

## Notice of Meeting

# Adult Social Care Select Committee



**Date & time**  
**Thursday, 23**  
**October 2014**  
**at 10.00 am**

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

**Contact**  
Ross Pike or Andrew Baird  
Room 122, County Hall  
Tel 020 8541 7368 or 020  
8541 7609

**Chief Executive**  
David McNulty

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**This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ross Pike or Andrew Baird on 020 8541 7368 or 020 8541 7609.**

### **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:**

(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 (16 October 2014).
2. The deadline for public questions is seven days before the meeting (16 October 2014).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

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

(Pages  
13 - 14)

On 5 September 2014 the Committee made recommendations to Cabinet concerning vacancy management in Adult Social Care. The Cabinet Member provided a response at the meeting on 23 September 2014.

### **6 DIRECTOR'S UPDATE**

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

### **7 HEALTH AND WELLBEING PRIORITIES: OLDER ADULTS & PREVENTION AND DEMENTIA FRIENDLY SURREY**

(Pages  
15 - 76)

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

Surrey has an ageing population often living longer with more complex needs; the Committee will therefore review the joint work done between the Adult Social Care Directorate, Public Health and the NHS in Surrey to achieve the aims of the Joint Health and Wellbeing Strategy. The Committee will also be provided with an update on the Dementia Friendly Surrey project.

**8 UPDATE FROM THE PERFORMANCE AND FINANCE SUB-GROUP** (Pages 77 - 78)

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

The Committee to receive an update from the Sub-Group on the areas prioritised for further work as part of the business planning process.

**9 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME** (Pages 79 - 92)

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

**10 DATE OF NEXT MEETING**

The next meeting of the Committee will be held at 10:00 am on 2 December 2014.

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

Published: Monday 13 October 2014

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

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*Thank you for your co-operation*

**MINUTES** of the meeting of the **ADULT SOCIAL CARE SELECT COMMITTEE** held at 11.00 am on 5 September 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, 23 October 2014.

**Elected 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
- \* 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

**Substitutes:**

- \* Mr Denis Fuller

**58/14 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Rachael I Lake, Graham Ellwood and Colin Kemp. Denis Fuller acted as a substitute for Colin Kemp.

**59/14 MINUTES OF THE PREVIOUS MEETING: 26 JUNE 2014 [Item 2]**

These were agreed as an accurate record of the meeting.

**60/14 DECLARATIONS OF INTEREST [Item 3]**

There were no declarations of interest.

**61/14 QUESTIONS AND PETITIONS [Item 4]**

There were no questions or petitions.

**62/14 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.

**63/14 DIRECTOR'S UPDATE [Item 6]**

Item 6 was taken after Item 7

**Declarations of Interest:** None

**Witnesses:**

Dave Sargeant, Strategic Director for Adult Social Care

Mel Few, Cabinet Member for Adult Social Care

Steve Cosser, Cabinet Associate for Adult Social Care

**Key points raised during the discussion:**

1. The Strategic Director advised the Committee that the Adult Social Care Directorate would be undergoing structural changes in order to modernise the Directorate and realign it with current trends and priorities in care-giving. It was highlighted that these changes were under discussion but assurance was given that they would not affect frontline services but would instead focus on the managerial structure of the Directorate and an update would be forthcoming once the changes had been finalised. The Committee agreed that the Adult Social Care Directorate was in need of modernisation, in particular noting the importance of synchronising it with the six Clinical Commissioning Groups in Surrey.

2. The Strategic Director gave a verbal update on the latest developments with the final strategy for the implementation of the Better Care Fund in Surrey. It was advised that the presentation of the final document to the Committee would be delayed until the next meeting due to some final

amendments being required as a result of mixed messages being issued by Central Government. It was highlighted that the Better Care Fund only represents 3% of the Adult Social Care budget for Surrey which limits the opportunities to address how care is delivered to Surrey's vulnerable adults. The Director advised that a strategy was being developed for more wholesale changes to the delivery of Adult Social Care in Surrey. The Committee expressed concern that buzz phrases such as the Better Care Fund don't translate well within the community and that more needed to be done to ensure that people in Surrey were made aware of what the Fund actually is in practice. The Strategic Director agreed that more engagement with the Community on these issues was required.

3. The Committee was referred to the recently published Barker Commission which sets out new approaches to the delivery of Adult Social Care including the suggestion for a ring-fenced budget for providing free Adult Social Care. It was advised that a briefing document summarising the recommendations of the Barker Commission would be circulated in due course.

4. The Strategic Director advised that the report from the Coroner on an ongoing Serious Case Review would be available from the 9 September 2014 although no further update on the case was given.

5. The Committee were advised that, in light of new legislation requiring Local Authority Children's Services to extend the remit of care provisions to children until the age of Twenty-five, some Adult Social Care services in Surrey along with some of their budget will be reallocated to Surrey County Council's Children's Services to allow them to fulfil these new obligations and advised that more information would be given to members on this reallocation once it had been fully agreed with Children's Services. Members expressed some concern that a Transitions Team hadn't yet been set up despite assurances and that Adult Social Care and Children's Services were not fully cooperating on transitioning vulnerable residents from the care of Children's Services to that of Adult Social Care due to the significant amount of time taken to work put the correct protocols in place to create a Transitions Team. The Strategic Director advised that Children's Services and Adult Social Care worked closely with each other and held regular meetings to ensure that there was no gap in care provision and highlighted that the protocol was close to being finalised. An invitation was extended to the Chairman to attend a Children's Services Select Committee to see how the two services worked together.

6. The Committee requested clarification on upgrades being made to software managing Adult Social Care in Surrey. The Strategic Director indicated that improvements to the software were on hold until the full implications of the Care Act and the additional demands it placed on Care services had been fully realised. It was also highlighted that, while clunky, the software was functioning effectively. The Strategic Director further added that a pilot scheme to give community nurses and carers tablet devices to reduce the amount of time they spend completing paperwork was underway and that this scheme would be rolled out across Surrey in due course. Concerns were raised by members about the impact that tablet devices would affect the ability of carers to interact with their patients as well as flagging issues of practicality although it was generally agreed that they would allow nurses and carers to spend more time in the community.

**Recommendations:**

None

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

It is agreed that the Strategic Director will:

- Provide an update in October on the realignment of the ASC Directorate
- Feedback on the outcome of the Better Care Plan fund.
- Circulate a summary the King's Fund's Barker Commission, Professor Bolton's report on the demands being placed on adult social care and the outcome of the Gloria Foster Inquest.
- Give an update on the future of the Transitions Team following implementation of the Children and Families Act.

**Committee Next Steps:**

None

64/14 **FAMILY, FRIENDS AND COMMUNITY SUPPORT: FINDINGS AND RECOMMENDATIONS [Item 7]**

**Declarations of interest:** None

**Witnesses:**

Dave Sargeant, Strategic Director for Adult Social Care,  
Shelley Head, Interim Assistant Director  
Paul Carey-Kent, Strategic Finance Manager

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

**Key points raised during the discussion:**

1. The Committee was given a brief summary of the Family, Friends and Community programme and its goal to ensure that adult social care in Surrey provided better outcomes for vulnerable residents through more tailored care packages designed at keeping them connected to the communities in which they live while also registering savings for the Directorate. Significant concerns were raised by the Director of Surrey Coalition of Disabled People around reassessments and noted that Friends, Family and Community is perceived as a cost-cutting measure instead of a programme of reform designed to provide better outcomes for adult social care users. Members echoed this concern and highlighted the need to disseminate the message that Friends, Family and Community is not a cost-cutting initiative. The Strategic Director stated that care packages were not reduced where it was concluded that the support being provided prior to the reassessment was in line with the particular requirements of the resident and in some cases more expensive care packages were being put in place where the reassessment showed that a more expensive care package was necessary. It was also highlighted that a theatre company had been employed to train frontline staff in talking to vulnerable adults if their reassessment deemed that their support



package should be reduced and gave valuable insights into how to conduct this conversation with the resident and their families. It was acknowledged, however, that more could be done to get the message out to affected residents that Family Friends and Community is first and foremost about providing better outcomes rather than being a cost-saving measure.

2. Members suggested that County Councillors should also be more active in promoting the benefits of Family, Friends and Communities across Surrey and ensure that residents are aware that the initiative is about promoting better outcomes. It was recommended that it be added to the agendas of formal committee meetings as these are more widely attended and plans put forward on how Councillors can be encouraged to engage with and promote the initiative amongst their residents.

3. The Interim Assistant Director stipulated the need to empower staff and give them the tools to develop innovative approaches towards creating care packages which can provide the best possible outcomes for Surrey's vulnerable adults. Members drew attention to particularly creative schemes which had happened in their boroughs or which they had heard about taking place in other boroughs and asked the officers present to ensure that schemes which worked well in one borough were considered for the whole County to avoid adult social care in Surrey becoming siloed. The importance of regional visits by members was also emphasised to ensure that they retained an up-to-date understanding of local issues and developed a connection with frontline staff and care providers.

4. The Strategic Finance Manager provided the Committee with a detailed insight into how the Family, Friends and Community initiative was performing against its projected budget and its impact on the budget of the Adult Social Care Directorate as a whole. FF&C is projected to contribute a significant amount to reducing spending on adult social care with a target of saving the Directorate £13.3 million for 2013/14. It was advised that, at present, FF&C was on course to exceed this specific target and record savings of £16.5 million.

5. FFC DP surplus, which relates to the cost of new care packages as from reassessment indicates that a saving of nearly £2 million was made from April – July and that projected savings of £2.1 million would be made from August to March.

6. Savings arising from reassessments in light of the new FFC guidelines for care packages indicate that up to the end of July savings of £654k although these were not evenly spread throughout the community. Further savings of £3.75 million are projected to be made in light of reassessments from August until the end of March. These savings are weighted towards the latter half of the year as a result of more reassessments being scheduled for the end of the year. These positive figures have prompted an upwardly revised saving of £9 million from reassessments for next year.

7. The cost of conducting reassessments has contributed to an over-spend of £605k to the end of July in this area. Savings of £5.5 million are projected for the year but is hard to predict as the cost of creating care packages for children moving into adulthood who will require a care package from the Adult Social Care Directorate is unclear. The FFC Catch up field also has projected savings for the year although none have been recorded to date. Both of these

were highlighted as potential areas of risk by the Strategic Finance Manager where the projected savings might not be realised although was hopeful that the savings would be achieved.

8. The Committee expressed support for the Family, Friends and Community initiative but stressed that a strategic, Surrey-wide approach was required for implementing it effectively rather than the CCGs and Borough Councils working independently. Members stressed the importance of officers across the Boroughs cross-fertilising ideas for the implementation of FF&C, sharing tips on best practice and discussing schemes that have been effective. The importance of local knowledge, however, was also promoted and suggestions were made about how this could be accessed through systems such as Surrey Information Point and Surrey-i. It was suggested that Councillors be issued with business cards and Surrey Information Point that they could distribute to residents to make them more aware of the benefits of this system. Member involvement in FF&C was further advocated by the Committee who recommended the creation of 'Member Champions' for each district and borough in Surrey who would be able to share positive schemes with each other on how the programme was working in their area.

9. The Committee asked for assurances that the Directorate was indentifying the care needs of 18-25 year olds. The Strategic Director stated that key connections and networks were in place to ensure that young adults with care needs were being identified and their needs catered for.

### **Recommendations:**

The Committee:

- Commends and echoes the enthusiasm among officers and practitioners for the Family, Friends and Community Support programme.
- Recognises the understanding officers and practitioners have for the cultural change which the programme represents.
- Notes that the Directorate needs to present a clear and positive message to ensure individuals' and families' expectations
- Recommends that information exchanges including Surrey Information Point and Surrey-i are readily available and localised.
- Will provide members with Surrey Information Point business cards to disseminate to residents.
- Recommends that 'Member Champions' are identified in each district and borough to help develop the programme in their area and link up with contacts such as GPs and their Practice Managers with officer support to gather and share information on the implementation of FFC across Surrey. Local networks which can be collaborated with should also be indentified such as Neighbourhood Watch groups, community navigators and other voluntary groups operating at the local level.

- The Chairman will write to the Chair of Local Committees to ensure that the FF & C Support Programme is scheduled as a formal item.

**Action points/ further information to be provided:**

None

**Committee next steps:**

None

65/14 **BUDGET UPDATE [Item 8]**

**Declarations of interest:** None

**Witnesses:**

Dave Sargeant, Strategic Director for Adult Social Care

Mel Few, Cabinet Member for Adult Social Care

Steve Cosser, Cabinet Associate for Adult Social Care

**Key points raised during the discussion:**

1. The Strategic Finance Manager advised the Committee that the forecasted savings increase for 2014/15 had been cut due to anticipated savings from a block contractor not coming to fruition. It was hoped that the Directorate would be able to negotiate a longer term agreement with the contractor but this wasn't possible and so the savings which were projected to be made did not come about.
2. Savings were also projected in both continuing health care and the Better Care Fund although the Strategic Finance Manager stated that these savings were proving more difficult to make than originally anticipated.
3. The Committee requested clarification on the £2.8 million assigned to meet increased demand pressure and it was advised that the Directorate have forecasted that there will be a 6% increase in the use of Surrey County Council's Adult Social Care services and this money had been set aside to cope with this projected increase in demand.

