

Notice of Meeting

Adult Social Care Select Committee



SURREY
COUNTY COUNCIL

Date & time
Thursday, 5
December 2013
at 10.00 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

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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, Miss Marisa Heath, Mr Saj Hussain, Mr George Johnson, 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: 24 OCTOBER 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 (29 November 2013).
2. The deadline for public questions is seven days before the meeting (28 November 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

The Committee made no referrals to Cabinet at its last meeting, so there are no responses to report.

6 DIRECTOR'S UPDATE

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

- 7 RECRUITMENT AND RETENTION UPDATE** (Pages 13 - 26)
- Purpose of the report:** Policy development and review
- This report provides Adult Select Committee with a summary of how we have improved the strategic management of workforce; the challenges that we face nationally and locally within Surrey; an overview of the current workforce; and workforce plans for core services. It includes information on the challenges we face both as a sector and an employer, and suggests a role for Members in developing a sustainable Adult Social Care Workforce in Surrey.
- 8 SERVICE FOR PEOPLE WITH A LEARNING DISABILITY PUBLIC VALUE REVIEW (PVR) UPDATE** (Pages 27 - 40)
- Purpose of report:** Scrutiny of Services
- This report will detail the progress in implementing the recommendations arising from and the performance against savings targets identified by the 2012 Learning Disability PVR
- 9 PROGRESS WITH IMPLEMENTATION OF THE ADULT MENTAL HEALTH SERVICES PUBLIC VALUE REVIEW (PVR)** (Pages 41 - 70)
- Purpose of the report:** Scrutiny of Services
- The committee will scrutinise progress in implementing the recommendations arising from the 2012 adult mental health services PVR.
- 10 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME** (Pages 71 - 84)
- 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 16 January 2014.

David McNulty
Chief Executive

Published: Wednesday, 27 November 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 24 October 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, 5 December 2013.

Elected Members:

- * Mr Keith Witham (Chairman)
- * Mrs Margaret Hicks (Vice-Chairman)
- A Mrs Liz Bowes
- A Mr Graham Ellwood
- * Mr Mike Goodman
- * Mr Saj Hussain
- A 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

Mr Steve Cosser, Cabinet Associate for Adult Social Care
Mr Mel Few, Cabinet Member for Adult Social Care

53/13 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Graham Ellwood and Daniel Jenkins. There were no substitutions.

The Vice-Chairman acted as Chairman for the meeting.

54/13 MINUTES OF THE PREVIOUS MEETING: 5 SEPTEMBER 2013 [Item 2]

These were agreed as an accurate record of the meeting.

55/13 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest.

56/13 QUESTIONS AND PETITIONS [Item 4]

Declarations of interest: None.

Witnesses: None.

Key points raised during the discussion:

1. A Member's question was received from Ernest Mallett. The question and response were tabled and are enclosed in these minutes. There was no supplementary question.

Recommendations:

None.

Actions/further information to be provided:

None.

Committee Next Steps:

None.

57/13 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 given at the Cabinet meeting on 24 September 2013 in reference to Social Capital. There were no further comments.

Recommendations:

None.

Actions/further information to be provided:

None.

Committee Next Steps:

None.

58/13 DIRECTOR'S UPDATE [Item 6]

Declarations of interest: None.

Witnesses: Sarah Mitchell, Strategic Director for Adult Social Care

Key points raised during the discussion:

1. The Strategic Director outlined the engagement events taking place in relation to the Care Bill. It was highlighted that the Directorate had received praise at the National Children and Adult Service Conference for its financial modelling in relation to the implications of the Bill.
2. The Committee was informed that the Directorate had begun to see a positive budgetary impact as a result of the Family, Friends and Community support agenda. However, it was also commented that the NHS had indicated that a difficult winter was anticipated and that this could have an adverse effect. In order to mitigate this the Directorate had been working with the Clinical Commissioning Groups (CCGs) to strengthen shared care pathways. This included a number of changes to the hospital discharge process following a Rapid Improvement Event (RIE) over the summer.
3. The Committee was told that options were being considered for a Local Authority Trading Company in relation to the delivery of services for those with learning disabilities. It was highlighted that this work was being undertaken in collaboration with the community and carers.
4. The Strategic Director outlined Surrey's response to recent reports on fifteen minute visits in the national media. It was commented that approximately 6% of care visits were 15 minutes, and that these were intended to supplement other visits. The Committee was informed that the Directorate was working to ensure that domiciliary care commissioning provided sustainable care while also offering a fair wage to staff. It was highlighted that the domiciliary care commissioning process was being redesigned with input from service users. Members commented that the Directorate had provided a swift response to the queries around 15 minute visits and officers were thanked for the information that they provided.
5. The Committee congratulated Mary Hendrick for being short-listed for the Society Guardian Public Servant of the Year award 2013.

Recommendations:

None.

Actions/further information to be provided:

The Directorate to explore the possibility of delivering a further Dilnot and Care Bill workshop to Members.

Action by: Assistant Director for Policy & Strategy

Committee Next Steps:

The Committee to receive an update on the Local Authority Trading Company options as part of the Committee's business planning workshop on 12 November 2013.

59/13 FAMILY, FRIENDS AND COMMUNITY SUPPORT - SOCIAL CAPITAL IN SURREY [Item 7]

Declarations of interest: None.

Witnesses:

Dave Sargeant, Assistant Director for Personal Care and Support
Sarah Mitchell, Strategic Director for Adult Social Care

Mel Few, Cabinet Member for Adult Social Care
Steve Cosser, Cabinet Associate for Adult Social Care

Key points raised during the discussion:

1. The Committee asked what work had been done to ensure that the Family, Friends and Community Support agenda was being delivered collaboratively with the NHS and other stakeholders. Officers outlined that the Directorate were currently planning a number of stakeholder engagement events and that these were to be undertaken at a locality level. The Committee was informed that the Directorate was working with the NHS to ensure that social care practitioners were being included as part of primary care pathways. It was highlighted that this would help emphasise the Family, Friends and Community Support approach.
2. The Committee queried what measurements were in place to ascertain whether savings were being achieved through Family, Friends and Community Support. Officers commented that the key measurement was a reduction in the average cost of care packages. It was highlighted that a greater equity of resource distribution would be another indicator of the work's success.
3. The Cabinet Member for Adult Social Care informed the Committee that the Directorate's spending had been less in September 2013 than in previous months.

4. It was highlighted that Members could support the Family, Friends and Community Support agenda by sharing local knowledge through the Surrey Information Point website.
5. The Committee queried how the Directorate was working with District and Borough Councils and partners. Officers commented that a series of social asset mapping exercises were being organised at a district and borough level to help identify what resources were available. It was also highlighted that social care teams were co-located with District and Borough partners to ensure a joined-up approach. Members commented that local committees could also be used in identifying local assets.
6. The Committee was informed that work was being undertaken to roll-out a model office approach across the county after a successful trial period in Woking. Officers commented that the new approach had freed up practitioner time by reducing assessment times and improving the capacity for mobile working. Members asked for clarity around the meaning of 'brave' conversations; it was stated that this referred to moving towards sign-posting a wide variety of resources and support, rather than only discussing service users' support in terms of what the local authority could provide.
7. The Committee sought reassurances around potential safeguarding risks in relation to the utilisation of Family, Friends and Community Support. Officers commented that there would be no change in the risk assessments related to an individual's support plan, and that these were designed to assess risk in an appropriate way in relation to family and friends. It was commented that from a national and historical perspective the areas of greatest safeguarding concerns related to residential care, rather than support individuals received from their family, friends or community. It was also highlighted that the Directorate did not wish to reinforce a culture where people were afraid to offer support. However, the Committee was informed that Family, Friends and Community Support would only be engaged where appropriate, and would not be used where it was felt that service users were particularly vulnerable or at risk. The Committee was told that any volunteers would be risk-assessed and overseen as per the standard safeguarding arrangements.
8. The Committee asked where savings would be made through the implementation of Friends, Family and Community Support. It was clarified by officers that this would be achieved in part by identifying savings during the assessment process, by the use of provisions where costs were reduced or free to use.
9. The Committee was informed that the intention behind Family, Friends and Community Support was not to increase the burden to service users' relatives or community. It was intended to balance responsibilities across the community as a whole and identify where resources could be accessed.

10. It was proposed that a Member Working Group be set up and report back to the Committee at a later date. The following Members volunteered to join the task group: Mike Goodman, Margaret Hicks and Fiona White.

Resolved:

- That the Committee implement a working group to track project outcomes and deliverables for the Family, Friends and Community Support agenda, to report back in March 2014.

Action by: Chairman/Democratic Services

Recommendations:

- a) That Adult Social Care should work closely with District and Borough Councils in delivering the Family, Friends and Community Support agenda.

Action by: Assistant Director for Personal Care and Support

- b) That the Directorate raise the profile of the Friends, Family and Community Support agenda through Local Committees and local Councillors.

Action by: Assistant Director for Personal Care and Support

Actions/further information to be provided:

None.

Committee Next Steps:

The Committee will consider a report from the Friends, Family and Community Support working group in March 2014.

60/13 SUPPORTING CARERS [Item 8]

Declarations of interest: None.

Witnesses:

Mikki Toogood, Carer Development Manager, Personal Care and Support
Shelley Head Senior Manager, Personal Care and Support
Sarah Mitchell, Strategic Director for Adult Social Care

Mel Few, Cabinet Member for Adult Social Care
Steve Cossier, Cabinet Associate for Adult Social Care

Key points raised during the discussion:

1. The Committee was given an update on how the Directorate worked to support carers in Surrey. Officers stated that it was important to not view carers as a resource, and to recognise that they had a right to an assessment of their support needs. The Committee expressed

disappointment regarding the number of respondents to the first statutory Carer survey, and encouraged officers to seek ways of improving this figure.

2. The Committee discussed potential barriers to engaging young carers. A question was raised as to how the Directorate liaised with schools to identify and support young carers. Officers commented that the Directorate commissioned outreach work, delivered by Surrey Young Carers; it was also highlighted that a Young Carers Strategy Group met quarterly to have oversight of the multi-agency approach to supporting young carers. Officers informed the Committee that this group included young carers and was chaired by the Chief Executive of Action for Carers. The Committee was also informed that there was a Young Carers protocol in place between Adult Social Care and Children's Services. The Directorate also funded a project worker from Action for Carers to support the transition for young carers when they reached adulthood.
3. The Committee was informed that the Young Carers' assessment form had been redesigned with the input of young carers in order to make it more accessible. Members questioned whether whole family assessments were appropriate when ascertaining young carers' needs; it was clarified by officers that a whole family assessment would always seek to obtain the views of those involved in a way that they were able to express their individual views without pressure from others.
4. The Committee expressed the view that every school should ensure that they had a school governor with responsibility for supporting young carers. The Cabinet Associate for Adult Social Care offered to work with colleagues to investigate implementing this.
5. The Committee queried what efforts had been made to ensure that black and minority ethnic communities were also being engaged with. Officers outlined that the Assistant Practitioner Level 2 Carer (AP2 Carer) role had a specific responsibility around ensuring that such communities were being engaged with. It was highlighted that there were a number of informal networks that were being utilised to support these communities.
6. The Committee raised a question as to whether the Directorate would continue funding in 2014/15 for the Grant Funded Support for Carers listed in the report. It was clarified by officers that these funding arrangements would continue into 14/15.

Resolved:

- That the Committee recognises the Directorate's ongoing improvement in respect to supporting Carers.

Recommendations:

- 1) That each school has a governor responsible for supporting young carers.

Action by: Cabinet Associate for Adult Social Care

- 2) That the Directorate explores ways in which it can improve the number of carers providing feedback through the Carer survey.

Action by: Carer Development Manager

Actions/further information to be provided:

The Committee to receive the Surrey Young Carers Joint Working Protocol for information.

Committee Next Steps:

None.

61/13 SOCIAL WORKER RECRUITMENT AND RETENTION [Item 9]

Declarations of interest: None.

Witnesses: None.

Key points raised during the discussion:

1. The Committee was informed that this item had been deferred to the meeting on 5 December 2013.

Recommendations:

None.

Actions/further information to be provided:

None.

Committee Next Steps:

None.

62/13 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 10]

Declarations of interest: None.

Witnesses: None.

Key points raised during the discussion:

1. The Committee requested that an item was added to the Forward Work Programme outlining the Directorate's response to recommendations made following the Serious Case Review into the death of Gloria Foster. It was confirmed that this item would be added to the agenda for the meeting to be held on 6 March 2014.
2. The Committee requested an update on the status of the Adult Services Business Process Review Member Reference Group. It was clarified that the procurement process had been put on hold as the Directorate was now working to develop the model office, as well as working with Future Gov to develop social care applications. It was agreed that a further update would be provided and then the requirement for involvement of a Member Reference Group considered.

Recommendations:

None.

Actions/further information to be provided:**Committee Next Steps:**

None.

63/13 DATE OF NEXT MEETING [Item 11]

The Committee noted its next meeting would be held on 5 December 2013 at 10.30am. The Chairman also asked that the Committee noted that there would be a private budget and business planning workshop for the Committee on 12 November 2013.

Meeting ended at: 12.46 pm

Chairman

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Questions to Adult Social Care Select Committee – 24 October 2013

I had understood that Care Provision by County is mandatory for some-one assessed as needing care. The current report on Care Services in the WHICH magazine for October 2013 makes clear that Councils currently choose their own eligibility threshold at which care is accepted as the Council's responsibility. In the forthcoming Care Bill it appears that Care will become mandatory at the level of assessed 'Substantial Needs' from the options of Low, Moderate, Substantial & Critical needs.

1) What is Surrey's current eligibility level at which it regards its Care provision is mandatory?

2) In the 'Which' report the hourly rate of Council charged personal care varies from £0 to £20-84p in England & Wales. One third of Councils cap the charges to the client at a weekly level. What is the current hourly rate set by Surrey and does Surrey cap any charges?

Ernest Mallett, MBE
West Molesey

Response

1) Our policy in Surrey is to provide support for people who are assessed as having 'Substantial' needs (and above, which includes Critical). All local authorities use the same eligibility framework issued by the Department of Health - guidance on eligibility criteria for adult social care, England 2010. Like Surrey, the majority of local authorities have set their eligibility criteria at Substantial

<u>Banding at 2013</u>	<u>Number of local authorities</u>
Critical	3
Substantial	130
Moderate	16
Low	3

By meeting the eligibility criteria at a certain level within the framework, it means that we have to meet an individual's t eligible identified needs. It does not mean that we have to provide services. We can meet eligible needs in a variety of ways including empowering/linking to friends family and community, reablement, telecare, occupational therapy equipment and sign posting to universal services. This will not be changed by the Care Bill.

