

Notice of Meeting

Adult Social Care Select Committee



Date & time
Thursday, 15
January 2015
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
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Chief Executive
David McNulty

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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ross Pike or Andrew 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, 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: 19 DECEMBER 2014

(Pages 1
- 8)

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 (Friday 9 January 2015).
2. The deadline for public questions is seven days before the meeting (Thursday 8 January 2015)
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

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

There are no responses to report.

6 DIRECTOR'S UPDATE

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

- 7 CARE ACT 2014: PREPARATIONS FOR APRIL 2015 IMPLEMENTATION** (Pages 9 - 66)

Purpose of report: *Policy Development and Review*

The Select Committee has requested an update on Surrey County Council's plans to implement the Care Act 2014 for 1st April 2015, following publication of the final regulations and guidance in October 2014.

- 8 UPDATE ON THE HOME-BASED CARE TENDER 2014** (Pages 67 - 72)

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

The Committee has requested an update on the Home Based Care Tender that was awarded from 1 October 2014.

- 9 INTERNAL AUDIT REPORT - REVIEW OF SOCIAL CARE DEBT 2013/14** (Pages 73 - 86)

Purpose of the report: *Scrutiny of Services*

To review the summary audit findings and Management Action Plan produced as a result of an internal audit review of social care debt.

- 10 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME** (Pages 87 - 96)

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

- 11 DATE OF NEXT MEETING**

The next meeting of the Committee will be held at 10.00 am on Tuesday 10 March 2015.

David McNulty
Chief Executive
Published: Wednesday, 7 January 2015

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Thank you for your co-operation

MINUTES of the meeting of the **ADULT SOCIAL CARE SELECT COMMITTEE** held at 10.00 am on 19 December 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, 15 January 2015.

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
- * Mr Ernest Mallett MBE
- * Ms Barbara Thomson
- * Mrs Fiona White
- * Mr Richard Walsh
- * Mr Richard Wilson

Ex officio Members:

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

In attendance

80/14 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Graham Ellwood. Richard Wilson acted as a substitute for the vacant position on the Committee.

81/14 MINUTES OF THE PREVIOUS MEETING: 23 OCTOBER 2014 [Item 2]

These were agreed as an accurate record of the meeting.

82/14 DECLARATIONS OF INTEREST [Item 3]

None

83/14 QUESTIONS AND PETITIONS [Item 4]

None

84/14 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]

None

85/14 DIRECTOR'S UPDATE [Item 6]**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

Declarations of interest: None

Key points raised during the discussion:

1. The Strategic Director wished to discuss four items in his update. Firstly, Surrey's Better Care Fund (BCF) plan has been completed and is ready for submission to the Department of Health. The Governance of the Fund has also been signed off and the Director noted that the relationships between the Council and the Clinical Commissioning Groups (CCGs) are much stronger now especially in the west where an information sharing pilot has been launched. However, the Director cautioned that risks remain around the management of the £25m fund for the protection of social care.
2. Regarding the Care Act, the Director advised that the government guidance has been reassuring but that there is a lot of detail to work through especially around fees and charging. The Directorate's fees and charging policy proposal has been approved by the Cabinet and is now out for consultation. Training events for frontline staff on the duties of the Care Act are being finalised. More work is being undertaken on the new social care duties for prisoners; extra capacity has been facilitated by Care Act funding included in the BCF. The

Director wants to involve other agencies in this work and not simply add more work to frontline social care staff.

3. The consultation on the future of the six older people's care homes has been extended until January 31 to allow for more conversations with individual families and members of staff. As a result the Cabinet paper will now be considered in March 2015. Members asked whether the Directorate is working closely with carers and other stakeholders. The Director reassured the Committee that he regularly meets both formally and informally with stakeholders and that the feedback on the service is good but that the consultation is about the environment for care and staffing which are not sustainable. Ultimately, the profile of service users has changed but the buildings' capabilities have not which risks future non-compliance with the CQC's inspection framework.
4. Members queried if there was capacity to accommodate current residents of these homes if they need to be moved. The Director advised that there is no deficit in capacity in Surrey and that a local solution would be followed meaning that service users would, hopefully, be placed within five miles of their current residence.
5. The Director then discussed the realignment of senior staff advising that it is now 90% complete. The final phase is to recruit into the newly created posts. Members queried the levels of vacancies in the Directorate more widely, the Director stated that he was not complacent and that there are hotspots in the county, for example in Surrey Heath due to maternity leave and Mole Valley, an area that has historically faced recruitment problems, but overall the situation has improved.

Recommendations:

- That communications regarding the rationale for considering the future of the older people's homes are delivered consistently.

Actions/further information to be provided:

- The Strategic Director provides up to date information on the level of vacancies currently held in the Directorate.

Committee next steps:

- The Committee will add an item on the delivery of new social care duties for prisoners to its forward work plan.

86/14 INTERAGENCY YOUNG CARERS STRATEGY FOR SURREY [Item 7]

Witnesses:

John Bangs, Commissioning Manager (Carers), Adult Social Care
Geoff Parks, Deputy Manager, Surrey Young Carers

Steve Cosser, Cabinet Associate for Adult Social Care

Declarations of Interest: None**Key points raised during the discussion:**

1. The Commissioning Manager (CM) provided the Committee with a brief introduction to the report highlighting the new Care Act duty where the Council has to identify and support young carers. Members were advised that estimates suggested there could be in excess of 14,000 young carers living in Surrey and that a comprehensive, interagency strategy was required in order to identify and then support this cohort. The Cabinet Associate for Adult Social Care highlighted that the Cabinet were acutely aware of the challenges faced by young carers, that his priority was to raise the profile of young carers and that action had been taken by the Cabinet to support the strategy including setting up an event to celebrate young carers and spread the word to other agencies.
2. The Deputy Manager of Surrey Young Carers (DMSYC) provided the Committee with an insight into the challenges that young carers face including a case study as well as a video which contextualised these challenges. It was highlighted that Surrey is ahead of the curve in supporting young carers but that further measures were required to ensure that the needs and concerns of young carers in Surrey are met.

Marisa Heath left the meeting at 11.25 am.

3. Members drew attention to young children (under-14 years old) who are required to act as carers in some capacity and asked whether these young carers and the care they provided should be given more recognition in the report. The DMSYC advised that early identification was helping to increase the number of referrals for very young carers. It was agreed, however, that the identifying young carers earlier normally led to better outcomes.
4. The Committee also asked whether it was possible to ensure that young carers had the same opportunity to attend university or gain further qualifications as other school leavers. The DMSYC highlighted that it was crucial for young carers to feel that the right care package was in place for their dependent to give them the confidence to take the time away from home to pursue further education. Members were advised, however, that the increased support available is allowing increasing numbers of young carers to gain further qualifications and give them the same opportunities as their peers.

5. Members asked whether schools are stepping in to recognise and support young carers. The DMSYC indicated that 25% of schools have proven to be very good at doing this but that more training needs to be provided to make young carers more visible and to ensure that schools throughout Surrey have the facility to identify and support young carers. The role of trust and practical adaptations such as use of mobile phones were also emphasised to give young carers the confidence to talk to teachers, care workers and other staff of statutory agencies that they come into contact with so that the support they require can be given. The Cabinet Associate for Adult Social Care agreed that the recognition and support of young carers within schools but advised the Committee that the Cabinet Member for Schools and Learning was taking steps to add strategic leadership and ensure that all schools in Surrey were identifying and supporting young carers successfully.
6. The Committee asked for information on those schools which were less effective at recognising and support young carers and whether local committees could lend support to those schools to help them improve their identification of and support for young carers. The Cabinet Associate for Adult Social Care indicated that relevant information from the audit of schools on this area would be shared with the Committee.
7. The Committee asked whether there was a special provision in the Care Act for Young Carers specifically. The CM highlighted that the mention of whole family approaches and preventative measures in the Care Act strengthened and clarified the Councils' obligations to Young Carers. This compliments obligations also being introduced to the Children Act which give local authorities new duties to identify and assess young carers. Members were further advised that early intervention reduces costs while the multiagency approach also helps to share the responsibility of supporting young carers across a number of bodies.
8. Members requested further information on the role played by GPs and whether they were contributing to the identification and support of young carers. The CM highlighted that a small number of referrals had come from GP and that NHS England was commissioning a guide to young carers to improve this further. CCGS will be working with Action for Carers to disseminate this to GPs. Doctors now have the ability to prescribe short breaks for young carers which can be extremely effective while a new system has been developed giving GPs the facility to flag mental health issues in young carers to other agencies to ensure that support can be given where and when required.

Recommendations:

- Health Scrutiny Committee to follow-up on CCG commissioning and support for young carers.

Actions/further information to be provided:

- The Cabinet Associate for Adult Social Care to share relevant information arising from the audit of schools in relation to the identification and support of young carers with the Committee.

Committee next steps:

The Committee to review arrangements made for young carers by the Council under the Care Act and the 'to do' list in twelve months time.

87/14 ADULT SOCIAL CARE DIRECTORATE OCTOBER 2014 BUDGET MONITORING REPORT [Item 8]**Witnesses:**

Dave Sargeant, Strategic Director
William House, Finance Manager

Declarations of interest: None

Margaret Hicks left the meeting at 12:17

Key points raised during the discussion:

1. The Finance Manager highlighted that the Directorate had made savings of £40m representing 92% of their original target with the Family, Friends and Community (FFC) Support programme achieving almost £10m of that amount. The reassessments aspect of FFC realised 21% efficiencies which is more than expected. New packages created in October and November are also improving the picture, however, risks and challenges remain. Additional demand has been running at 7.5%, higher than anticipated, creating additional costs.
2. The Directorate will have a £3.4m overspend and there is a £2m shortfall in identified savings. The majority of these risks were covered in the forecast and the Finance Manager does not expect that this will vary greatly.
3. The Finance Manager advised that the under the Care Act the Council has been lobbying for £7.1m in funds to cover its new duties, including social care in prisons, and has achieved £7.2m from central government. Members sought reassurances that this funding was only to be spent within Adult Social Care, the witnesses confirmed that it would be and that CCGs would have a view on it being spent appropriately through the BCF arrangements. It was further highlighted though that the greatest pressure comes in 2016 with the new round of Care Act provisions including the cap on costs. The new consultation round begins in Quarter 1 of 2015.

4. Members stated that the database currently used to support the FFC programme was not sufficient to join up community assets with the friends and family aspect of support. The Strategic Director advised Members that Surrey Information Point is due to be relaunched in February and that a demonstration of capabilities could be arranged.
5. When discussing the strategic shift to community rather than residential services the Committee were advised this refers to new entrants to the social care system not moving current service users from one setting to another. The Finance Manager also clarified the distinction between recurring and non-recurring 'one-off' savings.

Recommendations:

- That the Cabinet Member for Adult Social Care ensures that funding for the new Care Act duties is allocated to Adult Social Care.
- Local Committee Chairman should identify, if they have not already done so, a Family, Friends and Community Support Member Champion to liaise with Adult Social Care and highlight local opportunities for the programme to develop.

Actions/further information to be provided:

None.

Committee next steps:

None.

**88/14 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME
[Item 9]**

Declarations of interest: None

Witnesses: None

Key points raised during the discussion:

1. It was requested that the Adult Social Care Select Committee consider an item on the responsibility of the Adult Social Care Directorate towards Surrey's prison population, this has been added to the forward plan to be considered at the committee meeting on 10 March 2015.
2. It was requested that the Adult Social Care Select Committee consider an item on the provision of social care services to socially excluded groups. It was agreed that this item would be added to the Forward Work Programme for the meeting of the Select Committee on 14 May 2015.

Recommendations:

None

Actions/further information to be provided:

None

Committee next steps:

None

89/14 DATE OF NEXT MEETING [Item 10]

The Committee noted its next meeting would be 15 January 2015 at 10 am.

Meeting ended at: 12.25

Chairman



Adult Social Care Select Committee
15 January 2015

Care Act 2014: Preparations for April 2015 implementation

Purpose of the report: Policy Development and Review

The Select Committee has requested an update on Surrey County Council's plans to implement the Care Act 2014 for 1 April 2015, following publication of the final regulations and guidance in October 2014.

