenda requires wide involvement of a range of teams and projects to enable the development of a vibrant market and sustainable networks and services. As a result, a key component of the project will be securing culture change across the public, voluntary, community and faith sector and within SCC itself. It is necessary to move away from a history of expectation of local authority provision to a sustainable future model.

Family, Friends and Community Support Deliverables

- 39 Key deliverables for Family, Friends and Community Support:
- a) The Family, Friends and Community Support vision was shared in July, supported with training, where appropriate, to equip them to harness family, friends and community support.
 - b) Continued promotion of Surrey Information Point as a dynamic catalogue of family, friends and community support services, updated and referenced by Surrey Residents.
 - c) An awareness raising campaign around self support to all Surrey Residents, including the promotion of Surrey Information Point.
 - d) Work with the Boroughs and Districts to identify local community networks and leaders, and established local, appropriate and sustainable relationships.
 - e) Expanded locality profiles to develop market mapping and information resources of family, friends and community support within localities, linking with existing community resources such as hubs, Councils for Voluntary Service (CVS) and parish councils.
 - f) Deliver the targets across front line adult social care teams for the use of Family, Friends and Community Support.

- g) A framework to measure the impact of family, friends and community support on ASC resources and capture efficiency savings achieved.
- h) Family, friends and community support embedded into the support planning process to support people to re-engage with their communities, providing appropriate training for staff to do so.
- i) Adapted internal processes to refer to family, friends and community support in the first instance.
- j) Easy access between the people with support needs and the family, friends and community support available, ensuring a modest role for SCC and a sustainable model of care delivery.

Project Outcomes:

- 40 Communities playing a greater role in preventing social care needs and/or helping to meet them
- 41 Higher levels of trust, greater personal independence, greater participation in community activities and reduced isolation
- 42 Greater equity of care and support, and improved neighbourhoods³
- 43 A sustainable model for meeting the care needs of an increasing number of Surrey residents.
- 44 Sustainable networks and relationships for community engagement
- 45 Heightened awareness of Adult Social Care staff and the wider Surrey community of the potential of family, friends and community support
- 46 Ensuring those with care needs are fully aware of the wide range of services available in the local area.
- 47 Realising the £8.8million financial savings for the year 13/14

Recommendations:

- 48 The Committee’s support is sought in:
 - a) Noting the progress report and continuing to review as part of the budget monitoring process.

Equalities Implications

- 49 Family, Friends and Community Support was a key element of the Equalities Impact Assessment which was completed at the time of the setting the medium term financial plan.

Risk Management Implications

- 50 The risk arises out of insufficient use of family, friends and community support to immediately meet the medium term financial savings. The action plan is seeking to increase awareness and value of family, friends

³ This is measured using a number of factors, and recorded as “community wellbeing” within the local area profile.

and community support across Surrey, develop processes to support brave conversations by Personal Care and Support Teams across Surrey and increased take up of family, friends and community support services.

- 7
- 51 The key challenge is recognised as harnessing family, friends and community support to achieve the medium term financial strategy savings of £8.8million. Further work needs to be undertaken to develop the deliverables and plan to maximise family, friends and community support. Awareness raising amongst staff and residents has begun, resulting in initial examples of care package costs being reduced through the use of social capital. Immediate actions are in place to scale up these results.

Next steps:

1. To support the communication of the family, friends and community support vision across the County – by March 2014
2. To locally develop locality based family, friends and community support network events – by March 2014.
3. Develop a framework to measure the impact of family, friends and community support – by March 2014
4. Review the progress of the system and processes changes - ongoing
5. Develop an action plan to deliver market stimulation and development, launched through locally developed, locality based, family, friends and community support network events – by March 2014

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Sources/background papers:

Surrey County Council's Adult Social Care Directorate Strategy

Appendix 1:**Family, Friends and Community Support Activity**

A wide range of family, friends, and community support projects are being delivered across Surrey, and are outlined below.

Staff Awareness Raising
Our Priorities Staff Workshops – having brave conversations
Family, Friends and Community Support Workshop – for senior managers
Locality workshops – driven by Personal Care & Support (PC&S) and Commissioning local teams
Grant and Contracts
£6.9 million programme investing in a range of voluntary, charity and faith sector organisations
Mental Health
Time to Change pilot in Redhill and Merstham - introducing community awareness and support around mental health
Surrey Information Point
Ongoing development, continually adding real community support options
Promotion of community support available
Ongoing awareness on how to access information and advice – number of unique visitors to the site has more than doubled in the last 6 months, and has increased by 288% compared to this time last year, from 1700 visitors to 6600.
Ageing Well
Pick a Pledge
Ageing Well commitment – community engagement in promoting the role of older people in communities
Ageing Well Festivals 2014
SCC Local Committee Engagement
Personalisation, Prevention and Partnership Fund (PPP)
Local plans in each area - 7 boroughs and districts looking to use funding to support the voluntary sector by employing a volunteer coordinator, establishing volunteering initiatives in conjunction with VCFS and supporting initiatives such as a local food bank.
Waverley Asset Mapping Programme
Surrey Safeguarding Adults Board
Awareness raising with local people
Safe Haven – engaging communities in supporting those at risk

Dementia Friendly Surrey
Dementia Champions - 20 organisations and key individuals have signed up
Training – starting January 2013 and free to Dementia Champions. Available as Train the trainer, short courses and Distance learning.
Innovation Fund - opportunity to bid for up to £5000 for projects that will help people living with a dementia and their carers to get the best out of life. Closing date 30 th September.
Public Awareness Campaign - Radio advertising, magazine advertorials, and distribution of dementia public information - 70,000 copies of the myth busting flyer alone have been circulated to date.
Support Groups – Mapping has identified gaps in peer support and projects across the districts and boroughs will look at using volunteers to support new groups.
Rapid Improvement Event Program
Simplifying adult social care systems and processes so that practitioners can spend less time on paperwork and more time face to face with people to discuss how they can harness family, friends and community support.
Adult Information System (AIS) upgrade to version 28
Assessment Rapid Improvement Event
Support Planning Review
Sourcing and Admin Review
Financial Assessments Rapid Improvement Event
Shift 'Finding Utopia' – innovating, developing and testing new approaches to the assessment process, lead by Shift (a FutureGov lead team working for SCC).
Hospital Discharge Rapid Improvement Event
Portal and service resource to support staff to implement innovative support plans - A requirements specification for the portal solution has been drafted and scope is being clarified. The tender process for the new system will begin towards the end of October 2013, with a phased implementation of the solution planned for summer 2014.

Appendix 2:

Extract from Adult Social Care Select Committee Budget Update 5 September 2013

As highlighted in the MTFP preparation, the ASC budget faces considerable pressures and commensurately demanding savings targets, even after the addition of £11m during budget preparation to the previously-planned MTFP cash limit for 2013-14.

The main points to date are that:

- Good progress has been made in many of the savings actions, and it is judged that £21m of savings have either been achieved or will be achieved without further action being required.
- However, it is indicative of the difficulties faced that the year to date position as at the end of July is showing an overspend of £5.9m.
- The Directorate is planning to improve this position, and offset future demand pressures in the remainder of the year, by completing the implementation of the remaining £24.8m of management action savings plans.

