

Notice of Meeting

Adult Social Care Select Committee



Date & time
Friday, 10 April
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
8541 7609

Chief Executive
David McNulty

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andrew.baird@surreycc.gov.uk

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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: 15 JANUARY 2015

(Pages 1
- 12)

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

3 DECLARATIONS OF INTEREST

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

Notes:

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

4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (6 April 2015).
2. The deadline for public questions is seven days before the meeting (1 April 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 SOCIAL CARE FOR SURREY PRISONERS: IMPLEMENTATION OF THE ACT'S PROVISION FOR PRISONERS, APPROVED PREMISES AND BAIL ACCOMMODATION** (Pages 13 - 16)

Purpose of report: Scrutiny of Services

To provide the Scrutiny Committee with an overview of the action taken and proposed by County Council officers to fulfil the requirements of the Care Act in Surrey's prisons and approved premises.

- 8 RECRUITMENT AND RETENTION & WORKFORCE STRATEGY UPDATE** (Pages 17 - 32)

Purpose of the Report: Policy Development and Review

This report provides an update on progress in addressing the recruitment and retention challenges faced by the Adult Social Care Directorate (ASC) since the last report to the Committee in September 2014.

At that time Members recommended that: the Leader of the Council and the Cabinet concentrate on urgently finding ways to recruit to the key frontline vacancies that exist across the Adult Social Care Directorate.

- 9 THE FUTURE OF SURREY COUNTY COUNCIL RESIDENTIAL CARE HOMES FOR OLDER PEOPLE** (Pages 33 - 42)

Purpose of report: Scrutiny of Services and Budgets; Policy Development and Review

Following a review and public consultation this report outlines for the Select Committee the Cabinet's decision, 10 March 2015, on the future of the 'in-house' six older people's homes.

- 10 CARE ACT IMPLEMENTATION:REVISED CHARGING POLICY AND DEFERRED PAYMENT POLICY FOR ADULT SOCIAL CARE** (Pages 43 - 72)

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

In response to the Care Act 2014 both Surrey County Council's Charging and Deferred Payment Policies required review. Following consultation, revised policies were put before the Cabinet for approval. This report outlines for the Select Committee the Cabinet's decision and the Council's revised policies.

- 11 ADULT SOCIAL CARE DIRECTORATE BUDGET MONITORING REPORT** (Pages 73 - 88)

Purpose of the report: Scrutiny of Budgets/Performance Management

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

12 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME

(Pages
89 - 102)

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

13 DATE OF NEXT MEETING

The next meeting of the Committee will be held at 10.00 am on 14 May 2015.

David McNulty
Chief Executive

Published: Tuesday, 31 March 2015

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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Thank you for your co-operation

MINUTES of the meeting of the **ADULT SOCIAL CARE SELECT COMMITTEE** held at 10.00 am on 15 January 2015 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Friday, 10 April 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

Ex officio Members:

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

In attendance

1/15 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Graham Ellwood and Barbara Thomson. There were no substitutes.

2/15 MINUTES OF THE PREVIOUS MEETING: 19 DECEMBER 2014 [Item 2]

The minutes were agreed as a true record of the meeting.

3/15 DECLARATIONS OF INTEREST [Item 3]

None received

4/15 QUESTIONS AND PETITIONS [Item 4]

None received

5/15 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]

None received

6/15 DIRECTOR'S UPDATE [Item 6]**Witnesses:**

Dave Sargeant, Strategic Director, Adult Social Care

Mel Few, Cabinet Member for Adult Social Care

Steve Cosser, Cabinet Member for Adult Social Care

Declarations of interest: None

Key points raised during the discussion:

1. The Strategic Director for Adult Social Care (SD) informed the Committee that the Health and Wellbeing Board has signed off the revised Better Care Fund (BCF) plan which was updated in accordance with recommendations made by NHS England's review of the Council's initial BCF plan. The Committee were further advised that the Health and Wellbeing Board have also signed off the £18m whole systems plan which refreshes plans with the six clinical commissioning groups (CCGs).
2. The SD highlighted that the Adult Social Care Directorate (ASC) has been liaising with acute hospitals to meet the additional demand pressures placed on them in recent weeks. ASC has doubled the number of staff going into hospital at key times, such as weekends, to reduce pressure on hospital staff and resources but the situation

remains challenging. Plans are also in place to discuss the additional pressure in more detail with the acute sector and NHS England to inform the development of robust strategies for coping with winter demands on acute hospitals.

3. The SD advised the Committee that a quality assurance task and finish group has been created in response to the Care Quality Commission's (CQC) inspection of Merok Park residential care home. The group consists of representatives from ASC, the six CCGs, Healthwatch Surrey and other partners to work together to ensure a high standard of quality assurance for individuals in Surrey's residential care homes.
4. Members were further advised that the number of vacancies in ASC has been reduced to 12% which represents a significant reduction in the number of vacancies in frontline staff. It was also stated that ASC is in the process of recruiting to another twenty permanent social worker and occupational therapy posts. The SD highlighted that the south east has a competitive labour market but the Director of People and Development has agreed to be the Directorate's HR Relationship Manager reflecting ASC's status as HR's biggest customer and will work them to review its Pay and Reward Strategy.
5. The Committee requested specific information on those hospitals in Surrey that are not presently operating appropriate discharge policies. It was indicated that there are a number of hospitals are accelerating work towards providing a seven day a week discharge policy in line with the priorities of the Better Care Fund (BCF). The SD highlighted that the recent pressures on A & E services has required a number of hospitals to pursue more flexible discharge arrangements for patients and that the BCF plans will encourage this further.
6. Members requested a report detailing integration between health and social care services through the BCF plan as well as additional information on how the voluntary sector are cooperating with statutory organisations. The SD stated that each CCG has a local plan for the implementation of the BCF which includes a workforce agenda looking at how to use existing health and social care services including strategies on how to transform these services. The SD suggested that it would be possible to report to the committee on health and social care service integration including the role of the voluntary sector in delivering the BCF in the autumn.
7. The Committee mentioned discussions which are taking place at other local authorities in respect to capping agency costs. The SD highlighted that work has been taking place for sometime through the South East 7 in order to get the right price from providers. It was highlighted that recent growth in the number of locums had caused

difficulties for introducing a pay cap but the hope was to reduce the need for locums by recruiting and retaining staff more effectively.