Introduction

1. This report provides an overview of the work currently underway to respond to the Care Act changes that will take effect on 1 April 2015. Further detail on specific aspects of Act implementation (to include planning for the cap on care costs, Transitions) can be provided at a future Committee meeting.
2. Part one of the Care Act 2014 sets out to reform adult care and support in England. The majority of the reforms contained within the Act are set to take place on 1 April 2015, with changes to funding (including a new lifetime cap on care costs) to take effect from 1 April 2016.
3. Annex One (Care Act briefing note) and Two ('What the Care Act means for frontline practice' presentation) provide more detailed information on the nature of these changes.
4. In light of the transformational change programme that has run in Adult Social Care since 2010, including the rollout of personalisation and more recently the family, friends and communities programme, the Council already has a strong foundation from which to respond to the Care Act requirements for April 2015.
5. We have also played an active role in the development of the Care Act regulations and guidance through participation in national working groups (including on transitions, assessment and eligibility), and by taking a proactive role in national bodies influencing the Government on the Care Act (including ADASS and the County Councils Network).

6. A project group of staff and managers, in consultation with partners, residents and carers (listed in Annex Three), have been planning for Care Act implementation since autumn 2013. Their work has been steered by the Adult Social Care Implementation Board, which is jointly chaired by the Cabinet Member for Adult Social Care and the Chair of the Surrey Coalition of Disabled People, and is attended by chief executives from our key partner organisations.
7. Informed by the publication in October 2014 of the final, detailed regulations and guidance for 1 April 2015 implementation, the project has identified several key areas of change for the Council. The following sections address each of these in turn, summarising the actions the Council is taking to ensure it is compliant with the new duties coming into force from 1 April 2015.

Clarify our adult social care offer to residents and carers

8. We anticipate an increase in the number of people approaching Adult Social Care due to a combination of the national publicity campaign regarding the April 2015 changes and confusion over the April 2016 funding reforms. We need to ensure that people get the information that they need at the right time, recognising that Adult Social Care has finite capacity. Having a very clear statement of what Adult Social Care does and where people can go for information and advice will help this.
9. Clarifying our Adult Social Care 'offer' will build on our ongoing work to develop personalisation and family, friends and community support by encouraging a 'self-service' approach where appropriate. This reflects a core Care Act principle to empower the individual over decisions regarding day-to-day life, including over their care and support and the way in which it is provided. In so doing it will bring value for money by better signposting residents to the community services and support we already fund.
10. Work underway to support the reframing of our Adult Social Care offer includes updating the Council's adult social care webpages in mid-January 2015, providing training and guidance for our staff on managing initial enquires, and hosting an Information Summit in February 2015 to support our information and advice partners to better handle enquiries.

Consult on our charging policy and deferred payments scheme

11. The Care Act introduces new duties and powers concerning adult social care charging and deferred payments.
12. On 25 November 2014, Cabinet agreed the Council should consult residents on proposed changes to our charging policy and deferred payments scheme (see Annex Four for the Cabinet report). The consultation launched on 15 December 2014, and will close on 26 January 2015. Cabinet will make a final decision on the proposed changes on 24 February 2015.

- 13. The proposed changes do not significantly change charging for the majority of people currently receiving care and support. They will not affect people who have already taken out a deferred payment. However, they will have an impact on residents who are currently charged for non-residential care and support, and for residents who may choose to take out a deferred payment in the future.

Update our frontline practice, processes and safeguarding procedures

- 14. Through our work over the past few years embedding personalisation and family, friends and community support into frontline practice, the Council is already well placed to respond to Care Act requirements concerning adult social care assessment, support planning and review processes.
- 15. A necessary change is to update our assessment form to align with the focus on outcomes and wellbeing in the new national eligibility criteria. This also presents an opportunity to further streamline our current assessment process, and to better support the family, friends and community support programme.
- 16. A cross-section of frontline staff and managers are developing a new assessment form, which we plan to test with our external partners and residents early in 2015.
- 17. The Council and Surrey Safeguarding Adults Board are in a good position to respond to the Care Act requirements regarding safeguarding. The Council has secured agreement from all Board agencies to the planned revision of the multi-agency procedures and these will be in place by April 2015. The Board's performance monitoring and accountability framework is being substantially reviewed and will be presented to the Board in January 2015. Discussions are progressing well to establish a pooled budget for the Board (which is currently solely funded by the Council).
- 18. A 'roadshow' to all frontline assessment teams between November and December 2014 has updated staff on the key Care Act changes from April 2015 and how they will be supported with these. Training on the Care Act changes will be rolled out to all frontline social care staff in February and March 2015, and familiarisation workshops will be made available to relevant children's social care staff. Regular action learning sets will be established from April 2015, to capture and embed ongoing learning.

Develop a Care Act compliant independent advocacy service

- 19. From April 2015, the Council will be required to organise an independent advocate for people (including young people approaching transition, carers and young carers) who have substantial difficulty engaging with the adult social care process, and who do not already have an appropriate person to advocate on their behalf.

20. We already commission a wide range of organisations to provide advocacy services, including independent mental capacity advocates, independent mental health advocacy, carers' advocacy and general advocacy to support residents to access welfare benefits and to navigate through the adult social care system. In response to the Children and Families Act 2014, we commission an independent advice service for children and young people.
21. We are reviewing how we can build on our current contractual arrangements to meet the new Care Act requirements. This will include training staff on new processes to assess when an independent advocate may be required, and to improve reporting on advocacy referrals.

Strengthen our existing support for carers and young carers

22. The Council is relatively well positioned to respond to the new Care Act duties regarding carers, as the authority already offers robust carers' assessments, and works in partnership with the NHS to invest in a wide range of carers' support services.
23. The Care Act 2014 and Children and Families Act 2014 place a new focus on identifying and supporting young carers. We are working closely with colleagues in the Children, Schools and Families Directorate to better support this group, which has included the recent launch of Surrey's new young carers' strategy, and accessible young carer assessment tools.
24. Due to the Care Act national publicity campaign, we anticipate there will be an increase in demand for carers' assessments and support. To help respond to this, we plan to invest further in the carers' preventative services we currently commission from partners. A Surrey carers' public awareness campaign in February and March 2015 will signpost carers of all ages to relevant support.

Streamline our transitions offer

25. The Council is relatively well positioned to respond to the new Care Act duties regarding transition, as we already have a dedicated Transition Service with good operational links between Children, Schools and Families and the Adult Social Care directorates across education (including post-16 years education) and social care.
26. We are streamlining assessments for young people coming through transition by implementing cross-Directorate 'Education, Health and Care Plans', so that young people and families do not need to keep repeating their story to different professionals.
27. We are also supporting the Children, Schools and Families Directorate to move towards a more personalised social care offer. This includes piloting a new Resource Allocation System in the Children with

Disabilities Team and introducing Education and Health personal budgets.

Extend our social care offer to include vulnerable adults in prison

28. From April 2015, the Council will be responsible for assessing and meeting the eligible social care needs of prisoners residing within prisons and approved premises in Surrey. This will include the provision of information and advice, organising independent advocacy, assessment and the commissioning of services to meet eligible needs.
29. Surrey has the fourth highest prison population in England, with up to 3,000 prisoners spread across five prisons and one bail hostel at any one time. It has proved challenging to estimate the potential number of prisoners who may be eligible for adult social care support, due to the high population turnover and our limited access to prisons.
30. Following engagement work with prison governors, the National Offender Management Service, staff and other partners, a range of proposed options have been developed for complying with our new duties. These include establishing a new specialist 'prisons team' of adult social care staff, contracting with existing prison health service providers to deliver adult social care on our behalf, or drawing adult social care staff from the relevant locality team for each prison.
31. A decision will be taken by the start of January 2015 as to which option will be progressed, to ensure security clearances are processed in time for 1 April 2015.

Signposting to independent financial advice

32. From April 2015, the Council will have a new duty to signpost vulnerable adults and carers to independent financial advice on adult social care matters.
33. We have recently come to an agreement with the Society of Later Life Advisers (SOLLA), a not for profit body which trains and accredits individual financial advisors from a range of different organisations to become a qualified Later Life Adviser. The rigorous examination process to become accredited includes being able to evidence the 'soft skills' necessary to support a vulnerable adult, as well as a comprehensive understanding of the adult social care funding system.
34. We are updating our webpages, paying for care leaflets and producing a new leaflet to signpost residents to their nearest SOLLA-accredited independent financial adviser.

Inform residents and carers about the changes

35. A national publicity campaign is being planned by Public Health England, on behalf of the Department of Health, to inform residents and carers about the Care Act changes. The national campaign states 'care and

support is changing for the better' and focuses on areas that are very much business as usual for the Council. It encourages residents to contact their local council for further information

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36. The national campaign will start with digital advertising in January 2015, and national media partnership, radio advertising and leaflet door drops will follow in February and March. Several of the radio stations which have been identified for national advertising will reach Surrey residents, including Magic FM, Classic FM and LBC. Despite our feedback, only one postcode in Surrey (KT21 2; Ashted) has been identified by Public Health England as meeting the minimum requirements for a leaflet door drop, with each region in the country receiving the same allocation.
37. Our local communications approach includes articles in Surrey Matters and other newsletters, refreshing our website content, re-launching Surrey Information Point, producing new information confirming our core offer and describing how other organisations can help residents, and implementing a public awareness campaign advising how people can find out more about their care and support options. This will include signposting to the Surrey Hubs, Age UK Surrey, SOLLA and Surrey Information Point.
38. We also plan to host an Information Summit in February 2015 to help key partners from the public, health, voluntary and private sectors to provide consistent, quality information, advice and signposting to residents who seek support from them. A second summit will be held in March for care providers. A major focus of plans will be to progress the work around shared responsibility among key partners in providing information and advice about care and support directly to residents.

Understand and plan for the financial implications of delivering the above

39. Included within Surrey's Better Care Fund allocation is £2.5 million in revenue funding and £0.9 million in capital funding for Care Act implementation in 2015/16. We will receive a further £7.2 million in revenue funding for 2015/16 through the Local Government Financial Settlement, which was announced in December 2014.
40. We continue to update our financial modelling to understand and plan for the additional costs placed on the Council as a result of implementing the Care Act. We currently anticipate that the Council's funding allocation for 2015/16 will meet our total implementation costs for next financial year.

Conclusions

41. A broad programme of change is underway with staff, residents and partners to ensure the Council is compliant with the Care Act when it goes live from April 2015. Although we are working to a very challenging timescale, we have benefitted from the proactive work of the Adult Social Care Directorate over the past four years to embed personalisation and family, friends and community support into our existing service offer.

- 42. A greater potential challenge is the implementation of the April 2016 funding reforms, particularly the lifetime cap on care costs. This could lead to a significant increase in demand for assessments from people who currently fund their own care and support, and potentially contribute to a 'market equalisation' effect whereby private providers increase the fees they charge the Council for residential and nursing placements.
- 43. The draft regulations and guidance on these changes is due to be published in January 2015 for national public consultation. In the meantime, a significant amount of work is already underway to explore alternative methods to manage assessment demand and plan for the potential impact on the provider market.

Recommendations

- 44. It is recommended that the Committee:
 - Reviews this report to assure itself that the Council is on track to deliver against key requirements for April 2015.
 - Receives a more detailed update on how the Directorate is planning to respond to the April 2016 funding reform changes and Transition at its June 2015 meeting.

Next steps

- 45. Complete above work for Care Act go-live on 1 April 2015.

Report contact: Tristram Gardner, Project Manager, Adult Social Care

Contact details: Tel: 01483 517485; tristram.gardner@surreycc.gov.uk

Sources/background papers:

- The Care Act 2014 legal statute is available online at: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
- The Care Act 2014 regulations and guidance are available at: <https://www.gov.uk/government/news/final-care-act-guidance-published>
- Department of Health factsheets on the Act are available at: <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

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The Care Act 2014: Briefing Note

November 2014

This briefing is a short summary of the key points for Part One of the Care Act that relate to adult social care and support. Other parts of the Act relate to care standards and are connected to how the NHS and other health providers deliver their services.

The Care Act is designed to bring the current laws related to adult social care together in one Act. The aims of these changes are to:

- Create a legal framework that is clear and easy to navigate;
- Bring the law up to date to reflect a focus on the outcomes that people want, rather than their disabilities, and put the individual in control of their life; and
- Address areas of unfairness.

The majority of the changes contained within the Act are set to take place in April 2015, with the reform of funding (including the cap on care costs) to take effect from April 2016.

Key areas of change within the Act

- General responsibilities including promoting people's wellbeing, focusing on prevention and providing information and advice,
- The introduction of a consistent, national eligibility criteria,
- New rights to assessment and support for carers and young carers,
- Legal right to a personal budget and (if appropriate) a direct payment,
- Entitlement to an independent advocate for people who experience substantial difficulty in engaging with the care and support process,
- The extension of local authority adult social care responsibility to include prisons, and
- New responsibilities regarding provider failure, support to people who move between local authority areas, safeguarding and deferred payments.

