

## Notice of Meeting

# Adult Social Care Select Committee



**Date & time**  
**Thursday, 26 June**  
**2014**  
**at 10.00 am**

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

**Contact**  
Ross Pike  
Room 122, County Hall  
Tel 020 8541 7368

**Chief Executive**  
David McNulty

ross.pike@surreycc.gov.uk

or Helen Rankin  
Tel 0208 541 9126

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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 on 020 8541 7368.

### Members

Mr Keith Witham (Chairman), Mrs Margaret Hicks (Vice-Chairman), Mr Graham Ellwood, Miss Marisa Heath, Mr Saj Hussain, Mr George Johnson, Mr Colin Kemp, Rachael I. Lake, Mr Ernest Mallett MBE, Ms Barbara Thomson, Mrs Fiona White and Mr Richard Walsh

### Ex Officio Members:

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

## TERMS OF REFERENCE

The Select Committee is responsible for the following areas:

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

## PART 1 IN PUBLIC

### 1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

### 2 MINUTES OF THE PREVIOUS MEETING: 1 MAY 2014

(Pages 1  
- 12)

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

### 3 DECLARATIONS OF INTEREST

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

#### **Notes:**

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

### 4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

#### **Notes:**

1. The deadline for Member's questions is 12.00pm four working days before the meeting (*20 June 2014*).
2. The deadline for public questions is seven days before the meeting (*19 June*).
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

There are no responses to report.

### 6 DIRECTOR'S UPDATE

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

### 7 BUDGET UPDATE

(Pages  
13 - 18)

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

This report provides an opportunity for the Committee to scrutinise

the Adult Social Care budget.

**8 SELF-FUNDER STRATEGY** (Pages 19 - 82)

**Purpose of report:** *Policy Development and Review*

To enable the Adult Social Care Select Committee to evaluate progress to date in developing the strategy and refresh of the Information and Advice Strategy, and to input to them.

**9 GET WISE UPDATE** (Pages 83 - 100)

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

Elected members and officers have made it a priority to scrutinise services funded by the Council that relate to Welfare Benefits. This report details activity in respect of the first year of delivery of the Welfare Benefits Advice Information and Support grant.

**10 SAFEGUARDING PEER REVIEW OUTCOMES AND RECOMMENDATIONS UPDATE** (Pages 101 - 116)

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

Following the completion of a peer review led by Buckinghamshire County Council the Committee will review the findings. The Committee will also check on progress made on safeguarding recommendations it made in March.

**11 DOMICILIARY CARE TENDER** (Pages 117 - 120)

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

To scrutinise the tender preparations and contract models chosen to deliver home based care in Surrey.

**12 YOUNG CARERS RESEARCH GROUP** (Pages 121 - 132)

**Purpose of report:** *Policy Development*

Details of motion to the Council on support to Young Carers and the research group's findings to be discussed.

**13 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME** (Pages 133 - 140)

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

**14 DATE OF NEXT MEETING**

The next meeting of the Committee will be held at 10:00 on 5 September 2014.

**15 EXCLUSION OF THE PUBLIC**

**Recommendation:** That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information under paragraph 4 of Part 1 of Schedule 12A of the Act.

## **PART 2 IN PRIVATE**

### **16 CONFIDENTIAL UPDATE FROM STRATEGIC DIRECTOR**

**Purpose of report:** Performance Management

Verbal update.

### **17 PUBLICITY FOR PART TWO ITEMS**

To consider whether the item considered under Part 2 of the agenda should be made available to the Press and public.

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

Published: Wednesday, 18 June 2014

## **MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE**

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**MINUTES** of the meeting of the **ADULT SOCIAL CARE SELECT COMMITTEE** held at 10.00 am on 1 May 2014 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, 26 June 2014.

**Elected Members:**

- \* Mr Keith Witham (Chairman)
- \* Mrs Margaret Hicks (Vice-Chairman)
- \* Mrs Liz Bowes
- \* Mr Graham Ellwood
- \* Miss Marisa Heath
- A Mr Saj Hussain
- A Mr George Johnson
- \* Mr Colin Kemp
- \* Mr Ernest Mallett MBE
- \* Ms Barbara Thomson
- \* Mrs Fiona White
- \* Mr Richard Walsh

**Ex officio Members:**

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

**In attendance**

Mr Mel Few, Cabinet Member for Adult Social Care

**29/14 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Saj Hussain and George Johnson. Richard Wilson acted as a substitute for Saj Hussain.

**30/14 MINUTES OF THE PREVIOUS MEETINGS: 16 JANUARY 2014 & 6 MARCH 2014 [Item 2]**

These were agreed as accurate records of the meetings.

**31/14 DECLARATIONS OF INTEREST [Item 3]**

There were no declarations of interest.

**32/14 QUESTIONS AND PETITIONS [Item 4]**

There were no questions or petitions.

**33/14 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]**

There were no referrals made to Cabinet at the last meeting of the Committee, so there are no responses to report.

**34/14 DIRECTOR'S UPDATE [Item 6]**

**Declarations of interest:** None.

**Witnesses:** Dave Sargeant, Interim Strategic Director for Adult Social Care

**Key points raised during the discussion:**

1. The Committee was informed that a peer review regarding safeguarding arrangements in Surrey had just been completed by Buckinghamshire County Council. Feedback had highlighted the calibre and commitment of front-line staff, praised the political and strategic leadership and noted the good partnership working the Council had developed. There had been no significant areas of concern, and Adult Social Care would continue to improve on any areas that had been highlighted.
2. The Committee queried whether there was confidence that abuse was not happening in any Council owned care homes. Officers commented that there could never be an absolute guarantee that abuse was not taking place, but highlighted that the safeguarding measures were designed to minimise the risk of abuse. It was commented that all care homes, both commissioned and owned by the Council, were required to be Care Quality Commission (CQC) compliant. A number of measures were highlighted as helping provide safeguarding assurances, in particular work with the Surrey Care Association to improve recruitment, retention and support for staff. Officers informed the Committee that the CQC inspection regime was changing in September 2014, and a rating system would be introduced.



3. The Committee asked whether the need to maintain the cost of commissioned services was creating a risk that the quality of care was diminishing. Officers highlighted that both commercial and quality considerations were key in commissioning services. It was highlighted that there was a number of exercises that supported a co-design process, and ensured that commissioned services were of sufficient quality.
4. The Committee was informed that the Directorate was working with health partners around closer integration through the Health & Well-Being Board. It was commented by officers that work had begun to look at how resources could be shared collectively. The Committee was told that there was a need to identify and understand different local pressures, and what resources could be pooled to create better efficiencies for both the Council and health partners. Members highlighted the role of local committees in gaining insight on particular areas and the pressures they experience. Officers commented that there was an initiative being undertaken jointly with Children, Schools and Families Directorate to ensure that social care items were on the agenda at local committee meetings.

**Recommendations:**

None.

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

None.

**Committee Next Steps:**

The Committee will receive the final peer review report for consideration at a future meeting.

**35/14 CABINET MEMBER PRIORITIES 2014 - 15 [Item 7]**

**Declarations of interest:** None.

**Witnesses:** Dave Sargeant, Interim Strategic Director for Adult Social Care

Mel Few, Cabinet Member for Adult Social Care

**Key points raised during the discussion:**

1. The Cabinet Member outlined his priorities for 2014-15. These included:
  - i. Staffing – The Cabinet Member outlined that discussions were being undertaken with Human Resources (HR) to develop recruitment and pay practices. It was also highlighted that there was work to identify where efficiencies could be made through providing staff with technology to support the assessment process.

- ii. Safeguarding – The Cabinet Member commented that he would be examining the complaint procedure in order to gain a better understanding of the process.
- iii. Surrey’s contract with Anchor
- iv. Surrey Choices –The Cabinet Member informed the Committee that he would be observing how the Local Authority Trading Company developed, and would consider what other opportunities existed within the Directorate to develop similar initiatives.
- v. Developing the Better Care Fund with partners
- vi. Preparation for the Care Bill – The Committee was informed that the Directorate would be looking at how the likely increase in assessments was managed, and also how the expectation of Surrey residents was managed in relation to the funding reforms set out in the legislation.
- vii. Budget – The Committee was informed that it was recognised that there were still a number of challenges related to the Family, Friends and Community Support agenda. The Cabinet Member commented that he would continue to encourage the Directorate to embed the practices identified through the Rapid Improvement Events (RIEs).

2. The Committee discussed the issue of recruitment and retention, commenting that the neighbouring London authorities made for a competitive market in terms of salaries. Officers expressed the view that retention was greatly influenced by the training available to staff. It was explained that the Directorate had supplemented the corporate recruitment process with some dedicated resources for Adult Social Care.

**Recommendations:**

None.

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

None.

**Committee Next Steps:**

The Committee will invite the Cabinet Member to give a further update on the progress of the priorities in six months time.

**36/14 BUDGET UPDATE [Item 8]**

**Declarations of interest:** None.

**Witnesses:** William House, Senior Principal Accountant  
Dave Sargeant, Interim Strategic Director for Adult Social Care

Mel Few, Cabinet Member for Adult Social Care

**Key points raised during the discussion:**

1. The Committee was given an outline on the adjustments to the Family, Friends & Community Support (F,F&CS) savings since the Committee received an update at its Budget Planning Workshop on 13 February 2014. Two documents were tabled at the meeting and are enclosed as appendices to these minutes.
2. The Committee queried whether there was sufficient resource to ensure staff were equipped with adequate IT provision to achieve the efficiencies through assessments and re-assessments. Officers commented that the principle of the Rapid Improvement Events (RIEs) was to simplify process, and that IT resource was an element of this. It was highlighted that there was a number of corporate initiatives around creating efficiencies through digital design and using app technology, and that the Directorate would be part of this. It was highlighted by Members that this could be a topic of discussion when the Council Overview & Scrutiny Committee looked at the Council's digital strategy and approach.
3. The Committee was informed that there were 4 pilots being run with MySupportBroker, an organisation that supported individuals in assessments and identification of care packages. The Committee was informed there were a number of potential benefits to commissioning MySupportBroker, including the potential to increase capacity and allow the Council to undertake the assessments and re-assessments necessary to achieve the efficiencies identified within the F,F&CS project.
4. The Committee asked whether the finances for the increased training and resources had been identified and ring-fenced to support implementation. It was commented by officers that the above was within the corporate budget, and that the need for it to be protected had been recognised by the budget holders in question. The Committee was informed that the Chief Executive had commented that F,F&CS was not solely a Directorate priority, and the Corporate Leadership Team had expressed a commitment to its delivery.
5. The Committee was informed that the Directorate was developing a new induction programme for staff and that this would be an opportunity to communicate critical messages regarding the F,F&CS agenda.
6. Members expressed concern that a projected 20% reduction in support package costs would not be achievable, and that there was some concern that it represented a reduction in support. It was clarified by officers that 20% figure was based on the savings that MySupportBroker had modelled from prior experience. The Committee was also informed that this saving was not an imposed quota on assessments, as the Adult Social Care budget was demand led. Instead the 20% was an indicative figure of the savings the Directorate believed could be made through robust reassessments, and through better identification of resources within the community.
7. The Committee discussed the implications of the F,F&CS agenda, and highlighted some areas of concern. These included an increased risk in respect to safeguarding, created by encouraging people to access

resources outside of the Directorate's responsibility and oversight. It was also commented that any assessment that used F,F&CS as a principle should allow for individual choice. Members commented that it was important that reassessments of support needs were taking into account the "worse day" scenario, and commented that there should be a clear and transparent appeals process.

**Recommendations:**

- a) That the Council Overview & Scrutiny Committee considers issues concerning improving IT solutions for Adult Social Care front-line staff at its meeting on 4 June 2014.

Action by: Council Overview & Scrutiny Committee

- b) That the Committee continues to monitor the budget position of the Directorate on a quarterly basis.

Action by: Democratic Services/Adult Social Care Directorate

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

None.

**Committee Next Steps:**

None.

**37/14 COMMISSIONING AND MANAGING THE MARKET IN ADULT SOCIAL CARE [Item 9]**

**Declarations of interest:** None.

**Witnesses:** Anne Butler, Assistant Director for Commissioning  
Christian George, Category Manager  
Dave Sargeant, Interim Strategic Director for Adult Social Care  
Mark Packer, Chief Executive, Welmede  
Richard Williams, Chair, Surrey Care Association  
Bob Hughes, Chief Executive, Sight for Surrey

Mel Few, Cabinet Member for Adult Social Care

**Key points raised during the discussion:**

[Graham Ellwood left the meeting at 12.04pm]

1. The external witnesses were invited to give a summary of their experiences in providing commissioned services for Surrey. A number of matters were raised, including the impact of savings being required year on year. Concerns were expressed by one witness that the wages they were able to offer increased risks around staff. The Committee discussed the difficulties in the recruitment and retention of staff within commissioned services. The Committee was informed that part of the challenge was a competitive market, and that there was a

perception of care work as unskilled. The role of schools in promoting care work was highlighted by witnesses. It was commented that interest rates and auto-enrolment in pensions were also contributing to additional cost pressures.

2. The Committee queried how external witnesses viewed the establishment of the Local Authority Trading Company (LATC), Surrey Choices. It was commented that partnership opportunities were welcomed, and that the understanding was that Surrey Choices would predominately offering day care and respite services. Witnesses indicated that they wanted to see a transparent relationship between the Council and the LATC, and that there was no preferential treatment in the commissioning of services.
3. The Committee discussed the implications of the Care Bill, in particular the risk it posed to commissioned services. It was highlighted that private clients often paid more for the services they received, and that this enabled a reduced cost to those supported by the Council. The changes in legislation would enable people to request that the Council sourced their care services, and this had a potential to impact on commissioned services' finances.
4. The Committee raised the issue of developing a single assessment process for care needs, and the role commissioned services could play in developing this. It was highlighted that the Directorate was investigating the possibilities in this particular area.

**Recommendations:**

- a) That the private providers meet with the Directorate to explore the mutual challenges in recruiting and retaining high quality staff, and identify areas where they can jointly influence the market.
- b) That a list of commissioned services is circulated to local Committees with a focus on what services are available locally.

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

None.

**Committee Next Steps:**

None.

**38/14 SURREY CHOICES - UPDATE [Item 10]**

**Declarations of interest:** None.

**Witnesses:**

Dexter James, Surrey Choices  
 Simon Laker, Surrey Choices  
 Paul Oliver, Surrey Choices  
 Jon Savage, Surrey Choices

Dave Sargeant, Interim Strategic Director for Adult Social Care  
Mel Few, Cabinet Member for Adult Social Care

**Key points raised during the discussion:**

1. The Committee was given a brief update on the progress since Surrey Choices had been established. It was commented that the company was looking at developing its services to respond to the wishes of those who accessed them.
2. The Committee asked whether the TUPE arrangements had increased staff liabilities. Witnesses commented that although there were a significant range of liabilities, it had been the Council's wish that the company maintain them. It was further commented that the quality of staff was felt to be one of the key areas that differentiated Surrey Choices from its competitors.
3. The Committee discussed the potential business plan for Surrey Choices, it was highlighted that there was a cultural change required within the organisation in order to improve commercial understanding amongst managers. It was commented that there was a number of engagement events to ensure that both staff and those who used the service were given the opportunity to input in how Surrey Choices developed in the future.

**Recommendations:**

None.

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

None.

**Committee Next Steps:**

None.

**39/14 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME  
[Item 11]**

**Declarations of interest:** None.

**Witnesses:** None.

**Key points raised during the discussion:**

1. The Committee noted its Recommendation Tracker and Forward Work Programme. It was commented that the Forward Work Programme would be reviewed in order to take the Cabinet Member priorities into consideration.

**Recommendations:**

None.

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

None.

**Committee Next Steps:**

None.

**40/14 DATE OF NEXT MEETING [Item 12]**

The Committee noted its next meeting would be 26 June 2014 at 10am.

Meeting ended at: 1.15 pm

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**Chairman**

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FRIEND FAMILY AND COMMUNITY POTENTIAL SAVINGS - NEW PACKAGES & HIGHEST 40 RE-ASSESSMENTS

Client Group	FORECAST SAVINGS IN 2014-15					FORECAST SAVINGS IN 2015-16			
	New Packages (based on 2013/14)	Savings Achieved from New packages Reducing unit cost by 20% Half Year Effect	No of Re-Assessments	Savings from top 40 Re-Assessments	Total Forecast savings in 2014-15	FYE of 2014-15 News	FYE of 2014-15 Re-Assessments	2015-16 New Packages	Total Forecast savings in 2015-16
Older People	3344	-2,292,604	440	-544,646	-2,837,250	-4,585,207	-3,571,017	-2,292,604	-10,448,827
Physical Disabilities	665	-535,755	440	-2,120,650	-2,656,405	-1,071,509	-3,191,944	-535,755	-4,799,208
Learning Disabilities	372	-521,885	440	-3,153,072	-3,674,957	-1,043,771	-4,750,669	-521,885	-6,316,325
Mental Health	154	-138,605	40	-158,458	-297,064	-277,211	-249,580	-138,605	-665,396
Transition	377	-437,564	40	-422,965	-860,529	-875,127	-656,994	-437,564	-1,969,684
	4912	-3,926,412	1,400	-6,399,792	-10,326,204	-7,852,825	-12,420,203	-3,926,412	-24,199,441

ASSUMPTIONS:

REASSESSMENTS

Savings based on average cost of Community Services  
 Assumed new services are the same level as 2013-14  
 Assumed 22 weeks effect for all news  
 Assumed 20% savings

Savings based on highest 40 Community packages in 2014-15  
 Assumed 20 re-assessments Q1 - Q2 for PSD and PLD in each of the 11 Localities  
 Assumed 20 re-assessments Q1 & Q2 for MH across the service  
 Assumed 20 re-assessments per quarter to Transition  
 Assumed 20 Re-assessment Q3 & Q4 OP in each of the 11 Localities

Savings assumed Q1 = 39 weeks, Q2 = 26 weeks, Q3 = 13 weeks, Q4 = zero in the current year





Adult Social Care Select Committee  
26 June 2014

**Budget Update**

**Purpose of the report:** Adult Social Care Budget Position

This report confirms 2013/14 outturn, and provides background for the Committee on the 2014/15 budget ahead of a presentation to be made on the year to date position.

**Introduction:**

The timings for despatch of papers fell awkwardly given the complexities of preparing the first budget monitoring of the new year, so it was thought best to summarise:

- i. the year end position from 2013/14.
- ii. The budgeted position for 2014/15.

and then present the detailed position for 2014/15 to date orally at the meeting in order to ensure this is as informative as possible.

**2013/14 Outturn**

The outturn position, an overspend of £5.1m (1.5%) may be summarised as follows:

<b>2013/14 ASC OUTTURN POSITION</b>			
<b>Division</b>	<b>Full Year Budget</b>	<b>Projected Year-End Outturn</b>	<b>Projected Outturn Variance</b>
Personal Care & Support	254,244,919	261,496,960	7,252,041
Policy & Strategy	1,645,449	751,269	-894,180
Commissioning	58,671,613	57,479,813	-1,191,799
Strategic Support	412,396	506,741	94,345
Service Delivery	22,305,244	22,215,775	-89,469
	<b>337,279,621</b>	<b>342,450,558</b>	<b>5,170,937</b>

This may also be summarised by client group as follows:

Summary of the revenue outturn for the directorate

	Full year (revised) budget	Full year Outturn	Full year Variance
Adult Social Care	£m	£m	£m
Income	-69.0	-81.5	-12.5
Older People	163.4	176.3	12.9
Physical Disabilities	47.4	49.0	1.6
Learning Disabilities	125.5	131.6	6.1
Mental Health	9.1	9.6	0.5
Other Expenditure	60.9	57.5	-3.4
<b>Total by service</b>	<b>337.3</b>	<b>342.5</b>	<b>5.2</b>

The outturn position for Adult Social Care was +£5.2m (1.6%) overspent, which represented no change from the interim outturn forecast.

A projected overspend was highlighted as a risk during 2013/14 budget planning and should be viewed in the context of ASC's very challenging MTFP savings target of £45.9m plus £2.9m demand pressures arising in year. The Directorate succeeded in achieving £34.4m of savings (excluding sums drawn down) which is the most achieved in any year to date. However, the Directorate did not achieve the full £48.8m savings required to achieve the budget, due principally to difficulty in implementing the Family, Friends & Community Support (FFC) programme, as explained below. To mitigate the impact on the 2013/14 budget, the Directorate obtained permission to draw down £9.2m of balances from previous years as follows:

- £7.5m of unused 2011/12 Whole System Funding, approved by Cabinet in the September 2013 monitoring cycle and drawn down in October 2013.
- £1.7m of previous years' Winter Pressures funding, approved by Cabinet in the October 2013 monitoring cycle and drawn down in November 2013.

The most significant element of the Directorate's savings plans is FFC. It is a new and innovative strategy designed to provide more personalised community support options to individuals requiring care, while reducing direct costs to the Council. ASC continues to implement the FFC strategy and it has been a key driver in the recent Rapid Improvement Events on the social care and financial assessment processes.

The FFC savings target for 2013/14 was £15.5m. To succeed, FFC requires fundamental cultural shift and considerable levels of system changes and community developments. The necessary conditions proved to be harder than expected to put in place, and so the savings were not made in 2013/14. Actions are under way to ensure that 2014/15 is

different, and FFC is forecast to deliver £10m in 2014/15 and £35m of ongoing savings over the 2014-19 MTFP period.

The key driver of the underlying pressures ASC faces is individually commissioned care services (also known as spot care). The gross spend in 2013/14 on spot care, excluding Transition (which are clients moving from children's social care to adults social care), was on average £21.6m per month for April to March. That compares with £21.3m in the last quarter of 2012/13, indicating that while ASC largely contained new in year demand pressures, expenditure did not decrease to the budgeted level of £19.9m as planned through the delivery of the FFC savings programme.

In light of the specific nature of the following areas, carry forwards were approved by Cabinet as follows:

- £35k First Point – carry forward of non ring-fence unused grant funding received for set up costs for the Community Interest Company.
- £39k Employability – funding for the Not in Education, Employment or Training (NEET) and Travel Smart programmes that are continuing in 2014/15.
- £45k Apprenticeship one-off funding – due to recruitment delays for these posts.

#### Summary of Adult Social Care outturn

	<b>£m</b>
ASC MTFP efficiency target	-45.9
Additional demand pressure above those anticipated in MTFP 2013-18	<u>2.9</u>
Revised efficiency target	48.8
Total savings achieved before draw downs	-34.4
Whole Systems Funding 2011/12 draw down	-7.5
Winter Pressure Funding 2011/12 draw down	<u>-1.7</u>
Total forecast savings	-43.6
Under / (over) performance against MTFP target	<u>5.2</u>

**2014/15 Budget**

7

The position may be as summarised as follows:

<b>2014/15 ASC BUDGETS</b>		
<b>Division</b>	<b>MTFP BUDGET</b>	<b>CURRENT BUDGET</b>
Personal Care & Support	259,332,013	260,789,406
Policy & Strategy	2,975,349	2,985,149
Commissioning	54,628,483	53,586,456
Strategic Support	-30,436	-30,436
Service Delivery	23,118,547	23,254,469
	<b>340,023,956</b>	<b>340,585,044</b>

As reported to the 1 May meeting of the Committee, delivery of this budget requires that substantial savings be achieved:

	<b>2014/15 £000s</b>
<b>Savings</b>	
<u>Continuing Savings</u>	
Family, Friends and Community support	(10,000)
Section 256 client group savings	(1,500)
Optimisation of Transition pathways	(250)
Preventative savings through Whole Life Systems interventions & Telecare	(250)
Strategic shift from residential to community based provision	(118)
Optimisation of spot care rates	(4,005)
Learning Disabilities Public Value Review	(1,000)
Other commissioning strategies	(730)
Optimisation of main block contract rates	(433)
Optimisation of other block contract rates	(396)
Strategic supplier review ongoing savings	(750)
Strategic renegotiation of main block contracts	(1,400)
Recommission Supporting People contracts	(1,000)
“Protection” of Social Care through Whole Systems funding	(4,000)
Maximising income through partnership arrangements	(2,500)
Public Sector Transformation Network / Health Collaboration	(600)
Strategic review of In-house services	0
Savings through LATC	(700)
Management efficiency savings through restructuring	(300)
Management of team supplies, services and travel	(270)
Savings yet to be identified	(2,600)
<b>Total Continuing Savings</b>	<b>(32,802)</b>
<u>One-off Savings</u>	
Direct payment reclaims	(3,000)
Overprojection due to breaks / one-off reductions in care services	(1,000)
Underusage of call offs	(500)
Strategic supplier review rebates	(750)
General In-house efficiencies	(400)
Manage costs below budget, e.g. vacancies	(3,500)
<b>Total One-off Savings</b>	<b>(9,150)</b>
<b>Total savings</b>	<b>(41,952)</b>

An oral update will be given, with accompanying slides, on progress with savings to date together with other relevant data, e.g. demand trends.

