

Notice of Meeting

Adult Social Care Select Committee



Date & time
Thursday, 6
March 2014
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
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Chief Executive
David McNulty

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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact 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 PREVIOUS MEETINGS: 20 SEPTEMBER 2013

(Pages 1
- 6)

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

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 (28 February 2014).
2. The deadline for public questions is seven days before the meeting (27 February 2014).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

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

(Pages 7
- 8)

The Committee made a recommendation to the Cabinet Member for Business Services regarding Mental Health Awareness Training at the meeting on 5 December 2013. A response was provided at the Cabinet meeting on 4 February 2014. A copy of this response is attached.

6 DIRECTOR'S UPDATE

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

- 7 DEMENTIA FRIENDLY SURREY** (Pages 9 - 34)
- Purpose of the report:** Performance Management
- Dementia Friendly Surrey was launched in March 2013 to support communities to become more inclusive and supportive of people with dementia and their carers. This report will provide an update on progress one year on and consider the legacy and sustainability of this initiative.
- 8 PROGRESS OF RECOMMENDATIONS ARISING FROM THE SERIOUS CASE REVIEW - GLORIA FOSTER** (Pages 35 - 46)
- Purpose of report:** Scrutiny of Services
- The purpose of the report is for the Adult Social Care Select Committee to scrutinise progress against the recommendations arising for Adult Social Care from the Serious Case Review into the death of Gloria Foster
- 9 INTERNAL AUDIT REVIEW OF SOCIAL CARE DEBT - CREDIT BALANCES** (Pages 47 - 54)
- Purpose of the report:** Scrutiny of Services
- To review the summary of audit findings and Management Action Plan produced as a result of an internal audit review of Social Care Debt – Credit Balances.
- 10 INCOME/DEBT UPDATE REPORT** (Pages 55 - 70)
- Purpose of the report:** Scrutiny of income and outstanding debts.
- 11 BUDGET UPDATE** (Pages 71 - 82)
- Purpose of the report:** Scrutiny of Budgets/Performance Management
- This report provides an opportunity for the Committee to scrutinise the Adult Social Care budget.
- 12 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME** (Pages 83 - 94)
- The Committee is asked to monitor progress on the implementation of recommendations from previous meetings, and to review its Forward Work Programme.
- 13 DATE OF NEXT MEETING**
- The next meeting of the Committee will be held at 10am on 1 May 2014.

David McNulty
Chief Executive

Published: Wednesday, 26 February 2014

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

Thank you for your co-operation

MINUTES of the meeting of the **ADULT SOCIAL CARE SELECT COMMITTEE** held at 2.00 pm on 20 September 2013 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

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

Elected Members:

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

Substitute Members:

Mr David Ivison

In attendance

Mr Mel Few, Cabinet Member for Adult Social Care

46/13 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Colin Kemp, Graham Ellwood, Mike Goodman, Fiona White, Ernest Mallett, Richard Walsh and Daniel Jenkins.

David Ivison acted as a substitute for Colin Kemp.

47/13 DECLARATIONS OF INTEREST [Item 2]

There were no declarations of interest.

48/13 EXCLUSION OF THE PUBLIC [Item 3]

49/13 CALL-IN: CONTINUING HEALTH CARE TEAM INVEST TO SAVE BID - 4 SEPTEMBER 2013 [Item 4]

Declarations of interest: None.

Witnesses:

Sarah Mitchell, Strategic Director for Adult Social Care

Sheila Little, Chief Finance Officer and Deputy Director for Business Services

Neill Moore, Senior Principal Accountant

Sue Lewry-Jones, Chief Internal Auditor

Mel Few, Cabinet Member for Adult Social Care

Nick Harrison, Chairman of the Audit and Governance Committee

Key points raised during the discussion:

1. The Committee was informed that the Continuing Health Care team provided an essential role in mitigating cost to Surrey County Council by ensuring people accessed the appropriate care pathways. It was highlighted that there were a number of cases under review and that the cost of these was significant enough to justify the expenditure on a Continuing Health Care team. The Committee heard that one of the proposed outcomes of the Care Bill would be closer working together between the NHS and Adult Social Care about which organisation funds care pathways. This would enable the work of the Continuing Health Care team to cease, as it would be embedded in processes elsewhere.
2. The Committee queried when it was likely that there would no longer be a requirement for the Continuing Health Care team. Officers explained that there was a challenge in the spread of responsibility across the different Clinical Commissioning Groups (CCGs), but also commented that the Care Bill would potentially clarify matters in relation to the funding of care.
3. The Committee was told that the cost of the team was not included in the base budget as the income generated by the team's work resolving complex cases did not always come back within the financial year.
4. Officers outlined that any bid for money from the invest to save fund had an obligation to repay the amount borrowed over a specified

number of years. This requirement had been introduced since the beginning of the 2012/13 financial year. This repayment was built into the Directorate's base budget and reflected in the Medium Term Financial Plan (MTFP). The view was expressed by officers that this requirement to repay had seen a reduction in the number of bids the fund was receiving.

5. The Committee was informed that the invest to save fund was overseen by an Investment Panel. This had been set up in 2010 as a direct response to an external audit on governance arrangements in relation to capital investment. It was highlighted that the panel did not approve or decide anything, but ensured that each business case in relation to an invest to save bid is subject to robust challenge before going to decision. The Committee was informed that there was work being undertaken to review the membership and processes in relation to the Investment Panel, with a view to widening its membership to include heads of services.
6. Members raised the question of why the Investment Panel had not met in person to discuss the two invest to save bids. It was clarified by officers that the challenge had been undertaken electronically, as it had been more pragmatic to do so on the occasions in question. A meeting of the Investment Panel on 27 August 2013 had been cancelled, but the electronic consultation on the two bids was subsequently noted at the next Panel meeting on 5 September 2013.
7. It was highlighted that Adult Social Care had been required to progress the bids in order to present them for the Cabinet Member decision meeting on 4 September 2013. Members of the Investment Panel confirmed that they had oversight of the papers coming to Cabinet Member decision in advance of the meeting, and had met with the service to provide challenge and seek reassurances. The Committee raised concerns that this had not been adequately reflected in the reports, which gave an impression that the Investment Panel had met to discuss the bid. Officers expressed the view that the preference would always be to meet face to face, but it was on occasion more practicable to conduct discussions electronically or by other means.
8. Members expressed the view that the work of the Continuing Health Care team should be built into the Directorate's base budget. It was highlighted by officers that the temporary nature of the team's work, and the long-term recovery of costs, had informed the decision to hold the cost of this team outside the base budget. The Committee was informed that there was precedence to fund the Continuing Health Care team through Invest to Save bids in previous years. Officers confirmed that it would have a significant impact on the Directorate's requirement to make savings of £47 million, if the Continuing Health Care team was funded through the base budget.
9. The Committee discussed the impact of including the cost of the Continuing Health Care team in the base budget for the future. Officers commented that the team's work was specifically to address a historic back-log and that future conversations around continuing health care would be managed within the locality teams. When

questioned how long a dedicated Continuing Health Care team would be required, officers estimated it as a possible further two years.

Recommendations:

- a) That the Committee endorses the proposal and review of the Investment Panel, which it is hoped will strengthen its role.
- b) That the Audit & Governance Panel review the new structure, membership and procedures of the Investment Panel, and report to Council Overview & Scrutiny Committee on their findings.

Action by: Chairman of Audit & Governance Panel/ Chairman
of Council Overview & Scrutiny Committee

- c) That officers ensure that decision trails are mapped and recorded accurately within minutes and papers.

Action by: Adult Social Care

- d) That the cost of the Continuing Health Care team is included in the business plan for 2014/15 onwards.

Action by: Adult Social Care

Actions/further information to be provided:

None.

Committee Next Steps:

None.

**50/13 CALL-IN: STAFFING AND SYSTEMS INVEST TO SAVE BID - 4
SEPTEMBER 2013 [Item]**

Declarations of interest: None.

Witnesses:

Sarah Mitchell, Strategic Director for Adult Social Care
Sheila Little, Chief Finance Officer and Deputy Director for Business Services
Neill Moore, Senior Principal Accountant
Sue Lewry-Jones, Chief Internal Auditor

Mel Few, Cabinet Member for Adult Social Care
Nick Harrison, Chairman of the Audit and Governance Committee

Key points raised during the discussion:

1. The Committee was informed that the Invest to Save bid for Staffing and Systems had been made at the same time as the Continuing Health Care bid, and had followed the same process when being examined by the Investment panel (see minute item 49/13 for further information). It had been necessary to do so in order to ensure that

statutory staff consultations were carried out in order that changes could be implemented to meet savings within the financial year.

2. The Committee was informed that the Invest to Save bid would enable a 'model office' to be implemented, leading to changes in sourcing and administrative teams within the Directorate. This would enable a greater efficiency. In order to support this work the Cabinet Member had agreed to allocate a team focusing on reconciling direct payment backlogs. It was intended that this would be operational for two years, and would help consolidate office functions. It was further highlighted that this team's work would ensure that a Direct Payment pre-charge credit card could be implemented. Officers expressed confidence that the introduction of an electronic card would enable savings to be made.
3. The Committee queried when it was anticipated that the Directorate would see a saving as a result of the bid. It was clarified that the arrangement was that the year-on-year saving made would be used to pay off the money drawn from the Invest to Save fund, with the Directorate seeing a direct saving in 2020 when the money will have been fully repaid. It was clarified that the saving would be visible in terms of the virements between the Directorate and the Invest to Save fund, this would be visible through the standard budget reporting procedures to Cabinet. The Committee was informed that if this investment was not showing savings within the agreed timeframes then the work would cease.

Recommendations:

- a) That the Committee endorses the proposal and review of the Investment Panel, which it is hoped will strengthen its role.
- b) That the Audit & Governance Panel review the new structure, membership and procedures of the Investment Panel, and report to Council Overview & Scrutiny Committee on their findings.

Action by: Chairman of Audit & Governance Panel/
Chairman of Council Overview & Scrutiny Committee

- c) That officers ensure that decision trails are mapped and recorded accurately within minutes and papers.

Action by: Adult Social Care

Actions/further information to be provided:

None.

Committee Next Steps:

None.

51/13 PUBLICITY FOR PART TWO ITEMS [Item 6]**Recommendation:**

That non-exempt information relating to items considered in part 2 of the meeting may be made available to the press and the public, as appropriate.

52/13 DATE OF NEXT MEETING [Item 7]

The Committee noted that the next meeting of the Adult Social Care Select Committee would be on 24 October 2013 at 10am

Meeting ended at: 3.30 pm

Chairman

CABINET RESPONSE TO ADULT SOCIAL CARE SELECT COMMITTEE

MENTAL HEALTH AWARENESS TRAINING

“That the Cabinet Member for Business Services consider the need for internal training for Surrey County Council employees, in order to prevent discrimination against staff and residents with mental health difficulties.”

I welcome the recommendation to promote mental and emotional well-being in the workplace and put an end to the stigma and discrimination that people with mental health problems can face. I consider our internal training adequate for our employers, in order to prevent discrimination against staff and residents with mental health difficulties. As well as supporting [Time to change Surrey](#)¹ we have in place a number of programmes and are developing new ones. These are:

1. **Manager Masterclasses “ Supporting mental and emotional Well-being“**
A 90 minute Manager Masterclass called ‘supporting mental and emotional well-being’ was launched on 8 Jan 2014. There are four 90 minute masterclasses per day, over 6 days, from February to March 2014 in multiple locations. They are delivered by Santia (our occupational health provider) and Workplace Options (our employee assistance programme provider). Up to 20 managers can attend each workshop, so in total up to 480 can attend. We can roll this out further from April 2014. There will be a strong emphasis on spotting early signs, early support and creating workplace environments that support mental well-being. As of 29 January 2014, 180 managers and supervisors have pre-booked.
2. **E-Learning**
We are putting together a mental health awareness e-learning package. We are using embedded video from Time To Change, MIND, Mindful Employers² and Re-Think³, using actual clips of people with mental health problems, to make the offer more powerful.
3. **Equality and inclusion matters training**
This is mandatory one day training for all new staff. Also, refresher sessions are available. On average 4-6 sessions are delivered per month and there is coverage of mental health awareness. These sessions have been delivered since 2010 and are regularly refreshed.
4. **Reasonable adjustments and flexible working training for managers (Institute of Leadership and Management accredited)**
Covers mental health conditions and supporting staff with various challenges. Has been delivered since 2010.
5. **Time To Change – Employer Health Checks – Engagement Study**
The council has been successful in becoming part of a national study, with 49 other organisations in a comprehensive study and review of their performance, in relation to mental health in the workplace. A Time To Change consultant will work with the Council for 3 months, using a survey, interviews and desktop research, to produce a comprehensive report, identifying current and future improvements.

¹ **Time to Change Surrey** – Campaign to tackle discrimination, stigma and inequalities in mental health services

² **Mindful Employer** – National Campaign for employers to sign up to action that supports a healthy workforce

³ **Re-think** - Rethink Mental Illness helps millions of people affected by mental illness by challenging attitudes and changing lives.

6. **'Flashpoint': Interactive drama training**

It is intended to roll out a programme of drama workshops which illustrate the impact of stigma and discrimination. The forum theatre style enables participants to re-direct the script to enable more positive outcomes for the characters. Rollout, delivery and funding options are currently being discussed.

7. **Mental Health Awareness (multi-agency training)**

Aimed at anybody who works with people who may be at risk of developing symptoms of depression, anxiety or any other mental illness, or anyone interested in learning about mental health and emotional well-being.

8. **Mental Health Awareness and Improving Wellbeing at Work (multi-agency training)**

A further mental health awareness programme has been developed as a joint training venture by Surrey CC as part of their Time to Change campaign in collaboration with the First Steps⁴ team and Employment Support Retraining Agency.

9. **SADAS Substance Misuse and Mental Health Programme (multi-agency training)**

An exciting programme of modules in the Guildford area facilitated by the Southern Addictions Advisory Service (SADAS)⁵ and their partners aimed at health and social care staff, mental health staff, emergency services personnel, volunteers and all those whose work brings them into contact with people who may have mental health or substance abuse issues in Surrey.

I believe we have an excellent workforce whose values are consistent with the aims of the County Council but we need to ensure that all directorates are aware of, and avail themselves of the training that tackles inequalities, discrimination and stigma within the council.

Ms Denise Le Gal
Cabinet Member for Business Services
4 February 2014

⁴ **First Steps** – Universal primary care access to mental health services

⁵ **Southern Addictions Advisory Service (SADAS)** - Southern Addictions Advisory Service are an organisation dedicated to improving the lives of drug and alcohol users and people with mental health problems by providing different services to meet needs



Adult Social Care Select Committee
6 March 2014

Dementia Friendly Surrey

Purpose of the report: Performance Management

Dementia Friendly Surrey was launched in March 2013 to support communities to become more inclusive and supportive of people with dementia and their carers. This report will provide an update on progress one year on and consider the legacy and sustainability of this initiative.

Introduction:

1. There are an estimated 15,500 people aged 65 and over living with dementia in Surrey and this is expected to rise to 19,000 by 2020, an increase of almost 23%. There are also approximately 300 people under the age of 65 living with dementia in the County (young onset).
2. National research suggests that two thirds of people with dementia live in the community and only one third in care homes. In a 2012 national survey by the Alzheimer's Society 61% of respondents said they felt that their community does not understand how to help them live well and 41% felt they do not have a voice in their community¹.

Project background and structure

3. Dementia Friendly Surrey is a partnership between Surrey County Council and three GP Clinical Commissioning Groups (CCGs) including Guildford and Waverley, North East Hampshire and Farnham, and North West Surrey. The project has a total budget of £464,000 and uses this to supports communities to work towards a more dementia-friendly future. It is part of the wider Ageing Well programme and is an example of Family, Friends and Community Support in practice.
4. In 2012 Surrey County Council and NHS Surrey commissioned a dementia awareness survey of Surrey residents. Of the 2306 respondents, 25% believed that once you have a diagnosis of dementia there is little that can be done to help you and a further 25% believed

that it is not possible to live a full and active life with a diagnosis of dementia. However, research suggests that it is often the attitudes and reactions of others, or fear of negative reactions, which lead to the person with dementia becoming isolated from the community and ceasing to be a part of the networks, groups and clubs they previously belonged to².