Major reforms to the way that social care is funded will be effective from April 2016, including:

- A lifetime 'cap' of no more than £72,000 for individuals on reasonable care costs to meet their eligible needs (see detail below), and
- An increase in the capital threshold for people in residential care who own their own home.

The Department of Health has produced fact sheets on major areas of the Act, which can be found at <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

How the Care Act will impact Surrey

There are some really good things about the Act:

- The Care Act brings together into one place most adult social care law, making it simpler and easier to understand,
- The Act improves rights for carers and young carers, giving them the right to have an assessment of their support needs,
- The Act improves and clarifies the duty to promote all people's wellbeing (both adults and carers) when providing support.

- The Act provides a greater clarity about safeguarding responsibilities, and how the local authority and partners work to protect the vulnerable.
- The Act is making paying for the cost of a person's care fairer. This includes the introduction of a cap of £72,000 on how much reasonable care costs people will have to pay to meet their eligible care needs in their lifetime. The cap does not include general living costs in residential care. The Government is suggesting this could be set at £12,000 a year.
- The Act will give us better opportunity to give information and advice to self funders who previously might not have contacted the Council.

However, there are also challenges, such as:

- We are still waiting for confirmation from the Department of Health as to how much money we will receive to support the introduction of the Care Act changes. We are concerned that we will not receive enough money, and have been working with other authorities to feedback our concerns.
- The funding reforms are complicated and we need to make sure our residents understand them. For example, a resident's progress towards the cap on care will be based on the Council's cost of care calculation, not necessarily what an individual resident pays. This will affect how long it takes for an individual to reach the cap, and may mean they spend more than their cap limit before the local authority begins to contribute towards their costs.
- The combination of the cap, separation of the general living costs in residential care, and rise in the capital eligibility threshold for residential care is likely to have a significant impact on the care market in Surrey. We will need to work closely with providers to prepare for these changes.
- The funding reforms will likely mean the Council must assess more people in the future, and there is a need to plan and work with partners and providers on how we respond to this extra demand.
- Local authorities will have specific responsibilities around how we prevent or delay the development of support needs. There could be changes to how we commission services in order to ensure that we are achieving the best outcomes from co-operative working.
- We will need to work closely with our partners to ensure Surrey prisoners are able to access adult social care support. Surrey has one of the highest prison populations in the country.

What we are doing to prepare for the Care Act

Generally, Surrey County Council is already offering many of the services which are becoming law under the Care Act. However, there are some areas (particularly the impact of the new cap on care costs), which we need the people closest to that change to be involved in and inform our approach. This includes staff, providers, partners, residents and carers. The Care Act Project Team is working with a wide range of people to make sure this happens.

We are also planning a countywide information and advice campaign to raise residents' and carers' awareness of the Act as we get closer to April 2015.

The final regulations and guidance on the Act are available at:

<https://www.gov.uk/government/consultations/updating-our-care-and-support-system-draft-regulations-and-guidance>

More information on the impact of the Care Act on Surrey is available at: www.surreycc.gov.uk/careact

Please contact us if you have any queries, or think you may have something to contribute to our work preparing for the changes contained Care Act. You can email us at careact@surreycc.gov.uk, or write to us at: The Care Act Project Team, Room G34, Surrey County Council, County Hall, Penhryn Road, Kingston-upon-Thames, KT1 2DN

The Care Act 2014

How it will affect frontline practice

Andy Butler, Principal Social Worker / Senior Practice
Development Manager

November 2014 – January 2015



SURREY

Purpose of today

1. Help staff to understand what the Care Act 2014 is
2. Identify what's new and what's different, and what that means for frontline social care practice
3. Describe how you will be supported to implement the changes, and explain how our response to the Act links to the other major change programmes in the Adult Social Care Directorate
4. Understand what you are most concerned about
5. Focus on the 2015/16 changes (i.e. not the 2016/17 funding reforms)

Surrey Information Summit

- The summits will provide an update on health and social care support, services and information.
- Tailored for staff in Surrey organisations who have a substantial role in providing information across the care pathway.
- A range of presentations and workshops will explain the new legislation and approaches influencing health and social care practice, including the Care Act 2014.
- Please hold one of the below two summit dates if you are interested.
Booking forms to follow in January 2015
 - 17February, Dorking Halls
 - 4 March, Dorking Halls
- For further details, please contact Vineeta.Bali@surreycc.gov.uk

What's on your mind?

- What have you heard about the Care Act?
- What questions do you have about it?

What is the purpose of the Care Act 2014?

Part 1 of the Care Act 2014 reforms adult care and support in England:

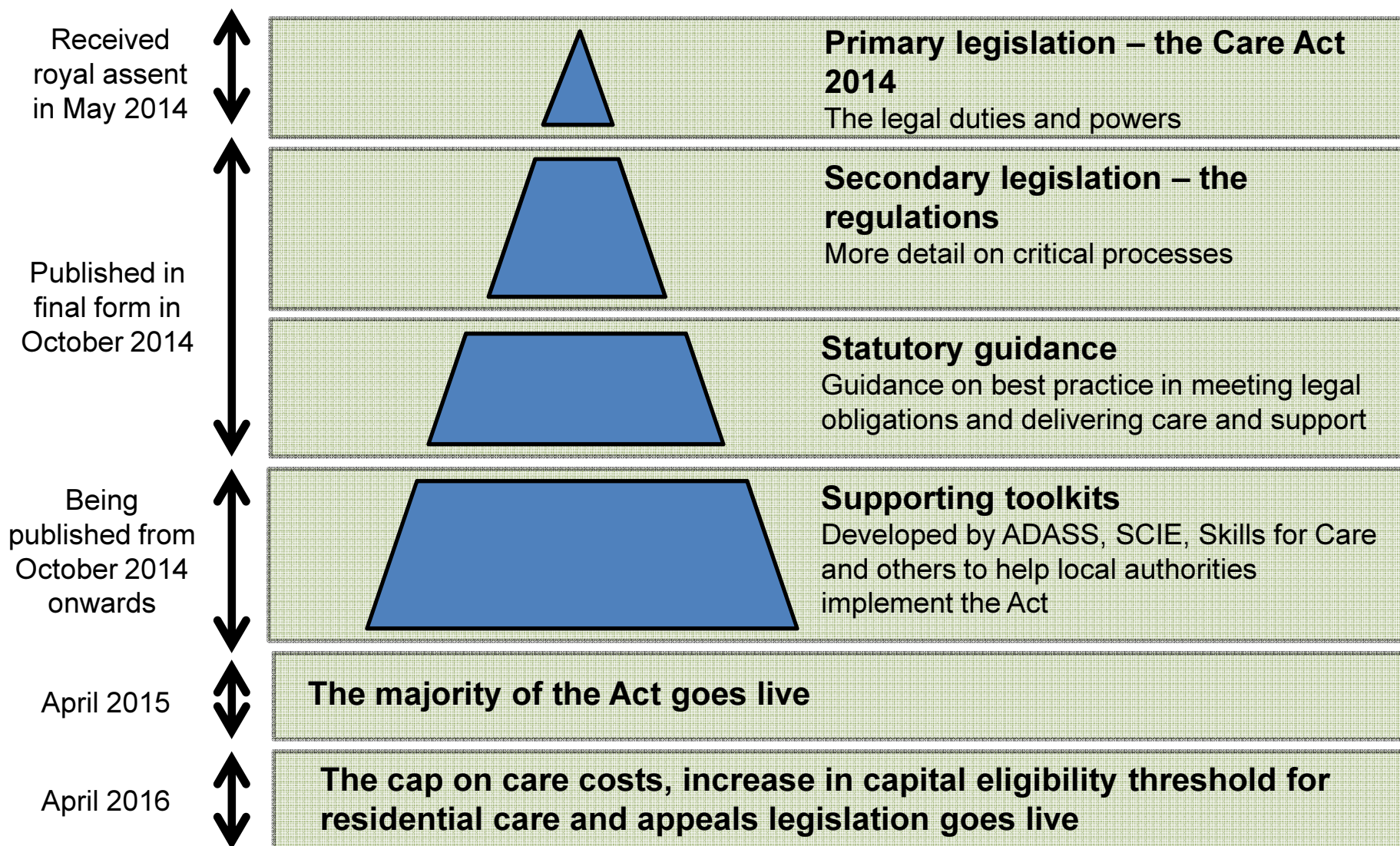
1. Simplifies and clarifies over 60 years of legislation, following the recommendations of a three-year review by the Law Commission.
2. Delivers many of the commitments in the *Caring for our Future* White Paper.
3. Provides for a new capped costs system for funding care and support, based on the recommendations of the Dilnot Commission.

Other parts of the Care Act 2014

- **Part 2: Care Standards**
 - Duty of candour in NHS trusts
 - Role of CQC
- **Part 3: Health**
 - Health Education England
 - Health Research Authority
- **Part 4: Health and Social Care**
 - Integration funds
- **Part 5: General**
 - Miscellaneous

Care Act 2014 implementation timescales

Page 25

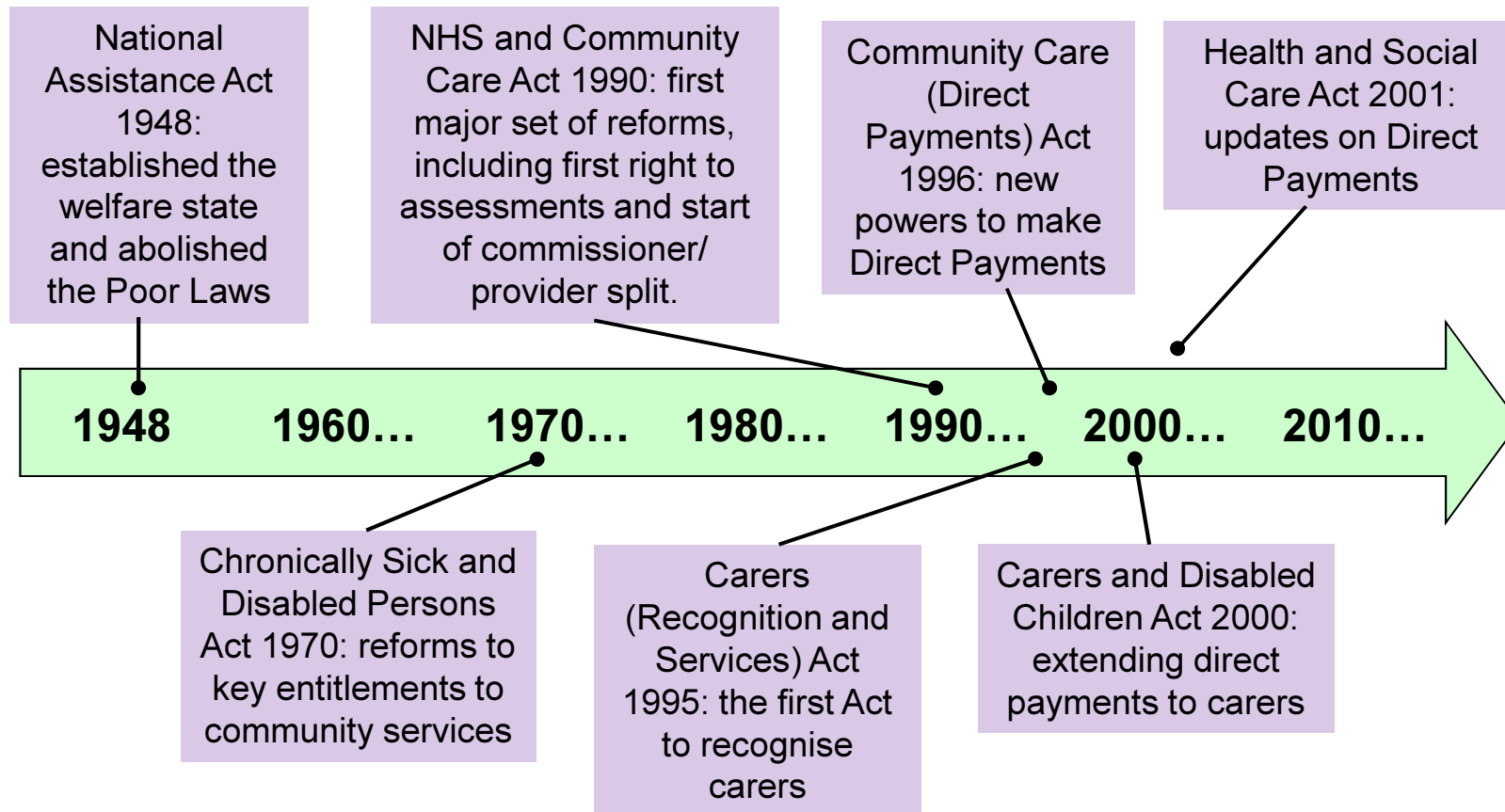


Implications of the Care Act in Surrey

- The majority of the Act is not “new”, but consolidates current legislation and guidance into one coherent Act.
- It builds on and strengthens our current practice to embed Personalisation and Family, Friends and Community into our routine frontline practice.
- Where there is no change, it is an opportunity to reinforce best practice and ensure consistency across the service.
- Some parts of the Act introduce extensions or variations to current policy and practice.
- In some parts of the Act, there are new statutory duties which we must comply with and which practitioners will need to be familiar with.