<b>Recommendations</b>
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1. Review details of the Adult Social Care 2013/14 outturn position and 2014/15 budget as set out above and seek clarification of any matters arising at the next committee meeting.

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7





Adult Social Care Select Committee  
26 June 2014

**Developing a response to the Care Act's requirements in relation to people who fund their own care – 'Self Funder Strategy'**

**Purpose of the report:** Policy Development and Review

To enable the Adult Social Care Select Committee to evaluate progress to date in developing the strategy and the refresh of the Information and Advice Strategy, and to input to them.

**Key Points:**

1. This report focuses on two key elements of the Care Act 2014 which are inextricably linked: The reforms of the way that people pay for care and support and the provision of information and advice.

**Changes to the way that people will fund their care and support – To be implemented from April 2016**

2. The reform of the way that people pay for their care and support will have some of the biggest impacts of the Care Act in Surrey. They include the introduction of a lifetime 'cap' on the cost of care an individual will pay.
3. Surrey has one of the highest percentages of people who fund their own care and support in the country. Consequently, it is expected that the funding reforms will create a large increase in demand for care and support assessments.
4. As a response to the cap on care costs and expected increase in demand we are developing an '**Assessment and Review Strategy**' (a more accurate title than 'Self Funder Strategy'). It will create expanded assessment and review capacity.
5. Appendix 1, Business Case, contains details of how we are developing the strategy.
6. A pivotal part of the development of the strategy is the Elmbridge pilot. It will focus on assessment and review processes and how they can be

delivered by the options outlined in the business case. Further details of the pilot are outlined in Annexe A of the Business Case.

7. Working with third parties to create additional capacity within the adult social care system in Surrey, which contributes to three of the options within the business case, is a relatively new approach and requires robust monitoring and evaluation.
8. The evaluation criteria for the pilot will be crucial in ensuring that the strategy provides the best solution to meeting increased demand for adult social care. The proposed criteria can be found on page 30 of Appendix 1 – The Business Case.

### **Refreshing the Information and Advice Strategy**

9. The full draft Information and Advice strategy document can be found in Appendix 2. The sections in the draft document in bold Italic font are areas currently not resourced or where we are reviewing resourcing implications.
10. The Care Act 2014 details specific requirements that need to be implemented at a local level. It also sets out areas where we must provide information and advice, specifically:
  - What types of care and support are available
  - The range of care and support services available
  - What processes local people need to use to get the care and support that is available
  - Where local people can find independent financial advice about care and support and help them to access it
  - How people can raise concerns about the safety or wellbeing of someone who has care and support needs.
11. The measures that are proposed for the ongoing strategic commitment to information and advice services are:
  - Increase the number of unique visitors to Surrey Information Point by 25%, by the end of March 2015
  - Increase by 57% the number of people accessing information and advice services, expert advisors or signposting to advice (based on contracts with Surrey Independent Living Council and Surrey Disabled People's Partnership, Age UK, covering Hubs service, benefits advice, brokerage and advocacy)
  - Monitor progress against agreed milestones, detailed in the strategy.

## 12. Recommendations:

13. In relation to the Assessment and Review Strategy the Adult Social Care Select Committee is asked to recommend that:

- The pilot evaluation criteria are endorsed
- The outcome of the pilot and draft strategy are presented to the Adult Social Care Select Committee in December.

14. In relation to the Information and Advice Strategy the Adult Social Care Select Committee is asked to recommend that:

- The strategic direction for ensuring residents in Surrey have universal access to information and advice, is endorsed.
- 

### **Report contact:**

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

[Care Act 2014](#)

[Department of Health Care Bill factsheets](#)

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# Business Case

**Project Title: Care Act Project – Responding to the cap on care costs workstream**

8

<b>Project Sponsor</b>	John Woods
<b>Project Manager</b>	Tristram Gardner
<b>Date</b>	11/06/2014
<b>Version Number</b>	1.3

## Change Log

Version Number	Change	Reason	Signed off by:
1.0	Document created	-	John W
1.1	Document updated	Feedback from John Woods, Dina Bouwmeester and Julie Gibbs	John W
1.2	Assessment and review process table updated	Feedback from ASC Continual Improvement Board	John W
1.3	Adjustments to formatting, policy principles, graph 1 and appendix 1	Feedback from Finance and options development group	

## Executive Summary

This business case outlines several different options for how Surrey County Council’s (SCC) Adult Social Care (ASC) Directorate could choose to meet the new legal requirement to offer a ‘cap’ service from April 2016. These are:

- Option 1: Do nothing
- Option 2: Grow Personal Care and Support
- Option 3: Commission trusted assessors
- Option 4: Contract with assessment agencies
- Option 5: Online self-assessment
- Option 6: Progress a mix of options 2-5

The benefits and risks of these options have been evaluated against the ‘cap on care costs’ workstream objectives (see below) to inform the below recommendations:

**Recommendation 1:** Option 1 (do nothing) should be discounted for further exploration. It would place unsustainable pressure on PCS capacity and very likely lead to a significant decline in service quality for residents and carers.

8

**Recommendation 2:** Option 5 (online self-assessment for all self-funders) should be discounted for further exploration. It is highly unlikely that new law will permit local authorities to carry out all assessments online. Individuals' needs may be missed or inaccurately recorded and safeguarding risks not identified. However, an initial online self-assessment for some individuals could be a viable component of an integrated assessment and review strategy that comprises multiple options.

**Recommendation 3:** Option 6 (progress a mix of options 2-5) is the current preferred option. Developing an integrated range of assessment and review options would offer residents and carers the best choice and create opportunities to 'channel shift' individuals towards the most appropriate and proportionate route. It would also offer the most scalable solution in an environment where the actual demand will not be known until the law changes.

**Recommendation 4:** Further work is undertaken to scope the risks, benefits and costs of Option 6. By further developing Option 6, it will also be possible to scope in more detail the implications of options 2, 3 and 4.

**Recommendation 5:** In order to give sufficient time to implement a response, a final decision needs to be made as to the option(s) the Directorate wishes to progress by January 2015. The final chosen option will also form the basis of the Directorate's assessment and review strategy.

## Business Need

From April 2016, subject the Government will introduce a new cap on lifetime care costs for individuals. Local authorities will be responsible for offering the new cap service to all vulnerable adults who are assessed as having eligible social care needs.

No local authority, including SCC, currently offers a cap service. Introducing one has significant implications for all local authorities in England (see objectives, below).

The relative affluence of Surrey (as many as 80% of residents with eligible care needs are estimated to currently fund their own care) means it is likely there will be a greater demand in the county from self-funders for a cap calculation than in other local authority areas. If unaddressed this could place unsustainable pressure on current assessment service capacity, resulting in poorer quality services and waiting lists to receive an assessment. However, it also creates new opportunities to provide information and advice to a significant section of the vulnerable adult population in Surrey who currently may not approach the authority for support. Meeting this demand is one of the biggest challenges for Surrey as a result of the cap.

## Objectives

Aims of the 'cap on care costs' workstream:

- Ensure that all Surrey residents (including carers), irrespective of their reason for need or ability to pay, are able to access and receive an appropriate and proportionate assessment in a timely and cost-effective way,
- Assessment service capacity can be scaled up or down in an efficient and responsive manner to meet actual assessment demand,
- In line with the Care Act funding reform requirements:
  - Introduce new ways of working to assess, generate and monitor cap calculations (i.e. the 'independent personal budget' and 'care account') for both self-funders and people who are already receiving support from the Directorate. This may include reviewing how the cost of care should be calculated for self-funders to match national guidance,
  - Establish a process for reviewing the care needs of self-funders who are progressing towards the cap,
  - Establish a process for providing financial support to individuals (both self-funders and people who may already receive some financial support from the Directorate) at the point they reach their cap

## Cap on Care Costs Workstream: Business Case

- The introduction of the above new processes and ways of working are cost-effective and achieve value for money without compromising the Directorate's draft policy principles.

These aims must be implemented within the context of the Directorate's draft policy framework, the key principles of which are highlighted below:

8

<b>Policy principle</b>	<b>Description</b>
We will meet our duties	Complying with the law in a way that is consistent with our vision for Adult Social Care in Surrey
We will support the 'General' responsibilities in the Act	Promoting individual wellbeing, prevention, providing information and advice, promoting quality and diversity of services, cooperating with partners
We will promote a Whole Family Approach	Treating carers with the same esteem as the people that they care for and being aware of the needs of children in the household
We will act fairly	Ensuring an equal value on access and outcomes for all regardless of reason for need or ability to pay
We will be clear and transparent	Making it as easy as possible for people to have the information that they need, at the right time and in the best way for them
We will put personalisation at the centre of what we do	Enabling people to be in control of their own care and support
We will behave proportionately	Responding flexibly and appropriately to people's needs
We will work together with the 'Surrey community'	Responding in a way that takes account of and uses our community and partner needs, expertise and resources

This business case assumes that any assessment and review process consists of the following stages:



## Cap on Care Costs Workstream: Business Case

<b>Assessment and review process stage</b>	<b>Applicable to person entitled to local authority funding?</b>	<b>Applicable to self-funder?</b>
<p>Provide personalised information, advice and signposting, irrespective of whether the individual meets eligibility criteria</p> <p>Including signposting individuals to independent financial advice if appropriate.</p>	Yes	<p>Offered to all individuals.</p> <p>May not be desired by all individuals.</p>
Assessment of the individual's needs (including identifying any potential support through family, friends and community resources)	Yes	Yes
Identify the eligible support needs of any carers (including young carers) and agree how these will be addressed	Yes	Yes
Determine whether the individual meets eligibility criteria	Yes	Yes
Carry out a proportionate financial assessment to determine whether the individual is entitled to local authority funding	Yes	<p>If the individual appears to be close to the capital eligibility thresholds and/or if requested.</p> <p>Could be an opportunity to help identify attempts by individuals to deprive themselves of assets, in order to meet the capital eligibility thresholds sooner. This needs to be explored further in light of Care Act regulations and guidance when published.</p>
Generate a personal budget	Yes	Yes

Cap on Care Costs Workstream: Business Case

Assessment and review process stage	Applicable to person entitled to local authority funding?	Applicable to self-funder?
8 or independent personal budget, and care account, for the individual	Same notes as for applicable to self-funder.	<p>This may include reviewing how the cost of care should be calculated for self-funders in light of Care Act regulations and guidance when published.</p> <p>One option could be to empower assessors to generate a budget without using a RAS.</p>
Develop a support plan with the individual	Yes	<p>Only if requested.</p> <p>The Care Act will not require local authorities to offer a support plan to self-funders who are eligible for an independent personal budget, although self-funders may request this service from the local authority.</p> <p>An alternative option could be to issue self-funders with a short 'social care prescription', summarising what the assessment has identified and listing suggested next steps, including potential small-scale service or equipment provision (e.g. value under £125). This needs to be explored further in light of Care Act regulations and guidance when published.</p>
Source services to meet the individual's support plan	If required	<p>Only if requested.</p> <p>There may be an increase in demand from self-funders for the Directorate to source services, if they cannot source their own care within the limits</p>

## Cap on Care Costs Workstream: Business Case

Assessment and review process stage	Applicable to person entitled to local authority funding?	Applicable to self-funder?
		<p>of their independent personal budget.</p> <p>The Care Act will enable the Directorate to charge a small administrative fee to self-funders for sourcing care and support services on their behalf. This needs to be explored further in light of Care Act regulations and guidance when published.</p>
Review and if necessary re-assess the individual's care and support needs, including their associated budget, at appropriate intervals and/or if requested.	Yes	<p>Yes</p> <p>Awaiting confirmation from the Department of Health as to how often a self-funder's independent personal budget should be reviewed. This needs to be explored further in light of Care Act regulations and guidance when published.</p>
Provide updates on the individual's progress towards their cap through annual care account statements.	Yes	Yes
Once the individual reaches the cap, establish process so that local authority pays any remaining ongoing reasonable care costs to meet their eligible needs.	Yes	<p>Yes</p> <p>This could be delivered through a direct payment if appropriate for the individual.</p>

The cap on care costs workstream will need to work closely with other workstreams of the Care Act project, in particular to ensure the below - however the cap on care costs workstream will not address these directly:

## Cap on Care Costs Workstream: Business Case

- We provide information and advice on the cap to local residents and carers, including signposting people to independent financial advice, (*info and advice workstream*),
- We work with partners to respond to the likely increase in demand for associated services (e.g. carers, continuing healthcare, independent advocacy services), (*commissioning and carers workstreams*),
- We work with partners and providers to understand and manage the impact of the cap on the local care market, (*commissioning workstream*),
- We review whether and how the Directorate's complaints service will need to change to reflect new Care Act regulations and guidance on responding to complaints and appeals (*assessment, eligibility and personalisation workstream*), and
- We estimate and plan to meet the extra financial burden of introducing the cap and its associated impacts. (*financial workstream*).

### Options

The options analysis is predicated on a series of assumptions regarding the size of the self-funder (i.e. people with eligible needs who fund their own care) population in Surrey, and how many of these people could approach the Directorate to be assessed and receive an independent personal budget. *Graph 1*, below, illustrates the projected increase in assessment demand on Surrey, compared to assessment demand if no cap on care costs is introduced.

It should be stressed that the figures upon which *Graph 1* are based are highly dependent on the assumptions used and the limited data available, and if anything are a conservative estimate of actual assessment demand (for example, they assume only people who go on to have eligible needs request an assessment). They do indicate that there will be a significant initial peak in demand for assessments, which will then reduce to a greater than current annual demand for assessments from people who develop eligible social care needs.

The Care Act will give local authorities the power to delegate their assessment function to other bodies, although local authorities retain the overarching accountability to ensure vulnerable adults are safe and receiving appropriate support. This power has been used to inform the below options analysis.

Options Analysis		
No.	Option	Summary
1	Do nothing	<p><b>Description</b></p> <ul style="list-style-type: none"> <li>• Personal Care and Support (PCS)'s assessment and review service capacity is maintained at current levels. No</li> </ul>

Options Analysis		
No.	Option	Summary
		<p>new staff are recruited to assess or review self-funders.</p> <ul style="list-style-type: none"> <li>• Current assessment process is adjusted so independent personal budgets and care accounts can be calculated and monitored, and if appropriate 'social prescriptions' offered.</li> <li>• Potential to explore and develop a more proportionate and/or accessible approach to assessment of self-funders. This could include making assessment forms available in 'hub' locations, e.g. GP surgeries, for individuals and/or their carers to complete and post back, with telephony support from PCS staff.</li> <li>• Potential to develop more proportionate approach to financial assessment for self-funders. E.g. only do thorough financial assessment if it appears the individual is close to a capital eligibility threshold.</li> <li>• The personal budgets of people who currently receive financial support from the Directorate form the basis of their care account, until they are next reviewed.</li> <li>• PCS locality staff carry out 'light-touch' reviews of self-funders progressing towards their cap (e.g. through telephone), unless there were indications a more comprehensive review is required.</li> <li>• New process established so people who reach the cap begin to receive full financial support from the Directorate for any ongoing reasonable care costs.</li> </ul> <p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>• Minimal process, system and workforce change required.</li> </ul> <p><b>Risks and issues</b></p> <ul style="list-style-type: none"> <li>• The increase in assessment and review demand will place considerable pressure on PCS's capacity. This option, even if assessments are made more proportionate and accessible for self-funders, would place significant extra demands on this service with no extra resource. This would be compounded if significant numbers of self-funders request that the Directorate sources their care.</li> <li>• Potential to place significant extra pressure on the Financial Assessment and Benefits Team, even if the current financial assessment process is made more</li> </ul>

8

Options Analysis		
No.	Option	Summary
		<p>proportionate for self-funders.</p> <ul style="list-style-type: none"> <li>• Highly likely it would lead to a reduction in the quality of service for all vulnerable Surrey residents, irrespective of whether they are self-funders. Staff could miss safeguarding risks.</li> <li>• Highly likely it would generate a significant increase in the number of complaints.</li> <li>• Highly likely it would place significant extra pressure on already strained PCS assessment staff. It could result in increased staff turnover and sickness.</li> </ul>
2	Grow Personal Care and Support	<p><b>Description</b></p> <ul style="list-style-type: none"> <li>• As above, but more staff are recruited to PCS to meet the projected increase in demand for assessments.</li> <li>• New staff would be recruited to locality teams, to enhance these teams' overall assessment, sourcing and review capacity. New staff would be recruited to the Financial Assessment and Benefits Team to enhance this service's financial assessment capacity.</li> <li>• Potential to recruit bank staff so assessment capacity can be more easily scaled up or down to meet actual demand.</li> <li>• Potential to host regular assessment 'clinics' in community hub locations, to maximise the number of assessments which can be done daily.</li> </ul> <p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>• Assessments continue to be delivered 'in-house', giving the Directorate greater control over quality assurance.</li> <li>• A face-to-face assessment means staff will be able to more easily understand the individual's needs and give personalised advice and information.</li> <li>• New recruitment would offer potential to deliver a weekday evening and weekend service.</li> </ul> <p><b>Risks and issues</b></p> <ul style="list-style-type: none"> <li>• A significant new workforce would need to be recruited just to meet the ongoing increase in number of annual assessments – potentially twice as many locality assessment and review staff, and Financial Assessment</li> </ul>

Options Analysis		
No.	Option	Summary
		<p>and Benefits Team staff (with a similar increase in the number of administrative staff and managers). This recruitment would not address the potential 'peak' in assessment demand on 1<sup>st</sup> April 2016.</p> <ul style="list-style-type: none"> <li>• Current recruitment experience suggests recruiting such staff in large numbers will be a challenge.</li> <li>• Employing new staff would put pressure on district and borough office accommodation capacity (already strained in some localities) and IT equipment provision. Likely to lead to increased costs to accommodate and equip these staff.</li> </ul>
3	Commission trusted assessors	<p><b>Description</b></p> <ul style="list-style-type: none"> <li>• The Directorate commissions external organisations to deliver assessments on its behalf. These 'trusted assessors' could include voluntary, private or public sector partners.</li> <li>• Trusted assessors would use the same assessment process as Personal Care and Support. The Directorate would provide and/or commission training to support this.</li> <li>• Trusted assessors could also offer a support planning and sourcing service if required.</li> <li>• Method would need to be explored and agreed for capturing all data in the Directorate's systems.</li> <li>• Cases which are more complex or where there is a safeguarding risk would be referred to PCS.</li> <li>• The Directorate would establish a quality assurance function to monitor the quality of assessments and decisions by trusted assessors.</li> <li>• Potential for trusted assessors, perhaps alongside PCS staff, to host regular assessment 'clinics' in community hub locations, to maximise the number of assessments which can be done daily.</li> <li>• Current assessment process is adjusted so independent personal budgets and care accounts can be calculated and monitored.</li> <li>• Potential to explore and develop a more proportionate and/or accessible approach to assessment of self-funders. This could include making assessment forms available in 'hub' locations, e.g. GP surgeries, for individuals and/or their carers to complete and post back, with telephony</li> </ul>

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Options Analysis		
No.	Option	Summary
		<p>support from trusted assessor staff.</p> <ul style="list-style-type: none"> <li>• Potential to develop more proportionate approach to financial assessment for self-funders. E.g. only do thorough financial assessment if it appears the individual is close to a capital eligibility threshold. Financial Assessment and Benefits Team would still need to do detailed financial assessments of individuals if required.</li> <li>• The personal budgets of people who currently receive financial support from the Directorate form the basis of their care account, until they are next reviewed.</li> <li>• Trusted assessor staff carry out 'light-touch' reviews of self-funders progressing towards their cap (e.g. through telephone), unless there were indications a more comprehensive review is required.</li> <li>• New process established so people who reach the cap begin to receive full financial support from the Directorate for any ongoing reasonable care costs.</li> </ul> <p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>• Multiple trusted assessor organisations would offer a diverse range of 'front doors' to assessment across local communities.</li> <li>• Many potential trusted assessor organisations already work with vulnerable adults and have a good understanding of the skills needed to engage with different individuals.</li> <li>• Many potential trusted assessor organisations already carry out their own assessments of vulnerable adults. There could be opportunity to use the same information for multiple purposes, so individuals do not have to keep retelling their story.</li> <li>• Trusted assessor organisations may have a better understanding of the local resources in the community, and be better able to signpost individuals to these, than PCS.</li> <li>• Individuals may be more willing to approach the voluntary sector or private providers for an assessment, rather than the local authority.</li> <li>• Private providers will already be in regular contact with many self-funders who might be interested in an assessment. They could particularly help assess the initial</li> </ul>



Options Analysis		
No.	Option	Summary
		<p>‘peak’ in assessment demand.</p> <ul style="list-style-type: none"> <li>• Potential to offer a weekday evening and weekend service.</li> </ul> <p><b>Risks and issues</b></p> <ul style="list-style-type: none"> <li>• Some voluntary sector trusted assessors may be uncomfortable acting as eligibility ‘gate-keepers’ for the local authority. This could challenge their role as independent advocates for vulnerable adults.</li> <li>• A potential conflict of interest for some organisations in being assessors as well as service providers.</li> <li>• Need to scope the IT implications. For example, how would data be transferred in a safe, good quality and efficient way to Directorate systems?</li> <li>• Need to scope information governance implications.</li> <li>• As the accountable body, the Directorate would need to be assured that assessments and eligibility decision-making was taking place to a consistent, high-quality standard. A new quality assurance function would need to be scoped and developed to ensure this.</li> <li>• Need to scope the interest and capacity of private providers and organisations in the voluntary and public sectors to become trusted assessors. Is there sufficient take-up to manage the increase in demand?</li> <li>• The commissioning model and charging framework would need to be explored to ensure trusted assessors’ assessment capacity could be scaled up or down in a cost-effective way.</li> <li>• Current PCS assessment staff may perceive this option as a threat to their roles.</li> <li>• May still place extra pressure on current PCS assessment capacity if a high number of ‘complex’ cases (especially if these are poorly defined) are referred to locality teams by trusted assessors.</li> <li>• Likely there would still be extra pressure on the Financial Assessment and Benefits Team to do detailed financial assessments as required.</li> </ul>
4	Contract with assessment agencies	<p><b>Description</b></p> <ul style="list-style-type: none"> <li>• As option 3, but instead of commissioning private providers and organisations in the voluntary and public sectors to become trusted assessors, the Directorate contracts with</li> </ul>