Planned management actions have increased by £0.2m from last month, due to additional pressures that have emerged, mainly within Older People nursing care and Learning Disabilities services. At this stage it is anticipated that savings plans will constrain and reduce these pressures, but changes in service volumes and unit costs will continue to be closely monitored and scrutinised at locality level to better assess their overall impact.

The most significant element of these future savings plans is the social capital agenda:

- The savings target for social capital this year is £15.5m, against which £10m of savings are currently being projected. This projection is made up of £2.0m of demand related savings identified in current projections and £8.0m of savings that the Directorate plans to achieve in the remainder of 2013/14.
- Social capital is also expected to help contribute towards a further £7.5m of savings. It is still too early in the year to properly evaluate the success of the use of social capital, but given the scale of the challenge and the fact that this is the first year of implementing
- These ambitious plans, some slippage was always likely.
- The latest month's position suggests that slippage has already occurred and therefore, the Directorate is likely to seek to draw down available balance sheet funding at a later point to help offset this current and any future slippage. Currently £7.5m of unused 2011/12 Whole Systems funding has been identified as a contingency for this purpose, and in view of that, £7.5m of the savings attributable to social capital have been categorised as one-off at this stage. That has an effect on planning for future years, as indicated by the graph at Appendix 3.

The key driver of the underlying pressures that the service faces is individually commissioned care services. The gross spend to date on spot care excluding Transition has been £21.4m per month over April - July. That compares with

£21.4m per month at the end of 2012/13, indicating that whilst new in year pressures are being contained expenditure has not yet decreased as planned. Assuming that all savings occur as currently forecast or are replaced by other means, then the Directorate can afford to spend only £19.5m per month in order to achieve an overall balanced budget. Therefore, an 8.9% reduction in expenditure on individually commissioned care services is needed.

7

Overall whilst a balanced budget remains a feasible outcome and one which every effort will be made to achieve, there is a significant risk of an overspend occurring. That remains consistent with the judgment of risk when setting the budget, when it was stated that 'realistically, some overspend is judged possible, as has been recognised corporately by the increase in the centrally-held risk contingency'.

Summary of ASC Forecast

ASC MTF Efficiency Target	(£45.8m)
Savings in remainder of the year through use of social capital / other one-off savings	(£15.5m)
Other savings plans forecast in the remainder of the year and included as Management Actions	(£9.3m)
Demand related savings identified in current projections including social capital	(£5.1m)
Other savings identified in current projections	(£15.9m)
Total forecast performance vs MTFP target	(£45.8m)
	0

On a client group basis, the projected pressures currently appear mainly in Older People. However, that position precedes any reliable evidence regarding how best to allocate the effects of using social capital across client groups, and it may be that some reallocations between client groups will be indicated as that evidence emerges.



**Adult Social Care Select Committee
24 October 2013**

Supporting Carers

Purpose of the report: Scrutiny of Services – The Committee continues to monitor the Service’s performance on securing positive outcomes for carers. The Committee will scrutinise an update report from the Carers Practice & Performance Group. This report provides an update on ASC’s progress in practice improvement and general support provided to carers who are supporting Surrey residents.

Introduction:

1. A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help due to illness, disability, mental ill-health or a substance misuse problem.
2. Adult Social Care is committed to providing good quality support to carers who look after people living in Surrey who are 18 years old or older. Carers may themselves be adults, or young people under the age of 18 looking after a parent, older sibling or other adults important to them in their life.
3. Adult Social Care places an emphasis in practice on the key outcomes laid out in the National Carer Strategy update¹ which include:
 - Helping carers identify themselves as carers as early as possible, involving and valuing their contribution in the design of local planning and provision as well as in the planning of both their support and that of the person they care for’s support;
 - Enabling those carers who want to work or engage in learning to achieve their potential in these areas;
 - Providing personalised support to carers and to the people they support that promotes a family life, and inclusion and involvement in their communities;
 - Enabling carers to remain healthy and well (including physical, mental and emotional wellbeing).

¹ “Recognised, Valued, and Supported: Next steps for Carers Strategy” (Nov 2010)
Page 1 of 21

New Care Bill (implementation April 2015)

4. The new Care Bill will strengthen the rights of carers in terms of their entitlement to an assessment and support when eligible. It also introduces new requirements to provide preventative services for individuals and carers and to provide information and advice. What the Government says this will mean is:

“Carers will no longer be treated as an extension of the person they are caring for. They will have a right to an assessment to decide if they need support... [they] will have a legal right to receive state-funded support for those needs, just like the people they care for”.

5. Personal Care and Support have already taken steps that put Adult Social Care in a favourable position to meet new requirements that are defined in the Bill. Work is already being undertaken on whole family assessment processes heightening awareness of young carers and simplifying assessment and support planning processes. By doing so, the impact of change introduced through the Bill’s implementation in practice terms will be lessened. This will contribute to a better service for carers in Surrey. Whilst some further work will be required to fully meet the requirements of the Care Bill, the County Council is now widely seen as being well placed to respond to the new legal requirements of The Care Bill. For example in April 2013, Dame Philippa Russell (Chair, Standing Commission on Carers) wrote that "We have so much to learn from the work that you have developed in Surrey around real multi-agency working and also proactive and strategic partnerships with carers."

Good Practice Example

Information stands were presented by Runnymede Locality Team at Eileen Tozer Centre in Addlestone, Manor Farm Centre Egham, Woodham and New Haw Centre, and The Orchard Centre in Chertsey over 4 days. A real success of these stands was that a number of people not identifying themselves as carers asked questions and were supported with information about things that may support them in the future including Early Intervention and GP Support Payments. Many had no idea that what they were doing in terms of supporting someone made them a carer, or that there was support available to them too. Another consequence of these sessions was the building of relationships with the Centres, most asking for return visits, information sessions etc for the future. (co-ordinated by Jana Minova AP2 Carer Runnymede Locality Team supported by other practitioners from that team) – June 2013

6. Staff from Adult Social Care have as a result been involved in assisting the Department of Health by feeding in to a whole range of discussions about the development of the Bill and accompanying regulations and Guidance.

Carers Practice and Performance Group

7. In June 2012 a group of partner organisations was established by Adult Social Care to regularly review activity and performance relating to the Service's support of carers supporting residents of Surrey.
8. Appendix 1 outlines the terms of reference and membership of this group. Membership includes representation from representation from Adult Social Care Select Committee and Democratic Services and partner organisations.
9. The group meets on a quarterly basis and is chaired by Assistant Director for Personal Care and Support.
10. The group reviews 6 performance measures endorsed by Adult Social Care Select Committee in May 2012. These are detailed in Appendix 2.
11. The group will going forward be considering the implications of the Care Bill in relation to how carers in Surrey can continue to be supported both through the work of front line Locality Teams as well as strategic and commissioning responses.