Community Care Legislation - Timeline

Social care law and policy has evolved over more than 65 years, incorporating around 30 Acts of Parliament, but reform has usually been piecemeal.



Key Legislation and Guidance - not changing

- Mental Capacity Act 2005
- Mental Health Act 1983
- Children and Families Act 2014 (SEND code of practice)
- National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (November 2012) (Revised).
- Human Rights Act 1998

Key complementary projects - not changing

- Family, Friends and Community support
- AIS upgrade
- Workload management
- Direct payments in care homes and pre-paid accounts
- Better Care Fund
- Equipment and adaptations
- Provider portal
- Making safeguarding personal
- 0 – 25 approach for young people with special educational needs and disabilities.

Care Act 2014: Key legal concepts

- **Must**- means the LA has a legal **duty** to follow it
- **Should**- means the LA **should** adhere to it - unless there is very good reason not to
- **May**- means the LA **can** adhere to it but does not have to
- **May Not**- means the LA **does not** have the power to do it.

What's staying the same/small changes, what's different and what's new for frontline practice? (1)

Section	Topic
1	Promoting individual wellbeing
2	Preventing needs for care and support
3	Promoting integration with health
4	Providing information and advice
5	Promoting diversity and quality in provision of services
6	Co-operating generally
7	Co-operating in specific cases
8	How to meet needs
9, 11-12	Assessing needs
13	Eligibility criteria
10, 63	Carers' and young carers' assessments
14, 17	Charging and assessing finances (parts from April 2016/17)
15-16, 28-29	Cap on care costs (from April 2016/17)
22	Exception for provision of health services
18-19; 23	Duties and powers to meet needs
24-27, 30	Next steps after assessments
31-33	Direct payments
34-36	Deferred payments

What's staying the same/small changes, what's different and what's new for frontline practice? (2)

Section	Topic
37-38	Continuity of care
39-41	Ordinary Residence
42-47	Safeguarding
48-52	Provider failure
53-57	Market oversight
58-66	Transition for children to adult care and support
67-68	Independent advocacy
69-70	Enforcement of debts
72	Appeals (from April 2016/17)
74	Hospital discharge
75	After-care under the Mental Health Act
76	Prisons
77	Registers of sight-impaired and disabled adults
71, 73, 78-79	Miscellaneous

Cross-cutting	Topic
-	Mental capacity
-	Self-funders

Different: Promoting 'wellbeing'

Section 1

What's different?

- *A new legal principle to promote wellbeing when carrying out any care and support functions in respect of an individual.*
- *The wellbeing principle applies equally to carers, self-funders and those who do not have eligible needs.*

What does that mean for frontline practice?

- *The wellbeing principle does not require us to undertake any particular action – its purpose is to set common expectations for how local authorities **should** approach and engage with people.*
- *It means we **must** consider how to meet each person's specific needs rather than simply considering what service they will fit into.*
- *The guidance provides a framework for identifying a persons 'wellbeing related needs'.*

How will you be supported?

- *'Confident and enabling conversations' training; 'Acting out' training*
- *Considering wellbeing embedded into new core Care Act training*
- *Considering wellbeing embedded into refreshed procedures and practice guidance*

Care Act 2014: Definition of wellbeing

Section 1 (2)

“Well-being”, in relation to an individual, means that individual’s wellbeing so far as relating to any of the following:

- a. Personal dignity (including treatment of the individual with respect);
- b. Physical and mental health and emotional well-being;
- c. Protection from abuse and neglect;
- d. Control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
- e. Participation in work, education, training or recreation;
- f. Social and economic well-being;
- g. Domestic, family and personal relationships;
- h. Suitability of living accommodation;
- i. The individual’s contribution to society.

Key matters to take account of

Section 1 (3)

1. The importance of beginning with the assumption that the individual is best-placed to judge the individual's wellbeing.
2. The individual's views, wishes, feelings and beliefs.
3. The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist.
4. The need to ensure that decisions are made having regard to all the individual's circumstances
5. The importance of the individual participating as fully as possible
6. The importance of achieving a balance between the individual's wellbeing and that of any friends or relatives who are involved in caring for the individual.
7. The need to protect people from abuse and neglect.
8. The need to ensure that any restriction on the individual's rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary

Different: Preventing needs for care and support

Section 2

What's different?

- We **must** arrange or provide support to prevent, reduce or delay the development of needs by adults and carers.
- Broken down into:
 - Prevent: primary prevention/promoting wellbeing
 - Reduce: secondary prevention/early intervention
 - Delay: tertiary prevention

What does that mean for frontline practice?

- We may see an increase in people presenting for adult social care support.
- We will need to have a clear understanding of the timetable of the implementation of the Act, particularly in relation to funding reform.
- We'll need to work closer with other agencies, particularly voluntary and constituent-led organisations

How will you be supported?

- **Family, Friends and Community support:** 'Confident and enabling conversations' training; 'Acting out' training.
- Assessment forms, procedures and practice guidance to be updated. Will be some changes to AIS.
- Prevention will be embedded into core Care Act training.
- Provider portal project; equipment and adaptations project.
- Support from social care development coordinators.

Different: Self-funders

What's different?

- *From April 2015, the Act makes it clear self funders are entitled to information, advice and guidance (S4)*
- *If a self-funder in a care home setting asks the local authority to put arrangements in place, we **may** agree to do so but will be able to charge an administration fee, in addition to the full cost of the placement, to cover our costs.*
- *A new Universal Deferred Payment scheme will be introduced and we **must** offer a deferred payment if the person meets the criteria (S34)*
- *Local authorities are under a temporary duty to meet people's needs (including self-funders') when a provider is unable to continue because of business failure.*
- *More changes come into effect in April 2016 with the changes to capital eligibility threshold and the cap on care costs (S15, 16)*

What does that mean for frontline practice?

- *We **must** treat self-funders on an equivalent basis to those who fund their own care and support.*

How will you be supported?

- *Principle of equivalence for self-funders will be built into core Care Act training*
- *Guidance will be available to help frontline staff understand the changes*
- *Support from your local management team*
- *Refreshed provider failure protocol*
- *Ongoing work to plan for the implementation of the new cap on care costs in April 2016*

Different: Co-operating

Sections 6 and 7

What's different?

- *A local authority **must** co-operate with each of its relevant partners*
- *Each relevant partner **must** co-operate with the authority*

What does that mean for frontline practice?

- *Relevant partners are: all councils; NHS bodies; Department of Work and Pensions; police; prisons; probation services*
- *Staff will need to co-operate in relation to adults with care and support needs and with their carers.*

How will you be supported?

- *Information sharing protocol*
- *The Information Governance team can advise when necessary*

Small changes: Assessing needs

Sections 9, 11 and 12

What's changed?

- *Where it appears that an adult may have needs for care and support the authority **must** assess to see if the needs do exist and what they are, regardless of level of need or financial resources*
- *Assessments **must** include:*
 - *The outcomes that the adult wishes to achieve in day to day life*
 - *The impact of the adults needs for care and support on their wellbeing*
 - *Whether the provision of care and support services could contribute to those outcomes*
- *Needs assessments **must** involve the individual, carer and any other relevant person*

Small changes: Assessing needs (continued)

Sections 9, 11 and 12

What does that mean for frontline practice?

- *Changes to the assessment form and tools for assessment*
- *Assessments will need to be flexible, proportionate and person centred*
- *Staff will need to explicitly record decisions around advocates and mental capacity*
- *Need to ensure joint working with key partners and that we consult experts and specialists when necessary*

How will you be supported?

- *Assessment forms, procedures and practice guidance to be updated.*
- *Will be some changes to AIS.*
- *Core Care Act training will be delivered to staff on the changes.*
- *Support from your local management team*

New: Eligibility criteria

Section 13

What's new?

- *New national eligibility criteria based on 3 key requirements:*
 - *Needs*
 - *Outcomes*
 - *Wellbeing*
- *No critical or substantial risk bandings*
- *Focus on wellbeing and outcomes*
- *Local authorities **must** consider an individual's need over an appropriate period of time to ensure that all of their needs have been accounted for when the eligibility is being determined*
- *Where the person is found to have no eligible needs, local authorities **must** provide information and advice on what can be done to meet or reduce the needs (for example what support might be available in the community to help the adult or carer) and what can be done to prevent or delay the development of needs in the future.*

New: Eligibility criteria (continued)

Section 13

What does that mean for frontline practice?

- *Local authorities **must** provide the person to whom the determination relates (whether that is an adult with care and support needs, or a carer with support needs) with a copy of their decision.*
- *Eligibility determinations **must** be made on the basis of an assessment, and cannot be made without having first carried out an assessment*
- *Local authorities **must** inform individuals that a financial assessment will determine whether or not they pay towards their care and support, but this **must** have no bearing on the assessment process itself.*

How will you be supported?

- *Assessment forms, procedures and practice guidance to be updated.*
- *May be some changes to AIS.*
- *Core Care Act training will be provided.*
- *Support from your local management team.*

Different: Carers' and young carers' assessments

Sections 10, 63

What's different?

- *No discreet carers legislation*
- *Carers are on an equal footing* with individuals in terms of access to assessments, support planning and reviews (* the equivalence principle)*

What does that mean for frontline practice?

- *Carers' assessments should continue to be completed as part of a whole family approach*
- *Frontline staff should continue to identify and, if appropriate, assess young carers*

How will you be supported?

- *Rollout of young carer assessment tools and training*
- *Changes to carers' eligibility and assessment to be included in revised procedures, practice guidance and training*

New: Independent advocacy

Sections 67, 68

What's new?

- *New duty to provide independent advocacy in specified circumstances:*
 - *All adults (including carers) being assessed (under S9 and 10, having support planning under S25 or being reviewed under S27)*
 - *Young people approaching transition (under S58)*
 - *Young Carers (under S62)*
 - *Adults subject to safeguarding (under S63)*

- *Conditions for Independent Advocacy:*
 - 1 *Were an independent advocate not provided the individual would experience **substantial difficulty** in doing one or more of the following:*
 - *Understanding relevant information*
 - *Retaining that information*
 - *Using or weighing that information as part of the process of being involved*
 - *Communicating the individuals views, wishes or feelings*
 - 2 **AND** *there is no appropriate (unpaid) person available to represent and support the persons wishes*

New: Independent advocacy (continued)

Sections 67, 68

What does that mean for frontline practice?

- *Assessors will have to identify the potential need for a care act advocate early in the assessment process*
- *Where the need is established the assessment can't be completed without care act advocate involvement unless it is an emergency*
- *Assessors will need to have applied knowledge of the Mental Capacity Act 2005*

How will you be supported?

- *Review of current general advocacy and Independent Mental Capacity Advocacy provision*
- *New procedures and guidance to be developed*
- *Core Care Act training will be delivered to staff on the changes*

Different: Exception for the provision of health services

Section 22

What's different?

- *Local authority **may not** meet needs that are health related unless:*
 - *Doing so would be merely incidental or ancillary when meeting other needs*
 - *The service or facility in question would be of a nature that the local authority could be expected to provide*

How will this affect frontline practice?

- *Staff will need to work collaboratively with NHS colleagues to ensure that a seamless service is provided to those with health and social care needs. This includes joint funded packages of care.*
- *If a need for a CHC checklist is indicated during the assessment staff have a duty to inform the CCG.*

How will you be supported?

- *Core Care Act training.*
- *New practice guidance on assessments will be developed.*

Different: Next steps after assessments

Sections 24, 25, 26 and 30

What's different?

- *A care and support plan or a support plan (carers only) **must** be prepared for all eligible individuals.*
- *The individual **must** be told the needs which are going to be met and of their entitlement to a direct payment*
- *All people not assessed to have eligible needs **must** be given a written reason and advice and information on how their needs could be reduced and prevented.*
- *A personal budget **must** be provided to aid support planning with all eligible individuals*

What does that mean for frontline practice?