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Options Analysis		
No.	Option	Summary
		<p>private agencies and organisations which already offer assessment services.</p> <p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>• Assessment agencies would be able to scale up or down their services more readily to match actual assessment demand. A contractual model based on a cost per assessment charge within a certain timeframe could support this.</li> <li>• Potential to offer a weekday evening and weekend service.</li> </ul> <p><b>Risks and issues</b></p> <ul style="list-style-type: none"> <li>• Need to scope the IT implications. For example, how would data be transferred in a safe, good quality and efficient way to Directorate systems?</li> <li>• As the accountable body, the Directorate would need to be assured that assessments and eligibility decision-making was taking place to a consistent, high-quality standard. A new quality assurance function would need to be scoped and developed to ensure this.</li> <li>• Current PCS assessment staff may perceive this option as a threat to their roles.</li> <li>• Need to scope information governance implications.</li> <li>• Would agency staff be based in PCS office accommodation? Accommodation capacity already strained in certain localities.</li> <li>• May still place extra pressure on current PCS assessment capacity if a high number of 'complex' cases (especially if these are poorly defined) are referred to locality teams by agencies.</li> <li>• Likely there would still be extra pressure on the Financial Assessment and Benefits Team to do detailed financial assessments as required.</li> </ul>
5	Online self-assessment	<p><b>Description</b></p> <ul style="list-style-type: none"> <li>• The Directorate develops an online tool that enables vulnerable adults and/or their carers to self-assess, determines whether they are eligible for support, if appropriate does a high-level financial assessment and</li> </ul>

Options Analysis		
No.	Option	Summary
		<p>calculates an independent personal budget and generates a care account, and signposts to other sources of information and advice.</p> <ul style="list-style-type: none"> <li>• PCS continues to provide a face-to-face service as currently. The online tool would signpost users to PCS under certain parameters (e.g. if a safeguarding risk was detected, if the individual is not a self-funder etc.).</li> <li>• Explore whether the online tool could offer a support planning and/or care sourcing service.</li> <li>• The personal budgets of people who currently receive financial support from the Directorate form the basis of their care account, until they are next reviewed.</li> <li>• PCS locality staff carry out 'light-touch' reviews of self-funders progressing towards their cap (e.g. through telephone), unless there were indications a more comprehensive review is required.</li> <li>• New process established so people who reach the cap begin to receive full financial support from the Directorate for any ongoing reasonable care costs.</li> </ul> <p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>• An accessible option for vulnerable adults and/or their carers who are confident using IT.</li> <li>• Scalability of assessment capacity to match actual demand is not an issue.</li> <li>• If a full online self-assessment tool as described above is not appropriate (e.g. because it is felt eligibility decisions should be made following a face-to-face conversation), a simple online self-assessment tool could act as a form of triage, signposting individuals to further sources of support and/or a full face-to-face assessment if required.</li> <li>• 24/7 service.</li> </ul> <p><b>Risks and issues</b></p> <ul style="list-style-type: none"> <li>• There is existing case law and draft Care Act guidance which states that relying solely on a self assessment model is outside of the current and potentially future law.</li> <li>• As the accountable body, the Directorate would need to be assured that online assessments and eligibility decision-</li> </ul>

Options Analysis		
No.	Option	Summary
		<p>making was taking place to a consistent, high-quality standard. A risk that online users might under-state or over-state their needs, that safeguarding risks are missed, or that carers are not identified. Consideration would need to be given to how this is addressed.</p> <ul style="list-style-type: none"> <li>• An online tool might not be able to give as good personalised information and advice as a trained assessor following a conversation.</li> <li>• An online tool might not be able to offer a support planning and/or care sourcing service. If so, this would place extra pressure on PCS locality team capacity.</li> <li>• Vulnerable adults and/or carers who are not confident with IT would still need to approach PCS. This could put strain on PCS capacity.</li> <li>• Likely there would still be extra pressure on the Financial Assessment and Benefits Team to do detailed financial assessments as required.</li> <li>• Online self-assessment IT functionality needs to be scoped, developed and interface with the Directorate's current systems.</li> <li>• Current PCS assessment staff may perceive this option as a threat to their roles.</li> <li>• Telephony support is likely to be required.</li> </ul>
6	Progress options 2-5	<p><b>Description</b></p> <ul style="list-style-type: none"> <li>• Progress all of options 2-5 together.</li> <li>• Potential to explore how different options could interact with one another. For example, a sub-option could be initial online self-assessment followed by a brief face-to-face validation of the information and eligibility decision with a trained assessor.</li> <li>• Modelling would be needed to project how many people are anticipated to use the different assessment routes. Would we want to encourage a 'channel shift' to certain routes, e.g. online self-assessment? Would have significant implications for cost.</li> </ul> <p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>• Creates a wide range of different 'front doors' for people to access an assessment – the Directorate could monitor to</li> </ul>

## Cap on Care Costs Workstream: Business Case

Options Analysis		
No.	Option	Summary
		<p>understand which is most effective and develop it accordingly.</p> <ul style="list-style-type: none"> <li>• Creates an opportunity to ‘channel shift’ individuals down certain assessment and review routes, including creating a triage function. E.g. online self-assessment could act as an initial triage, drawing on trusted assessors and/or PCS locality staff depending on the complexity of the assessment or wishes of the individual.</li> <li>• Reduces the risk of not being able to scale assessment capacity up sufficiently to meet demand by drawing on several methods.</li> </ul> <p><b>Risks and issues</b></p> <ul style="list-style-type: none"> <li>• Creates the potential for more handovers between different people and organisations, increasing the risk that information is missed.</li> <li>• Places greatest strain on project resourcing and delivery.</li> <li>• If actual assessment demand is less than projected, it might be more difficult to scale the capacity of a range of different options down than just one.</li> </ul>

8

It is important to note that all of the options will have put extra demands on PCS’s current assessment and review capacity (including the Financial Assessments and Benefits Team), whether this is doing more assessments, financial assessments and reviews, potentially offering quality assurance of external assessments, or picking up particularly complex assessments.

The following methods will also be used to support the agreed option, irrespective of which option is agreed:

- If permitted by regulations and guidance, the personal budgets of people who currently receive financial support from the Directorate will form the basis of their care account, until they are next reviewed,
- To help address the potential initial surge in demand for assessments from self-funders, it is proposed by the DH that assessments to generate an individual’s independent personal budget and care account are started from October 2015. Although the individual’s care account would not start accumulating towards the cap until 1<sup>st</sup> April 2016, a risk assessment could be carried out at point of assessment to consider whether the individual’s needs would change significantly enough in the six month interval to generate a

different independent personal budget (they may also request a review in the interim), and

- In line with current practice and law, offer a target timeframe within which the assessment will be completed following the initial request by the individual. Currently this stands at 28 days, but DH guidance may specify a different timeframe.

8

### Estimated Costs

Detailed modelling work is underway with Finance and Commissioning, Procurement and IMT colleagues, in consultation with the independent sector and partners, to generate detailed estimates for the initial set-up and then ongoing costs of the different options. This will inform the final business case for discussion and sign-off by January 2015.

### Assumptions

The following high-level assumptions have been used to inform all the above options:

- The Care Act introduces a new cap on care costs, effective from 1<sup>st</sup> April 2016. The Government is reviewing feedback from some local authorities to postpone implementation by at least a year; currently it is still committed to implementing the cap from 1<sup>st</sup> April 2016.
- As a result of the cap and accompanying publicity more people than currently, particularly self-funders, approach the Directorate for an assessment.
- The Department of Health (DH) makes available funding to support local authorities implement the new cap service. The DH has stated there will be no unfunded new burdens on local authorities as a result of the Act. Initial modelling by SCC and other local authorities suggests the funding analysis by the DH underestimates the level of extra monies local authorities will require, but due to the high number of variables in any modelling calculation it is difficult to accurately project the final costs.

### Key Timescales

The cap on care costs is anticipated to become law from 1<sup>st</sup> April 2016. Whichever option is progressed, staff, systems and processes must be ready to receive self-funder assessments, generate independent personal budgets, monitor care accounts and carry out reviews from this point onwards. From 1<sup>st</sup> April 2016 care accounts will also need to be generated and monitored for all people who already receive support from the Directorate, irrespective of whether or not they are a self-funder.

## Cap on Care Costs Workstream: Business Case

As noted above, the DH has advised that assessments to generate an individual's independent personal budget and care account can be started from October 2015. Preparing the appropriate systems, processes and workforce (including the required recruitment, workforce training, marking and publicity, service procurement and IT to be developed, tested and implemented) to be ready for go-live from October 2015 could require up to a year's lead-in time. Furthermore, the Department of Health plans to publish draft regulations and guidance on the cap on care costs in October 2014 for formal public consultation, which will help to inform the Directorate's response.

A decision on the option(s) the Directorate wishes to implement is required by January 2015, so that the necessary work required can be completed in time.

### Governance Arrangements

The cap on care costs workstream is one workstream of the Directorate's Care Act project. John Woods, Assistant Director for Policy and Strategy, is the sponsor for the Care Act project and the chair of the cap on care costs workstream. The workstream reports into the Care Act Project Group, which in turn reports into the Adults Leadership Team (ALT) and the Care Act Implementation Board.

The cap on care costs project group meets monthly and includes:

Name	Role
John Woods	Assistant Director for Policy and Strategy
Tristram Gardner	Project Manager
Sarah Wimblett	Project Officer
Toni Carney	Benefits and Charging Manager
Christine Mak	Assistant Senior Manager, Personal Care and Support
Christian George	Category Manager, Procurement
Donal Hegarty	Senior Manager, Commissioning
John Bangs	Commissioning Manager (Carers)
Joanna Klimera	Health and Social Care Advisor, Training
Lorraine Juniper	Senior Manager, Policy and Strategy
Andrew Hewitt	Principal Accountant, Finance
Siobhan Abernethy	Communications and Stakeholder Engagement Manager

An external reference group has also been established, chaired and supported by the Directorate and consisting of voluntary and public sector organisations from across the county who have expressed an interest in advising on the authority's response to the cap on care costs.

To set-up, participate in, monitor and evaluate the development of the options further, a working group of staff and partners is being established. This will include

frontline social care staff, voluntary, private and public sector organisations who have expressed an interest in participating, and staff from Directorate support services (including Business Intelligence, Training, IMT, Commissioning, Information Governance, Financial Assessment and Benefits etc.).

## Recommendations

**Recommendation 1:** Option 1 (do nothing) should be discounted for further exploration. It would place unsustainable pressure on PCS capacity and very likely lead to a significant decline in service quality for residents and carers.

**Recommendation 2:** Option 5 (online self-assessment for all self-funders) should be discounted for further exploration. It is highly unlikely that new law will permit local authorities to carry out all assessments online. Individuals' needs may be missed or inaccurately recorded and safeguarding risks not identified. However, an initial online self-assessment for some individuals could be a viable component of an integrated assessment and review strategy that comprises multiple options.

**Recommendation 3:** Option 6 (progress a mix of options 2-5) is the current preferred option. Developing an integrated range of assessment and review options would offer residents and carers the best choice and create opportunities to 'channel shift' individuals towards the most appropriate and proportionate route. It would also offer the most scalable solution in an environment where the actual demand will not be known until the law changes.

**Recommendation 4:** Further work is undertaken to scope the risks, benefits and costs of Option 6. By further developing Option 6, it will also be possible to scope in more detail the implications of options 2, 3 and 4.

**Recommendation 5:** In order to give sufficient time to implement a response, a final decision needs to be made as to the option(s) the Directorate wishes to progress by January 2015. The final chosen option will also form the basis of the Directorate's assessment and review strategy.

## Next steps

Assuming key recommendations are accepted, the following key milestones would form the basis of next steps:

Key milestone	By when
Prepare to develop the different options further	Early June 2014
Run, monitor and evaluate the different options	Early June to early October 2014
Review draft cap regulations once published by	October 2014



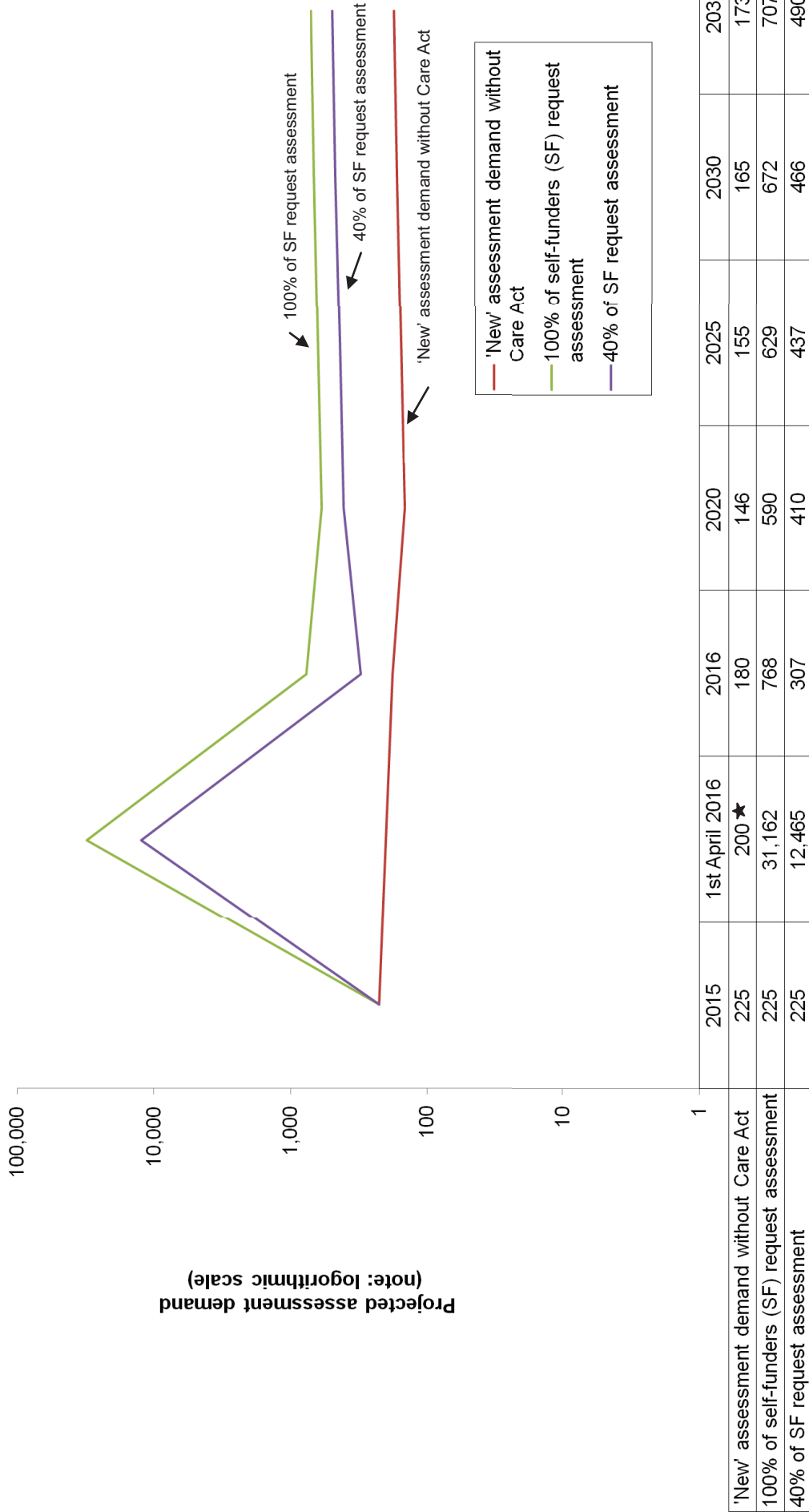
## Cap on Care Costs Workstream: Business Case

Key milestone	By when
DH	
Finalise business case and accompanying EIA for final decision regarding which option to be implemented	January 2015
Develop the Directorate's assessment and review strategy to reflect chosen option.	February 2015
Deliver necessary work (e.g. procurement, recruitment, training, IT) to implement option.	February 2015 to October 2015
Begin assessments in advance of cap.	October 2015
Individuals' care accounts begin to accrue towards cap.	April 2016 onwards

*Annex A* gives further information on the proposed framework to develop and evaluate the recommended options in more detail.

### Cap on Care Costs Workstream: Business Case

**Graph 1: Projected annual demand for assessments (including initial peak)**



Year

★ Please note this figure has been inserted to help illustrate graph flow; we would not anticipate to be assessing 200 'new' eligible people on 1<sup>st</sup> April 2016 if the Care Act were not implemented

## Graph 1: Key assumptions

### Assumptions – overall

- Summary of how population size had been projected using the Surrey financial model (as shared with ADASS)
- The rise in the capital eligibility threshold in April 2016 will reduce the proportion of the eligible population who are self-funders.
- All residents who are entitled to be LA funded request an assessment.
- There is no back-log in current assessment demand from residents who are entitled to be LA funded when the funding reforms pass into law from 1st April 2016.
- No assessments to manage the extra demand take place before 1st April 2016.
- The new Care Act eligibility criteria are equivalent to 'Substantial' on the FACS criteria (i.e. no change).
- "Self Funders" and "Full Cost" are defined as residents who have care needs which meet the eligibility criteria, but currently pay for their own care.
- Only residents who meet the eligibility criteria request an assessment. I.e. There is no demand from residents who do not meet the eligibility criteria.
- All models assume residents who request an assessment only do so once throughout their lifetime.

### Assumptions - assessment demand without Care Act

- If the Care Act funding reforms were not implemented, only people who are entitled to financial support would request an assessment. Based on separate assessment demand projections undertaken by Finance.

### Assumptions - 100% of self-funders request assessment

- All residents who have eligible needs request an assessment, irrespective of their level of wealth
- All residents who are still self-funders on 1st April 2016 request an assessment on that date.
- All residents who become entitled to be LA funded from 1st April 2016 due to the rise in the capital eligibility threshold request an assessment on that date.

### Assumptions - 40% of self-funders request assessment

- 40% figure is based on an online survey of 255 current self-funders carried out in late 2013/early 2014. Following a brief description of the cap, 40% of respondents responded positively to the question "From April 2016 you are

## Cap on Care Costs Workstream: Business Case

entitled to an assessment by the LA of your care needs and financial position. How likely are you to contact the LA about this service?"

- 40% of residents who are still self-funders on 1st April 2016 request an assessment on that date.
- All residents who become entitled to be LA funded from 1st April 2016 due to the rise in the capital eligibility threshold request an assessment on that date.

# Annexe A: Proposed option development framework

## Context

From April 2016 the Government will introduce a new cap on lifetime care costs for individuals. Local authorities will be responsible for offering the new cap service to all their residents who are assessed as having eligible social care needs.

The relative affluence of Surrey (as many as 80% of residents with eligible care needs are estimated to currently fund their own care – ‘self-funders’) means it is likely there will be a greater demand from self-funders for an assessment and, if they are eligible, a cap calculation than in other local authority areas. Many self-funders do not currently approach the authority for an assessment or support, so if unaddressed this projected growth in demand could place unsustainable pressure on current assessment service capacity. However, it also creates new opportunities to provide information and advice to a large section of the vulnerable adult population in Surrey.

The ‘cap on care costs business case’ outlines a range of options for how Surrey County Council’s (SCC) Adult Social Care (ASC) Directorate could choose to meet the projected growth in assessment demand. It also considers how current ways of working will need to be adjusted to reflect the new legislative requirements surrounding the introduction of a cap on care costs (for example, introducing independent personal budget and care account functionality, establishing a process for reviewing self-funders’ independent personal budgets, etc.).

The business case recommends that developing an integrated range of assessment and review options would offer residents and carers the best choice and create opportunities to ‘channel shift’ individuals towards the most appropriate and proportionate route. It would also offer the most scalable solution in an environment where the actual demand will not be known until the law changes.

Further work needs to be undertaken through to scope the risks, benefits and costs of choosing to implement this option. This information will help inform a final decision in January 2015 as to whether this is the option the Directorate wishes to progress.

## Objectives

## Cap on Care Costs Workstream: Business Case

In order to inform an updated business case and accompanying equality impact assessment by January 2015, the option development approach must:

- Develop and test a draft assessment and review process that complies with:
  - The Care Act legislative requirements,
  - ASC's draft policy framework, and
  - The aims of the cap on care costs business case.
- Identify and test which stages of the draft assessment and review process could be delivered by:
  - Personal Care and Support (PCS),
  - 'Trusted assessor' organisations,
  - Assessment agencies, and
  - Online self-assessment.
- Through testing, understand how these different delivery methods could integrate and/or support one another and/or be scaled up or down so that all Surrey residents, irrespective of their reason for need or ability to pay, could access and receive an appropriate and proportionate assessment in a timely and cost-effective way.
- Engage with Surrey residents and carers to understand their preferences, concerns and feedback.
- Identify how the draft assessment and review process and proposed delivery methods would need to align with other services, projects and initiatives currently underway or planned to be launched in the Directorate and/or SCC as a whole.
- Refine the draft assessment and review process and proposed delivery methods in light of the Care Act draft regulations and guidance when these are published in May 2014.
- Refine the draft assessment and review process and proposed delivery methods in light of the funding reforms draft regulations and guidance when these are published in October 2014.
- Identify the process, system and people implications of implementing the above as a chosen option, including analysing the associated costs, risks and benefits.

### Approach

The underpinning philosophy is to give as much time as possible to testing a draft process and how it can be delivered. This will enable us to identify potential problems as soon as possible, meaning we have more time to scope them and find solutions. We anticipate we may need to use interim measures and 'work-arounds' initially. However, this will create opportunities to develop and test practical solutions with frontline assessors in an operational working environment, rather than in theory in a back office.

Bearing this in mind, the approach will start in one locality, Elmbridge, from June 2014. A draft assessment and review process will be developed and which initially will only be used by two or three experienced assessors from the PCS Elmbridge Locality Team. This will be an opportunity to identify any immediate issues with the proposed process, including what needs to be considered and/or provided if external organisations are to do assessments (for example, information governance, systems access, staff training, IT equipment provision).

Over the subsequent weeks, we will invite up to half-a-dozen voluntary and private sector organisations who are based in the Elmbridge area and who have expressed an interest in acting as 'trusted assessors' to participate in the pilot, initially alongside and supported by the PCS Elmbridge locality staff. Around the same time, we plan to invite two or three agencies who have expressed an interest in contracting with the Directorate to begin piloting the draft assessment and review process. By the start of August 2014, we anticipate that a mixture of PCS staff, potential trusted assessors and assessment agencies will all be piloting the draft assessment and review process in Elmbridge.

From August to October 2014, we hope to collect detailed information on the implications of each delivery model, as well as how they could potentially support one another.

Alongside this we will work with colleagues from IMT to explore what functionality is required to deliver an online self-assessment, what this could look like and what is being developed in the market, and the potential benefits and costs.

Identifying enough self-funders who are willing to be involved is crucial to gathering sufficient feedback. Self-funders will be identified through two means:

- Write to independent providers in the Elmbridge area asking them to share a formal invitation with the self-funders they are supporting, and
- Invite self-funders who are identified through PCS Elmbridge Locality Team's reablement and hospital discharge service.

Self-funders who participate will not be assessed again (unless their needs significantly change) once the funding reforms come into law from April 2016, ensuring they are 'first in line' for receiving an independent personal budget and care account. If insufficient self-funders can be identified within the Elmbridge locality, we will contact others in neighboring district and boroughs.

Achieving the appropriate balance between doing thorough and appropriate assessments of self-funders, with the desire to create a 'safe zone' for generating ideas and problem-solving, will be an important consideration. PCS, information

## Cap on Care Costs Workstream: Business Case

governance and quality assurance colleagues will be an integral part of the pilot team to help ensure vulnerable adults are fully supported throughout the process and that the Directorate safely discharges its responsibility to ensure all vulnerable adults are safeguarded appropriately.