5. In Surrey, people living with dementia and their carers have told us that a dementia friendly community is one that enables them to:
 - Carry on doing the things they have always done.
“... a bit more help in shops with choosing items.”
 - Find their way around and feel safe.
“... I think that signposts could be placed at a low level too with larger lettering.”
 - Keep in touch with people and feel that they belong in their community.
“...it would be good if there were more support groups that we could attend together.”³
6. The project has six key areas of work, progress on which is covered in the sections below:
 - 6.1 Dementia Friendly Surrey Champions
 - 6.2 Recognition symbol
 - 6.3 Dementia awareness training offer
 - 6.4 Innovation Fund
 - 6.5 Public awareness campaign
 - 6.6 Peer support and carers needs

Dementia Friendly Surrey Champions

What we set out to achieve

7. We set out to build a pool of individual and organisational Dementia Friendly Surrey Champions who are supported to become more dementia friendly and act as advocates in their local community. A target was set for a total of 120 Champions across Surrey.

What we have achieved

8. A Champion certificate and pack has been designed and is issued to all new Champions. This pack and the Dementia Friendly Surrey website provide useful resources such as awareness raising materials, to help Champions take action.
9. We have exceeded the target and there are now 125 Champions (84 groups, services or organisations and 41 individuals) across Surrey including: Councillors, Surrey Fire and Rescue service, Surrey Library service, Trading Standards, care homes and domiciliary care services, District and Borough Councils, pharmacies, dental practices, GP

practices, legal and financial services, leisure providers, small businesses and voluntary sector organisations. A list of Champions by Borough and District can be found in **Annex 1**.

10. Champions are taking action in a variety of ways including:
 - Delivering dementia awareness workshops to hundreds of people across Surrey.
 - Working with Dementia Friendly Surrey to deliver public awareness events.
 - Committing to train their staff and volunteers through the training programme offered by Dementia Friendly Surrey.
 - Establishing new peer support groups or making existing community groups, clubs and services more dementia friendly.Champion case studies are shared on a regular basis through the Ageing Well newsletter.

Next steps

11. We will organise a celebratory event for Champions to showcase their work and form links with each other.
12. We will continue to recruit Champions and support them to take action. This will be supported by Adult Social Care Commissioning and aligned to Ageing Well and the Local DLIGs, and overseen by the Dementia Friendly Surrey Steering Group.
13. Champions will play a key role in taking forward dementia friendly communities work in their local area beyond the lifetime of the project. We are looking at how the Champions, and any local alliances they wish to form, can be aligned with their local DLIG.

Recognition symbol

What we set out to achieve

14. We also set out to develop a kite mark to demonstrate to the public which organisations and services in Surrey are dementia friendly.

What we have achieved

15. We have been guided by national developments and guidance around dementia friendly communities work and adopted the national recognition symbol issued by the Alzheimer's Society. The symbol can be placed in retailer's windows or on websites and demonstrates that an organisation is working towards becoming more dementia friendly. Dementia Friendly Surrey registered as an early adopter of the symbol and has permission to issue the symbol to Champion organisations across Surrey.



Figure 1 Recognition symbol

Next steps

16. This scheme is not an accreditation and no formal assessment is made of the organisations that adopt the symbol. However, a yearly self-assessment is required to demonstrate progress towards becoming a dementia friendly County and Champions will be asked to provide updates on what action they have taken. The first self-assessment will be in summer 2014 and will be undertaken by Adult Social Care Commissioning, and overseen by the Dementia Friendly Surrey Steering Group.

Dementia awareness training offer

What we set out to achieve

17. A need was identified for dementia training across whole communities, particularly for staff and volunteers in customer facing roles. We set out to establish a menu of training options to flexibly meet the needs of a range of groups and organisations with a target of at least 50 different organisations taking up this training.

What we have achieved

18. Following a competitive tendering process, The Dementia Training Company Ltd has been commissioned to provide training throughout 2014. Three training formats have been developed and courses are offered free of charge:
 - a) Cascade courses which bring together representatives from across sectors. These courses give delegates knowledge and resources to share their learning with others in their group or organisation.
 - b) Tailored short courses for specific organisations or groups of organisations from the same sector.
 - c) A self-study pack.
19. Across Surrey over 100 services or organisations have expressed interest in receiving training. Cascade courses have been established in Surrey Heath, Woking, Runnymede and Elmbridge and courses will be scheduled in the remaining Districts and Boroughs. Five short courses have been scheduled for specific organisations including GP practices.
 - 19.1 DC Leisure runs leisure centres in Waverley and Surrey Heath. The company has committed to training staff in these centres and two short courses have been delivered. Learners completed a self-

assessment quiz pre and post course and comparison shows that knowledge and confidence more than doubled. Course evaluations show that participants valued the opportunity to learn how dementia may affect their customers and reflect on how they can support those customers in real life situations.

Next steps

20. Further work is needed to encourage businesses to commit to train staff. We will continue to promote training through business forums and make contact with head offices as appropriate. We will write to top employers to encourage them to take up this training offer.
21. Administrative support for cascade courses will be provided by the Shared Services Centre Training Administration Team and administration of short courses and self-study packs will be undertaken by Adult Social Care Commissioning.
22. We are working with the Dementia Training Consortium and colleagues from the Surrey County Council HR and Organisational Development service to look at how The Surrey Skills Academy, an online platform from which to deliver training, could support this training beyond 2014.

Innovation Fund

What we set out to achieve

23. We set out to support communities to promote social inclusion and improve the quality of life of people with dementia and their carers by establishing an Innovation Fund of £50,000.

What we have achieved

24. The Innovation Fund was launched in June 2013 and the total pot of funding was increased to £55,000. Community groups and organisations were given the opportunity to bid for up to £5000 and £5000 was ring-fenced for projects with Black and Minority Ethnic populations.
25. The fund had 64 applications totalling almost £250,000. From the 64 applications, 14 projects were awarded funding across Surrey. These range from befriending services and peer support groups to awareness raising campaigns. A briefing has been circulated to Members previously to make them aware of projects funded in their area. For a full list of projects please refer to **Annex 2**.

Next steps

26. Projects are required to provide a progress report by April 2014 and a final evaluation report by April 2015. Key learning points from projects will be shared with partners through Dementia Local Implementation Groups (DLIGs), the Dementia Partnership Board and other networks.

What we set out to achieve

27. The 2012 dementia awareness survey and subsequent engagement with people with dementia and their carers as part of Dementia Friendly Surrey indicated a need to improve public understanding of dementia. We set out to develop and deliver a high impact public awareness campaign to challenge the myths surrounding dementia.

What we have achieved

28. The campaign was launched in September 2013 and a range of channels were used to reach the widest possible audience. These included: magazine advertorials; social media; local radio; bus and train panel advertising; local events; and distribution of over 70,000 myth busting flyers to key public places such as libraries and GP practices. People with dementia, carers and Champions shared their stories and experiences with Eagle Radio and the podcasts can be found at <http://www.964eagle.co.uk/newsextra/dementiamonth.php>. As well as concentrated activity during September there are ongoing aspects to the campaign including:

- 28.1 Champions and others continue to run their own events using materials available on the Dementia Friendly Surrey website at www.dementiafriendlysurrey.org.uk. For example, we are working with Guildford Borough Council and local partners to hold Dementia Friendly Guildford week from 22-28 February 2014. The week will offer residents the opportunity to find out more about dementia and local services at an information hub in the town centre and encourage individuals and organisations to take action to make their community more dementia friendly.
- 28.2 The Dementia Friendly Surrey team attend public events and meetings of community groups, such as the Rotary Club, and business networks, such as the Farnham Chamber of Commerce.



Figure 2 Project Officer Liz Tracey with Reigate Rotary Club President David Spurrell

28.3 To help young people to understand dementia, copies of an informative and easy to read book called *The Dementia Diaries* have been circulated to junior, primary, secondary and independent schools across Surrey, with a letter explaining how the book can be used. The book has also been distributed to 35 libraries. Several colleges have expressed interest in supporting Dementia Friendly Surrey. For example, Brooklands College in Weybridge organised a dementia day with their health and social care students.

29. Independent evaluation showed that the campaign had a high impact on those who had seen it. 300 members of the public were interviewed in eight towns across Surrey and key findings include:
- 94% of those who had seen the campaign claimed it had changed their perceptions or increased their understanding of dementia.
 - Campaign awareness was higher in those aged 50 and over.
 - People thought the campaign was empathetic (90%), informative (almost 90%), educational (almost 80%) and thought provoking (65%).

Next steps

30. Evaluation suggests that further campaign activity is needed to reach more people and that this should continue to focus on challenging the myths surrounding dementia. A radio and social media campaign will be launched in February 2014. Future activity could also focus on increasing awareness of local services and support. We are currently strengthening the link between the Dementia Friendly Surrey web pages and dementia services on Surrey Information Point.

Peer support and carers needs

What we set out to achieve

31. We set out to address the gaps in carers support and peer support provision which were highlighted through engagement with people with dementia and carers.

What we have achieved

32. A mapping exercise of peer support provision across the county has identified the gaps and enabled us to focus efforts to fill these.
33. A number of new peer support groups have been funded through the Innovation Fund. We are also working with some District and Borough Councils to encourage them to use Personalisation, Prevention and Partnership (PPP) funds to establish groups.
34. A simple guide to setting up peer support clubs has been produced by the Runnymede Dementia Carers Support Group and this is being widely promoted to help people establish their own groups. Written by someone

who set up her own group, it offers practical advice to anyone wanting to start a group.

Next steps

35. Commissioners of services for carers and services for people with dementia are discussing ways to address the specific needs of this group of carers and a presentation will be made to the Carers Commissioning Group.

Within Surrey County Council

36. Surrey County Council is a member of the Dementia Action Alliance which is a coming together of over 900 organisations to deliver the National Dementia Declaration, a set of seven outcomes informed by people with dementia and their carers. The Council's action plan, against which regular progress updates are made, can be found in **Annex 3**.
37. A presentation was given to the HR Senior Leadership Network in late 2013 and subsequently a guide to becoming a dementia friendly employer has been circulated to this network.
38. Dementia Friendly Surrey is working with the Library service, Facilities teams and Trading Standards to up-skill staff who may be working with people with dementia. Surrey Fire and Rescue Service are also rolling out their own programme of dementia awareness training.

Legacy and sustainability

Local structures

39. Governance of Dementia Friendly Surrey is provided by a cross-sector Steering Group. The group will continue to meet beyond the initial one year funded project to oversee ongoing work strands including the training programme, progress of the Innovation Fund projects, recognition scheme and project evaluation.
40. The Steering Group is focusing on identifying the local structures necessary to maintain a sustainable dementia friendly community and the role of existing networks such as the Dementia Partnership Board, Dementia Local Implementation Groups (DLIGs), Ageing Well Steering Group, Older People's Forums, Wellbeing Centre partnerships, and a growing pool of Champions.

Giving people with dementia and carers a stronger voice

41. People living with dementia and their carers have contributed to the public awareness campaign, spoken at meetings and events, and helped to evaluate Innovation Fund applications and training provider bids. Strengthening the voice of people with dementia and carers in local decision making is a central aspect of the Dementia Friendly Surrey

vision. The Steering Group is exploring the options to achieve this and a paper will be taken to the Dementia Partnership Board in due course.

Evaluation

42. Working to become dementia friendly is a journey and the evaluation will take place for a period of one year from March 2014 in order to reflect this. This will be undertaken by Adult Social Care Commissioning and overseen by the Dementia Friendly Surrey Steering Group. Evaluation will capture progress against targets for Champions and training, highlight examples of good practice from the pool of Champions, measure quantitative changes in outcomes such as diagnosis and service use, and explore changes in the experience that people with dementia and their families have of their community. See **Annex 4** for the draft evaluation plan.

Consultation

43. The content and future legacy proposal for dementia friendly Surrey was shared with the dementia friendly Surrey steering group in December. The report has also been shared with colleagues from ageing well who sponsored this project and the dementia training partnership forum.

Conclusions:

44. Since March 2013 considerable progress has been made in raising the profile of dementia friendly communities work across Surrey and many strands will continue beyond the initial one year project. Achieving real and lasting change requires a sustainable social movement which empowers people with dementia and their carers to have a stronger voice in this work, challenges stigma and reinforces their right to play a full part in their community.
45. Working towards a Dementia Friendly Surrey does not have to cost a lot of money, but maintaining momentum will require a coordinated approach with clear leadership. It will rely on continued commitment from partner organisations and political and community leaders, as well as ongoing campaigns and publicity.
46. As work to grow Family, Friends and Community Support progresses, it is important that consideration is given to how this programme can contribute to achieving the vision for a Dementia Friendly Surrey. The Dementia Partnership Board, DLIGs and Ageing Well Steering Group will play a central role in maintaining oversight and ensuring the embedding of good practice.

Recommendations:

47. It is recommended that the ASC Select Committee comments on the programme, commends progress and endorses the Directorate approach for taking forward.

Next steps:

48. We will continue to implement the main strands of Dementia Friendly Surrey and begin to conduct a rigorous evaluation.
49. We will continue to report on progress to the Dementia Friendly Surrey Steering Group, Dementia Partnership Board, funding bodies and the Select Committee, as necessary.

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Sources/background papers:

¹ Alzheimer's Society (2012) 'Dementia 2012: a national challenge'. Available at: http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1389

² Alzheimer's Society (2013) 'Dementia 2013: The hidden voice of loneliness'. Available at: http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1677

³The full summary of feedback from people with dementia and carers can be found at www.dementiafriendlysurrey.org.uk

Annex 1 Dementia Friendly Surrey Champions

Mid Surrey area

Caremark (Home Care)
CSH Surrey
CSH Surrey (Home Care)
Plus 2 individuals

Elmbridge

Elmbridge Borough Council
Home Instead Walton
Carers Support Elmbridge
Bluebird Care Elmbridge and Runnymede
Voluntary Action Elmbridge
Brooklands Museum
Plus 3 individuals

Epsom and Ewell

Home Instead Epsom
Age Concern Epsom and Ewell
Astek Dental Centre
Epsom and Ewell Wellbeing Centre
Carers of Epsom
Plus 1 individual

Mole Valley

Home Counties Carers
Parish of St Giles and St Georges
Keswick – Anchor Care Home
The Beeches – Anchor Care Home
Plus 1 individual

East Surrey area

East Surrey Older People's Mental Health Team

Reigate and Banstead

Massetts Road Dental Practice
Firtree House nursing home
Barnfield – Anchor Care Home
Ridgemount – Anchor Care Home
Care Homes of Distinction
Plus 1 individual

Tandridge

Tandridge Heights (Care Home)
Tandridge Voluntary Service Council
Plus 1 individual

South West Surrey area

1 individual

Surrey Heath

Home Instead Senior Care Ascot, Camberley and Wokingham
Arena Leisure Centre
Camberley Care Trust
Plus 3 individuals

Guildford

Home Counties Carers
Spirit Health Club
Right at Home Guildford and Farnham
Carers Support Guildford
Communities Engagement Team, Diocese of Guildford
Jennifer Margrave Solicitors LLP
Plus 2 individuals

Waverley

Service Plus (Heating and plumbing company)
Eastlake – Anchor Care Home
Farnham Maltings

Shottermill House Care Home
Right at Home Guildford and Farnham (Home Care)
Drop By (online forum)
Cranleigh Leisure Centre
Farnham Leisure Centre
Godalming Leisure Centre
Herons Leisure Centre, Haslemere
Informed Choice Ltd (financial advisers)
Two Counties Care Ltd (Home Care)
Waverley Borough Council
Busbridge and Hambledon Church
Mulberry Living (Home Care)
Plus 12 individuals

North West Surrey area

Friends with Dementia
Plus 1 individual

Runnymede

Home Instead Egham
Chertsey Museum
Runnymede Borough Council
Birchlands – Anchor Care Home
Bluebird Care Elmbridge and Runnymede
Millman Pharmacy
The Grassroots Project
Runnymede Borough Council Community Meals
Runnymede Borough Council Community Transport
Runnymede Borough Council - social centres
Runnymede Borough Council - Community Alarm and Telecare
Runnymede Borough Council - Independent Retirement Living
Plus 4 individuals