**Recommendations:**

None

**Action points/ further information to be provided:**

None

**Committee next steps:**

None

66/14 **APPOINTMENT OF A SELECT COMMITTEE PERFORMANCE & FINANCE SUB-GROUP [Item 9]**

**Declarations of interest:** None

**Witnesses:** None

1. The Chairman advised the Committee that he wished to appoint Councillors Walsh, Hussain, White and Mallett to the Performance and Finance Sub-Group. All members agreed that they were happy with the Chairman's suggested appointments.

**Recommendations:**

None

**Action points/ further information to be provided:**

None

**Committee next steps:**

None

67/14 **RECRUITMENT, RETENTION AND INTRODUCTION TO WORKFORCE STRATEGY [Item 10]**

**Witnesses:**

Dave Sargeant, Strategic Director for Adult Social Care

Mel Few, Cabinet Member for Adult Social Care

Steve Cosser, Cabinet Associate for Adult Social Care

**Key points raised during the discussion:**

1. The HR Relationship Manager provided an update on the challenges facing the Adult Social Care Directorate in recruiting and retaining front-line staff. It was highlighted that the high-cost of living in Surrey as well as restrictions on offering competitive salaries as a result of the existing corporate pay structure means that some difficulties have been experienced in recruiting and retaining staff to work in adult social care for the Council. The HR Relationship Manager indicated that a number of different strategies were being devised to make Surrey's social care services a more attractive employer both in terms of recruiting new staff and retaining those who already work for Surrey. Avenues which were being explored included introducing a more flexible pay progression structure particularly in areas such as Social Work and the creation of a rewards structure for existing staff. It was advised that it would take 6 months to finalise this strategy.

2. The Committee expressed some serious concerns about the staffing problems highlighted by the HR Relationship Manager and requested further clarification on the current number of vacancies in Surrey County Council's Adult Social Care provision as well as information on the financial incentives offered by Surrey in comparison to other Local Authorities in the Southeast. The Chairman and the Cabinet Member for Adult Social Care confirmed that conversations have taken place with the Head of HR and Organisational Development in relation to the rigidity of the corporate pay structure and the adverse effects it is having on recruitment and retention strategies for adult social care services and so they were aware of these issues. The HR Relationship Manager advised that there were currently 95 vacancies across Adult Social Care services. In relation to the financial incentives offered by Surrey in comparison to other Local Authorities, it was highlighted that Surrey's recruitment and retention strategy lagged behind competitors due to the high cost of living in the County and that £7k was offered to for resettlement costs in line with the minimum government guidelines. The Committee were in agreement that the £7k resettlement allowance was not enough money to attract skilled and experienced workers to Surrey and suggested that this needs to be reconsidered. Members also queried whether the shortage in staff was impacting on the ability of the Adult Social Care Directorate to deliver its strategies for providing better care to Surrey's vulnerable residents. The HR Relationship Manager reiterated that the vacancies were across the whole of the service and with the highest concentration being in residential care which is currently undergoing significant changes which was impacting on staff numbers. The shortages are not severe in any particular area such that the delivery of services would be affected.

3. The Committee further queried whether the pay allocations for frontline service providers in Surrey restricted the quality of staff that Surrey was able to attract to Adult Social Care and requested assurances that only the right people with the right skills would be hired to fill vacancies. It was stated by the Strategic Director that a tight grip was kept on recruitment to ensure that only staff with the correct skill-set were employed to maintain levels of quality right across the service. It was also highlighted that new initiatives were being developed to devolve staffing budgets to the localities to ensure that they were able to employ the right people with the right skills for the needs of the residents in their local area and to take account of regional differences.

4. The HR Relationship Manager stressed that financial incentives such as pay and moving benefits were not the only recruitment and retention strategies available to the Council and that the career opportunities and the chance to progress up the organisation are also factors which must be taken into consideration. Members suggested that the HR Relationship Manager's recruitment and retention strategy should also consider ideas such as shared ownership schemes, talent-spotting for potential Social Workers as well other options that might help employees place down roots in Surrey and make them less likely to want to move to another County. Accordingly, the Council has an ongoing initiative to provide training to staff to help them improve their career prospects and develop their careers within Surrey although it was highlighted that the rising costs of training and providing the infrastructure for this training did mean that the opportunities that they were able to offer had decreased over the past couple of years.

5. Members also queried the possibility of hiring locums to cover key vacancies in frontline services. The HR Relationship Manager stressed that they wanted to avoid going down this avenue where possible due to the high cost of hiring locums which, on average, is in the region of £70k a year once agency costs are factored in.

6. The Committee also queried the average time it took to recruit a new member of staff to the Adult Social Care team; in his introduction to the report the HR Relationship Manager indicated that it took, on average, 90 days to recruit for a vacant position which the Members felt to be a bit excessive. The HR Relationship Manager advised that he didn't have information on the reasons why it took so long to hand as details of recruitment schedules were still being investigated but that he would apprise the Committee of these results at the next meeting.

7. Members also requested more information on retention strategies for Social Workers which has been identified nationally as having an average career span of just 7 years and wondered what was being done in Surrey to retain Social Workers as key frontline service providers. The HR Relationship Manager highlighted that the 7 year career span identified was more reflective of Social Workers employed in the Children's Services sector than Adult Social Care. It was advised, however, that a board had been put together in order to explore the caseloads for Social Workers and developing ways in which to help them manage their workloads more effectively through a case work allocation model. The hope was that this would reduce the instances of Social Workers becoming disillusioned and help Surrey to retain their experienced, long term staff.

8. The Committee expressed concern that they had heard from residents that the application process for Social Workers applying for jobs in Surrey was overly complicated and put many people off applying for a job. The HR Relationship Manager indicated that he was concerned to hear that this was the perception of the Adult Social Care recruitment process and that it was designed to be user friendly, it was advised that this would be looked into as a priority to ensure that it didn't discourage any potential applicants.

#### **Recommendations:**

- The Committee recommends that the leader of the Council and Cabinet concentrate on urgently finding ways to recruit the (currently) 95 key frontline vacancies that exist across the Adult Social Care Directorate.
- The Committee supports the urgent creation of a separate, flexible HR policy for Adult Social Care to attract and retain skilled staff. The Committee will seek an update on this proposal in early 2015.

#### **Action points/ further information to be provided**

None

**Committee next steps:**

None

**68/14 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME  
[Item 11]****Declarations on interest:**

None

**Witnesses:**

None

**Key points raised during the discussion:**

None

**Recommendations:**

None

**Action points/ further information to be provided**

None

**Committee next steps:**

None

**69/14 DATE OF NEXT MEETING [Item 12]**

The Committee noted its next meeting would be 23 October 2014 at 10am.

Meeting ended at: 1.30 pm

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**Chairman**

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**CABINET RESPONSE TO ADULT SOCIAL CARE SELECT COMMITTEE  
RECRUITMENT, RETENTION AND INTRODUCTION TO WORKFORCE STRATEGY  
(considered by ASC Select Committee on 5 September 2014)**

**SELECT COMMITTEE RECOMMENDATION:**

The Committee recommends that the Leader of the Council and the Cabinet concentrate on urgently finding ways to recruit to the (currently) 95 key frontline vacancies that exist across the Adult Social Care Directorate.

**RESPONSE**

I welcome the Adult Social Care Select Committee raising this issue. Your question is appropriate and the Service is well aware of the issues that not having the full complement of staff has on both the service users and the staff. In response to your question, current action being followed by the Service is outlined below:

- Adult Social Care continues to try and recruit to all vacancies in a variety of ways. To support this we currently:
- Continue to run a centralised recruitment process to ensure a streamlined approach and to release the managers time from the day to day recruitment processes.
- Continue to actively recruit to all posts via permanent adverts on our website and various other media.
- We actively engage with 20+ permanent recruitment agencies to source the best possible candidates for a variety of roles.
- We are working closely with Manpower to improve our success in recruiting suitable locum candidates. This includes better communication between Surrey County Council, Manpower and the panel vendors. It also includes bench marking our locum pay rates with our competitors.
- We are looking at alternative options of recruiting locums i.e. what options are available to us if Manpower are unable to fill a vacancy.
- We have piloted and are now implementing a full four week induction for all new starters into Adult Social Care. We hope this will help improve the quality, confidence and competence of our new recruits as well as investing in them to try and improve our retention of staff.
- We are exploring options with regards to recruiting overseas workers. We actively encourage our managers to use our current bank staff to fill temporary vacancies.
- We are working closely with Ken Akers' team, in the Human Resources and Organisational Development Service, to devise and implement a recruitment and retention strategy.
- We have streamlined our appointment process to support local managers and also to improve the "candidate experience".

**Mel Few  
Cabinet Member for Adult Social Care  
23 September 2014**

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Adult Social Care Select Committee  
23 October 2014

**Health and Wellbeing: Improving Older Adult's Health and Wellbeing and Developing a Preventative Approach and Dementia Friendly Surrey**

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

The Committee will review the progress made on two of the Health and Wellbeing Board's five strategic priorities and the work of the Dementia Friendly Surrey project.

**Summary:**

1. Surrey's Joint Health and Wellbeing Strategy sets out five priorities, two of which will be considered by the Committee at this meeting:
  - Improving older adults' health and wellbeing
  - Developing a preventative approach
2. These priorities have a direct impact on the services provided by the Adult Social Care directorate, how partners in the health and care system work together and on the outcomes for Surrey residents. For these reasons, the Committee identified the work of the Health and Wellbeing Board as a priority area for scrutiny in 2014/15.
3. Surrey has an aging population profile. Our residents are living longer, often with more complex needs; the Committee will therefore review the joint work done between the Adult Social Care Directorate and the NHS in Surrey to improve older adults' health and wellbeing.
4. In tandem with this priority the Committee will consider the work, lead by Public Health, on developing a preventative approach. A preventative approach is necessary to manage the demands of a changing demographic profile in Surrey by encouraging healthy behaviours that can prevent the development of chronic conditions and reduce the number of people who require social care interventions. It is crucial that

these two priorities operate in an inter-connected way. The Dementia Friendly Surrey project, part of the Ageing Well programme, is an example of collaborative prevention and support work between Surrey County Council and the NHS and an progress report on the key areas of work in the project is included in the agenda papers for scrutiny.

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5. Prevention should form the foundation of every strategy to improve health and wellbeing and extend quality of life years. Prevention has been selected as one of the five Surrey Health and Wellbeing priorities and has also been incorporated into the delivery plans of all the other priority strategies including the older adults' priority. The intention is that Surrey County Council (Adult Social Care, Children's Schools and Families and Public Health) work with the local district and borough councils and the health service to improve health and social care outcomes, reduce service demand, reduce the level of disability and the 15 year variation in life expectancy across Surrey.

Public Health takes a life course approach, from cradle to grave, to improve outcomes by focusing on primary prevention. The top five risk factors for ill health and early death, which are also the main cause of disability, are smoking, raised blood pressure, obesity, lack of physical activity and alcohol. By incorporating this focus into the older adults plans Surrey County Council, Districts & Boroughs and Clinical Commissioning Groups have agreed to work together to keep our older adults healthier and independent and reduce, or delay, the need for our services.

<b>Recommendations:</b>
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6. The Committee is asked to review the progress on the implementation of the two priorities and consider further scrutiny of the remaining, relevant priorities of the Joint Health and Wellbeing Strategy.
7. Endorse the work of the Older Adults Plan.
8. Consider how they wish to remain updated on the outcomes of the plan including the outcomes of the Better Care Fund plan in respect of Older People
9. The Select Committee is requested to scrutinise the Dementia Friendly Surrey project's progress against its objectives.

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**Report contact:** Ross Pike, Scrutiny Officer, Democratic Services

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**Sources/background papers:** Surrey's Joint Health and Wellbeing Strategy, [http://www.surreycc.gov.uk/data/assets/pdf\\_file/0004/567382/UPDATED-health-and-wellbeing-strategy-doc.pdf](http://www.surreycc.gov.uk/data/assets/pdf_file/0004/567382/UPDATED-health-and-wellbeing-strategy-doc.pdf)

Adult Social Care Select Committee  
23 October 2014

**Surrey Health and Wellbeing: Older Adults Priority**

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

This report provides an update on the work undertaken to develop the Health and Wellbeing Board's action plan in relation to its priority to "Improving older adults' health and wellbeing". It also outlines the relationship between the action plan and the Better Care Fund.

**Introduction:**

1. Surrey's Joint Health and Wellbeing Strategy, approved in April 2013, sets out five priority areas for Surrey's Health and Wellbeing Board to focus on - these are: improving children's health and wellbeing, developing a preventive approach, promoting emotional wellbeing and mental health, improving older adults' health and wellbeing and safeguarding population.
2. In developing its work programme and to ensure sufficient focus and time is spent on each priority, the Board decided to tackle each of the five priorities in turn with the aim of translating the high level strategic intentions described in the Strategy into clear sets of actions for the Board and its member organisations to take forward together.
3. The Board has also agreed a set of cross cutting principles which underpin the Board's work on each of the priority areas: Early intervention, Improved outcomes, Centred on the person; their families and carers, Evidence based, Opportunities for integration and Reducing health inequalities.
4. This report provides an update on the work that has been undertaken to develop the Health and Wellbeing Board's action plan for the "Improving older adults' health and wellbeing" priority – it sets out the rationale for the priority (the evidence base), describes what the work is trying to achieve and also how it will be achieved.