8

### Timescales

Action	Timescale
Draft the assessment and review process which will form the basis of the approach	June 2014
Establish the team who will set-up and monitor the approach	June 2014
Define the detailed evaluation framework– i.e. what data do we need to gather, to answer what questions, how will we identify and share risks and issues?	June 2014
Identify what tools/support/training is required in Elmbridge Locality Team	June 2014
Begin to identify self-funders who are willing to participate	June 2014
Complete EIA on approach	June 2014
Start approach with Elmbridge Locality Team	From July 2014
Identify what tools/support/training is required for trusted assessor organisations	July 2014
Start approach with trusted assessors	From July 2014
Issue a 'request for information' (RFI) to assessment agencies who might be interested in participating in the approach	May 2014
Identify what tools/support/training is required for assessment agencies	July 2014
Start approach with assessment agencies	From August 2014
Continue to scope the requirements for online self-assessment – e.g. what products are available on the market, how could these interface with the other delivery methods?	Ongoing
Update wider Care Act project, partner forums and internal management boards to share progress and identify where there might be interdependencies	Ongoing
Evaluate feedback	Ongoing to October 2014
Evaluate the draft funding reforms regulations and guidance when these are published by the Department of Health	October 2014
Host countywide engagement events to collect residents', carers', members', staff and partners' feedback on the	November 2014



## Cap on Care Costs Workstream: Business Case

Action	Timescale
draft regulations and guidance, and our proposed approach	
Use information from the above to inform a revised business case and equality impact assessment which, if approved, will become the basis of the Directorate's assessment and review strategy.	January 2015

8

### Key stakeholders and engagement

Key stakeholders	Proposed engagement method
Information Governance	Membership of the operational team
Data Quality	
IMT	
Training Team	
Elmbridge Locality Team	
Financial Assessment and Benefits Team	
Business Intelligence Team	
Personal Care and Support carers' lead	
Project support	
Business Systems Team	Update on progress and potential links through the Business Continuity Group
HR	Update on progress and potential links through the cap on care costs workstream group
Finance	
Procurement	
Commissioning	
Communications and Engagement Team	
Policy Team	
Personal Care and Support	
Voluntary and public sector organisations who may have an interest in becoming a trusted assessor	Engage initially through a separate working group for potential voluntary sector partners.
Private sector organisations who may have an interest in becoming a trusted assessor	Engage initially through a separate working group for potential private sector partners.
Assessment agencies	Engage individually once RFI completed.
Self-funders	Gather feedback from self-funders who have gone through the draft assessment and review process
Carers	Gather feedback from carers who have

## Cap on Care Costs Workstream: Business Case

Key stakeholders	Proposed engagement method
	gone through the draft assessment and review process
Other partners in the Elmbridge area (for example, carers' support organisations)	Make aware of what is happening and collect any feedback on potential impact on their services
Wider community of Surrey residents, staff, managers, partners, carers and elected members.	Gather feedback on proposed approach through countywide engagement events on the draft guidance and regulations

8

### Evaluation framework

The developed option will be evaluated according to the following criteria:

- Scalability
- Sustainability
- Cost
- Quality
- Achievability
- Risks
- Benefits
- Compliance with ASC policy principles

The operational team will develop a more detailed evaluation framework that will inform the final business case.

### Governance

The operational team will report into the cap on care costs workstream group, which in turn reports into the wider Care Act project group and implementation board.

## Information and Advice Strategy 2014-16

Surrey County Council – Adult Social Care

(Draft V13 28/05/2014)

### Contents

Introduction	page 2
National context and policy background	page 3
Surrey context	page 4
Key demographic facts about Surrey	page 7
What information are residents seeking?	page 8
How information and advice is currently provided in Surrey	page 14
New strategic approach	page 19
Ensuring a quality information and advice service	page 25
How will we know the strategy is successful?	page 26
Engagement on the strategy development	page 27
Key achievements 2013 – 14	page 29
An example of good practice	page 30

## **Introduction**

Adult Social Care within Surrey County Council has, since 2009, placed great emphasis on providing universal access to information and advice, supporting the specific requirements of the government's Putting People First<sup>1</sup> policy. People need good information and support to enable them to get the personalised care they need, to make genuine choices and exercise control over their lives and remain independent and well.

The forthcoming Care Act 2014 formalises many of these requirements and the new Information and Advice Strategy 2014-16 sets out how we will respond to the new regulations and enhance the existing service on offer to anyone who would benefit from it, across the county

For clarity, the definitions of information and advice we continue to use from the Putting People first guidance, are as follows:

**Information** is defined as:

- The open and accessible supply of material deemed to be of interest to a particular population. This can either be passively available or actively distributed

**Advice** is defined as:

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<sup>1</sup> Putting People first is a shared vision and commitment to the transformation of adult social care. Key elements are:

- prevention
- early intervention and re-enablement
- personalisation
- information, advice and advocacy.

Councils will be required to move to a system of personal budgets for everyone who is eligible for publicly-funded adult social care support. They will also be required to provide universal information, advice and advocacy services for all who need services and their carers. This is irrespective of eligibility for public funding.

- Offering guidance and direction on a particular course of actions which need to be undertaken in order to realise a need, access a service or realise individual entitlements.

This strategy is applicable to the whole adult population in Surrey not just those residents already receiving support or people with immediate care and support needs; it covers all residents over 18, carers (in an informal caring role) including young carers, people with disabilities or impairment, people planning future care and their families, regardless of their ability to pay for care.

### **1. National Context and Policy Background**

The Care Act 2014 places a statutory duty upon councils to provide information and advice that is both accessible and proportionate, to the whole population, from April 2015. This is to enable people to understand how the care and support system works, what services are available locally, and how to access those services. The Act provides for a universal information and advice service, which is available to all people who request it, and not just limited to those people with assessed care and support needs and their carers.

The changes that the new legislation introduces are wide ranging and at times complex. Clause 4 of the Act sets out the areas where we must provide information and advice, specifically:

- What types of care and support are available – eg specialised dementia care, befriending services, reablement, personal assistance, residential care, etc
- The range of care and support services available to local people, ie what local providers offer certain types of services
- What processes local people need to use to get the care and support that is available
- Where local people can find independent financial advice about care and support and help them to access it
- How people can raise concerns about the safety or wellbeing of someone who has care and support needs.

There is a growing wider emphasis to have a basic offer of good information and advice to help make informed choices, and to help

ensure residents know how to access family, friends or communities to help provide support. This is against a background of generally low awareness about the realities of paying for care, where the onus will remain on individuals to carefully plan for their care needs in the future, even with the forthcoming cap on care costs detailed in the legislation<sup>2</sup>.

## **2. Surrey Context**

The previous Information and Advice Strategy, which covered the period 2010-13, has now expired and all the key recommendations have been implemented. The refresh of this strategy, will reflect a number of related strategies which have an impact:

Adult Social Care has developed a **Strategic Policy Intention**, outlining the fundamental principles behind our response to the Care Act 2014:

### **We will meet our duties**

Complying with the law in a way that is consistent with our vision for Adult Social Care in Surrey.

### **We will Support the ‘General’ responsibilities in the Act**

Promoting individual wellbeing, prevention, providing information and advice, promoting quality and diversity of services, co-operating with partners.

### **We will promote a Whole Family Approach**

Treating carers with the same esteem as the people that they care for and being aware of the needs of children in the household.

### **We will act fairly**

Ensuring an equal value on access and outcomes for all regardless of reason for need or ability to pay.

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<sup>2</sup> The cap on care costs contained in the Care Bill introduces:

- A lifetime cap on costs at £72,000. From 2016, local authorities will pay for any ongoing reasonable care costs incurred by individuals to meet their eligible needs (excluding general living costs)
- A new capital eligibility threshold of £118,000 for people who have eligible needs in residential care who own their own property.

### **We will be clear and transparent**

Making it as easy as possible for people to have the information that they need, at the right time and in the best way for them

### **We will put Personalisation at the centre of what we do**

Enabling people to be in control of their own care and support.

### **We will behave proportionately**

Responding flexibly and appropriately to people's needs.

### **We will work together with the 'Surrey community'**

Responding in a way that takes account of and uses our community and partner needs, expertise and resource.

The Care Act 2014 informed, to a large part, **the Adult Social Care Directorate Strategy 2013/14 – 2017/18 (add link)**. A key strategic aim is to:

- offer universal information and advice services to all local people to promote their independence and wellbeing. To deliver this, we will:
  - implement a new approach for people who fund their own care and support, so people understand the care and support system, can access services and plan for their future by, for example, providing care accounts, self assessment
  - improve the range, quality and accessibility of information, advice and advocacy available for all in their communities, so people understand how care and support works, their entitlements and who to go to for advice
  - promote diversity and quality in care provision and community support so there is/are a range of high quality services available to meet people's choices.

Other strategic priorities in the Adult Social Care Directorate Strategy are dependent on, to a greater or lesser degree, a greater understanding and awareness of support available delivered through an information and advice service, most notably:

- connect individuals with family, friends and community support networks so they can live independently and prevent or postpone the need for funded care and support services

- continue our commitment to personalisation, with all systems, processes, staff and services giving people choice and control over their lives.
- collaborative working with health and other partners to deliver integrated community health and primary care services to improve the health and social care for people
- provide leadership in the joint commissioning of health and social care services to ensure diversity, quality, cost effective and sustainable services.

There is also an increased focus on operational staff providing information and advice on a local basis.

The county council's **Communications and Engagement Strategy 2013- 2018** (see [link](#)), highlights how our communications activity fits into three broad areas:

- Providing information – increasing awareness of services and issues through a variety of channels, explaining decisions and policies using spokespeople as appropriate, providing details of how and where to access services and information about events and activities.
- Supporting changes in behaviours – such as advice on living independently for older and vulnerable adults, improving health
- Engaging people in changes – eg seeking views on changes to services, new policies and ways of delivering services and activity.

The corporate priority areas are identified below and this strategy supports them:

- Improving our digital communications ability – being proactive in our use of social and digital media, supporting people to use these channels through clear guidelines and policies; and to continue to look for new ways of engaging people using digital and social media.
- Target communications and engagement to maximise impact – use data to reach people more effectively, including people who have been harder to engage in the past and who will benefit from tailored approaches to communication and engagement



- Providing the best communications and engagement by working as one team – build effective, co-ordinated communications and engagement that is consistently high quality and provides value for money.

There are also a number of **developing policies and strategies** which will impact upon the Information and Advice strategy:

- The Assessment and Review strategy will address our response to the cap on care costs and the projected increase in demand, and the requirement for a common process irrespective of how care is funded.
- The ‘Family, Friends and Community Support’ initiative aims to create communities where people have support networks of their own. It will be delivered through four key workstreams, one of which is ‘Improving Access’ so when people want information and advice, this is available within their communities and is easily found. Information and advice is identified in this initiative as a key driver to prevent or postpone adult social care needs.
- The Department of Health, the Local Government Association and Public Health England are planning a two phase communications campaign, the outputs of which we will link to directly. We will be contributing directly to the development of this communications campaign with the Department of Health.

## 2a. Key Demographic Facts about Surrey

In planning our strategy we need to understand who are residents are, where they are and if they may have particular communication or information needs.

- The resident population of Surrey was recorded as 1,132,390 in the 2011 census. Compared to England, Surrey has slightly more people in the 35 year and over age group and has fewer people in the 10-35 year age group;
- Each of the local authorities in Surrey have over half their population of working age (20-64 yrs) – Waverley has the lowest percentage and Runnymede the highest;
- Surrey is the most urbanised shire in England;

- The proportion of the population aged 85 years and over in Surrey is projected to increase from 2.5% to 5.2% by 2033. The current proportion is slightly higher in Surrey than in England, reflecting the longer life expectancies in Surrey compared with England as a whole
- There are an estimated 304,900 (27%) people who are older people who are unable to manage at least one self care activity on their own, people with a learning and/or physical and sensory impairment and/or mental health need
- Adult Social Care provides care and support to around 29,000 people with the most substantial and critical need during the course of year, excluding carers (2010-11)
- There were 16,791 adults with a learning disability in Surrey in 2013, of which 3,300 meet our eligibility criteria
- There are 4,165 adults on the Surrey Disability Register who have a visual impairment. Of these:
  - 2,422 are registered with a severe sight impairment
  - 31 are also registered as deaf
- The estimated net annual migration into Surrey was 4,867 people, with just under half comprised international migration;
- White British make up the largest percentage of the resident population in Surrey (83%). Epsom and Ewell has the lowest percentage (79%) and Waverley the highest (87%). There are proportionately more Europeans living in Surrey compared with England overall. Asians are the largest minority from non-white ethnic groups in Surrey.
- The data from the 2011 census shows 4.5% of 16-24 yr olds living in households have day to day activities limited by long term illness or disability: this proportion increases with age, to 9% of 25-64 yr olds, 26.4% of 65-74 yr olds, 50.6% of 75-84 yr olds, and 78% of 85+ yr olds;
- 29.5% of the 65years population live alone;
- The 2011 Census tells us there are 108,433 carers in Surrey, an increase of 9% since 2001; and nearly one quarter (22%) of these carers are providing more than 50 hours caring per week. There are also thought to be 14,030 young carers in Surrey;

- People identifying themselves as Christian make up the largest religious grouping in Surrey (62.8%), with Muslim the next biggest group (2.2%). The proportion of people in Surrey reported to have no religion has increased to a quarter of the population.

(See Surrey-i for further details)

## 2b. What information are residents seeking?

We have a range of sources that help us understand what kind of information our local residents are seeking. Here are some highlights:

- The **Adult Social Care helpline** received some 31,500 enquiries relating to adult social care during 2013. Their top enquiries are:
  - 12,000 relating to mental health (although mainly professional referrals by the police)
  - 4,000 relating to eligibility/access to services
  - 4,000 relating to learning disabilities
- **Age UK Surrey's** most popular enquiries in a 12 month period:
  - 21% of enquiries related to benefits
  - 16% related to housing
  - 14% related to non-residential care
- The **Surrey Hubs** reported that the most common enquiries: concerned equipment, benefits, advocacy, health, transport, consumer services and support for carers
- **Surrey Care Association**, were able to report that the common enquiries they receive include how to get support, the procedures involved, entitlement, how to get help to pay for care and how to choose a care provider
- Member organisations represented on the **Information and Advice Forum** found that common enquires related to:
  - Information on paying for care – entitlement, funding, benefits available, help with paying for care, where self funders should start in arranging care
  - Where to go for help – for social care and help with daily tasks
  - Information and advice on processes – procedures involved, the different agencies involved, how entitlement and criteria

are organised, timescales for assessment process. How to report a safeguarding concern

- How to choose a home, how to organise respite, what to do if paying privately but the money is running out.
- Enquiries about equipment – hire, loan and purchase (39% of enquiries to Surrey Information on Disability concerned equipment)
- Professionals sought information and advice on how to make a referral (and which forms to use), how to arrange care, timescales in arranging an assessment and the start of provision, how to report a safeguarding concern.
- The most popular Adult Social Care pages on the Surrey County Council website (1 Jan – 12 May 2014) were:
  - How to access adult social care services
  - Adult social care
  - Residential and nursing home care
  - Questions about your home when you pay for residential or nursing home care
  - Surrey Safeguarding Adults board
  - Helping you stay independent at home
  - Safeguarding adults – serious case reviews
  - Adult social care service
  - Surrey safeguarding adults multi agency procedures, information and guidance
  - Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

However, while we have good insight into what information residents are seeking, a **survey** of 2,500 adults receiving a service this year from Adult Social Care found:

- 30% thought it fairly or very difficult to get information and advice *about community support*, while
- 16% thought it very or fairly difficult to get information and advice *about residential and nursing support*.

## **Understanding the needs of residents who pay for their own care**

The Care Act 2014 will introduce many changes which impact on Surrey more than other areas of the country. The way that individuals fund the cost of social care is the biggest, and Surrey is estimated to have more 'self funders' (ie those not eligible for means tested care paid for by the Council) than most other places in the country. It is estimated that around four fifths of the population will be self funders.

The new cap on care costs will mean it will be in the interests of self-funders to approach Surrey County Council for an assessment of their needs, so they can start to accrue towards the cap. This provides a significant information and advice challenge, in that we need to raise awareness of the offer amongst this group, while at the same time managing expectations about what this means.

Recognising that up until now, Adult Social Care has had less involvement with self funders than many other groups, dedicated research was conducted in early 2014 to understand better their issues, expectations, preparedness and motivations. Focus group research carried out by IPSOS/Mori on behalf of the county council in January 2014 found the following:

### **Understanding social care**

- Better information is needed:
  - about the range of services available– beyond simply care homes
  - about domiciliary and community care options for those with less acute needs
  - about how care is funded and what this means for self funders
  - about the role of private vs public sector social care provision
  - about general eligibility criteria and who qualifies for state support.

### **Preparing for social care**

- Many self funders were reluctant to engage in planning for old age, requiring careful consideration of how Adult Social Care communicates this topic

- The subject should be approached delicately and appropriately, while underlining the importance of forward planning
- Consider the use of 'parents as proxies' when engaging with self funders
- There is an opportunity to underline the importance of planning for all eventualities – most assume their children will look after them in old age
- Underlining that, though different governments may make alterations to the system, this is not a reason not to save and plan.

### **Information needs and expectations**

- There is little appetite for lots of information about social care - self funders are more likely to engage with the matter when they are ready, and on their own terms
- Information on legal advice and power of attorney was of particular interest
- It is important to provide personalised information that pertains to an individual's circumstances and needs, perhaps done in discussion with an advisor (people stories were considered valuable)
- Those who already provide informal care for relatives are interested to know more about the range of services available, particularly the ones that are provided free of charge
- Health providers seem to be the default information source, so critical in supporting information dissemination.

An online survey, conducted with 255 self funders found:

- Just over 50% were aware of plans to cap care costs, while 60% were unlikely to get an assessment of their care or financial needs
- Around 57% had given some thought about how they would manage care needs in the future
- 46% identified themselves as carers
- 80% had not sought any independent financial advice
- 24% cite their GP as a key source of information, a similar proportion (24%) cite the internet, while 20% cite the County Council

- 85% would prefer to remain in their own home, while 44% were confident in having someone to look after them should their health deteriorate
- Responses varied on knowledge of local services – 57% thought they knew how to get help with transport, which fell to 38% who thought they knew how to get help with shopping and/or daily tasks generally.

These findings will be reflected in the strategic approach and action plan.

## Older People

**Age UK** has studied the information and communication needs of an ageing population (75+). Key findings include:

- Older people are as diverse as younger people, not one homogenised group
- The ageing population have different communication needs: hearing and sight loss, and dementia, are key factors to consider
- Some flexibility regarding the method of communication may be required – for some people email/letters could be enough, but others may need more
- Some older people may not have had much contact with people and may communicate for longer than expected, which may need to be built into service planning
- Complicated ways for older people to get in touch – for example, if they have to select lots of different options if calling by phone – can be an issue.

## Carers

A **Carers Digital Inclusion Survey** (2,000 respondents) conducted at the end of 2013, which aimed to understand the level of digital skill held by carers in Surrey, and their attitudes and behaviours towards the internet. Key findings were:

- Over a quarter of carers do not use the internet, with over half of these aged 75 and over

- 57% of 'offline' carers say they do not know how to use the internet, while 32% say they do not need the internet. 24% say cost of owning a device is a barrier to getting online.
- The three quarters of carers who use the internet use it primarily for services such as e-mail, online shopping and banking, social networking and generic searching of information.
- Some 60% of 'online' carers say the internet has a positive impact on their wellbeing, while 41% use the internet to work from home and feel that not having it would have a significant impact on their ability to care for somebody.

A **Carers Forum** in 2013 included a discussion and workshop about information needs for carers, and highlighted:

- Carers are not always aware that they are carers, and so consideration should be given as to how to target them as a group
- There is a lack of information for carers who do not use the internet
- Information can be too centralised – it needs to be personalised and relevant, and illustrated using individual stories that people can relate to
- Avoid information overload – the right information is needed at the right time
- Target non-traditional places such as chiropodists, opticians, pharmacies, outpatients etc.

### **3. How people currently access information and advice in Surrey**

There are a number of ways people can access information and advice on adult social care in Surrey.

When we refer to our information 'service' in Surrey it comprises several elements provided by different providers for example,

- the Adult Social Care helpline,
- the public information service provided by Adult Social Care communications team,
- the specialist advice services that have been set up,
- the Hubs,
- Age UK who run an information service,



- carers support schemes,
- Adult Social Care operational teams,
- independent care providers
- range of other support services that also offer information, that are funded by the county council,
- Surrey Information Point (website), the county council website and partner websites.

Understanding the range and contact levels of the 'service' has been critical in our development of the strategy particularly in our drive to reach more older people living in Surrey.

## Online

Our web portfolio includes:

- Surrey Information Point, which is the primary digital information source in Surrey. It aims to provide the public with information on services, activities and organisations to support them, tips on benefit entitlement, help at home, health conditions, leisure information and much more. It also acts as a central information resource for health and social care professionals, partner organisations and the voluntary sector
- The Surrey County Council website includes the main Adult Social Care section, where people are able to access all key information relating to accessing and using social care; community equipment; wellbeing centres; etc
- Surrey Disability Register, with a growing membership of people with disabilities
- The Learning Disability Partnership Board website
- The Healthy Surrey website for information on health and wellbeing.
- Surreycommunityinfo.

Information provided through partner organisation's websites, including:

- Support for carers - Action for Carers, Carersnet
- The Surrey Hubs
- PA Finder
- Surrey Care Association

- SID – Social Information on Disability
- Healthwatch Surrey
- Mental health provider – Surrey and Borders Partnership NHS Foundation Trust
- Clinical Commissioning Groups (six in Surrey)
- Hospitals
- Community health
- Borough and district councils.

Information provided through national organisation's websites, including:

- NHS UK
- Carers UK
- Care Quality Commission

### **Print**

- Provision of an extensive public information service – portfolio of leaflets, flyers and posters, through an increasingly broad distribution network
- Core or critical publications are available in a variety of accessible formats and font sizes (our default is size 14 Arial font)
- Other accessible formats are available upon request
- Range of newsletters available from Adult Social Care and partners
- Annual publication of the Care and Support Options directory, with 60% readership among self funders
- Surrey Matters residents magazine.

### **Face to face**

- The Surrey Hubs, which is a network of drop-in shops on local high streets for information, advice, advocacy and other services relating to care and support. A local Hub will open in each of the eleven district and borough areas. (There are seven hubs open in Surrey at the time of writing).

Other face to face support for services provided through grants, contracts and partnerships, including:

- Carer Support Schemes

- Wellbeing Centres/Demonstration Sites
- Equipment Assessment Clinics
- Mental Health Community Connectors
- Benefits advisors
- Brokerage
- Advocacy
- Age UK
- Surrey Independent Living Council (SILC)
- Firstpoint
- Sight for Surrey
- User-led organisations eg Surrey Coalition of Disabled People, Action for Carers, Surrey Disabled People's Partnership)
- Community Connectors from the Guildford Diocese and borough and district councils

Staff are key in providing information and advice to the public and colleagues, including:

- Operational teams in Adult Social Care including day services and residential homes
- Hospital teams
- Commissioning managers
- Health staff
- Surrey Fire and Rescue
- GP carer recognition workers
- Borough and district council staff.

Local voluntary, community and faith groups; libraries and Citizens Advice Bureaux are also key providers of face to face information and advice including specialist advice such as money matters eg Citizens Advice Surrey.