Practice Improvement in Personal Care & Support (PC&S)

12. Assistant Practitioner Level 2 (Carers)

- 12.1 In May 2012, 13 Assistant Practitioner Level 2 Carer (AP2 Carer) posts were created to be based in each of the 11 Locality Teams, one in the County-wide Transition Team and a peripatetic role to support the carer agenda in county wide practice improvement initiatives.
- 12.2 The role supports practitioner staff in improving their understanding of legal and practice requirements when supporting carers. These practitioners support staff through 1:1 and group training opportunities, induction of new staff in carer awareness, policy and procedure (practice and recording), and promote supporting carers within a whole family approach.
- 12.3 11.5 posts have been recruited, with one remaining vacancy in Mole Valley and a half time position in Elmbridge Locality Teams. The recruitment to the remaining positions remains a priority. Support from within the existing cohort is provided to these teams.
- 12.4 The role is improving practitioner awareness of carers, understanding of their rights, and quality of assessment and support planning with carers as a part of a whole family approach. The examples below provide some evidence of the value of the role for front line teams.

AP2 Carer Role: *Just wanted to say I have had a fantastic morning as an AP2 Carer! Yesterday I identified that someone wasn't recording carers correctly and this morning I have spent time with them working at making the corrections which took only an hour of their time. I've been asked this morning by someone else how to record a carers assessment and so we had a mini tutorial which resulted in the person sitting next to us getting involved because they wanted to learn how to do it in the "correct way". All the paperwork has been completed for a Carer's Direct Payment for one of my cases, and I've helped someone complete the Carers E-learning module.*

I've also booked out IT Suite for two days next week for others in the team to book time to do the E-learning packages.

I just wanted to feedback that the role is really taking off now, and people are using me I'm really busy and being appropriately used which should show an improvement in our recording and practice.

Jayne Low – AP2 Carer (Surrey Heath Locality Team) – July 2013

Carers Week June 2013: *The Epsom & Ewell Locality Team had a team lunch to raise awareness of carers during Carers Week. A raffle also raised £80.00 for Surrey Young Carers and team members were set a task to contact a carer on their case list and mention a carer service/benefit in the local community. A member of staff also volunteered to bake and decorate a special Carer's Week cake! (co-ordinated by Charlotte Emery AP2 Carer Epsom and Ewell Locality Team) – June 2013*

Improved Networking

- 12.5 The AP2 Carer role has provided increased capacity to promote links with carer support organisations locally.
- 12.6 AP2 Carer practitioners regularly hot desk at Action For Carers offices in Guildford. The same arrangement will be replicated at Action for Carer's Reigate office with AP2 Carer practitioners from areas covered by that office.
- 12.7 Action for Carers "Giving Carers a Voice" forums are now regularly attended providing a PC&S presence. A helpful role in these events is being able to respond to carers who want to know more about the support available for them as well as ensuring individual difficulties raised can be heard and followed up after the forums.

Good practice example

*Jane Thornton – Action for Carers Surrey wrote saying "Special thanks to the team of AP2 Carer practitioners for coming out in force- it was really good to have their input in the workshops – Penny and Jane did an impromptu "slot" in Richard's session – and carers much appreciated meeting them and hearing about their role. Great that we can continue to work together like this." (Oct 2012). **AP2 Carers: Jayne Low (Surrey Health Locality Team) and Penny Roberts (Spelthorne Locality Team)***

- 12.8 Improvements in networking activity are not limited to organisations with a specialist carer interest. AP2 Carer practitioners attend a wide range of forums, meetings, organisations that may in some way be involved in supporting carers. They include representation at local Valuing People Groups, Empowerment Boards, Well-being Centres, PLD Partnership Board,

Good practice example

Dementia Crisis Respite Service - I took part in the panel selection and tendering process. I really enjoyed joint working with my colleagues in mental health, procurement and the CCG. It enabled me to really get involved with designing a service that is not only to specifically target carers but also to prevent up to 200 unnecessary hospital admissions per year. It's great that I have been involved right from the very start and it's very rewarding to see that this service is going to go live on October 1st.

Charles Axon-AP2 Carer (Woking Locality Team) – August 2013

- 12.9 The value of this role is the additional capacity it provides in developing the support that friends, families and communities can offer carers in their local communities. AP2 Carer role will work closely with the Social Care Development Co-ordinator posts to achieve increased opportunities for carers.

- 12.10 Further evidence of how the role supports continuous practice improvement will be shown in other areas of this report.

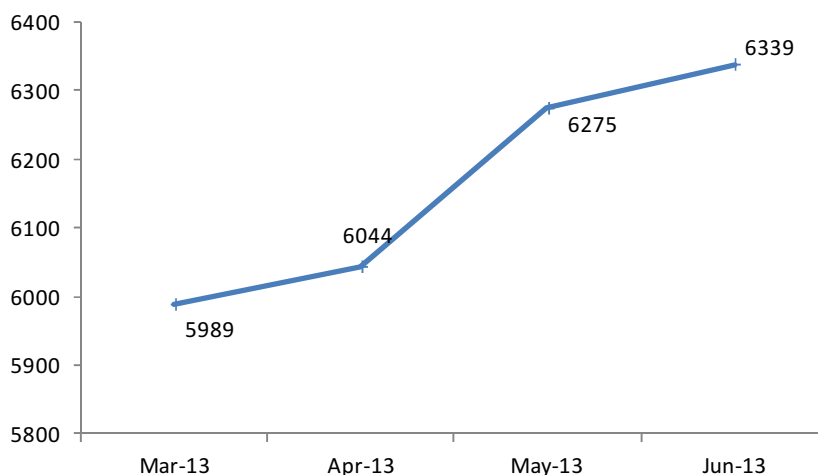
13. Performance Measures

13.1 Identification of carers – Number of open carers

- a) Locality Teams continue to improve in their identification and recording of carers supporting people known to their team. The number of recorded carers open to Personal Care and Support at the end of June 2013 is 6339. This represents a 7% increase since the last report to Select Committee in November 2012.

Number of Carers open on AIS countywide at month end

Source: Charteris Management Meetings report from AIS



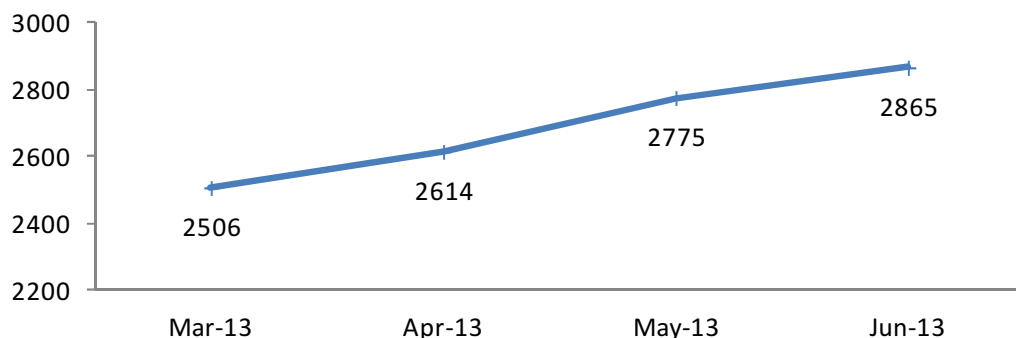
- b) An activity that has contributed to this continued improvement is that 562 staff in Personal Care and Support have completed and passed the Carer Aware e-learning package during this period. This training module is aimed at raising awareness of the definition and rights of carers.