5. The proposed actions and approach described in this report are aligned to the policy and strategic intent already set out in Surrey's six Clinical Commissioning Group Commissioning Strategies and the County Council's Adult Social Care Directorate Strategy.
6. This joint action plan describes how health and social care commissioners, in partnership with older adults, will support local organisations to improve the lives of older residents in Surrey. Health and social care commissioners<sup>1</sup>, both independently and collectively, have an enormous opportunity to radically reshape the way in which care and support is provided to older adults.
7. This plan has been written at a time when central government is asking health and social care to gather momentum towards 2015/16, when the Better Care Fund<sup>2</sup> will support a fuller integration of health and social care. It will do this by identifying new ways of working and transforming services, to deliver outcomes for the benefit of residents in Surrey. The outcome based approach to commissioning services for older adults sets out future ways of delivering care in Surrey. This shift means we (the Surrey Health and Wellbeing Board) as commissioners will move away from commissioning purely for a service itself and move towards measuring outcomes as defined by the older adult and their carer. As the Better Care Fund encourages us to work closer together, it is therefore an important way of delivering this joint plan. A summary of the Better Care Fund planning in Surrey to date can be found in Annex 1, which contains slides presented to the Health and Wellbeing Board on 2 October 2014.

#### Why is this action plan needed?

8. The population aged over 65 and over 85 years old is projected to grow at around the same as the national average. Improvements in health and wellbeing as well as residents living longer are a cause for celebration. The ageing population also means that Surrey will have a growing proportion of residents with increasing health and social care costs and have conditions that require additional care needs including:
  - Dementia and depression
  - Visual and hearing impairment
  - Long term health conditions as a result of a stroke
  - Frailty and being prone to falls and consequent fractures (particularly hip fractures)
  - An inability to manage domestic tasks, self-care or move around on their own.
  - Social isolation

<sup>1</sup> Health commissioners are known as Clinical Commissioning Groups (CCGs) that replace former Primary Care Trusts and are responsible for delivering NHS services in local areas. There are six CCGs in Surrey. Social care commissioners are Surrey County Council.

<sup>2</sup> The Better Care Fund nationally combines some existing budgets into one health and social care pot. The fund is not additional money; instead it brings together NHS and local government funding that are already committed to services. It will provide an opportunity to improve services and value for money, through a requirement to work closer together than ever before.

9. Additionally, older adults are more likely to have multiple chronic diseases requiring numerous medications and to be in the later stages of the disease when complications manifest themselves. Therefore, improving end of life care for our population is a priority; ensuring people and their families are able to access the care they need and to die with dignity in their preferred setting of care will be a focus of this action plan.
10. The current consequence of the demographic changes is causing significant financial and service pressures. To respond, health and social care commissioners must redesign services that promote prevention and wellbeing as well as services that are sustainable and affordable. To meet this challenge, any service redesign needs to be a radical redesign of the delivery and supply of health and social care and support services in our locality.
11. We also recognise the important role that family, carers, friends and the wider community have in maintaining good health and wellbeing. These groups can often support older people to maintain an active role in the community, give advice and information and remain independent. Voluntary and faith sector organisations play a key role in supporting older adults in Surrey and we are committed to maximising their contribution.
12. Surrey has a rapidly ageing population that requires more joined up out-of-hospital care to enable older adults to stay independent, healthy and well. It is therefore important that we develop an integrated model of health and social care, linked into services such as; mental health, nursing and residential homes and care at home as well as services provided by borough and district councils such as Telecare, handyman, care and leisure services.
13. The evidence - our Joint Strategic Needs Assessment tells us that:
  - The number of older people aged 65 and over in Surrey is projected to rise from 181,500 in 2013 to 233,200 in 2020
  - It is estimated that the number of people aged 85 and over in Surrey will increase from 32,000 people in 2013 to 46,000 by 2020
  - Dementia is a significant issue in Surrey. Around 14,500 people over 65 have a diagnosis of dementia but this is likely to be an underestimate
  - Although the 65+ population accounted for 17.6% of the county's total population in 2011, people aged 65 or over accounted for almost 41% of all hospital spells in Surrey from 2011 to 2012, and accounted for over 67% of total bed usage
  - Around 75,000 people over 65 have a long term health condition, which is projected to rise to 90,000 in 2020

- An estimated 7,770 carers aged 65 and over are providing more than 20 hours of care every week
- People from all ethnic groups are affected by dementia. Across the country the number of people with dementia in minority ethnic groups is around 15,000 but this is set to rise sharply. People from some communities access support services less than people from other communities. This is because of many different reasons, for example language challenges (in many Asian languages there is no word for dementia) or social stigma.

### What are we trying to achieve?

14. The joint action plan summarises what health and social care commissioners have agreed to deliver together. The actions are listed alongside four of the desired outcomes defined in Surrey's Joint Health and Wellbeing Strategy:
  - Older adults will stay healthier and independent for longer.
  - More older adults with dementia will have access to care and support.
  - Older adults will experience hospital admission only when needed and will be supported to return home as soon as possible.
  - Older carers will be supported to live a fulfilling life outside caring.
15. All of the actions will contribute to the achievement of the fifth desired outcome defined in the Strategy – 'Older adults will have a good experience of care and support' and the proposed approach is also aligned to the 'Ageing Well Commitment'<sup>3</sup>.
16. The joint action plan will be delivered from 2014 - 2016 – each action has an identified measure of success and it is proposed that progress against each outcome will be reported on 6 monthly basis to the Surrey Health and Wellbeing Board. In addition, each of the action plans will be shared via local forums for older people, patient and carer forums and the Ageing Well group.
17. The individual action plans have already been developed within each CCG locality and are being progressed and driven through Locality Better Care commissioning boards.
18. The first progress report will be made in December 2014.

<sup>3</sup> The **Surrey Ageing Well Commitment**<sup>3</sup> is a public statement of intentions that offers local organisations a set of shared guiding principles and values to help plan and deliver services in conjunction with local people.



## What will help us make the plan happen?

19. Working in partnership:
- a) Health and social care commissioners will work in partnership to support and influence decisions with local planners and housing partnerships to address inequalities. The plan also recognises the essential role that a well planned community infrastructure has in supporting health and wellbeing and sustaining care and support at home through housing adaptations and Disabled Facilities Grants.
  - b) In order to achieve the outcomes of this action plan we will have in place some key enabling systems that will help deliver better outcomes for older people. These will include joint commissioning, better data-sharing, seven day working across health and social care services and an accountable lead professional for packages of integrated care for older people.
  - c) The personal care plan is a plan developed with health or social care support that contains information about health, lifestyle, preventative options, social and community support and options for treatment or care. It addresses a person's personal situation as a whole, recognising that they have a range of needs and outcomes not just medical that will support total health and well-being.
  - d) The safe, secure technology to support sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this as is progress towards systems and processes that allow the safe and timely sharing of information, fostering a culture of secure; lawful and appropriate communication to support better care.

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# Better Care Fund

8 October 2014

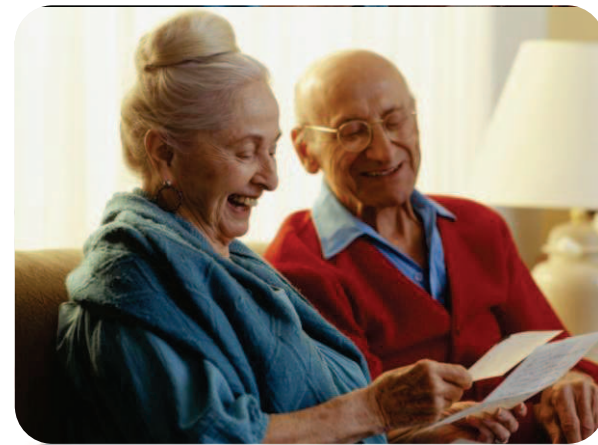


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# WHAT IS THE BETTER CARE FUND?

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- **£3.8 bn national fund in 2015/16**
- **Not 'new money' - consolidating existing funding**
- **Designed to be spent locally on health and social care to :**
  - Improve outcomes for people
  - Drive closer integration between health and social care
  - Increase investment in preventative services in primary care, community health and social care
- **Focus on the frail elderly - nature of our population / highest area of spend**
- **Covers two financial years**
  - 2014/15 Whole Systems Funding for Surrey = £18.3m
  - 2015/16 revenue allocation £65.5m + capital £5.9m = £71.4m in total
- **Part of Surrey's Public Service Transformation Programme**
- **Supports delivery of Surrey's Older Adults Health & Wellbeing Action Plan**



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# SURREY CONTEXT

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- **The challenge is significant**
  - Complexity of Surrey's health and care system
  - The financial backdrop for all partners
  - Our integration 'starting point'

**But...**

- **Our journey – we have come a long way**
- **There is real and shared commitment across partners**
- **We know there is more to do**
  - Refining, preparing and implementing plans
  - Engaging further with partners and key stakeholders
  - Working with Healthwatch to ensure the voices of consumers are heard and integral to the design of health and social care services



**Health and Wellbeing Surrey**

# SIX NATIONAL CONDITIONS

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- Plans to be jointly agreed
- Protection for social care services (not spending)
- 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
- Better data sharing between health and social care, based on the NHS number
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- Agreement on the consequential impact of changes by the acute providers



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# OUTCOMES FOR PEOPLE IN SURREY

- **Enabling people to stay well** - Maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs
- **Enabling people to stay at home** - Integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing



- **Enabling people to return home sooner from hospital** - Excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home

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# PLAN OF ACTION

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- **Each of six Local Joint Commissioning Groups (LJCGs) has developed local joint Better Care Fund schemes**
- **'Enabler' projects:**
  - Equipment and adaptations
  - Data and information
  - Workforce and team development
- **To deliver scale of change and benefits, at pace needed in Surrey, 'hot house' in mid-September identified further Surrey-wide plans:**
  - Total team
  - Whole system demand management
  - Mission 90
  - Call for back-up
- **On-going work to plan and model these schemes over next few months to confirm expected outcomes and savings**
- **Local schemes essential to successful delivery in complex system**



# PLAN OF ACTION

## Total team – out of hospital local integrated care teams for 65+

<p>East Surrey</p> <ul style="list-style-type: none"> <li>• Enabling people to stay well</li> <li>• Enabling people to stay at home</li> <li>• Enabling planned access to services</li> <li>• Enabling people to return home sooner from hospital</li> </ul>	<p>North East Hampshire &amp; Farnham</p> <ul style="list-style-type: none"> <li>• Telecare / telehealth</li> <li>• Reablement</li> <li>• Discharge to assess</li> <li>• Workforce efficiency / integrated case management</li> <li>• Primary Care Development</li> </ul>
<p>Guildford and Waverley</p> <ul style="list-style-type: none"> <li>• Primary Care Plus</li> <li>• Rapid Response</li> <li>• Telecare</li> <li>• Virtual Wards</li> <li>• Social Care/Reablement/Carers</li> <li>• Mental Health</li> </ul>	<p>Surrey Downs</p> <ul style="list-style-type: none"> <li>• Primary care networks; community medical teams</li> <li>• Continuing care assessment process</li> <li>• An improved and integrated discharge pathway</li> <li>• Rapid response / intermediate care / reablement</li> </ul>
<p>North West Surrey</p> <ul style="list-style-type: none"> <li>• Integrated health and social care locality hubs</li> </ul>	<p>Surrey Heath</p> <ul style="list-style-type: none"> <li>• Admission Avoidance</li> <li>• Early Discharge from hospital</li> <li>• Rehabilitation / reablement</li> </ul>

# PLAN OF ACTION

## Whole system demand management – using health and social care commissioning levers for nursing, residential and home based care

<p>East Surrey</p> <ul style="list-style-type: none"> <li>Contractual levers as an enabler to change</li> </ul>	<p>North East Hampshire &amp; Farnham</p> <ul style="list-style-type: none"> <li>Care at Home</li> <li>Continuing Health Care / FNC</li> </ul>
	<p>Surrey Downs</p> <ul style="list-style-type: none"> <li>Continuing care assessment process</li> </ul>
<p>North West Surrey</p> <ul style="list-style-type: none"> <li>Joint whole system demand management</li> </ul>	<p>Surrey Heath</p> <ul style="list-style-type: none"> <li>Nursing Home and Residential Support</li> </ul>



# PLAN OF ACTION

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Mission 90 – commissioning framework for voluntary sector, to enable over 75's to stay independent at home for one year longer

Reviewing historic voluntary sector funding across health and social care

**Call for back-up – crisis response service, with different levels of interaction, to respond to social care emergency or a non-injury fall**