8. Concerns was expressed by Members that GPs continued reliance on acute hospitals to diagnose and treat patients is impacting on the public's perception of where to go for healthcare services. The Committee were advised that the creation of locality hubs, which will adopt a proactive approach to treating patients, are part of the BCF plan to make diagnostic services more widely available beyond A & E services in Surrey and reduce the demand placed on acute hospitals. Efforts are being made by ASC and the CCGs to commission these services in the community so that fewer people need to be referred to hospital by GPs.

Recommendations:

That the Strategic Director shares the outcomes of the Quality Assurance Task & Finish group with the Committee on completion of the project.

Actions/ further information to be provided:

None

Committee next steps:

None

7/15 CARE ACT 2014: PREPARATIONS FOR APRIL 2015 IMPLEMENTATION [Item 7]

Witnesses:

Dave Sargeant, Strategic Director, Adult Social Care
 Tristram Gardner, Project Manager, Adult Social Care
 Siobhan Abernethy, Information, Advice and Engagement Lead, Adult Social Care
 Sonya Sellar, Area Director - Mid-Surrey, Adult Social Care
 Toni Carney, Head of Resources, Adult Social Care
 Nick Markwick, Director, Surrey Coalition of Disabled People

Declarations of interest: None

Key points raised during the discussion:

1. The Project Manager (PM) provided a brief introduction to the report and advised Members that the Care Act was a significant piece of legislation which required ASC to take on a number of new responsibilities. It was further highlighted that the Care Act was being implemented in two stages with a number of significant changes from April 2016 and that a report would be provided to the Committee on

these additional changes once regulations and guidance have been published by the government.

2. For good information provision and signposting in their settings, a robust information and advice strategy and supporting plan, the Information, Advice and Engagement Lead (IAEL) added to the PM's introduction by indicating that as all partners are responsible, strong delivery models have been developed in conjunction with the District and Borough Councils and other trusted partners such as GPs. It was further highlighted that, although the extent of any increase in the level of demand on the Council's social care services is unclear, the strategy aims to ensure that residents receive consistently high quality information and advice wherever they go for it. Members were further advised that a promotional campaign additional to the national promotion is to be launched by the Council in order to signpost residents to the right services - highlighting what care and support is available throughout the community not just ASC to manage additional demand. More resource was being recruited to help with this partnering work.
3. The Committee requested additional information on how ASC planned to publicise the new requirements and whether the promotional campaign will make use of resources such as Members, libraries and the faith sector for getting the word out to residents. IEAL confirmed that plans are in place to utilise these resources to ensure residents are aware of the Care Act. The IEAL also stated that information, including a short information pack containing information on the changes arising from the Care Act will be distributed to all stakeholders including Members, as well as, a new public information leaflet on care and support. It was further highlighted that Community Connectors will be asked to go out and engage with small communities and Social Care Development Coordinators will do the same in localities. The Committee requested that ASC issue copies of the leaflet to the Democratic Services team for distribution to all Members of the Council.
4. Members requested clarification on the role played by the Society of Later Life Advisors (SOLLA) as the organisation chosen by ASC for referrals for independent financial advice and asked whether SOLLA have the power to assume control of a person's finances. It was confirmed that SOLLA did indeed have this power but the IEAL stressed that they are an accredited institution boasting exceptionally robust recruitment and training programmes to ensure their staff act in the best interests of clients. The Head of Resources for Adult Social Care (HR) further advised the Committee that provision for referring residents to independent financial advisors was a requirement of the Care Act.

5. The Committee expressed concern that ASC has only made provisions to take on additional staff in the area of safeguarding and asked whether extra staff would be required in other areas to fully implement the extra requirements of the Care Act. The SD indicated that discussions have taken place around additional duties and processes that ASC staff would be required to take on but highlighted that it was important to fully assess the additional demands that would be placed on ASC to decide whether more staff are required. It was further highlighted that the aim is to utilise capacity across the whole system to ensure that all organisations in Surrey take on their relevant responsibilities allowing ASC to provide services for those residents most in need.
6. Members requested further detail on how ASC will be maintaining their responsibilities as well as working with partners to meet any additional demand arising from the Care Act with particular reference to provisions in place for meeting new responsibilities in providing care to Surrey's prison population. The SD advised that the introduction of the Care Act meant that ASC becomes responsible for 1.2m people not just the 23,000 that meet eligibility criteria meaning that there is a need to be able to signpost residents to the most appropriate organisation to meet their needs. It was highlighted, however, that there remained a focus on providing residents with the right care from ASC and to ensure that the Council meets its new responsibilities arising from the Care Act. In regard to providing care for prisoners, the SD stated that ASC is working alongside partners with expertise in this area to deliver on this new commitment.
7. The Director of Surrey Coalition of Disabled People (DSCDP) provided the Committee with the perspective of service-users on how the Council plans to implement the new requirements of the Care Act. Particular concern was expressed regarding the changes proposed to the existing charging policy which was deemed to be particularly challenging for disabled people and would serve to discourage many of Surrey's disabled residents from finding work. There was a conception among users that they may have their income charged to meet care costs. The Head of Resources responded to these concerns by advising that consultation on the charging policy was ongoing and that no final decision has yet been made on the final policy and clarified that 100% of earned income is disregarded. It was further highlighted that the results of the consultation would be subject to an equalities impact assessment before Cabinet makes the final decision.
8. Members asked what provisions have been made to disseminate information about the Care Act more widely to residents of Surrey to ensure that people had knowledge of the changes arising from the

Care Act before they became vulnerable. It was advised that the information and advice service set up by ASC as well as the publicity around the introduction of the Care Act was aimed at all residents, not just the elderly and/or vulnerable. This is to ensure that residents understand the financial impacts of care as they age not just when they develop care needs.