The Care Bill introduces a national criteria which local authorities will not be able override, but the intention is this will be set to mirror 'substantial' i.e. our current level.

2) There is no single rate; the hourly rate varies depending on the charge levied by the particular provider and the type of service.

There is no cap on the maximum weekly charge. A person is assessed according to their ability to contribute towards their weekly support package. In line with the fairer charging guidance, we charge up to the total of the actual cost of the service but only where we have assessed an individual as being able to pay. In practice, for the majority of community support packages there is either no charge or this is 'capped' based on an individual's assets and/or income, rather than the cost of the service.

Margaret Hicks
Vice-Chairman – Adult Social Care Select Committee



Adult Social Care Select Committee
5 December 2013

Recruitment and retention update

Purpose of the report:

This report provides Adult Social Care Select Committee with a summary of how we have improved the strategic management of workforce; the challenges that we face nationally and locally within Surrey; an overview of the current workforce; and workforce plans for core services. It includes information on the challenges we face both as a sector and an employer, and suggests a role for Members in developing a sustainable Adult Social Care Workforce in Surrey.

Introduction:

1. Adult Social Care has been on a journey of transformation for four years. We have made changes to how work is done, how jobs are designed, where staff are based and we have also seen major changes in the numbers of staff employed.
2. As we come through these changes, we have developed our recruitment and attraction processes to equip the directorate with the staff needed and prepare ourselves for future challenges. Whilst this report highlights our successes, we still face challenges and Members have a critical role in helping support development of a sustainable workforce within Adult Social Care and the wider Surrey social care workforce in Surrey.

Strategic resourcing

Strategic approach to resourcing

3. Adult Social Care has taken a strategic approach to workforce management through the HR and Workforce Project. A number of initiatives are improving the strategic resourcing of the directorate; including:
 - a) **Accurate information**; we have reviewed and amended our records of staffing information and improved our recording

processes so that our staffing and posts records remain accurate and up to date;

- b) **Clear budgets**; removing vacancy factors and auditing vacancies; so that establishment posts represent true figures and accurately reflect budgets;
- c) **Improved recruitment**; systematic improvements to recruitment that deliver quality, local and responsive recruitment, including a new candidate management system and on-boarding process;
- d) **Flexible resourcing**; proactively worked with Manpower on the operation of the master panel contract to improve quality, process and reliability of supply; developed the staffing bank to improve utilisation and sharing of bank staff;
- e) **Improve performance**; we have significantly reduced staffing absence from an average of over 13 days per employee per year to less than 8; we have a renewed focus on promoting performance management and professional development working closely with national organisations and workforce regulators;
- f) **Address retention**; introduced a directorate-wide programme called 'Supporting You' addressing issues of concern to staff, and reviewing our training offer to clarify the essential training offer to staff. Both of these initiatives support retention of staff;
- g) **Strategic planning**; formed a strategic partnership within the adult social care sector to identify and resolve systems issues in the supply and demand of staff in the sector that is 'commissioning-led' and, linked to this, rolling out new workforce planning within the directorate.

National and Surrey context

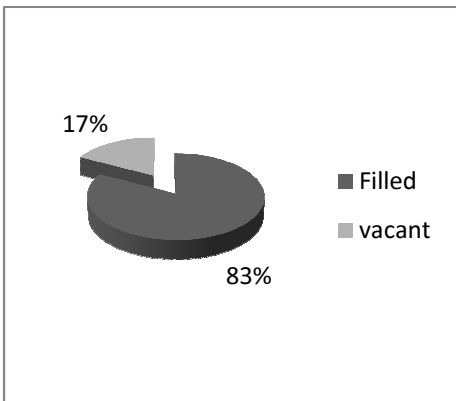
4. Demand for social care is growing as the numbers of older people and of those with long-term conditions, learning disabilities and mental health conditions increase. Estimates from the Centre for Workforce Intelligence (2011) predict at least 1.7 million more adults will require social care over the next 15 years, which Skills for Care (2012) predict could require an increase in the social care workforce from the current estimate of 1.63 million to between 2.1 and 3.1 million by 2025.
5. Three quarters of social care jobs involve providing direct personal care and these numbers are expected to grow as personalisation of services continues to bed down. There is also evidence that nationally the social care sector is experiencing shortages of **experienced** professionally qualified Social Workers; Occupational Therapists and Approved Mental Health Social Workers.
6. At a county-level in Surrey and using the same approach to modelling, we expect between 8,100 and 28,000 additional social care jobs will be

needed by 2025. Analysis of the current workforce demonstrates high turnover (25 to 30 per cent) and retention as a major factor in the domiciliary care sector. The Surrey working population is shrinking due to demographic change and workforce flexibility is limited as most staff in the sector work less than 6 miles from home.

- Community Care (2013) reports local authority social worker vacancy rates have fallen for the fourth year in a row, but figures suggest the gap is increasingly being plugged with agency staff. Community Care’s annual investigation found 6.5 per cent of all social worker posts across the UK were vacant in September 2013, down from 7.1 per cent in 2012. The fall appears to be largely due to progress in filling positions in adult services. In 2012, 7.5 per cent of social worker posts in adult services were vacant, but this has now fallen to 6.7 per cent. The investigation also showed that employers are increasingly relying on agency staff to fill posts.

Overview of directorate staffing

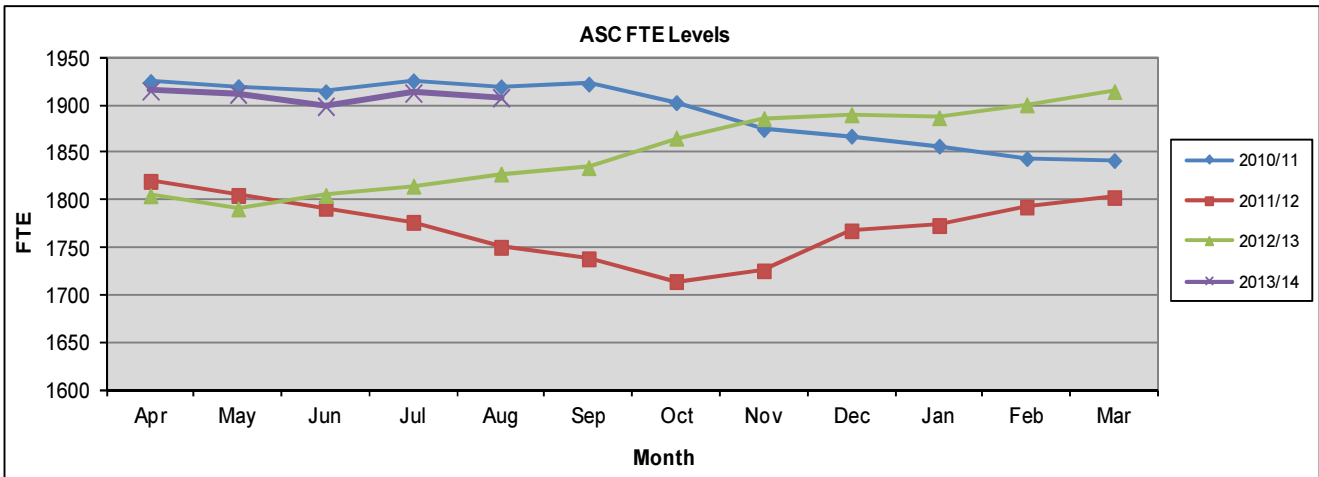
- Within the directorate 83 per cent of posts within the directorate are filled. The table below shows the break down for core services.



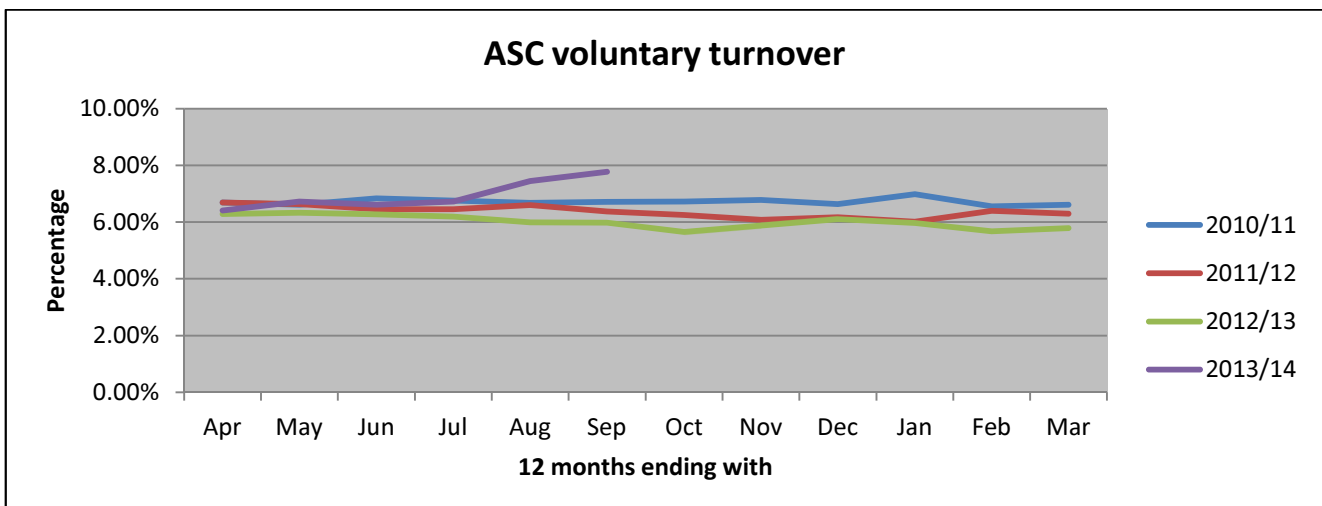
Service	Posts	Filled	Vacant	Total
PC&S	1460.52	1225.11	235.41	16.12%
Comm	84.97	71.52	13.45	15.83%
SD	799.94	643.67	156.27	19.54%
Total	2345.43	1940.3	405.13	17.27%

- Directorate staffing levels have grown steadily since significant reconfiguration of the workforce during 2011-12 when staffing was reduced and recruitment was restricted to deliver efficiency changes. The graph below is taken from the ASC workforce information report and shows:

- staffing levels are higher than the same time in 2011-12 when we had reduced staffing,
- the growth since January 2011 when we began recruitment in earnest and introduced a centralised recruitment process in PC&S ; and
- staffing levels remain higher than staffing at the end of 2010-11, reflecting the rationalisation of services as part of our re-organisation.

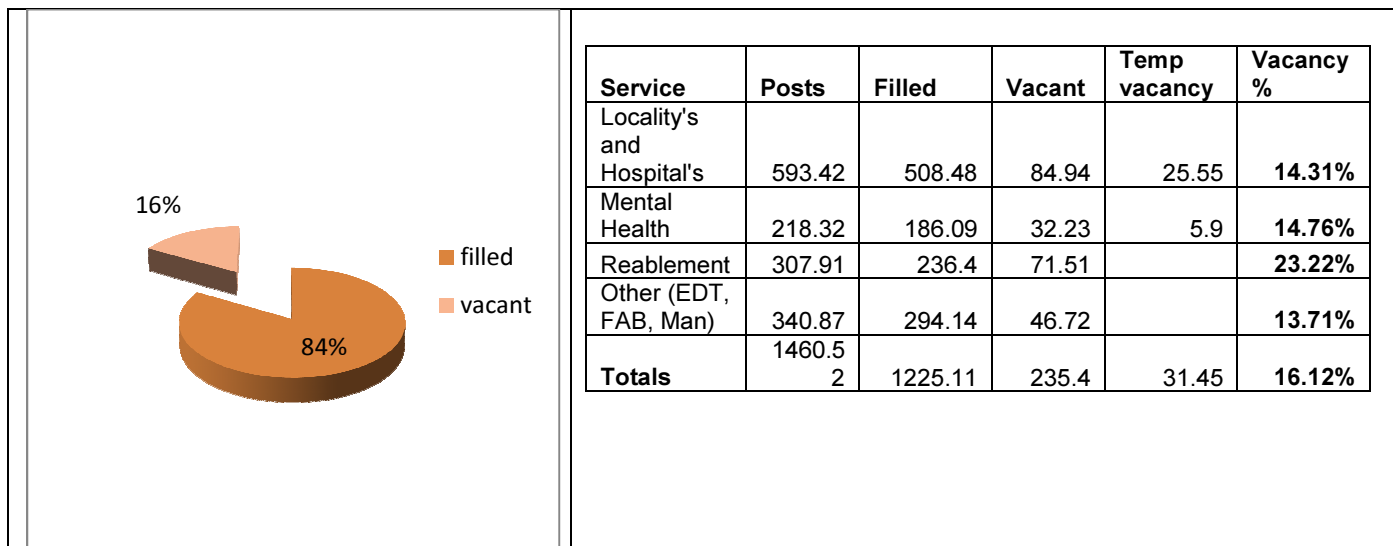


10. In the same period voluntary turnover (i.e. where an employee chooses to leave) that rate of staff choosing to leave the directorate was lower in 2012-13 than in the previous years. There has been an increase in voluntary turnover since April of this year from 6.5 to 8 per cent. This accounts for slight decrease in staffing numbers since July 2013.



Personal Care and Support staffing

11. The data and chart below show the staffing, vacancy and temporary vacancy position for care and support staff in Personal Care and Support. Overall, the countywide position is broadly repeated in each of the areas. Recruitment activity is on hold within Mental Health, Reablement and within Sourcing and Administration functions in Personal Care and Support where restructuring is taking place.



Note: 'Temporary' means vacancies which arise because a member of staff is currently deployed elsewhere away from the substantive role, e.g. acting up or seconded elsewhere; vacancy percentage excludes temporary vacancies

12. The ratio of professionally qualified roles e.g. practitioners, to occupational roles, e.g. assistant practitioners, is 1:1 and represents the same pattern of employment that existed before the reorganisation of services during 2011-12. In terms of vacancies for permanent professionally qualified roles are currently 18 per cent and 9 per cent of occupational roles are vacant.
13. Occupational roles are entry level roles to the profession. They are 'case holding' and will work with families and service users in their homes and other settings. Their work includes gathering information about service users and carers, helping to identify needs and support planning and providing an in-touch and duty service. Occupational roles have specific identified 'essential training' that they are required to complete as part of their induction and on-going professional development.