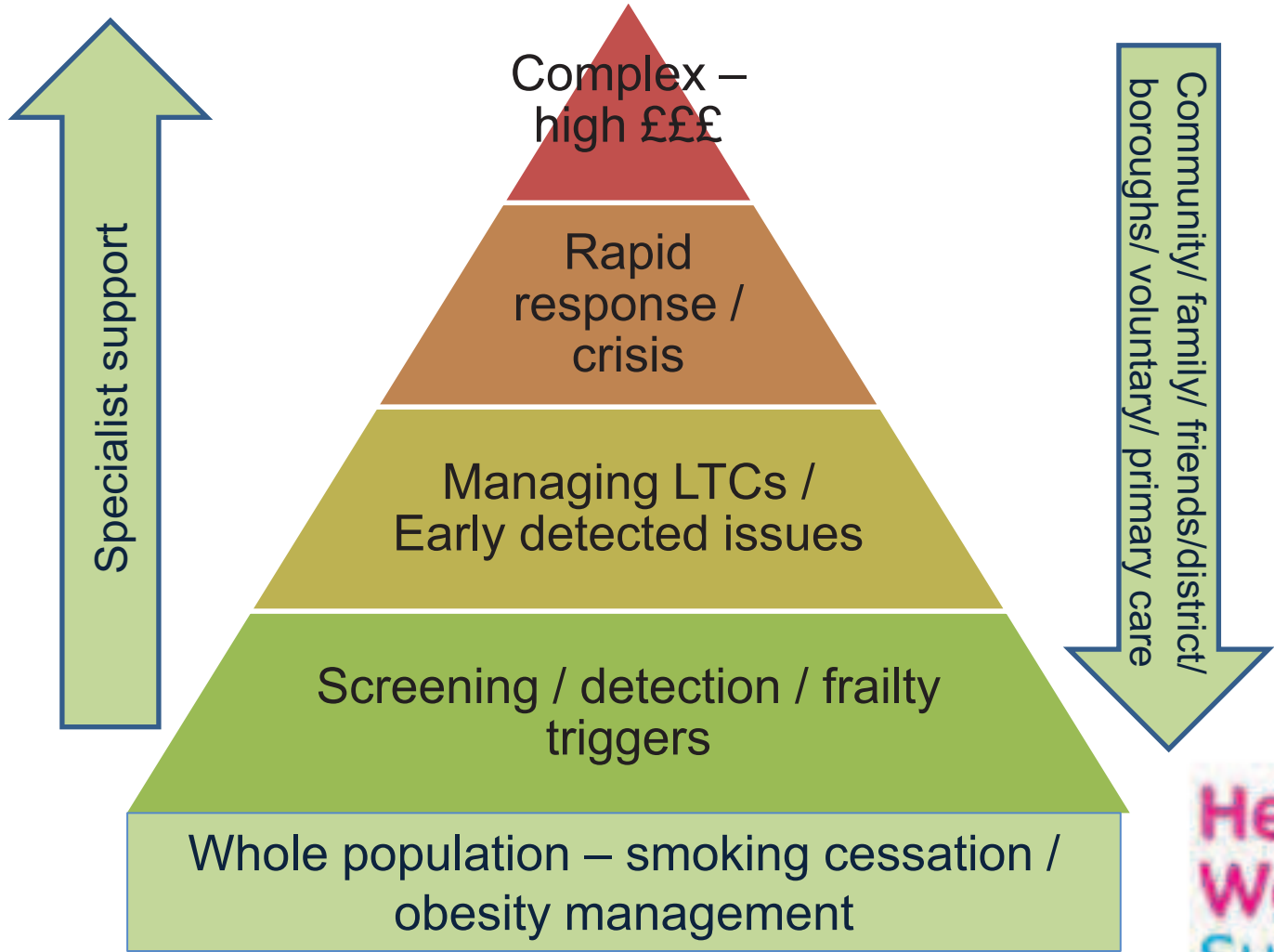
County wide scheme under development



Health and Wellbeing Surrey

# MANAGING DOWN ACUITY

Integrated teams at heart of communities – managing down acuity



# EXPENDITURE PLAN 15/16

	£000's
Protection of Adult Social Care	25,000
Care Act revenue	2,563
Carers	2,463
<b>Subtotal – Adult Social Care and Carers</b>	<b>30,026</b>
Health commissioned out of hospital services	17,468
Health commissioned 'in hospital' services	1,455
<b>Subtotal – Health commissioned service</b>	<b>18,923</b>
Continuing investment in health and social care	16,526
<b>Total revenue</b>	<b>65,475</b>
Disabled Facilities Grant	3,723
Care Act capital	946
ASC capital	1,278
<b>Total capital</b>	<b>5,947</b>
<b>Total Better Care Fund</b>	<b>71,422</b>

# PROTECTING SOCIAL CARE SERVICES

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One of the national conditions of the Better Care Fund is 'protecting' social care services. Our definition:

- Funds for the protection of social care must be used for the CCG population from which the funding has come
- Funds for the protection of social care cannot be used to fund local authority statutory functions or services
- Health and social care will agree jointly what specific services will be protected in each CCG area
- Joint monitoring, transparency and open book approach
- Dedicated commitment to transformation and integration at CCG level



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# PRINCIPLES

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**Local schemes and spending plans will support the commitment to protect social care by ensuring:**

- Any contribution towards £25m is dependent upon clear implementation plans, with related impact assessments, agreed risk sharing and delivery of agreed metrics – all to be agreed locally before end November 2014. If partners do not agree, then a third party will be asked to arbitrate
- Assumption that Whole System Partnership Fund (existing Section 256 agreement) ceases from 1 April 2015 and then services are explicitly renegotiated at local level
- A named social care lead with decision making authority and a dedicated finance lead to be part of each LJCG
- £25m payment will not be received as lump sum on 1 April 2015 and may be by 1/12<sup>th</sup> payment per month



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# METRICS

**Our ambition through the Better Care Fund is to improve outcomes for the people of Surrey - we have adopted the following metrics for 2015/16**

Metric	Surrey target (annual % change from 14/15)
Total non-elective admissions in to hospital (general and acute), all age per, 100,000 population *	-1.0%
Permanent admissions of older people (65+) to residential and nursing homes, per 100,000 population	-1.4%
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation	3.2%
Delayed transfers of care (delayed days) from hospital per 100,000 population (18+)	-0.6%
Patient/service user experience – friends & family test (in-patient)	TBC
Estimated diagnosis rate for people with dementia	21.8%

\* Performance element of fund will be paid on delivery of this target



# NEXT STEPS

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- We received positive feedback from the national assurance process - our next steps are to:
- Undertake further work arising from feedback
- By 30 November 14 - clear implementation plans, with related impact assessments, agreed risk sharing and delivery of agreed metrics
- By 30 November 14 – contingency plans and risk sharing arrangements
- By 31 March 15 – detailed planning of Surrey-wide plans for local deployment
- From 1 April – implementation of Better Care Fund plans by each LJCG
- Throughout – robust programme management, with communication and engagement, monitoring and reporting etc



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## Surrey Health and Wellbeing Board

<b>Date of meeting</b>	06 November 2014
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**Item / paper title: An update on Developing a Preventative Approach Priority Action Plan**

<b>Purpose of item / paper</b>	The purpose of the paper is to review progress made in turning strategic priorities into actions, consider a set of proposed actions and agree which actions should be taken forward as part of the next steps.
<b>Surrey Health and Wellbeing priority(ies) supported by this item / paper</b>	The paper outlines the progress to date and next steps needed to implement the 'Developing a Preventative Approach' priority of the Joint Surrey Health and Wellbeing Strategy.
<b>Financial implications - confirmation that any financial implications have been included within the paper</b>	The development of the priority action plan is in its early stages and one of the next steps will be to consider the financial implications for all the actions.
<b>Consultation / public involvement – activity taken or planned</b>	Large scale engagement took place as part of the prioritisation process that resulted in Surrey's five health and wellbeing priorities. This engagement included over 900 people from a range of organisations from across Surrey. The development of the action plans is in its early stages and one of the next steps should include engagement with stakeholders.
<b>Equality and diversity - confirmation that any equality and diversity implications have been included within the paper</b>	The development of the priority action plan is in its early stages and one of the next steps will be to consider the equality and diversity implications for all the actions.
<b>Report author and contact details</b>	Helen Atkinson: Director of Public Health, Surrey County Council - <a href="mailto:Helen.atkinson@surreycc.gov.uk">Helen.atkinson@surreycc.gov.uk</a>
<b>Sponsoring Surrey Health and Wellbeing Board Member</b>	Helen Atkinson: Director of Public Health, Surrey County Council - <a href="mailto:Helen.atkinson@surreycc.gov.uk">Helen.atkinson@surreycc.gov.uk</a> John Jory: Chief Executive Reigate and Banstead Borough

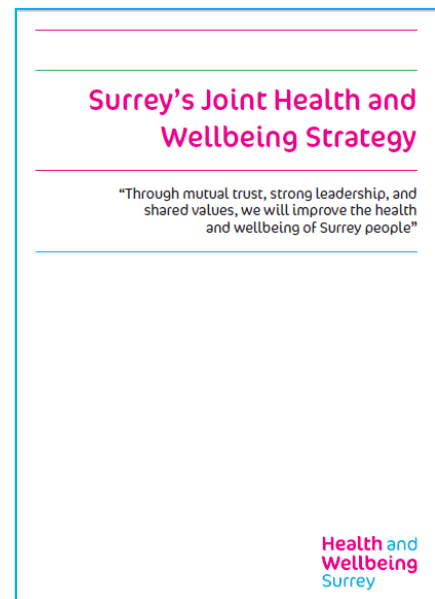
	Council - <a href="mailto:john.jory@reigate-banstead.gov.uk">john.jory@reigate-banstead.gov.uk</a>
<b>Actions requested / Recommendations</b>	<b>The Surrey Health and Wellbeing Board is asked to:</b> <ul style="list-style-type: none"><li>• Review progress made since the March Board in turning strategic priorities into actions.</li><li>• Endorse the proposed approach to a developing the Prevention Priority Plan, and specifically the two-staged approach.</li><li>• Agree to receive a further update report and action plan following the completion of phase two of the priority planning.</li></ul>

## **1. Background / context**

Surrey's Joint Health and Wellbeing Strategy sets out five priority areas for Surrey's Health and Wellbeing Board to focus upon - these are:

- Improving children's health and wellbeing
- Developing preventive approach
- Promoting emotional wellbeing and mental health
- Improving older adults' health and wellbeing
- Safeguarding population

In developing its work programme, and to ensure sufficient focus and time is spent on each priority, the Board decided to tackle each of the five priorities in turn with the aim of translating the high level strategic intentions described in the Strategy into clear sets of actions for the Board and its member organisations to take forward together.



The Board has also agreed a set of cross cutting principles which underpin the Board's work on each of the priority areas:

- Early intervention
- Improved outcomes
- Centred on the person, their families and carers
- Evidenced based
- Opportunities for integration
- Reducing health inequalities

This report provides an update on the work that has been undertaken to develop the Health and Wellbeing Board's action plan for the 'Developing a preventative approach' priority – it sets out the rationale for focussing on prevention (the evidence base), summarises the work undertaken so far and sets out a proposed approach and set of next steps for taking the priority planning forward.

## **2. Why prevention? – the evidence base**

Ill-health prevention must form the foundation of any strategy to improve health and wellbeing. The evidence base for this is substantial, and includes:

- The Global Burden of Disease Survey 2010
- The US County Health Rankings Model
- The Marmot Review

## The Global Burden of Disease Survey 2010 - Leading Risk Factors

The Global Burden of Disease 2010 study is the largest study ever undertaken, and shows that in the UK, the contribution of unhealthy behaviours to the overall burden of disease is enormous. This represents a key opportunity to improve health and wellbeing through targeting these behaviours through a prevention strategy.

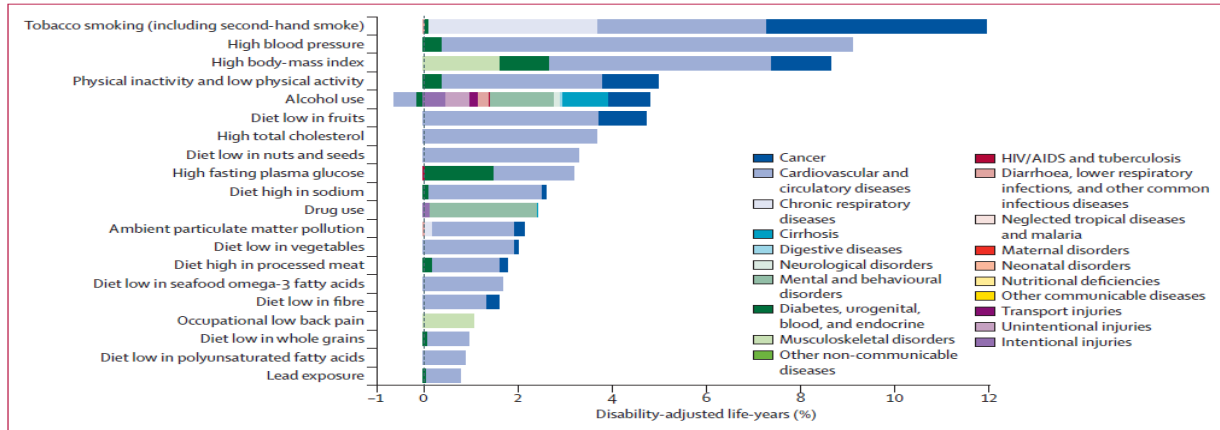


Figure 7: Burden of disease attributable to 20 leading risk factors for both sexes in 2010, expressed as a percentage of UK disability-adjusted life-years. The negative percentage for alcohol is the protective effect of mild alcohol use on ischaemic heart disease and diabetes.

According to the Global Burden of Disease Survey 2010 the top 5 risk factors are tobacco smoking, hypertension, high BMI, physical inactivity, and alcohol, all of which are entirely, or in large part amenable to prevention (significant weight loss through calorie restriction or bariatric surgery leads to a cure rate for hypertension and diabetes of over 70% - not an argument for bariatric surgery necessarily, but for the impact of weight loss on hypertension).

All dietary and exercise components together account for 14.3% of the burden of disease.