9. The Committee requested more information on the £72,000 lifetime cap on care costs. The HR indicated that regulations on capping care costs have not yet been published and so full clarity on this is not available at present. It has, however, been understood that residents with reasonable care costs will stop contributing to the costs of their care once the £72,000 cap has been reached. The Committee were further advised that residents in residential care with assets, including the value of their property, under £118,000 may be entitled to local authority funding support. It was indicated that this cap and change to the capital eligibility threshold are anticipated to come into law from April 2016.
10. Members inquired as to whether a new IT system was required to implement the Care Act. The HR stated that the only substantial change would be the universal deferred payment system and that they were evaluating options and will review in May. More significant changes to the IT system might be required for the elements of the Care Act that are introduced in 2016 but that AIS and SWIFT can deal with the imminent changes adequately.
11. The Chief Executive of Sight for Surrey asked the witnesses whether there was an expectation of the level of demand on the Council that would arise from those funding their own care (self-funders) following the publicity around the Care Act. The PM advised that a lot of work had been done on modelling the number of self-funders that may request an assessment and that a model developed by the Council's Finance Team estimates that around 40% of the approximately 30,000 self-funders in Surrey will request an assessment. Work is currently being conducted in conjunction with the voluntary sector to ensure that the provision exists to assess those self-funders who do come forward through a pilot scheme in Elmbridge.

Recommendations:

- The Committee recommends that leaflets with information on the Care Act changes be distributed to County, Borough and Parish Councillors along with a short briefing paper to local committees highlighting the significance of these leaflets before 1 April.
- The Committee recommends that a short briefing paper is distributed to all Members and that a short statement be read out at an upcoming

meeting of the Council (10 February 2015 or 17 March 2015) before the Care Act comes into force on 1 April 2015.

Actions/ further information to be provided:

- Outcomes of Elmbridge pilot scheme to be considered at the Adult Social Care Select Committee meeting on 25 June 2015.
- Head of Resources to liaise with Chairman of Sight for Surrey to facilitate access to AIS regarding self-funders.

Committee next steps:

None

8/15 UPDATE ON THE HOME-BASED CARE TENDER 2014 [Item 8]

Witnesses:

Ian Lyall, Senior Category Specialist, Adult Social Care
Kirsty Malak, Assistant Senior Manager, Adult Social Care

Declarations of interest: None

Key points raised during the discussion:

1. The Senior Category Specialist (SCS) provided a brief introduction to the report advising the Committee that contracts have been placed jointly with NHS Surrey Downs CCG with nine strategic providers across 18 zones across Surrey with pre-specified volume levels each provider will expect to receive so they can plan accordingly. The Assistant Senior Manager (ASM) indicated that the contracts have been progressing well and that a good working relationship has been established with each of the strategic providers. The ASM further highlighted that contract Key Performance Indicators (KPIs) were monitored electronically and that performance against these KPIs are linked to financial repatriation.
2. Members were further informed that a process has been initiated to work with any qualified provider for the delivery of home based care when needed and that 163 expressions of interest have so far been received from this process. The SCS advised that a rigorous process of ensuring that interested providers were fit to provide home-based care for residents would take place before establishing the number of service users that each of the successful providers would give home based care to.
3. The Committee drew attention to the fact that more than one provider has been contracted to operate in certain zones and asked for clarification on why this was. The SCS advised that this was in

response to the volume of demand in certain areas and it was felt that more than one provider was required to meet the demand for home-based care in that area. Members were informed that in areas with more than one provider operating, they are working in tandem and in conjunction with locality teams to ensure that demand for home-based care is met.

4. Members asked whether the introduction of the Care Act would have an impact on home-based care. The ASM indicated that the Care Act will have implications for the delivery of home-based care but that the full impact will not become apparent until next year but that they would work closely with the Care Act team to understand what the full implications of the new legislation will be but that a dramatic change in the level of demand is not anticipated.
5. The Director of Surrey Coalition of Disabled People asked about choice of home-based care providers for residents who live in an area covered by only one provider. The SCS highlighted that this would be addressed through the 'any qualified provider' scheme which would offer choice to residents in areas only covered by one strategic provider as well as picking up any additional demand.
6. Members asked for more detail on electronic monitoring and what this would pick up. The SCS stated that strategic providers were using equipment to monitor and report back on their own performance at present but that work was being conducted with software developers to create a programme for monitoring performance against KPIs centrally. The ASM informed the Committee that customer surveys were also taking place to explore customer experience against the perspective of providers to assess and review the performance of these providers

Recommendations:

- That the Committee note the report.
- The Committee to review results of the customer feedback survey which is currently being analysed by Business Intelligence at a future meeting.