Woking

Home Counties Carers

Woking community transport Bustler

Home Instead Senior Care Ascot, Camberley and Wokingham

Wey Family Practice

Christine Osborne Dental Practice

Parishes Bridge Medical Practice

The Lightbox

Age Concern Woking

Plus 4 individuals

Spelthorne

Hive Pharmacy

Meadowside - Anchor

No individuals

Surrey wide

Worker's Educational Association (WEA) Surrey

Voluntary Association for Surrey Disabled

Surrey Fire and Rescue service

Surrey Association for Visual Impairment

Complete Community Care Opticians

Age UK Surrey

Access21 Care Interiors

Surrey Minority Ethnic Forum

Enviva Care

Surrey Library service

Shared Lives

Trading Standards

Chenash Home Care

Surrey Independent Living Council (SILC)

Action for Carers

Annex 2 Innovation Fund projects

| Organisation responsible | Project title | Project description |
|--------------------------------------|--|---|
| Countywide | | |
| Surrey Community Action | Very Mindful Gypsy and Traveller communities | <ul style="list-style-type: none"> • To cascade information about dementia to the Surrey Gypsy and Traveller community • To raise awareness of dementia friendly practices within key groups in the voluntary sector including good neighbour schemes and community buildings. |
| Surrey Minority Ethnic Forum | Dementia campaign with BME groups | 'The SMEF Dementia Campaign' aims to take the 'Dementia friendly' message into the heart of BME communities, providing opportunities for people to gain a better understanding of the condition. This will increase positive responses to people with Dementia and ultimately support those affected and their Carers to lead more fulfilled lives. |
| East Surrey | | |
| Tandridge Voluntary Services Council | Dementia friendly reading group | A weekly reading group held in the reading room at Oxted library for people diagnosed with dementia and led by volunteers. To create a more positive attitude within the local community to people suffering from dementia and to encourage activities that are inclusive and sustainable in the future. |

| Mid-Surrey | | |
|--|---------------------------|--|
| Age Concern Epsom and Ewell | Dementia befrienders | To develop our successful befriender scheme to include those with the first stages of dementia. With trained volunteers and a befriender coordinator we aim to ensure that this scheme is open to all who need it. |
| Fairfield Centre Leatherhead | Singing for Health | To provide stimulus, recall and pleasure to older people visiting the Fairfield Centre. The Centre has The Mid-Surrey Dementia Care Trust Conservatory Club attached to us and will become a Wellbeing Centre later this year, this would help to bring all aspects of the Centre's life together |
| North West Surrey | | |
| CAMHS CYA (Children and Adolescent Mental Health Youth Advisors) Woking | Intergenerational project | To support the young people of CYA to facilitate an interactive series of events for a group of elderly people suffering from dementia. The project is to bring together sufferers of dementia and young people to participate in different activities including a tea party. We hope the project will increase awareness and tackle the stigma surrounding dementia, but also link CYA's mental health stigma campaign with the 'dementia friendly' agenda. |
| Age UK Runnymede and Spelthorne | CHAT | <ul style="list-style-type: none"> To continue to provide the Cognitive Help and Therapy (CHAT) programme to older people with early to mid stage dementia, living in Runnymede Borough and to extend the programme into the Spelthorne Borough. CHAT provides a community based cognitive stimulation programme supporting people to be less isolated and to continue to |

| | | |
|----------------------------------|-------------------------------|---|
| | | <p>live an independent life.</p> <ul style="list-style-type: none"> To provide four programmes throughout the life time of the project. Each programme runs for eight weeks, providing 90 minutes per week of highly tuned person centred training. |
| The Lightbox Woking | Art in Mind | To provide art activities for people with early stages of dementia, and their carers, in order to promote stimulation through discussion, art interpretation and the use of artistic skills. |
| South West Surrey | | |
| Age UK Guildford and Waverley | Care for a cuppa? | The aim is twofold; to provide activity sessions for older people with early stages of dementia whilst enabling carers to attend support and information meetings at the same venue. In addition we will be giving dementia awareness training to our 200 home helpers and our volunteers. |
| Carers at Home Waverley | Dementia carers support group | The aim is to give carers of those living with Dementia/Alzheimer's somewhere to go with their loved ones at no cost to themselves. Once there to have someone watch over and stimulate their loved ones while they receive a welcome break and can socialise with other carers. |
| Farnham Maltings | Mindful Maltings | The Mind Full project aims to make a shift in the culture and thinking of Farnham Maltings so that it is informed by and responds to the needs of people with dementia and their carers. Through a programme of training, adjustments and activities the project will establish the venue as a welcoming, safe and responsive set of spaces long past the initial |

| | | |
|--|--------------------------|---|
| | | investment. |
| Two Counties Care Ltd | Farnham Alzheimer's Cafe | <ul style="list-style-type: none"> • To establish an Alzheimers Cafe in the Farnham Maltings, where our visitors can also be introduced to the wide variety of arts & craft activities on offer at the Maltings which may be of interest to them. • The café will operate on one evening per month, be run by volunteers and be based on the Bere Miesen model, for which we have been formally trained by Dr. Gemma Jones. |
| Location TBC | | |
| Inclusive Intergenerational Dance Consortium | Creative Lunch | Creative Lunch is a proposed project for carers and the people they care for, who have early onset Dementia or who are in the early stages of Dementia. The aim of the project is to add value to existing support groups. Creating lasting memories and creative experiences for the carer and the person with dementia, followed by an opportunity for carers to talk and share their experiences as a group and those who are cared for to take part in a rewarding creative activity in a safe environment. |
| Bright Shadow Community Performance Company | Experiencing dementia | To produce an interactive, creative experience that enables members of the community to understand some of the experience of having dementia. This in turn will inspire people to think of ways they can contribute to Surrey being a dementia friendly community. |

Annex 3

Dementia Action Alliance Surrey County Council action plan

1. Host Dementia Friendly Surrey project

We continue to host Dementia Friendly Surrey and work closely with Clinical Commissioning Groups and other partners to implement 5 strands of work including:

- Recruiting local Dementia Friendly Surrey Champions, of which there are now over 120.
- Delivering a training programme for community groups, businesses and other organisations.
- Delivering an Innovation Fund which is supporting 14 projects to improve the lives of people with dementia and carers.
- Delivering a community awareness campaign that was launched in September 2013 to challenge the myths surrounding dementia.
- Exploring and implementing solutions to fill gaps in peer support and to meet carer needs.

This project was funded through the Prime Ministers Dementia Challenge for one year and we are working with partners to sustain the activity needed to build a Dementia Friendly Surrey.

2. Commission a domiciliary care service with a person-centred approach

With the growing prevalence of dementia there is an ambition for all agencies to be competent to support individuals with dementia and carers. The current re-tender of home based care services provides the ideal opportunity to get this right combining quality person centred care with local alliances of support (family, friends and community support).

3. Work with Dementia Local Implementation Groups to develop local directories of dementia-related services

Directories are in place for three of the five areas. Directories are being developed for the other two areas. These directories are available for download on Surrey Information Point.

4. Establish Wellbeing Centres across Surrey

Centres are established in Spelthorne, Runnymede, Elmbridge, Epsom and Ewell and Tandridge. Centres will be opening in Woking, Guildford and Mole Valley in Spring 2014 and Surrey Heath in Summer 2014. Centres will be established in the remaining two Boroughs in 2015.

5. Continue to establish a consistent approach to training for staff working with dementia

The Surrey Dementia Training Consortium was established in September 2012 with the primary aim to meet the training and professional development needs of staff in Surrey in public, private and voluntary organisations, and in health and social care sectors. Core members - drawn from these organisations and sectors, as well as sector skills councils - agree on the benefits of exploiting multi-agency collaboration, maximising resources, and developing training programmes consistent with

achieving the objectives of the Surrey Dementia Strategy. The operation of this Consortium is part of a wider workforce strategy for Adult Social Care and links to the development of the Surrey Academy. A subgroup focuses on the operational issues and has recently produced a mapping of training levels and qualifications and an audit of training opportunities across Surrey.

6. Support the development of care home forums

The objectives of these forums are to develop best practice person centred care and risk management practices that will reduce avoidable admissions to acute hospitals. A well attended care home forum has been established in the Frimley area. This is attended by over 80 care home staff from Surrey and North East Hampshire. A second forum has recently been established in North West Surrey and plans are underway for a forum in East Surrey. We will work with the Surrey Care Association to support the development of these forums and ensure that their memberships are actively involved in the work at a local level.

7. Share experience of working to improve outcomes for people with dementia

Surrey County Council hosted the Surrey Dementia Conference in November 2013. Over 100 people attended from health, social care, the voluntary sector and beyond. Delegates were updated on national developments from Professor Alistair Burns, heard from people with dementia and carers about the challenges they face and explored progress and learning from three key partnership projects which aim to tackle some of these challenges: Wellbeing Centres, Dementia Friendly Surrey and Telecare.

Dementia Friendly Surrey has received funding from Skills for Care to gather and share learning from the project.

Annex 4 Draft evaluation plan

The aim of this evaluation is to:

- 1) Assess the extent to which key deliverables of the Dementia Friendly Surrey project have been delivered,
- 2) Assess the extent to which the Dementia Friendly Surrey project has impacted on key outcomes including those defined at the beginning of the project,
- 3) Identify lessons learned.

Alongside the main project evaluation we will conduct the yearly self-assessment of progress required by the Alzheimer's Society 'Working to become dementia friendly' recognition scheme. We have also been awarded £3500 from Skills for Care to report on outcomes and learning from this project. Timescales for these reports are included in the schedule below.

| Milestone | By when? |
|--|----------|
| Short term (1 month post project) | |
| Data collected and analysis completed | 31/03/14 |
| 6 month report to Skills for Care due | 31/03/14 |
| Draft short term evaluation report and intermediate evaluation plan circulated to Steering Group | 18/04/14 |
| Comments received from Steering Group | 02/05/14 |
| Final short term evaluation report published on Dementia Friendly Surrey website | 16/05/14 |
| Recognition scheme yearly self-assessment due | 30/05/14 |
| Intermediate term (6 months post project) | |
| Data collected and analysis completed | 29/08/14 |
| Draft intermediate term evaluation report and long term evaluation plan circulated to Steering Group | 19/09/14 |
| 12 month report to Skills for Care due | 30/09/14 |
| Comments received from Steering Group | 03/10/14 |
| Final intermediate term evaluation report published on Dementia Friendly Surrey website | 17/10/14 |
| Long term (13 months post project) | |
| Data collected and analysis completed | 27/03/15 |
| Draft long term evaluation report circulated to Steering Group | 30/01/15 |
| Comments received from Steering Group | 10/04/15 |
| Final long term evaluation report published on Dementia Friendly Surrey website | 01/05/15 |

Short Term Evaluation

| Evaluation Type | Evaluation Area | Target or question | Evaluation activity | Completed by |
|--------------------------|------------------------------------|---|--|---------------------|
| Outputs/ deliverables | Dementia Friendly Surrey Champions | 20 Dementia Champions per CCG area | Measure number of Champions in total and by CCG area | 17/03/2014 |
| | Dementia Friendly Surrey Champions | What actions have Champions taken to make their community more dementia friendly? | Collate case studies on the activities of dementia champions | 17/03/2014 |
| | Recognition Scheme | 50 organisations issued with the Recognition symbol | Measure number of organisations issued with recognition symbol across Surrey | 17/03/2014 |
| | Community Awareness | Three public events attended in each CCG area | Record the number of events attended. Describe the types of event attended. | 17/03/2014 |
| | Community Awareness | Dementia awareness information available in key public places including shops, libraries and GP surgeries | Describe the key messages included in public awareness materials. Record the number and type of public venues to which Dementia | 17/03/2014 |

| | | | | |
|---------------------|---|--|--|--|
| | | | Friendly Surrey materials have been distributed. | |
| Community Awareness | A minimum of two positive local media features about dementia | Record the level of local media coverage of dementia and Dementia Friendly Surrey. Describe the range of local media coverage of dementia and Dementia Friendly Surrey. | 17/03/2014 | |
| Community Awareness | A minimum of one school or college in each CCG area engaging in dementia friendly communities work | Record number of schools or colleges engaging in dementia friendly communities work. Collate case studies on the activities of local schools and colleges. | 17/03/14 | |
| Innovation Fund | A range of innovative projects delivered across Surrey with demonstrable positive outcomes for people with dementia and/or carers | Record the number and location of projects funded. Describe the aims and objectives, key timeframes, expected | 31/03/14 | |

| | | | | |
|----------|---|--|---|------------|
| | | | outcomes and cost of projects funded. Describe the current progress and initial learning points from these projects. | |
| Outcomes | Number of patients presenting to primary care for diagnosis. | 10% increase in number of people presenting to primary care for diagnosis. | Collate information on number of people who have <ul style="list-style-type: none"> • been referred (by social services, community health professionals) or • made a self referral to Primary care for a memory assessment since 2012 | 17/03/2014 |
| | Number of patients being referred onward to secondary assessment. | 10% increase in referrals to secondary assessment. | Collate Surrey-wide data on referrals from Primary care to CMHT(OP) 2012 – 2014 | 17/03/2014 |
| | Shift to community based support and care | 10% reduction in number of people with a diagnosis of dementia being admitted to | Exact measurement process to be explored with relevant partners and Surrey County | 17/03/2014 |

| | | | | |
|-----------------|--|---|---|------------|
| | | residential or nursing care | Council Business Intelligence team. | |
| | Shift to community based support and care | 15% increase in the uptake of community support services such as Telecare, Wellbeing centres and Day care | Exact measurement process to be confirmed with partners but could include: Information on <ul style="list-style-type: none"> • Telecare uptake • Wellbeing centre footfall • Day care service referrals From 2012 -2014 | 17/03/2014 |
| | Number of referrals to Dementia Navigators | 15% increase in referrals. | Collect and analyse Dementia Navigator referral data for the period 2012 – 2014. | 17/03/2014 |
| Lessons learned | | | Collate lessons learned from project team and key stakeholders including Steering Group. | 31/03/2014 |

Intermediate Evaluation

This phase will:

- Report on uptake of training and Champion scheme.
- Repeat outcome measures as above.
- Collect any additional lessons learned.
- Repeat the 'Dementia quiz' to measure changes in public awareness (by comparison to data from 2012 quiz).

Long term evaluation

This phase will:

- Report on final uptake of training and Champion scheme.
- Report on outcomes and lessons learned from Innovation Fund.
- Repeat outcome measures as above and assess whether targets have been reached.
- Explore what changes people with dementia and carers have experienced in their community.
- Consolidate the learning and impact of the Dementia friendly Surrey project to assess whether all the aims and objectives have been delivered.
- Be shared locally and nationally.



Adult Social Care Select Committee
6 March 2014

Progress of recommendations arising from the Serious Case Review – Gloria Foster

Purpose of the report: The purpose of the report is for the Adult Social Care Select Committee to scrutinise progress against the recommendations arising for Adult Social Care from the Serious Case Review into the death of Gloria Foster

Introduction

1. It is with regret that nothing can change the circumstances surrounding the tragic death of Gloria Foster. In Adult Social Care, we will ensure that the learning and the recommendations identified have been acted upon and have been taken very seriously and that there is reflection upon that learning within our every day practice.
2. Following the death of Gloria Foster in 2013 a Serious Case Review (SCR) was commissioned by the Surrey Safeguarding Adults Board (SSAB)
3. At the conclusion of the Review, recommendations were made for each agency involved. The recommendations were transferred into an action plan sent to each agency's chief officer by the Chair of the Surrey Safeguarding Adults Board.
4. The Personal Care and Support Leadership team have taken responsibility for the Adult Social Care action plan and progress reports are submitted to the Chair of the Board as requested.
5. In addition, internal audit are also currently undertaking an audit into the implementation of the actions within the Adult Social Care action plan.