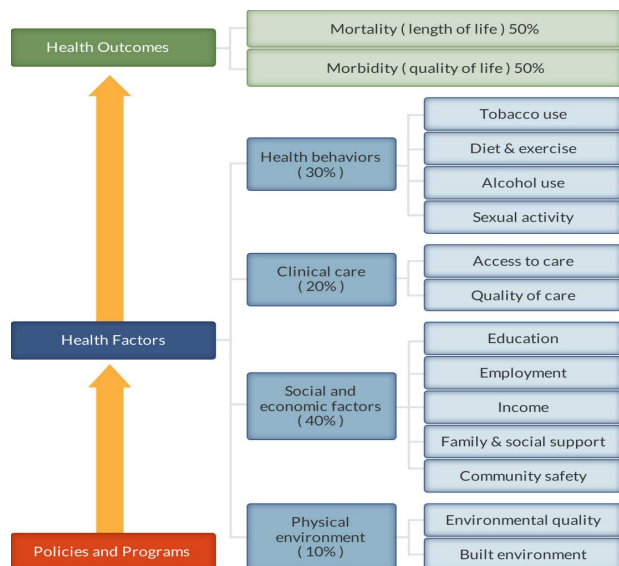
Tobacco smoking alone accounts for 12% of the burden of disease, the single greatest cause of ill health in the UK.

It should also be noted that tobacco smoking, as the single greatest cause of preventable deaths in England, kills over 80,000 people per year, greater than the COMBINED total of preventable deaths from obesity, alcohol, road traffic accidents, illegal drugs, and HIV (source: NICE).

### US County Health Rankings

The US County Health Rankings systematic review of determinants of health outcomes estimates the following contributions:

- Socio-economic factors: 40%
- Unhealthy behaviours: 30%
- Clinical care: 20%
- Environmental factors: 10%

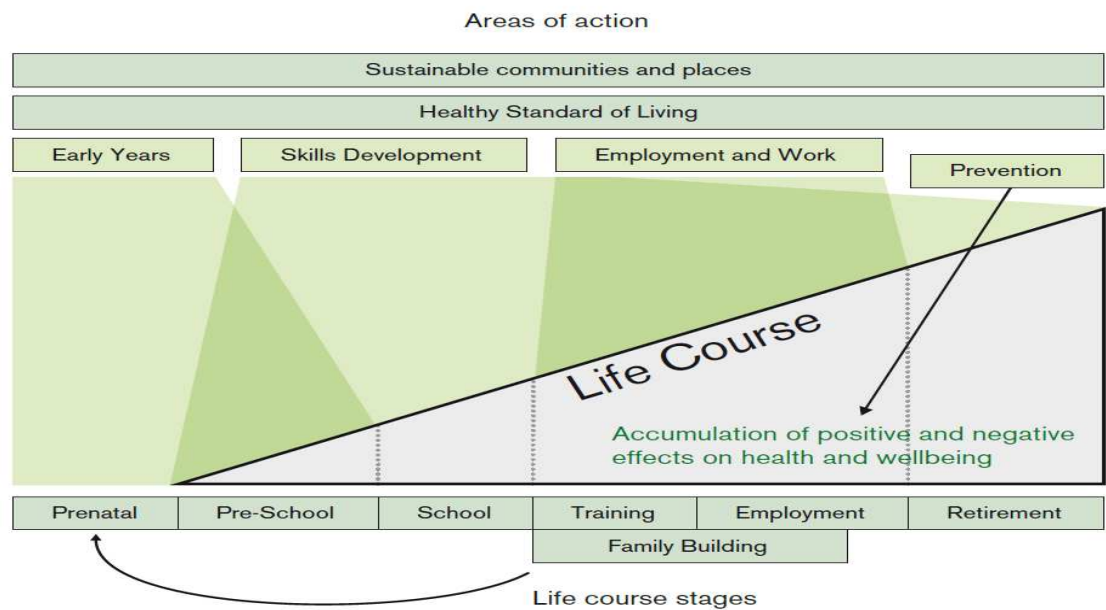


County Health Rankings model ©2012 UWPHI

### Marmot Review

The Marmot Review shows us with staggering clarity that health inequalities arise from social inequalities, and action on inequalities require a focus on prevention. Prevention here incorporates both the narrow definition of tackling unhealthy behaviours, and the wider definition of action on socio-economic determinants to prevent the onset of ill-health in the future.

Figure 5 Action across the life course



### 3. Outcomes for people in Surrey

Surrey’s Joint Strategic Needs Assessment (JSNA) provides a vast range of information, measures and indicators regarding the population in Surrey and includes information about the ‘risk factors’, outcomes and lifestyle choices of those living in the County.

The JSNA tells us:

- Life expectancy is 6.3 years lower for men and 4.0 years lower for women in the most deprived areas of Surrey than in the least deprived areas. Poverty is also linked to poor health outcomes for children.
- On average in Surrey, boys aged 11 to 18 years eat 3 portions of fruit and vegetables per day and girls eat 2.8 portions per day. Only 11% of boys and 8% of girls in this age group met the ‘5-a-day’ recommendation.
- 14% of children in year 6 are classed as ‘obese’, this is five percentage points below the English average of 19%.
- Only around a third of adults (32.5%) in Surrey eat the minimum of five fruit and vegetables per day.



- In 2010, 12% of adults in Surrey did the recommended amounts of physical activity (5 x 30 minutes of moderate activity every week).
- About 25% of people aged 16+ in Surrey drink in a way classed as “increasing risk”, meaning more than 3-4 units a day on a regular basis. This is the second highest level of “increasing risk” drinking in the country, and is higher than the national average which is 20%.
- On average there are around 550 more deaths in winter than summer in Surrey, some of which can be prevented by improvements in housing conditions.

#### **4. What are we trying to achieve?**

Surrey’s Health and Wellbeing Strategy describes five outcomes that will be achieved if we are successful – these are:

- The gap in life expectancy across Surrey will narrow.
- More people (people means all people – children and adults) will be physically active.
- More people will be a healthy weight.
- The current increase in people being admitted to hospital due to drinking alcohol will slow.
- There will be fewer avoidable winter deaths.

The Public Health Outcomes Framework , which reflects a focus not only on how long people live, but on how well they live at all stages of life, provides a helpful set of measures to help us to track progress.

The Framework, a summary of which is included in appendix one, has two overarching indicators:

- increased healthy life expectancy; and
- reduced differences in life expectancy and healthy life expectancy between communities.

#### **5. Our approach to prevention planning in Surrey**

Prevention cuts across all aspects of health and wellbeing – in order to develop a manageable programme of work, the Board began by looking at the evidence base and selecting four areas to focus its initial discussions. These, being the leading causes of ill-health and early death, were:

- Smoking;
- Physical activity / exercise;
- Healthy eating / nutrition; and
- Alcohol.



The Board held two workshops in January and February 2014 to explore the evidence and begin to identify actions and opportunities for partners from the County Council, District and Borough Councils, Surrey's Clinical Commissioning Groups (CCGs) and Surrey Police to work together. Examples of the types of projects / pieces of work discussed at those workshops are set out in appendices two and three. The intention is for the actions identified and agreed by the Health and Wellbeing Board to complement the actions within the CCG Prevention Plans that the County's Public Health Team have already produced (see appendix 4).

In addition, and to inform the Board discussions and to share good practice, a District and Borough workshop was held in January 2014 – this included presentations from a range of partners including Active Surrey, Sustrans<sup>1</sup>, Guildford Borough Council's food safety team, Reigate and Banstead Borough Council's Community Safety Team and the County Council Trading Standards Team.

## **6. Next steps and proposed approach**

Through this report, the Board was asked in March to endorse a two-staged approach to prevention planning. At a high level, this two staged approach was:

Stage one of the Surrey prevention planning

- CCGs to incorporate their CCG Prevention Plans into their local strategic and operational plans; and
- Further work to be undertaken across all six CCG areas in Surrey to further develop, refine and agree the CCG / District and Borough / Public Health actions identified in the Health and Wellbeing Board workshops in January and February 2014.

Stage two of the Surrey prevention planning

- Health and Wellbeing Board workshops to be held March 2015 focussing on the wider prevention agenda (including, for example, air quality and accident prevention which are the focus of the Annual Public Health Report, Part Two);
- Discuss and agree governance arrangements for overseeing delivery of local action plans; and
- Prepare and present a Surrey Prevention Plan (covering stages one and two) for approval by the Health and Wellbeing Board.

Alongside the approach proposed above:

- The Annual Public Health Report (to be produced by the Director of Public Health) will focus on the evidence to support the prevention planning for stages one and two; and
- This prevention plan will not be developed or implemented in isolation - there are interdependencies with numerous other regional and local strategies and programmes.

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<sup>1</sup> Sustrans is a UK charity that aims to enable people to travel by foot, bike or public transport for more of their everyday journeys.

## **7. Progress since the March Board Meeting**

Each CCG with their local district and borough councils is progressing a local prevention plan based on local population need and their local priorities. The plans are being developed with local leaders and stakeholders based on these priorities via the local health and wellbeing boards. The Public Health Team are structured by both subject lead areas and geography across the county of Surrey. This means that there is a small team of PH Leads and a PH Consultant working with each CCG and the district and borough councils in that geographical area to further develop the local prevention plan.

Progress to date by CCG and D&B area:

### **Surrey Heath CCG and D&B**

The Surrey Heath Prevention Plan is currently in draft and was presented to the Surrey Heath Health and Wellbeing Group on September 11th. The SH HWB has the CCG, D&B (officers and councillors), SCC ASC and PH representatives.

Feedback at the Board was:

- Overall well received and an improvement on the limited set of HWB actions that had been developed previously.
- The SH HWB would like to see Health Visiting included in the "cross-cutting services" section.
- More information on Youth Counselling services.
- More information on the monitoring and outcomes of the Supporting Families Programme (Surrey Heath team).
- Metrics on Children's Centre use and whether they are attended by those most in need of their services.
- More links to the Surrey Heath Fuel Poverty Strategy.
- An update to the "minor" public health campaigns that could be supported (e.g. self-care week).
- Be clearer on what elements of Surrey-wide services are available in Surrey Heath (and eventually to be able to define the Surrey Heath spend).

For the next version (to be produced for the next SH HWB on Nov 27th) we aim to:

- Further prioritise the topic areas by looking at both value (cost & quality) and ease of implementation within the timescale of the plan.
- Add in updates that topic leads sent through to me but not in time for the Sep 11th meeting.
- Include a section for self-harm.
- Develop the metrics and data source sections.
- Firm up the Action Plans for each topic - be clearer on leads/timescales and current progress.

- Develop the "active and supportive communities" section (essentially Friends, Family and Community).

### East Surrey CCG

East Surrey CCG wanted a simple brief action plan, so the prevention plan has been developed to reflect this request. The action plan focuses on the HWB prevention priorities plus Excess Winter Deaths and Long Term Conditions, to align to the Surrey HWB Prevention Plan plus local priorities.

The prevention plan includes suggested actions the CCG could take and actions individual practices could take. The CCG recognises the importance of their member practices owning and supporting delivery of the plan. It is going to the Practices Commissioning Committee in October for discussion. Key questions we will be asking are;

- Are these the right priorities?
- Are the CCG and practice actions the right ones?
- What will your practice's priorities be?
- What do you need to implement this?

ESCCG will build in prevention to all care pathway reviews planned as part of their 2 year plan/QIPP/BCF. Further work needs to be undertaken to align the CCG prevention priorities to the D&B prevention priorities to deliver locally together. A lot of work is already underway delivering the local D&B prevention priorities which include supporting older people's independent living, health checks and others.

### North West Surrey CCG

In North West Surrey the prevention plan is embedded in the CCG Two year Strategic Operating (delivery) Plan (SOP). The prevention section sits within the Targeted Communities strategic change programme, one of five programmes within the NW Surrey CCG SOP. PH

- The programme brief has been approved by the CCG clinical executive.
- Each project in the targeted communities change programme will have a PID which we are developing over the next few weeks.
- The programme is managed by the Targeted Communities Strategic Change Programme Board, chaired by Dr Munira Mohammed. There are representative from each of the 4 districts and boroughs in the NW. We are aiming to ensure that the prevention plans at the four district and boroughs are aligned to the CCG prevention plans.
- Each of the 4 district and boroughs have a local health and well being board, or similar themed and named group.

### Guildford & Waverley CCG

The Guildford and Waverley CCG draft prevention plan is going to the October CCG Governing Body to ensure ownership as progress will depend on various people and committees at the CCG. We are seeking to include additional sections on early identification and control of long term conditions and diet, specifically malnutrition.

- Guildford and Waverley CCG are committed to developing a prevention plan, which focuses on physical activity, alcohol, smoking and mental health. The plan will be taken to a CCG board meeting in the autumn.
- Guildford Borough Council are prioritising physical activity, smoking, alcohol, health inequalities and implementation of the Workplace Wellbeing Charter in their health and wellbeing strategy which will be taken to the Guildford HWB Board meeting in October.
- Waverley HWB Partnership have focussed on a range of areas, including developing leisure centres as wellbeing hubs, workforce issues around the caring profession, and mental health.

### Surrey Downs CCG

The Surrey Downs Prevention Plan has been presented to the Surrey Downs CCG Executive.

*Priority areas for Surrey Downs are* undiagnosed hypertension, dementia, diabetes and Chronic Obstructive Pulmonary Disease, malignant melanoma, excess winter deaths and families living with domestic abuse.