Actions/ further information to be provided:

None

Committee next steps:

None

**9/15 INTERNAL AUDIT REPORT - REVIEW OF SOCIAL CARE DEBT 2013/14
[Item 9]**

Witnesses:

Neill Moore, Senior Principal Accountant
Reem Burton, Lead Auditor
Jackie Knutton, Order to Cash Process Owner

Declarations of interest: None

Key points raised during the discussion:

1. The Senior Principal Accountant (SPA) provided the Committee with an update on the actions taken by the Finance Team in response to recommendations from the Audit and Governance Committee regarding the reconciliation of social care debt and how performance can be improved in this area.
2. Members asked whether information on the amount of social care debt written off could be included in the social care debt report to the Committee in June. The SPA indicated that the report currently includes information on the amount of debt that has been approved as written off but that it was also possible to include data on the amount of debt that is currently going through the process of being written off but has not yet been approved. The SPA indicated that he would include this information in his report to the Committee in June.
3. The Committee inquired as to whether there were methods of payment other than direct debit as this can incur additional costs for the resident if their payment is unsuccessful. It was advised that payment can also be made through the Post Office but the majority of social care payments are made by direct debit. Members were further advised that it does allow two weeks for individuals to make it known that they are unable to make a payment so that they don't incur fees and charges from the bank if their direct debit payment is declined. Members indicated that another potential avenue of payment for social care costs to the Council was through a multiple options payment through the Post Office and it was agreed that the Finance Team would explore whether this could be instituted as another method of payment.

Recommendations:

- The Committee recommends that the different teams involved in the collection of social care debt should work to integrate their processes to ensure a high level of collection.

- The Committee recommends that the plan to institute an incentive scheme to encourage payment of social care costs should be revisited to gather more evidence before the option is discounted.
- The Committee suggests that more than two weeks should be allowed for social care users to inform ASC that they are unable to pay the amount they owe.
- The Committee recommends that direct debit should be promoted as preferred method of payment while acknowledging that this is not a convenient method of payment for all those who pay social care costs to the Council.

Actions/ further information to be provided:

None

Committee next steps:

None

**10/15 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME
[Item 10]**

Witnesses: None

Declarations of interest: None

Key points raised during the discussion: None

11/15 DATE OF NEXT MEETING [Item 11]

The Committee noted its next meeting will be held at 10.00 am on Friday 10 April 2015.

Meeting ended at: 12.40 pm

Chairman

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Adult Social Care Select Committee
10 April 2015

**Social Care for Surrey Prisoners:
Implementation of the Care Act's provisions for prisons,
approved premises and bail accommodation**

Purpose of the report: To provide the Scrutiny Committee with an overview of the action taken and proposed by County Council officers to fulfil the requirements of the Care Act in Surrey's prisons and approved premises.

Introduction:

1. The Care Act for the first time makes local authorities responsible for meeting the social care needs of prisoners residing within their areas in prisons and approved premises. This responsibility includes the provision of information, advice, advocacy, assessment and the commissioning of services to meet eligible needs. As far as possible, people in prison should be treated consistently and on the basis of equivalence to those in the rest of the population which is a key principle enshrined in the Act. However, people in prison cannot qualify as carers, have a choice of accommodation nor receive direct payments.
2. In the past no social care provision has been offered to prisoners other than ad hoc care provided by prison staff, voluntary organisations and fellow prisoners. (This is unlike health services: formal responsibility for meeting health need, together with associated resources, transferred to the NHS from Her Majesty's Prison Service (HMPS) in 2006.)
3. Surrey has 5 prisons, although one (Downview with capacity for 355 prisoners) is currently closed and a date for reopening has not been set. The others are :

Prison	Capacity
High Down	1103(men
Coldingley	513 (men)
Send	282 (women)
Bronzefield (privately run by Sodexo Justice services Ltd)	527(women

4. In addition, there is one bail hostel, St Catherine's near Bramley, with 18 places.
5. In the prisons run by (HMPS), primary healthcare is provided by Virgin Care and secondary mental provision by Central and North West London NHS Foundation Trust under contract to NHS England.
6. Surrey County Council has the fourth highest prison population of 58 local authorities with prisons within their boundaries. It is also very unusual in having such a high number of women – 30% of the prison population compared with 5% nationally. Data from 2013 Prison Inspector's reports states that 294 Surrey prisoners (14%) were over the age of 50, considered 'older' prisoners with additional needs, because research by the National Association for the Care and Resettlement of Offenders suggests that prisoners possess a physiological age ten years in excess of their chronological age. In addition, 50% of women prisoners reported having children.
7. It is very difficult to accurately predict future workload as the Council has had no direct access to the prisons and their populations are in a constant state of flux. A recent needs assessment commissioned by NHS England suggest less than 40 people with eligible needs and this level is also predicted by the National Offender Management Service (NOMS). But local authorities suspect much hidden, unmet need and expectations of social care are in any event likely to be high.
8. The Council has been given an illustrative budget of £403,546 with which to fulfil its new responsibilities for social care provision.

Activity undertaken to date to develop The Council's service response:

9. The aim of activity to date has been twofold:
 - 9.1 To develop the knowledge and understanding of the Council staff about the prisons and their environment, the needs of prisoners themselves and to develop robust working relationships with NOMS and prison staff and governors.
 - 9.2 To develop a preferred model of effective service provision which will assess and provide for eligible need, offer appropriate information, advice and advocacy within budgetary constraints.
10. To achieve these objectives, a series of multi-agency meetings and workshops have been held and Surrey staff have engaged with wider activity led by NOMS and the Association of Directors of Social Services (ADASS). The preferred model which has emerged from this process is proposed at least for the first year of operations. It consists of a small specialist team of 3 full time equivalent social care and occupational therapy staff with the capacity to flex across all 5 prisons depending upon demand. However, each prison will have a nominated lead who will develop good, on-the-ground working relationships and adapt

procedures appropriately to the different levels of security and varied environments found in each prison.