### **By Phone**

- Adult Social Care helpline
- Locality and hospital teams
- Specialist teams
- Local services
- User led organisations
- Voluntary community and faith organisations
- National helplines.

## The top sources of information where residents find out about the council

In a recent survey (January 2014) on the council's communications undertaken in with 600 residents, the findings revealed the top sources as:

- The county council website – 41%
- Local newspaper or their websites – 41%
- Surrey Matters magazine or e-bulletin – 33%
- Material in public places – 28%
- Word of mouth/friend/family member – 28%
- Direct contact with the council – 20%

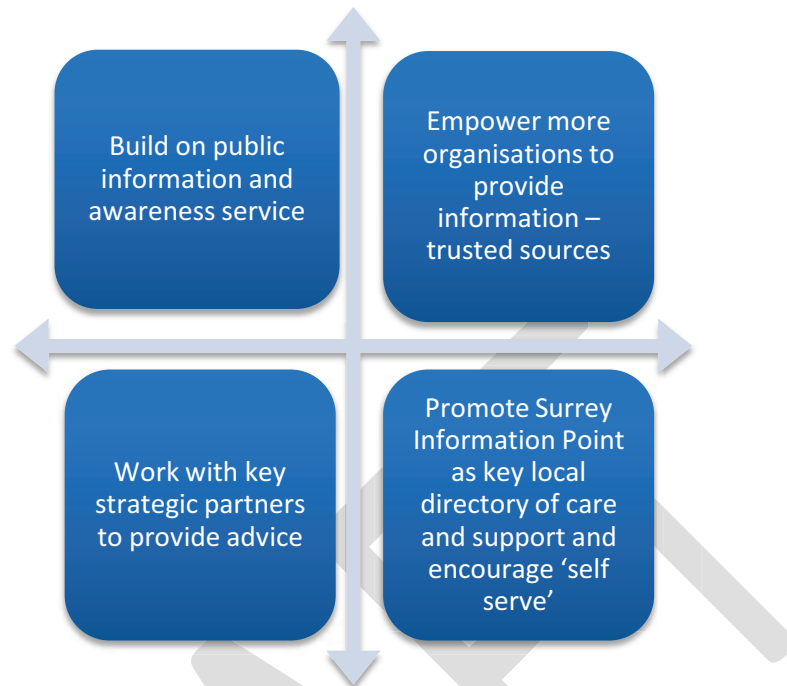
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#### **4. New strategic approach**

Our approach in developing the new strategy has been to follow the continuing process of understanding needs, provision, quality assurance, and connecting people to support:



There are four core components for the information and advice strategy. These are summarised in the model below:



The strategy identifies the outcomes for each of these strands, together with the current and planned approaches for delivery:

**4a. Build on public information and awareness service**, using multi-media channels to reach the maximum number of residents, and by raising further the awareness of care, support and costs of care.

Outcome: (using the Think Local Act Personal Making it Real ‘I’ statements for people who use services, and carers)

*“I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date”*

*“I have the information and support I need in order to remain as independent as possible”*

*“Information that is easily available so I don’t have to fight for it”*

*“Information that is easy to understand”.*

Our approach:

- Proactively communicate to residents about planning for care and care costs. To do this, we will:
  - Utilise central government information and advice resources, to explain the care reform changes (Phase 1 – Autumn)
  - Develop local communications plans
  - **Develop local tools such as care calculators, case studies on DVD, signposting maps to help understanding**
- Run ongoing public awareness campaigns on priority areas using a range of communication channels for maximum impact and evaluate effectiveness, 2014/15:
  - How to access information and advice,
  - Carers (identification and signposting to support, including young carers) with Childrens, Schools and Families
  - Dementia Friendly Surrey
  - safeguarding
- Develop new opportunities to engage with residents through Living and Ageing Well festivals/events with all strategic partners to showcase support available locally and help residents access support
- Continue to focus on achieving visibility and prominence of social care information in health settings particularly hospitals and GP surgeries and conduct audits
- **We will be proactive in engaging with self funders in their own social networks. To do this, we will:**
  - **Commission a new contract with targets to deliver briefings to improve understanding about care options, planning and where to get support. The will be delivered to key groups such as Women's Institute groups, parish and community groups and health club members.**
- Review the information local people are seeking (including self funders) and consider how we meet this need
- Review the Department of Health guidance on information that must be provided and agree how we manage those requirements
- **Place less emphasis on print-based activity, and divert resources towards local engagement activities with residents**

- Prepare staff and members with information resources and guidance for enquirers, in relation to the Care Act changes
- Build the Surrey Disability Register membership with more engagement opportunities for people with disabilities.

**4b. Empower more organisations (trusted sources) to provide information**, to identify and agree key information providers to work with over the short, medium and long term

Outcome:

*“I can speak to people who know something about care and support and can make things happen”*

*“Face to face contact to sort our problems, not answer phones”*

*“Council and NHS staff who know the system 100 per cent”*

*“Emotional support and someone to share my concerns with, talking to another carer is really helpful, being able to share and know I am not alone”*

Our approach:

- We will identify and agree critical information provider partners to work with over the short, medium and long term, and brief/train them on a consistent information service to offer to all residents. To do this, we will:
  - Work with the Hubs, Age UK, **Citizens Advice Surrey**, carers’ support schemes and Wellbeing Centres, to help ensure best ‘coverage’
  - Identify second and third tier providers, to help ensure ‘blanket’ coverage, and develop cascade and feedback mechanisms
  - **Identify and agree new funding (or re-portion existing funding)**
  - **Develop a signposting tool to help referrals to key support/services (electronic and manual)**
  - **Identify resource to train/skill share with providers**



- We will work with health colleagues to use health channels as a key means of residents obtaining information and advice. ***To do this, we will:***
  - ***Develop an information and referral toolkit for use in GP practices and by hospital staff***
  - ***Ensure sign up to plans at all levels within the health hierarchy***
  - ***Review how we use available resources to help achieve improved results***
- Extend One Stop Surrey initiative, an onward signposting and referral process with Surrey Fire and Rescue and partners
- Consider re-running Surrey Information Summit, to empower agencies to provide information and signpost effectively
- Develop county council retirees' 'community connector' initiative as another bank of local information sources connecting people to support.

**4c. Work with key strategic partners to provide advice**, including advice on benefits, the provision of independent financial advice, access to advocacy and brokerage services

Outcomes:

*"I can speak to people who know something about care and support and can make things happen"*

*"I have help to make informed choices if I need and want it"*

*"People including and talking to me as a carer wherever possible"*

Our approach:

- We already have in place advice services for benefits, brokerage and advocacy and they will continue to promote their services across the county
- Following the introduction of a specification from the Department of Health which independent financial advisers should follow, we will work towards identifying an organisation/s to provide an independent financial advice service in Surrey and signpost people to this service.

- We will encourage expert advisors to be available in key locations, such as hospitals, health centres, Citizen's Advice Bureaux, Hubs, etc
- We will review our current advocacy contracts against the Care Bill regulations covering advocacy due to be published in May 2014, to ensure they are compliant.

**4d. Promote Surrey Information Point as the key local directory of care and support, and encourage 'self serve',** working with partners to assist people to access information online, and to undertake assessments online

Outcome:

*"I have the information and support I need in order to remain as independent as possible"*

*"I know where to get information about what is going on in my community"*

*"An information directory and catalogue of services and support and a list of contacts for help"*

Our approach:

- We are engaged in an ongoing promotion of Surrey Information Point and will encourage partner organisations to make more use of the central resource
- Work through how Surrey Information Point will more effectively link to central directories eg NHS.uk and CQC websites
- ***We will work with partners to assist people to access information online and to undertake assessments online.***
- A universal online assessment tool is being developed, and will help any member of the public undertake a simple assessment of their needs (or those of a family member) which may link to key pages of Surrey Information Point and other resources, to provide them with targeted information, as well as an initial indication of eligibility and whether the service can pay for support.
- We will introduce an e-marketplace where residents will be able to look at care and support options and purchase their care through an online transaction

- We are redesigning the web pages on the Surrey County Council website which will provide clear and direct access to support, self serve and contact details
- We will develop a digital communications strategy to help us engage with more residents using digital channels and maximise the use of new technology and applications eg Jointly for carers, Simply Unite in residential homes, Streetlife, Timebank, online discussion forums.

## **5. Ensuring a quality information and advice service**

We need to ensure that the experience residents have from accessing information and advice is a good one, which will help them make better choices about care and support, encourage them to use the service again or refer the service to other people.

There is a range of ways we assess quality:

- Contract monitoring with organisations who hold contracts for information and advice services – a whole range of measures are tracked as well as case studies regularly provided which is supporting evidence of a good service
- User experience surveys – conducted once a year with people who receive services
- We test new advertising messages in advance and evaluate our public awareness campaigns for effectiveness and impact
- Feedback from residents – we review any comments on our information and from our website and customer relations process and address
- Virtual readers panel – we use a panel of readers to check new information to ensure it's easy to understand, clear and accurate
- Audits – collate feedback from information audits in key locations in the community
- Ongoing engagement – through a range of networks, events and consultation we listen to the views of people who use services and other stakeholders on information and its physical accessibility and address issues

- We use expert or peer group organisations to help with providing information in accessible formats
- Annual residents' survey – communications measures included in survey assessing how well informed people are and key sources for information
- We have a county council communications toolkit and guidance and standards we adhere to
- Think Local Act Personal guidance, we have adopted the key principles for information and advice provision. (see [link](#))

We are considering looking at the new Information Standard being developed, although this is primarily aimed at NHS organisations.

An Equalities Impact Assessment will be completed on this strategy.

## **6. How we will know if the strategy has been successful?**

A series of priority measures for the Adult Social Care Directorate Strategy 2013/14 – 2017/18 has been developed, and includes measures which relate directly to the ongoing strategic commitment to offer universal information and advice services. These include targets for 2014/15. We will use this mechanism to provide key measures of the information and advice strategy, specifically:

- Increase the number of unique visitors to Surrey Information Point by 25%, by the end of March 2015
- Increase by 57% the number of people accessing information and advice services, expert advisors or signposting to advice (based on contracts with the Hubs, benefits advice, Age UK, brokerage and advocacy)
- Monitor progress against agreed milestones:

Finalise new Adult Social Care information and advice strategy and supporting Equalities Impact Assessment	July
Agree action plan for 2014-15 to include: - Develop local communications plan for Surrey residents to	July

complement national plans on changing care reforms - Agree which independent financial advice organisation/s to work with - Launch promotion of independent financial advice service	Tbc Tbc Tbc
Restructure and co-design Adult Social Care pages (400) on county council website and strengthen links to Surrey Information Point (SIP)	October
Launch new self assessment tool to residents	December (provisional)
Develop communications strategies and in-year plans for Adult Social Care priorities - carers support, safeguarding, Living and Ageing Well including Dementia Friendly Surrey	April to March
Ongoing promotion of how to access information and advice (primarily SIP and signposting)	April – March
Publish new Adult Social Care core service public information	December

This strategy has a two year timeline as it is recommended we review our approach and progress at the end of 2015/early 2016.

**7. Engagement on the strategy development**

This strategy has been developed over many months with discussion and engagement with the following key stakeholders, and in accordance with Think Local Act Personal (TLAP) guidance:

- Information request to local authorities
- ADASS workshops x three
- National Information Management Group involvement

- Information and Advice Forum
- Workshop at Surrey Information Summit
- Surrey Communications Officers group
- Health communications management workshop
- Department of Health Care Bill communications team
- Adults Leadership Team
- Care Bill Project Team
- Care Bill Implementation Board
- Adult Social Care Select Committee (scheduled for 26 June)
- Principles for the provision of information and advice (TLAP)
- Information needs for Adult Social Care (TLAP)

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## Key achievements in 2013/14

At its peak during a promotional period Surrey Information Point attracted over 14,000 unique visitors in one month

92% of visitors who attended the Surrey Information Summit said as a result they felt more able to deliver up-to-date, accurate information to the public about care and support

The local Hubs handled over 5,000 enquiries

94% of residents who saw the Dementia Friendly Surrey public awareness campaign said it changed their personal perceptions or increased their understanding of dementia

100,000 copies of our key publication, 'Do you know where to go for care and support services in Surrey?' were distributed to the public in the last 12 months

Almost 2,300 people were helped access welfare benefits, securing a total of £1.66 million for residents

Adult Social Care helpline managed 31,500 enquiries

Telecare promotion generated three and a half times more sustained enquiries to the monitoring centre

Membership of the Surrey Disability Register increased by 500 through relaunch and promotion

## An example of the impact of good information and advice – Local Hubs

Providing residents with the right information is critical in enabling them to make the right choices about the care and support options available. The following story gives an example of the impact of good information for a person's situation and wellbeing.

Mrs A's husband suffered a stroke and was recovering in hospital. She came into her local Hub to pick up a stroke leaflet after seeing it through the window.

Following a discussion, she revealed that no additional support had been offered to her and expressed concern about her husband's employment and fitting in a new role as his carer along with a full time job.

She was referred to:

- An occupational therapist to ensure their home was suitable for the husband's return, and equipment that may help
- The CAB to access legal advice
- The advocacy service for support in accessing the various services she is entitled.
- She also received an Action for Carers' leaflet if she needed someone else to talk to about caring.

Mrs A returned for a "getWIS£" benefits drop-in session the following week and thanked the Volunteer Development Worker. She said an advisor was coming out to see her and her husband when he was out of hospital and was meeting an Advocate to help her develop a plan of action.

She said she would give an update when her husband returned home, and would recommend he visit the Hub about volunteering if he wasn't going back to work.





Adult Social Care Select Committee  
26 June 2014

**Welfare Benefits Advice Information and Support  
“getWIS£”**

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

Elected members and officers have made it a priority to scrutinise services funded by the Council that relate to Welfare Benefits. This report details activity in respect of the first year of delivery of the Welfare Benefits Advice Information and Support grant.

**Executive summary**

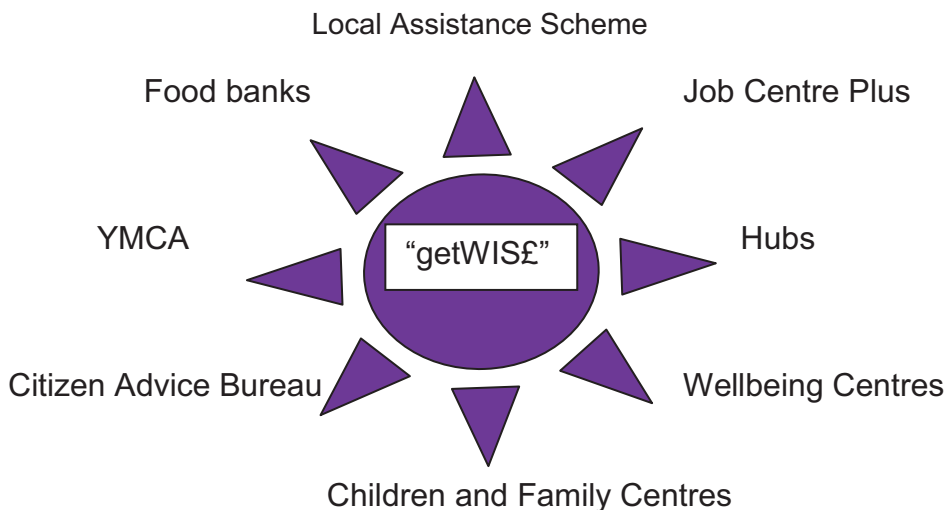
1. In response to the Welfare Reform Act the Council agreed funding of £500,000 per annum from the Adult Social Care, Commissioning budget (Whole Systems) for a grant that would support people directly affected by the Act. During 2012 co-design with a wide range of Surrey residents, voluntary organisations and staff was entered into which informed the specification. The tender was won by a consortium of voluntary organisations led by Surrey Disabled People’s Partnership (SDPP) in conjunction with Age UK Surrey, The Youth Consortium (TYC), Guildford Action for Families (GAFs), Sight for Surrey and Deaf Positives. It was available from 01/04/13 and formally launched in June 2013 as “getWIS£”. Cabinet agreed on 25<sup>th</sup> February 2014 that the grant should be extended for 2014/15 and 2015/16 to SDPP as the lead provider at the current value of £500,000 per annum.
2. Summary of annual results are demonstrated in the table below:

<b>Data</b>	<b>From 01/04/13 to 31/03/14</b>
No. of new people referred	2,296
No. of people supported to secure welfare benefits	2,287
No. of individual benefit categories people were supported to access/secure	4,918
Ratio of benefit categories secured per individual	2.15
Value of benefits secured for individuals supported	£1,660,698
Average value of benefits secured per person	£3,362
Unit cost to support an individual	£217.77
Unit cost per benefit secured	£101.29

3. The above data demonstrates that most people are appropriately referred. A total of 2,287 people received a service, 57.41% received a benefits check while 58.60% received support with Employment Related benefits. On average people were assisted to secure two benefits and the total amount secured for this year is £1,660,698 with an average value per benefit of £3,362 for the year. The cost per benefit secured is £101.29
4. While the above demonstrates that the grant is efficient and effective in its objective of securing benefits, case studies demonstrate the overall improvement this has made to their lives; see “A selection of Case Studies”. Compliments like the one below show the difference having the correct level of benefits has for people:

Advisor was extremely helpful and persistent in his quest to help me get what he felt I was entitled too. The final outcome was very pleasing and a little unexpected but most needed to maintain a basic life

5. “getWIS£” is consciously working in partnership with organisations outside of the consortium which has benefits for the people using the service:



6. Risks associated with this service are perversely as a result of its success:
  - ✓ Additional staff and volunteers will be in place by June 2014; even with this added capacity there will come a point when a waiting list for services will be unavoidable as demand for the service continues to grow
  - ✓ Delays in welfare reform delivery indicate that Universal Credit is likely to reach Surrey in 2015/16; with the most complex cases unlikely to be assessed until 2017/18. As this grant ends on 31/03/16 there will be a gap in provision if it is not extended at this critical time
7. Further details can be found in Appendix 1 attached.

## Recommendations

8. The Committee is asked to recommend the following:

- Notes the report, including the progress made by “getWIS£” in their first year of operation and the programme of activities planned by SDPP to enhance this universal offer.

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## Appendix 1

### Introduction

1. As a result of the Welfare Reform Act 2012 and a report to Members of the Adult Select Committee in May 2012 it was agreed that there is a need to provide particular groups of people in Surrey with advice, information and support about their benefit entitlement. This is over and above that offered through generic providers of advice such as Age UK Surrey and Citizens Advice Bureau (CAB). Initial funding of £500,000 was from Whole Systems Funding (Adult Social Care budget) in 2013/14, and it will be funded by Whole Systems Funding in 2014/15 and the Better Care Fund in 2015/16.
2. Co-design with all population groups, staff and organisations in Surrey took place during 2012 and resulted in the specification which detailed outputs and outcomes. Outputs related to one point of referral, a time line of response, where meetings should take place and using what medium (eg: telephone, email). See table 1.

**Table 1: Summary of what we set out to achieve from 01/04/13 to 31/03/14:**

You said:	We did:	Result:
Provide an accessible service	Grant providing free county wide service to all people over the age of 16 years affected by Welfare Reform, no eligibility criteria. Available at home or in a venue of your choice. Face to face meetings + online + telephone support	☺
One point of referral	Lead Provider model; online, text and telephone referrals acknowledged in 1 working day, contact made in 3 working days	☺
Continuity of support	Advisor will support people throughout the service to tribunal/appeal if necessary	☺
Skilled advisors. Good quality service	2,287 people supported with 4,918 individual benefits, many compliments and few complaints. All advisors achieved Advice Quality Standard national quality marker	Exceed expectations ☺ ☺
Achieve results	Value for money; benefit value exceed target of £1m realised £1,660,698. Cost of service to deliver per benefit issue £101.40	Exceed expectations ☺ ☺

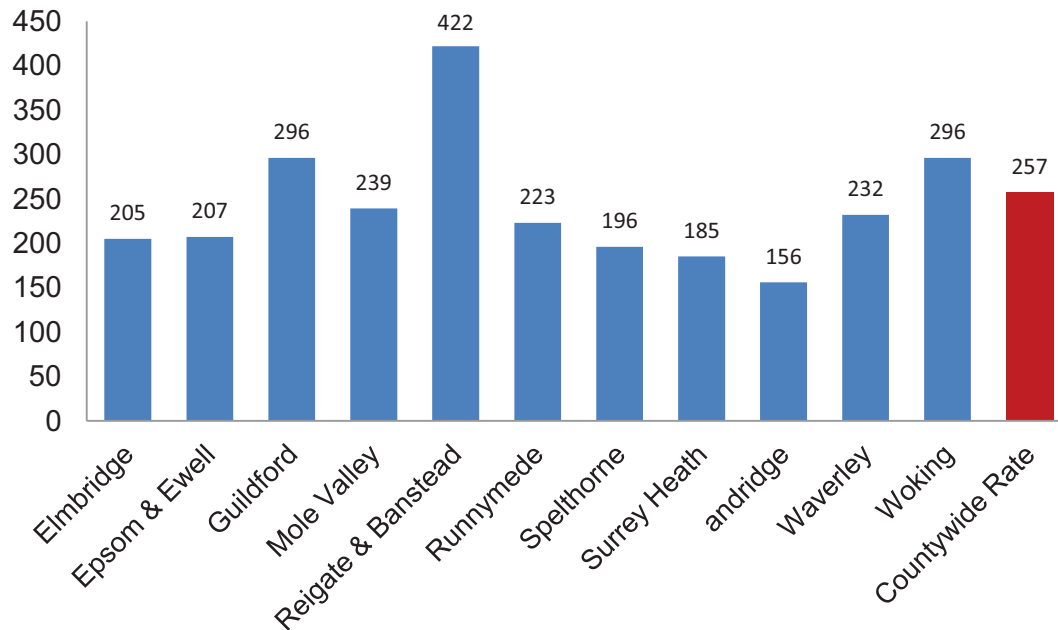
3. The tender, which followed European Union Procurement Directives, was won by a consortium of voluntary organisations led by Surrey Disabled People’s Partnership (SDPP) in conjunction with Age UK Surrey, The Youth Consortium (TYC), Guildford Action for Families (GAFs), Sight for Surrey and Deaf Positives. These are voluntary organisations which support individuals with a range of complex needs. Training and expert advice is provided by Surrey Welfare Rights Unit (SWRU) on a consultancy basis to organisations. The benefits information and advice service for individuals was available from 01/04/13 and formally launched in June 2013 as “getWIS£”.
4. On 25<sup>th</sup> February 2014 Cabinet agreed that the grant should be extended for 2014/15 and 2015/16 to SDPP as the lead provider at the current value of £500,000 per annum.

<b>Annual Performance</b>
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5. During 2013/14 there were 2,296 referrals to the service; 2,287 people progressed to receiving a service and 9 did not because they were not living in Surrey. This is an indicator that referrals to the service are made appropriately. The Welfare Reform Act has generated demand and created a need for support that requires particular skills and knowledge, as well as

additional resource which could not be met within current provision. Demand has been generated as: a) people have been subject to changes in entitlement to benefits b) media attention has highlighted benefits and created concern in people relating to their current and potential benefits. There were 4,918 individual benefit tasks delivered, on average each person was assisted with 2.15 issues.