Recommendation 1: Completion by 28th February 2014

6. That consideration should be given to informing all service users of providers that cease to be part of the SCC Framework Agreement following a round of tendering, that the agency's status has changed. This would ensure that all service users are able to make an informed choice about whether to continue to use the service or consider changing to a provider that is part of the Framework. This should include service users who are directly funded by Surrey, those using direct payments and self-funders.
7. **Action taken** - A letter has been drafted and has been referred for legal advice. Legal Services have advised that they are currently reviewing the letter and will advise of the outcome of their review.
8. The point of legal consideration is whether SCC can enforce this action with those Providers where we are not commissioning a service.

Recommendation 2: Completion upon guidance relating to the Care Bill being issued by the Department of Health

9. That the County Council should ensure that it has a clear policy on its responsibility towards people who are self-funding packages of care, particularly those where the council has been involved in helping to facilitate the arrangements.
10. **Action taken** - The timescale for this action will fall outside of the timescales of the action plan as this work will be in direct response to the Care Bill and funding reform clauses in particular. The completion of this action is dependent on guidance being published and once received local plans will be in place prior to the Care Bill becoming law.

Recommendation 3: Completion by 31.03.14

11. That where the County Council has a duty to carry out annual reviews of packages of care provided for service users that there are robust systems to ensure that these occur at the right time and include all relevant people.
12. **Action taken** - In November 2013 Locality Teams commenced a review of all open cases. The purpose of this action is to review all cases to ensure that they are in the right function within the team i.e. Long Term or In Touch and also to review if any cases need to be re-prioritised for reviews, assessment or any other interventions.

13. The Locality Teams are continuing to work on this task and are on target to complete this by the end of March 2014. The feedback to date has indicated that there are no significant pieces of work or action that have been required to date. It has highlighted a number of cases that are now being closed as there is no ongoing input required for Adult Social Care. Any closures are done so in line with the closure guidance.
14. Within the Team Appraisal process the teams have a requirement to undertake regular audits of a small sample of cases and this is ongoing work that is being undertaken.
15. The Personal Care and Support Leadership team meet monthly to review the management information on work completed in teams including reviews. This information is also shared at local management boards and is part of the suite of management information reviewed in Quarterly Accountability meetings which are held in each area.

Recommendation 4: Completed

16. That the role of the "In Touch" service should be considered to make it clear to what extent it operates on a reactive or proactive basis and that people understand what being open to this service actually means in practice.
17. **Action taken** - Since early 2012, regular county wide meetings have been held with staff from the 'In Touch' service to develop a consistent and robust 'In Touch' service. These regular meetings provided an opportunity to update the 'In Touch' Guidance and to obtain feedback from the frontline staff on how the service was working and to clarify the criteria for allocating cases to the 'In Touch' service.
18. An information guide explaining the In Touch service has been produced for service users and carers.
19. An In Touch development group has been set up to oversee the ongoing effectiveness of the In Touch service, to guide its future development and monitor its performance. This group comprises of four members, one from each geographical area of Personal Care & Support. Meetings are held on a quarterly basis.
20. The revised guidance was approved on 2 January 2014 and has now been published on the S Net.

Recommendation 5: Completed

21. That the County Council should include in its provider failure protocol a requirement that would ensure that the practitioner reads the case notes for all service users who are not currently open cases before making contact with them. *(ASC interpret this action as being for cases that are closed)*

22. **Action taken** - Although this recommendation is considered by ASC to be 'a given' in terms of an expected standard of professional practice that would be expected of every social care practitioner, the Provider Failure Protocol has been revised to include specific directions for the Practitioner/Responsible Manager to read the case note for all cases that are not open at the time in question.

23. The revised version is published on the S Net.

Recommendation 6: Completed

24. That the County Council should ensure that the provider failure protocol is used for all agencies in all cases including those where the provider operates outside of Surrey or is not part of the Surrey Provider Framework.

25. **Action taken** - The Provider Failure protocol has been used on a number of occasions since its implementation. This has been in relation to domiciliary agency failures/closures and in relation to residential homes failures and closures.

Recommendation 7: Completed

26. That Surrey County Council should consider including in their Provider Failure Protocol a statement on communication between staff to the effect that this should principally be between the responsible senior manager and those who are required to provide information or take actions. As a general rule people should not be copied into emails unless there is a specific need to do so.

27. **Action taken** - A statement has been added to the Provider Failure Protocol document and is included in the version published on the S Net.

Recommendation 8: Partially Completed (pilot to be monitored and reviewed as necessary)

28. If not already in place Surrey Adult Social Care may want to consider whether mechanisms for monitoring and controlling workloads are in place and are operating effectively to ensure that the service is as safe as possible.

29. **Action taken** - ASC have considered this recommendation and have agreed that a tool would be beneficial. Teams have been selected to help develop a casework modelling tool in response to the requirements of the social work reform board. This issue has also been highlighted by a range of teams in the recent health check discussions. A casework modelling approach is needed in order that we can:

- Make sure we have resources in the right place to reflect demands
- Prepare simple guidance for staff, unions and managers on the appropriate work levels of staff
- Make sure that we have efficient approach to managing casework as it passes through our teams

Recommendation 9: Completed

30. Ensure that its disciplinary actions related to the care of Mrs Foster include investigations of:

- i) how the key safe and client lists supplied by the Metropolitan Police prior to the raid were made use of by Surrey ASC,
- ii) the absence of any record in their telephone systems of a call being made to Mrs Foster to check her welfare,
- iii) the veracity of recording of key events.

31. The SCR panel received conflicting information. It is important to understand what happened to ensure that the arrangements for potential service provider failures are as effective as possible and informed by experience.

32. **Action taken** - The disciplinary investigation is now complete. A hearing Chair has been appointed and arrangements are in place to take forward hearings.

Recommendation 10: Completed

33. There should be multi-agency guidance on best practice in recording

34. The SCR panel was troubled by some of the recording encountered whilst undertaking its work. In particular it would expect that all recording is a true and honest representation of the facts, like to emphasise the importance of recording file notes contemporaneously and that safeguarding meeting records should have clarity of actions and accountability

35. **Action taken** - All staff have again been advised of the need for recording in a timely and accurate way. This has been built into the Team Appraisal in that staff need to undertake recording in a timely way with the Team Appraisal standard of same day recording.
36. Recently all field work staff have been issued with blackberries as a tool to help them to do so. The piece of work currently being undertaken in teams to review all of the cases provides an opportunity to check that the shift to timelier recording is underway.
37. Guidance on best practice recording has been reviewed and new guidance developed. This has been circulated to all Teams and will be published on the S Net.
38. There is an active review of induction training in place that will include best practice in recording. This will be completed during February 2014
39. As an action for the Surrey Safeguarding Adults Board arising from the SCR, the Board's Policy and Procedures Group are also currently developing a Multi Agency guidance in recording that will be disseminated to all agencies.

Recommendation 11: Completed

40. Advise all safeguarding professionals chairing meetings, in Sutton and Surrey, of the importance of having the right people in attendance, that clear and concise minutes are written and that the right actions are taken and known to be taken.
41. The SCR panel was keen to ensure NHS safeguarding leads have early involvement in service provider failures as quite often the most regular contact is via health workers and that chairs are clear in their minutes and able to insist on accountability for actions including across local authority boundaries where necessary.
42. **Action taken** - The Safeguarding meeting for Gloria Foster was convened by the London Borough of Sutton who have as a consequence of this recommendation revised their procedures, guidance and training for their Chairs of safeguarding meetings.
43. The Surrey Safeguarding Internal procedures were reviewed in light of this recommendation and found to be fit for purpose. In addition the content of the Chairing Skills training was reviewed and found to be fit for purpose. Reference to this recommendation has also been included.

Recommendation 12: Completed

44. Ensure there are agreed clear policy and practical arrangements for multi-disciplinary assessment, review and care coordination for people with complex needs and long term conditions - irrespective of their funding, current care package or with which agency the need arises.
45. **Action taken** - We have engaged with the five Surrey Acute Trusts and community health providers with the overall aim of improving the patient pathway.
46. We applied the Rapid Improvement Event (RIE) methodology to this engagement. The outcome is that we have an agreed standard operating framework for discharges that all partners are signed up to. Within this is guidance on best practice for working with patients and their family's through the multi-disciplinary approach.
47. A key aspect of this is that we have not differentiated between those who are self funders and those who would require funding from Adult Social Care.
48. The Operating Framework identifies that all patients and their families will have regular communication, advice and support for discharge from a member of the multi-disciplinary team.
49. We have also agreed as a first step for key staff in Acute Hospitals to have read only access to our AIS information data base. This will help them to be able to check any relevant background Social Care support and have a clearer understanding of any community support that is in place for patients and any issues that they may need to be aware of for discharge.
50. On 14th February we undertook a review of all the RIE initiatives with our health partners in order to identify the progress on the local implementation and to review any further work that may be of benefit to undertake.
51. We have identified two new additional posts of Social Care Development Coordinators for each Acute Hospital. A key aspect of their role will be to provide advice and information and to help people to find, set up and amend services to meet their needs for discharge irrespective of if they are getting funding from Adult Social Care or are self funders.
52. The posts will be part of our social care team that offers a 7 day a week service in the Acute Hospitals. We currently have an advertising campaign under way to recruit to these posts.

Recommendation 13: To be completed by April 2014

53. Review and consideration that the Community Matron and Virtual Ward service has continued funding and investment to develop and embed the service on a long-term basis and is appropriately commissioned with key performance indicators that lead to the right outcomes. Further that this service is continued to be promoted amongst GPs, health and social care professionals.
54. **Action taken** - We currently are reviewing our joint commissioning of services with CCGs under the Better Care Fund. We have agreed principles and there is a shared commitment and understanding of the need to invest in community services in order to ensure that people are supported and that we can prevent unnecessary admissions to Hospitals.

Recommendation 14: Completed

55. Establish a regular forum where partners can bring, share and discuss data, information and intelligence about safeguarding concerns with service provider organisations in the spirit of sector-led improvement (also included as an action for the SSAB).
56. **Action taken** - The Quality Assurance Manager for ASC Commissioning attends the Quality Surveillance Group of NHS England Surrey and Sussex where concerns in relation to individual Providers are raised. Other members include CCG's and Surrey Healthwatch.
57. The ASC Assistant Director for Commissioning, ASC Safeguarding Lead and Commissioning Senior Manager for Quality Assurance Manager also meet quarterly with CQC local managers to share local intelligence. Information is then shared with the Area Quality Assurance Managers where appropriate, with the Interim Area Assistant Directors or is used to request information from Providers.
58. The Surrey Care Association has been commissioned to provide a number of workshops and develop a toolkit for Providers based on issues relating to the learning from the Gloria Foster Serious Case Review. Workshops are being run by the Border Agency to raise awareness of the potential issues of recruiting staff from abroad.
59. In addition ASC Commissioning has developed a 'Horizon Scanning' tool that identifies findings from CQC inspections regarding Surrey Providers. The Learning Disability Commissioners are also signed up to receive similar information from CQC in relation to Providers that are out of County. All information received is recorded and referred to the relevant Manager for consideration and action.

Recommendation 15: Completed

60. Test the provider failure protocol with a view to establishing multi-agency ownership

61. **Action taken** - The Provider Failure Protocol was jointly developed with colleagues from the Surrey Downs Clinical Commissioning Group, and involved co-design with multi agency input from the voluntary, community and independent sector.

Recommendation 16: Completed

62. Develop a simulation training exercise around the provider failure protocol as part of leadership development.

63. **Action taken** - The provider failure protocol has been used in 'real time' on several occasions in different situations, both with home based care and care home providers so this has been tested in real time at this point. A Business Continuity simulation is being organised and will take place by end of April 2014 and the protocol will form part of this simulation exercise.

Recommendation 17: Completed by 31.03.14

64. Surrey County Council to continue its focus on ensuring that it's organisational and social work cultures are ones that develop and sustain best practice.

65. The Surrey IMR recommends effective mechanisms for monitoring and controlling workload. Doing this presents a good opportunity for reinforcing organisational and professional messages. Using the organisational health check will provide a solid understanding of what is working well and what needs improvement.

66. **Action taken** - We have undertaken a program of health checks with all staff in Personal Care and Support. . We have held feedback sessions with staff during February linking with the work in relation to the piloting of the case work modelling tool.

Recommendation 18: Completed

67. Undertaking an audit of organisation and profession specific Mental Capacity Act training to see if there are any gaps requiring attention.

68. **Action taken** - An audit was completed by our Training and Development team and Practice Development Manager, and did not identify particular gaps that needed attention.

69. The MCA was implemented in 2007 and The Deprivation of Liberty Safeguards (DOLS) in 2009. SCC has provided introductory multi agency training for both MCA & DOLS to hundreds of social care practitioners including all care homes in Surrey.
70. MCA e-learning and a full one-day training course has been identified as essential training for all front-line staff in Personal Care and Support (PCS) and forms part of the Team Appraisal checklist.
71. MCA awareness and applied knowledge is also taught in relevant safeguarding training courses which staff are also required to attend as essential training.
72. Since 2006 we have had an MCA e-learning training programme available on a multi-agency basis. This was also an essential requirement for PCS staff to complete.
73. We have been running the MCA one-day programme six times per year from 2007 - 2009 and four times per year since 2010; in 2014/15 this will be increased to 6 times per year (25 - 30 people per session. In addition, in 2013, ten team presentations were delivered and these are likely to continue to a similar level in 2014.
74. The training is supported by on line access via SCC external website to the relevant codes of practice and other relevant links and since the SCR new recording forms for assessing mental capacity and making best interest decisions have been introduced.
75. The DOLS / Deputyship Team provide support and advice for any Deputyship (MCA) issues, Mon - Fri, 9-5 by a number of Deputyship Officers. and MCA / DOLS advice is available from two full time Senior Practitioners (MCA Specialist Leads / Best Interest Assessors and Practice Development Manager (MCA).
76. A duty system is run every day to manage Deputyship enquiries, and the BIA's and DOLS manager are always available for consultation and support regarding MCA & DOLS issues. Advice and support are also offered to partner agencies in Surrey, who are encouraged to call the DOLS team for discussion if they require support around DOLS or MCA issues.
77. We have introduced specific requirements for legislative literacy into Job profiles for front-line staff and at Senior Social Worker (P2 Practitioner) MCA knowledge is tested in interview and by written exercise.

78. Overall the evidence is that we provide a comprehensive MCA training offer and that there are no specific gaps that need addressing in the context of this SCR.

Recommendation 19: Completed

79. Promote the use of assisted living technology in improving quality of life and personal safety

80. **Action taken** - The service has an established programme promoting the use of assisted Technology.

81. We have appointed an Assistant Senior Manager to provide support for Occupational Therapy practice and included in this is work on the assisted technology agenda.

3. Conclusions:

82. The findings of the Serious Case Review regarding Gloria Foster identified learning for ASC in relation to practice and process and each of the recommendations have been considered and addressed.

83. In addition all Teams have read the SCR report and had sight of the action plan arising from the review in order for all staff to understand the responses that have been made.

84. Our safeguarding training content has been reviewed to encompass the learning from this tragic incident; this is particularly in relation to the Safeguarding Chairing Skills training, Practitioners and Managers training in relation to Safeguarding, Risk and MCA.

Recommendations:

85. That the remaining actions from the Gloria Foster action plan are completed and implemented within the stated timescales in relation to:

Recommendation 1
Recommendation 2
Recommendation 3
Recommendation 8
Recommendation 13

86. That upon completion of all recommendation that there is a review of all the implementation of the actions in a further 6 months time to ensure that revised and new practice and process is robust

Next steps:

87. To implement and review all actions yet to be completed within stated timescales.

88. To review all responses to the action plan in August 2014 to ensure robustness.

Report contact:

Christine Maclean
Senior Manager, Safeguarding Adults

Contact details: 01372 833533 or christine.maclean@surreycc.gov.uk



Adult Social Care Select Committee
6 March 2014

Internal Audit Review of Social Care Debt – Credit Balances

Purpose of the report: Scrutiny of Services

To review the summary of audit findings and Management Action Plan produced as a result of an internal audit review of Social Care Debt – Credit Balances.