*The modifiable risk factors associated with these priorities are* smoking, alcohol intake, overweight and obesity, sedentary behaviour and protection in hot weather.

*The priority populations for Surrey Downs are* Gypsy Roma Travellers, older adults, carers and children living in poverty.

An action plan has been developed and has been broadly adopted in principle by the CCG Executive. The CCG want to target increasing risk drinkers in their area plans are being developed to consider the best way of achieving this given the current low uptake of health checks. CCG are also supportive of the idea of increasing referrals into the Stop Smoking service by targeting MH and maternity patients. Also considering targeting smokers who have been referred for surgery through the Referral Support Service. Also being considered is the idea of providing a spirometry test in the new patient check for smokers, without it costing any more. This tells the patient their lung age and is a good tool to encourage smokers to consider a quit attempt.



## Appendix one – the Public Health Outcomes Framework 2013 – 2016

VISION
To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest
Outcome measures
Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life
Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

### Alignment across the Health and Care System

- \* Indicator shared with the NHS Outcomes Framework
- \*\* Complementary to indicators in the NHS Outcomes Framework
- † Indicator shared with the Adult Social Care Outcomes Framework
- †† Complementary to indicators in the Adult Social Care Outcomes Framework

Indicators in *italics* are placeholders, pending development or identification

## Public Health Outcomes Framework 2013–2016

### At a glance

1 Improving the wider determinants of health
Objective
Improvements against wider factors which affect health and wellbeing and health inequalities
Indicators
1.1 Children in poverty 1.2 School readiness 1.3 Pupil absence 1.4 First time entrants to the youth justice system 1.5 16-18 year olds not in education, employment or training 1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation* (ASCOF 1G and 1H) 1.7 People in prison who have a mental illness or a significant mental illness 1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services ** (NHSOF 2.2) †† (ASCOF 1E) †† (NHSOF 2.5) †† (ASCOF 1F) 1.9 Sickness absence rate 1.10 Killed and seriously injured casualties on England's roads 1.11 Domestic abuse 1.12 Violent crime (including sexual violence) 1.13 Re-offending levels 1.14 The percentage of the population affected by noise 1.15 Statutory homelessness 1.16 Utilization of outdoor spaces for exercise / health reasons 1.17 Fuel poverty 1.18 Social isolation † (ASCOF 1I) 1.19 Older people's perception of community safety †† (ASCOF 4A)

2 Health improvement
Objective
People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
Indicators
2.1 Low birth weight of term babies 2.2 Breastfeeding 2.3 Smoking status at time of delivery 2.4 Under 16 conceptions 2.5 Child development at 2 – 2 1/2 years 2.6 Excess weight in 4-5 and 10-11 year olds 2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years 2.8 Emotional well-being of looked after children 2.9 Smoking prevalence – 15 year olds (Placeholder) 2.10 Self-harm 2.11 Diet 2.12 Excess weight in adults 2.13 Proportion of physically active and inactive adults 2.14 Smoking prevalence – adults (over 18s) 2.15 Successful completion of drug treatment 2.16 People entering prison with substance dependence issues who are previously not known to community treatment 2.17 Recorded diabetes 2.18 Alcohol-related admissions to hospital 2.19 Cancer diagnosed at stage 1 and 2 2.20 Cancer screening coverage 2.21 Access to non-cancer screening programmes 2.22 Take up of the NHS Health Check programme – by those eligible 2.23 Self-reported well-being 2.24 Injuries due to falls in people aged 65 and over

3 Health protection
Objective
The population's health is protected from major incidents and other threats, whilst reducing health inequalities
Indicators
3.1 Fraction of mortality attributable to particulate air pollution 3.2 Chlamydia diagnoses (15-24 year olds) 3.3 Population vaccination coverage 3.4 People presenting with HIV at a late stage of infection 3.5 Treatment completion for TB 3.6 Public sector organisations with board approved sustainable development management plan 3.7 Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies

4 Healthcare public health and preventing premature mortality
Objective
Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities
Indicators
4.1 Infant mortality* (NHSOF 1.0) 4.2 Tooth decay in children aged 5 4.3 Mortality rate from causes considered preventable ** (NHSOF 1a) 4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* (NHSOF 1.1) 4.5 Under 75 mortality rate from cancer* (NHSOF 1.4) 4.6 Under 75 mortality rate from liver disease* (NHSOF 1.3) 4.7 Under 75 mortality rate from respiratory diseases* (NHSOF 1.2) 4.8 Mortality rate from communicable diseases 4.9 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5) 4.10 Suicide rate 4.11 Emergency readmissions within 30 days of discharge from hospital* (NHSOF 2b) 4.12 Preventable sight loss 4.13 Health-related quality of life for older people 4.14 Hip fractures in people aged 65 and over 4.15 Excess winter deaths 4.16 Estimated diagnosis rate for people with dementia* (NHSOF 2.0)

**Appendix two - local actions agreed at the Health and Wellbeing Workshop on 9 January 2014**

<b>CCG/D&amp;B</b>	<b>Rationale</b>	<b>What action</b>	<b>Who by</b>	<b>When and next steps</b>	<b>Measure of Success</b>
Surrey Heath, Guildford and Waverley CCGs	Smoking has a big overall impact on health and wellbeing	Involving targeted local communities in a different model of delivery of Stop Smoking interventions e.g. Smoking clinics in pubs	PH stop smoking team CCG's, D and Bs on the wider smoking issues Targeting GP practices in areas of high prevalence. Involve Voluntary sector (Carol Dunnett)	Immediate	Improved numbers of quits and improved quit rates
Surrey Heath, Guildford and Waverley CCGs	Improving opportunities for physical exercise in daily routine e.g. work	Stair marking in workplaces showing the number of calories used if people use the stairs rather than the lift. Has an evidence base and has been tried before in other areas. Easy to do by everyone and all partners	PH team, CCG and D& Bs	Discussions to start with partners on feasibility within work places e.g. SCC and D and B offices	Slow down overall increase in obesity rates. Increase level of physical activity within population
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	Improving health and wellbeing with particular focus on the wider determinants of health	Social prescribing of physical activity, emotional wellbeing activity and befriending schemes.	CCG and D& Bs	To start by scoping referral route between GPs and D&B services	Improved health and emotional health outcomes
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	Reduction in health inequalities by targeted interventions	Making better use of the existing Family Support Programme by adopting wider reach criteria.	CCG and D&Bs	Scope	Improved health outcomes
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	Widening the PH workforce for better health outcomes	Developing multidisciplinary skill sets by training frontline staff in brief interventions (staff in job centres , GP surgeries, schools, housing dept and benefits agency)	PH, D&Bs, CCGs	Scope the training offer and how this will be offered	Increased specialist workforce Improved health outcomes
Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	A focus on alcohol which is one of the leading causes of ill health	Patch targeting by Trading Standards and licensing based on risky drinking and antisocial behaviour information.	SCC, D&Bs, Police and PH	Scope what needs to be done and add to the alcohol strategy	Improved health outcomes and reduction in A&E attendances due to alcohol

Surrey Downs CCG, Mole Valley and Reigate & Banstead BC	A targeted approach to improve health outcomes in the workplace	Trying to target the unhealthy behaviours and lifestyles of the 'White Van Demographic' through the Workplace Health Charters and Environmental Health	PH, D&Bs	The Workplace Health Charter is to be piloted in April when the national tool kit is launched	Improved health outcomes
East Surrey CCG and Reigate and Banstead BC	Better information sharing across partners on alcohol: Primarily between GPs, borough and district councils and the Police.	For discussion at the Joint Enforcement Group – need to work through the detail i.e. what the information would be, how it would be shared and when, and have a formal protocol.	PH, CCG, D&Bs	Joint Enforcement Group to invite health to their meeting	Improved health outcomes and reduction in A&E attendances due to alcohol
East Surrey CCG and Reigate and Banstead BC	<b>Licensing:</b> The Police and Public Health should be more formally involved in licensing decisions about bars and off licences, to ensure they are more effective, based on more robust evidence	Map the current process for consultation re licensing in Reigate and Banstead.  Identify what other areas are doing with respect to health input into licensing.  Public Health to consider their input into the licensing process	PH, D&Bs and CCG Pete Tong  Kate Lees  Kate Lees	To include in the alcohol strategy action plan	Improved health outcomes and reduction in A&E attendances due to alcohol
East Surrey CCG and Reigate and Banstead BC	Communications - Agreeing key messages to public / joint surrey communications strategy on alcohol	Agree core messages so that we can have a coordinated approach. Localise these messages e.g. numbers of people turning up at A&E, what this costs i.e. at East Surrey Hospital there were X no of alcohol related admissions  Agree a comms strategy can explain what comms methods will be a county approach and what methods will be local.	PH, CCG, D&Bs and the Health and Wellbeing Board Communications Group	Include in the Alcohol Strategy Action Plan and use the Health and Wellbeing Board Communications Group and website to take forward	Improved health outcomes and reduction in A&E attendances due to alcohol



East Surrey CCG and Reigate and Banstead BC	Having one pot of money that many organisations contribute to (like the Better Care Fund).	This would help delivery of preventative initiatives where one organisation invests (the money, time, effort) and another organisation gains the benefits. An e.g. initiative Booze Bus outside hospital	PH, CCGs and D&Bs	Further scoping	TBC
East Surrey CCG and Reigate and Banstead BC	Focused work on increasing physical activity a key priority for improving health outcomes	GP prescribing physical activity with the incentive of free gym membership for one month	CCG and D&Bs	Scope the referral	Increased physical activity  Improved health outcomes
East Surrey CCG and Reigate and Banstead BC		A service that provides blood pressure monitors or an ECG in different locations like libraries or leisure centres	CCGs, D&Bs	Scope the evidence base	
East Surrey CCG and Reigate and Banstead BC	Linking up GPs to the Neighbourhood Policing Teams–	GPs could refer patient’s details onto policing team to follow up on, to prevent reoccurrence?	CCGs, D&Bs, Police	Scope the evidence base	
East Surrey CCG and Reigate and Banstead BC	Birmingham City Council provides leisure centre services free of charge.	D&Bs to offer leisure services free of charge	D&Bs	Cost / benefit evidence for this is not clear – would need to be investigated before exploring in Surrey.	
East Surrey CCG and Reigate and Banstead BC	Police and CCG keen to work together on occupational health	Districts and Boroughs are leading on the Workplace Health Charter. Could the Police and Primary Care practices be included as workplaces?	D&Bs, PH, CCGs and Police	Include in the plans for roll out post the pilot in April	Improved health outcomes
East Surrey CCG and Reigate and Banstead BC	Targeted joint working with the elderly frail at a local level	GPs should share the risk stratification tool with borough and district councils to enhance effectiveness and outcomes	CCGs, D&Bs	Further scoping of what information would be shared and link into Better Care Fund action plans	Improved health outcomes

<p>NW Surrey CCG and Woking Borough Council</p>	<p>Linking H&amp;W prevention priority (smoking, alcohol, physical activity and nutrition) and H&amp;W children's priority.</p> <p>Strong evidence base regarding implementing 'early help'. (Marmot life course)</p>	<p>Focus on 'early help' in targeted communities in Woking. To align with partners commissioning plans in particular NW Surrey CCG 'targeted communities' prevention plan.</p> <p>Immediate action: clarify needs regarding prevention in early years from NW Surrey JSNA.</p> <p>Ensure strategic fit with all key partners: NW Surrey CCG, Surrey County Council (CSF, ASC and PH), Woking Borough Council and Area Team</p> <p>Find recent research on 'family nursing' and circulate.</p> <p><b>Principles:</b> Universally available services but targeted and differentiated where necessary.</p> <p>Evidence based: effective prevention in early years support but not over professionalised e.g. use of peer support.</p>	<p>SCC CSF, CCG, D&amp;B, PH</p> <p>Ian Banner (SCC) - to lead from 'early help' perspective.</p> <p>Jo-Anne Alner (NW Surrey CCG) Ray Morgan (Woking BC)</p> <p>Ruth Hutchinson (SCC- PH)</p>	<p>Scoping to be completed by end of March 2014.</p>	<p>Strategic fit with priorities of all partners based on need.</p>
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**Appendix three - on 6 February 2014 the Board assessed the identified projects for each CCG/D&B area against both the Board Principles and the Strategy Outcomes.**

**Health and Wellbeing Board Principles**

CCG/D&B Projects	Centred on the person, their family and carers	Early Intervention	Opportunities for integration	Reducing Health Inequalities	Evidenced based	Improved outcomes
East Surrey – Alcohol better info sharing	√	√	√	√	√	√
East Surrey - Licencing	X	√	√	X	√	√
East Surrey – pooled budgets	√	√	√	√	√	√
East Surrey - GP exercise on referral	√	√	√	√	√	√
East Surrey – Workplace Health Charter	X	√	√	√	√	√
East Surrey – frail elderly social prescribing	√	√	√	√	√	√
Surrey Downs – Social Prescribing	√	√	√	√	√	√
Surrey Downs – Family Support Programmes	√	√	√	√	√	√
Surrey Downs – Developing multidisciplinary skills	√	√	√	√	?	?
Surrey Downs – Alcohol intelligence in enforcement	√	√	√	√	√	√
Surrey Downs – Workplace Health Charter	√	√	X	√	?	?
North West Surrey – Teenage Conceptions	√	√	√	√	√	√
North West Surrey – emotional wellbeing children	√	√	√	√	√	√
North West Surrey – childhood obesity	√	√	√	√	√	√
North West Surrey - Alcohol	√	√	√	√	√	√
North West Surrey - smoking	√	√	√	√	√	√
North West Surrey - Nutrition	√	√	√	√	√	√