13.2 Carers with a Supported Self Assessment

- a) 2865 carers have (as at end June 2013) had a Supported Self Assessment (SSA). This is an increase of 55% since the last report to Select Committee in November 2012 (1849 carers reported). More significant is that 93% of these assessments have taken place as a part of a joint assessment process with the person they care for. This evidences that a whole family approach to assessment and support planning is now embedded in the practice of Locality Teams.

Countywide Total Number of SSAs

Source: Charteris Management Meetings report from AIS

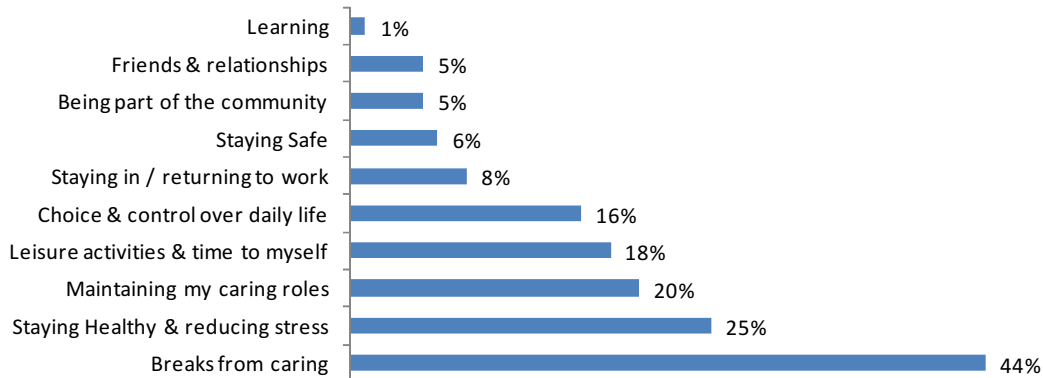


13.3 Carers Personal Outcomes

- (a) The Care Quality Commission has published a number of themes that carers have expressed being important to them in terms of the outcomes they wish to achieve. Personal Care and Support records outcomes in line with these for every carer in terms of what they want to achieve when planning and receiving support.

**Percentage of Carers with a Personal Outcome
June 2013**

Source: Charteris Management Meetings report from AIS



8

- (b) Breaks from caring, Staying health and reducing stress, and Maintaining my caring role remain the 3 most common outcomes carers wish to achieve as a result of the support that Adult Social Care provides them.

13.4 Carers Survey

- (a) The first statutory Carer Survey was concluded in November 2012. The results indicate a general shift toward improved satisfaction amongst carers accessing support from Surrey County Council and Adult Social Care.
- (b) 42% of the carer sample responded (678 of 1626 carers approached) to the survey.

General satisfaction

- (c) 71% of carers reported feeling ‘extremely satisfied’, ‘very satisfied’ or ‘quite satisfied’ with the support and services they had received over the last 12 months.

Qualitative feedback received

‘I feel we have been very well treated and are grateful for the help we have received from the social services’

‘Just to say I have always found the social care very helpful and understanding with the fact I live in Hertfordshire, the same applies to the care service’

‘I have great support from my husband’s key worker. SILC has been very helpful with the reconciliation form. I was very worried that I would not get this right before they helped me.’

Choice and Control

- (d) 67% of carers felt they did some things that they value or enjoy, but felt they would like to do more.

Qualitative feedback

"I think that direct payments have given our family choice and control"

Maintaining activities and relationships

- (e) 85% of respondents reported feeling that they have some social contact, 58% of whom would like to have had more social opportunities.

Qualitative feedback

'My daughter and son in law are a great help to me as they're (sic) closest to me. My sons also help when they can but they live and work up north.'

'The man I care for is always happy, joking and full of great stories. Its a pleasure to care for him. He's become a big part of my family's life. We've been neighbours for 5 years and were friends before his son arranged for me to care for him.'

Access to information and advice

- (f) 65% of carers responding found it easy to access information and advice about support, services or benefits relevant for them.
80 % of the respondents had actually accessed information and advice services.

13.5 Budget and Support provided through Voluntary Sector

- (a) Adult Social Care and Clinical Commissioning Groups jointly fund a range of services for carers through a Multi-Agency Carers Commissioning Group to deliver the requirements of the National Carers Strategy. The Surrey Carers Commissioning Group spent £6.8 million in 2012/13; (£4.6M from Adult Social Care & £2.2 M from NHS Surrey). This included £4.4 million funding for grants and contracts for carer led support for carers shown in the table below. This is in addition to funding for carer direct payments and other training and support activities. In 2012/13 these services delivered through carers organisations provided support to 14,921 adult carers and 1,406 young carers. In addition well over 3000 carers received a carers support payment (personal budget).
- (b) The Care Bill will require Councils to provide a range of preventative and information services from April 2015. It is believed that the range of carers support services already in place will go a fair way to enabling the Council to meet these new obligations.

Grant Funded Support for Carers – Joint Commissioning SCC & NHS	
Surrey Young Carers (Action for Carers)	Support to Young Carers (under 18) – County wide service with local delivery
Home based breaks for carers (Crossroads Care)	Flexible home based breaks, normally for a few hours a time
End of Life Care (Cross roads Care)	Customised breaks for carers in end of life situations
Voice for carers (Action for Carers) Carer awareness training	Enabling carers views to be heard
Grant Funded Support for Carers – Joint Commissioning SCC & NHS (cont)	
GP Carers Recognition Project (Action for Carers)	Works Jointly with Health to raise awareness of carers needs in Primary care and improve use of GP Carer registers and support for carers by practices
Enabling Carers Training	Enables training to be provided to carers locally with issues around staying healthy and handling stress
Carer Back Care Service (Action for Carers, White Lodge, Carers of Epsom)	Support to carers with moving and handling to help avoid risk of back injury
Carers and Employment Service (Action for Carers)	Support for carers to maintain their employment, return to employment or access vocational training
Independent Local Carer Support Organisations	Borough/ district based organisations providing increased local support
Leisure Services people with learning disability	Enables carers to have a break while the person they look after is involved in stimulating leisure activities
Rethink - Mental Health Carer Support Service	Specialist support for carers of people with serious and enduring mental health concerns
Benefits Advice for Carers	Second tier advice service to help carers support schemes ensure that carers get the right benefits and money advice

Early Intervention through Carer Direct Payments

- (c) The Coalition Government's agreement highlighted the importance of enabling more carers to access personal budgets, community based respite and support. The County Council has worked together with the NHS in Surrey to help facilitate this through new early intervention and prevention service that complements the work of Adult Social Care

Teams. Two schemes have been co-designed to enable more carers to access early stage support avoiding the need for more intrusive and costly interventions down the line.