Flexible resourcing, bank staffing and locums

14. There is a competitive agency market in Surrey for social workers specialising in children and adult social work reflecting the 'sellers' market. Agencies capitalise by promoting an increase in average rates or pay. For example, it is common to find agencies asking for £25 per hour for a social worker that we would assess as grade 8 or level 1. This is equivalent to £47,000 per annum which is a Team Manager salary.
15. Agencies are very keen to engage the local authority onto specialist supply contracts and regularly seek engagement outside of our master vendor contract with Manpower. Despite this, we have engaged the majority of the social work agencies to be suppliers under our master vendor contract with Manpower. Through this we have been able to exercise a degree of market control through pay restraint in agency rates.
16. Active management of agency numbers and approval helps us to challenge managers where locums have been in place for some time

and make sure the agency worker knows that the post will be advertised as permanent. We have used temp to perm processes to encourage permanent staffing. We have not developed a dependency on locum support with 7 per cent of professionally qualified roles currently covered by locums and half of these are in mental health where recruitment has been on hold whilst we restructure the service in response to the Mental Health Public Value Review. Careful monitoring and control of locum appointments is exercised by ALT and we meet monthly with Manpower to manage quality and to transition locums to the permanent staffing.

17. As well as improving the contract management of temporary workers we have improved and grown flexible resources with a bank of 116 workers now available to support PC&S.

Candidate attraction

18. Adult Social Care in Surrey is a progressive service leading on improvements in social care and adopting modern approaches, e.g. generic teams based in localities, and this offers a stimulating and exciting opportunity to new recruits. Over the last 18-24 months we have developed our attraction approaches to promote Surrey as an employer and sell these improvements. This has included refreshing advertisements and promotional materials, developing our on-line presence; using specialist media and careers fairs.
19. In terms of professionally qualified roles, we have developed new approaches including targeted recruitment from universities (we employed over 30 newly qualified social workers last year); adopting search approaches with specialist agencies and having a considerable presence at careers and employment events.
20. We are reviewing professional development programmes to bring on new social workers and we continue to offer an in-house development pathway for staff to become professionally qualified with an annual intake of four students. Through this process we work closely with universities on quality and content of degree courses.

Recruitment process and quality control

21. We have also taken steps to improve the quality of decision taking in the recruitment process and to set standards in recruitment. A centralised administrative function has allowed us to deliver recruitment at pace and with an increased quality of outcome. We have improved the speed of response to agency candidates so that we don't lose quality locums.
22. Recruitment runs continuously and we have adopted centralised recruitment processes to improve efficiency and quality of new hires. This team works closely with the shared services recruitment team. Recruitment activity is closely monitored for 'front line' teams and targeted action is taken to address pinch points that arise. Monthly monitoring information is shared with managers and progress is reported at the Adults Leadership Team 'Service Board' which is attended by the lead Council Member.

Workforce supply

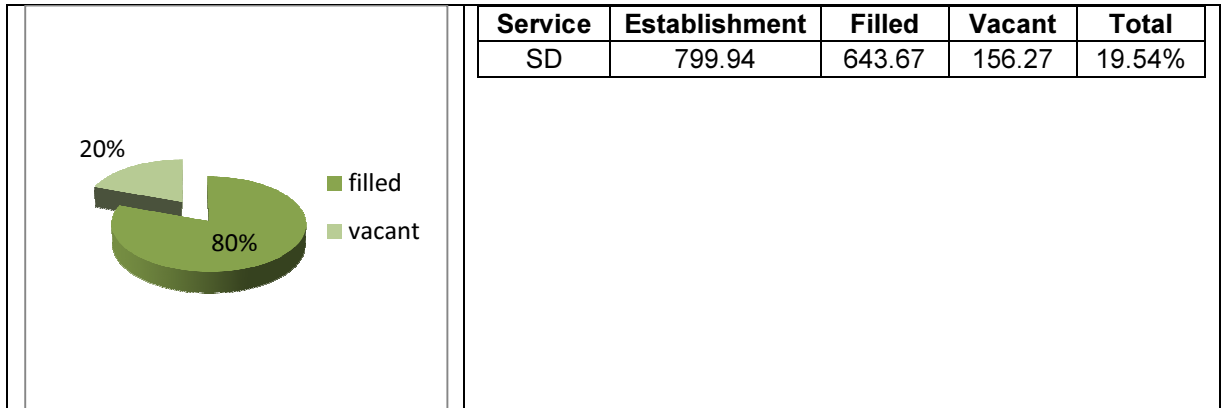
23. With demand for services expected to increase due to demographic changes, we are mindful of the challenges of maintaining and modelling workforce supply. We are working close with Skills for Care in the Surrey and Sussex Social Work Education Group looking at social workers; and our colleagues in Health Education England (Kent, Surrey and Sussex) looking at occupational therapists. These groups focus both on the quality and quantity of supply of professionally qualified roles.

Hotspots

24. **Practitioner (Level 2)**; we continue to struggle to recruit to this level post and other organisations report a shortage of experienced practitioner of social work and occupational therapy. We use a range of creative approaches and are now commissioning agencies to 'search' for Practitioner roles. The situation in Surrey seems to be aggravated by a buoyant market in experienced locums, many of whom are self-employed, and the competition offered by London.
25. **Occupational Therapist (Level 2)**; after initial success in filling OT roles we are now experiencing difficulties. We are enlisting our advertising agency, TMP, to assist with research and a more creative media strategy.
26. **Approved Mental Health Professionals (Level 2)**; there is a national shortage of experienced AMHPs and we are have difficulty in recruiting. Continuous advertising since June 2013 has produced 46 candidates, the majority of which did not meet the necessary standards. Again, we are working collaboratively with TMP and have reviewed materials to improve attraction and processes to minimise drop outs. In September 2013 we are planning to transition the mental health training team into the Organisational and People Development Team and will rationalise our process for 'warranting' AMPHs and improve supply.
27. **Carer Liaison Workers**; these occupational roles are being reviewed in the workforce changes and vacancies are being held pending this change.

<h3>Service Delivery staffing</h3>

28. The data and chart below show the staffing position within Service Delivery. There is a vacancy rate of 20 per cent, with 156 of the 800 posts vacant. This reflects the higher degree of flexible staffing approaches used within Service Delivery. There is a staffing bank of 341 staff (more than double the current number of vacancies) and currently 141 active agency workers supporting service delivery.



29. The use of flexible staffing approaches reflects the work which has been going on over the last 12 to 36 months where various options for the future of the services have been explored. There has been a de-facto recruitment freeze in some to services. Consequently, flexible staffing has grown. The higher vacancy rates are in fact being used to pay for flexible staffing resources.
30. We are taking a strategic approach to improve the balance between permanent and flexible staffing. Smarter and closer management of the Manpower contract for agency workers has improved the supply of agency workers and the current Manpower outperforms all key performance measures for the service.
31. We have reviewed the establishment posts for each individual service so that these accurately reflect the needs of the service. We are implementing 'smarter rotaring' of staff to improve utilisation with staff and have embarked on a series of consultations to change rotas. As each new rota is introduced, a 'total resourcing' plan will be drawn up for each establishment.
32. These plans will include reducing agency staffing through temp to perm processes, transferring to full time contracts bank workers who are effectively working full time and establishing the right level of flexible staffing to cover emergencies and demand changes. This will take time to work through and a joint implementation group has been formed to oversee this work.

Retention of staff and social workers

33. Retention of social workers and social care staff in Surrey is influenced by a range of different factors.

Promoting social work reform

34. We have taken a leadership role in social work reform, being represented both nationally and locally in social work reform fora. We have embraced the new standards for newly qualified social workers providing excellent support programmes for our new social workers. We have adopted the career pathways and professional capabilities framework in our job design and supervision practices. This will make

sure social workers continue to develop in their profession whilst working with Surrey.

Involving staff in change

35. We continue to involve staff in co-design and rapid improvements events to develop and improve our systems. This, together with a genuine commitment to flexible and mobile working, empowers staff to take control of their work and have influence over how things are done.

Improving training and development

36. In house, we have committed to a root and branch review of social care training programmes. Our in-house offer will reflect the new professional capabilities framework for social workers, the national minimum training standards set out by Skills for Care, and will contribute to the development and retention of quality staff.

Supporting You and Health Check

37. We have invested in a programme of support for staff, including developments in appraisal, practice and management. We have just completed engagement with social work staff through the Health Check process. We will use feedback from staff to develop our workforce plans for the coming period. Further health checks with other services will be rolled out this year and will inform our workforce development plans.

Workforce challenges

38. There are a number of resourcing challenges that will affect our longer term ability to meet staffing demands
 - a. **Image, supply and demand**; improving the image of social cares so that people will choose a career in social care; working with partners to develop creative solutions to improve future supply of workforce including integration of services; and reducing demand for services in-house through rapid improvement of process; and managing demand in the sector demand for services developing and promoting self help through improved community skills, volunteering and self service;
 - b. **Recruitment and retention strategy**, developing our attraction and messaging around Surrey County Council Adult Social Care whilst change continues; working with management teams to continue improvement of processes and systems, addressing hot spots in Personal Care and Support and re-balancing the flexible and permanent workforce whilst during a period of continued change within Service Delivery.

Workforce strategy

39. At a strategic level we are working with partners to develop and integrated workforce strategy and directorate workforce plans to identify and address issues around staffing supply and development. In this approach we are working closely with service commissioners to embed workforce commissioning into strategic commissioning of services. The Workforce Board has identified supply and image as major issues requiring investment.
40. Taking a lead role on workforce development we are developing links within the South East Region with other local authority workforce leads and commissioners to improve our understanding of demand for social care roles and the ability to influence education and policy at regional level.
41. In terms of addressing longer term issues we are meeting with Local Economic Partnerships (Enterprise EM3 and Coast to Capital) to explore funding workforce needs. We are also meeting with partners, Public Sector Transformation leads, Health Education Kent, Surrey and Sussex and Skills for Care and Skills for Health to explore service integration from a workforce perspective.
42. We have agreed a pilot project, funded by Skills for Care and working in partnership with Mole Valley District Council to identify and map community skills and use this as a flagship project in developing guidance for local authority workforce commissioners.
43. We are currently developing a blueprint for care sector 'apprenticeship hub' with Surrey Care Association and other partners, and will be exploring this as a potential joint venture with Health Education England. Surrey Care Association and Health Education England have also expressed interest in a joint 'graduate programme'. We are also working with Procurement Teams and Commissioning to see how volunteering could be promoted in local authority contracting.
44. We have taken the lead for developing the National Minimum Data Set information for Surrey and Sussex having taken over the Workforce Development Fund for Skills for Care. Having achieved our target take-up this year (six months early) we have workforce data for more than half registered care providers in Surrey. Improving this data means our resourcing strategies will be informed by improve workforce information.
45. We have adopted Skills for Care's 'I...Care Champions' initiative as a way of promoting social care and are looking to expand this programme as part of our recruitment strategy and working with the sector. A multi-agency task group including the Surrey Care Association, Skills for Care, UK Home Care Association, providers, commissioners, and Trades Unions ask group has been set up to look at the problems of supply in this sector.

Recruitment and retention strategy

- 46. We are developing strategic workforce plans within core services of Service Delivery and Personal Care and Support. We are committed to developing a recruitment and retention strategy alongside our development of workforce plans. These will be informed by data gathering, feedback from staff (through Health Checks) and workforce planning within services. Our Recruitment and Retention Strategy will be in developed for March 2014. An overview of the development process is shown at Annex 1.

Impact of Care Bill on workforce

- 47. We are considering implications of the Care Bill on the social care workforce as a whole. It is clear that the additional assessment work cannot be absorbed by our own staff and there will be insufficient budget to increase resources to take on this work. We are exploring different models of delivery involving user and carer led organisations to see how their role and expertise might be expanded to deliver additional tasks. We will be developing models of delivery which will allow us to consider workforce implications in their widest sense. We are also working with Skills for Care and Department of Health to determine training and support packages that will be needed.

A role for Members:

- 48. Members have a critical role to play both within the organisation and within the social care sector which includes:
 - a. **Championing social care**; the social care sector faces significant challenges to meet workforce demands and this is hampered by its image and not helped by recent high profile crisis such as the tragedy of Winterbourne View. We need active champions for the professionalism of the staff and the opportunities within the profession. Members may also be able to influence economic partnerships and enterprise initiatives to support investment into the social care sector.
 - b. **Supporting investment in improvements**; the directorate continues to develop and improve processes and practice to improve the efficiency of service provision. Members have a role in making supporting initiatives that will drive and improve efficiency.
 - c. **Whole systems working**; members can encourage and support whole systems working with District and Boroughs, Health and the independent sector. The challenges of increasing demand and improving service delivery with less resources mean cooperation, co-design, and joint working must be the norm. Systems leaders should expect this as the norm.

- 7
- d. **Advocating for ASC staff;** staff within ASC have delivered huge changes and the directorate continues to transform services in the face of significant challenges. Members have a role in championing professional and personal development of staff and supporting staff through the process of continuous improvement of services. This will be essential to retain the talented staff in a competitive market and allows us to further develop their skills.

Conclusions:

- 49. We have succeeded in attracting social workers to join Adult Social Care in a competitive recruitment market. We cannot be complacent in developing our attraction approaches. We have in place a range of development initiatives to address staff concerns and shape our future delivery models and development plans. This will lead to improved retention of staff and also improved attraction. The best way of attracting people to the organisation will be through the advocacy and views of our current staff.
- 50. On regional level, Surrey is taking a systems leadership role in facing-up to and addressing the wider workforce challenge. We are viewed by our partners as being progressive and, in many cases, leading the agenda around workforce commissioning.

Financial and value for money implications

- 51. There are no specific financial implications associated with this report. The sector continues to face challenges in terms of resourcing growing demand for services.

Equalities Implications

- 52. Adult Social Care directorate compares favourably with other directorates in terms of representation of staff with protected characteristics. Within the directorate, as within the sector, there is an over-representation of women in the workforce. The directorate has challenges around increasing the number of younger employees age 16 to 24 and the representation of Black and Minority Ethnic employees in senior positions. These challenges we will continue to address through our workforce plans and recruitment and attraction strategy.