North West Surrey – Physical activity	√	√	√	√	√	√
North West Surrey – Targeted awareness	√	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted smoking cessation	√	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham - Physical activity (stairs & employers)	---	√	---	---	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted physical activity offer	√	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – YP smoking prevention	?	√√	?	√	√	√

#### Health and Wellbeing Board Outcomes

CCG/D&B Projects	Gap in Life Expectancy narrowed	More people physically active	More people with a healthy weight	Increase in alcohol admissions slowing	Fewer avoidable winter deaths
East Surrey – Alcohol better info sharing	√	X	√	√	√
East Surrey - Licencing	√	X	X	√	X
East Surrey – pooled budgets	√	√	√	√	√
East Surrey - GP exercise on referral	√	√	√	X	X
East Surrey – Workplace Health Charter	√	√	√	√	X
East Surrey – frail elderly social prescribing	√	√	√	X	√
Surrey Downs – Social Prescribing	√	√	√	√	√
Surrey Downs – Family Support Programmes	√	√	√	√	X

Surrey Downs – Developing multidisciplinary skills	√	√	√	√	√
Surrey Downs – Alcohol intelligence in enforcement	√	X	√	√	X
Surrey Downs – Workplace Health Charter	√	√	√	√	X
North West Surrey – Teenage Conceptions	X	X	X	X	X
North West Surrey – emotional wellbeing children	√	√	√	√	X
North West Surrey – childhood obesity	√	√	√	X	X
North West Surrey - Alcohol	√	X	√	√	?
North West Surrey - smoking	√	X	X	X	√
North West Surrey - Nutrition	√	√	√	√	√
North West Surrey – Physical activity	√	√	√	X	√
North West Surrey – Targeted awareness	√	√	√	√	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted smoking cessation	√	X	X	X	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham - Physical activity (stairs & employers)	?	√	√	X	?
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – targeted physical activity offer	√	√	√	X	√
Guildford & Waverley, Surrey Heath and NE Hants & Farnham – YP smoking prevention	√	X	X	X	?

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Adult Social Care Select Committee  
23 October 2014

**Dementia Friendly Surrey**

**Purpose of the report:** Performance Management  
This report offers a progress update on Dementia Friendly Surrey

**Introduction:**

1. As part of the Prime Minister’s Dementia Challenge, three of Surrey’s Clinical Commissioning Groups (CCGs) received funding to work towards creating dementia friendly communities in their respective areas.
2. Surrey County Council provided funding and project support to give a countywide scope.
3. Dementia Friendly Surrey was launched in March 2013. It represents a partnership between the NHS and Surrey County Council. It’s aims are to reduce stigma around the condition and create communities where people with dementia and their families can live for as long as possible, feeling supported and included.

**Progress against objectives**

4. Using the data from the 2012 Public Health Dementia Quiz and feedback from people with dementia and their families/carers, we drew up a set of realistic objectives to define success for the Dementia Friendly Surrey project. The Committee was provided with a report in March 2014, outlining the work streams and progress against our objectives in full (**Annexe 1**). These objectives are set out in the table below, along with a brief summary of progress to date.

<b>Dementia Friendly Surrey Champions</b>	
Recruit 120 Dementia Friendly Surrey Champions	As of 12 September: recruited 172 Champions (103 organisations, 69 individuals)

<b>Dementia training</b>	
Train 50 organisations in basic dementia awareness	As of 12 September: trained more than 500 people from 77 organisations
<b>Recognition scheme</b>	
Support 50 organisations/local communities to use the Alzheimer's Society recognition logo	Have distributed the logo to all organisation Champions
<b>Innovation Fund</b>	
Develop a range of Innovation Fund projects with demonstrable outcomes for people with dementia and their carers	Funded 15 projects (Progress report at <b>Annexe 2</b> )
<b>Public awareness</b>	
Hold 18 public awareness events across the county	Attended more than 20 public events and presented at more than 150 national, local and team meetings
Produce dementia awareness information for public places	Produced a new suite of publicity materials that were distributed to more than 2,000 locations across the county
Minimum of two positive local media features about dementia;	Four positive news features and collaboration with radio
Engage six schools or higher education institutions	Engaged one college and two primary schools and sent Dementia Diaries to all schools
<b>Peer and carers support</b>	
Increase the number of peer support groups in areas where there are gaps	Scoring matrix for Innovation Fund weighted to supporting new groups in gap areas
Increase local carers support	Several new peer support groups set up as part of Innovation Fund

### **Budget**

5. The total budget for the Dementia Friendly Surrey project was as follows:

<b>Project Item</b>	<b>Total spend</b>
Carers	£12,000
Dementia diaries	£2,150
Devolved to CCGs (in line with contributions)	£86,667
Events and stakeholder engagement	£1,902
Innovation Fund	£59,382
Personnel	£94,841
Public Awareness Campaign	£56,494
Publications	£3,123



Training	£140,027
	<b>£456,586</b>

6. Each contributing CCG has received devolved funding in line with their original contribution, to allow them to fund local projects or services as they saw fit.

### Lessons learned

7. As with every project, there have been lessons to be learned:
  - a) Engagement and co-design are critical to a successful outcome
  - b) Recruit local dementia champions who can drive forward local efforts
  - c) A flexible approach is required to meet the needs of diverse communities and the range of organisations

### Upcoming opportunities

8. Building on the good work over the last year, we have identified the following opportunities to continue focusing our efforts on, to embed the concept of dementia friendly communities:
  - a) Dementia Friendly Towns – we will work with local partners to create towns that are officially ‘dementia-friendly.’
  - b) Encouraging more uptake of training – we will continue to engage with our business and retail sector to encourage their participation
  - c) Re-running the Dementia Quiz – we have appointed a market research company to carry out the survey during September
  - d) A renewed awareness campaign – this will begin in September
9. Dementia Friendly Surrey also supports the general responsibilities in the Care Act, including:
  - a) Prevention through our awareness-raising campaign
  - b) Promoting wellbeing by encouraging people with dementia to remain active and independent, as well as funding local projects to help them do so.
  - c) Giving information and advice through our Innovation Fund projects and various events and publicity materials, signposting to appropriate services.
  - d) Contributing to the Family, Friends and Community Support agenda, which supports the Care Act requirements in relation to assessment and eligibility, by connecting local dementia champions and encouraging people to do their part to make communities dementia-friendly.

### Conclusions:

10. Dementia Friendly Surrey has begun to shift the attitudes of the general public, reducing some of the stigma surrounding the condition and helping to build foundations to create truly dementia-friendly communities.

**Next steps:**

Launch of Dementia Friendly Towns – 5 September 2014 at the Chairman's Dementia Friendly Surrey Champions reception

Dementia Quiz survey – September 2014

Renewed awareness campaign – September 2014

Continued monitoring of the project – final report March 2015

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Adult Social Care Select Committee  
6 March 2014

**Dementia Friendly Surrey**

**Purpose of the report:** Performance Management

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

**Introduction:**

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

**Project background and structure**

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

that it is not possible to live a full and active life with a diagnosis of dementia. However, research suggests that it is often the attitudes and reactions of others, or fear of negative reactions, which lead to the person with dementia becoming isolated from the community and ceasing to be a part of the networks, groups and clubs they previously belonged to<sup>2</sup>.

- 7
5. In Surrey, people living with dementia and their carers have told us that a dementia friendly community is one that enables them to:
    - Carry on doing the things they have always done.  
“... a bit more help in shops with choosing items.”
    - Find their way around and feel safe.  
“... I think that signposts could be placed at a low level too with larger lettering.”
    - Keep in touch with people and feel that they belong in their community.  
“...it would be good if there were more support groups that we could attend together.”<sup>3</sup>
  6. The project has six key areas of work, progress on which is covered in the sections below:
    - 6.1 Dementia Friendly Surrey Champions
    - 6.2 Recognition symbol
    - 6.3 Dementia awareness training offer
    - 6.4 Innovation Fund
    - 6.5 Public awareness campaign
    - 6.6 Peer support and carers needs

### Dementia Friendly Surrey Champions

#### What we set out to achieve

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

#### What we have achieved

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

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

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

Champion case studies are shared on a regular basis through the Ageing Well newsletter.

### **Next steps**

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

<b>Recognition symbol</b>
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### **What we set out to achieve**

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

### **What we have achieved**

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



Figure 1: Recognition symbol

### Next steps

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

### Dementia awareness training offer

#### What we set out to achieve

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

#### What we have achieved

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

- 19.1 DC Leisure runs leisure centres in Waverley and Surrey Heath. The company has committed to training staff in these centres and two short courses have been delivered. Learners completed a self-assessment quiz pre and post course and comparison shows that knowledge and confidence more than doubled. Course evaluations show that participants valued the opportunity to learn how dementia may affect their customers and reflect on how they can support those customers in real life situations.

### Next steps

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

## Innovation Fund

### What we set out to achieve

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

### What we have achieved

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

### Next steps

26. Projects are required to provide a progress report by April 2014 and a final evaluation report by April 2015. Key learning points from projects

will be shared with partners through Dementia Local Implementation Groups (DLIGs), the Dementia Partnership Board and other networks.

## Public awareness campaign

### What we set out to achieve

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

### What we have achieved

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

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





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

- 28.3 To help young people to understand dementia copies of an informative and easy to read book called *The Dementia Diaries* have been circulated to junior, primary, secondary and independent schools across Surrey with a letter explaining how the book can be used. The book has also been distributed to 35 libraries. Several colleges have expressed interest in supporting Dementia Friendly Surrey. For example, Brooklands College in Weybridge organised a dementia day with their health and social care students.
29. Independent evaluation showed that the campaign had a high impact on those who had seen it. 300 members of the public were interviewed in eight towns across Surrey and key findings include:
- 94% of those who had seen the campaign claimed it had changed their perceptions or increased their understanding of dementia.
  - Campaign awareness was higher in those aged 50 and over.
  - People thought the campaign was empathetic (90%), informative (almost 90%), educational (almost 80%) and thought provoking (65%).

### Next steps

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

## Peer support and carers needs

### What we set out to achieve

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

### What we have achieved

32. A mapping exercise of peer support provision across the county has identified the gaps and enabled us to focus efforts to fill these.
33. A number of new peer support groups have been funded through the Innovation Fund. We are also working with some District and Borough Councils to encourage them to use Personalisation, Prevention and Partnership (PPP) funds to establish groups.

34. A simple guide to setting up peer support clubs has been produced by the Runnymede Dementia Carers Support Group and this is being widely promoted to help people establish their own groups. Written by someone who set up her own group, it offers practical advice to anyone wanting to start a group.

### **Next steps**

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

### **Within Surrey County Council**

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

### **Legacy and sustainability**

#### **Local structures**

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

#### **Giving people with dementia and carers a stronger voice**

41. People living with dementia and their carers have contributed to the public awareness campaign, spoken at meetings and events and helped

to evaluate Innovation Fund applications and training provider bids. Strengthening the voice of people with dementia and carers in local decision making is a central aspect of the Dementia Friendly Surrey vision. The Steering Group is exploring the options to achieve this and a paper will be taken to the Dementia Partnership Board in due course.

### **Evaluation**

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

### **Consultation**

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

### **Conclusions:**

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

**Recommendations:**

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

**Next steps:**

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

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**Sources/background papers:**

<sup>1</sup> Alzheimer's Society (2012) 'Dementia 2012: a national challenge'. Available at: [http://www.alzheimers.org.uk/site/scripts/download\\_info.php?fileID=1389](http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1389)

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

<sup>3</sup>The full summary of feedback from people with dementia and carers can be found at [www.dementiafriendlysurrey.org.uk](http://www.dementiafriendlysurrey.org.uk)

Organisation	Project	Update on progress
<b>Countywide</b>		
Surrey Community Action	Very Mindful Gypsy and Traveller communities	<p>Internal issues within the Gypsy Traveller Forum have led to it being on hold. Training has therefore not yet been delivered to this group.</p> <p>Other awareness-raising work is continuing, with training delivered to 44 groups across the county, working with transport and good neighbour schemes in 12 areas.</p>
Surrey Minority Ethnic Forum (SMEF)	Dementia campaign with BME groups	The workshop was delivered in June 2014, to an audience of more than 80 people from BME groups across the county. SMEF continues to publish regular dementia-related articles on its website.
Crossroads Care	Dementia masterclass	Dr Gemma Jones delivered the masterclass on 4 July 2014. Three Champion Educators have been recruited to complete an intensive 'Educate the Educator' programme in September 2014.
<b>East Surrey</b>		
Tandridge Voluntary Services Council	Dementia friendly reading group	Reading sessions are taking place at the Bletchingley Day centre and Douglas Brunton centre
<b>Mid Surrey</b>		
Age Concern Epsom and Ewell	Dementia Befrienders	In collaboration with the Alzheimer's Society, 5 volunteers have been recruited, trained and matched to local residents with whom they spend at least an hour each week.