Payments through Carers Organisations

- 8
- (d) The first scheme is where Carers Support Organisations undertake a light touch “Carers Support Evaluation” can approve payments of up to £500 per case to support the carers own needs (including support for young carers). Payments are targeted at carers not receiving services from Adult Social Care to avoid duplication and maximise the preventative effects. These interventions help avoid breakdown in the caring situation and the need for more intrusive and expensive interventions by statutory services. During 2012/13 there were a total of 878 payments (267 to support young carers and 611 for adult carers)

GP Breaks Funded by NHS Surrey

- (e) NHS Surrey has developed a new GP Carer Breaks scheme where GPs can now allocate up to £500 a case for residential and other breaks for carers (including young carers) to address carer health needs. GPs are able to action both the payment and also referrals for more information from their screen during the patient’s consultation. This can be agreed by the GP based on their clinical assessment of the carers level of stress and resultant need for a break. The doctor can agree this allocation from their screen during the consultation with the patient.
- (f) The service commenced from 1 December 2011 and all Surrey practices have now signed up to participate in the scheme. The NHS has allocated £1.3 million pa. enabling 2600 a year carers to receive a break in this way. The scheme has been highlighted as best Practice by the Government and Care Services Minister Norman Lamb has highlighted this as best practice on a number of occasions including in the House of Commons.

14. Young Carers

- 13.1. Supporting young carers under the age of 18 is a priority for Surrey County Council. Staff from Adult Social Care and Children, Schools and Families work together with a wide range of partners through a multi agency Surrey Young Carers Strategy group.
- 13.2. In support of Adult Social Care’s commitment to support young carers as a part of a whole family approach, it was decided that it would be beneficial to track the number of young carers involved in supporting adults open to Personal Care and Support.
- 13.3. At the outset Personal Care and Support were able to identify 18 young carers on the AIS recording system. There has since been a steady increase, with the number rising significantly over recent months. The number of young carers now identified in Personal Care and Support Teams is 121 young carers (as at 25/09/2013).

- 13.4. As a part of the new Care Bill developments, changes are expected in terms of the Local Authority's accountability around identifying and support young carers. The current identification and recording activity in Personal Care and Support will be useful preparation to the Care Bill's implementation in April 2015.
- 13.5. 1406 young carers were provided support in 2012/13 through the services arranged by an independent young carer service funded by Surrey County Council. The numbers supported represent a 15% increase on the preceding year.
- 13.6. Raised awareness and identification of young carers has been supported by 528 Personal Care and Support staff successfully completing the "Young Carer Aware" E-Learning package.
- 13.7. Development of a new Young Carers Assessment format is underway lead by an AP2 Carer practitioner and manager from Surrey Young Carers with young carers themselves actively engaged in deciding the content and design. Young Carers have told us that two formats are needed, one that is suitable for younger carers (more pictorial), another that is more relevant for teenagers.
- 13.8. A 'Making it Real' event for Young Carers in Surrey was held and the output of that event has been used in the national Making it Real for Young Carers document launched by Think Local Act Personal September 2013.
- 13.9. The Government is about to introduce an amendment to the Children and Families Bill that will increase the responsibilities of both Childrens and Adult services to identify and support young carers and prevent them having to undertake "inappropriate care". The Care Bill has also introduced additional requirement to support older young carers in their transition to adulthood. It is anticipated that there will be a joint response with Children and families Services to this legislative change

Conclusions

- 14. Adult Social Care continues to make improvements to the ongoing delivery (and in some cases continued delivery) of good quality support to carers in Surrey.
- 15. AP2 Carer role is making a tangible contribution to practice improvement in Locality Teams and networking opportunities at a local and county wide level.
- 16. Surrey County Council is receiving recognition both from the Department of Health and the Standing Commission on Carers as being an authority that is delivering good practice in relation to a whole family approach to assessment.
- 17. Adult Social Care will continue to consider and respond to the implications of the Care Bill's implementation in 2015. This will include consideration of a range of Regulations and Guidance to support the Bill which have yet to be published. Work will be undertaken together with

partner organisations to respond to both practice and commissioning requirements.

Financial and value for money implications

18. The extent of the financial implications of legislative change are yet to be fully explored in relation to delivering support to carers in Surrey. However, the Department of Health's "Impact Assessment" on the Care Bill was published on 8 May 2013 concerning a number of aspects including improved support for carers and carers' assessments. It summarises the figures for additional funding for carers' assessments and provision of support rising to £175 Million a year in England (an estimated £2.8 million for Surrey). The report also summarises the savings to Councils of £390 million a year that the Department of Health believe will arise from improved support for carers. This would if correct equate to notional savings or cost avoidance for Surrey of £6.2 Million
19. A cost modelling exercise was recently undertaken as part of a review of priorities for the Surrey Joint Carers Commissioning Strategy. This highlighted that supporting carers helps prevent breakdown of caring situations, provides help in a manner that many families appreciate and avoids far greater cost for the provision of more expensive, more intrusive "care packages". In this sense, increasing support for carers can be seen as investing to save.
20. In 2011/12 the Surrey County Council funded services to over 13,000 carers funded via the Joint Carers Commissioning Group at a cost of just over £5,000,000. In around 10,000 of these cases, the family does not receive any other direct support from Adult Social Care.
21. A cost avoidance modelling exercise has been undertaken to look at the financial impact of ceasing support in these otherwise unsupported cases (a similar exercise to one undertaken and reported on to Adult Social Care Select Committee in January 2011).
22. It is estimated that if the carers services provided to 10,000 carers not receiving any other support from Adult Social Care were withdrawn, up to 40% of cases could break-down within a few months. Not all of these people would seek help from the Council. Some would be people who will fund their own care and others may not be eligible for services.
23. If just 10% were eligible and took up publicly funded services, this would suggest a whole year cost of over £14.7 million a year for replacing carers support (illustrated below). The actual level of demand could well be higher than 10%, particularly in relation to home based care along with changes in Social Care funding outlined in the Care Bill being implemented in 2015.
24. This illustration shows potential cost avoidance implications based on 10% (an additional 1000 people with a carer) of carers currently supported through early intervention / information and advice services requiring support.

- 2% needed nursing care - this would cost £4.8 million a year based on the cost of nursing placements at around £23,889 a year and for 200 cases, and
 - 8% needed home based care which would cost at least £9.9 million pa based on an average cost of £239 a week for home based care for older people.
 - Replacement care costs would amount to an estimated £14.7 million a year.
 - Additional impact not included in the above estimate is that of resource to meet the additional assessment, support planning and review activity and other costs associated with managing 1000 extra cases.
25. A range of other assumptions might be made that all suggest a higher cost still (for helping a small proportion of those currently supported via carers organisations). If the demand for services were 15% the cost could be around £22 million and at 20% as much as £29.5 million.
26. Both of the Government's figures and the local study suggest that there is potential to save, supporting more people for less money through appropriately targeted investment on carers.

Equalities Implications

27. There are no specific equalities implications arising from this report but an Equality Impact Assessment will be undertaken in relation to plans to respond to the requirements of the Care Bill; including those for carers.