Risk Management Implications

- 53. The directorate's ability to recruit and retain the best staff is central to our strategy for delivery both savings and supporting the transformation of public sector services. Close monitoring of vacancy rates takes place on a monthly basis and is reported to CLT.

Implications for the Council's Priorities or Community Strategy

54. It is essential that we have a full committed, confident and competent staff to deliver high quality social care outcomes and transformation of public service.

Recommendations:

55. It is recommended that the Committee:
- a) Note the actions taken and planned to address recruitment and retention of social workers and related staff;
 - b) Comment on the role of Members of the Adult Select Committee to act as Champions for working for Adult Social Care in Surrey and Social Care as a sector.

Next steps:

56. There will be continued development of the approach to recruit and retain social workers as part of the directorates HR and Workforce Development Project.

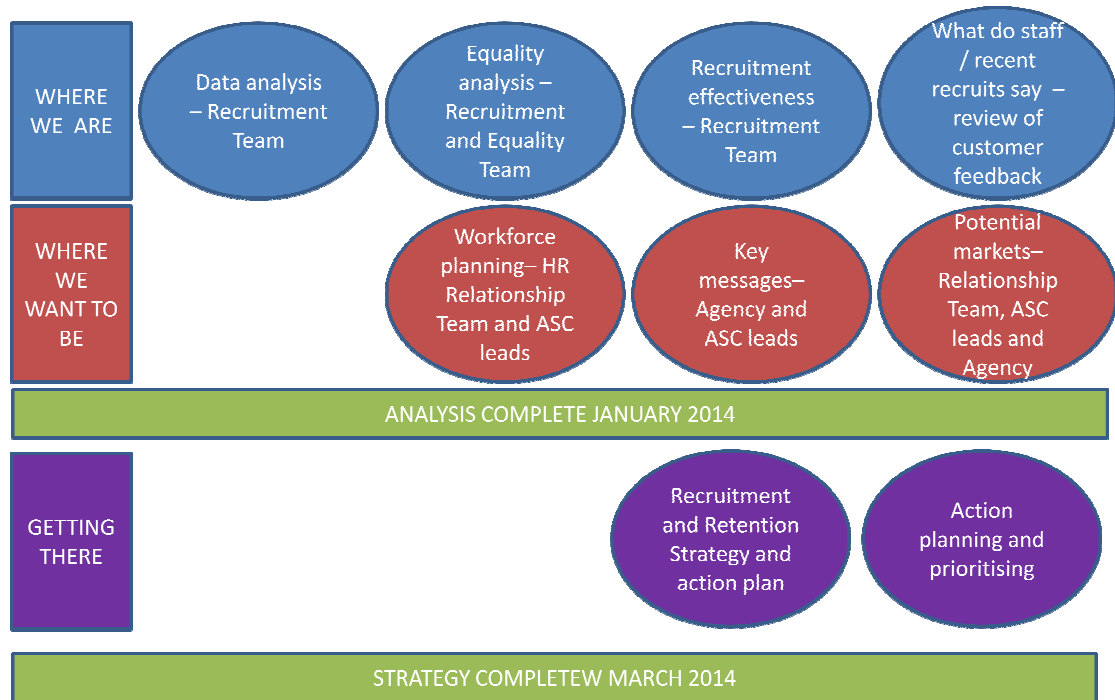
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Sources/background papers: Workforce Information Report Adult Social Care

DEVELOPING A RECRUITMENT AND RETENTION STRATEGY

7





Adult Social Care Select Committee
5 December 2013

**Service for People with a Learning Disability Public Value
Review (PVR) Update**

Purpose of the report: Scrutiny of Services

This report will detail the progress in implementing the recommendations arising from and the performance against savings targets identified by the 2012 Learning Disability PVR

Introduction:

1. The Learning Disability Public Value Review (PVR) identified the need for a strategic shift in the way that services for people with learning disabilities were commissioned and delivered in Surrey, from historical patterns of commissioning which did not offer choice, value for money or the improved outcomes sought by people with learning disabilities, and their family/carers.
2. The PVR proposed a single strategic objective: to realise the County Council's ambition of personalisation for people with learning disabilities. To ensure:
 - Individuals with a learning disability supported by Surrey County Council are offered person centred care and support planning, through supported self-assessment, the application of the Resource Allocation System, and are offered a personal budget where eligible
 - Individuals with a learning disability enjoy a wider choice of affordable options from a market of strategic suppliers committed to working with Surrey County Council to shape the future market for accommodation, care and support, day activities, and respite.
3. Efficiencies from learning disabilities form a significant contribution to Adult Social Care's medium term financial plan (MTFP). The PVR will deliver £8.1m recurrent savings and contribute towards the wider savings required by the Medium Term Financial Plan (see MTFP 2011-15 page 56).

Recommendations from the PVR

4. The PVR Identified the following recommendations
- 4.1 **Recommendation 1 - personalisation:** We aim to deliver £2.5m efficiencies by developing personalised support options by working with providers of care and support to increase the number and quality of individualised packages of care and move away from block contract arrangements. This will include options for personal support needs, day activities, respite and short breaks. The range of options will be clearly priced, across the county, and offer choices to individuals and their families.
- 4.2 **Recommendation 2 - housing:** We aim to deliver £2.4m efficiencies by developing personalised accommodation options for people with learning disabilities, with a particular focus on individuals with challenging behaviours, multiple and profound needs. This will include work with strategic providers and housing partners and deliver a shift from residential and nursing care to individualised community accommodation options.
- 4.3 **Recommendation 3 - Health:** We will develop plans for integrated commissioning with health partners to determine appropriate packages of care and support, to ensure health and wellbeing needs are met effectively, and implement “responsible commissioner” guidance
- 4.4 **Recommendation 4 - Transport:** We aim to deliver £2m efficiencies by reviewing the transport needs of individuals as part of their supported self assessment. This will maximise each individuals’ benefit entitlement, address areas where there has been historical double-funding, and promote independence
- 4.5 **Recommendation 5 - Transition:** We will influence how services are planned and delivered for **young people** with learning disabilities by working with children, schools and families to identify individuals earlier, jointly understand and assess needs, and facilitate service developments that support personalisation.
Older People: We will ensure people with a learning disability over the age of 65, and those with early onset dementia, are supported to access age appropriate services that best meet their assessed needs
- 4.6 **Recommendation 6 – Short Breaks:** We will cease to commission respite and short breaks in residential services where people permanently live as it is considered poor practice by the Care Quality Commission
- 4.7 **Recommendation 7 - Quality:** We will implement a standard approach to quality assurance and contract monitoring across services commissioned for people with learning disabilities

- 4.8 **Recommendation 8 - Communications:** We will improve sources of accessible information relating to services and support for people with learning disabilities. This will include:
- accommodation options
 - day activities
 - respite opportunities
 - personal budgets and supported self assessment
 - transition
 - health services
- 4.9 **Recommendation 9 – Stronger Partnerships:** We will shape and develop the existing market of services in response to our ambition for personalisation by working with our partners, including family/carer groups, The Learning Disability Partnership Board, Surrey Care Association, health colleagues, advocates, and Borough/Districts
5. Note that Recommendation 4 – Transport, has been amalgamated with Recommendation 1 as it was not possible to separate these savings through the personalisation process

Progress to April 2013

6. The table below shows the savings for the financial years 2011/12 and 2012/13.

Savings from Previous Years	
PLD PVR Savings	
Full Year Saving 2011/12	£1,200,000.00
Full Year Saving 2012/13	£1,061,861.00
Strategic Supplier Savings	
Savings 2010/11	£968,000.00
Savings 2011/12	£1,198,000.00
Savings 2012/13	£1,134,000.00

Progress April 2013 – September 2013

7. This year there has been a re-focus on savings targets associated with particular workstreams (see table below)

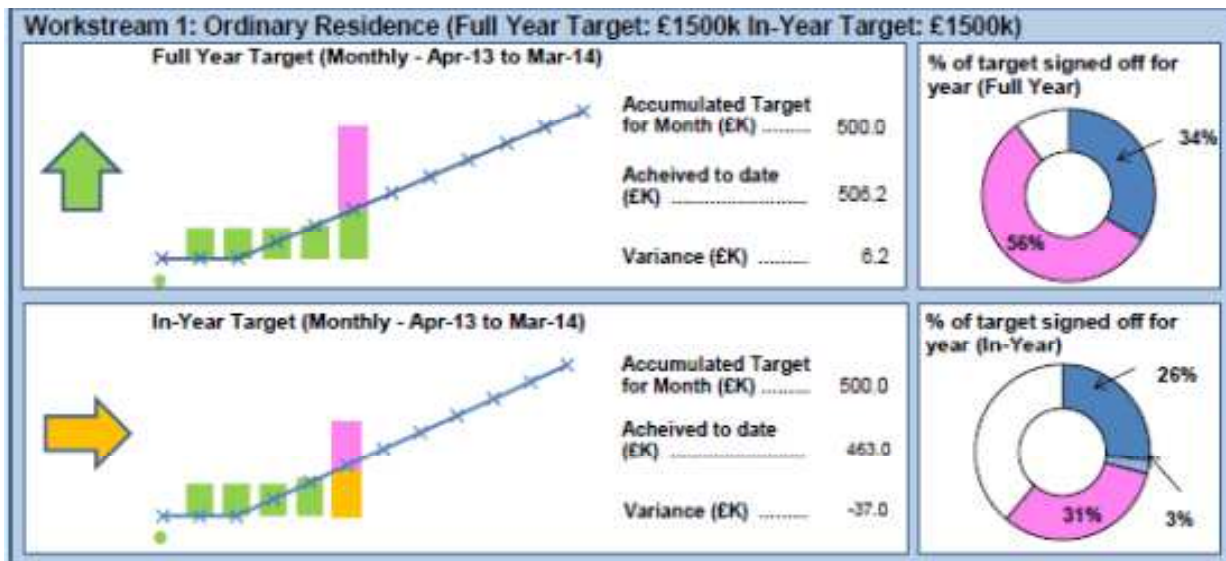
Savings Target Summary	Target 13/14	In year target (@ 6 months)
Workstream 1 - Ordinary Residence	£1.5m	£500k
Workstream 2 - personalisation: High Cost Packages	£104k	£52k
Workstream 3 – Assessment and Review: Transition	£83k	£42k
Workstream 4 – Assessment and Review: Respite/Short Breaks	£50k	£0k
Workstream 5 – Assessment and Review: Re – registration	£50k	£0k
Workstream 6: Commissioning	£213k	£106k
Workstream: Older People	£0 (not part of PVR in short term)	£0
	£2m	£700k

8. Savings are only recorded on the public value review monitoring tracker when any revised fees are recorded on the Council's AIS system, thus confirming that the costs are actuals and sourcing teams are being invoiced at the new cost fees. Similarly, cost rebates or negotiated reductions are only counted when payments are made.
9. Extracts from the monitoring tracker are shown in the sections below. The tracker shows two financial factors:
- (a) Full year savings – the saving that would be realised if it were applied to the full financial year, and
 - (b) In-year savings – the impacts of the saving in the current year, thus reflecting when cost savings have actually been achieved e.g. a cost negotiation that is agreed on 1 October 2013 realises 6 months of saving in the current financial year.

Circles have been used to provide a quick visual to show progress of each workstream towards the financial targets i.e. as savings are achieved the circle is filled.

10. **Workstream 1 – Accommodation, Ordinary Residence:** Individuals living out of county and are not receiving residential care, should be funded by the local authority they are resident in. When funding has been transferred to another local authority then the saving can be recorded.

Aim: To deliver £1.5m full year and in-year savings by reviewing 40 individuals in supported living accommodation with other local authorities but paid for by Surrey



11. The Circles show that some verified transfers to other authorities has occurred this financial year (in Blue). The Pink shading shows the value of those individuals that we expect to transfer to other authorities. Referral letters have been sent to other authorities requesting that they assume commissioning responsibility for people living in their area; some 28 people. Delays in the transfers to other authorities will significantly impact the in-year savings this financial year.

12. Unsurprisingly, other local authorities do not readily accept the transfer referral and considerable time can elapse whilst the other authority undertakes its own verification work to challenge the transfer; there are many instances when the date of transfer has been negotiated, rather than at the date Surrey's letters are sent.

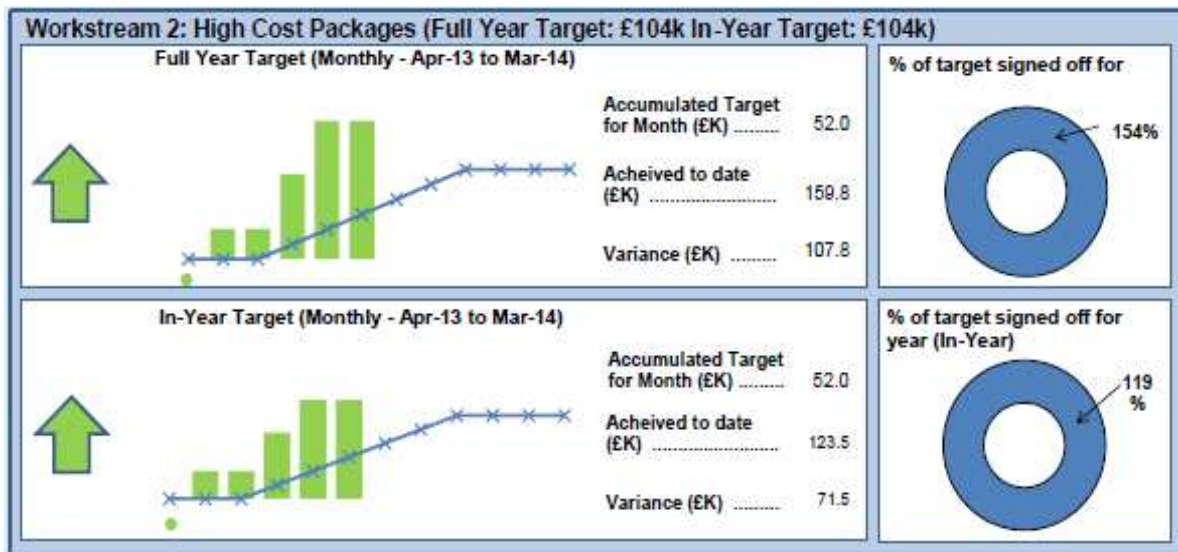
13. This workstream contributes the majority of savings for the PVR as it is in essence the transfer of individuals currently funded by Surrey to other local authorities where they live. People can chose to live where they wish and in accordance with the Ordinary Residence guidelines have the local host authority be responsible for their care & support, thus the full cost of the care & support package is met by the host authority.