11. A series of visits to each of the prisons took place in December to further develop relationships, explore in more depth how the preferred model could be implemented in each different setting and to find out what resources each prison had to contribute to the delivery of the new service.
12. A programme of staff and prisoner engagement activities has taken place to develop awareness of the new arrangements and to begin the process of training prison staff and prisoners themselves in what constitutes social care need and to provide for care identified in assessments.

Next steps: proposals management, recruitment and training:
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13. It is proposed that the new service be managed by Surrey and Borders NHS Partnership Foundation Trust (SABP) which already has experience of delivering services in custodial settings. The team will be managed by one of the existing senior social care staff working within SABP within the Directorate of Offender and Specialist Services and recruitment has begun.
14. Subject to current discussions, a service policy is being drafted to take effect on 1 April 2015 for an initial period of one year. Arrangements to evaluate the service will be agreed and amendments to the model agreed after nine months activity by which time an accurate picture of need and demand will have been established.
15. Advocacy contracts will be extended from April 2015 to incorporate the prisons and ensure that appropriately trained Surrey advocates will be available for people held in Surrey's prisons. Voluntary organisations working in the prisons have been invited to the forthcoming information and advice training summits for 'trusted providers'.

Conclusions:

16. The proposed arrangements will enable Surrey County Council to comply with its obligations to prisoners under the Care Act 2014 from 1 April 2015. The service provided by the specialist Prisons Team will be treated as if it were a pilot project during the first year so that need, demand and costs can be fully monitored and evaluated, and the appropriate changes made in year two. These might involve outsourcing the team or mainstreaming the model.

Recommendations:

17. It is recommended that the Committee:

- a) Support the model proposed for the first year of service operation
- b) Receive a report on the performance of the service at its meeting in December 2015.

Report contact: Stella Charman, Health and Social Care Programme Manager, Adult Social Care

Contact details: stellac@healthinjustice.co.uk

Sources/background papers: [The Care Act 2014](#)



Adults Social Care Select Committee
10 April 2015

Recruitment and Retention & Workforce Strategy update

Purpose of the report:

This report provides an update on progress in addressing the recruitment and retention challenges faced by the Adult Social Care Directorate (ASC) since the last report to the Committee in September 2014.

At that time Members recommended that: the Leader of the Council and the Cabinet concentrate on urgently finding ways to recruit to the key frontline vacancies that exist across the Adult Social Care Directorate.

Introduction:

1. Demographic changes present a growing challenge of matching demand for social care work and a supply of social care workers. This challenge is impacted by a number of factors including financial austerity in the public sector, changing service requirements, housing costs, and the nature of the economy and employment market in Surrey. Making sure there is an adequate supply of suitable, qualified and trained staff is fundamental to Surrey County Council's aim to support Surrey residents in living independently and safely in the community. It will, however, continue to be an ongoing challenge for the sector as a whole as well as the council as an employer.
2. The external factors impacting on our ability to recruit and retain staff have intensified as the private sector returns to growth, the number of residents claiming benefits has dropped to under 1% and housing costs in the county, whether to rent or buy, remain high in relation to our median earnings. In order to compete the council is having to work harder to retain and attract staff and has made progress to improve its "offer" as a social care employer. However the situation remains very challenging and it will take a range of short and longer term actions to make sustained progress.

Current position

3. Vacancy rate as of 1 December 2014 provided by ASC

Teams	Vacancy %	Total FTE	Vacant FTE
Locality and Hospital Teams	12.4%	672.91	83.64
Mental Health Service	18.2%	228.57	41.64
Reablement	27.7%	306.37	84.91

Locality and Hospital Teams

It is worth noting that over the last 12 months the vacancy rate has remained between 10%-15%. Flexibility in the level of staffing resource is important to be able to provide some resilience to cope with seasonal pressures.

Mental Health Service

The introduction of a training scheme for training the Council's mental health workers to become Approved Mental Health Practitioners (AMHPs) is continuing to improve our retention of this difficult to recruit role. The vacancy rate for AMHPs has reduced since March 2013 from 42% to 17% in March 2015. A further 6 AMHPs are due to complete their training in the summer. The vacancy rate for mental health social workers is manageable at 7%, this reflects the fact that some workers have gone on to AMHP training.

Reablement

The reablement service is under review as they are now part of local Better Care Fund integration project which is reviewing job descriptions. One impact of this change is that not all vacancies are being actively recruited to at present. In some cases work is covered by existing staff varying their hours according to demand. The ability to offer flexible working hours is a key attraction of working in the service.

Redeploying service delivery staff

Following the Cabinet's decision to close residential care provision at the council's six older people's homes, the consultation and planning process to redeploy several hundred staff on a phased basis can now begin. Many of these staff will have transferable care skills and can either move to different homes as the closures will be phased or into other services such as reablement. The location of new opportunities and the need to have their own transport for some roles may present challenges for some individuals. We can also work with other council services such as commercial services and children's social care and partners in the voluntary and independent sector to provide information on the local employment opportunities they have to offer.

4. Voluntary turnover

Voluntary turnover for ASC was 8.4% for the 12 months ending January 2015, an improvement on 10.29% in September 2014. The council wide figures for voluntary turnover were 8.5% and 9.10%

respectively. This suggests a recent reduction in ASC turnover which in turn should reduce the pressure on recruitment. This turnover rate is also much lower than the average turnover rate for social care employers in Surrey which is around 20%.