Introduction:

1. It has been agreed by the Chairmen of the Council's Select Committees that any relevant Internal Audit reports that have attracted an audit opinion of either "Major Improvement Needed" or "Unsatisfactory", and/or those with high priority recommendations, will be considered for inclusion on the Committee's work programme.

Context:

2. Internal Audit undertook a review of Social Care Debt – Credit Balance in November 2013. The report produced as a result of this review attracted an audit opinion of 'Major Improvement Needed'. There were 2 High Priority and 3 Medium Priority recommendations made. A summary of the audit findings and recommendations is attached as **Annex A**. The agreed Management Action Plan is attached as **Annex B**. The supporting audit report has been previously circulated to committee members.
3. Officers from the service and Internal Audit will be available at the meeting, and the Select Committee is asked to review the actions being taken to address the audit recommendations made.

Recommendations:

4. That the Committee review the audit report and Management Action Plan and makes recommendations as necessary.

Next steps:

The Committee will continue to have oversight of any relevant audit report that has attracted an audit opinion of either “Major Improvement Needed” or “Unsatisfactory”, and/or those with high priority recommendations.

Report contact: Sue Lewry-Jones, Chief Internal Auditor

Contact details: 020 8541 9190

Sources/background papers: ‘Internal Audit Review of Social Care Debt – Credit Balances’ November 2013

Internal Audit Review of Social Care Debt – Credit Balances

Annex A

| Audit | Background to review | Key findings | Audit opinion (1) | Recommendations for improvement (Priority) (2) |
|------------------------------------|--|---|--------------------------|---|
| Social Care Debt – Credit Balances | <p>The current level of social care credit balances is in the region of £933,000 of which approximately £207,511 are static balances held on deceased client's accounts. The remainder represents the timing difference in the collection of client's pension and benefit monies and the payment of their care charges. This review looked at credit balances on deceased client's accounts.</p> | <p>The auditor has established that social care debt reported to the Adult Social Care Select Committee is reported net of the credit balances that are held on SAP. As a result, debt is understated by approximately £550,000.</p> <p>In 2010 a specific suspense account was created to hold monies of clients or representatives who could not be contacted. Of concern is that the balances in the account totalling £95,597 have not been investigated. 66% of the balances are for clients who died more than five years ago and the oldest balance dates back to 2002. The auditor was unable to evidence active management of the account.</p> <p>The largest 10 balances on deceased client accounts were investigated. Findings show there has been little or no activity. Where there has been activity recorded on AIS it is unclear where copies of the correspondence is stored.</p> <p>While officers are keen to clear the balances they are unclear on the procedures and their responsibilities. Guidance is unavailable and officers are using their own local processes.</p> | Major Improvement Needed | <p>Reporting on Social Care Debt to the ASC Select Committee must include a regular update on gross credit balances. (M)</p> <p>Adopt a systematic approach to manage deceased client credit balances. All balances including those in the suspense account must be investigated (H).</p> <p>Explanatory notes/copies of correspondence should be recorded on AIS or WISDOM. (H)</p> <p>The Personal Care and Support and ASC Finance teams should work together to produce clear guidance for managing credit balances including an escalation process for cases where the next of kin or beneficiaries cannot be traced. (M)</p> <p>If it is not possible to trace the next of kin or executors, balances of less than or equal to £500 should be transferred to the home's welfare fund. Where the deceased died without a will or any living relatives individual balances over £500 should be referred to TSoL. (M)</p> |

¹ Audit Opinions

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

² Audit Recommendations

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

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

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

MANAGEMENT ACTION PLAN

| | |
|----------------------|--|
| Directorate: | Business Services |
| Audit report: | Review of Social Care Debt – Credit Balances |
| Dated: | November 2013 |

PRIORITY RATINGS

Priority 1 (high) - major control weakness requiring immediate implementation of recommendation

Priority 2 (medium) - existing procedures have negative impact on internal control or the efficient use of resources

Priority 3 (low) - recommendation represents good practice but its implementation is not fundamental to internal control

| Para Ref | Recommendation | Priority Rating | Management Action Proposed | Timescale for Action | Officer Responsible | Audit Agree? |
|----------|---|-----------------|---|--------------------------------|---------------------------------|--------------|
| 5.13 | Reporting on Social Care Debt to the ASC Select Committee must include a regular update on credit balances and reported balances should be gross. | Medium | Monthly reporting to Process Management Meetings and to future Adult Social Care Committees | Effective immediately | Paul Carey-Kent/Jackie Knutton | Yes |
| 5.14 | It is essential that the Personal Care and Support and ASC Finance teams work together to produce consistent guidance for managing credit balances which includes a clear escalation process for cases where the next of kin or beneficiaries cannot be traced. | Medium | Clarification of requirements with Legal Services, then guidance to be issued | Aim to complete by April 2014. | Paul Carey-Kent/ David Sargeant | Yes. |

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I agree with the action above and accept overall accountability for their timely completion. I will inform Internal Audit if timescales are likely to be missed.

Head of Service: Simon Pollock

The action agreed is/~~is not~~ satisfactory.

Supervising Auditor: Revinder Hothi

| Para Ref | Recommendation | Priority Rating | Management Action Proposed | Timescale for Action | Officer Responsible | Audit Agree? |
|----------|--|-----------------|--|-------------------------------|---|--------------|
| 5.15 | If after reasonable efforts have been made it has not been possible to trace the next of kin or executors individual balances less than or equal to £500 should be transferred to the home's welfare fund or budget for the benefit of all people who use that service with detailed notes to evidence the transfer. In the case of pension collect and client accounts the balances should be written back with full explanatory notes. | Medium | Incorporate in guidance as at (5.14) above. | Aim to complete by April 2014 | Paul Carey-Kent/Jackie Knutton | Yes |
| 5.16 | Where the deceased died without a will or any living relatives individual balances over £500 should be referred to TSoL. (Refer to TSoL guidance on Referring Estates to The Treasury Solicitor.) | Medium | To be covered in new SAP balances guidance procedures. | 31/01/2014 | Paul Carey-Ken/Jackie Knutton/ David Sargeant | Yes |
| 5.17 | A systematic approach should be adopted to manage deceased client credit balances. All material balances including those in the suspense account must be investigated proportionately and corrective action taken. | High | Incorporate in guidance as at (5.14) above. | Aim to complete by April 2014 | Paul Carey-Kent/Jackie Knutton / Toni Carney | Yes |

| Para Ref | Recommendation | Priority Rating | Management Action Proposed | Timescale for Action | Officer Responsible | Audit Agree? |
|----------|---|-----------------|--|-------------------------------|--|--------------|
| 5.18 | Full explanatory notes and copies of correspondence should be recorded on AIS or WISDOM as appropriate. | High | Incorporate in guidance as at (5.14) above. | Aim to complete by April 2014 | Paul Carey-Kent/Jackie Knutton / Toni Carney | Yes |
| 5.24 | Job descriptions should be updated or re-circulated as appropriate to reflect responsibilities with regard to managing credit balances. | Medium | Address as far as possible within current RIE and sourcing review processes. | Aim to complete by April 2014 | David Sargeant | Yes |
| 5.27 | Responsibility for collecting and reviewing the next of kin information should be clearly assigned to a service area and reviewed as part of the client's annual care review. No client should exist in AIS who does not have next of kin data. Where there is no next of kin a note should be made to record this. | Medium | The guidance will define which specific team will collect the next of kin information. | Aim to complete by April 2014 | David Sargeant | Yes |

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Adult Social Care Select Committee
6 March 2014

Income / Debt Update Report

Purpose of the report: Scrutiny of income and outstanding debts.

Introduction:

1. This is the second of the six-monthly reports to the Committee on income and debt for ASC. Members will recall that the August report set out a good deal of background on the context for the assessment, billing and collection of charges for Adult Social Care services, longer term trends, and the main outcomes from the recent Rapid Improvement Event as well as incorporating the comments of the 'owners' of the main component elements of the system on the current position, ie Toni Carney (ASC Financial Assessment and Benefits team – benefit maximization and assessment of means / income due), Jackie Knutton (Shared Service Centre – billing and income collection) and Jacky Edwards (Legal & Democratic Services – legal recovery action) and Paul Carey-Kent (Finance – process owner).
2. This report updates the position and commentaries without revisiting the background in full. It facilitates comparison with the positions for April (as it was the start of the year) and July (because these were the figures previously reported to the Committee). In addition:
3. Appendix 1 sets out progress against the Management Action Plan which was agreed following an Internal Audit report into the subsidiary matter of ensuring that appropriate action is taken where, due to payment in advance for service not received, the Council owes money to service users or their representatives / estates. One recommendation from that was that both the net and gross debt position should be reported to this Committee, and that has been incorporated into the tables presented.
4. Appendix 2 sets out the most up-to-date benchmarking data available to show how debt collection compares with that of other authorities. No areas emerge as having worse-than-average performance, and most are better than that.

Current Debt Summary:

5. The below table sets out the current debt position as at 31 January 2014, comparing it with that at the start of the financial year and in July (previous report to this Committee).

| | | Debt > 1 month, £m: | | | |
|----------------|------|---|--------------|--------------|--------------|
| Note: | | Apr-13 | Jul-13 | Jan-14 | |
| | 1 | Secured | 7.3 | 6.87 | 6.68 |
| | 2* | Unsecured (no specific reason identified) | 3.06 | 2.81 | 2.23 |
| a | 2a | Under query | 1.24 | 0.71 | 0.46 |
| b | 2b | Query resolved, requiring adjustment | 0.01 | 0.11 | 0.03 |
| c | 2c | Probate* | | 0.33 | 0.29 |
| d | 2d | Instalments | 0.36 | 0.44 | 0.33 |
| e | 2e | Deferred payment applications | 0.35 | 0.22 | 0.31 |
| | | Charging orders | | 0.23 | |
| | 2f_1 | External CoP / Deputyship* | | | 0.34 |
| g | 2g* | Total unsecured debt subject to a recovery 'block' | 1.96 | 2.04 | 1.75 |
| | 3 | Legal | 1.87 | 1.98 | 1.91 |
| | 4* | ASC Deputyship | 0.7 | 0.90 | 1.45 |
| | | Unsecured debt outstanding | 7.59 | 7.73 | 7.34 |
| | | Total | 14.89 | 14.60 | 14.02 |
| Charges posted | 5 | Charges posted in month - not yet due | 2.72 | 2.66 | 2.90 |
| Total debt | 6 | Total debt including charges posted in month | 17.61 | 17.26 | 16.92 |
| | | Gross debt accounting credit balances | 18.22 | 17.86 | 17.42 |
| | 6a | Total live credit balances | -0.53 | -0.53 | -0.43 |
| | | Total deceased credit balances | -0.08 | -0.07 | -0.07 |
| % collected | 7 | % received of amount billed (12 mth avg) | 96% | 96% | 100% |
| DD collections | 8 | % payments collected by DD | 64% | 63% | 63% |
| Legal | 9 | Number of cases referred - in month | 1 | 2 | 2 |
| Referrals | | Total Number - to date | 185 | 193 | 207 |
| | 10 | Value of debt at date referred - in month | 0.16 | 0.15 | 0.04 |
| | | Total Value - to date | 5.1 | 5.42 | 5.6 |

| | | | | | |
|----------------|-----|---|-------------|-------------|-------------|
| Current | 11 | Number of 'open' cases | 56 | 59 | 65 |
| Legal Cases | 12 | Current value of 'open' cases | 1.96 | 1.98 | 1.96 |
| Legal Recovery | 13a | Number of cases resulting in recovery | 86 | 89 | 95 |
| | 13b | Value of debt collected | 2.48 | 2.54 | 2.83 |
| | 13c | Value of debt secured by charging order | 0.16 | 0.16 | 0.18 |
| | 13d | Value of debt due by instalments | 0.04 | 0.05 | 0.02 |
| | 13e | Value of debt no longer in dispute | 0.44 | 0.39 | 0.44 |
| | 13f | Overall value of legal recovery action | 3.12 | 3.15 | 3.47 |
| | 13g | Legal costs / expenses (external) | -0.16 | -0.19 | -0.19 |
| | 13h | Net recovery - Legal cases | 2.96 | 2.96 | 3.28 |
| Write-Offs | 14 | Number of cases | | 25 | 41 |
| | 15 | Value of debt | | 0.03 | 0.1 |
| | * | Unsecured debt not subject to Legal action | | | |
| | 2* | Unsecured (no specific reason identified) | 3.06 | 2.81 | 2.23 |
| | 2g* | Total unsecured debt subject to a recovery 'block' | 1.96 | 2.04 | 1.75 |
| | 4* | ASC Deputyship | 0.7 | 0.90 | 1.45 |
| | | Total Unsecured debt not subject to Legal action | 5.72 | 5.75 | 5.43 |

* N/A for April

Explanatory Notes:

- 1 Secured Debt: current value of debt secured against property and payable upon a future event
Secured debt: section 55 Deferred Payment Agreement / Legal Charge - payable 56 days after death
Secured debt: section 22 Imposed Legal Charge for failure to pay charges - payable on disposal of property
- 2* Unsecured debt: value of outstanding debt that is not secured against property
- 2a Unsecured debt: a query / complaint has been raised by the debtor
- 2b Unsecured debt: a query / complaint has been resolved and account requires adjustment
- 2c Unsecured debt: deceased case awaiting grant of probate to resolve
- 2d Unsecured debt: payment of arrears by instalments has been agreed
- 2e Unsecured debt: debtor has applied for a deferred payment agreement
- 2f Unsecured debt: a charging order has been applied to property following litigation
- 2g* Unsecured debt: Total: where a reason for non-payment is recorded and dunning suspended
- 3 Current value of cases referred to Legal Services for formal recovery action
Current value of cases referred to the Deputyship Team to investigate and where possible put appropriate arrangements in place to manage the finances of persons who lack mental capacity
- 4* Total value of care charges raised in the last month. These charges become due after 30 days
- 6 Total value of debt owed to Surrey County Council.
Debt paid as a proportion of charges raised (NB proportion will be lower than 100% as charges include secured debt)
- 8 Proportion of charges collected by direct debit
- 9 Number of cases referred to Legal Services for recovery - IM: in month; YTD: year to date; TTD: total to date
- 10 Value of cases referred to Legal Services for recovery - IM: in month; YTD: year to date; TTD: total to date
- 11 Number of current and 'open' legal cases being pursued
- 12 Value of current and 'open' legal cases being pursued
- 13a Number of Legal cases where debt has been recovered - IM: in month; YTD: year to date; TTD: total to date
- 13b Value of debt recovered from Legal cases - IM: in month; YTD: year to date; TTD: total to date
- 13c Value of debt secured by charging order / legal charge (Legal cases) - TTD: total to date
- 13d Value of debt agreed to be paid by instalments from (Legal cases) - TTD: total to date
- 13e Value of debt no longer 'in dispute' and payment awaiting specific event - e.g probate / sale of property - TTD: total to date
- 13f Gross value of legal recovery action taken - TTD: total to date
- 13g Legal costs / expenses incurred in Legal recovery action (NB net figure - ie it takes account of costs recovered) - TTD: total to date
- 13h Net value of Legal recovery action
- 14 Number of cases approved for write-off in month
- 15 Aggregate value of write-offs approved in month
- 15a Value of write-offs: debtor bankrupt / insolvent / no means to pay
- 15b Value of write-offs: debtor deceased and insufficient funds in the estate to meet the debt
- 15c Value of write-offs: debtor absconded and cannot be traced
- 15d Value of write-offs: uneconomical to pursue the debt further
- 15e Value of write-offs: evidence is inconclusive and legal recommends write-off
- 15f Value of write-offs: compromise settlement reached; balance to write-off

Financial Assessment and Benefits

6. The rapid improvement event held in June 2013 looked at the end-to-end process from the initial financial discussion to the collection of the debt. One significant outcome of the RIE was the transfer of responsibility for the 'paying for care conversation' from care practitioners to the Financial Assessment and Benefit [FAB] Advisers. The new process was piloted in September and rolled out county wide from 25 November 2013.