14. Care practitioners are required to complete a number of specific tasks prior to a referral to the local authority where an individual resides i.e. assessment of needs, verify individual has capacity, verify individual is

exercising choice to live in the area, ensure tenancy agreement is signed and appropriate,

15. **Workstream 2 – Personalisation, High Cost Packages:** High Cost packages are those packages that cost around or over £2000 per week. It is believed that a number of these packages may not be making the best use of the funding.

Aim: To reduce the care package costs by £200 per week for each of 20 people, aged 25+, with high package costs (ie £2000 per week or more), in county or out of county.



16. As can be seen, the Circle has been completely filled as the savings have exceeded both full year and in-year targets, with 154%.and 119% of the targets being achieved. Much of which has been realised is associated with challenging the care and support providers to justify their overhead costs associated with a care and support package, for example looking at mortgage / rental levels, transportation costs, utility charges and profit / surplus percentages.

17. It is essential that there is no impact that reduces the quality of the personal care and support for the individual when negotiating overhead costs with providers. Changes to an individual's care and support package would follow a review assessment, which may also result in a further cost reduction.

18. **Workstream 3 Personalisation - Transition:** Transition cases are linked to young people (18 to 24), who have the Transition Team as their key care practitioner team. A saving will only be recorded if it is a change in the adult care funding, not in a change of funding from children's services to adult's services, however cost avoidance is noted to demonstrate notional savings.

Aim: Reduce by £200 per week each for 10 individuals already in a service.



19. As can be seen, the Circle has been completely filled as the achievements have exceeded both full year 157% and in-year 137% targets. Again as mentioned previously, much of what has been achieved is associated with challenging the care and support providers to justify the overhead costs associated with a care and support package, for example looking at mortgage / rental levels, transportation costs, utility charges and profit / surplus percentages. Furthermore, changes to an individual's care and support would follow a review assessment, which may also result in a further cost reduction.

20. **Workstream 4 Personalisation – Short Breaks:** Savings from Short Breaks is linked to finding alternatives to traditional forms of short break

Aim: to deliver £50k full year and in-year savings through reviewing all who use the short breaks and in receipt of in-house services.



21. Progress on this recommendation has not occurred as quickly as anticipated. This is due to the care practitioners allocated to the PVR team being focussed on other priorities for the first 6 months of the year, namely the out of county verification visits, ordinary residence transfers

(see workstream 1) and high cost package reviews (see workstream 2). Additionally, discussions are underway with the main provider of respite services to explore alternative options to the current provision and this has not resulted in savings so far.

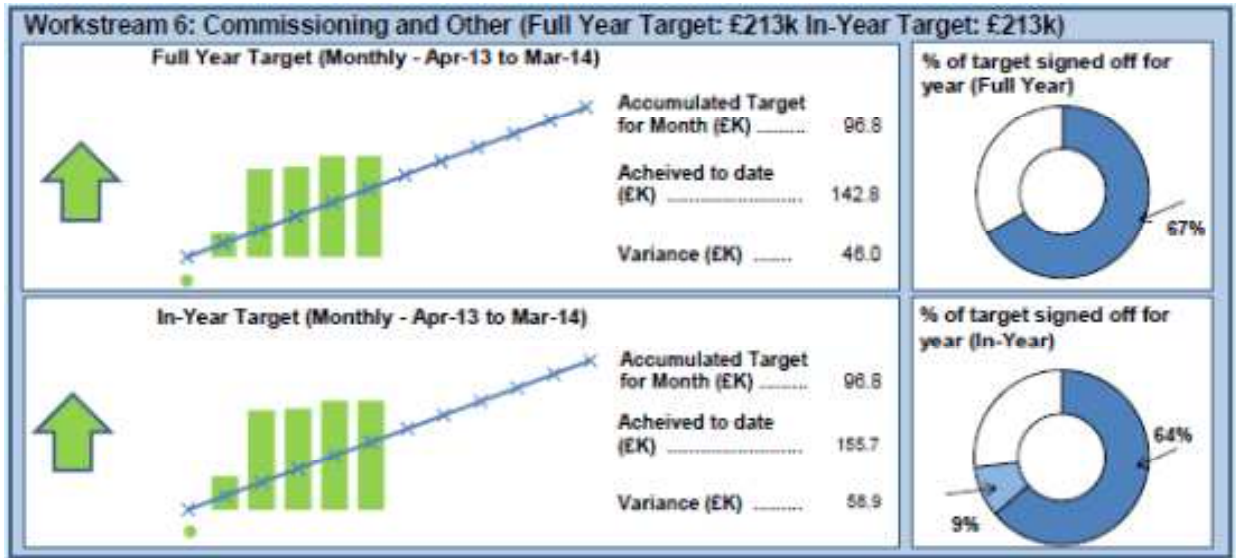
22. **Workstream 5 - Accommodation, Re-registration:** This concerns the re-registration of Residential Care accommodation to Supported Living accommodation. Supported Living accommodation provides individuals with greater choice and control.

Aim: to re-register up to 7 homes to supported living



23. The work to re-register involves a comprehensive assessment of all the individuals resident in the home (both Surrey funded and other local authority) as well as agreement by the care home provider to re-register the service, which necessitates a formal notification to the Care Quality Commission. Consequently we do not expect any actual savings to be achieved until October 2013.
24. Work has been completed recently to re-register 3 care homes and as a consequence, expect to achieve in-year savings in the region of £95,000 which represents an ongoing annual saving of £190,000.
25. **Workstream 6 - Commissioning**, work from this workstream is linked to the "business as usual" work carried out by PLD Commissioning team that does not link to the other workstreams. This will include negotiations with providers about costs of services and may involve negotiations to reduce the cost of existing packages or to reduce the estimated cost of a new provision (shown as a cost avoidance).

Aim: to realise savings of £213k



26. The Circles and line graphs above show that we are above the 6 month savings target. The challenge with this workstream is that some savings will be non-recurring, for example a one-off backdated care package rebate; thus these saving will need to found again next financial year.
27. The workstreams described above are associated to the PVR recommendations noted at paragraph 4 earlier, for example workstream 5 which deals with care home re-registration is part of the work linked to Recommendation 2 – Housing.
28. The following paragraphs provide an update on the recommendations where there are no financial targets.
29. **Recommendation 3 - Health:** The CCGs agreed to a scoping exercise on integrated commissioning a paper is being developed by Jan 2014
30. **Recommendation 7 - Quality:** We have implemented a standard approach to quality assurance and contract monitoring across services commissioned for people with learning disabilities. SCC completed 748 Out Of County Monitoring visits to ensure individuals placed out of county are safe. Surrey County Council have issued new contracts to all providers who support people we fund. The updated contract includes ‘I’ Statements around expectation on quality. Commissioners have established Relationship Managers Role with providers. Surrey Safeguarding Board has an action plan in response to Winterbourne/ Confidential Enquiry and Frances Report. A sub group meet quarterly to monitor the action plan. We are registered to receive CQC alerts and will follow up any alerts where an individual , receiving support from Surrey , is a resident and will liaise with provider to ensure they have an action plan in place to resolve the issues to alerts
31. **Recommendation 8 - Communications:** We have improved sources of accessible information relating to services and support for people with learning disabilities, which are all on the Surrey learning disability Partnership Board website www.surreypb.org.uk . These include a police pack, online questionnaires, information on Surrey County Council, in-

house services and more. The Partnership Board visited all districts and boroughs during learning disability week to promote what people with learning disabilities can do for their communities.

32. **Recommendation 9 – Market Development:** We have re-designed the Learning Disability Partnership Board to help shape the market. We have in place Strategic providers and relationship management to develop the existing market of services in response to our ambition for personalisation.

Potential Impacts of the Care Bill:

33. The care bill makes a reference to local authorities remaining as the responsible commissioner for individuals irrespective of the type of accommodation that people live in. The current arrangements are such that Surrey becomes liable for people funded by other authorities placed in care homes that re-register or transfer under the ordinary residence guidance for people living in supported living accommodation.
34. This change will provide Surrey and other authorities the opportunity to encourage residential care home providers to re-register their accommodation as supported living without the risk of inheriting the care and support costs of other local authority funded individuals.

Conclusions:

35. To date much work has been undertaken towards the completion of the PVR implementation. It is anticipated that this will continue to both achieve the savings desired and improve the lives of people with a learning disability in Surrey

Recommendations:

36. That the Select Committee support the continuation of the PVR Implementation.

Next steps:

The PVR continue and report again in a year.

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Sources/background papers:

Public Value Review Of Services For People With Learning Disabilities

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Savings

Current Year (2013/14)

PLD PVR Savings	
Saving Target for Current Year	£2,000,000.00
Current Full Year Savings	£938,979.87
Current In-Year Savings	£855,927.10

Strategic Supplier Savings	
Saving Target for Current Year	£750,000.00
Current Saving for Year	£387,000.00

Cost Avoidance	
Current Full Year Saving	£64,290.18
Current In-Year Savings	£57,715.38

Team Establishments' linked Costs	
Original Projected Cost for Year	£1,030,554.89
Current Projected Cost for Year	£688,992.89

Savings from Previous Years

PLD PVR Savings	
Full Year Saving 2011/12	£1,200,000.00
Full Year Saving 2012/13	£1,061,861.00

Strategic Supplier Savings	
Savings 2010/11	£968,000.00
Savings 2011/12	£1,198,000.00
Savings 2012/13	£1,134,000.00

Highlights

6 reassessments have been completed this month. This is below the expected target for the month. PLD PVR Team completed 1 assessment, with 2 other assessments, that were linked to the team, completed by the locality team. For the OR cases the team have currently sent out 21 letters to other local authorities. The Service Delivery team have yet to fully complete an assessment, although 1 assessment has been authorised on AIS and waiting for the costs to be entered. 87 SSAs have progressed to support planning.

Savings linked to OR are progressing at a slower rate than expected and consequently the in-year savings are now below the expected savings but within 10% (Amber). It is hoped that the savings identified for the 21 individuals where letters have been sent to their local authority will result in bringing the actual savings back on target.

<p> Accumulated total on or above target for current month</p> <p> Accumulated total on or above target for given month</p> <p> Accumulated total on or above target for given month with accumulated savings of zero.</p>	<p> Accumulated total within 10% of target for current month</p> <p> Accumulated total within 10% of target for given month</p> <p> Accumulated total within 10% of target for given month with accumulated savings of zero</p>	<p> Accumulated target below 10% of target for current month</p> <p> Accumulated target below 10% of target for given month</p> <p> Accumulated target below 10% of target for given month with accumulated savings of zero.</p>	<p> Anticipated saving not yet realised (Ordinary Residence) or SSAs completed, but Support Plan not completed or completed but waiting AIS to be updated (Reassessments Completed)</p> <p> Monthly Target - Apr-13 to Mar-14</p> <p> % of target signed off - recurable</p> <p> % of target signed off - non-recurable</p>
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Progress against Key Targets for 2013/14 (Apr 2013 to Mar 2014)

<p>PLD Total Savings (Full Year Target: £2000k In-Year Target: £2000k)</p> <p>Full Year Target (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month (EK) 696.8</p> <p>Achieved to date (EK) 939.0</p> <p>Variance (EK) 242.2</p> <p>% of target signed off for year (Full Year) 47%</p>	<p>Reassessments Completed (Target for Year: 457)*</p> <p>Target for Year (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month 152</p> <p>Achieved to date 31</p> <p>Variance -121</p> <p>% of target signed off for year 7%</p>	<p>Strategic Supplier Reviews/End of Year Reviews Completed (Target for Year: 29)</p> <p>Target for Year (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month 9</p> <p>Achieved to date 13</p> <p>Variance 4</p> <p>% of target signed off for year (In-Year) 45%</p>
<p>In-Year Target (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month (EK) 696.8</p> <p>Achieved to date (EK) 855.9</p> <p>Variance (EK) 159.1</p> <p>% of target signed off for year (In-Year) 40%</p>	<p>Out of County Monitoring Visits Completed (Target: 748)</p> <p>Target for Year (Monthly - Apr-13 to May-13)</p> <p>Accumulated Target for Month 749</p> <p>Achieved to date 748</p> <p>Variance -1</p> <p>% of target signed off for year (In-Year) 100%</p>	<p>Savings from Strategic Supplier/End of Year Reviews (Target for Year: £750k)</p> <p>In-Year Target (Monthly - Apr-13 to Mar-14) Expected Target now set at £943k</p> <p>Accumulated Target for Year (EK) 750.0</p> <p>Savings Achieved to date (EK) 387.0</p> <p>Variance (EK) 0.0</p> <p>% of target signed off for year 52%</p>

Progress against Workstream Targets for 2013/14 (Apr 2013 to Mar 2014)