- *Reviews of existing cases will need to take account of new Care Act changes*
- *The care and support plan or support plan will detail all needs being met, including non eligible needs and how these are being met*
- *Self funders can request a care and support plan, reviews and information on the process of finding and sourcing care*

How will you be supported?

- *Assessment forms, procedures and practice guidance to be updated.*
- *Will be some changes to AIS.*
- *Core Care Act training will be delivered to staff on the changes.*
- *Support from your local management team*

Different: Charging and assessing finances

Sections 14, 17

What's different?

- *From April 2015 we will have a single charging framework. CRAG and Fairer Charging will no longer apply, though there are different rules depending on the setting.*
- *The duty to charge for residential and nursing care is replaced with a power to charge*
- *We are currently consulting on proposed changes to our charging policy and will inform frontline staff about any changes as they emerge.*

What does that mean for frontline practice?

- *Frontline staff will need to familiarise themselves with any changes to our charging policy.*
- *We anticipate that some people will be confused about charging and the cap on care costs which does not come in until 2016 - frontline staff will need to know the details*

How will you be supported?

- *Factsheets will be available to help frontline staff understand the changes*

Different: Direct payments

Sections 31-33

What's different?

- *All eligible people should be informed about their entitlement to a Direct Payment (DP).*
- *Family members can administer the DP with a small fee incentive.*
- *Monitoring DP accounts will be lighter touch if all is well initially.*
- *Payment accounts and DP in care homes are currently being piloted.*

What does that mean for frontline practice?

- *Staff will need to understand direct payment legislative provisions and be able to provide information on DPs at the assessment stages*

How will you be supported?

- *Surrey Independent Living Council, the Financial Assessment and Benefits Team and Finance staff will be able to assist frontline staff as necessary*
- *New information leaflets for residents*
- *Core Care Act training will be delivered to staff on the changes and procedures revised and updated*
- *Direct payments in care homes and pre-paid accounts projects*

Different: Deferred payments

Sections 34-36

What's different?

- *A new Universal Deferred Payment Scheme will come into effect from 1 April 2015.*
- *We **must** offer a Deferred Payment Agreement (DPA) to anyone who meets the criteria set by the Department of Health, providing the person can offer adequate security for the debt.*
- *We will be able to charge interest on the loan from the outset.*
- *We will be able to charge an administration fee for setting up the DPA.*

What does that mean for frontline practice?

- *We are currently consulting on proposed changes to our deferred payments scheme.*
- *We must be able to inform people about the proposed changes from January 2015, i.e. during the 12 week property disregard period before 1 April 2015.*
- *Frontline staff will need to familiarise themselves with the details of the new scheme as soon as it becomes available.*

How will you be supported?

- *Factsheets will be available to help frontline staff understand the changes*

New: Continuity of care

Sections 37 and 38

What's new?

- *Individuals with eligible needs moving into or out of Surrey **must** have their care and support arranged and in place on the day that they move.*
- *New **duties** on both local authorities to be proactive, person centred and collaborative in order to ensure smooth transition from one area to another.*

What does that mean for frontline practice?

- *Planning moves in and out of Surrey for those with support needs will need to be more proactive and timely*
- *Frontline staff will have to liaise closely and work collaboratively with the new local authority before the move*
- *Where equipment is provided occupational therapists in both local authorities will need to liaise closely with each other*
- *Priority will have to be given for allocation for anyone moving in or out of Surrey*

How will you be supported?

- *Core Care Act training will be delivered to staff on the changes and new practice guidance will be developed*
- *Support from your local management team.*

Different: Ordinary Residence

Sections 39, 40 and 41

What's different?

- *Extension of the deeming provisions to include specified accommodation*
- *New rules around specified accommodation mean those 'placed' by Surrey in Supported Living or Shared Lives will remain ordinarily resident in Surrey and therefore Surrey County Council will continue to have funding responsibility even if they are placed out of county.*

What does that mean for frontline practice?

- *People in Supported Living or Shared Lives will need their care and support arrangements to be put in place by Surrey County Council even if they are out of county.*
- *Choice of accommodation guidance now includes specified accommodation.*

How will you be supported?

- *Core Care Act training will be delivered to staff on the changes and practice guidance will be developed.*
- *Support from your local management team.*

Different: Safeguarding

Sections 42 to 48

What's different?

- *The local authority **must** make enquiries (investigate) where it is inappropriate for a provider to do so.*
- *Each local authority **must** establish a Safeguarding Adults Board.*
- *Serious case reviews will be called 'safeguarding adults reviews'*
- *Making safeguarding personal (MSP)*

What does that mean for frontline practice?

- *Making safeguarding personal will become the basis of the way we work with safeguarding issues*
- *Staff will need to undertake enquiries where necessary*
- *We will always find out what the person wants to happen and place the person at the centre of the safeguarding and focuses on their personal outcomes*
- *Staff will need to understand and follow new safeguarding procedures*

How will you be supported?

- *Core Care Act training as well as specific training on MSP.*
- *Procedures and practice guidance are being updated / reviewed*
- *Safeguarding Advisors will be recruited in each locality team*
- *SSAB reviewing its policies, procedures, training etc*

Different: Transition

Sections 58 to 66

What's different?

- *Young people moving into adulthood can now be assessed earlier if it is of **significant benefit** to them*
- *New power to meet the needs of a child's carer prior to the child being 18*
- *New duty to assess a young carer for care and support when they reach 18*

What does that mean for frontline practice?

- *Staff will need to be aware of the changes and adjust their practice accordingly*
- *New duties relating to young carers will mean proactive identification of them as a part of the whole family assessment*

How will you be supported?

- *Core Care Act training will be delivered to staff on the changes.*
- *Procedures and practice guidance will be updated.*
- *As part of the 0-25 agenda there will be engagement with all key stakeholders about how best to support young people through their transition to adult life.*

Different: Aftercare

(Section 117 of the Mental Health Act 1983)

Section 75

What's different?

- *New regulations allow for a person under Section 117 of the MHA 1983 to have a choice of accommodation and pay a top up if it is more expensive than the LA rate will provide*
- *All individuals under S117 will be able to receive direct payments*
- *New provisions for determining Ordinary Residence for S117*

How will this affect frontline practice?

- *People subject to S117 aftercare, and their carers / families will need to be given information and guidance about top up fees and direct payments on discharge*

How will you be supported?

- *Core Care Act training will be delivered to staff on the changes.*
- *Procedures and practice guidance will be updated.*

New: Prisons

Section 76

What's new?

- *Each local authority responsible for the assessment of all prisoners in custodial settings in its area who appear to be in need of care and support regardless of which area the individual came from or where they will be released to.*
- *Principle of **equivalence** with those in the community, however complicated in some areas, e.g. aids & adaptations*
- *Initial assessment key as prisoners move often*
- *Prisons can be invited to sit on Safeguarding Adults Boards*

What does that mean for frontline practice?

- *Currently developing plans with wide group of stakeholders including prison governors, NOMS (National Offender Management Service), SABP (Surrey and Borders Partnership) and senior managers*

How will you be supported?

- *If changes to frontline working arrangements and practice are made, training will be put in place*

What's on your mind now?

- What aspect of the Care Act do you think is likely to have the most impact on your practice?
- What questions do you have now?

Further information

- The Care Act guidance and regulations are available at:
<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>
- Department of Health factsheets on the Act are available at:
<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>
- We have a Surrey Care Act webpage:
www.surreycc.gov.uk/careact
- If you would like to know more regarding Surrey's response, contact:
 - Email: careact@surreycc.gov.uk
 - Post: The Care Act Project Team, Room G34, Surrey County Council, County Hall, Penhryn Road, Kingston-upon-Thames, KT1 2DN

Annex 3: Recorded external engagement to date and planned (updated 12/12/2014) on Care Act implementation		
Name of organisation/event	Key attendees	Date
Surrey Care Association Annual General Meeting	User-led organisation for disabled people	24/03/15
Information and advice training summit	Wide range of residents, carers and organisations with an interest in adult social care	04/03/15
Briefing for Surrey County Councillors	County councillors	23/02/15
Information and advice training summit	Wide range of residents, carers and organisations with an interest in adult social care	17/02/15
Provider Network	Representatives of private adult social care providers	05/02/15
Surrey Officers Group	Community leads from district and borough authorities	30/01/15
Better Care Fund Board	Representatives from CCGs	18/12/14
South West Age UK	User-led forum for older people and representatives from supporting organisations	11/12/14
Session with Surrey's dementia navigators	Alzheimer's UK dementia navigators	11/12/14
Celebrating Carers Event	Carers and carer organisations in Surrey and Hampshire	09/12/14
Local Committee Chairs	County councillor chairs of local committees	02/12/14
Celebrating Carers in Mental Health Event	Carers and carer organisations in Surrey	28/11/14
Surrey Coalition of Disabled People Annual General Meeting	User-led organisation for disabled people	25/11/14
Collaborate market stall	Range of organisations from across Surrey	19/11/14
East Empowerment Board	User-led forum for disabled people and representatives from supporting organisations	17/11/14
Crossroads Annual General Meeting	Carers and Crossroads (carers support organisation) staff	29/10/14
Provider Network	Representatives of private adult social care providers	09/10/14
Surrey Care Association Annual General Meeting	Private care providers in Surrey	08/10/14
Health and Wellbeing Board	Representatives from CCGs	02/10/14
North Empowerment Board	User-led forum for disabled people and representatives from supporting organisations	23/09/14
SABP Working Age Adults Managers Meeting	Surrey and Borders Partnership senior managers	17/09/14
South West Empowerment Board	User-led forum for disabled people and representatives from supporting organisations	17/09/14
Mid Empowerment Board	User-led forum for disabled people and representatives from supporting organisations	15/09/14
Health Watch	User-led organisation	14/08/14
Surrey and Borders Partnership Mental Health Division Business Meeting	Surrey and Borders Partnership senior managers	04/08/14
Ageing Well Board	User-led forum for older people and representatives from supporting organisations	31/07/14
Emotional Wellbeing and Mental Health Partnership Board	Representatives of people with mental health needs and representatives from supporting organisations	24/07/14
Surrey Officers Group	Community leads from district and borough authorities	17/07/14
Surrey consultation event on the Care Act draft regulations and guidance	Wide range of residents, carers and organisations with an interest in adult social care	10/07/14
Autism Partnership Board	User-led forum for people with autism and representatives from supporting organisations	09/07/14
Learning Disability Partnership Board	User-led forum for people with learning disabilities and representatives from supporting organisations	03/07/14

Annex 3: Recorded external engagement to date and planned (updated 12/12/2014) on Care Act implementation		
Name of organisation/event	Key attendees	Date
Surrey consultation event on the Care Act draft regulations and guidance	Wide range of residents, carers and organisations with an interest in adult social care	01/07/14
Surrey Annual Disability Conference	Wide range of residents, carers and organisations with an interest in adult social care	23/06/14
CHOICE Unlimited event	Wide range of residents, carers and organisations with an interest in adult social care	19/06/14
North West Transformation Board	North West Surrey CCG	18/06/14
Skills for Care Core Network	Private care providers in Surrey	13/06/14
Provider Network	Representatives of private adult social care providers	05/06/14
Housing Related Support Partnership Group	Housing providers in Surrey	05/06/14
Surrey consultation event on preparing for the market impact of the Care Bill	Private care providers in Surrey	02/06/14
Briefing for Surrey County Councillors	County councillors	12/05/14
Dementia Partnership Board	User-led forum for people with dementia and representatives from supporting organisations	06/05/14
Royal Association for Deaf People	Deaf-led organisation	24/04/14
Markertplace stall at 'Working Together for a Better Surrey' event	Range of organisations from across Surrey	03/04/14
Carers Practice and Performance Meeting; Carers' Commissioning Group	Carers and carer organisations in Surrey	27/02/14
Mid Valuing People Group	User-led forum for people with learning disabilities and representatives from supporting organisations	26/02/14
Surrey Care Association domiciliary care provider network meeting	Private domiciliary care providers in Surrey	17/02/14
Session with Community Connections providers	Staff from community connections providers	12/02/14
North West Valuing People Group	User-led forum for people with learning disabilities and representatives from supporting organisations	10/02/14
Learning Disability Partnership Board	User-led forum for people with learning disabilities and representatives from supporting organisations	06/02/14
South West Valuing People Group	User-led forum for people with learning disabilities and representatives from supporting organisations	16/01/14
Surrey Information Summit	Voluntary sector organisations, district and borough partners and private sector organisations	15/01/14
South East Valuing People Group	User-led forum for people with learning disabilities and representatives from supporting organisations	08/01/14
Surrey Occupational Therapy Summit	Occupational therapists in Surrey	02/12/13
Surrey consultation event on responding to the cap on care costs	Voluntary sector organisations with an interest in adult social care	19/11/13
Surrey consultation event on the Care Bill draft regulations	Wide range of residents, carers and organisations with an interest in adult social care	23/09/13
Provider Network	Representatives of private adult social care providers	09/09/13

SURREY COUNTY COUNCIL**CABINET****DATE: 25 NOVEMBER 2014****REPORT OF: MR MEL FEW, CABINET MEMBER FOR ADULT SOCIAL CARE****LEAD OFFICER: DAVID SARGEANT, STRATEGIC DIRECTOR ADULT SOCIAL CARE****SUBJECT: IMPLEMENTING THE CARE ACT – CHARGING POLICY PROPOSALS**

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SUMMARY OF ISSUE:

From 1 April 2015, local authorities must implement part 1 of the Care Act 2014. Fundamental reforms to the way in which people pay for their care will become law from April 2016. The Act provides the opportunity to introduce some relatively minor adjustments to the way that the charging system for care and support operates from April 2015.