7. As at 6 February 2014, the FAB Teams had received more than 1,400 referrals. This figure is almost 45% higher than the RIE figures suggested. In part this unexpected volume may be a consequence of the new Surrey Referral and Assessment process [SRA] that was also rolled out in November and has improved the throughput of assessments. We are closely monitoring referral volumes to establish whether the numbers will remain high in the longer term and determine whether to streamline the process or consider the level of resources in FAB.

8. It is too soon to fully determine the success of the new process. However, the indications are extremely positive and the following paragraphs show the progress to date against the desired outcomes from the review of the front end of the process.

9. The key FAB actions emerging from the RIE were:

i. A clear timely customer focused process that maximises income raised and the proportion collected

The target from the RIE was for the FAB Team to contact the person or their financial agent within 3 working days of receipt of the referral. In the first eleven weeks since go live, contact was made with over 50% of people in 3 days, (80% of people have had some sort of contact – messages left on answer phones to call back or letters sent where they could not be reached.) The 3 day target was always going to be a challenge but the volume of referrals has made the 3 day target particularly difficult to achieve.

Where people have been visited they have been told in advance of service provision how much they will have to contribute towards their support and of those most are receiving an invoice within the first month of service provision. A sample check of accounts raised under the new process is ongoing and full details can be given at the meeting, but so far that all but of those checked have paid: 1 account is already in the debt-chasing process and 1 account is in dispute. From April, we plan to report on the volume of financial assessments that are completed in advance of the service being provided.

ii. Increase in Benefit take-up

116 people have been identified as having a benefit entitlement not in payment since the new process. All have been offered or given support to make a claim. Claim outcomes have been reviewed charges reassessed where applicable. The average time to process a claim, depending on the benefit, is currently between 6 – 10 weeks. A more detailed analysis of the impact of benefit take-up can be given at the next meeting of the Select Committee.

iii. A process that is right first time, responsive and flexible to the changing requirements and needs of service users.

FAB Teams are having quality conversations around charging and benefit take up. Everyone is given the opportunity to meet with an adviser face to face or have a telephone assessment. Flexible options such as, meeting out of county relatives when they next visit, using locality offices for joint meetings with care practitioners and early evening telephone assessments have been taken up.

However, around 100 referrals have been received from hospital teams where it has not been possible to have 'the paying care conversation' or undertake a financial assessment for this client group. A presence in the acute hospitals would allow us to give quality information and advice up-front around charging and the ability to give the person an indication on what they may expect to pay pending a home visit upon discharge. Options will be explored for whether that can be resourced going forward.

iv. Appropriate indicators are in place to measure performance and enable a proactive approach to removing bottlenecks and issues

The FAB Teams have a number of performance measures following the RIE.

From April 2014 we propose reporting on two key measures:

- * Timeliness of assessments – i.e. the % of assessments completed in advance of service provision
- * The impact of benefit take-up

v. Introduce process ownership with clearly defined roles and responsibilities throughout the process to reduce hand-offs

Robust written processes are in place and regular meetings arranged between FAB and Credit Control.

Accounts Receivable

10. It is expected that unsecured care debt will be reduced by £1m this financial year from the April position of £6.89m as set out in the Table on pages 2-3 (unsecured blocked (reasons identified) + unsecured not blocked + legal as at 1 April = 2 + 2g = 3 on the table). At the end of January the figure was £5.89m, so that £1m reduction will be achieved unless the position worsens in the remainder of the year.

11. Reviews of tasks that support the income collection process are ongoing, including online payments, reporting, printing and dispatch of invoices and statements. It should be possible to save staff time and use the additional hours to boost debt recovery work.

12. A further reduction in debt is expected when the assessment RIE improvements have bedded in. The new speedy assessment process will reduce the time between

service being received and the first bill being sent. As a result first bills will be lower value and more likely to be paid on time.

Conclusions:

13. Unsecured debt outstanding has fallen over the year to date in the context of increased income collection, and it is expected that further improvements will result from the actions rolled out from November following the Rapid Improvement Event

Those actions were summarized as follows:

- A clear timely customer focused process, that maximises income raised and the proportion collected
- A process that is right first time, responsive and flexible to the changing requirements and needs of service users.
- Appropriate indicators are in place to measure performance and enable a proactive approach to removing bottlenecks and issues
- Introduce process ownership with clearly defined roles and responsibilities throughout the process to reduce hand-offs
- Assess early identification of complex, difficult and High risk cases
- Ensure outcomes link into previous RIEs on care assessment and billing process and model office
- Improve relationships between teams/people in the process

A full update on the implementation of the actions stemming from that will be included in the next monitoring report, by which time it should be possible to judge its success.

Recommendations:

14. It is recommended that members note the current position, and continue to receive six monthly reports in 2014/15.

Report contact:

Paul Carey-Kent, Strategic Finance Manager, Adult Social Care, Public Health & Fire, Finance (Business Services)

Contact details 0208 541 8536

APPENDIX 1: AUDIT MANAGEMENT ACTION PLAN

| Para Ref | Recommendation | Priority Rating | Management Action Proposed | Timescale for Action | Officer Responsible | Audit Agree? |
|----------|---|-----------------|---|--------------------------------|--------------------------------|--------------|
| 5.13 | Reporting on Social Care Debt to the ASC Select Committee must include a regular update on credit balances and reported balances should be gross. | Medium | Monthly reporting to Process Management Meetings and to future Adult Social Care Committees | Effective immediately - done | Paul Carey-Kent/Jackie Knutton | Yes |
| 5.14 | It is essential that the Personal Care and Support and ASC Finance teams work together to produce consistent guidance for managing credit balances which includes a clear escalation process for cases where the next of kin or beneficiaries cannot be traced. | Medium | Clarification of requirements with Legal Services, then guidance to be issued Procedure for dealing with credit balances in the Locality Teams is in draft and will be signed off by end of March 2014. Discussions are under way between Credit Management and ASC Finance to ensure a consistent overall approach, which will be signed off by end of March 2014. | Aim to complete by April 2014. | Paul Carey-Kent/Jackie Knutton | Yes. |
| Para Ref | Recommendation | Priority Rating | Management Action Proposed | Timescale for Action | Officer Responsible | Audit Agree? |
| 5.15 | If after reasonable efforts have been made it has not been possible to trace the next of kin or executors individual balances less than or equal to £500 should be transferred to the home's welfare fund or budget for the benefit of all people | Medium | Incorporate in guidance as at (5.14) above. Transfer will now be made to welfare accounts in appropriate cases. | Aim to complete by April 2014 | Paul Carey-Kent/Jackie Knutton | Yes |

| | | | | | | |
|------|--|--------|--|-------------------------------|--|-----|
| 5.16 | <p>who use that service with detailed notes to evidence the transfer. In the case of pension collect and client accounts the balances should be written back with full explanatory notes.</p> <p>Where the deceased died without a will or any living relatives individual balances over £500 should be referred to TSoL. (Refer to TSoL guidance on Referring Estates to The Treasury Solicitor.)</p> | Medium | <p>To be covered in new SAP balances guidance procedures.</p> <p>Discussions are under way between Credit Management and ASC Finance to ensure a consistent overall approach, which will be signed off by end of March 2014.</p> | 31/01/2014 | Jackie Knutton | Yes |
| 5.17 | <p>A systematic approach should be adopted to manage deceased client credit balances. All material balances including those in the suspense account must be investigated proportionately and corrective action taken.</p> | High | <p>Incorporate in guidance as at (5.14) above.</p> | Aim to complete by April 2014 | Paul Carey-Kent/Jackie Knutton / Toni Carney | Yes |

| Para Ref | Recommendation | Priority Rating | Management Action Proposed | Timescale for Action | Officer Responsible | Audit Agree? |
|----------|---|-----------------|---|-------------------------------|--|--------------|
| 5.18 | Full explanatory notes and copies of correspondence should be recorded on AIS or WISDOM as appropriate. | High | Incorporate in guidance as at (5.14) above. | Aim to complete by April 2014 | Paul Carey-Kent/Jackie Knutton / Toni Carney | Yes |
| 5.24 | Job descriptions should be updated or re-circulated as appropriate to reflect | Medium | Address as far as possible within current RIE and sourcing review | Aim to complete by April 2014 | David Sargeant | Yes |

| | | | | | | |
|------|--|--------|--|-------------------------------|----------------|-----|
| 5.27 | responsibilities with regard to managing credit balances. Responsibility for collecting and reviewing the next of kin information should be clearly assigned to a service area and reviewed as part of the client's annual care review. No client should exist in AIS who does not have next of kin data. Where there is no next of kin a note should be made to record this. | Medium | <p>processes.</p> <p>Not now clear that revision of job descriptions is the best route: further discussion under way.</p> <p>The guidance will define which specific team will collect the next of kin information.</p> <p>Recording Guidance and Best Practice procedure for front-line staff in PC&S includes the instruction for practitioners to record next of kin in AIS and to keep this up to date on open cases. This will be issued to all front-line staff by the end of February 2014.</p> | Aim to complete by April 2014 | David Sargeant | Yes |
|------|--|--------|--|-------------------------------|----------------|-----|

APPENDIX 2 Debt Benchmarking Data

In September members asked to be updated on what benchmarking data is available on social care debt.

CIPFA, the Chartered Institute of Public Finance and Accounting, run a number of benchmarking clubs. These clubs are voluntary for Local Authorities to participate in.

One such club is the Financial Assessment Benchmarking Club, within which some indicators on 'Collection Performance' are recorded. 28 authorities participate in this club.

COLLECTION PERFORMANCE

| | Residential | | | Non-residential | | |
|-----------------------------|-------------|---------------|------|-----------------|---------------|------|
| | £'000 | % Ann. charge | Avg | £'000 | % Ann. charge | Avg |
| Debt brought forward 1/4/12 | 16,033 | 46% | 37% | 1,024 | 26% | 19% |
| Charges assessed* | 34,970 | 100% | 100% | 3,989 | 100% | 100% |
| Collected* | 33,535 | 96% | 96% | 3,832 | 96% | 95% |
| Written off* | 421 | 1.2% | 1.3% | 27 | 0.7% | 1.5% |
| Out-standing 31/3/13 | 17,046 | 49% | 39% | 1,155 | 29% | 25% |
| Income secured included | na | na | 15% | na | na | 1% |
| Income secured not included | na | na | 6% | na | na | na |

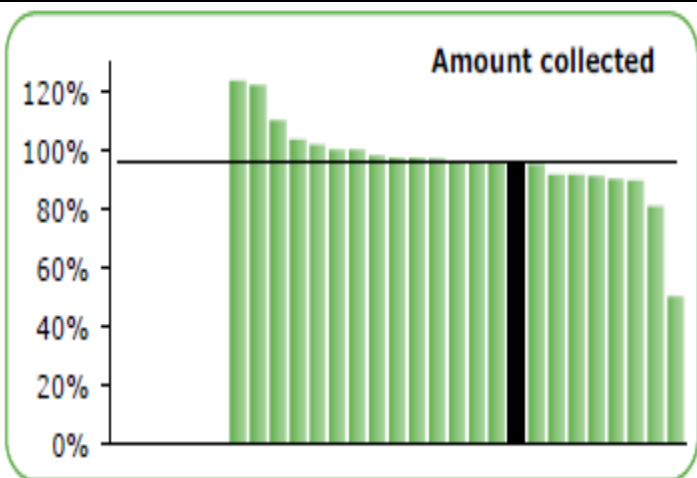
* Assessed, collected, or written off during 2012/13

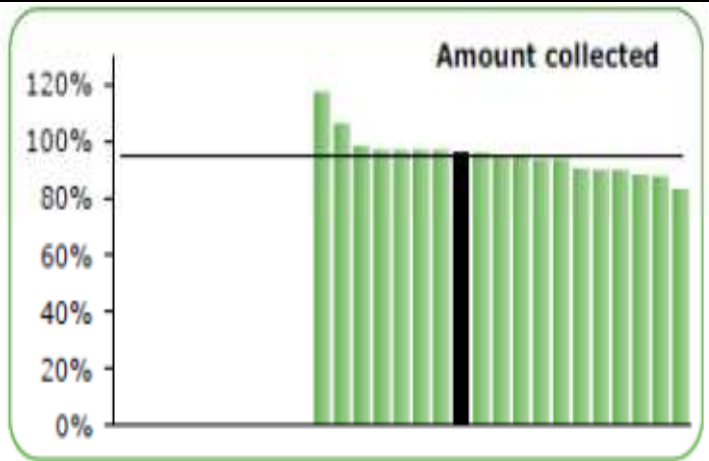
This table gives the reported summary for Surrey County Council, with proportions compared to the average of the 28 responding Authorities.

In the table where 'na' is indicated, the data was not provided by the LA.

Collection Performance: Residential

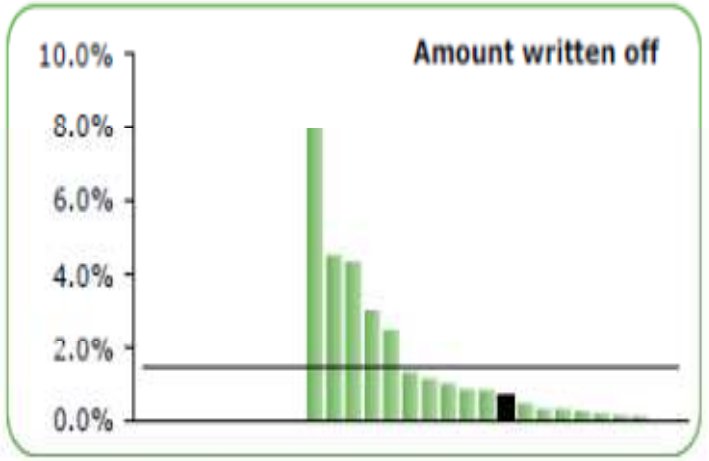
The graphs below indicate the performance of Surrey County Council (black bar) compared to responding authorities.



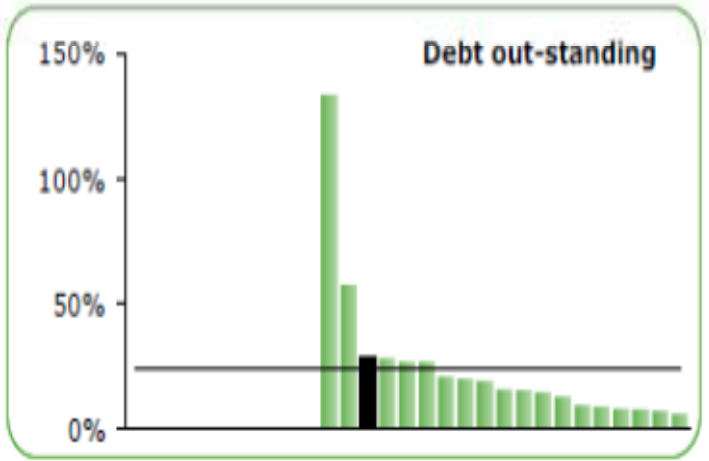


This is the amount collected by the authority. Again, amounts around 100% would indicate a 'steady state'

Whilst more or less on the average for responding Local Authorities, the reported amount of residential debt rose in the year by £131k.



This is the amount written off as a proportion of debts raised. The data suggests SCC are below the average debt write off levels at 0.7%



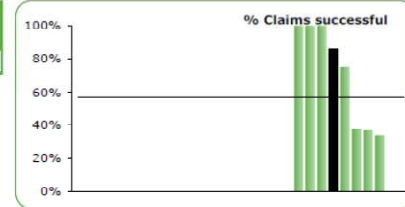
This is the total debt outstanding as a proportion of debt raised. Surrey CC has one of the highest levels of outstanding non-residential debt as a proportion of debts raised.

Recovery Action

Recovery action measures the effectiveness of formal actions taken to recover unpaid debt.

RECOVERY ACTION

| Claims to court in last 12 months | | | |
|-----------------------------------|-------|---------|---------|
| | Total | Success | % |
| Claims to court | 14 | 12 | 86% |
| | | | Avg 57% |



Compared to responders, Surrey CC compares well to the average recovery action success rate with 86% of actions being successful (12 out of 14 reported).

Payment by Direct Debits

Direct Debit is a cost effective way of billing for social care debts, putting Surrey in control of the amounts and frequency of billing.