<p>Workstream 1: Ordinary Residence (Full Year Target: £1500k In-Year Target: £1500k)</p> <p>Full Year Target (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month (EK) 500.0</p> <p>Achieved to date (EK) 506.2</p> <p>Variance (EK) 6.2</p> <p>% of target signed off for year (Full Year) 34%</p>	<p>Workstream 2: High Cost Packages (Full Year Target: £104k In-Year Target: £104k)</p> <p>Full Year Target (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month (EK) 52.0</p> <p>Achieved to date (EK) 159.8</p> <p>Variance (EK) 107.8</p> <p>% of target signed off for year (Full Year) 154%</p>	<p>Workstream 3: Transition (Full Year Target: £83k In-Year Target: £83k)</p> <p>Full Year Target (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month (EK) 48.0</p> <p>Achieved to date (EK) 130.2</p> <p>Variance (EK) 82.2</p> <p>% of target signed off for year (Full Year) 157%</p>
<p>In-Year Target (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month (EK) 500.0</p> <p>Achieved to date (EK) 463.0</p> <p>Variance (EK) -37.0</p> <p>% of target signed off for year (In-Year) 26%</p>	<p>In-Year Target (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month (EK) 52.0</p> <p>Achieved to date (EK) 123.5</p> <p>Variance (EK) 71.5</p> <p>% of target signed off for year (In-Year) 119%</p>	<p>In-Year Target (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month (EK) 48.0</p> <p>Achieved to date (EK) 113.7</p> <p>Variance (EK) 65.7</p> <p>% of target signed off for year (In-Year) 137%</p>
<p>Workstream 4: Respite/Short Breaks (Full Year Target: £50k In-Year Target: £50k)</p> <p>Full Year Target (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month (EK) 0.0</p> <p>Achieved to date (EK) 0.0</p> <p>Variance (EK) 0.0</p> <p>% of target signed off for year (Full Year) 0%</p>	<p>Workstream 5: Re-Registration (Full Year Target: £50k In-Year Target: £50k)</p> <p>Full Year Target (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month (EK) 0.0</p> <p>Achieved to date (EK) 0.0</p> <p>Variance (EK) 0.0</p> <p>% of target signed off for year (Full Year) 0%</p>	<p>Workstream 6: Commissioning and Other (Full Year Target: £213k In-Year Target: £213k)</p> <p>Full Year Target (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month (EK) 96.8</p> <p>Achieved to date (EK) 142.8</p> <p>Variance (EK) 46.0</p> <p>% of target signed off for year (Full Year) 67%</p>
<p>In-Year Target (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month (EK) 0.0</p> <p>Achieved to date (EK) 0.0</p> <p>Variance (EK) 0.0</p> <p>% of target signed off for year (In-Year) 0%</p>	<p>In-Year Target (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month (EK) 0.0</p> <p>Achieved to date (EK) 0.0</p> <p>Variance (EK) 0.0</p> <p>% of target signed off for year (In-Year) 0%</p>	<p>In-Year Target (Monthly - Apr-13 to Mar-14)</p> <p>Accumulated Target for Month (EK) 96.8</p> <p>Achieved to date (EK) 155.7</p> <p>Variance (EK) 58.9</p> <p>% of target signed off for year (In-Year) 64%</p>

* Includes 367 cases completed by the Service Delivery Practitioner team (will include non-PLD cases) plus a further 90 linked to the PLD PVR, this includes cases where support was provided by the PLD Commissioning team

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Adult Social Care Select Committee
5 December 2013

Progress with implementation of the adult mental health services public value review (PVR)

Purpose of the report: Scrutiny of Services

The committee will scrutinise progress in implementing the recommendations arising from the 2012 adult mental health services PVR.

Introduction

1. Mental health is everyone's business: we all have mental health, just as we have physical health, that can fluctuate at different points in our lives. Lifestyle factors, the communities in which we live, the local economy and the environment all impact on an individual's mental health.
2. The Public Value Review of adult mental health services, approved by Cabinet in November 2012, provided an excellent opportunity to focus on improving adult mental health services in Surrey. The 'bottom-up', co-design approach taken enabled us to work with a range of partners to develop recommendations that promote positive mental health, encourage innovation and make ideas a reality to improve the mental health of Surrey citizens. The recommendations are concerned with reaching out to more people, promoting joined up services and local accountability.
3. Key outcomes of the PVR are summarised as follows:
 - A strategic shift in the way that services for adults with mental health needs are commissioned and delivered in Surrey
 - Increased investment in universal, preventative services, with an extra £570,000 secured from the Adult Social Care budget for 3 years to deliver local voluntary sector services to improve mental well-being
 - Investment linked to a clear commissioning framework, to meet local need and enable people to reach their desired outcomes
 - The PVR provided substantial evidence to position mental health as an area of high priority within Surrey; subsequently the Health and Wellbeing Board prioritised mental health and emotional wellbeing in its first year.

4. In the first year of implementation we have made substantial progress to deliver Surrey's ambition of moving towards early intervention and prevention, personalised services and improved outcomes for people with mental health needs and their family/carers.
5. The 14 recommendations (please see annex 1) are concerned with reaching out to more people, promoting joined up services and local accountability. The opportunities and challenges of implementing the PVR recommendations have been taken forward in partnership, with the co-design values embedded in the implementation process.

Implications of the care bill

6. We considered the implications of the impending changes to adult social care as a result of the care bill when conducting the PVR. There are two areas of the care bill that tangibly relate to adult mental health services, which are **promoting integration** and a **focus on prevention**.
7. In Surrey we have had integrated community mental health services with health since 1996 and in 2012 we entered into a section 75 agreement with Surrey and Borders Partnership NHS Foundation Trust. We have also established universal access services with the six Clinical Commissioning Groups (CCGs) following the outcome of the public value review in November 2012. These 'community connections' services in the 11 Districts and Boroughs are universal preventative services run by the voluntary sector to complement the statutory services which have eligibility criteria; the community connections services do not have eligibility criteria.
8. This report will illustrate notable achievements in the implementation of the recommendations (please see annex 1 for full implementation plan progress) and key areas under development.

Notable achievements

9. **Recommendation 2:** Drive forward a strategic shift to early intervention and prevention, by investing more resources into the voluntary sector, to ensure equity across Surrey, to keep people well in their communities.

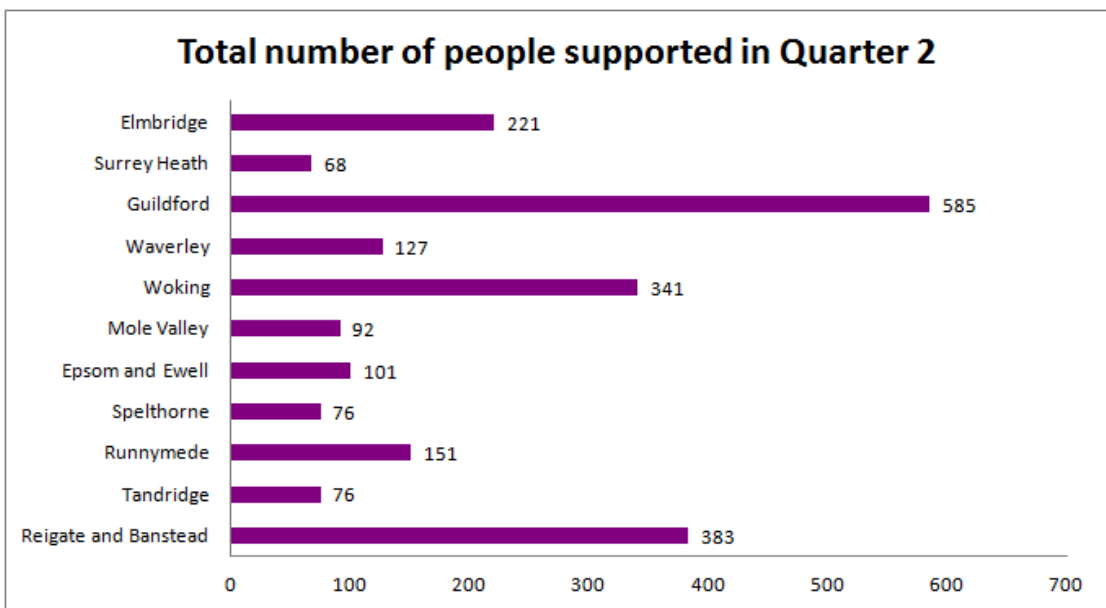
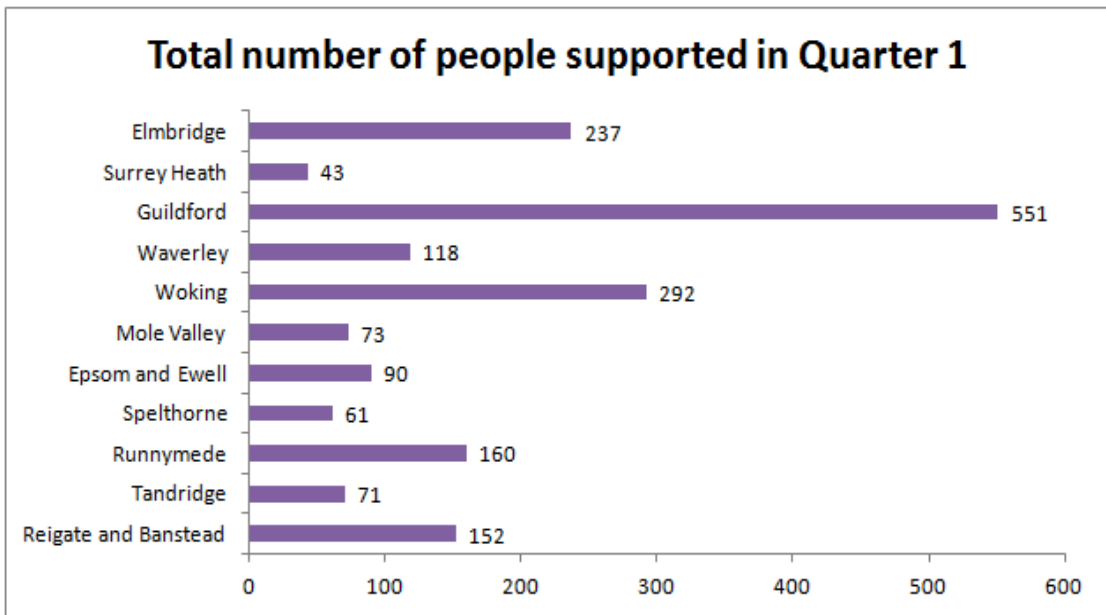
'When you think about mental health services, you think about secondary mental health services, but it's the social interaction that keeps you well'. Service user, Leatherhead

- 9.1. We used the wealth of feedback we received throughout the PVR to help develop service specifications for community connections services. These are universal services delivered at borough and district level which focus on positive mental health, keeping people well, tackling social isolation and delivering more access to employment, learning and leisure opportunities. Prior to the PVR,

there was inequity of provision, with some districts and borough areas having no community connections services.

9.2. We brought together existing funding from Adult Social Care and from the Clinical Commissioning Groups and secured an extra £570,000 per year from Adult Social Care whole systems funding as an outcome of the PVR. We were then able to commission community connections services based on population need, focusing on outcomes for local people in each district and borough in Surrey.

9.3. After a bidding process, five lead providers from the voluntary sector were appointed in April 2013 to deliver services. There are positive relationships and dialogue between providers and commissioners, and the first six months have been very successful in delivering services.



9.4. Please see a case study in annex 2 which a service user has written about their experiences of using community connections services.

9.5. The process of commissioning and procuring community connections has been recognised as innovative and good practice, shared in a Guardian online innovation debate in June 2013 and with David McNulty as part of his chief executive’s voluntary sector workshop in October 2013.

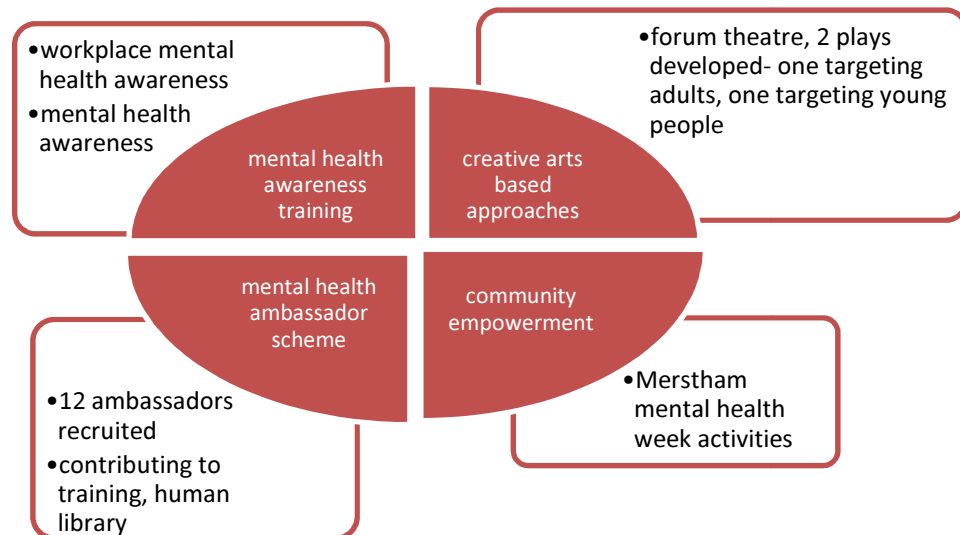
10. **Recommendation 4:** Improve knowledge and awareness of mental health across the county, and address stigma and discrimination, to make sure mental health is everyone’s business. This will be done in partnership with Public Health, partners and the communications team.

‘I’m normal and contribute a lot to society’.
Service user, Leatherhead

10.1. Surrey County Council signed the Time to Change pledge in January 2013. As an organisation, we pledged to end mental health discrimination. Please see photograph below of Sarah Mitchell, Director of Adult Social Care with Sue Baker, Director of the national time to change campaign at our pledge signing reception.



10.2. In April 2013 we launched our pilot to support time to change Surrey. We have been piloting our approach to tackle stigma and discrimination in Merstham and Redhill. This is a multi-faceted approach, illustrated below.



10.3. The mental health ambassadors are people with lived experience of mental health problems. Our partners Let's Link have facilitated the scheme and provided the ambassadors with comprehensive personal development training to enable them to fulfil their role. They have been engaged in a number of activities including engaging with the general public at promotional events such as world mental health day, East Surrey College freshers' week and at Reigate and Banstead Borough Council, interacting with over 450 people. The ambassadors are also gathering people's stories to include as case studies in a guide to mental health, to help reduce the stigma that surrounds mental health.

10.4. The ambassadors also contributed to the delivery of the mental health awareness training. Over 220 people working in Surrey in the public sector, voluntary sector and in the private sector attended the training to learn more about mental health and how to promote mental health in the workplace.

10.5. Two hard hitting plays have been created by Acting Out. 'Flashpoint' shows a man's struggle with mental illness after being made redundant and how the stigma he experienced led him into a serious decline. Audiences get the chance to interact and be involved in the play, redirecting and rewriting the scripts to show how outcomes could be improved for people with mental health problems leading to a much more positive final act. Over 90 people have seen Flashpoint and 250 students at East Surrey College watched a specially written performance for young people, focusing on the experiences of a young man with mental health concerns.

10.6. We are currently evaluating the pilot project and initial analysis suggests it has made a positive impact in addressing people's attitudes towards mental health. We plan to roll out time to change Surrey activities in the rest of Surrey from April 2014.

Areas in development

11. **Recommendation 9:** Improve the pathway through mental health services to make sure people don't fall between the gaps in services. This will be achieved with our partners as a 'whole systems' local approach to mental health and emotional well-being.