Risk Management Implications

28. There are no specific risk management implications arising from this report.

Implications for the Council's Priorities or Community Strategy

29. Ongoing practice improvement contributes to Adult Social Care's vision in relation to ensuring carers are supported in making informed and supported decisions about sustaining their caring role and being able to have a life beyond caring

Recommendations:

30. That Select Committee endorse the ongoing practice improvement in relation to support provided to carers supporting residents of Surrey.

Next steps:

31. The Carers Practice and Development Group and Multi Agency Carers Commissioning Group are to collaborate in developing proposals for ensuring that new obligations to support carers arising from the care Bill are addressed based on codesign and value for money principles.
32. A further report will be made to the Select Committee on plans to implement the provisions of the Care Bill including requirements to further improve support for carers.
33. Work will be undertaken through the Multi Agency Young Carers Strategy Group to ensure effective implementation of new legislative requirements for supporting young carers and their families.

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Adult Social Care

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Adult Social Care - Personal Care and Support Carer Practice and Performance Group Terms of Reference

Context of the Group:

Supporting carers to stay healthy and well and balance their life outside of caring remains one of the Adult Social Care (ASC) key priorities. As a part of ASC's response to achieving this priority, Personal Care & Support are committed to practice improvement that delivers quality information, support and where appropriate direct services to carers that are responsive to the needs of carers (including the needs of young carers).

In the recent past Personal Care & Support has faced a number of challenges that have hindered consistent delivery of support to carers. A number of improvements to practice procedures have been put in place and Personal Care & Support is committed to ensuring the consistent application of these, resulting in improved outcomes for the carers receiving support and services.

As a part of this commitment, PC&S want to ensure that key partners are involved in discussions that will bring about sustainable improvements in practice within our front line teams. To that end, the Carer Practice and Performance Group has been set up.

See Appendix 1 for links with other strategic and operational groups and organisations.

Functions of the Group:

- **Monitor progress being achieved in practice:** These discussions will be informed by performance against the measures agreed by ASC Select Committee (see appendix 2)
- **Identification of project based work to progress practice improvement:** The group will use the expertise and experience of its members to identify / recommend solutions that improve outcomes for carers. Ad-hoc sub groups may be formed to facilitate topic / issue specific activity. These will be time limited to the duration of the activity.
- **Identify and share good practice that furthers sustainable improvements in providing positive outcomes for carers:** The group will share and acknowledge good practice that evidences positive outcomes for carers and the people they support. These examples may include specific families, but also systemic changes, improved and effective relationships between organisations etc.

Group Membership

Assistant Director Personal Care and Support: Group Sponsor and Chair
Senior Manager for each geographical area within Personal Care and Support

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

North West Surrey (Runnymede, Spelthorne and Woking Localities)

East Surrey (Tandridge, Reigate and Banstead Localities)

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

Operational Lead Manager for Surrey and Borders Partnership Trust

County Councillor - Adult Social Care Select Committee

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

Lead Manager – Business Intelligence Team, Adult Social Care

Commissioning Manager for Carers - Adult Social Care

Chief Executive Action for Carers Surrey

Nominee of the Surrey Carers Support Chairs Group

NHS Surrey Partnership Manager (Carers)

Nominee from Rethink Carer Support Surrey

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

Scrutiny Officer – Surrey County Council Adult Social Care Select Committee

Note:

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

Meeting Frequency:

The group will meet on a quarterly basis taking into account the schedule of PC&S Quarterly Accountability Meetings and representations to be made to Adult Social Care Select Committee

Appendix 2

Adult Social Care - Carers Performance Measures

In May 2012, Select Committee requested the following six performance measures relating to Adult Social Care's activity that support carers in Surrey be monitored. These are as follows:

Measure 1	Open Carers (including young carers) recorded on AIS (ASC's recording system)
Measure 2	Carers with a Supported Self Assessment recorded
Measure 3	Details of carer personal outcomes (including number of carers with a recorded personal outcome and carer personal outcome category as a percentage of all recorded carer personal outcomes)
Measure 4	Number of young carers helped either through Adult Social Care services or support from voluntary sector organisations funded by Adult Social Care.
Measure 5	Annual reporting on the budget for voluntary organisations supporting carers (including the numbers of carers supported and the difference made to those carers)
Measure 6	Annual survey of carers (the first being initiated in the autumn of 2012)

Concepts relating to Carers – A brief overview of key concepts relevant or referred to in this report

1. Definition of a carer:

- 1.1 ASC adopts the Carers UK definition of a Carer: “CARERS look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.”
- 1.2 The definition also includes those who may be intending to provide support to someone in the future. This is particularly important relation to planning hospital discharges
- 1.3 It is important that carers are not treated as a resource by limiting their right to choose the amount of time they want to dedicate to their caring role(s), or the what they want to be doing to support the person they care for (type /nature of tasks).

2. Young Carers

- 2.1 **Definition of a young carer:** ASC defines a young carer as: A child or young person under the age of 18 who provides regular and ongoing care and /or emotional support to a family member who is physically or mentally ill, disabled, frail or misuses substances.
- 2.2 The support young carers provide may in some way restrict their life chances, impact on their education and/ or their opportunities to socialize in the same way as their peers. Helping at home is part of growing up but young carers often do far more than other young people (unreasonable levels of caring) because of the caring role they have and sometimes get involved with tasks that may not be appropriate for them to do.
- 2.3 Support for young carers is about supporting adults and their families in ways that enable young carers to achieve the same milestones as that of their non young carer peers. Older young carers (16 and 17yr olds) may receive support directly.
- 2.4 There are thought to be around **14,300** young carers in Surrey based research for the BBC undertaken by Professor Saul Becker and others in 2010. These young carers will be caring for people of different ages and conditions including siblings, adults, parents, older people, with physical, mental health, alcohol and or drug dependencies, long term conditions, life limiting conditions etc.

The research raised a question about the census information available at that time under reporting the prevalence of young carers, a view that was endorsed by the then Care Services Minister Paul Burstow commenting that the census figure was "just the tip of the iceberg".

3. Carers entitlement to assessment:

- 3.1 Current legislation (Carers and Disabled Children Act 2000) gives carers who provide a substantial amount of care on a regular basis, the entitlement to request an assessment of their own needs.
- 3.2 A later piece of legislation obligates Local Authorities to inform carers of this entitlement. Therefore we as a Local Authority should be proactively including carer's in our assessment processes rather than waiting for the request to do so.(Carers (Equal Opportunities) Act 2004)
- 3.3 The Care Bill when introduced will place carers on an equal footing to the people they support in terms of entitlement to assessment and eligibility for support, thereby eliminating any confusion that may exist about regular and substantial levels of care, and entitlement for assessment.

4. Carers Needs Assessment:

- 4.1 A carers needs assessment is a legally defined concept.
- 4.2 Purpose of a carer needs assessment is to establish whether the caring role is sustainable for the carer (1995 Carers Recognition Act and 2000 Carers and Disabled Children's Act) looking at how it impacts on the carer's wellbeing.
- 4.3 A further legal requirement was introduced in 2004 for carer's assessments to include consideration of how the caring role impacts on the carer's ability to work, take part in leisure activities, education and training (i.e. does the carer have the same opportunity to take part in these areas of life as someone who does not have a caring role).
- 4.4 If not, then action should be taken to address any of these areas. The **Meeting Carer's Needs** section below informs how this may be done.
- 4.5 Where a carer meets SCC's eligibility criteria and provision to the cared for person does not also meet all of that carer's needs, they may receive support via a Carer's Personal Budget to be used to pay for support to meet those remaining needs (Before a personal budget is provided, other ways of meeting that need including consideration

given to the support of family, friends and the communities will be explored).