**Table 2: Referral Rates per 100,000 population aged 18+ (comparison across District & Borough Council areas):**



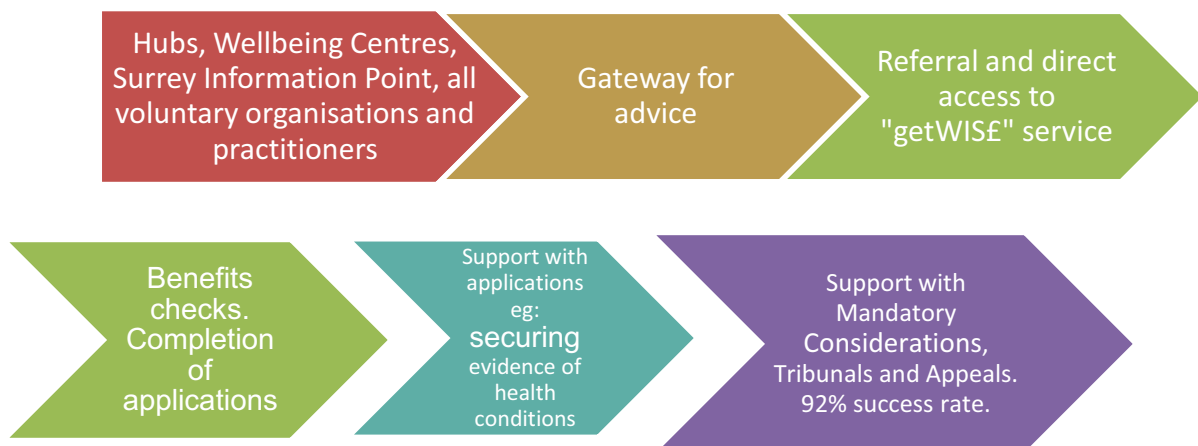
(calculation = yearly referrals per area / 18+ population x 100,000 = x ref per 100,000 population)

- Reasons why demand in Reigate and Banstead is highest is due to its population size (this borough has the second largest in the county at 12.23% of the total population). It has a number of areas of deprivation and the location of the Redhill Hub has ensured that people are signposted to the service. This supports our strategy of information being available to all residents in Surrey, in a way that ensures access to and understanding of information so that appropriate choices relating to care can be made. The Hubs act as a gateway to advice from specialist providers and account for 22% of all referrals. Guildford Borough has the largest population at 12.79% of the total Surrey population; the high referral rate is linked to the proximity of Age UK Surrey in the borough, although this is a county wide organisation.
- During the year there has been an increase in the amount of information (benefit checks) and advice people have received from 38% to 52% of all referrals. Completions of applications for welfare benefits have remained consistent at around 34% of all referrals. The number receiving support at Tribunal from quarter three has reduced from 143 to 115 in quarter 4; please see table below:

**Table 3: Activity in relation to type of support.**

Support Type	Volume Quarter 3	% of total referrals Q3	Volume Quarter 4	% of total referrals Q4	Change Q3 to Q4
Information and Advice	529	38.39%	1079	52.38%	<i>Up 103%</i>
Completion of applications	432	31.35%	692	33.59%	<i>Up 60%</i>
Appeals	171	12.41%	131	6.36%	<i>Down 23%</i>
Reconsideration	98	7.11%	31	1.50%	<i>Down 68%</i>
Tribunal	143	10.38%	115	5.58%	<i>Down 20%</i>
Upper Tribunal	5	0.36%	12	0.58%	<i>Up 140%</i>
Total	1378		2060		

8. Welfare reforms introduced last October have inserted an additional stage to the appeals process known as a 'mandatory reconsideration'. Before an appeal can be made against a Department Work and Pensions (DWP) decision, a mandatory reconsideration has to be lodged to ask the decision maker to 'look at it again' (with additional evidence if appropriate) within a calendar month of the original decision. Only after the DWP has reconsidered its decision can an appeal be made. There are no deadlines placed on the DWP's reconsideration process which could take more than a month. "getWIS£" has a success rate at the Mandatory Reconsideration stage of 35% and 92% at the appeal hearing stage.

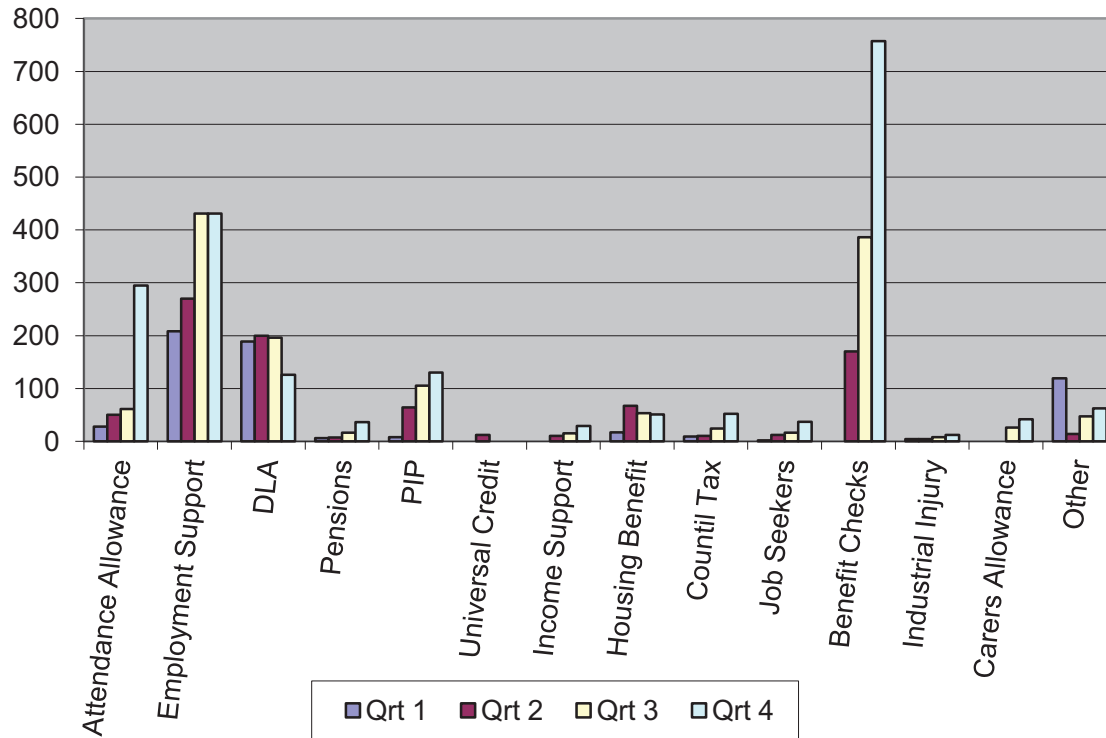
**Table 4: Diagrammatic representation of the current information and advice process in respect of "getWIS£"**

9. Support with employment related benefits remains consistently the highest at 1,340 for the year followed by Benefit Checks at 1,313 and then Attendance Allowance at 434. The latter had a 380% increase in the last quarter and can be directly linked to Age UK Surrey. Universal Credit has been the benefit with the least activity which is to be expected due to the



lack of roll out in Surrey by DWP. Income Support, Job Seekers and State Pension applications are benefits that have not been active. Please see table below:

**Table 5: Activity by benefit category:**



10. People most supported are working age adults from 25 to 65 years and most of the support is through the telephone followed by face to face meetings. Face to face support is increasingly taking place in community venues eg: the Hubs, and Youth Centres. The efficiency of the grant delivery has improved during each quarter which demonstrates that setting up a new service is most costly in the first quarter (see table 5). There were 4,918 individual benefit services delivered and £1,660,698 in benefits claimed during this year. Since September 2013, the average value of benefits secured per person is £3,362. The cost to support each person is £218, which equates to an average of £101.40 per benefit issue addressed. Please see table below:

**Table 6: Summary of activity by quarter and annual total:**

	Qrt 1	Qrt 2	Qrt 3	Qrt 4	Year to Date
<b>No. of new referrals (people)</b>	<b>227</b>	<b>587</b>	<b>634</b>	<b>848</b>	<b>2,296</b>
<b>No. people supported to secure welfare benefits</b>	<b>227</b>	<b>585</b>	<b>631</b>	<b>844</b>	<b>2,287</b>
<b>No. of individual benefit</b>	<b>590</b>	<b>890</b>	<b>1,378</b>	<b>2,060</b>	<b>4,918</b>

categories people were supported to access/secure					
Ratio of benefit categories secured per individual	2.6	1.52	2.18	2.44	2.15
Value of benefits secured for individuals supported	£383,398	£177,764	£379,254	£720,282	£1,660,698
Number of individuals who secured benefits (value above) during the qrt	Not available	Not available	120	207	Not available
Average value of benefits secured per person	Not available	Not available	£3,160 (£379K/120 people)	£3,479 (£720K/207 people)	£3,362 (based on Q3 +4 data only)
Unit cost to support an individual	£550.66	£212.95	£197.16	£147.40	£217.77
Unit cost per benefit secured	£211.79	£140.10	£90.44	£60.41	£101.29
Contract Value	£125,000	£125,000	£125,000	£125,000	£500,000

### Case Studies

11. Case studies demonstrate that this is a complex service that delivers holistic outcomes. This case demonstrates the complexities of people reliant on benefits particularly in relation to illness:

#### Case Two during Quarter 4:

12. John was receiving Employment Support Allowance (ESA) since he became ill and he received a letter from Department of Work and Pensions informing him that his ESA claim was ending on the 1<sup>st</sup> June 2013. He did not know what to do and furthermore his wife was diagnosed with cancer, had been working and was now off on long term sick leave. John's wife Jane was advised by her employer to resign on medical grounds as she could not continue working. John was really anxious about this as he felt that his wife might not be able to claim ESA if she gave up her job.

13. I arranged an appointment with John and his wife, carried out a family benefits check. John's ESA had stopped due to him turning 65 and was supported to apply for Attendance Allowance. He however was not eligible to apply for Pension Credit due to savings. John will be eligible to claim his state pension in a few weeks' time.

14. Jane was supported to apply for ESA and to complete a Work Capability Assessment. She is currently receiving ESA and continues to receive medical treatment. She also receives Disability Living Allowance. John and Jane do not drive and so I let them know about applying for free bus passes

to promote their inclusion and independence within the local community. They found the process easy to complete and said they would both apply.

15. This has given both Jane and John peace of mind as they will continue having an income to live on, time to focus on treatment and more freedom to travel around.

Please see end of report for a selection of case studies and compliments.

16. There have been 4 verbal complaints due to timelessness of the service, all have been responded to and resolved.

17. Selections of compliments are as follows:

“We are writing to you about the advisor who helped our son. He has been incredibly helpful and supportive and we are humbled by his dedication and his compassion that he shown to our son and ourselves at this very difficult time in our lives. Though we have thanked him personally for his help we thought it was only right to let you know what a wonderful service you provide for people in need of expert advice and support”

“Hopefully I can start building a better future for myself now you have helped me resolve some issues”

“Thank you for visiting yesterday, we’re very grateful for your help and wish I knew about you before I had to do my appeal with my partners help.”

“It would have helped me not to stress so much about it all. We are very pleased you have done the appeal application and worded it far better than we could have done. I have printed a copy off.”

### Partnership Working

18. Partnership working across other organisations has been successful, for instance:

- ✓ relationships with staff at the Job Centre Plus are constructive and accommodating in resolving issues with claimants especially when appointments have been missed due to anxiety
- ✓ referrals are frequently and appropriately made to Food Banks, housing authorities, other voluntary organisations and the Council’s Local Assistance Scheme
- ✓ Citizen Advice Bureaux (CAB) have made 27 direct referrals to “getWIS£” and 55 people were signposted from CAB. A direct referral is when “getWIS£” is contacted by an advisor and signposting is when people are given information about the service and make direct contact. “getWIS£” has signposted 16

people to the CAB for assistance with budgeting, debt management and/or family law. Advisor to advisor working between CAB and “getWIS£” is very positive, SDPP continue to develop a mutually beneficial working relationship with CAB

- ✓ Representation from “getWIS£” on the Council’s Welfare Reform Coordination Group (WRCG) and to Members Enquiries has provided insight into the difficulties associated with benefit advice and information. “getWIS£” are able to inform WRCG as to trends and receive information from members of this group. Networking through these meetings has enabled closer working with the DWP and voluntary organisations eg: SDPP have been invited to speak at Surrey Benefit Manager’s meetings.

## Risks

19. The following risks should be noted:

- A. Staffing across the service will be at capacity of 11,5 FTE by June 2014, volunteers (20 in May 2014) are being recruited and trained, currently there is no waiting list for services. Monitoring has indicated that capacity for this service will be reached if the number of referrals are maintained or continue to grow; we are approaching a tipping point when people may be waiting for a service. The situation will be monitored and every effort made to prevent a waiting list.
- B. Delays in welfare reform delivery. The DWP has confirmed that it is taking between 21 and 26 weeks to make a decision on new claims for the Personal Independence Payment with a backlog of over 200,000 applications still awaiting a decision. The implementation of the first stage of Disability Living Allowance reassessment has also been delayed and is now being rolled out on a postcode basis – Surrey is not currently included. There are still approximately 250,000 ‘old’ incapacity benefit cases awaiting ESA reassessment that should have been completed by April 2014. Changes to the implementation timetable of Universal Credit mean that it is unlikely to affect Surrey until sometime in 2015-16, with the most complex cases unlikely to be assessed until 2017-18. All these issues are likely to result in an increased amount of additional work being ‘stockpiled’ for “getWIS£” to deal with considerably later than expected.
- C. The implementation of Universal Credit is being rolled out at a slower pace than originally planned and will not impact Surrey until mid 2015 with a focus on single able-bodied unemployed people. The more complex Universal Credit categories (like Employment Support Allowance) will only be integrated into Universal Credit in 2017 at the earliest. As the grant funding will cease in April 2016 it is possible that there will be a gap in service for this vulnerable group.
- D. The implementation of the Care Act 2014 places a requirement on the Local Authority to provide advice and information. There is concern that the current staffing arrangements in the Finance and Benefits Team, particularly on the retirement of their Benefits and Charging Consultant, may not have the required resources and expertise to meet demand.

## Conclusions:

20. Whilst it took some time for the service to become fully operational the delivery of the volume of benefits (to a very high quality standard) supports the decision of Cabinet on 25<sup>th</sup> February 2014 to award the grant to “getWIS£” for a further 2 year term. This service has achieved a successful outcome for a very large number of vulnerable people in Surrey across a wide range of age and need.

## Recommendations

21. The Committee is asked to recommend the following:

- Notes the report, including the progress made by getWis£ in their first year of operation and the programme of activities planned by SDPP to enhance this universal offer.

## Next steps:

22. “getWIS£” will focus publicity and awareness on areas where demand could be greater (eg: Spelthorne) and work with their partners to achieve the same. The employment of another full time advisor will allow for expansion into these areas and community venues to reach populations at risk.

23. SDPP are engaging an apprentice who will focus on promotion using social media and methods of outreach that are likely to reach target populations eg: lone parents.

24. SDPP are expanding their volunteer support and have the availability of support and advice on Saturdays.

25. The grant will continue to be awarded to “getWIS£” FOR 2014/15 and 2015/16 with the same rigorous level of monitoring. Interest from Member and Offices in the management of welfare reform will remain heightened. In light of the above risks it is likely there will be a gap in service provision if this grant ceases to be funded by 01/04/16 and no other advice, information or support service is put in place.

26. With the implementation of the Care Act it is highly likely that there will be increased demand for information and advice from the public. There are several clauses within the Act where improved or increased access to information and advice is a requirement of the Local Authority. “getWIS£” is an excellent example how we are able to meet this requirement but we can expect the advent of the Act to increase demand as publicity and expectations rise. It is likely that people would want to check their entitlement and access support if they are under claiming. Monitoring of this grant will identify demand.

**Report contact:** Norah Lewis, Assistant Senior Manager, Adult Social Care Commissioning.

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Norah.lewis@surreycc.gov.uk

**Sources/background papers:** Monitoring notes “getWIS£”  
Report by Toni Carney to Adult Select Committee May 2012

**Consulted:**

Anne Butler, Commissioning, SCC  
Toni Carney, Benefits and Charging, SCC  
Alaster Clader, Benefits and Charging, SCC  
Paul Carey-Kent, Finance, SCC  
Jean Boddy, Commissioning, SCC  
Mary Burguieres, Chief Executives Office, SCC  
Kashif Mirza, Chief Executives Office, SCC  
Clive Wood, Surrey Disable People’s Partnership  
Caroline Kalmanovitch, Business Intelligence, SCC  
Dina Bouwmeester, Policy and Strategy, SCC  
Nicola Sinnett, Adult’s Procurement, SCC

## Selection of Case Studies:

### Case Study 1:

#### **What was the situation before / what was the nomination or award for?**

I received a referral from one of our Hubs, about a lady who wanted support with her Job centre appointment. She suffers from anxiety and panic attacks and unable to go to unfamiliar places without support.

#### **What did you do or change that made a difference / got you a nomination or award? (what was your input into the situation)**

When I contacted the lady, she advised that she has recently moved to Surrey following a breakdown in a previous relationship and she had no friends or support network in the county. She advised she had an appointment at the job centre during the week and she was anxious about it and will need support at the appointment. I reassured her that we will be able to support her at the appointment and updated her about the recent benefit changes and what will be expected of her at the appointment during the week. With her permission, I also contacted the Hub for a request for information on local groups – she used to do arts and crafts and so my colleagues at the Hub sent her some information so that she could contact them.

#### **What difference has been made? (what outcomes were achieved as a result of your input)**

At the job centre appointment with her disability advisor, she was able to gain her confidence and explain to the advisor what level of support she will like as she is new to the area. She was very pleased with the support she got from us and in her feedback to us, she said *'my life has changed dramatically and next week I will attend the ESA job support appointment, my fear has gone! And not only am I back to myself, but am also free to be better. Looking forward to joining a new pottery class'*. This also shows that our service empowers people to be more independent in their lives.

### Case Study 2:

#### **What was the situation before / what was the nomination or award for?**

A lady was interested in our service as she was unable to work due to caring role undertaken for her adult son over a number of years. As part of the caring role, she had to deal with her son's increasingly bad behaviour.

She had on a couple of occasions asked for a care assessment to be undertaken for son and herself. Neither was forthcoming. Finally she found herself having to defend herself from her son's bad behaviour which led to police involvement.

She attended a Drop-in session, feeling a sense of bereavement almost as her purpose in life, her caring role, was no longer. The individual, who had until the point of the police involvement, had been in receipt of Carer's Allowance (CA) & Income Support (IS). Now, needed to urgently consider claiming Job Seekers Allowance (JSA), Employment & Support Allowance (ESA) or finding a job.

**What did you do or change that made a difference / got you a nomination or award? (what was your input into the situation)**

Support was provided in claiming ESA. We determined that due to individual's depression that finding a job, or claiming JSA was not the way forward for her at that time. Whilst in receipt of CA & IS individual's mortgage housing costs were paid. They were very concerned that Department of Work and Pensions would not continue providing this assistance. A lot of reassurance, and couple of telephone calls later, it was accepted that housing costs would be covered for the time being.

Regarding the lack of care assessment for both: the lady was encouraged to pursue her complaint (with her community care advocate) which had already been instigated. They were provided with the opportunity to contact her advocate at the hub in order to pursue this. As a consequence, the complaint about the lack of care assessment is now in progress.

Before Christmas, she attended Drop-in again holding a letter, which threatened to cut off her electricity along with threats of fines etc. In order to achieve a suitable outcome, urgent negotiations were entered into.

Eventually, having first being told that she would need to pay £60.00 a week, (despite having explained that they were actually in receipt of ESA), an outcome, suitable to the individual was achieved with a much reduced, manageable repayment.

**What difference has been made? (what outcomes were achieved as a result of your input)**

The above outcomes for each issue have relieved the individual of much stress and anxiety. By breaking down each issue and tackling separately we managed to overcome the entire situation – when looked at as a whole this was completely overwhelming.

Case Study 3:

**What was the situation before / what was the reason for referral?**

The individual is a 93 year old man who lives alone and has multiple medical conditions. He is registered as partially sighted following ischaemic optic neuropathy in his left eye and also has macular degeneration. He has had three hip operations and as a result has mobility issues. He takes various medications for his conditions and was having difficulty managing his daily care needs. He was relying on a kindly neighbour to help and support him with various tasks such as monitoring and taking medication, carrying out shopping etc as he could no longer undertake these tasks independently.

**What did you do or change that made a difference / got you a nomination or award? (what was your input into the situation)**

I visited him to discuss his needs and to ensure he was in receipt of all necessary aids to assist with his day to day requirements. I completed the application form for Attendance Allowance on his behalf and submitted it to the Department of Work and Pensions.



**What difference has been made? (what outcomes were achieved as a result of your input)**

He has been awarded the lower rate Attendance Allowance and has now employed an assistant which he organised through AGE UK to help with the day to day domestic chores. He pays a quarterly fee to AGE UK and pays the individual weekly.

He has to attend the hospital on a very regular basis and is now able to pay for a taxi to take him.

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Adult Social Care Select Committee  
26 June 2014

**Responses to recommendations made at the meeting of the  
Adults Select Committee on 16th January 2014  
and  
the findings of the Safeguarding Adults Sector Led  
Improvement Peer Review**

**Key Points**

1. A Safeguarding Adults update was brought to the Adult Social Care Select Committee on 16<sup>th</sup> January 2014. Four recommendations were made all of which have been completed. Full details are contained in Appendix 1.
2. A Sector Led Improvement Peer Review of Safeguarding Adults was undertaken on 31<sup>st</sup> March, 1<sup>st</sup> and 2<sup>nd</sup> April 2014. The focus of the Review included the following areas within the work of safeguarding adults:
  - Leadership
  - Delivery and effective practice
  - Performance and resource management
  - Decision making
  - Workforce

(See Appendix 3 for the terms of reference of the review)
3. The feedback from the review was extremely positive. Four key messages were given at the verbal feedback session:
  - The Review Team were really impressed by the commitment, enthusiasm and calibre of the staff they met “your staff are a real credit to you”.
  - The Team were impressed by the political leadership for the safeguarding agenda, both by the Cabinet and Health and Wellbeing Board. The leadership by senior managers and their commitment to the continual improvement of safeguarding practice was felt to be very good
  - Partnership working was considered to be good, some partners felt they could offer more and would like more engagement

- There were no significant areas of concern, rather areas were identified that we could or in some cases are already focusing upon and further developing as part of our continual improvement ethos.

4. A written report was presented several weeks later.

<p><b>Key Messages within the written Peer Review report (Appendix 2 provides more detail)</b></p>
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**Leadership – Key Strengths**

5. Political leadership for the safeguarding agenda by both the Cabinet and Health and Wellbeing Board was viewed as being strong with effective Governance in place.
6. Active leadership across all aspects of safeguarding which was reported as a ‘golden thread’ throughout Surrey County Council – “ A lot of very committed staff doing a lot of good work”.

**Delivery and Effective Practice – Key Strengths**

7. Positive experience expressed by service users and carers in relation to the safeguarding investigation, information that was available and their involvement within the safeguarding meetings, there was recognition of the excellent practice of practitioners.
8. The depth and breadth of the internal safeguarding procedures was acknowledged providing clear useable guidance that was used and embedded in practice with staff showing a good understanding of the different thresholds of intervention in place.

**Performance and Resource Manager – Key Strengths**

9. Good links between Surrey County Council Operational teams and Commissioners.
10. The high level enthusiasm and understanding by Commissioners of the service areas they commission

**Decision making – Key Strengths**

11. The Review Team found that the decision making reviewed was proportionate and that staff had a clear understanding of making decisions in line with the Threshold of Intervention guidance. The Team found no evidence that decision making was incorrect.

**Workforce – Key Strengths**

12. The development of the Safeguarding Adults role has been seen as a success, supporting practice development and acting as the Area focal point for safeguarding.

13. The review also made a number of recommendations to help continued improvement. These, along with our responses are detailed in Appendix 2.