'There are revolving doors through the system. Need to have closer working between statutory and voluntary sectors'.
Voluntary sector provider, Merstham

11.1. The Health and Well-being Board in Surrey has given mental health and emotional well-being priority in its first year of work, which has facilitated whole systems working. Four key areas have been identified within the priority:

- an integrated pathway and strategy
- accommodation and employment
- addressing inequalities and stigma
- embedding governance arrangements.

11.2. The mental health and emotional well-being partnership board has been established. A wide range of stakeholders form the board including service users and carers, health and social care commissioners, public health and service providers. The board will lead the work to improve the pathway through mental health services and is driving the development of a joint commissioning strategy for adult mental health and well-being. In keeping with the values and ethos of the PVR, this will be a co-produced strategy.

11.3. The first draft of the strategy is due by the end of December 2013, with a view to implement from April 2014.

Conclusions

12. We have made significant progress in implementing the recommendations from the adult mental health services PVR, as illustrated in the implementation plan in Annex 1 and the highlights in this report. Where there are still areas for development, plans are in place to achieve the outcomes identified.

Recommendations

13. It is recommended that the Adult Social Care Select Committee scrutinises progress on the implementation of the adult mental health services PVR.

Next steps

14. We will continue to implement the PVR recommendations, reporting our progress to the mental health and emotional well-being partnership board and to Select Committee.

Report contact: Donal Hegarty, Senior Manager Commissioning, Adult Social Care

Contact details: 01483 517944

Sources/background papers: The Cabinet papers relating to the adult mental health services PVR are available [here](#).

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Mental Health Public Value Review implementation plan

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
1. Establish a clear commissioning framework for mental health services, to ensure measurable outcomes and expectations for providers of adult mental health services.	Put in place a performance management framework with Surrey and Borders to measure social care outcomes and deliverables and receive first return	Donal Hegarty Linda Moore	Nov 2012	April 2013	Baseline of performance levels to monitor and improve local delivery of mental health services	Surrey and Borders Executive Board Surrey Mental Health Partnership Board and local accountability groups	Achieved
	Put in place grant agreements and performance management framework for newly commissioned 'community connections' services and receive first return	Donal Hegarty Janine Sanderson Linda Moore	April 2013	July 2013	Local whole systems accountability for the mental health of communities More people will recover		Achieved
	Establish Surrey Mental Health Partnership Board and local multi-stakeholder groups to monitor performance and accountability for local mental health provision	Donal Hegarty Diane Woods	Jan 2013	April 2013			Achieved
Financial implications: Quarterly monitoring of commissioned services to evaluate quality, outcomes and efficiency of services							



Annex 1 Adult mental health PVR implementation plan: October 2013 update

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
2. Drive forward a strategic shift to early intervention and prevention, by investing more resources into the voluntary sector to keep people well in their communities.	Develop co-designed bidding document for one 'community connections' service for each district and borough to provide local universal services for people with a self-defined mental health need (including carers)	Donal Hegarty Janine Sanderson	Aug 2012	Nov 2012	More people can access support for better mental health Earlier support prevents family breakdown and carers are better supported	Surrey Mental Health Partnership Board and local accountability groups	Achieved
	Work with Children, Schools and Families (CSF) and Public Health directorates to develop joint projects to support early intervention and prevention	Jane Bremner	Nov 2012	ongoing	'Normalising' mental health Communities are more resilient		Ongoing: established working relations with CAMHS strategy group and CSF and Public Health involved in Time to Change Surrey
	Link with rapid response service work with Surrey and Borders	Donal Hegarty Georgina Foulds	Nov 2012	Nov 2013		Suicide prevention group	Ongoing: User journey mapping and current initiative to improve crisis and contingency plans with users
	Work with multi-agency Surrey suicide prevention group to implement action to prevent suicide	Jane Bremner	Nov 2012	ongoing			Ongoing: Refresh of group, now reporting to mental health partnership board

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
Financial implications: New investment of £570,000 p.a. for 3 years from Adult Social Care budget to support shift and equity of provision							
3. Embed personalisation in adult mental health services to create independence, not dependence, and promote choice and control for individuals, including carers.	Extend personalisation model to primary care and the voluntary sector	Donal Hegarty Gail McCulloch	April 2013	Dec 2013	More people, including carers, have choice and control over the care and support they receive	Surrey Mental Health Partnership Board and local accountability groups	Friends, family and community support being championed
	Continue roll out of personalisation, implement and measure impact of self-directed support (SDS) in mental health services	Alison Arnold Gail McCulloch	Dec 2012	April 2013			Roll out achieved
	Simplify SDS process and enable people to utilise advocacy and brokerage support	Gail McCulloch	April 2013	Dec 2013	More people can access support for their mental health		Ongoing; processes will be simplified as an outcome of personalisation evaluation and assessment Rapid Improvement Event (RIE)
	Explore suitability of resource allocation system (RAS) and supported self-assessment for people with mental health	Gail McCulloch	April 2013	Dec 2013			As above

Annex 1 Adult mental health PVR implementation plan: October 2013 update

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
	problems and carers						
	Develop clear pathways for personalisation in substance misuse and prison services	Gail McCulloch Caroline Hewlett	April 2013	Dec 2013			Ongoing: There is a pilot underway for personalisation and substance misuse. However, there is no social care into prison services and this will not be achievable for prisons without social care input.
	Review all individuals, including carers, currently in receipt of social care funding or support, to support their transition to SDS, if appropriate	Gail McCulloch Alison Arnold	Nov 2012	Mar 2013			80% reviewed and transferred
Financial implications: To be delivered within existing programme of work to embed personalisation							
4. Improve knowledge and awareness of mental health,	Develop coherent anti-stigma programme of work: link communications and	Jane Bremner Maya Twardzicki	Nov 2012	June 2013	Fewer people experience stigma and discrimination	Surrey Mental Health Partnership Board and local	Time to Change Surrey launched and pilot project in Redhill/Merstham

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
and address stigma and discrimination, to make sure mental health is everyone's business.	voluntary sector with public health and existing anti-stigma programmes to have one consistent message; work in partnership with Public Health to develop public interactive campaigns to reduce stigma				People have better experiences of care and support	accountability groups Health and Well-being Board	currently being evaluated, with positive findings emerging.
	Work with partners, including service users, to deliver mental health awareness training to GPs and wider public sector	Donal Hegarty	April 2013	Dec 2013			As part of Time to Change Surrey pilot, this will be delivered in the pilot area from June 2013. Plans for 14/15 roll out.
	Support delivery of mental health services in the community (see 2)	Donal Hegarty Janine Sanderson	Nov 2012	April 2013			Community Connections services established in each district and borough of Surrey
	Engage with health and well-being board to promote 'no health without mental health'	Donal Hegarty Diane Woods	Nov 2012	ongoing			Mental health a priority for 13/14 and being delivered via partnership board
Financial implications: To be delivered within existing resources							

Annex 1 Adult mental health PVR implementation plan: October 2013 update

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
5. A focus on improving the mental health and well-being of Surrey County Council's workforce	In partnership with HR and Public Health, develop programme to support workforce mental health and well-being, including links to carers work	Abid Dar	Nov 2012	April 2013	A healthier workforce in Surrey County Council	Corporate Leadership Team	Workforce project group set up to deliver identified outcomes
	Work with unions to roll out health checks in Surrey County Council	Abid Dar	Jan 2013	July 2013			Workforce project group set up to deliver identified outcomes
Financial implications: Potential of invest to save around workplace interventions for anxiety/depression							
6. Ensure high quality services, by making sure people who use services and carers are involved in developing and delivering the services and ensuring services reflect the outcomes of this PVR.	Robust performance management arrangements with providers (see 1)	Donal Hegarty Diane Woods	Nov 2012 April 2013	ongoing	People have a better experience of care and support		Achieved
	Mandate person-centred, self-defined outcomes to recovery planning for individuals (via recommendation 1)	Donal Hegarty	Nov 2012/April 2013	ongoing	More people will recover		Achieved
	Develop workforce for mental health, starting with pilot in Mole Valley	Ken Akers Donal Hegarty	Nov 2012	June 2013	Pressures on carers, including young carers, are reduced		In development

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
	Develop joint health and social care 'dashboard' to monitor whole systems working, standards and outcomes. Use existing data such as LINK intelligence, user/carer surveys, staff satisfaction. Also explore gaps in data such as people's experiences of the pathway through mental health services.	Jane Bremner Linda Moore Diane Woods Ann Stevenson	Feb 2013	July 2013			Work progressing with Diane and CCGs for joint Health and Social care outcomes dashboard
	Work with Clinical Commissioning Groups to plan and align commissioning of mental health services	Donal Hegarty Diane Woods	Nov 2012	ongoing			Joint commissioning strategy in development
	Implement Surrey wide governance arrangements for mental health (see 1)	Donal Hegarty Diane Woods	Jan 2013	ongoing			Achieved
	Through commissioning arrangements, mandate user/carer feedback and involvement in delivering (e.g. peer	Donal Hegarty Diane Woods	Nov 2012/Apr 2013	ongoing			Achieved

Annex 1 Adult mental health PVR implementation plan: October 2013 update

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
	support) and developing services (see 1)						
Financial implications: To be delivered within existing resources							
7. 'Think family' when working with people with mental health needs and include mental health indicators as part of Surrey's Family Support Programme.	Implement Family Support Programme including developing mental health indicators to measure impact	Sean Rafferty Donal Hegarty	Nov 2012	ongoing	More people have better mental health More resilient families	Children and Families Select Committee Family Support Programme Board	Mental health involved in local panels and collaborative working has been enhanced.
	Secure funding to provide a substance misuse worker to family support programme	Donal Hegarty	Nov 2012	April 2013	Carers, including young carers, are better supported	Surrey Mental Health Partnership Board and local accountability groups	Achieved
	Work across health and social care boundaries for services for children, young people, adults and older people to develop and enhance existing joint projects to 'think family'	Donal Hegarty	Nov 2012	ongoing			Mental health supporting programme and contributing to public service transformation business plan
Financial implications: Funding for substance misuse workers to be secured through Surrey Drug and Alcohol Action Team (DAAT)							

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
8. Value and support carers, by building on the delivery of successful carers' support in the mental health field.	Review carers liaison workers roles to widen the group of carers who can receive a service	Jane Bremner Chrissie Caines	April 2013	Dec 2013	Carers, including young carers, are better supported	Carers commissioning group	Role change part of mental health workforce review, welcomed by carers groups
	Promote personalisation for carers and use of carers pathway to support emotional health and well-being of carers	John Bangs Gail McCulloch Mikki Toogood	Nov 2012	ongoing	More carers can access support	Surrey Mental Health Partnership Board and local accountability groups	Opportunity to further strengthen through implementation of care bill
	Continue to commission specialist mental health carers support and links with generic carers services, including young carers, through carers pathway	John Bangs	Nov 2012	ongoing	Pressures on carers, including young carers, are reduced		Ongoing
	Action findings of Carers survey 2011 with Carers Commissioning Group	John Bangs Jane Bremner Debbie Hustings	Dec 2012	June 2013	Improved measures to support carers' health		Some progress but still concerns about access to counselling via NHS
	Improve identification and response to young carers through carers pathway	John Bangs	Nov 2012	ongoing			Good progress through SABP and Surrey Young Carers. Making it real for young carers gives

Annex 1 Adult mental health PVR implementation plan: October 2013 update

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
							opportunities for further development
	Promote use of 'Partners in recovery' guidance	Donal Hegarty John Bangs	Nov 2012	ongoing			Working with SABP to achieve
	Inclusion of carers in early intervention and prevention approaches (see 2) and mental health commissioning representation on carers commissioning group	Donal Hegarty John Bangs Jane Bremner	Nov 2012	ongoing			Ongoing. Regular attendance and input at carers commissioning group
Financial implications: To be delivered within existing resources and programmes of work							
9. Improve the pathway through mental health services to make sure people don't fall between the gaps in services. This will be achieved with our partners as a 'whole systems' approach to mental health and emotional well-being.	Inform, support and utilise the carers pathway	Jane Bremner	Nov 2012	ongoing	Whole systems approach to mental health		Ongoing involvement
	In partnership with users, carers, voluntary sector, districts and boroughs, primary care, improving access to psychological therapies services (IAPT) and secondary mental health services, develop and implement joined up care pathway with a range of access routes and clear	Donal Hegarty Diane Woods	Jan 2013	Dec 2013	People have a better experience of care and support More people with mental health problems have better		Part of work to develop joint commissioning strategy for mental health.