Progress since September 2014

5. In the autumn of 2014 the ASC Directorate restructured its senior management team and created Area Director posts to strengthen local partnerships with health. Sonya Sellar will now lead on all workforce related activity in ASC. Since December 2014 Ken Akers is leading on pay and reward for the council and Emily Boynton is leading on developing a council wide strategy on recruitment and retention and has given support to ASC in this area. As a result of these changes we have adopted a new partnership approach to ASC recruitment and retention.
6. The service is committed to fully staffing frontline services in a flexible way to ensure it can respond to seasonal fluctuations in demand. A project commissioned in May 2013 to develop a new recruitment and retention strategy for the service has drawn to a close. This included a wide ranging analysis including researching attitudes of new starters, candidate experience and understanding challenges in relation to specific posts and locations. Workshops have been held with teams to explore what further initiatives could further support recruitment and retention efforts. A strategy and detailed action plan has been developed for the service. This will be delivered via the service led workforce steering group.
7. The wider Adult Social Care Workforce Strategy for the sector was co-designed with partners and has now been condensed into an easy read version, see Annex B. This has been shared with the ASC leadership team and providers. The strategy highlights the need to continue to expand and attract new entrants to the social care sector in Surrey in order to meet growing demand for health and social care in the county due to population growth. It estimates there will need to be between 8,135 to 27,798 extra jobs in Adult Social Care in Surrey by 2025 in order to meet the needs of the local population, on top of the 33,900 already employed in the sector. Given the average turnover of 20% in the social care sector in Surrey this means potentially attracting over 12,000 new hires each year into the adult social care sector. Only a minority of these new entrants will be working directly for the council but it gives an indication of the growing competition for workers in the sector.
8. The lack of access to affordable housing in some parts of the county is a factor that makes recruiting and retaining staff locally a challenge. Our median basic salary is £24,040 while average house prices in Surrey are 12.5 times that at £300,000. The annual average rent on a three bedroom house in Surrey is £15,552 per annum so would be similarly unaffordable for our staff with families. A public sector housing strategy is under discussion to try and create more opportunities for employees to live and work in Surrey which will require collaboration with colleagues in Districts and Boroughs. Experienced social workers in particular who have highly transferable professional qualifications may opt either to

move to areas of the country with lower housing costs or to seek a higher income through locum work in order to improve their standard of living.

9. Details of progress that has been achieved by the Directorate and planned next steps is summarised in the table at Annex A. The framework used is based on the corporate recruitment and retention strategy, the impact of which should also help to improve the council's position. It is structured around the following themes:

Recruitment:	1. Hard to recruit areas
	2. High volume recruitment
	3. Employer brand
	4. Clear offer for new entrants
Retention:	5. Line Managers role
	6. Job design
	7. Productivity
	8. Work environment
Strategic enablers:	9. Candidate experience
	10. Recruitment process
	11. Partnership approach
	12. Pay & Reward
	13. Monitoring progress

Conclusions:

10. Ensuring that ASC can recruit and retain sufficient numbers of skilled individuals to deliver services now and in the future will be an ongoing challenge. There are a number of coherent actions being undertaken that should support the service to meet this challenge. Strategic issues such as the lack of access to affordable housing in some parts of the county combined with population and economic growth in the county will mean this will be an ongoing challenge and our intention is that the internal ASC recruitment and retention strategy and the wider ASC workforce strategy provides the framework to address this challenge.

Recommendations:

11. The select committee continues to monitor the situation in relation to recruitment and retention in the service and receives a further report in January 2016.
12. Members note and support the strategic enablers that will support the service to recruit and retain the necessary staff numbers in the future. In particular in reviewing the council's approach to pay and reward and in efforts to increase the supply of affordable housing for public sector staff in the county.

Next steps:

13. The ASC Workforce steering group has been launched and this will drive forward the delivery of the actions identified in the recruitment and retention plan – see Annex A.

Report contact:

Sonya Sellar – Area Director – Mid Surrey (ASC workforce lead), email: sonya.sellar@surreycc.gov.uk

Emily Boynton – Strategic HR&OD Relationship manager (HR&OD Corporate Recruitment Strategy lead), email: Emily.boynton@surreycc.gov.uk

Sources/background papers:

ASC select committee report – Recruitment & Retention and Introduction to Workforce Strategy September 2014; Surrey County Council Recruitment & Retention Strategy

Annex A: Plan to improve recruitment and retention

Annex B: Easy read version of workforce strategy

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Done	In Process	To Do	Longer term outcome
1. Recruitment: Hard to recruit areas			
Identify hard to recruit roles and recruitment hotspots	Ensuring systems in place that help proactive workforce planning by locality as a basis for more proactive and organised recruitment initiatives	Develop a planning tool using past SAP/OM Live Vacancy and Talentlink recruitment data and launch with hiring managers	Better understanding of future recruitment needs, ability to plan campaigns and recruit ahead of need
Identify hotspot areas for direct marketing approaches using emotionally engaging leaflets	Promoting job opportunities through partner agencies, such as 'Action for Care' and local communities	Reaching out through churches/community groups, sure start and NHS surgeries to try and attract those not claiming benefits but potentially under-employed. Organise more 'open days' for Learning Disability (LD) services showing films of work in homes and the positive interaction with residents	Wider understanding of the rewards of working in the sector in local communities
Continuing to keep selection criteria at a consistent and high standard to support Surrey's objectives for Adult Social Care (ASC)	Workshop to link values based selection tools to job families to ensure we employ people with the right values	Including value based questions in addition to competency based ones in interview process, to ensure fit and refresh questions. Evidence from partnership work with JCP suggests not everyone has the right values to work with vulnerable adults	Reduce time spent on resolving poor recruitment decisions
Attempting to convert more skilled locum and bank staff into permanent staff, through: - Limiting assignments to 12 weeks	Improve arrangements for securing locum staff with new agency staffing arrangements	Offering attractive career and development paths with relevant training and line management support Explore staff referral scheme for qualified roles	Reduce reliance on locum staff and ensure when needed quality is good