### **Recommendations**

14. It is recommended that the Adult Social Care Select Committee:

- Note the actions taken following the recommendations made by the Committee on 16 January 2014
- Note the key areas from the Peer Review Report and support the Service's response in relation to the recommendations.

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#### **Report contact:**

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## Appendix 1

### **Response to the recommendations made at the meeting of the Adult Social Care Select Committee on 16<sup>th</sup> January 2014**

#### **1. That the Directorate provide further evidence of co-operation with the Children's Safeguarding Board and the six Clinical Commissioning Groups (CCG)**

- 1.1. The Senior Manager for Safeguarding is a member of the Children's Safeguarding Board and the Children's Safeguarding Board Manager is a member of the Safeguarding Adults Board.
- 1.2. The Senior Manager for Safeguarding Adults and the Children's Board Manager meets on a quarterly basis.
- 1.3. The Head of Children's Safeguarding and the Senior Manager for Adults meet on a regular basis.
- 1.4. The Head of Children's Safeguarding, the Senior Manager for Adults, the Chairs of both Children's and Adult's Boards and designated lead for the CCG's recently presented jointly to the Health and Well Being Board as part of the Board's planning of their priorities in Keeping the Public Safe.
- 1.5. There is an agreed referral pathway between Adults and Children's services in relation to sharing Safeguarding concerns.
- 1.6. Both Adults and Children's Boards are jointly undertaking various Aspects of Safeguarding training (Individual Management Review training) as part of the Serious Case Review process
- 1.7. The Achieving Best Evidence Training with Surrey Police is undertaken jointly with Adults, Children and Police staff
- 1.8. The CCGs are represented on the Safeguarding Adults Board and within the Safeguarding Internal Procedures the CCG is identified as a attendee at a safeguarding where the concerns involve a registered service.
- 1.9. Adult Social Care Interim Directors work closely alongside their respective CCG in relation to the Better Care Funding work streams

#### **2. That the Directorate support the roll out of the Elmbridge Model Countywide**

- 2.1 All Locality Teams Duty systems are either modelling the Elmbridge safeguarding duty system or are in the process of working to the model.

#### **3. That the Directorate explore how trusted third parties can be Involved in the safeguarding process**

3.1. Surrey have been accepted within the next rollout of the Making Safeguarding Personal programme led by the Association of Directors of Social Services. It is expected the programme will commence in September 2014. As part of this programme trusted third parties will be explored.

#### 4. The Directorate to provide information on the level of training compliance.

4.1. All staff in Adult Social Care are required to undertake safeguarding training in line with their role and the training framework.

4.2. Attendance at training and the learning acquired is also used as evidence in relation to each staff's completion of the safeguarding competency framework which is in place for all staff in Personal Care and Support, Integrated Mental Health Teams and Service Delivery.

4.3. As part of the Team Appraisal process, Teams are required to keep records of all required training for each staff member and the completion of that training together with any identified refresher training. All Teams report full compliance in relation to required training for each staff member.

4.4. Below is a record of the types of safeguarding training required and numbers of staff who have attended training.

Safeguarding Adults Training	Number of staff attended				Totals
	2011	2012	2013	2014	2011 to 2014
Introduction to Safeguarding Adults	247	307	327	298	1179
Introduction to Risk	219	278	206	136	839
Mental Capacity Awareness	0	32	30	182	244
Practitioner Skills - Risk & Safeguarding	115	138	69	85	407
Safeguarding Adults - The Legal Context	5	31	31	88	155
Working with the Mental Capacity Act	22	67	111	148	348
Safeguarding - Role of Asst Practitioners (New in 2013)	0	0	55	103	158
SGA Note Taking	31	39	17	45	132
Safeguarding Adults Managers Workshop	43	52	17	16	128
Safeguarding Adults - Chairing in the Legal Context	48	33	37	35	153
Safeguarding for SD Managers	0	48	0	15	63
MCA and DOLS for Managers (new in 2014)	0	0	0	24	24
Internal Agency Investigations (New for 2014 via SSAB)	0	0	0	8	8
	730	1025	900	1183	3838



## Appendix 2 – Further information on the findings of the Safeguarding Adults Sector Led Improvement Peer Review and Surrey’s responses

### Introduction

1. A Sector Led Improvement Peer Review of Safeguarding Adults was undertaken on 31<sup>st</sup> March, 1<sup>st</sup> and 2<sup>nd</sup> April 2014. This was undertaken as part of a sector led improvement programme whereby Teams from Council’s undertake peer reviews of each other’s services. This is a critical friend approach rather than a traditional inspection.
2. The Peer Review Team, led by the Strategic Director, Adults and Family Wellbeing, Buckinghamshire County Council, included two Assistant Directors, two safeguarding managers and the Sector Led Improvement Lead for South East Association of Directors of Social services.
3. The focus of the Review agreed with the Surrey Adult Social Care Leadership Team; included the following areas within the work of safeguarding adults:
  - Leadership
  - Delivery and effective practice
  - Performance and resource management
  - Decision making
  - Workforce

(See Appendix 3, Terms of Reference)

4. The Review Team spent three days looking at safeguarding through the eyes of staff and managers at all levels, holding focus groups with key partners and providers, meeting with service users and carers, undertaking one to one interviews with key staff and political leaders as well as spending time in Teams looking at cases and practice.
5. At the end of the Review the Team presented their initial findings to the Adult Leadership Team.
6. Four key messages were given at the verbal feedback, these were:
  - The Review Team were really impressed by the commitment, enthusiasm and calibre of the staff they met “your staff are a real credit to you”.
  - The Team were impressed by the political leadership for the safeguarding agenda, both by the Cabinet and Health and Wellbeing Board. The leadership by senior managers and their commitment to the continual improvement of safeguarding practice was felt to be very good
  - Partnership working was considered to be good, some partners felt they could offer more and would like more engagement
  - There were no significant areas of concern, rather areas were identified that we could or in some cases are already focusing upon and further developing as part of our continual improvement ethos.

7. A written report was presented several weeks later. (See Appendix 4- Adult Social Care, Safeguarding Peer Review of Surrey County Council)

## Key Messages

### Leadership – Key Strengths

8. Political leadership for the safeguarding agenda by both the Cabinet and Health and Wellbeing Board was viewed as being strong with effective Governance in place.
9. Active leadership across all aspects of safeguarding which was reported as a 'golden thread' throughout Surrey County Council – “ A lot of very committed staff doing a lot of good work”.
11. The leadership by senior managers and their commitment to the continual improvement of safeguarding practice was seen to be good.
11. The Senior Manager for Safeguarding was seen to be a highly effective and visible lead for Safeguarding and Partners had expressed that there was a culture of openness and sharing across all organisations.
12. The appointment of an Independent Chair of the Safeguarding Adults Board was seen to have enhanced the standing of safeguarding within Surrey County Council and in partner agencies.

### Delivery and Effective Practice – Key Strengths

13. Good examples of the service user outcome survey with service users and carer's being asked their views in relation to a safeguarding concern and in relation to the quality and outcome of the safeguarding meeting. There was recognition by the review Team that the current process might not capture all of what service users and carers wanted from the safeguarding intervention however acknowledged that as Surrey are part of a National pilot on service user outcomes, this issue may well have been addressed.
14. Positive experience expressed by service users and carers in relation to the safeguarding investigation, information that was available and their involvement within the safeguarding meetings, there was recognition of the excellent practice of practitioners.
15. Good engagement with partners such as the Police, Clinical Commissioning Groups, Acute Trusts, and Surrey and Borders Partnership FoundationTrust.

16. Good working relationships with Adult Social Care Senior Managers and partners leading to a culture of openness and sharing across all organisations.
17. The depth and breadth of the internal safeguarding procedures was acknowledged providing clear useable guidance that was used and embedded in practice with staff showing a good understanding of the different thresholds of intervention in place.
18. Good understanding by staff of safeguarding and sensitive working with service users and their families.
19. High commitment to ensuring that safeguarding is a core activity for all practitioners.
20. A good understanding of risk which was reflected in the multi agency policy and procedures

#### **Performance and Resource Manager – Key Strengths**

21. Good links between Surrey County Council Operational teams and Commissioners.
22. The Provider Failure Protocol and the co design of the new service specifications with service providers were seen as good examples of best practice.
23. The high level enthusiasm and understanding by Commissioners of the service areas they commission
24. Social Care staff were pleased with the safeguarding adult activity log which had enhanced the data provided on the database and given a clear tool for management oversight of all safeguarding activity. This was also accessible to Commissioning Managers who were able to monitor the Safeguarding activity of Commissioned services.
25. All staff have a Performance, Practice and Personal development Folder (PPP). This was considered to be an excellent example of how training and development were dealt with at both an organisational and individual level.
26. The Safeguarding Adults Competency Framework provides clear evidence of the competencies required, suggested evidence that should be provided to support the competence, dates of training attended, references to standards of proficiency for social workers, all assured through the line

management system. Areas the Team noted were the 360 framework which supports the appraisal process, the behaviours template, how people should behave.

The Review Team noted that this clearly demonstrated the golden thread of leadership.

27. The Team Appraisal was seen as a useful tool to ensure standardisation across the Council ensuring staff are addressing the absolute (givens) including safeguarding.

### **Decision making – Key Strengths**

28. Those service users, service providers, carers and partners interviewed, all reported that the decision making process was sound with Case Conferences happening in a timely way.
29. The Review Team found that the decision making reviewed was proportionate and that staff had a clear understanding of making decisions in line with the Threshold of Intervention guidance. The Team found no evidence that decision making was incorrect.

### **Workforce – Key Strengths**

30. The development of the SGA role has been seen as a success, supporting practice development and acting as the Area focal point for safeguarding.
31. The appointment of a safeguarding lead and two SGA's within the Mental Health Trust was seen as positive which staff felt would lead to improved practice.
32. Partners felt confident in the professional involved and that competence and knowledge was demonstrated.
33. The Review Team felt that the piloting of the national caseload tool will help to predict workforce needs and training requirements.

<b>Recommendations arising from the Peer Review Report:</b>
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34. Embedding Safeguarding across all aspects of SCC including developing the Corporate Parenting Model for Adult Safeguarding and succession planning for Councillor and Officer Leads.
35. Review the makeup and funding of the Safeguarding Adults Board

**Response: this is currently in progress led by the Chair of the Safeguarding Adults Board**

36. Strengthen the relationship between Surrey County Council and the Borough Councils
37. Develop a scorecard for quality and safeguarding to provide assurance to the Adult Leadership Team

**Response: a quality assurance framework for Commissioning and Safeguarding is already in place, this recommendation will be reviewed as part of that framework**

38. Clarify the 'confusion' regarding the term 'investigation'.

**Response: Surrey staff are very clear as to what is meant by an 'investigation' and Surrey's approach is further strengthened by the Safeguarding Clauses within the Care Act. The Review Team however had a different approach regarding their interpretation of the local authority's powers in terms of 'investigating another agency' which has led to this recommendation.**

39. Consider use of Making Safeguarding Personal as a way to address the needs of the service user and carer and the extension of Family Group Conferences.

**Response: Surrey have been accepted within the next rollout of the Making Safeguarding Personal programme led by the Association of Directors of Social Services. It is expected the programme will commence in September 2014.**

40. Find ways to amplify the voice of service users and carers in the work of the Safeguarding Board.

**Response: Service users and carers are represented on the Safeguarding Board. The Chair of the Board is currently reviewing Board and group membership and will consider this recommendation as part of this work.**

41. Consider how self funders can access information and get help with any safeguarding issues.

**Response: The Board has produced a 'safeguarding pack' for people who are self funding their care. This will be further enhanced by the work arising from the Care Act in relation to self funders**

42. Develop a checklist for service users and carers to consider when employing a Personal Assistant.

**Response: Surrey Independent Living Council (SILC) have something similar in place as well as providing specific safeguarding training for personal assistants and service users. This will be reviewed in light of this recommendation.**

43. Ensure that safeguarding is included as a specific area to be addressed

in all Contracts and Service Specifications including Section 75 arrangements with the Mental Health Trust

**Response: This is currently in place however will be reviewed in Light of this recommendation to ensure robustness**

44. Acute hospitals to have 'read only ' access to AIS data

**Response: This action is already in Progress. The first step is to provide access for Acute Hospitals to the Adult Social Care (AIS) records. Organisations can only share information with express consent from an individual. We are therefore currently finalising the information sharing and information governance requirements. In the interim named health staff have been nominated and our social care teams have provided them with training on the Adult Social Care (AIS) database. Once the Information sharing issues are resolved health staff will have access.**

45. Feedback outcomes from relevant quality assurance and other routine data to ASC staff teams

**Response: This is already in place in terms of data and analysis of audits and quality assurance being received by the Leadership Team and each Area Board. This will however be reviewed in light of this recommendation to ensure that data is relevant and reaches all levels of staff where appropriate.**

46. Ensure that all staff complete the safeguarding competency framework.

**Response: This action is already in place with timescales given for completion**

47. The Adult Leadership Team to consider rolling the 'Waverley Team' model for embedding safeguarding training into day to day activity

<b>Next steps:</b>
--------------------

48. To consider each of the areas identified for consideration and those Recommendations made within the full Peer Review report, reviewing those recommendations where there is currently work in progress.
49. To develop an action plan in relation to the areas for consideration and recommendations where activity is required with stated timescales for completion.

## Appendix 3

### Surrey Safeguarding Adults Peer Review Dates: 31<sup>st</sup> March, 1 and 2<sup>nd</sup> April 2014

#### 1. Introduction and background

Sector led improvement (SLI) is based on the premise that Councils can help each other improve, by sharing best practice and acting as a critical friend.

The SE Association of Directors of Adult Social Services (SE ADASS) agreed that SLI would include a 'light touch' approach to peer led support for safeguarding, supporting the improvement of services and performance whilst avoiding straying into regulatory territory. The process however, would ensure that there is sufficient information to inform Councils about improvements that could be made.

#### 2. Proposal

2.1 The Local Government Association/ADASS Standards for Adult Safeguarding will be used as the basis for the Review. It is proposed that the review will have specific key lines of enquiry:

- **Leadership** - This theme looks at the overall vision for Adult Safeguarding; the strategy that is used to achieve that vision and how this is led at all levels in the organisation.
- **Delivery and effective practice/Performance and Resource Management** – This theme looks at how services are actually provided including the involvement of people using services and how the performance and resources of the service are managed. As part of this we would like to consider how we safeguard our hard to reach communities where English may not be the first language.

In addition, specific sections of the LGA/ADASS report 'Advice and Guidance to Directors of Adult Social Services' (published March 2013) will also be considered, these will be:

- **Responding to Safeguarding Alerts** - As part of this review we would like to look at whether we have a robust overview of all alerts being received, referrals being progressed and whether our systems enable our staff to consider the low level alerts plus other intelligence received from a number of routes in order to make proportionate and safe decisions. We would also like to look at whether our systems enable us to regularly check and follow up on response times throughout the safeguarding process
- **Decision Making**- We would like to look at who makes safeguarding decisions, how are they made and how we ensure that we make the 'right' decisions. We would like to explore whether our decision making regarding the assessed thresholds of intervention are proportionate and how they compare with other Councils

- **Workforce** - We would like to understand if we have the training, support, tools and guidance in place to ensure that our managers are competent leaders and that staff are competent in working with families and networks and have the skills, knowledge and permission to use the full range of legal and social work interventions.

2.2. Given Surrey's geography, the diverse nature of the communities we serve, and the wide range of partners and providers with whom we work, we wanted to find a way of ensuring that this review gave us a good sense of how we are operating. In order to hear from as many people as possible we are therefore proposing to have an on-line questionnaire prior to the review visit. We will use this information to support subsequent discussions with focus groups.

2.3 We are proposing that the main activity for focus groups and meetings with practitioners will be in the following 3 geographical areas:

- **Woking**
- **Waverley**
- **Epsom**

These diverse areas, we believe, will give us a broad view of how Surrey Safeguarding operates.

2.4 It is proposed that an on-site visit takes place in March with a review team comprising of colleagues from SE ADASS led by Trevor Boyd, Buckinghamshire DASS and supported by the project lead for SE ADASS sector led improvement.

2.6 The on site visit will include:

2.6.1 Case discussion with Managers and practitioners to a maximum of 12 cases (4 per Area to include one case from Mental Health in each Area)

2.6.2 Focus groups (of between 10-12 people) with

- Service Users
- Carers
- Council staff (to include Mental Health Trust)
- Partner organisations
- Provider organisations

2.6.3 Meetings with:

- Chief Executive
- DASS
- Lead County Cllr for Safeguarding
- Chair of the Safeguarding Board
- ASC Senior Manager of Safeguarding
- AD for Service Delivery
- AD's for Personal Care and Support and the Mental Health Trust
- AD for Commissioning



2.6.4. A Survey Monkey will be live as from 1<sup>st</sup> February until 21<sup>st</sup> February 2014. There will be two questionnaires one for partner agencies/members of the public and another for Surrey County Council staff. This will be publicised through various sources.

An analysis of the findings of the survey will be shared with the Peer Reviewing Team prior to the Review.

2.7 In order to ensure that the review team is fully briefed, they will be sent a range of Documents. This will include:

- A summary of Safeguarding activity currently in place
- Recent Safeguarding Internal Audit findings
- Adult Select Committee Report
- Surrey Safeguarding Adults Board Annual Report
- Structure of Surrey County Council Adult Social Care and of each individual team participating in the Review
- Current AVA return
- Information regarding the demography of Surrey
- Number of registered Providers/type of services
- ASC Safeguarding Competency Framework
- ASC Safeguarding Training Framework
- SSAB Multi Agency Competency Framework
- SSAB Multi Agency Training Framework
- ASC Risk Policy and Risk Tool/MCA assessment
- Provider Failure Protocol
- Missing Persons Protocol
- Choking Prevention Policy
- ASC Safeguarding Internal procedures and supporting tools/guidance
- Sample of Team Safeguarding Activity Log
- Audit tools/audit analysis
- Service user evaluation tool and analysis
- Customer Participation Survey analysis
- Safeguarding Quality Assurance Framework
- Template for monthly information presented to Member
- Recent Adult Select Committee Safeguarding Adults report
- Action Plan and summary of recent Internal Audit

2.8 Following the visit a report detailing the key findings will be written which will be shared with the Director of Adult Social Care and the Lead County Councillor

### **3. Further information and next steps**

If you have any queries regarding the above, Christine Maclean, Senior Manager for Safeguarding will be the link person.

**02.02.14**

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Adult Select Committee  
26 June 2014

## Domiciliary Care Tender 2014

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

To update Select Committee on the current Domiciliary Care Tender which has been co designed and produced in partnership with service user and carer representatives. To also outline our model of integrated commissioning and procurement with Surrey Downs Clinical Commissioning Group (representing all Surrey Clinical Commissioning Groups).

To explain the commissioning challenges and market management challenges in Surrey and how the service is benchmarked against best practice guidelines.

To demonstrate our response and show how the new specification and contract model aims to promote the highest standards of care at home which are personalised, local, and delivers improved quality, quantity and outcomes for residents

To explain the two new contract models: Strategic Provider and Any Qualified Provider and show how these new contract models will be provide focal point for innovation and stronger partnership with domiciliary care providers, and delivery on requirements of Care Act 2014.

### **Introduction:**

1. Domiciliary care service providers and their workforce are a key linchpin in the whole health and social care economy. They are required to work in the community to deliver a safe, efficient, compassionate and high quality service. They are also required to deliver personalised, flexible 7 day a week service with appropriately trained and competent workforce at a time and place to meet the needs of the service users. They can enable people with disabilities and complex long term conditions to continue living independently in their own home.
2. A well managed domiciliary care market will reduce, prevent and delay the need for unplanned hospital admission or the need for more institutional forms of care.
3. Domiciliary care, also known as homecare, is monitored inspected and regulated by the Care Quality Commission to ensure they meet the fundamental standards of quality and safety.
4. Domiciliary care may be self funded or funded through health or social care, with commissioning bodies either paying the homecare provider or providing Direct Payments to the Service Users enabling them to pay for the care agency of their choice.

5. Domiciliary care agencies can provide care to children, young people, adults and older people with a wide range of care and support needs. This report will outline details of a tender for domiciliary care for adults. The revised tender for Domicillary Care does exclude those people living in supported housing schemes.
6. Homecare is usually non-medical, although some Care Workers may be trained to undertake tasks such as PEG feeding. Domiciliary care agencies work in partnership with other Health and Social Care professionals, so an individual may receive personal and medical care at home through the co-ordinated services of, for example, Care Workers, District Nurses, and Occupational Therapists.

### **Current Domiciliary Care Contract**

7. The existing Domiciliary Care Framework Agreement, for a minimum 2 years, was awarded in April 2012 to 30 Providers. It is jointly commissioned with CCGs for Continuing Health Care. Including spot placements SCC currently commissions from approx. 90 providers in total.
8. Total estimated spend this financial year is £48m.
9. Whilst most aspects of the current arrangements work well, there are other elements which would benefit from improvement.
10. We have extended the framework for 6 months to enable SCC and the CCGs to undertake a joint tendering exercise and implement a new contract from October 2014.

### **The Commissioning Approach**

11. We (both health and social care) have undertaken a detailed analysis of the domiciliary care market. We undertook a gap analysis of supply, identifying where there was a risk to sustaining the capacity to meet demand and respond to the pressures of effective and speedy hospital discharge.
12. We listened to feedback from providers, staff, users and carers to understand the barriers in sustaining a quality workforce: factors such as image portrayed in the media, pay and conditions, training and support, more lucrative employment sectors, as well as understanding challenge in between delivering care and sustaining a local workforce in a rural settings.
13. We have assessed through our Joint Strategic Needs Assessment (JSNA) how we might meet the increasing levels of complex needs in the community, including the effects health and social care trends may have on demand (e.g. dementia and double or bariatric care) as well as lessons learnt from safeguarding outcomes and serious case reviews.
14. The voice of users and carers is strongly represented within this tender. Through our Home Based Care Reference Group and various stakeholder engagement meetings, quality assurance monitoring and our Home Based Care annual user survey we have identified how we can deliver and measure the quality outcomes that are important to people in Surrey.

15. We have also responded to guidance from numerous reports on Domiciliary Care. Notably the Equality and Human Rights Commission Report on Home Care (October 2013), which required an action plan to demonstrate how we assure basic values such as choice, dignity and privacy. The report significantly recognised the role of commissioners and providers in commissioning ethical employers, providing good working terms and conditions.
16. The Care Act (2014) outlines specific requirement that requires the local authority to support the market and deliver a sufficient diversity, choice and supply of care services in their local community. With needed to change the way in which we commissioned our service that support good information, knowledge, oversight and management of the market.

<b>Key outcomes expected of the new tender</b>
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17. For individuals using services
  - Transparency and management of missed and late calls – providers will know in real time if service delivery is late or to be missed – with consequences for poor performance
  - More flexible services as total time allocated can be managed more proactively
  - Individuals will have a copy of a easy read specification based on the outcomes individuals should expect from the service.
  - A provider that delivers personalised outcomes, promotes inclusion in the community and has a commitment to promote wellbeing and prevent or reduce inappropriate hospital admission.
18. For SCC and CCGs
  - Improved capacity and supply in difficult areas – with a 7 day operation providing timely discharge from hospital and reduced costs for CCGs.
  - Improved performance metrics on commencement of packages, especially for hospital discharge
  - Promoting further integration
  - Greater inclusion of locality staff in the tender process.
  - Putting requirement on providers to engage individuals in their communities, in support of Family, Friends and Community Support agenda
  - Recognises the cost of provider failure and places mitigations to offset risk
19. Outcomes irrespective of who pays for care
  - List of published "qualified providers" to assist self funders' choice
  - Back office efficiencies: Flexibility of having known providers already approved and set up – reduces time for new spot placements
20. Providers and the workforce
  - A Strategic Partnership model – providers on this contract will benefit from guaranteed payment on an agreed volume, varying with demand, and a relationship on which to develop innovation
  - Providers more able to plan recruit and retain and support a stable workforce

## Commercial benefits and risk

### 21. Benefits

- Establishment of Strategic Relationship Management with selected providers to monitor performance, address risk, and develop services and outcomes over time.
- Strategic partners based and experienced within their locality and well placed to meet increasing demands.
- A commercial model that gives financial pre-commitment to provider partners, enabling them to invest in staff prior to demand.
- Pre-qualified and known providers available to back-up strategic partners, and allow niche/new services to develop.
- Sufficient qualified providers to be able to signpost potential users and allow choice across a diverse market provision.