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
	handover and information sharing protocols, linked to other relevant pathways of care				physical health		
	Work in partnership to address how people access support in a crisis	Donal Hegarty Diane Woods	Nov 2012	ongoing		Part of work to develop joint commissioning strategy for mental health.	
	Engage with suicide prevention group to ensure multi-agency approach to preventing suicide (see 2)	Jane Bremner	Nov 2012	ongoing		Ongoing: suicide prevention group relaunched	
	Link with rapid response service work with Surrey and Borders (see 2)	Donal Hegarty Georgina Foulds	Nov 2012	Nov 2013		Ongoing: User journey mapping and current initiative to improve crisis and contingency plans with users	
	Empower people to have more control over their care and support pathway (see 1)	Donal Hegarty	Nov 2012/Apr 2013	Ongoing		Achieved through governance structure and ongoing co-design	

Annex 1 Adult mental health PVR implementation plan: October 2013 update

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
	Local accountability for mental health including local communication, knowledge and relationships (see 1 and 4)	Donal Hegarty	Jan 2013	ongoing			New governance implemented and ongoing
	Address physical health needs of people with mental health problems: health checks, well-being programmes, promoting access to stop smoking services	Maya Twardzicki	Nov 2012	ongoing			Public health working with CCGs to target this more effectively
	Work with providers to scope demand for therapeutic and well-being groups	Donal Hegarty	April 2013	April 2014			Working in partnership with community connections providers to identify local demand
	Through commissioning 'community connections' services, address geographical inequalities of access to services	Donal Hegarty Janine Sanderson	April 2013	ongoing			Achieved
Financial implications: To be delivered within existing resources and programmes of work							

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
10. Explore how we deliver social care outcomes and innovations in delivering Adult Social Care mental health services.	Explore options to strengthen the role of social care for people with mental health problems and their carers and deliver social care outcomes in a more effective way	Donal Hegarty Steve Meredew	Jan 2013	Jan 2014	More people will recover More people will have better mental health More carers supported to have a life outside of caring	Health Scrutiny Committee Surrey Mental Health Partnership Board and local accountability groups Surrey and Borders Joint Management Board	Work complete. Working with Surrey and Borders to increase adult social care profile and monitoring of outcomes through performance monitoring framework.
	Bring together group of key stakeholders to appraise the options and assess impact of proposals on whole system, including younger and older people's services	Donal Hegarty Steve Meredew	Jan 2013	Jan 2014			
Financial implications: To be delivered within existing resources and programmes of work							
11. Provide support for people with mental health and other needs by making links with other specialist areas of work such as learning disability	Work with partners to address gaps for people with a dual diagnosis of substance misuse and mental health problem	Donal Hegarty	April 2013	ongoing	More people will have better mental health Carers will be supported better	Drug and Alcohol Action Team Executive Surrey Mental Health Partnership Board and local accountability groups	New commissioning arrangements have been established with public health
	Work with existing military and veteran health forums to ensure mental health on the agenda	Donal Hegarty Janine Sanderson	Nov 2012	ongoing			Involvement in established mental health of veterans forum



Annex 1 Adult mental health PVR implementation plan: October 2013 update

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
services and substance misuse services, ensuring links with carers pathway: ensuring equality of access to mental health services regardless of other needs.	Work in partnership to deliver universal offer for people with autism	Donal Hegarty Jo Poynter	Jan 2013	July 2013		Autism Board	Autism partnership board working to deliver national strategy
	People with a learning disability to be able to access mainstream mental health services, with support from learning disability specialists	Donal Hegarty Jo Poynter	Jan 2013	ongoing		Learning Disability Partnership Board	Improved access and focus on personal recovery plans
	Make links with county wide domestic abuse programme of work to raise awareness of mental health services	Jane Bremner Caroline Hewlett	Jan 2013	ongoing			Ongoing: Links with domestic abuse development group established
	Link pathways of care for people with long term conditions and mental health problems (see 9)	Donal Hegarty	Jan 2013	ongoing			Linking in and influencing emerging CCG commissioning plans
	Mental health of prisoners: link with existing work to raise awareness of mental health services	Caroline Hewlett	Nov 2012	ongoing			Ongoing: Trust work as there is no social care input into prisons.
	Joined up approach to carers' mental health through carers pathway	Donal Hegarty John Bangs	Nov 2012	ongoing			Some progress but still concerns about access to counselling via

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
							NHS
Financial implications: To be delivered within existing resources and programmes of work							
12. Improve housing options and support to maintain tenancies by working in partnership with districts and boroughs, NHS Surrey/Clinical Commissioning Groups and housing providers, to enable people to find and maintain appropriate housing.	In partnership with districts and boroughs, identify different levels of supported housing and commissioning of services to meet local need	Peter Floyd	Nov 2012	April 2013	More people will recover More people will have accommodation and support that meets their needs and desired outcomes	Surrey Mental Health Partnership Board and local accountability groups Supporting People Commissioning Body/Joint Management Board	New round of contracts for preventative services agreed with Providers and districts and boroughs for 2014-2017
	Commitment to Supporting People programme, enabling people to maintain tenancies	Donal Hegarty	Nov 2012	ongoing			JMB and Provider consultation group continuing to feed into commissioning intentions
	Explore innovative new ways to support people in supported accommodation	Peter Floyd Support Providers	April 2013	Oct 2013			Remodelling of existing services and commissioning of new services underway for new contracting round
	Further develop shared lives scheme	Shared Lives co-ordinator	Dec 2012	April 2013			Ongoing

Annex 1 Adult mental health PVR implementation plan: October 2013 update

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
	Proactive review of residential and nursing placements, including out of area placements, to reduce inappropriate placements and align with health commissioning	Peter Floyd	Nov 2012	April 2013			On-going work with the CCG Commissioners to make best use of new commissioning opportunities
	With districts and boroughs, develop or maintain special needs housing panels	Peter Floyd	April 2013	ongoing			Now operating in 10 Boroughs with panel re-established in Elmbridge
	Involve housing departments and providers in care plans and hospital discharge	Peter Floyd Caroline Hewlett	April 2013	ongoing			Ongoing
	Enable people to use personal budgets (PBs) to enhance the range of accommodation with support options	Peter Floyd Caroline Hewlett	April 2013	ongoing			Supported housing providers have been encouraged to use PBs to offer more flexible accommodation solutions
Financial implications: To be delivered within existing resources and programmes of work							

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
13. A focus on young people and transition, by working as one team to scope the needs of young people who do not meet the criteria for young people's or adult services, yet need support.	Develop more affordable accommodation with support options to meet local need for young people with emotional and behavioural difficulties	Peter Floyd Donna Leadham Ben Byrne	April 2013	Nov 2013	A whole systems approach to mental health More people will have better mental health	Children and Families Select Committee Transitions Board Surrey Mental Health Partnership Board and local accountability groups	New tender underway for a comprehensive supply of varied accommodation options led by young people's commissioning
	Adult Social Care to be a stakeholder in children's emotional well-being re-commissioning to ensure shared vision and outcomes of PVR delivered across	Jane Bremner	Nov 2012	April 2014			Ongoing involvement
	Develop a project across children and adult directorates to scope 'vulnerable adults' service	Jane Bremner Peter Floyd	Nov 2012	April 2013			Transition staff contributed to the service specification for the tender and specified the needs of this cohort
	Use evidence from young people's rapid improvement event to shape future services.	Peter Floyd Donna Leadham/Ben Byrne	Nov 2012	ongoing			Completed, the evidenced helped shape the new service specifications
Financial implications: To be delivered within existing resources and programmes of work							

Annex 1 Adult mental health PVR implementation plan: October 2013 update

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
14. Promote access to information, support inclusion and reduce inequalities by implementing the PVR communication strategy and measuring providers on equalities outcomes: equality for all	Link with welfare benefits advice commissioning, user led hubs, carers support, advocacy and other generic services to ensure the needs of people with mental health problems are included	Jane Bremner	Nov 2012	ongoing	Fewer people experience stigma and discrimination More people will have better mental health	Surrey Mental Health Partnership Board and local accountability groups	Ongoing; links and relationships established
	Promote Surrey Information Point as single trusted source of information	Donal Hegarty Siobhan Abernethy	Nov 2012	ongoing			Ongoing
	Implement mental health communications strategy	Donal Hegarty Siobhan Abernethy	Nov 2012	ongoing			Achieved
	Ensure services are accessible to all who may require them and who may have different communication needs (through recommendation 1)	Donal Hegarty Janine Sanderson	April 2013	ongoing			All community connections providers have varied forms of contact: phone, email, SMS

Annex 1 Adult mental health PVR implementation plan: October 2013 update

Recommendation	Action	Lead (s)	Start date	Due date	Outcome (s) from this recommendation	Monitoring arrangements	Progress
	Local services reach out to those who may not traditionally engage with services (through recommendation 1)	Donal Hegarty Janine Sanderson	April 2013	ongoing			Ongoing
	Monitor services on equalities outcomes (see 1)	Donal Hegarty Janine Sanderson	Nov 2012 April 2013	ongoing			Ongoing
	Work with Clinical Commissioning Groups and Health and Well-being Board to advance the goal of parity of mental health and physical health services	Donal Hegarty Diane Woods	Nov 2012	ongoing			Ongoing work delivered through mental health partnership board
Financial implications: To be delivered within current programmes of work and resources							

NB All recommendations and underpinning actions have equality of access to services at the heart of them: please see Equality Impact Assessment, communications plan and co-design findings for more detail.

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Annex 2: Case study: how community connections services make a difference

Below is a piece sent in by one of the participants of Walking for Health who also attends the Next Steps Depression Support Group, delivered by the community connections service in Woking, CornerHouse.

“We are a motley crew us Tuesday afternoon walkers, hikers, one foot in front of the other’s. We meet every Tuesday at 1.15pm. Start at a convenient spot (with parking facilities) for our designated walk.

The group consists of men & women, tall ones, short ones, slender ones & not so slender ones. The pace is ‘of your choice’. We walk, talk & laugh. There is always a ‘back marker’ to keep tabs on the stragglers (often me). We walk for approximately 1.1/2-2 hours. Refreshments are taken at the ‘watering hole’ either in the middle of the walk or at the finish.

We cover quite a lot of the local countryside walking along tow paths-passing locks, canalboats, lovely houses & enjoying many spectacular views. We even ‘paid the ferryman’ to cross from Shepperton to Walton & back again.

Most of the walks are easy to moderate. One walk (just out of our patch) was eye-catching, but the upward climb to the beautiful pilgrim’s church of St Martha’s was a challenge for me. Walking, no talking & definitely no laughing. When I reached the top I felt like Sir Edmund Hillary & Sherpa Tensing must have felt on reaching the summit of Everest (a slight exaggeration ... No a mammoth exaggeration). As I stood to regain my breath I was stunned by the magnificent views. The climb had been worth it. As a result I was bought a pair of hiker’s sticks as a present. That particular walk is hopefully on the agenda for the future. This time I will approach the climb with GUSTO, and if he doesn’t turn up I will have my trusty sticks to help me.

As well as the friendly folk in the group (who are always ready to give encouragement) we are on occasions joined by wonderful four legged companions. They trot along beside us very friendly and one (a two pint bundle of fun) likes to be the ‘back marker’ rounding up the stragglers (me amongst them).

The mental & physical stimulus gained is not just for the 2 hours walk. Physically the body has had a ‘workout’ breathing-blood flow etc. Mentally the mind has much to savour. Thinking of the interesting places visited. For me, I can now talk with some knowledge about Botley Mansion, Papercourt Lake, Pilgrims Way & various locks in the waterside beauty spots at the places I have seen.

Tuesday afternoons are for me enjoyable & hopefully an aid to good physical & mental health.

To those who feel that loneliness is your constant companion, I say if you can put one foot in front of the other, take your courage in both hands & join us. Give it a try, who knows it might prove beneficial & give loneliness a holiday”.

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**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

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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	January 2014 Item 10

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
				six months time.	
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>
24 October 2013 018	FAMILY, FRIENDS AND COMMUNITY SUPPORT - SOCIAL CAPITAL IN SURREY [Item 7]	That the Committee implement a working group to track project outcomes and deliverables for the Family, Friends and Community Support agenda, to report back in March 2014.	Chairman/Democratic Services	The working group have been invited to join the Family, Friends and Community Support Project Board. They will provide an update on this work in April 2014.	<i>April 2014</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
24 October 2013 019	FAMILY, FRIENDS AND COMMUNITY SUPPORT - SOCIAL CAPITAL IN SURREY [Item 7]	That Adult Social Care should work closely with District and Borough Councils in delivering the Family, Friends and Community Support agenda.	Assistant Director for Commissioning	<ul style="list-style-type: none"> The Assistant Director for Commissioning and Project Manager will be attending the Surrey Officers' Group (a collective of all the Borough & District community service leads) to introduce Family, Friends and Community Support and expand on the B&D's involvement. The group invite is for January. Informal connections made will all B&D community connectors. The Commissioning team are 	<i>December 2013</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
				engaging directly with the B&Ds around use of Personalisation, Prevention and Partnership funding to support community innovation.	
24 October 2013 019	FAMILY, FRIENDS AND COMMUNITY SUPPORT - SOCIAL CAPITAL IN SURREY [Item 7]	That the Directorate raise the profile of the Friends, Family and Community Support agenda through Local Committees and local Councillors.	Assistant Director for Commissioning	<ul style="list-style-type: none"> • An engagement plan for all members, and the local committees is being developed. • Connection made with Parish and Town Councils through Surrey Association of Local Councils. Follow up work will be lead by commissioning, including promotion of Surrey Information Point, sharing of 	<i>December 2013</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
				strategic needs and connecting with other local organisations.	
24 October 2013 020	SUPPORTING CARERS [Item 8]	That each school has a governor responsible for supporting young carers.	Cabinet Associate for Adult Social Care	The Cabinet Associate for Adult Social Care has noted this and is currently considering how to take the matter forward.	January 2014
24 October 2013 021	SUPPORTING CARERS [Item 8]	That the Directorate explores ways in which it can improve the number of carers providing feedback through the Carer survey.	Carer Development Manager	This has been noted by officers and the response rate for the next Carers Survey will be shared with the Committee.	October 2014
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.	Complete

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
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 signified by the Care Bill and to garner views on funding reforms and draft eligibility regulations work continues and will be ongoing.	<i>Complete</i>
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>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
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>
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>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
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>
24 October 2013 017	DIRECTOR'S UPDATE [Item 6]	The Directorate to explore the possibility of delivering a further Dilnot and Care Bill workshop to Members.	Assistant Director for Policy & Strategy	Officers are currently reviewing potential Member seminar dates in 2014 to deliver a workshop.	<i>Complete</i>

Adult Social Care Select Committee Work Programme 2013-14

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
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	Social Worker Recruitment and Retention	Scrutiny of Services/Policy Development – following the Director’s update in September the Committee wishes to further understand and scrutinise the labour market for social workers in Surrey and what strategies and plans are in place to ensure Surrey County Council can recruit and retain quality personnel.	Ken Akers, HR Relationship Manager (Adult Social Care)	
5 Dec	Budget Monitoring	Scrutiny of Budgets – The Committee will scrutinise the most recent budget monitoring information.	Paul Carey-Kent	
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	Sarah Mitchell	

Adult Social Care Select Committee Work Programme 2013-14

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
		policies and arrangements.	Dave Sargeant	
16 Jan	Adults Systems Procurement	Scrutiny of Services – The Committee will receive an update on the improvements undertaken on the Adults Information System following a Rapid Improvement Event and updates to the software by the provider.	John Woods	
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	
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	

Adult Social Care Select Committee Work Programme 2013-14

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
6 March	Serious Case Review	Scrutiny of Services – The Committee will scrutinise progress against the recommendations made by the Serious Case Review into the death of Gloria Foster.	Sarah Mitchell	
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	

Adult Social Care Select Committee Work Programme 2013-14

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 82	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	

Adult Social Care Select Committee Work Programme 2013-14

Task and Working Groups

Group	Membership	Purpose	Reporting dates
Family, Friends and Community Support working group	Margaret Hicks, Fiona White	To track project outcomes and deliverables for the Family, Friends and Community Support agenda	April 2014

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