5. Self Directed Support:

- 5.1 Self Directed Support is the model that Adult Social Care uses to carry out assessments, support planning, and the monitoring & review processes for both individuals and carers.
- 5.2 Individuals and carers are encouraged to take as much control as they are willing and able to in providing information for their assessment process, and can choose who is best to support them to do so if they would prefer some support. This may include someone from their network of family, a friend, a professional, or a social care practitioner.
- 5.3 Individuals and carers are also encouraged to take as much control in the support planning process as they are able to, so that the outcomes and arrangements to meet these outcomes are really personalised to them.

6. Supported Self Assessment (SSA)

- 6.1 As above, the assessment process is designed to involve the individual and carer as much as possible.
- 6.2 Where an individual has a carer, the Supported Self Assessment is made up of 2 parts. The first part is about the individual and looks at risks to their independence (brought about by their frailty, disability, illness etc). The second part is about the carer and looks at the risks to the carer being able to maintain their caring role (and being able to exercise some choice about the extent and nature of their caring role).
- 6.3 In law, if the person being cared for declines an assessment, carer's are still entitled to an assessment of their own needs, and therefore Adult Social Care will in these circumstances complete only a carer's assessment.
- 6.4 SCC Adult Social Care uses a whole family approach in assessment, and therefore we expect in most situations where there is a carer that a "whole family" joint assessment process takes place.
- 6.5 When this happens, both the carer and the individual are afforded the opportunity to talk to the practitioner separately from each, other giving them more freedom to talk about sensitive things that they may not feel comfortable saying in front of the other.

7. Carers Needs Assessment:

- 7.1 A carer's needs assessment is a legally defined concept.
- 7.2 The purpose of a carer needs assessment is to establish whether the caring role is sustainable for the carer (1995 Carers Recognition Act and 2000 Carers and Disabled Children's Act).
- 7.3 A further legal requirement was introduced in 2004 for carer's assessments to include consideration of how the caring role impacts on the carer's work, own leisure activities, education and training (i.e. does the carer have the same opportunity to take part in these areas of life as others who do not have a caring role).

8. Meeting carer's needs

- 8.1 SCC Adult Social Care Eligibility Criteria includes an undertaking to meet carer's needs falling within the critical and substantial criteria, equitable to the criteria for the cared for person.
- 8.2 When arranging support, individuals and carers are encouraged to take into account how the support planned may benefit both / all parties involved. We anticipate that robust support arrangements for the cared for person will very often be supportive to the carer helping them to maintain their caring role. This is especially true if the carer no longer feels willing or able to continue all or some of their caring role and alternatives to their support are being provided.
- 8.3 Where necessary i.e. when a carer's needs cannot be met by the arrangements made by the cared for person, a carer may be provided with their own Carer's Personal Budget to meet their assessed **eligible** needs.
- 8.4 As is the case with the individual needing support, family, friends and community support are always considered prior to providing funded forms of support to carers.

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Comments on Adult Social Care performance in supporting carers to
ASC Select Committee 24th October 2013

We thank the Committee for allowing us to submit this written comment due to our unavailability to attend.

We are pleased to see that all locality teams are continuing to improve on the numbers of adult carers open cases. We know that the area numbers hide some disparity in performance between teams but understand these are being addressed by area managers and the Carers and Practice Performance Manager, Mikki Toogood. The impact of the AP2 Carer roles is continuing to be very positive with some excellent feedback from both our teams at Action for Carers and our local partner carers support organisations that their expertise and willingness to problem solve jointly with ourselves is improving both process and outcomes for carers. We hope that the remaining vacancies for these posts can be filled soon.

Mikki's team have also undertaken some excellent co-design work with our Young Carers forum on reviewing the young carers' assessment process and documentation, which has been a model of good practice. The number of young carers identified by teams continues to rise although the absolute number is still very small in relation to the likely number of young carers in families known to teams. The recent publication by Think Local, Act Personal of "*Making it Real for Young Carers*" to which our young carers in Surrey made a major contribution, emphasises the importance of whole family working and the need to involve young carers in decisions about care and support in their family. We will be expecting to see evidence of this good practice being adopted by all teams here.

It is still disappointing that there is not more comparable data from Surrey & Borders Partnership Trust on the numbers of carers assessments undertaken and outcomes for carers, so we can better understand their performance. We do however welcome the current review of the Carers Liaison workers to consider an expansion of the scope of their role to ensure carers don't slip through the net between primary and secondary services when they need social care support, which is in response to carers expressed concerns.



Cont'd



Going forward, the Care Bill's expanded duties in relation to support for carers is encouraging, and carers will expect to see some early evidence of the council's commitment to developing further services and support to meet this duty. Plans are already underway jointly with the Carers Commissioning Manager John Bangs to hold a co-design event in early 2014 to gather carers' views to inform and help shape this future support for carers. Carers will be hoping that the Council will continue to prioritise this as there is now established evidence that as well as improving carers lives and those they care for, that sufficient support to carers through early interventions and a range of specific services is cost effective by reducing carer breakdown and subsequent calls on statutory services.

Jane Thornton

Chief Executive, Action for Carers Surrey



**ADULT SOCIAL CARE SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED September 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

Date of meeting and reference	Item	Recommendations	To	Response	Progress Check On
5 September 2013 007	BUDGET UPDATE - JULY 2013 [Item 7]	That -- in light of the Committee's serious concerns about the possibility of budget overspend -- the Adult Social Care budget for this year be reviewed again to reflect increased demand on the services.	Cabinet	The Cabinet Member for Adult Social Care provided a response at the Cabinet meeting on 24 September 2013. A copy is included in the agenda papers.	Complete