Under the Care Act, new rules for charging will apply when a local authority arranges care and support to meet a person's support needs. In certain circumstances, the act states that care and support must be provided free of charge, for example, free reablement support for up to six weeks; whilst in other circumstances, the local authority may ask the person to pay towards the cost of providing support, for example, support at home or in residential care. There are also circumstances when the local authority is prohibited from contributing towards the cost of a person's care and support, for example when a person in residential care has savings or capital above a prescribed limit.

This report provides an overview of the key changes to the charging arrangements from April 2015 that would require consultation to implement.

RECOMMENDATIONS:

It is recommended that the Cabinet agrees:

1. The Council will consult on the following proposals as part of a revised charging policy for adult social care services:
 - The Council exercises the power to charge for residential and nursing care and non-residential services in every case, unless it is prohibited from doing so by law or determines not to do under Council policy.
 - The Council will charge an administration fee in any case where the person is able to pay the full cost of their care and support for a residential or nursing home placement but nevertheless the person asks the Council to make the arrangements for the placement under the Council's usual terms and conditions.
 - The Council will increase the percentage of available income taken in charges

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for non-residential services by 10% with effect from 1 April 2015

- The Council will consult widely on the discretionary elements of the new deferred payment scheme.

2. The Cabinet receives a further report at its meeting on 24 February 2015, detailing the response to the consultation and proposed Charging Policy.

REASON FOR RECOMMENDATIONS:

The Council has previously consulted on the policy of charging for care and support. The recommendations made in this report do not significantly change charging for the majority of people currently receiving care and support but it is right that we consult people who may be adversely affected by the revised proposals. A clear and transparent policy on charging enables people to make advanced decisions about their care and support arrangements.

DETAILS:

Power to make a charge for residential and nursing provision

1. The Care Act 2014 and supporting regulations and statutory guidance will replace a raft of legislation and guidance that has been in place for many years. From 1 April 2015, the legal basis for charging will be a power rather than a duty to charge. This new power replaces the existing *duty* to charge under the National Assistance Act 1948 for residential and nursing provision and the *power* to charge for non-residential services (largely under the Chronically Sick and Disabled Persons Act 1970). This means that from April 2015 a local authority *may* make a charge for meeting needs under sections 18 to 20 of the Care Act but is no longer required to do so, that is, unless the person's resources are above the upper capital limit; the local authority is then precluded from paying towards the cost of care in a care home setting.
2. The Council will need to determine whether or not it intends to exercise its' power to charge for residential and nursing provision as well as non-residential services. The income from charging for 2014/15 will be in the region of £42 million; approximately £36 million from residential and nursing care support and the balance from non-residential contributions.
3. Income from charging is an essential contribution to Adult Social Care's budget to help maintain front-line services and it is recommended that the Council exercises the power to charge for all residential and nursing care and non-residential services unless it is prohibited from charging under the regulations or otherwise outside of our current policy.

Power to make a charge for putting arrangements in place

4. If, after undertaking a financial assessment, the Council identifies that a person's resources are above the upper capital limit¹, the Council is precluded from paying towards the cost of care in a care home setting. However, the person may ask the Council to meet their needs; that is, to contract on behalf of the person in accordance with the Council's usual terms and conditions. In

¹ the amount of savings above which the person must pay the full cost of their residential care, currently £23,250

these circumstances, in addition to recovering the full cost of the placement, the Council may also levy an administrative charge to cover the cost of putting the arrangements in place. The administration charge must only reflect the costs incurred in making those arrangements.

5. Given the large number of people who fund their own care in Surrey, it would be costly to make arrangements for people who have the means and capacity to make their own arrangements and the usual response in these circumstances will be to offer information and advice to enable the person to make their own arrangements. However, in any case where arrangements are made for a person whose resources are above the capital limit and there is no overriding duty to meet the person's needs it is proposed that an administrative charge will be made. The administrative charge will reflect the cost incurred in putting the arrangements in place including any ongoing costs. Work is underway to identify the likely costs involved.

Percentage of available income taken in charges

6. For people in receipt of non-residential care and support, the financial assessment calculates the service user's total weekly income, less certain disregarded income, statutory allowances, certain housing costs and any disability related expenditure to determine the amount of net disposable income left over for charging. The Department of Health recommends that local authorities should consider whether it is appropriate to set a maximum percentage of disposable income which may be taken into account in charges. Many neighbouring local authorities take between 90% and 100% of available income. Surrey's charging policy is to take 80% of net disposable income. If we increased the percentage of net disposable income by 10% to 90%, this would generate an additional £440k per annum income. It is recommended that we consult on the proposal to increase the percentage of net disposable income by 10% to 90%.
7. There are currently 1609 people in Surrey who would be directly impacted by this proposal; i.e. those people assessed to pay a contribution. People assessed to pay the full cost or receiving free services are not affected by this proposal. The average weekly increase is £5.27 per week; the range of increase will be £0.23 to £52.92 per week.

Universal Deferred Payment Scheme

8. Under the current arrangements, deferred payment agreements² are discretionary. From 1 April 2015, local authorities must offer a deferred payment agreement to people who meet the eligibility criteria for the scheme. The key elements of the new scheme are summarised in the information sheet attached at Annex 1.
9. There are a number of discretionary aspects to the scheme where policy decisions need to be made:

² The deferred payment scheme is designed to help a person who has been assessed to pay the full cost of their care home fees but cannot afford to pay the full amount immediately because their capital is tied up in their home. The Council pays the fees in exchange for a legal charge on the person's property. The fees are repaid to the Council when the property is sold.

- The Council is permitted to offer a deferred payment agreement to people who do not meet the basic eligibility criteria
- The Council may seek contributions from a person's income, savings or other assets but must leave the person with up to £144 per week available income.
- The Council is permitted to accept other forms of security, such as a third-party guarantor, a solicitor's undertaking, a valuable object or an agreement to repay the amount deferred from proceeds of a life assurance policy
- The Council is permitted to charge compound interest on any amount deferred from the commencement of the agreement until the debt is repaid. The amount of interest must not exceed the maximum amount specified in regulations
- The Council is permitted to charge an administration charge to include any reasonable costs incurred by the Council in relation the deferred payment agreement

10. It is recommended that we consult on the discretionary elements of the deferred payment scheme widely in order that we achieve a wide cross section of views.

CONSULTATION:

11. Consultation on the Council's charging policy will take place from mid December for a period of 6 weeks. We will write to people currently in receipt of a chargeable service. The outcome of that consultation will be referred back to Cabinet for further discussion and decisions on the final charging policy.
12. Consultation on the discretionary elements of the deferred payment scheme will take place via the Council's website and other sources at the earliest opportunity for a period of 6 weeks. The proposals on the final deferred payment policy will be referred back to Cabinet.

RISK MANAGEMENT AND IMPLICATIONS:

13. There is a reputational risk if the Council implements policy changes but fails to consult on matters where the public expect to be consulted. The recommendations in this report will address the risk.

Financial and Value for Money Implications

14. Continuing to charge for residential and non residential care is essential in order to sustain the Adult Social Care budget. A decision not to charge would cost the Council up to £42m of receipts annually. This income could not be replaced by savings or alternative funding sources and so reductions in service provision would be required in order to make up the shortfall.
15. In light of the financial pressures the Council faces, it is equally important that any new charging policies do not create an additional administrative burden. As such, it is appropriate that, subject to consultation, administration charges

are levied on commissioning care for individuals who have the means to pay for their own care and for offering deferred payment agreements. This will ensure that front line services are not affected by these policy changes.

- 16. The proposal to increase the percentage of disposal income taken into account when calculating assessed charges for non residential care to 90% is estimated to generate £440k of additional income towards the forward budget. This will again help to reduce the impact on front line services and will bring Surrey in line with the majority of other local authorities.
- 17. Consultation costs will be met from funding received for implementing the Care Act.

Section 151 Officer Commentary

- 18. The income received from charging for social care is an important aspect of the Council’s overall funding. The Section 151 Officer supports the policy changes outlined in this report in order to maintain (and potentially increase) income levels and avoid additional costs arising as a result of some of the new requirements of the Care Act.

Legal Implications – Monitoring Officer

- 19. Whilst there is no statutory duty to consult on proposals to change the way in which a Local Authority carries out its duties, there is an expectation enshrined in case law that any local authority making decisions affecting the public will do so fairly and in a way that cannot be said to be an abuse of power. A number of the proposals referred to in this report relate to a desire by the Authority to make a charge to its residents using a power rather than a duty. It is therefore important to test the fairness of that approach in a consultation exercise. The accepted method by which a Local Authority can demonstrate its adherence to the fairness principle is by consulting on any changes which would have the effect of withdrawing existing benefits or advantages available to its residents. Such consultation will need to involve those directly affected by such changes together with the relevant representative groups. The responses to the consultation will need to be conscientiously taken into account when the Cabinet makes any future decision in relation to the home

Equalities and Diversity

- 20. The equalities impact assessment can be found in Annex 2. This is an initial assessment that will be updated during the development of the Charging Policy. At this stage, a negative impact which cannot be mitigated has been identified in relation to the recommendation to increase the percentage of available income taken in charges for non-residential services by 10% with effect from 1 April 2015.

WHAT HAPPENS NEXT:

- Consultation on the Council’s charging policy will take place from mid December for a period of 6 weeks.
- Consultation on the discretionary elements of the deferred payment scheme will take place widely at the earliest opportunity for a period of 6 weeks.

- Subject to agreement a report on the outcome of both consultation exercises will be brought back to Cabinet 24 February 2015, with the proposed Charging Policy.

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Contact Officer: Toni Carney, Interim Senior Manager, Support Services 01483 519473

Consulted:

David Sargeant – Strategic Director Adult Social Care
William House – Senior Principal Accountant
Deborah Chantler – Principal Lawyer

**Annexes: Annex 1 Universal Deferred Payment Scheme
Annex 2 Equalities Impact Assessment**

Sources/background papers:

- Care Act 2014
- Care Act 2014 Impact Assessment
- Care and Support Statutory Guidance
- The Care and Support (Deferred Payment) Regulations 2014.
- The Care and Support (Charging and Assessment of Resources) Regulations 2014

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Adult Social Care Select Committee
15 January 2015

Update on the Home Based Care Tender 2014

Purpose of the report: Scrutiny of services, budgets and performance management.

The Committee has requested an update on the Home Based Care Tender that was awarded from 1 October 2014.

Introduction:

1. Home Based Care in Surrey was retendered in 2014 on a two contract structure:
 - Strategic Partnership Contracts (SPC) - based on cost and volume with a guaranteed income level
 - Any Qualified Provider - A list of qualified providers that the Council can call on when needed
2. The service specification was co-designed with the Locality Teams, user led organisations and the Clinical Commissioning Groups. The new service specification now reflects the Think Local Act Personal Statements.

Update on Strategic Partnership Contracts

3. The 'Pre-Qualification Stage' received 60 responses from providers' of which 55 passed. Of these, 39 respondents received an invitation to tender and 22 were short-listed for interview and evaluation.
4. The tenders were evaluated using a weighting of 60% for quality and 40% for price.
5. The Cabinet approved the contract award at its meeting on 22 July 2014 and contracts were awarded effective from 1 October 2014.