### 22. Risks

- Affordability of a viable, ongoing service in light of current nationally publicised pressures, e.g. zero-hours contracts, national minimum wage, living wage, integration of health and social care.
- Integrating Family, Friends and Community Support for holistic outcomes, e.g. inclusion of non-personal care.
- Gaining proactive management and increased client satisfaction from electronic monitoring of calls.
- Provider's ability to respond to the move from "task" to "outcomes" based commissioning.

## Recommendations:

23. To note the content of this report and the supporting this report

24. Select Committee to offer support the approach taken and endorse the imperative to improve, the quality, supply and an integrated market management approach to the domiciliary care to deliver better whole system outcomes.

## Next steps:

Cabinet on 23 July 2014

AQP Provider tender publication 1 July 2014

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### Report contact:

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### Sources/background papers:

Presentation: Domiciliary Care Tender 2014

Presentation to Adult Select Committee 26 June 2014



## Motion on Young Carers Research Group

### Introduction

1. The Council referred a motion to the Adult Social Care Select Committee and the Children & Education Select Committee at its meeting on 6 May 2014. The text of the motion is included in **annex 1** of this report.
2. To assist with considering the motion, it was agreed to establish a joint research group, Motion on Young Carers Research Group, comprised of Zully Grant-Duff (Chairman), Margaret Hicks, Colin Kemp and Richard Walsh.
3. The Motion on Young Carers Research Group adopted approach is described in **annex 2** of this report.

### Context

4. The Joint Strategic Needs Assessment (JSNA) for Surrey defines a young carer as: “A young carer is a child or young person under 18 who provides regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.”<sup>1</sup>
5. The [Children & Families Act, 2014](#)<sup>2</sup> has strengthened the rights of young carers, including the right to a needs assessment through an amendment to Section 17 of [the Children’s Act, 1989](#).<sup>3</sup> This is further reinforced by the [Care Act, 2014](#)<sup>4</sup>. Local authorities are required, where there is an adult in the household with care and support needs, to take children into consideration as part of a “whole family assessment.”

<sup>1</sup> The Joint Strategic Needs Assessment (JSNA), 2014  
<http://www.surreyi.gov.uk/Resource.aspx?ResourceID=659> (accessed 17/06/2014)

<sup>2</sup> The Children & Families Act, 2014 <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted> (access 05/06/2014)

<sup>3</sup> The Children’s Act, 1989 <http://www.legislation.gov.uk/ukpga/1989/41/contents> (accessed 05/06/2014)

<sup>4</sup> The Care Act, 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted> (accessed 05/06/2014)

## Identification of young carers

6. It is estimated that there are 14,000 young carers in Surrey and 700,000 in the UK as a whole.<sup>5</sup> Surrey County Council supports 1650 young carers a year through its Young Carers' Service. This is double the number supported 5 years ago, but represents only 12% of the estimated number of young carers in Surrey.
7. It is believed there are many barriers to identifying young carers, including a social stigma attached to the role and a potential lack of self-identification in terms of having caring responsibilities.
8. Some young carers will already be eligible for Pupil Premium due to meeting the criteria already in place. However, it is difficult to identify the number of young carers currently eligible for Pupil Premium, due to the barriers mentioned, and the fact that there is presently no set process for correlating the data. The JSNA comments, "currently there is not a system in place that all schools can report the number of young carers attending their school."<sup>6</sup>

**Recommendation 1:** That the Director for Children, Schools and Families considers how schools can be supported in identifying and reporting the number of young carers.

## Awareness of young carers' needs

9. Children's Services produced a Young Carers' Audit in 2011, the purpose of which was to establish the level of awareness around the needs of young carers within schools. The final response rate to the audit was 53%, or over 200 schools.
10. An updated Young Carers Audit is currently being undertaken, and it is anticipated that it will provide an evidence base for how things have progressed. It contains a set of questions that ask how Pupil Premium is used to support young carers.

**Recommendation 2:** That the Children & Education Select Committee considers the findings of the Young Carers Audit 2014 in autumn 2014.

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<sup>5</sup> NHS Guildford and Waverley Commissioning Group and Surrey Young Carers (2013) *Surrey Young Carers Health Survey Report 2013* Available at:<http://carersworldradio.ihoststudio.com/carersnet/surrey%20young%20carers2.pdf> Accessed on 30/05/2014

<sup>6</sup> The Joint Strategic Needs Assessment (JSNA), 2014 <http://www.surreyi.gov.uk/Resource.aspx?ResourceID=659> (accessed 17/06/2014)



## Identifying and supporting the specific needs of young carers

11. The JSNA comments: “If more young carers and young adult carers are identified then more information can be gathered about the specific needs of young carers in Surrey.”<sup>7</sup>
12. Witnesses commented that there are also a diverse set of caring responsibilities that a young carer may be asked to undertake, and some would not present a challenge to the young person’s educational outcomes.
13. The JSNA sets out a number of recommendations for future commissioning concerning young carers. It makes explicit reference to how schools can support young carers, recommending the following: “**Empower schools to identify and support young carers.** Consider the use of young carers ID cards and a young carers charter in schools. A recommendation from the Adult Social Care committee in October 2013 is that each school have a governor responsible for supporting young carers. Identification and support for young carers in schools needs to be prioritised by senior management to enable schools to participate in activities identifying and supporting young carers.”<sup>8</sup>
14. Following the recommendation from the Adult Social Care Select Committee, the Cabinet Member for Schools & Learning and the Cabinet Associate for Adult Social Care wrote to all Surrey schools, highlighting the change in legislation concerning Young Carers.
15. This letter also included information of the services schools are able to access for young carers, and details of two pilot Governor briefing sessions. These sessions were delivered by Surrey Young Carers in partnership with the Babcock 4S Schools’ Support Service. A copy of this letter and accompanying material is included as **annex 3** of this report.

**Recommendation 3:** That the pilot Governor briefing sessions are expanded, and that the Cabinet Member for Schools & Learning and the Cabinet Associate for Adult Social Care continue to engage with school governors on the matter of young carers.

16. In light of the change in legislation, both officers and the aforementioned Cabinet Member and Cabinet Associate are engaging with schools to understand how the Local Authority and Surrey schools can improve support

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<sup>7</sup> The Joint Strategic Needs Assessment (JSNA), 2014  
<http://www.surreyi.gov.uk/Resource.aspx?ResourceID=659> (accessed 17/06/2014)

<sup>8</sup> The Joint Strategic Needs Assessment (JSNA), 2014  
<http://www.surreyi.gov.uk/Resource.aspx?ResourceID=659> (accessed 17/06/2014)

to young carers. There are opportunities to undertake further work in schools in partnership with Babcock 4s and Surrey Young Carers.

**Recommendation 4:** That the Schools and Learning and Adult Social Care Service together with Babcock 4S Schools' Support Service consider developing further training for schools in regard to supporting young carers.

17. Young carers in Surrey are supported across agencies through the *Interagency Strategy for Young Carers in Surrey 2011 - 2014 Multi Agency Action Plan*. A review of this strategy commenced on 28 May 2014 and is being undertaken by the Young Carers' Strategic Group. It was highlighted that at present there is no education representative on this group.

**Recommendation 5:** That the refreshed Interagency Strategy for Young Carers in Surrey is considered by the Adult Social Care Select Committee and Children & Education Select Committee in autumn 2014.

**Recommendation 6:** That the Assistant Director for Schools and Learning appoints an education representative to the Young Carers' Strategic Group, and that consideration is given to a representative from Babcock 4S also joining the group.

18. The Department of Health has also developed a School Nurse Service Young Carers Pathway<sup>9</sup> and work is being undertaken with Public Health, Surrey Clinical Commissioning Groups (CCGs) and NHS provider trusts to implement this.

**Recommendation 7:** That the Health Scrutiny Committee receives a report on the implementation of the School Nurse Service Young Carers Pathway at a future meeting.

## Conclusions

19. The change in legislation represents an opportunity to strengthen the work undertaken in Surrey to support young carers. Surrey has been recognised as an area of good practice nationally in how it does this work<sup>10</sup>, and is comparatively well placed to meet the challenges the change in legislation represents.

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<sup>9</sup> Department of Health, 2014 '[Supporting the Health and Wellbeing of Young Carers](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299270/Young_Carers_pathway_Interactive_FINAL.pdf)'  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/299270/Young\\_Carers\\_pathway\\_Interactive\\_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299270/Young_Carers_pathway_Interactive_FINAL.pdf)

<sup>10</sup> For example in April 2013, Dame Philippa Russell (Chair, Standing Commission on Carers) wrote that "We have so much to learn from the work that you have developed in Surrey around real multi-agency working and also proactive and strategic partnerships with carers." (Source: '[Supporting Carers](#)', [Adult Social Care Select Committee report, 24 October 2013](#))

20. The principle of additional investment for young carers is a sound one, but at present there is no consistent mechanism for identifying and supporting young carers in schools. The JSNA recognises that the first task is to develop this as a priority at a senior management and leadership level in schools. This is being supported through a number of work strands, including the work of the Cabinet Member and Cabinet Associate, and the Governors workshops.
21. Witnesses commented that expanding Pupil Premium to young carers could potentially incentivise schools in identifying this group. However, it has to be recognised that many young carers do not wish to be identified. Additionally witnesses suggested there would need to be some criteria in place to address the fact that not all young carers identified in schools would require education support, but instead could be supported through engagement with social services or the Young Carers' Service.
22. The Research Group are of the view that the identification of need linked to the appropriate support and response for young carers is the current priority, rather than a focus on the Pupil Premium. The group notes it is recognised good practice that support for young carers should follow a multi agency approach, in order to achieve the best outcomes for young people and their families.

### **Recommendations**

23. The recommendations are included throughout this report and listed below for ease of reference. The Adult Social Care Committee are asked to endorse the recommendations of the Motion on Young Carers Research Group.
- 1) That the Director for Children, Schools and Families considers how schools can be supported in identifying and reporting the number of young carers.
  - 2) That the Children & Education Select Committee considers the findings of the Young Carers Audit 2014 in autumn 2014.
  - 3) That the pilot Governor briefing sessions are expanded, and that the Cabinet Member for Schools & Learning and the Cabinet Associate for Adult Social Care continue to engage with school governors on the matter of young carers.
  - 4) That the Schools and Learning and Adult Social Care Service together with Babcock 4S Schools' Support Service consider developing further training for schools in regard to supporting young carers.

- 5) That the refreshed Interagency Strategy for Young Carers in Surrey is considered by the Adult Social Care Select Committee and Children & Education Select Committee in autumn 2014.
- 6) That the Assistant Director for Schools and Learning appoints an education representative to the Young Carers' Strategic Group, and that consideration be given to a representative from Babcock 4S also joining the group.
- 7) That the Health Scrutiny Committee receives a report on the implementation of the School Nurse Service Young Carers Pathway at a future meeting.

### **Next steps**

24. The refreshed Interagency Strategy for Young Carers to be reported to Adult Social Care Select Committee and the Children & Education Select Committee.
25. The Recommendations to be sent to the relevant services and Cabinet Members for a response and action.

**Dr Zully Grant-Duff,  
Chairman of Children & Education Select Committee**

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**Report contact:** Andrew Spragg, Scrutiny Officer, Democratic Services

**Contact details:** [andrew.spragg@surreycc.gov.uk](mailto:andrew.spragg@surreycc.gov.uk) 020 8213 2673

## Appendix 1

### ORIGINAL MOTIONS

Meeting of Council, Tuesday, 6 May 2014 10.30 am (Item 13.)

Item 13(iii)

Mr Will Forster (Woking South) to move under Standing Order 11 as follows:

'Council notes:

- Young Carers are children and young people in Surrey's schools and colleges who provide regular and on-going care to a family member who is physically or mentally ill, disabled or misuses substances;
- the tasks and level of caring undertaken by Surrey's Young Carers can vary according to the nature of the illness or disability, the level and frequency of care needed and the structure of the family as a whole;

Council further notes that:

- the support Surrey County Council currently offers is through school staff and governors;
- many schools have a designated member of staff for Young Carers;
- many governing bodies now include the performance and well-being of Young Carers as an agenda item at their meetings, which should be considered "best practice".
- the Pupil Premium is an additional allowance to support certain groups of children and young people at risk of not achieving their potential;
- children entitled to free school meals are eligible for Pupil Premium of £1,300 a year for primary pupils and £935 a year for secondary pupils;
- whilst eligibility for free school meals is the main criteria for entitlement to Pupil Premium, other groups are also entitled to Pupil Premium including children in care, adopted children, children in hospital schools and service personnel children;
- including Young Carers within Pupil Premium eligibility would enable schools and colleges to provide additional support to these young people.

Given the challenges faced by Young Carers, Council resolves to ask the Cabinet Member for Schools and Learning to write to:

- the Secretary of State for Education, the Minister of State for Schools, and the national Pupil Premium Champion, noting the content of this motion and asking that consideration be given to widen the eligibility for Pupil Premium to include Young Carers;

- the Chair of the Local Government Association, asking his organisation to support this campaign;
- the Headteachers of all schools in Surrey, asking them to lend their support to this request and to consider how best to support Young Carers, including identifying a designated member of staff and regularly monitoring the performance and well-being of Young Carers through their Governing Body; providing additional support where needed; and to work with to ensure Young Carers are supported and not disadvantaged because of the voluntary work they undertake looking after others.'

## Appendix 2

### Young Carer's Motion to Council – Approach

- Establish a 4 Member research group – 2 Members from C&E Select Committee and 2 from ASC Select Committee.
- A set of fact finding interviews – the intention of which is to explore the feasibility of proposals set out in the motion, from both an education and care perspective, and consider any alternative options.
- Key internal stakeholders include:
  - John Bangs, Senior Manager, Carers' Commissioning, Adult Social Care
  - Steve Cosser, Cabinet Associate for Adult Social Care
  - P-J Wilkinson, Assistant Director for Schools, Surrey County Council
  - Linda Kemeny, Cabinet Member for Schools
  - Will Forster, proposer of the motion to Council
  
- The research group will put together a formal report setting out the reasons for endorsing, altering or rejecting the motion.
- The intention is to present this at the Adult Social Care Select Committee meeting on 26 June 2014 to be formally agreed. Members of the Children & Education Select Committee will be invited to attend for the item, and the report will be circulated in advance of the meeting for comment.

### Timescales

Statutory Adult Social Care agenda deadline – 18 June 2014

Adult Social Care Select Committee – 26 June 2014

Statutory Children & Education agenda deadline – 2 July 2014

Statutory Council agenda deadline – 2 July 2014

Children & Education Select Committee – 10 July 2014

Council meeting – 15 July 2014

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## Appendix 3

Tel: 03456 009 009

Email [steve.cosser@surreycc.gov.uk](mailto:steve.cosser@surreycc.gov.uk)

To Surrey Schools



Our ref:/ JB

17 June, 2014

Dear

We are writing following the Government announcing a move to significantly strengthen the rights of young carers under the age of 18.

The change to the law arising from the Children and Families Act will from April 2015 mean that when a child is identified as a young carer, the needs of everyone in the family are to be considered. This should trigger action from both children's and adults services – assessing why a child is caring, what needs to change and what would help the family to prevent children from taking on this responsibility in the first place.

The legislation will also require councils to take reasonable steps to identify young carers and reduce pressures on them. As you may realise, schools can play a key role in identifying and supporting young carers, including by referring them to other sources of help. The County Council would ask schools to consider designating a School Governor with a lead on young carers issues to help promote such an approach.

National good practice guidelines produced by charities working to support young carers offer advice around how: "Governing bodies in schools make provision for policy and practice that supports young carers and promotes good communication with their families." The guidelines also highlight the importance of ensuring that young carers are able to be fully involved in school life and communicating with the parents of the young carers. These also look at how curriculum and assessment processes can take account of the needs of vulnerable pupils, including young carers. An explanatory leaflet from the national charities the Carers Trust and the Childrens Society is attached for information.

The Surrey Young Carers service offer advice to Surrey schools provided by education advisers and can be contacted on **01483 302748**. They will be able to offer some training to School Governors in June in partnership with Babcock 4S and details of these are set out overleaf. I hope you will find these sessions of interest and that your Governors will consider nominating someone to attend.

Yours sincerely,

**Linda Kemeny**  
Cabinet Member for Children and Learning

**Steve Cosser**  
Associate Cabinet Member Adult Social Care

# Supporting Young Carers in School

Free Governor briefing sessions

**9th JUNE 2014:** 5:00 - 6:00pm

NASUWT Offices

Milestone House, Portsmouth Road, Send, Woking, GU23 7JZ

**23rd JUNE 2014:** 5:00 - 6:00pm

Tandridge Education Partnership Centre (de Stafford School)

Burntwood Lane, Caterham, CR3 5YX

You can book places free via the Babcock online booking system or see the Babcock bulletin, Governor Update.

*On average, there are two young carers in every classroom. One of them is having significant problems in attending school, or achieving their potential in their studies. It is estimated that there are about 14,000 young people in Surrey looking after a member of their family affected by disability, illness or substance misuse.*

*This seminar will give attendees an understanding of who young carers are, what they do and how it affects their health, wellbeing and opportunities. It will give insight into how it specifically affects their ability to learn and succeed in their education.*

*In addition, attendees will be given an understanding of how the statutory and voluntary sectors are working together to help these young people. Finally, there will be practical recommendations and examples of what schools can do to identify and support this group of vulnerable students.*

*Surrey Young Carers is a service managed by the charity Action for Carers Surrey. The Education Advisory team work with schools and colleges across the county to raise awareness of carer issues and assist staff in developing internal support for students affected by these issues, including the provision of PSHE teaching resources.*

Examples of some of the resources available can be accessed via

<http://www.actionforcarers.org.uk/professionals/working-young-carers-under-18/resources-downloads/>



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

Page 133

**Select Committee and Officer Actions**

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
24 October 2013 018	FAMILY, FRIENDS AND COMMUNITY SUPPORT - SOCIAL	That the Committee implement a working group to track project outcomes and deliverables for the	Chairman/Democratic Services	The working group have been invited to join the Family,	<i>Complete</i>

Item 13

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
	CAPITAL IN SURREY [Item 7]	Family, Friends and Community Support agenda, to report back in March 2014.		Friends and Community Support Project Board. They will provide an update on this work in May 2014.	
24 October 2013 021	SUPPORTING CARERS [Item 8]	That the Directorate explores ways in which it can improve the number of carers providing feedback through the Carer survey.	Carer Development Manager	This has been noted by officers and the response rate for the next Carers Survey will be shared with the Committee.	<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</p>	HR Relationships Manager (Adults) / Scrutiny Officer	The Vice-Chairman met with Officers in HR and discussed some of the matters raised in this recommendation. An item has been added to the 2014/15 Work Programme.	<i>Complete</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		<p>development of vocational routes 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>	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
		d) That officers report back to 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 June 2014.	<i>June 2014</i>
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 June 2014.	<i>June 2014</i>
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 June 2014.	<i>June 2014</i>
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 June 2014.	<i>June 2014</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
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 June 2014.	<i>June 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>
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	An update is included on the agenda for today's meeting.	<i>Complete</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
6 March 2014 036	DIRECTOR'S UPDATE [Item 6]	The Chairman to write the Chief Fire Officer for Surrey passing on congratulations for the IESE award.	Chairman/Democratic	This will be followed up and a letter produced.	<i>Complete</i>
6 March 2014 037	DEMENTIA FRIENDLY SURREY [Item 7]	That the Directorate continue the publicity and awareness campaigns around dementia in order to increase the number of early diagnoses made and improve outcomes for those with dementia.	Senior Manager, Commissioning	Officers have noted this recommendation and will provide a response for September 2014.	September 2014
6 March 2014 038	DEMENTIA FRIENDLY SURREY [Item 7]	That the Directorate review the impact of Innovation Fund projects in 12 months time.	Senior Manager, Commissioning	This has been added to the 2014/15 Work Programme.	<i>Complete</i>
6 March 2014 039	DEMENTIA FRIENDLY SURREY [Item 7]	That the Directorate ensure the lessons and achievements are embedded in commissioning and service delivery activity of Adult Social Care, including the Family, Friends and Community Support project.	Interim Strategic Director for Adult Social Care	Officers have noted this recommendation and will provide a response for September 2014.	September 2014
6 March 2014 040	PROGRESS OF RECOMMENDATIONS ARISING FROM THE SERIOUS CASE REVIEW - GLORIA FOSTER [Item 8]	That the Committee further review the implementation of the recommendations arising from the Serious Case Review in six months time, to ensure policies and practices are robust.	Chairman/Democratic Services	This has been added to the 2014/15 Work Programme.	<i>Complete</i>



Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
6 March 2014 041	PROGRESS OF RECOMMENDATIONS ARISING FROM THE SERIOUS CASE REVIEW - GLORIA FOSTER [Item 8]	That the Committee is advised of the outcome of the disciplinary actions undertaken following the Serious Case Review.	Interim Strategic Director for Adult Social Care	Officers have noted this recommendation and will provide a response for September 2014.	September 2014
6 March 2014 042	PROGRESS OF RECOMMENDATIONS ARISING FROM THE SERIOUS CASE REVIEW - GLORIA FOSTER [Item 8]	That the Committee is advised of the outcome of recommendation two of the Serious Case Review, and the decision regarding the oversight of all social care cases, including self-funders, in preparation for the passage of the Care Bill.	Interim Strategic Director for Adult Social Care	Officers have noted this recommendation and will provide a response for September 2014.	September 2014
6 March 2014 043	INCOME/DEBT UPDATE REPORT [Item 10]	That the Committee receive a further update on Income/Debt in Adult Social Care Directorate in 12 months time.	Chairman/Democratic Services	This has been added to the 2014/15 Work Programme.	Complete
6 March 2014 044	BUDGET UPDATE [Item 11]	That the Committee receive a report covering both budget monitoring and the updated Medium Term Financial Plan for 2014-2019, following the Cabinet meeting on 25 March 2014.	Interim Strategic Director for Adult Social Care	This item is being presented at today's meeting.	Complete
01 May 2014 045	BUDGET UPDATE [Item 8]	a) That the Council Overview & Scrutiny Committee considers issues concerning improving IT solutions for Adult Social Care front-line staff at its meeting on 4 June 2014.	Council Overview & Scrutiny Committee		

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		b) That the Committee continues to monitor the budget position of the Directorate on a quarterly basis.	Adult Social Care Select Committee		
1 MAY 2014 046	COMMISSIONING AND MANAGING THE MARKET [Item 9)	<p>a) That the private providers meet with the Directorate to explore the mutual challenges in recruiting and retaining high quality staff, and identify areas where they can jointly influence the market.</p> <p>b) That a list of commissioned services is circulated to local Committees with a focus on what services are available locally.</p>	Assistant Director for Commissioning		