Done	In Process	To Do	Longer term outcome
Developed supportive Assessed and Supported Year in Employment (AYSE) programme and practice development strategy helping newly qualified social workers to develop necessary skills, confidence and resilience	Grow your own sponsorship scheme in place with limited numbers but high demand	Providing easier/more accessible pathways for staff to get qualified to Social Work (SW) or Occupational Therapist (OT), by: Open University - Looking into options of partly funding studies - Ensuring that staff have a guaranteed role after having qualified (requires workforce planning)	Lobby for more employer based qualification routes to recognise practical experience and manage training costs
Starting to analyse why it is harder to retain experienced staff – at 3 years post qualifying can join agencies as an experienced worker	Considering new post qualification training offer and how this could be shaped to retain staff through learning agreements and University partnership	Seeking a partnership agreement with neighbouring authorities on capping locum rates to help ease competition and reduce pay incentive to move	Have a career pathway that encourages staff to stay with us based on development opportunities rather than pay competition
2. High Volume recruitment			
New approach to filling high volume recruitment roles such as catering vacancies established	Introduction of talent pool approach for high volume roles for service delivery and learning disabilities	Areas need to be agreed & hiring managers shown how it would best work to maximise benefits	Once successfully established, explore setting up talent pools where candidates are selected and ready to start reducing impact of recruitment “lags” on service delivery
3. Employer Brand			
Strengthening the Council’s website and promotion of the Council’s employer brand	Collect staff stories and content to make site more engaging and promote using social media	Using positive statements from the new starter survey, adding to it by interviewing existing staff and locality team managers to identify strong ‘employer value proposition’ messages, which can be used across the service	Clear understanding of what working for Surrey is like

Done	In Process	To Do	Longer term outcome
Started review of social media strategy for recruitment and retention	Meet the teams' links with information about team managers and short videos/testimonials about what it is like to work there	<ul style="list-style-type: none"> - Promotion of varied career paths in Surrey's ASC with help of testimonials - Accessing social worker forums through social media to promote working for Surrey ASC - Asking the Head of Services and team managers to update and raise their LinkedIn profiles - Stress the variety in nature of roles within ASC, e.g. Residential Support Workers in Learning Disability homes vs. Corporate 9am -5pm roles - Sell 'how Surrey will invest in you' 	Developing and promoting an integrated, interactive ASC website with the latest developments in Surrey's ASC, supporting the message that Surrey is living its values, listening to their employees and continuously looking to improve to become an 'employer of choice'
4. Clear Offer to new entrants			
Promote apprenticeships in ASC, demand for 20 apprenticeships agreed. Rotational apprenticeship scheme in place	New job description (JD) being discussed for joint funding careers promotion post with health.	Organise more 'open days' for LD services (learning from success at Mellow Crescent), booking rooms locally showing films of work in homes and the positive interaction with residents. Target local schools & colleges	Through joint adult social care and health careers hub promote careers to schools and colleges in Surrey
5. Retention: Line Manager's Role			
Big improvement in appraisal completions – now at 98% complete	Appraisal discussions to include career development. Managers are proactive in identifying opportunities to act up/shadow/rotate	Agreeing and reviewing performance objectives in regular 1-2-1s with line managers to ensure sufficient support is in place to help new starters settle easily and perform well	Employees are clear about what is expected from them and how their career can progress in Surrey
Encourage use of 360 feedback in appraisals	Line managers ensure good work and behaviours is given recognition	Give teams more opportunities for external praise and acknowledgement through audits, celebrate personal achievements and share all positive feedback	Employees know when they are doing a good job

Done	In Process	To Do	Longer term outcome
6. Job Design			
Opportunities to support Career development in the service supported e.g. recent senior recruitment exercise	My career support linked to job families – new jds and job titles so opportunities are widely understood in the external labour market e.g. using social worker title rather than practitioner	Introducing ‘stepping up’ opportunities to support staff seeking to develop their careers through introductions to management opportunities, shadowing, acting up and CV/interview techniques	Clear sense of how employees’ career could progress in Surrey
Flexible working available, e.g. annualised hours contracts	Weekend working/8-8 working proved more popular in practice than anticipated	Developing systems that allow sharing skills across areas/team through shadowing, job rotation and multi-skilling opportunities. Managers more skilled in managing remote/flexible workers	The opportunity to work flexibly is understood as a key attraction to work for Surrey
7. Productivity			
Laptops rolled out to staff to allow flexible working	Improving access to systems in remote/shared locations still a challenge	Ensuring effective workload management systems in place, pilot started	Employees have the tools they need to do their jobs and have manageable workloads
Reviewed new induction process that ensures candidates start and are fully work ready	New joiners given necessary IT equipment and training at the start during structured 4 week induction	Continual improvements made to the induction process, eg support for part timers, more locations, mixing practice with training	Reduce time for employees to become fully effective in their role
8. Work Environment			
Better Place to work project completed reviewing all ASC workplaces	Issues raised in partnership sites being addressed or progressed though some will take time/investment.	Ensuring that there is more consistency in approaches to: flexible working; line management quality and support standards; performance management; and skills development support across all localities	Council employees work in a workplace where they feel valued.
Better understanding of why people leave	Data from SAP suggests increasingly employees are leaving for better pay/promotion	Re-introducing formal exit interview process and ensuring that issues raised are reviewed and addressed	Data from exit interviews systematically informs interventions that support retention