DIRECT DEBIT

Number of service users paying by Direct Debit



| Paying by Direct Debit | | |
|------------------------|-------|-------|
| | % | Avg |
| Residential | 67.8% | 25.7% |
| Non-residential | 61.9% | 24.4% |

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Compared to the responding averages of 25.7% and 24.4%, Surrey has a greater proportion of service users paying by Direct Debit of 67.8% and non-residential debt volumes of 61.9%.

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Adult Social Care Select Committee
6 March 2014

Budget Update

Purpose of the report: Scrutiny of Budgets/Performance Management

This report provides an opportunity for the Committee to scrutinise the Adult Social Care budget.

11

Introduction:

1. This report:

- sets out some background and context for the monitoring process, in view of the predominantly new membership of the committee. This might helpfully be seen together with the Medium Term Financial Plan. That is available electronically and relevant pages from it were included in the papers for the Committee's last meeting.
- provides a high level summary of spend to date and of efficiencies achieved
- explains the current monitoring position: The **projected outturn** for Adult Social Care, based on end of January data, is for a £6m overspend to occur.
- sets out in appendices fuller details of the management actions being taken, the effects across years of the position shown, and the capital budget.

Adult Social Care Directorate January month end budget monitoring report

Revenue Summary

Table 1: 2013/14 Revenue Policy Line

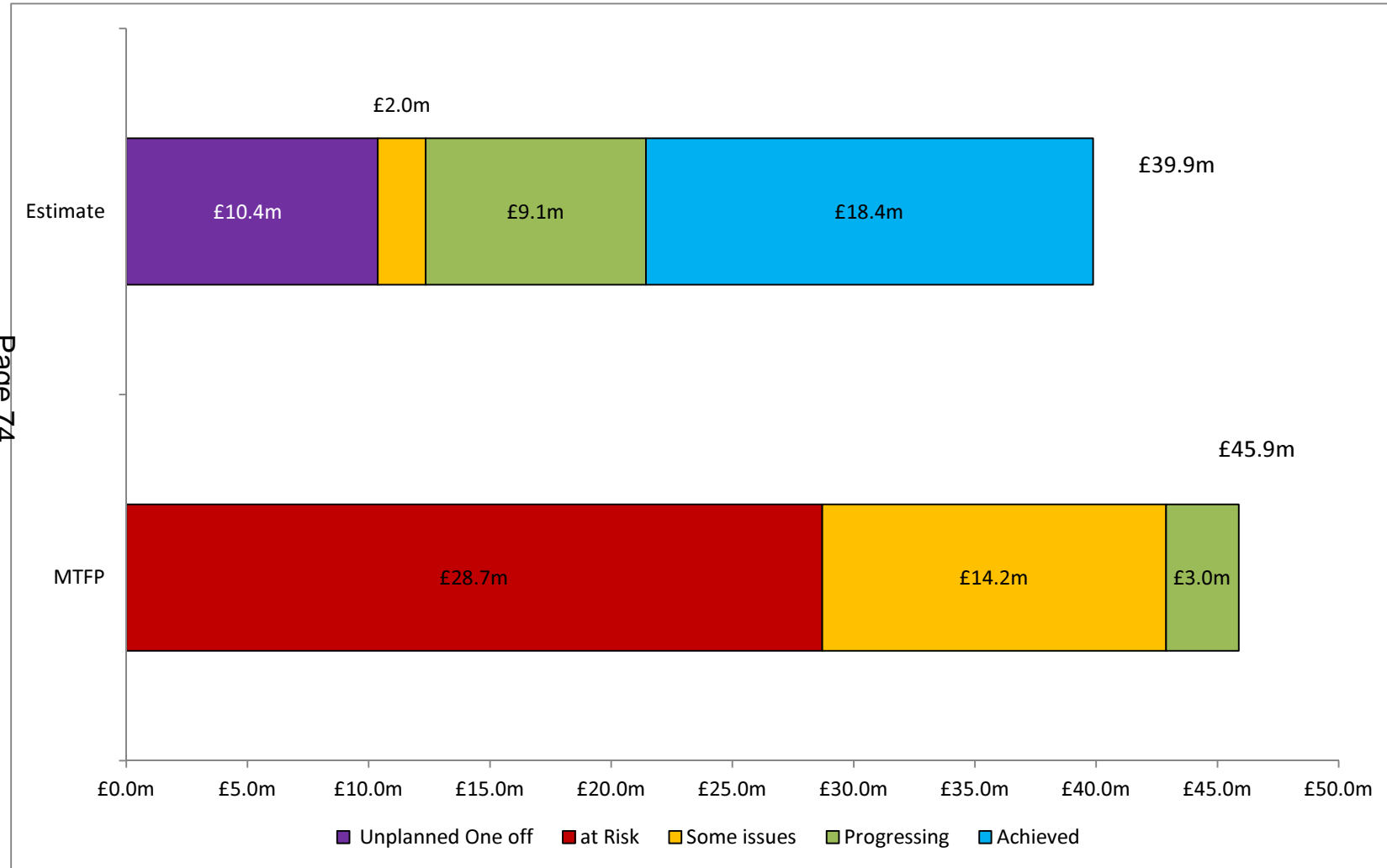
| | YTD Budget | Year to Date Actual | YTD Variance | Full Year Budget | Remaining Forecast | Outturn Forecast | Forecast Variance | Previous Month Variance | Change From Last Month |
|------------------------------------|-----------------|---------------------|-----------------|------------------|--------------------|------------------|-------------------|-------------------------|------------------------|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| <u>Income</u> | | | | | | | | | |
| UK Government Grants | (1,847) | (1,881) | (34) | (2,216) | (499) | (2,380) | (164) | (174) | 10 |
| Other Bodies Grants | (10,193) | (19,284) | (9,091) | (14,297) | (2,465) | (21,749) | (7,451) | (7,804) | 353 |
| Fees & Charges | (31,760) | (34,030) | (2,269) | (38,110) | (6,299) | (40,329) | (2,219) | (2,065) | (154) |
| Joint Working Income | (7,944) | (6,143) | 1,801 | (9,533) | (2,987) | (9,129) | 404 | 393 | 11 |
| Joint Funded Care Package Income | (2,067) | (1,752) | 315 | (2,480) | (475) | (2,227) | 253 | 357 | (104) |
| Reimbursements & recovery of costs | (2,039) | (3,454) | (1,414) | (2,447) | (292) | (3,745) | (1,298) | (1,065) | (233) |
| Property Income | 0 | (9) | (9) | 0 | 3 | (6) | (6) | (8) | 2 |
| Income | (55,851) | (66,553) | (10,702) | (69,084) | (13,013) | (79,565) | (10,481) | (10,367) | (115) |
| <u>Expenditure</u> | | | | | | | | | |
| Older People | 136,963 | 147,787 | 10,824 | 164,792 | 28,065 | 175,851 | 11,059 | 11,343 | (283) |
| Physical Disabilities | 39,525 | 40,824 | 1,299 | 47,430 | 8,717 | 49,541 | 2,111 | 2,010 | 101 |
| Learning Disabilities | 104,581 | 107,972 | 3,391 | 125,497 | 24,334 | 132,306 | 6,809 | 6,405 | 404 |
| Mental Health | 7,585 | 8,069 | 484 | 9,102 | 1,612 | 9,681 | 579 | 513 | 66 |
| Other Expenditure | 48,770 | 45,493 | (3,277) | 58,543 | 8,986 | 54,479 | (4,064) | (4,084) | 21 |
| Expenditure | 337,424 | 350,144 | 12,720 | 405,363 | 71,715 | 421,858 | 16,495 | 16,186 | 309 |
| Net Position | 281,573 | 283,591 | 2,018 | 336,280 | 58,702 | 342,293 | 6,013 | 5,819 | 194 |

Table 2: 2013/14 Subjective Summary

| | YTD Budget | Year to Date Actual | YTD Variance | Full Year Budget | Remaining Forecast | Outturn Forecast | Forecast Variance | Previous Month Variance | Change From Last Month |
|------------------------|-----------------|---------------------------|-----------------|---------------------|-----------------------|---------------------|----------------------|-------------------------------|---------------------------------|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| <u>Income</u> | | | | | | | | | |
| Local Taxation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Government Grants | (1,847) | (1,881) | (34) | (2,216) | (499) | (2,380) | (164) | (174) | 10 |
| Other Income | (54,004) | (64,671) | (10,668) | (66,867) | (12,514) | (77,185) | (10,318) | (10,193) | (125) |
| Income | (55,851) | (66,553) | (10,702) | (69,084) | (13,013) | (79,565) | (10,481) | (10,367) | (115) |
| <u>Expenditure</u> | | | | | | | | | |
| Staffing | 60,669 | 57,809 | (2,860) | 72,803 | 10,920 | 68,729 | (4,074) | (3,968) | (106) |
| Non Staffing | 276,755 | 292,334 | 15,580 | 332,560 | 60,795 | 353,129 | 20,569 | 20,153 | 416 |
| School Expenditure | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Expenditure | 337,424 | 350,144 | 12,720 | 405,363 | 71,715 | 421,858 | 16,495 | 16,186 | 309 |
| Net expenditure | 281,573 | 283,591 | 2,018 | 336,280 | 58,702 | 342,293 | 6,013 | 5,819 | 194 |

Efficiencies

Graph 1: 2013/14 Progress on Efficiencies



Graph 2: Impact of 2013/14 Efficiencies on Future Years

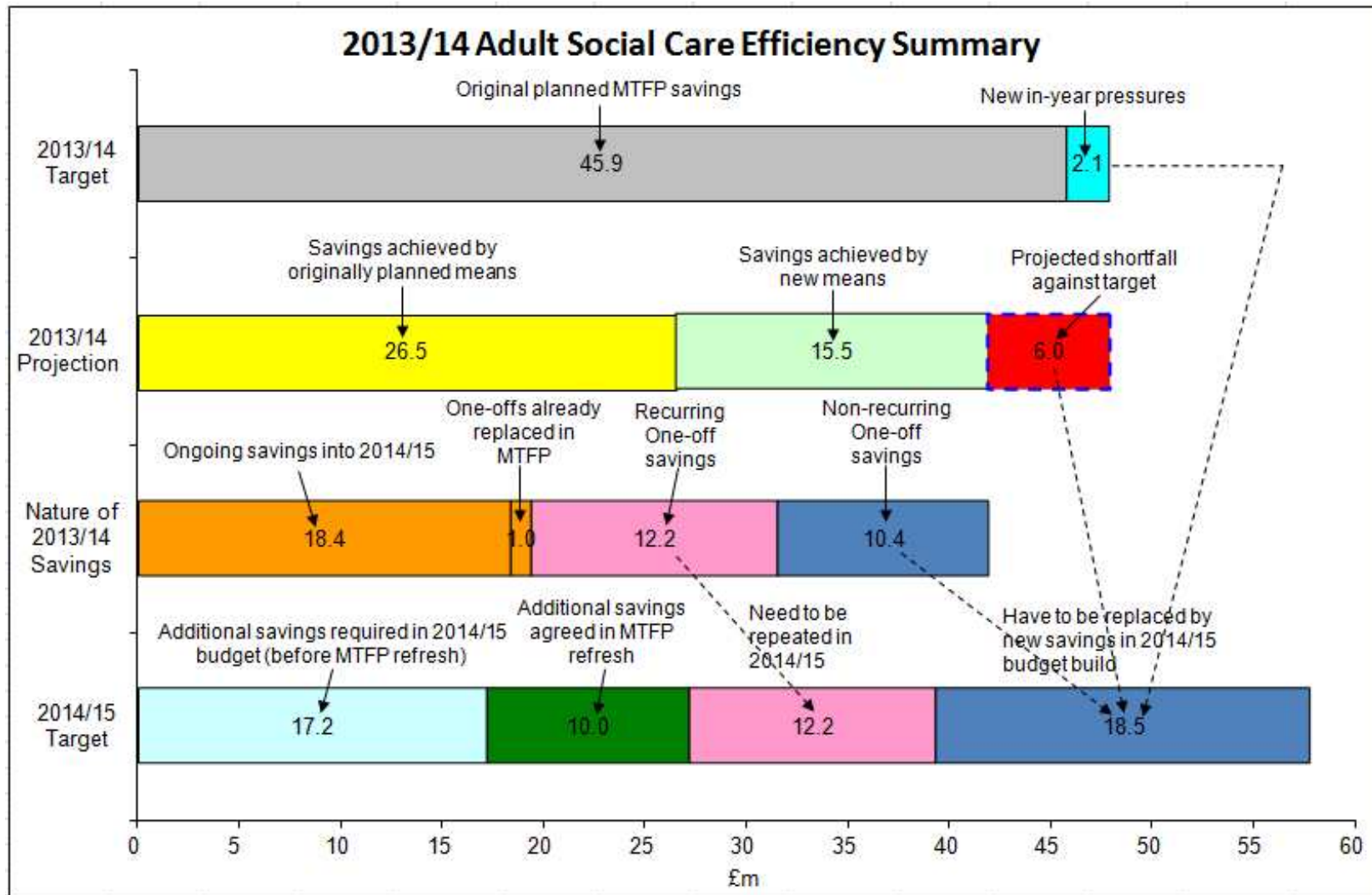


Table 3: Revisions to MTFP Efficiencies

| | MTFP £'000 | Forecast £'000 | Variation £'000 |
|-------------|-----------------------|---------------------------|----------------------------|
| MTFP | 45,882 | 26,523 | -19,359 |
| Alternative | | 9,607 | 9,470 |
| Additional | | 3,741 | 3,741 |
| | 45,882 | 39,871 | -5,819 |

The Directorate has already achieved savings of £18.4m this year, including £5.6m of savings to constrain inflation for individually commissioned care services, and a further £11.1m is on target to be achieved by year-end. The most significant element of ASC's savings plans in 2013/14 is the Family, Friends and Community (FFC) support strategy, which originally had a £15.5m savings target. Given the scale of the challenge and that this is the first year of these ambitious plans, it was flagged as a significant risk during the budget planning process and although considerable work is ongoing to fully embed this new approach, this will impact on next year's budget and therefore no savings are forecast for 2013/14. The projected FFC slippage combined with minor slippage against other savings plans is being partially offset by £10.4m of unplanned one-off savings, which will need to be replaced by new savings plans in 2014/15. The main one-off savings measures are draw downs of £7.5m of unused Whole Systems 2011/12 funds and £1.7m of previous years' Winter Pressures Funding. The Whole Systems funding was set aside by the Directorate as a contingency for this year's budget and the draw down has now been actioned following approval by Cabinet. The Winter Pressures money was carried forward to offset anticipated increased demand over the winter period.