6. The contracts have been awarded to nine providers to cover 18 zones county-wide. The providers are:
- **Alpenbest** – Reigate & Banstead, Elmbridge, Epsom & Ewell, Runnymede, Spelthorne, Woking
 - **Britannia Homecare** – Reigate & Banstead, Tandridge, Mole Valley,
 - **Care UK Homecare** – Guildford, Surrey Heath
 - **Carewatch Care Services** – Woking, Surrey Heath
 - **London Care** - Spelthorne
 - **Mears Care** – Elmbridge, Mole Valley
 - **MiHomecare** – Elmbridge, Epsom & Ewell, Runnymede, Waverley, Guildford
 - **Surrey Social Care Professionals** – Reigate & Banstead
 - **Taylor Gordon & Co (Plan Care)** – Tandridge
7. The contracts are for five years (3 fixed + possible up to 2 years extension).

Benefits of the new Strategic Provider Contract - Update

8. Benefits of the new contract include:
- a) Joint contracting and monitoring with the lead clinical commissioning group for Home Based Care and Continuing Healthcare (CHC)
 - b) Undertaking that SPC is offered at least 60% of new packages with uptake of at least 40%. This allows providers to plan ahead and invest in capacity recruitment/training
 - c) Strategic providers now being offered proactive workforce development with support from Surrey County Council
 - d) Mandatory electronic monitoring of care assistants
 - e) The contracts allow for proactive management of late/missed calls
 - f) More accurate reporting
 - g) Mandatory 7 day availability for picking up new packages
 - h) Linking with Hospital Team discharges at weekends
 - i) Key performance indicators are linked to potential financial recovery if not met
 - j) The Commissioning realignment provides for an enhanced level of local relationships with providers with local commissioners
 - k) Family, friends and community is a core part of the service specification and performance monitoring framework. Under the active and supportive section of the service specification it requires providers to support individuals to: 'have access to a range of support that helps me to live the life I want and remain a contributing member of my community'; 'have a network of people who support me – carer's, family, friends, community and if needed paid support staff'; 'feel welcomed and included in my local community'; and 'feel valued for the contribution that I can make to my community.'

Any Qualified Provider (AQP) - Update

9. Invitations for Expressions of Interest were published in December 2014. This is an open invitation with no closing date. This makes the process more flexible than formal tendering.
10. Other benefits of this process are:
 - a) Allows new/niche/developing providers to be considered
 - b) Providers have to meet the minimum set of requirements to proceed to evaluation for qualification – quality maintained but no overall commitment of volume
 - c) Specification, pricing and contractual Terms and Conditions are pre-agreed
 - d) AQP providers are available for spot placements where an SPC provider is unavailable or through service user choice
 - e) Joint process with the lead Clinical Commissioning Group (Surrey Downs) for Home Based Care and CHC service
 - f) Provides list to signpost the public under Care Act obligations
11. As the AQP list grows all previous framework contracts available until April 2015 and 'Spot' providers still available.
12. When sufficient capacity of AQP providers has been established this will become the sole route of qualification to provide this service.

Contract Performance and Management Measures

12. Performance Management results will be reported through the Home Based Care Reference Group. This group now has Member representation and has always included representatives from user and carer led organisations.
13. A key aspect to the ongoing performance monitoring is the intelligence gathered from our Locality Teams and Social Care Development Coordinators. The Social Care Development Coordinators have already started developing strong relationships with the providers in their areas and have been attending contract management meetings to ensure that we can give direct and local feedback to the Strategic Providers.
14. The first full contract performance report will be published in April 2015.
15. Performance indicators are linked with financial reparations and contract monitoring will inform any decisions to be taken on this.
16. By April 2015, to support choice to all Surrey residents, we will publish names of the "Strategic Domiciliary Care Providers "and "Any Qualified Providers" on the Surrey Information Point. This will be reviewed on a monthly basis and updated to reflect any changes as new AQP standings are awarded or withdrawn.

17. Contract monitoring will be conducted monthly in conjunction with the lead Clinical Commissioning Group (Surrey Downs) for Home Based Care and CHC.
18. We will maintain and monitor the 'Home Based Care Risk Matrix' of all providers, incorporating quality assurance (social care and health), Care Quality Commission compliance, safeguarding and capacity and commercial intelligence.
19. An annual customer feedback survey is conducted. The most recent survey was completed in September 2014. The survey was re-designed jointly with user led organisations to fit the new service specification. The survey asks specific questions around maintaining and making new links with family, friends and community and whether people regularly see the same group of care workers.
20. A new provider self assessment was also designed and was completed in November. The provider self assessment mirrors the customer feedback survey and therefore enables direct comparison between what our customers think of the service and how the providers think they are performing.

Key Risks and Mitigation

Risks

21. Finance: The market's ability to maintain/afford 7 day working and health infrastructure support without significant fee increases.
22. Safeguarding: ongoing issues around the issues posed by late/ missed calls and the general quality of care offered by providers.
23. Recruitment and retention of provider staff: This is a significant challenge for home based care providers particularly in Surrey. There is difficulty recruiting the right staff in high enough numbers and then retaining them within the home based care market in Surrey.
24. Cost of Continuing Health Care and End of Life Care could push up costs for specialist areas, speed, turnover and administration/assessment.
25. Operational risk: Practitioners are the main commissioners and it is crucial that the intelligence on how the providers are performing is fed back to the commissioning and procurement leads for Home Based Care.

Mitigation

26. Different rates for different zones could manage higher costs of rural delivery being spread across the board. SPC providers are absorbing costs across the board, and not charging a “rural premium”.
27. Electronic monitoring has been brought in as a requirement for all of our Strategic Providers and as an aim for our Any Qualified Providers, this will mitigate against the risk of late/missed calls and if they do happen allow providers to put safeguards in for those individuals whose call maybe late or missed. Reporting on late/missed calls is a core part of our performance management regime.
28. The Home Based Care risk log for all providers captures safeguarding and quality concerns about providers and is reviewed monthly allowing appropriate action to be taken. Where possible commissioning and procurement also attend safeguarding meetings in regards to specific providers.
29. To support our providers and help improve their recruitment and retention rates we are holding in conjunction with Skills for Care a recruitment and retention workshop on 29 January just for our strategic providers. Further workshops will be held which will be open to all home based care providers in Surrey.
30. As part of embedding the new contract commissioning and procurement have made presentations at all locality team meetings and have met with the Social Care Development Coordinators both as a county wide group, at an area level and individually to highlight the importance of the local intelligence gathering. These relationships will be further strengthened by the re-alignment of commissioning to the Clinical Commissioning Groups and having a greater local focus and presence.
31. Through the extra care housing remodelling we have reduced costs/risks and agreed flat rates. Evidence shows that this model of care provides increased independence, choice and control for residents.
32. The local Family, Friends and Community agenda is developing cost effective services (voluntary sector shopping support services, dog walking, etc) replacing expensive domiciliary care provision. The Borough and District Councils are crucial in developing and strengthening the Family, Friends and Community work and ensuring that people are fully supported throughout their care journey, which includes before they need care and whilst they are in receipt of care.
33. The new social value act will also place greater requirements on providers to be making a contribution to their local community and as part of our initial meetings with providers we have specifically been asking what they do in regards to supporting the local community they are based in. This will further enhance the Family, Friends and Community agenda.

Recommendations:

34. It is recommended that the committee:

- a) Note the progress made to date;
- b) Share with Members of Select Committee the analysis of both the customer feedback survey and the provider self assessment; and
- c) Request an update in 12 months time when the contracts have been operating for a longer period and further analysis of the outcomes can be made.

Report contact:

Kirsty Malak - Senior Commissioning Manager,
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Sources/background papers:

[Adult Social Care Select Committee Report 26 June 2014 - Home Based Care Tender 2014](#)

[Cabinet Report 22 July 2014 - Surrey County Council Home Based Care Support Services](#)



Adult Social Care Select Committee
15 January 2015

Internal Audit Report – Review of Social Care Debt 2013/14

Purpose of the report: Scrutiny of Services

To review the summary of audit findings and Management Action Plan produced as a result of an internal audit review of social care debt.

Introduction:

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

Context:

2. Internal Audit undertook a review of social care debt in June 2014. The report produced as a result of this review attracted an audit opinion of "Some Improvement Needed". There was one High Priority recommendation and four Medium Priority recommendations made. A summary of the audit findings and recommendations is attached as **Annex A**. The agreed Management Action Plan is attached as **Annex B**. The supporting audit report has been previously circulated to committee members.
3. Officers from the service and Internal Audit will be available at the meeting, and the Select Committee is asked to review the actions being taken to address the audit recommendations made.

Recommendations:

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

Next steps:

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

Report contact: Sue Lewry Jones, Chief Internal Auditor

Contact details: Tel: 020 8541 9190

Sources/background papers: Internal Audit Report – Review of Social Care Debt 2013/14, June 2014

Social Care Debt Audit Report Summary (June 2014)

Annex A

Audit	Background to review	Key findings	Audit opinion (1)	Recommendations for improvement (Priority) (2)
Social Care Debt	<p>The council is required to charge individuals who receive residential or nursing home care; and it has the power to charge for non-residential services.</p> <p>Social care debt is managed by multiple teams from Adult Social Care (ASC), Shared Services, Finance, and Legal & Democratic Services.</p> <p>The recovery of social care debt differs from other types of debt due to the council's statutory duty to meet individuals' care and support needs. As such, services cannot be withdrawn on the basis of non-payment.</p>	<p>During 2013/14 the level of social care debt decreased by £1.44m. This includes £0.73m of debt written-off, which reduces council income but creates a more accurate picture of collectible debt.</p> <p>New processes introduced in 2013/14 should ensure debts do not remain inactive for long periods. Improvements in recovery of aged debt and dunning block practices are evident.</p> <p>Direct debit continues to be promoted as the preferred payment method. However, the proportion of invoices paid by direct debit (64%) appears to have reached a plateau.</p> <p>Working relationships between teams need strengthening to ensure debts are effectively managed in a consistent and cohesive manner.</p> <p>Imminent changes to charging included in the Care Bill present an emerging risk to the management of social care debt.</p>	Some Improvement Needed	<p>All teams must make key information available in a timely manner. (H)</p> <p>Alternative ways to promote direct debits should be investigated, including: creating an incentive to pay by direct debit; engaging a community partner to assist and advise individuals; and discussing direct debit performance with other local authorities. (M)</p> <p>ASC management should consider incorporating a discussion about the impact of changing payment methods into care reviews. (M)</p> <p>Managers from each of the teams involved in the management of social care debt should consider implementing a Service Level Agreement between themselves. (M)</p> <p>Shared Services should review how they are addressing upcoming changes to charging in relation to the Care Bill. (M)</p>

¹ Audit Opinions

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

² Audit Recommendations

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

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

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

MANAGEMENT ACTION PLAN

Directorate:	Business Services / Adult Social Care
Audit report:	Social Care Debt
Dated:	June 2014

PRIORITY RATINGS

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

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

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

Para Ref	Recommendation	Priority Rating	Management Action Proposed	Timescale for Action	Officer Responsible	Audit Agree?
5.33	ASC management should consider incorporating a discussion about the impact of changing payment methods into care reviews.	Medium	It is not practical for care reviews to routinely include discussions about paying by direct debit (DD). However, where there are difficulties in managing finances (not related to mental capacity) practitioners will be reminded to promote DD in guidance to be issued shortly.	July 2014	Toni Carney	Yes

I agree the action above and accept overall accountability for their timely completion. I will inform Internal Audit if timescales are likely to be missed.	The action agreed is / is not satisfactory.
Head of Service: Dave Sargeant / Simon Pollock	Supervising Auditor: Reem Burton
Date: 9 June 2014	Date: 9 June 2014

Internal Audit

Para Ref	Recommendation	Priority Rating	Management Action Proposed	Timescale for Action	Officer Responsible	Audit Agree?
5.34	Alternative ways to promote direct debits should be investigated, including but not limited to: providing an incentive to pay by direct debit; engaging a community partner to assist and advise individuals; and discussing direct debit performance with other local authorities.	Medium	Use benchmarking data / contacts to identify other local authorities' practice. Final benchmarking data for 2013/14 should be available by September 2014.	October 2014	Jackie Knutton	Yes
5.41	In the short-term, all teams must make key information available in a timely manner to enable effective management of debts.	High	Report value of cases with contact delays – discuss at Process Owner and FAB operations meetings.	July 2014	Paul Carey-Kent Toni Carney Jackie Knutton	Yes
5.42	In the medium term, managers from each of the teams involved in the management of social care debt should consider implementing a mutually agreed Service or Operational Level Agreement that clearly sets out expectations and responsibilities.	Medium	Discuss at Process Owners meetings	October 2014	Paul Carey-Kent Toni Carney Jackie Knutton	Yes

Internal Audit

Para Ref	Recommendation	Priority Rating	Management Action Proposed	Timescale for Action	Officer Responsible	Audit Agree?
5.49	Relevant officers in Shared Services should review how they are addressing upcoming changes to charging and approach the Project Manager of the Care Bill Preparation work to establish any further action required.	Medium	Keep up to date with developments – Process Owner meetings. Draft regulations were published on 6 June 2014. Meeting to be arranged.	June 2014	Paul Carey-Kent Toni Carney Jackie Knutton	Yes

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Adult Social Care Select Committee
15 January 2015

Social Care Debt Audit – Management Action Plan: Progress Update

Purpose of the report:

To provide the committee with a progress update on the Management Action Plan in relation to the Review of Social Care Debt 2013/14 Audit Report that was published in June 2014

Recommendations:

It is recommended that:

1. The progress against the Audit Management Action Plan is noted.

Introduction:

2. In June 2014 an audit report titled 'Review of Social Care Debt 2013-14' was issued.
3. This report outlines further progress on fulfilling the Management Action Plan and updated comments following the initial report to the Audit and Governance (A&G) Committee in August 2014, updated in December 2014.
4. In addition, A&G Committee Members asked for:
 - Results of the SAP team looking into introducing a second direct debit date each month.
 - Information about best practice at the two local authorities which have a higher proportion of service users paying by direct debit than Surrey.
5. Since the last report, the process ownership has changed due to the previous process owner moving into a role outside of the Authority. The new process owner is currently being inducted, and consequently further activity will be required to satisfactorily complete all aspects of the MAP and the further items referenced by past committees.