Select Committee and Officer Actions

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
20 June 2013 004	AGEING WELL IN SURREY [Item 7]	That the report is taken to each Local Committee.	Senior Manager, Commissioning	The Ageing Well report will be taken to all Local Committees as recommended, and that the Adult Social Care Committee will review the outcomes of these meetings in six months time.	<i>December 2013</i>
5 September 2013 008	INCOME / DEBT UPDATE REPORT [Item 8]	Comparative social care debt data from other local authorities to be circulated to the Committee.	Adult Social Care Directorate	This will be circulated to the Committee in advance of their budget planning workshop	<i>December 2013</i>
20 September 2013 016	CALL-IN: CONTINUING HEALTH CARE TEAM INVEST TO SAVE BID - 4 SEPTEMBER 2013 [Item 4]	That the cost of the Continuing Health Care team is included in the business plan for 2014/15 onwards.	Adult Social Care Directorate	This will be considered as part of the Business Planning for 2014/15 and a response provided when the proposal comes to Select Committee	<i>December 2013</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
COMPLETED ITEMS					
20 June 2013 SC001	BUDGET UPDATE [Item 8]	That the Cabinet examine and evaluate the realistic potential for savings via “social capital.”	Cabinet	The Cabinet Member for Adult Social Care provided a response at the Cabinet meeting on 23 July 2013. A copy was included in the agenda papers at the Committee’s meeting on 5 September 2013.	<i>Complete</i>
5 September 2013 006	DIRECTOR'S UPDATE [Item 6]	A report on social worker recruitment and retention will be brought to a future Committee meeting.	Chairman/Scrutiny Officer	This report is on the agenda for the Committee’s meeting on 24 October 2013	<i>Complete</i>
5 September 2013 013	THE CARE BILL - REFORMING CARE AND SUPPORT [Item 9]	All future reports to the Committee to contain a section that outlines the implication of the Care Bill in relation to the item.	ASC Directorate	This has been implemented where appropriate.	<i>Complete</i>
5 September 2013 009	THE CARE BILL - REFORMING CARE AND SUPPORT [Item 9]	That the Directorate deliver further Care Bill awareness events for staff and Members across all localities.	Assistant Director for Policy & Strategy	Staff across all localities have received information on the current details and implications of the Care Bill. On 23 September 2013 a large-scale event happened to provide details of changes	<i>Complete</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
				signified by the Care Bill and to garner views on funding reforms and draft eligibility regulations work continues and will be ongoing.	
5 September 2013 010	THE CARE BILL - REFORMING CARE AND SUPPORT [Item 9]	That the Care Bill implementation Group is initiated.	Assistant Director for Policy & Strategy	This group has been implemented.	<i>Complete</i>
5 September 2013 011	THE CARE BILL - REFORMING CARE AND SUPPORT [Item 9]	That updates on implementation progress to come to the Adult Select Committee.	Assistant Director for Policy & Strategy	This has been noted and will be added to the Forward Work Programme when appropriate.	<i>Complete</i>
5 September 2013 012	THE CARE BILL - REFORMING CARE AND SUPPORT [Item 9]	That the Chairman of the Committee send a letter to the Department of Health, requesting that the funding formula for the allocation of central Government funding to meet the costs of the Care Bill is clarified and adequately reflects the demographic	Chairman/Scrutiny Officer	This letter has been sent and a response will be shared once received.	<i>Complete</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
20 September 2013 014	CALL-IN: CONTINUING HEALTH CARE TEAM INVEST TO SAVE BID - 4 SEPTEMBER 2013 [Item 4]	That the Audit & Governance Committee review the new structure, membership and procedures of the Investment Panel, and report to Council Overview & Scrutiny Committee on their findings.	Chairman of Audit & Governance Committee/ Chairman of Council Overview & Scrutiny Committee	The Audit & Governance Committee will receive a report at their meeting on 2 December 2013; this will be reported onto Council Overview and Scrutiny following this meeting	<i>Complete</i>
20 September 2013 015	CALL-IN: CONTINUING HEALTH CARE TEAM INVEST TO SAVE BID - 4 SEPTEMBER 2013 [Item 4] / CALL-IN: STAFFING AND SYSTEMS INVEST TO SAVE BID - 4 SEPTEMBER 2013 [Item 5]	That officers ensure that decision trails are mapped and recorded accurately within minutes and papers.	Adult Social Care Directorate	This has been noted by officers and will be implemented.	<i>Complete</i>

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Adult Social Care Select Committee Work Programme 2013-14

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Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
November 2013				
12 Nov	Adult Social Care Budget Workshop	This will be a private workshop for Members to discuss the budget for the Adult Social Care Directorate in 2014/15, as well as the Medium Term Financial Plan.	Paul Carey-Kent	Private Workshop
December 2013				
5 Dec	Mental Health PVR	Scrutiny of Services – The Committee will scrutinise progress in implementing the recommendations arising from the 2012 Mental Health Services PVR.	Donal Hegarty/Jane Bremner	
5 Dec	Services for People with Learning Disabilities PVR	Scrutiny of Services – The Committee will scrutinise progress in implementing the recommendations arising from and performance against savings targets identified by the 2011 PLD PVR.	Jo Poynter	
5 Dec	Budget Monitoring	Scrutiny of Budgets – The Committee will scrutinise the most recent budget monitoring information.	Paul Carey-Kent	

Adult Social Care Select Committee Work Programme 2013-14

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
January 2014				
16 Jan	Dementia-Friendly Communities	Scrutiny of Services – As part of a national drive, the Directorate initiated a project in January 2013 to create dementia-friendly communities. The Committee will scrutinise progress and performance on this project one year on.	Donal Hegarty/Jen Henderson	
16 Jan	Safeguarding	Scrutiny of Services – The Committee will scrutinise current safeguarding policies and arrangements.	Sarah Mitchell Dave Sargeant	
February 2014				
13 Feb	Adult Social Care Budget Workshop	This will be a private workshop for Members to discuss the budget for the Adult Social Care Directorate in 2014/15, as well as the Medium Term Financial Plan.	Paul Carey-Kent	Private Workshop
March 2014				
6 March	Information and Advice Strategy	Scrutiny of Services/Policy Development – Information and advice is often cited as a key concern. Residents do not always know where or to whom to go for information. The Service has an Information and Advice Strategy, which the Committee will scrutinise and contribute any new ideas for ensuring residents know where to go and get the right information.	Siobhan Abernethy	

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Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
6 March	Self-funder Strategy	Scrutiny of Services/Policy Development – The Service is working on a Self-funders Strategy. The Committee will scrutinise any draft of this strategy and contribute to its development.	John Woods	
6 March	Budget Monitoring	Scrutiny of Budgets – The Committee will scrutinise the most recent budget monitoring information.	Paul Carey-Kent	
6 March	Social Care Debt	Scrutiny of Services – The Committee will scrutinise the most recent social care debt information. Reducing social care debt is a priority for the Committee.	Paul Carey-Kent	
April 2014				
30 April	Commissioning Strategy	Scrutiny of Services/Policy Development – It is important that the Committee understands the concept of commissioning adult social care. The Committee will scrutinise the Commissioning Strategy and contribute to any development of future policy.	Anne Butler, Assistant Director for Commissioning	
30 April	Managing the Market	Scrutiny of Services/Policy Development – the Commissioning service has a priority to manage the care market. The Committee will scrutinise the current policies and strategies for doing so and contribute to any ideas for improvement.	Anne Butler, Assistant Director for Commissioning	

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Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
June 2014				
25 June	Budget Monitoring	Scrutiny of Budgets – The Committee will scrutinise the most recent budget monitoring information.	Paul Carey-Kent	
25 June	Social Care Debt	Scrutiny of Services – The Committee will scrutinise the most recent social care debt information. Reducing social care debt is a priority for the Committee.	Paul Carey-Kent	
TO BE SCHEDULED				
Page 62	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.	Mark Lloyd	
	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.	Simon Laker	

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Task and Working Groups

Group	Membership	Purpose	Reporting dates
Adult Services Business Process Review Member Reference Group	Keith Witham, Richard Walsh	To monitor the procurement process for the adult social care IT database systems.	September 2013

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