		<p>These volunteers are called 'Moment Makers' to emphasis the importance of present-moment meaningful, engagement with the person living with dementia.</p> <p>With demand for Moment Makers exceeding the number of volunteer's available, public awareness of the scheme has been increased.</p>
Fairfield Centre Leatherhead	Singing for Health	This has launched to a mixed group of users and is regularly attended by 20 people each week. Positive feedback from attendees highlights benefits such as the opportunity to socialise and improved breathing.
Bright Shadow Community Performance Company	Experiencing dementia	<p>A dementia focussed installation was set up at the Ashley Centre in Epsom, to give members of the public an understanding of the experiences and perspective of a person with dementia.</p> <p>The piece, called "Mrs Mindeeta's Marvellous Mind" was open to the public on 5<sup>th</sup> and 6<sup>th</sup> September 2014.</p>
<b>Northwest Surrey</b>		
CAMHS CYA (Children and Adolescent Mental Health Youth Advisors) Woking	Intergenerational project	Several young people have been engaging with residents of Heathside Care Home in Woking. CAMHS Advisors continue to explain the vision of Dementia Friendly Surrey to schools across the county.

Age UK Runnymede and Spelthorne	CHAT	This eight-week cognitive stimulation therapy programme launched at the Greeno Centre in June 2014
The Lightbox Woking	Art in Mind	Art in Mind is a series of monthly creative workshops for people with dementia, their family and friends. Each session is led by an artist who introduces different art forms, giving support and encouragement to participants.
<b>Southwest Surrey</b>		
Age UK Guildford and Waverley	Care for a cuppa?	This launched in July 2014. Age UK have also trained 40 staff members in basic dementia awareness.
Carers at Home Waverley	Dementia carers support group	This weekly drop-in service and supper club launched in April 2014.
Farnham Maltings	Mindful Maltings	The brand has been developed, with a range of activities and programs, and staff have undergone dementia awareness training.
Two Counties Care Ltd	Farnham Alzheimer's Cafe	A new branch of the nationally successful Alzheimer Cafe model has been set up in Farnham and is running monthly.
<b>Other Locations</b>		
Inclusive Intergenerational Dance Consortium	Creative Lunch	Weekly sessions are now being held at the Windle Valley and Walton day centres.  Weekly craft workshops with people with dementia (and Carers) have produced various pieces of work, 15 of which were displayed at the Golden Years Festival in Guildford on 16 <sup>th</sup>

		September 2014. This event had over 150 attendees.
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Adult Social Select Committee  
23 October 2014

### Update from the Performance and Finance Sub-Group

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

The Committee will receive an update from the Sub-Group on the areas prioritised for further work as part of the business planning process.

#### Summary:

1. The Adult Social Care Performance and Finance Sub-Group met with Finance Officers for the first time in September and have scheduled further meetings in November.
2. Before a final report is prepared for the Cabinet Member the Sub-Group will feedback to the Committee on the areas it has examined with Officers and take any questions or suggestions from the Committee.

#### Recommendations:

3. The Committee notes and approves the direction taken by the Sub-Group.

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**Sources/background papers:** None

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

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Date of meeting and reference	Item	Recommendations	To	Response	Progress Check On
5 September 2014 053	RECRUITMENT & RETENTION UPDATE AND INTRODUCTION TO WORKFORCE STRATEGY [Item 10]	The Committee recommends that the Leader of the Council and the Cabinet concentrate on urgently finding ways to recruit to the (currently) 95 key frontline vacancies that exist across the Adult Social Care Directorate.	Cabinet Member for Adult Social Care	This item was referred to the Cabinet meeting on 23 September 2014. A response is included in today's agenda papers.	<i>Complete</i>

**Select Committee and Officer Actions**

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
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 Development Manager	This has been noted by officers and the	<i>October 2014</i>

Item 9

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		Carer survey.		response rate for the next Carers Survey will be shared with the Committee.	
5 December 2013 023	SERVICE FOR PEOPLE WITH A LEARNING DISABILITY PUBLIC VALUE REVIEW (PVR) UPDATE [Item 8]	<p>a) That officers work to increase the occupancy rate of Surrey assets with Surrey Residents.</p> <p>b) That future reports illustrate the work of community/ self-help groups in relation to each work-stream in the Public Value Review.</p> <p>c) That future reports demonstrate how the service has offered suitable alternatives to short breaks, and seeks more opportunities to identify alternatives.</p> <p>d) That officers report back to the Committee on the progress of the Service for People With A Learning Disability Public Value Review in a year.</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>
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	A full response provided at June 26 meeting – item 10, annex 1	<i>Complete</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
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	A full response provided at June 26 meeting – item 10, annex 1	<i>Complete</i>
16 January 2014 028	SAFEGUARDING ADULTS [Item 7]	That the Directorate explore how trusted third parties can be involved in the safeguarding process.	Interim Strategic Director, Adult Social Care	A full response provided at June 26 meeting – item 10, annex 1	<i>Complete</i>
16 January 2014 030	SAFEGUARDING ADULTS [Item 7]	The Directorate to provide information on the level of training compliance.	Senior Manager, Safeguarding Adults	A full response provided at June 26 meeting – item 10, annex 1	<i>Complete</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 Act.	<i>September 2014</i>
16 January 2014	IMPROVEMENT TO THE ADULTS INFORMATION	That the Committee encourages the Directorate to include feedback from officers who use the system in any future	Assistant Director for Policy & Strategy	This will be reviewed in September as it	<i>September 2014</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
032	SYSTEM (AIS) FOLLOWING 'RAPID IMPROVEMENT EVENTS' [Item 8]	update item.		is dependent on the market response to the Care Act.	
6 March 2014 037	DEMENTIA FRIENDLY SURREY [Item 7]	That the Directorate continues 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 have provided a report for today's meeting.	<i>Complete</i>
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		<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	.	<i>Complete</i>
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	Strategic Director has updated the Committee verbally	<i>Complete</i>
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
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. b) That the Committee continues to monitor the budget position of the Directorate on a quarterly basis.	Council Overview & Scrutiny Committee  Adult Social Care Select Committee		<i>Complete</i>
1 May 2014 046	COMMISSIONING AND MANAGING THE MARKET [Item 9)	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	Assistant Director for Commissioning		<i>October 2014</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		circulated to local Committees with a focus on what services are available locally.			
26 June 2014  048	SELF FUNDER STRATEGY [Item 8]	<p>In relation to the Assessment and Review Strategy, the Committee:</p> <ul style="list-style-type: none"> <li>• Requested that the outcome of the pilot and draft strategy be presented to Adult Social Care Select Committee in December, and;</li> <li>• Request that officers produce an executive summary/briefing for all County Councillors, to aid understanding of the Care Act's requirements in relation to people who fund their own care.</li> </ul>	Assistant Director for Policy & Strategy		<i>December 2014</i>
26 June 2014  049	GET WISE UPDATE [Item 9]	<p>Recommends that the Cabinet Member takes forward with the relevant government minister the significant concerns raised regarding delays in welfare reform delivery.</p> <p>Requests that the service work with its</p>	Cabinet Member for Adult Social Care	Letter to DWP drafted	<i>September 2014</i>



Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		<p>Commissioners to ensure waiting lists were not created with rising demands.</p> <p>Recommends that the Service circulate (via Democratic Services) the contact details for getWIS£ to all County Councillors</p>	Assistant Director for Policy & Strategy	Info circulated	
26 June 2014 050	DOMICILIARY CARE TENDER [Item 11]	Put forward Margaret Hicks and Barbara Thomson as Member representative/s to sit on the Domiciliary Care Reference Group. (Action by: Jean Boddy)	Senior Manager - Commissioning		
5 September 2014 051	DIRECTOR'S UPDATE [item 6]	<p>Provide an update in October on the realignment of the ASC Directorate</p> <p>Feedback on the outcome of the Better Care Plan fund.</p> <p>Circulate a summary the King's Fund's Barker Commission, Professor Bolton's report on the demands being placed on adult social care and the outcome of the Gloria Foster Inquest.</p> <p>Give an update on the future of the Transitions Team following implementation of the Children and Families Act.</p>	Strategic Director for Adult Social Care		<i>October 2014</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
5 September 2014 052	FAMILY, FRIENDS AND COMMUNITY SUPPORT: FINDINGS AND RECOMMENDATIONS [item 7]	<p>Notes that the Directorate needs to present a clear and positive message to ensure individuals' and families' expectations</p> <p>Recommends that information exchanges including Surrey Information Point and Surrey-i are readily available and localised.</p> <p>Recommends that the Directorate provides members with Surrey Information Point business cards to disseminate to residents.</p> <p>Recommends that 'Member Champions' are identified in each district and borough to help develop the programme in their area and link up with contacts such as GPs and their Practice Managers with officer support to gather and share information on the implementation of FFC across Surrey. Local networks which can be collaborated with should also be indentified such as Neighbourhood Watch groups, community navigators and other voluntary groups operating at the local level.</p>	Area Director (NW)		<i>October 2014</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		The Chairman will write to the Chair of Local Committees to ensure that the FF &C Support Programme is scheduled as a formal item.			
5 September 2014 053	RECRUITMENT & RETENTION UPDATE AND INTRODUCTION TO WORKFORCE STRATEGY [Item 10]	The Committee supports the urgent creation of a separate, flexible HR policy for ASC to attract, and retain, skilled staff. The Committee will seek an update on this proposal early in 2015.	Strategic Director		<i>October 2014</i>

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## Adult Social Care Select Committee Work Programme 2014-15

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
<b>October 2014</b>				
23 Oct	Health and Wellbeing – Improving older adults’ health and wellbeing	Scrutiny of Services/Policy Development – Surrey has an aging population often living longer with more complex needs; the Committee will therefore review the joint work done between the Adult Social Care Directorate and the NHS in Surrey to achieve the aims of the Health and Wellbeing priority for older adults in Surrey.	Jean Boddy, Joanne Alner – NW Surrey CCG	HSC Chairman to be invited
23 Oct	Health and Wellbeing – Developing a preventative approach	Scrutiny of Services/Policy Development – the Committee will review the work done by Public Health to achieve the Health and Wellbeing priority for prevention in tandem with the older adults’ priority as a preventative approach is necessary to manage the demands of a changing demographic profile in Surrey.	Helen Atkinson	
23 Oct	Dementia Friendly Surrey Update	Scrutiny of Services – for Adult Social Care to update the Committee on how the Dementia Friendly Surrey programme has become embedded across the county and its contribution to the Family, Friends and Community Support programme	Jen Henderson	
23 Oct	Performance and Finance sub – group report	Scrutiny of Services – report from the subgroup to the whole committee on the progress made on recommendations for the Adult Social Care budget.	Scrutiny Officer	
<b>December 2014</b>				
2 Dec	Interagency Young Carers in Surrey Strategy	Scrutiny of Services/Policy Development – a refreshed Young Carers Strategy was launched in October the Committee will review the strategy and plans for its implementation.	John Bangs  Jane Thornton  NHS	

## Adult Social Care Select Committee Work Programme 2014-15

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			representative	
2 Dec	Budget Monitoring	Scrutiny of Budgets – The Committee will scrutinise the most recent budget monitoring information.	Will House	
<b>January 2015</b>				
15 Jan	Home Based Care	Scrutiny of Services – The Committee scrutinised the plans for the tender in June 2014. Following the completion of the tender the Committee will receive an update on the outcome and future plans for the service	Jean Boddy	
<b>March 2015</b>				
5 March	Care Act Implementation – Self funders, Carers	Scrutiny of Services/Policy Development – the Committee seeks an update on the Directorate’s preparation for the implementation of the Care Act and in particular its self - funder strategy and services for carers.	John Woods	
5 March	Information and Advice Strategy including update on Surrey Hubs	Scrutiny of Services – Update on the Directorate’s preparation for its new duties under the Care Act including a review of the eight user-led hubs which provide information and advice to help people stay independent after more than a year of operation.	John Woods, Mary Foster, Carol Pearson, Surrey Coalition of Disabled People, Hub volunteer(s)	
5 March	Budget Monitoring	Scrutiny of Budgets – The Committee will scrutinise the most recent budget monitoring information.	Paul Carey-Kent	
<b>May 2015</b>				
14	Safeguarding Adults	Scrutiny of Services/Policy Development – The Committee will	Dave Sargeant	

## Adult Social Care Select Committee Work Programme 2014-15

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
May		scrutinise the performance of the safeguarding arrangement in the directorate, including the work done as part of the Surrey Joint Health and Wellbeing Strategy and the recommendations made following		
<b>June 2015</b>				
25 June	Budget Monitoring	Scrutiny of Budgets – The Committee will scrutinise the most recent budget monitoring information.	Will House	
25 June	Social Care Debt	Scrutiny of Services – The Committee will scrutinise the most recent social care debt information. Reducing social care debt is a priority for the Committee.	Neill Moore	

## Adult Social Care Select Committee Work Programme 2014-15

### Task and Working Groups

<b>Group</b>	<b>Membership</b>	<b>Purpose</b>	<b>Reporting dates</b>
<b>Family, Friends and Community Support working group</b>	Margaret Hicks, Fiona White	To track project outcomes and deliverables for the Family, Friends and Community Support agenda	
<b>Better Care Fund MRG (Joint with Health Scrutiny)</b>	Margaret Hicks, Fiona White	Scrutinise impact of BCF plans on services and finances and oversee risks	November 2014
<b>Performance &amp; Finance sub-group</b>	Keith Witham (chair), Margaret Hicks, Saj Hussain, Richard Walsh, Fiona White, Ernest Mallett		November 2014