Progress on fulfilling the Management Action Plan

6. A Management Action Plan was provided as Annex B to the original Audit Report in June 2014. An update in the progress in fulfilling this MAP is included as Annex A to this report.
7. Much of delivering the improvements within the MAP has been reported as being contingent upon the final details of the forthcoming Care Act. These details are expected before the end of the calendar year.

Additional information requested by Audit and Governance Committee

8. In addition to the Management Action Plan, A&G Committee asked for additional information regarding:
 - Results of the SAP team looking into introducing a second direct debit date each month.
 - Information about best practice at the two local authorities which have a higher proportion of service users paying by direct debit than Surrey.
9. As outlined in the appended Management Action Plan, the process for instigating a second Direct Debit date has been investigated and this has identified that a second collection date would have to be controlled by a change to the SWIFT interface to indicate specific collection group. This could be combined with the update work to comply with the Care Act. Alternatively new payment terms can be set up in SAP. However, this will not be possible at present as there is a change freeze on all new development work until the latest upgrade of the system upgrade has been completed. It is recommended therefore that the process for a second Direct Debit date is revisited early in 2015 once the full regulations of the Care Act are clear and the latest AIS upgrade has been completed.
10. The latest benchmarking information from CIPFA indicates that there are two Local Authorities that have reported a higher take up of Direct Debits than Surrey presently achieves. These Local Authorities have been contacted; however have yet to agree to sharing information and process. For context these Local Authorities are unitary authorities who collect Council Tax alongside care debt. It is possible that the ongoing relationship of collecting Council Tax by instalments by Direct Debit contributes to the willingness for residents to opt for care debt collection by Direct Debit.

Conclusions:

11. Progress has been made in delivering against the MAP. Final changes and implementation of new processes are pending confirmation of the Care Act regulations and further feedback from the two local authorities that who have a higher proportion of Direct Debit uptake.

Financial and value for money implications

12. None unless particular change proposals are made.

Equalities and Diversity Implications

13. The charging regime stems from Government rules, for which Equality Impacts are assessed at a national level.

Risk Management Implications

14. This report makes no substantive recommendations, so any assessment of risk will stem from any proposals made by the Committee.

Next steps:

15. Committee will receive a more detailed update on the overall position for ASC Social Care Debt as planned in June. In the meantime Adults Leadership Team will review progress to date against the Audit MAP and the Social Care Debt RIE, and agree a Service Action Plan. This action plan will be shared with this committee as part of the update.

Report contact: Neill Moore, Senior Principal Accountant

Contact details: Tel: 020 8541 9888, neill.moore@surreycc.gov.uk

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Adult Social Care Select Committee – Update on Audit MAP
Annex C

Recommendation	Management Proposed Action	Timescale	Officer Responsible	Update October 2014
<p>ASC management should consider incorporating a discussion about the impact of changing payment methods into care reviews.</p>	<p>It is not practical for care reviews to routinely include discussions about paying by direct debit (DD). However, where there are difficulties in managing finances (not related to mental capacity) practitioners will be reminded to promote DD in guidance to be issued shortly.</p>	<p>July 2014</p>	<p>Toni Carney</p>	<p>DD payments are routinely mentioned to care practitioners when discussing debt issues and instruction forms sent where appropriate. The guidance for Care Practitioners on undertaking reviews has been drafted and will be issued as soon as it has been updated for the Care Act.</p>
<p>Alternative ways to promote direct debits should be investigated, including but not limited to: providing an incentive to pay by direct debit; engaging a community partner to assist and advise individuals; and discussing direct debit performance with other local authorities.</p>	<p>Use benchmarking data / contacts to identify other local authorities' practice. Final benchmarking data for 2013/14 should be available by September 2014.</p>	<p>October 2014</p>	<p>Jackie Knutton</p>	<p>The two authorities with higher DD take up are unitary and collect council tax as well.</p> <p>SAP team have reported that a second collection date would have to be controlled by a change to SWIFT interface to indicate specific collection group. We might be able to combine this change with the update work to comply with care act. Alternatively new payment terms can be set up in SAP, at present all new development work is being prioritised in advance of system change freeze.</p> <p>Paper bills are sent 1st monthly with immediate payment terms but DD collections are not made until 22nd month but this information is not currently obvious to customers. The promotion letter wording will be improved to encourage DD take up.</p>
<p>All teams must make key information available in a timely manner to enable effective management of debts.</p>	<p>Report value of cases with contact delays – discuss at Process Owner and FAB operations meetings.</p>	<p>July 2014</p>	<p>Paul Carey-Kent Toni Carney Jackie Knutton</p>	<p>Monthly detailed debt reporting sent to process owners.</p>

Recommendation	Management Proposed Action	Timescale	Officer Responsible	Update October 2014
<p>In the medium term, managers from each of the teams involved in the management of social care debt should consider implementing a mutually agreed Service or Operational Level Agreement that clearly sets out expectations and responsibilities.</p>	<p>Discuss at Process Owners meetings</p>	<p>October 2014</p>	<p>Paul Carey-Kent Toni Carney Jackie Knutton</p>	<p>Care Bill changes for April 15 still being discussed and may affect any Operational Level Agreement so this will be revisited next year. Discussions are held at process owner and FAB operations meetings to clarify areas of concern.</p>
<p>Relevant officers in Shared Services should review how they are addressing upcoming changes to charging and approach the Project Manager of the Care Bill Preparation work to establish any further action required.</p>	<p>Keep up to date with developments – Process Owner meetings. Draft regulations were published on 6 June 2014. Meeting to be arranged.</p>	<p>June 2014</p>	<p>Paul Carey-Kent Toni Carney Jackie Knutton</p>	<p>A Care Act - Charging, Debt and Deferred Payments group has been set up to look at implications of the Care Act across these areas. Officers from ASC, Shared Services and Legal attend the meetings. At the time of writing (20 October) the final regulations and guidance have not been published.</p>

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

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

Recommendations made to Cabinet

Date of meeting and reference	Item	Recommendations	To	Response	Progress Check On
23 October 2014 055	HEALTH AND WELLBEING PRIORITIES: OLDER ADULTS & PREVENTION AND DEMENTIA FRIENDLY SURREY [Item 7]	The Committee recommends that the Strategic Director and the Cabinet Member reviews the working of social care teams in acute hospital over the operation of discharge services.	Cabinet Member for Adult Social Care	This item was referred to the Cabinet meeting on 16 December 2014. The response will be provided to members thereafter	<i>Complete</i>

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Select Committee and Officer Actions

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
5 December	SERVICE FOR PEOPLE WITH A	a) That officers work to increase the occupancy rate of Surrey assets	Area Director NE	The Committee will receive a further	<i>To be scheduled in</i>

Item 10

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
2013 023	LEARNING DISABILITY PUBLIC VALUE REVIEW (PVR) UPDATE [Item 8]	<p>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>		report on the outcomes of the Public Value Review (PVR) in 2014. This will be added to the forward work programme in due course.	2015
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	Update received in October 2014	October 2015
16 January 2014	IMPROVEMENT TO THE ADULTS INFORMATION SYSTEM (AIS)	That the Committee encourages the Directorate to include feedback from officers who use the system in any future update item.	Assistant Director for Policy & Strategy	Update received in October 2014	October 2015

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
032	FOLLOWING 'RAPID IMPROVEMENT EVENTS' [Item 8]				
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.	Strategic Director for Adult Social Care	Officers have noted this recommendation and will provide a response for September 2014.	<i>Complete</i>
1 May 2014 046	COMMISSIONING AND MANAGING THE MARKET [Item 9]	<p>a) That the private providers meet with the Directorate to explore the mutual challenges in recruiting and retaining high quality staff, and identify areas where they can jointly influence the market.</p> <p>b) That a list of commissioned services is circulated to local Committees with a focus on what services are available locally.</p>	HR Relationship Manager Area Director	Response circulated in November	<i>Complete</i> <i>December 2014</i>
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"> Requested that the outcome of the pilot and draft strategy be presented to Adult Social Care Select Committee in December, and; 	Assistant Director for Policy & Strategy		<i>March 2015</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		<ul style="list-style-type: none"> 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. 			
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)	Area Director	Update on tender outcome in January.	<i>January 2015</i>
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 HR Relationship Manager		<i>March 2015</i>
23 October 2014 054	DIRECTOR'S UPDATE [Item 6]	That the Committee is updated on the co-design process for a new 0-25 service. Adult Social Care will share weekly updates on the preparations for the	Strategic Director Care Act Project	Complete	<i>January 2015</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		Care Act, following the publication of the guidance, in the Directorate's 'e-brief'. If Members have specific information requests they can contact the Project Manager	Manager		

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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
March 2015				
5 March	Surrey Information Point Demonstration	The Surrey Information Point database has been updated and is to be re-launched in February. Members will receive a practical demonstration of its features.	Siobhan Abernethy, Information, Advice and Engagement Lead	
5 March	Care Act Implementation – Social Care Needs of Prisoners	Scrutiny of Services/Policy Development – the Committee seeks an update on the Directorate’s preparation for meeting its new responsibilities for assessing and meeting the eligible needs of adults in prison.	Dave Sargeant, Strategic Director Tristram Gardner, Project Manager	
5 March	Care Act Implementation: Revised Charging Policy and Deferred Payment Policy for Adult Social Care Services	Scrutiny of Services – as part of the Care Act reforms fundamental changes are being introduced to the way in which people pay for their care. New rules for charging will apply from April 2015; the Committee will review the Council’s response following a consultation period.	Dave Sargeant, Strategic Director Toni Carney, Head of Resources William House, Finance Manager	
5 March	Workforce Strategy Implementation	Scrutiny of Services – the Committee has followed the recruitment and retention of social care staff closely making a number of recommendations. It will now check on the Directorate’s progress and review its completed strategy.	Dave Sargeant, Strategic Director Emily Boynton, HR Relationship Manager	

Adult Social Care Select Committee Work Programme 2014-15

5 March	Budget Monitoring	Scrutiny of Budgets – The Committee will scrutinise the most recent budget monitoring information.	William House, Finance Manager	
May 2015				
14 May	Safeguarding Adults	Scrutiny of Services/Policy Development – The Committee will 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 the serious case review in 2014.	Dave Sargeant, Strategic Director	
14 May	Outcome of Older People's Homes Consultation	Scrutiny of Services – following the completion of the consultation on the future of six care homes the Committee will receive details of the outcomes and scrutinise the plans to deliver the chosen option.	Dave Sargeant, Strategic Director Philippa Asiliroglu, Interim Assistant Director Service Delivery	
June 2015				
25 June	Budget Monitoring	Scrutiny of Budgets – The Committee will scrutinise the most recent budget monitoring information.	William House, Finance Manger	
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, Senior Principal Accountant	
To be scheduled				
	Mental Health Crisis Concordat, Adults Joint Mental Health Strategy		Jo Poynter, Area Director Jane Bremner,	

Adult Social Care Select Committee Work Programme 2014-15

			Assistant Senior Manager	
	Supporting Carers		Sonya Sellar Mikki Toogood Jane Thornton	

Adult Social Care Select Committee Work Programme 2014-15

Task and Working Groups

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