Commentary

1. The December projected outturn for Adult Social Care is +£6.0m (1.78%) overspend. This represents an increase of +£0.2m from last month. The year to date position is showing an overspend of +£2.0m, although year to date expenditure is currently understated due to timing issues associated with costs for new Transition clients that are anticipated in the last 2 months but not incorporated in the year to date position.
2. A projected overspend was highlighted as a risk during the 2013/14 budget planning process and needs to be set in context of ASC's very challenging savings target of £45.9m. The Directorate has made good progress in many of the savings actions and judges that £31.8m of savings have either been achieved or will be achieved without needing further management action. While there is considerable work ongoing to generate savings, the Directorate is unlikely to be able to bring the budget completely back in line by year end.
3. The most significant element of the Directorate's savings plans is the social capital agenda, now formally re-launched as Family, Friends and Community Support (FFC). It is a new and innovative strategy designed to provide more personalised community support options to individuals requiring care, while at the same time reducing direct costs to the council. ASC is implementing the new strategy and it has been a key driver in the recent Rapid Improvement Events (RIEs) on the social care and financial assessment processes.
4. The FFC savings target for 2013/14 is £15.5m. Although the Directorate continues to prioritise work on implementation of the key policy changes required to deliver the benefits expected by FFC, these actions are anticipated to now impact on next year's budget rather than achieve significant levels of savings this year. The MTFP in March 2014 will confirm the overall savings that can be achieved following the work of the Chief Executive and Chief Finance Officer with the directorate as agreed by the cabinet on 4 February. The slippage in the FFC programme reflects the amount of cultural and systems change and community development required to implement the strategy in full.
5. ASC is looking at all possible opportunities to cover the slippage on FF&C and smaller shortfalls on some other savings plans. At present, ASC has identified two main counter-measures:
 - i. draw down £7.5m of unused 2011/12 whole system funding, approved by Cabinet in September and actioned in October, and
 - ii. £1.7m draw down of previous years' winter pressures funding approved by Cabinet in October and actioned in November.
6. Although these measures are helping to improve this year's budget position they do not prevent a pressure arising for next year's budget as they need to be replaced by new on-going savings next year. The latest forward budget planning indicates that when combined with this year's projected overspend, other non-recurring one-off savings used this year, additional demand pressures forecast next year and a review of forward savings plans, additional savings of at least £14m need to be identified. Joint work with the Chief Executive, Chief Finance Officer and Interim Director of Adult Social Care is on-going to consider options available.
7. The current year end projection relies on the Directorate implementing £0.9m of management action savings plans in the remainder of the financial year. Table 4 summarises the management actions included in the January projections.
8. The key driver of the underlying pressures the service faces is individually commissioned care services (also known as "spot" care). The gross spend to date on spot care, excluding Transition, has on average been £21.6m per month for April to January. That compares with £21.3m in the last quarter of 2012/13, indicating that while ASC is largely containing new in year demand pressures, expenditure has not yet decreased as planned by delivery of the FFC savings programme. Assuming all savings occur as currently forecast or are replaced by other means, then the Directorate can afford to spend only £21.2m per month

in the remainder of the financial year. Therefore, it needs to reduce expenditure on individually commissioned care services by 2% in the remaining two months. That is half of the 6% reduction projected last month.

9. Table 1: Summary of Adult Social Care forecast

| | £m | £m |
|--|--------------|-------------------|
| ASC MTFP efficiency target | | (45.9) |
| Additional demand pressure above those anticipated in 2013-18 MTFP | | <u>(2.1)</u> |
| Revised efficiency target | | (48.0) |
| Total savings achieved (or not needing further management action) to date | | (31.9) |
| Savings forecast in remainder of the year through use of FF&C | 0.0 | |
| Other savings forecast in the remainder of the year and included as Management actions | <u>(0.9)</u> | |
| Total savings forecast in remainder of the year | | <u>(0.9)</u> |
| Total forecast savings before draw downs | | (32.8) |
| Whole systems funding 2011/12 draw down | | (7.5) |
| Proposed winter pressure funding 2011/12 draw down | | <u>(1.7)</u> |
| Total forecast savings | | <u>(42.0)</u> |
| Under / (over) performance against MTFP target | | <u>6.0</u> |

A breakdown of the savings identified in the current projections can be found in Appendix 2.

Capital

Table 4: 2013/14 Capital Projects Summary

| | Revised Full Year Budget | YTD Actual | Committed | Apr -Jan YTD & Committed | Feb - Mar Remaining Forecast | Full Year Forecast | Full Year Variance |
|--------------------------------------|---|---------------|-----------|--------------------------------|------------------------------------|-------------------------------|-------------------------------|
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Significant Schemes | | | | | | | |
| Major Adaptations | 855 | 620 | 46 | 666 | 189 | 855 | 0 |
| D&B developments - wellbeing centres | 446 | 235 | 135 | 370 | 76 | 446 | 0 |
| In-house capital improvement schemes | 366 | 84 | 41 | 125 | 156 | 281 | -85 |
| User led organisational hubs | 235 | 70 | 0 | 70 | 16 | 86 | -149 |
| NHS Campus Reprovision | 85 | 0 | 0 | 0 | 85 | 85 | 0 |
| Total | 1,987 | 1,010 | 222 | 1,232 | 522 | 1,754 | -233 |

Conclusions:

15. With limited management actions still expected to take effect, the outturn should be close to the £6m forecast. This would nonetheless represent a good savings performance of £40m (12% of the budget), though the use of one-off measures within that figure adds to the difficulties faced in 2014/15.

Recommendations:

16. It is recommended that the Committee notes the current position.

Report contact:

Paul Carey-Kent, Strategic Finance Manager, Adult Social Care, Public Health & Fire,
Finance, (Business Services)
0208 541 8536

Appendix 1 – Adult Social Care Management Action Plans
£m Management Action

Family, Friends and Community support (FF&C) savings

(0) Savings through the application of FF&C.

Other forecast efficiency savings in the remainder of 2013/14

(0.24) Maximising Income through partnership arrangements. CHC savings of £(2.1)m have already been identified as achieved. An additional £(0.2)m of savings are anticipated in the remainder of 2013/14, which is line with the total savings of £(2.4)m achieved in 2012/13.

(0.30) To date £0.7m of LD PVR savings have been identified of which £0.1m have been validated by the Locality Teams. A further £0.8m of potential savings have been identified however £0.7m of these relate to Ordinary Residency Transfers of which many may not be agreed by year end. A prudent view has been taken to assume 25% of these savings will be achieved in 2013-14 together with a further £0.125m of savings not currently in the projections.

(0.04) S256 Attrition - £(1.9)m of savings have been achieved to date. A further £(0.04)m of savings are projected for the remainder of the financial year.

(0.20) PLD Call Offs – it is anticipated that a proportion of service users receiving ad-hoc community services will not fully utilise their care package and therefore projections will reduce in the remainder of the year.

(0.10) Home Based Care Retender - the reduction in rates negotiated in 2012/13 is forecast to delivery further savings in 2013/14 through new clients entering the system.

(0.04) Strategic Shift - the transfer from residential to community placements is expected to continue in 2013/14 resulting in care cost savings.

(0.92)

(0.92) Total Management Action Plans included in projections

Appendix 2 – Savings identified in current projections

| £m | Saving |
|---------------|---|
| (6.0) | Staffing related savings |
| (5.6) | Constrain inflation for individually commissioned services |
| (4.7) | Direct Payment Reclaims |
| (2.2) | Care Fees & Charges |
| (2.2) | Continuing Health Care Review |
| (2.1) | Block Contracts & Grants |
| (1.9) | Attrition savings for Former S256 clients |
| (1.2) | Re-use of 2013/14 Whole Systems funding to offset wider ASC pressures |
| (1.1) | Optimisation of Transition Pathways |
| (1.0) | Strategic Supplier Review |
| (0.7) | Learning Disabilities Public Value Review |
| (3.3) | Other Savings |
| (31.8) | |

**ADULT SOCIAL CARE SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED March 2014**

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

Recommendations made to Cabinet

| Date of meeting and reference | Item | Recommendations | To | Response | Progress Check On |
|-------------------------------|---|--|--------------------------------------|--|-------------------|
| 5 December 2013 024 | PROGRESS WITH IMPLEMENTATION OF THE ADULT MENTAL HEALTH SERVICES PUBLIC VALUE REVIEW (PVR) [Item 9] | That the Cabinet Member for Business Services consider the need for internal training for Surrey County Council employees, in order to prevent discrimination against staff and residents with mental health difficulties. | Cabinet Member for Business Services | This item was referred to the Cabinet meeting on 4 February 2014. A response is included in today's agenda papers. | <i>Complete</i> |

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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 | <i>Complete</i> |

Item 12

| Date of meeting and reference | Item | Recommendations/ Actions | To | Response | Progress Check On |
|-------------------------------|---|---|-------------------------------|--|-------------------|
| | | | | Committees as recommended, and that the Adult Social Care Committee will review the outcomes of these meetings in 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 information has been circulated to the Committee. | <i>Complete</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 | The cost of the team has been included in the business plan for 2014/15. | <i>Complete</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 May 2014. | <i>May 2014</i> |

| Date of meeting and reference | Item | Recommendations/ Actions | To | Response | Progress Check On |
|-------------------------------|---|--|--|--|----------------------|
| 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 taken the matter forward. A verbal update was given at the meeting in January 2014. | <i>Complete</i> |
| 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. | <i>October 2014</i> |
| 5 December 2013 022 | RECRUITMENT AND RETENTION UPDATE [Item 7] | <p>a) That the Committee notes the 17 per cent vacancy rate across the Adult Social Care Directorate, and encourages officers to continue measures to address this.</p> <p>b) That officers develop closer working with universities and colleges to ensure the supply of quality applicants for vacancies within the Directorate.</p> <p>c) That the Cabinet Member lobby nationally for the development of vocational routes</p> | HR Relationships Manager (Adults) / Scrutiny Officer | The Committee will receive a further report on Recruitment and Retention in 2014. This will be added to the forward work programme in due course. | <i>December 2014</i> |

| Date of meeting and reference | Item | Recommendations/ Actions | To | Response | Progress Check On |
|-------------------------------|---|---|--|---|----------------------|
| | | <p>into the social work profession.</p> <p>d) That officers explore a regional and localised approach to sourcing agency staff.</p> <p>e) That members are involved in the development of the next workforce strategy, prior to its publication in April 2014.</p> | | | |
| 5 December 2013 023 | SERVICE FOR PEOPLE WITH A LEARNING DISABILITY PUBLIC VALUE REVIEW (PVR) UPDATE [Item 8] | <p>a) That officers work to increase the occupancy rate of Surrey assets with Surrey Residents.</p> <p>b) That future reports illustrate the work of community/ self-help groups in relation to each work-stream in the Public Value Review.</p> <p>c) That future reports demonstrate how the service has offered suitable alternatives to short breaks, and seeks more opportunities to identify alternatives.</p> <p>d) That officers report back to</p> | Assistant Director for Personal Care and Support | The Committee will receive a further report on the outcomes of the Public Value Review (PVR) in 2014. This will be added to the forward work programme in due course. | <i>December 2014</i> |

| Date of meeting and reference | Item | Recommendations/ Actions | To | Response | Progress Check On |
|-------------------------------|---|--|--|---|-------------------|
| | | the Committee on the progress of the Service for People With A Learning Disability Public Value Review in a year. | | | |
| 5 December 2013 025 | PROGRESS WITH IMPLEMENTATION OF THE ADULT MENTAL HEALTH SERVICES PUBLIC VALUE REVIEW (PVR) [Item 9] | That the Directorate circulates a report to Local Committees advising them of the work of the Adult Mental Health Services Public Value Review and outlining the provisions in the area. | Senior Manager, Commissioning, Adult Social Care | Officers have noted this recommendation and will provide a response for May 2014. | May 2014 |
| 16 January 2014 026 | SAFEGUARDING ADULTS [Item 7] | That the Directorate provide further evidence of co-operation with the Children's Safeguarding Board and the six Clinical Commissioning Groups. | Interim Strategic Director, Adult Social Care | Officers have noted this recommendation and will provide a response for May 2014. | May 2014 |
| 16 January 2014 027 | SAFEGUARDING ADULTS [Item 7] | That the Directorate support the roll-out the Elmbridge model county-wide. | Interim Strategic Director, Adult Social Care | Officers have noted this recommendation and will provide a response for May 2014. | May 2014 |
| 16 January 2014 028 | SAFEGUARDING ADULTS [Item 7] | That the Directorate explore how trusted third parties can be involved in the safe-guarding process. | Interim Strategic Director, Adult Social Care | Officers have noted this recommendation and will provide a response for May 2014. | May 2014 |

| Date of meeting and reference | Item | Recommendations/ Actions | To | Response | Progress Check On |
|-------------------------------|--|---|--|--|-----------------------|
| 16 January 2014 029 | SAFEGUARDING ADULTS [Item 7] | That recommendations of internal audit reports be addressed and included in future reports where appropriate. | Democratic Services/Adult Social Care | A process for select committees scrutiny of internal audit reports was agreed at the Select Committee Chairman's Group in December 2013. | <i>Complete</i> |
| 16 January 2014 030 | SAFEGUARDING ADULTS [Item 7] | The Directorate to provide information on the level of training compliance. | Senior Manager, Safeguarding Adults | Officers have noted this recommendation and will provide a response for May 2014. | <i>May 2014</i> |
| 16 January 2014 031 | IMPROVEMENT TO THE ADULTS INFORMATION SYSTEM (AIS) FOLLOWING 'RAPID IMPROVEMENT EVENTS' [Item 8] | That the Directorate involve the Committee in future development of a new system specification. | Assistant Director for Policy & Strategy | This will be reviewed in September as it is dependent on the market response to the Care Bill. | <i>September 2014</i> |
| 16 January 2014 032 | IMPROVEMENT TO THE ADULTS INFORMATION SYSTEM (AIS) FOLLOWING 'RAPID IMPROVEMENT EVENTS' [Item 8] | That the Committee encourages the Directorate to include feedback from officers who use the system in any future update item. | Assistant Director for Policy & Strategy | This will be reviewed in September as it is dependent on the market response to the Care Bill. | <i>September 2014</i> |

| Date of meeting and reference | Item | Recommendations/ Actions | To | Response | Progress Check On |
|-------------------------------|---|---|---|---|-------------------|
| 16 January 2014 033 | ADULT SOCIAL CARE LOCAL AUTHORITY TRADING COMPANY BUSINESS CASE [Item 10] | That officers provide the finalised arrangements for the Local Authority Trading Company for the Committee to review at the 1 May 2014 meeting. | Lead on Trading and Income Generation – Business Services | Officers have noted this recommendation and will provide a response for May 2014. | <i>May 2014</i> |
| 16 January 2014 034 | ADULT SOCIAL CARE LOCAL AUTHORITY TRADING COMPANY BUSINESS CASE [Item 10] | That a performance review of the Local Authority Trading Company is presented to the Committee in January 2015. | Lead on Trading and Income Generation – Business Services | Officers have noted this recommendation and this has been added to the Forward Work Programme for 14/15 | <i>Complete</i> |
| 16 January 2014 035 | ADULT SOCIAL CARE LOCAL AUTHORITY TRADING COMPANY BUSINESS CASE [Item 10] | That the quality and safety of services provided by the Local Authority Trading Company remain paramount above revenue generation. | Lead on Trading and Income Generation – Business Services | This will be addressed through future reports (May 2014/January 2015) to Select Committee | <i>Complete</i> |

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Adult Social Care Select Committee Work Programme 2013-14

| Date | Item | Why is this a Scrutiny Item? | Contact Officer | Additional Comments |
|----------------------|-----------------------------------|---|--|---|
| 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. This item will also include a focus on the areas of joint working between SCC and the NHS including the areas identified for the Better Care Fund. | Paul Carey-Kent | Private Workshop – joint with Health Scrutiny |
| March 2014 | | | | |
| 5 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. | Dave Sargeant/ Christine Maclean | |
| 6 March | 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 | |
| 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. This item will include overview of the internal audit report into social care debt – credit balances. | Paul Carey-Kent/Revinder Hothi/ David John | |

Adult Social Care Select Committee Work Programme 2013-14

| Date | Item | Why is this a Scrutiny Item? | Contact Officer | Additional Comments |
|------------------|------------------------------------|---|--|---------------------|
| May 2014 | | | | |
| 1 May | Commissioning in Adult Social Care | Scrutiny of Services/Policy Development – It is important that the Committee understands the concept of commissioning adult social care. The service will outline its commissioning principles, partnership working and future plans. | Anne Butler, Assistant Director for Commissioning | |
| 1 May | 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 | |
| June 2014 | | | | |
| 26 June | Self-funder Strategy | Scrutiny of Services/Policy Development – The Service is working on a Self-funders Strategy, which includes the provision of information and advice. The Committee will scrutinise any draft of this strategy, and contribute to its development. | John Woods | |
| 26 June | Budget Monitoring | Scrutiny of Budgets – The Committee will scrutinise the most recent budget monitoring information. | Paul Carey-Kent | |
| 26 June | Social Care Debt | Scrutiny of Services – The Committee will scrutinise the most recent social care debt information and include the internal audit report . | Paul Carey-Kent | |

Adult Social Care Select Committee Work Programme 2013-14

| Date | Item | Why is this a Scrutiny Item? | Contact Officer | Additional Comments |
|------------------------|---|---|-----------------|---------------------|
| | | Reducing social care debt is a priority for the Committee. | | |
| TO BE SCHEDULED | | | | |
| | 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 | |

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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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