Done	In Process	To Do	Longer term outcome
9. Candidate/ New Starter Experience			
Ensuring that line manager is aware of, and prepared for, candidates start date. Using new starter feedback to improve induction process,	Improve candidates' experience of uncertainty during verbal offer to start date stage by ensuring main candidate contact holds all information and proactively updates candidate weekly	Helping new starters settle more easily and feel welcome and valued beyond formal induction phase: - Introducing allocated buddy and mentor schemes for all levels	Candidates have a good initial experience and feel they are joining a positive organisation
10. Recruitment Process			
'Value stream mapping' recruitment process review completed end of January 2015	With the help of the process review outcomes, streamline and shorten the average time of individual recruitment phases, to reduce the number of withdrawals in the process	Implement agreed action points, timings and responsibilities. DBS checks are the most frequent cause of delays	Recruitment process is as timely and efficient as possible
11. Partnership Approach			
Links to Kingston University SW dept established	Consider links to wider range of Universities and OT departments	Build closer relationships with Universities, such as Royal Holloway, Kingston, Brunel, South Bank and Kingston University and promote Surrey as an 'employer of choice'	The Council to be the destination of choice for SW & OT graduates
Pre-employment course with JCP to do taster course working in social care completed	Consider viability of schemes via JCP and widening attraction	Working more closely with 7 job centres in Surrey – skilling employer advisors to sell ASC by offering interactive workshops/ providing leaflets	ASC provides opportunities for those seeking employment/career change
12. Pay and Reward Strategy			
Comparative pay data for ASC services in the south east region has been obtained	Pay and reward strategy being under discussion with ASC Leadership team. To be considered by People, Performance and Development Committee later in the year	Promoting non-financial benefits such as: flexible working, personal development and career building opportunities, manageable caseloads; employee involvement; and good communication	New pay and reward strategy in place for April 2016
Monitoring progress			

Done	In Process	To Do	Longer term outcome
Analysis of current data sources	Agree data sources to track progress over time	Monitoring <ul style="list-style-type: none"> - length of recruitment process - number of withdrawals - first time fill rates - live vacancy rates 	Clear understanding of what works to improve recruitment and retention in ASC
		Measuring attraction through <ul style="list-style-type: none"> - improved ASC website - JCP - Community groups - Direct marketing - social media 	
		Measuring staff engagement through: <ul style="list-style-type: none"> - staff survey - new starter surveys - loyalty interviews 	

Annex B: Surrey Adult Social Care Joint Workforce Strategy 2015 – 2019

Our shared vision for Surrey is that adult social care workers and volunteers have the skills and support they need , are proud of their role and respected for their contribution to the community.

We work together as a set of partners to develop a sustainable, knowledgeable and skilled workforce that provides care and support to residents, vulnerable adults and their carers with compassion and respect to deliver high quality outcomes.

A **workforce strategy** is a document which sets out the future picture for a service or organisation. It is based on an analysis of information to help us understand what the future demand for our services will be.

When we have this, we can look at our current workforce and see how it fits with the workforce we need for the future.

Using this information, we can create a **workforce plan**. This is a list of the things we are going to do to support and shape our current workforce to equip them with the skills, knowledge and behaviours they will need to deliver our services in the future.

Who is part of our workforce?

When we talk about our workforce in this document, we mean all the people who deliver adult social care services. This includes council employees, our providers, carers, volunteers and the voluntary sector.

What we know about the environment we work in...

There are things that are happening or will happen in the next few years that will affect how we deliver Health and Social Care services to the residents of Surrey.

Things like:

- Changes in the law that tell us the type of services we need to deliver.
- Changes the government want in how we work.
- Changes in how much money we will have to provide our services.
- Changes in how many people want to access our services.

When we look at all these things it helps us understand how our services might look different in the future.

For example, we know that we want to support more people to stay in their homes and avoid them needing to go to hospital.

We know that there are more people who are living longer. We know that as we get older we are more likely to need health and social care help and to have more complex needs.

We know the number of people who have dementia is going to increase and the number of these people who do not have an identified carer is also likely to increase.

The number of people who have a physical or learning disability that we help is getting bigger and their needs are getting more complicated. We expect this to continue.

Annex B: Surrey Adult Social Care Joint Workforce Strategy 2015 – 2019

We know that we need to provide more services with less money to pay for them. This means we need to do things in different ways.

What we know about our workforce...

Around 10% of people who are working in Surrey are employed in health and social care services. 15% of them are employed by a local authority.

As demand for services grows, we know that the demand for adult social care jobs is also going to increase.

The number of people leaving the social care workforce in Surrey is close to the national average however we know there are some areas where turnover is much higher, such as in domiciliary care.

81% of the social care workforce in Surrey is female compared to 51% of the population. There are fewer young people than any other age group.

Half of the social care workforce has been employed for less than 5 years.

Most of the social care workforce live near to their place of work and over 30% work part time.

Voluntary, Community and Faith sector

As well as people paid by the council and health, there are nearly 6000 other organisations that support vulnerable adults in Surrey. They support people by providing;

- Information, advice and guidance
- Emotional or physical support
- Welfare and social care support
- Preventative services

They make an essential contribution and they too expect the demand for their

services to increase as the population changes.

There are more, older volunteers than younger volunteers. As they grow older, they may not be able to continue volunteering so we need to recruit more, younger people.

Who has been involved?

A lot of different people and organisations who have a role in supporting vulnerable adults in Surrey have contributed to creating the future picture of our services and the workforce we need. These include;

- People who use our services
- People who care for someone
- People who live in Surrey
- People who work in adult social care in the council
- People who deliver training in social care
- Other people we work with, including people who work in health services

What do they think?

- We need to make social care jobs more appealing to people looking for work, especially young people.
- Our workforce needs to have lots of different skills to support people with more complex needs.
- Carers and staff need more basic core training.
- People who work in adult social care should be recruited based on their values as well as their skills.

How will we measure the success of this strategy?

This strategy must deliver improvements for the people who use these services in Surrey.

Annex B: Surrey Adult Social Care Joint Workforce Strategy 2015 – 2019

'Think Local Act Personal' are a national partnership of more than 50 organisations committed to transforming health and care through personalisation and community-based support.

They developed a set of 'I' statements from people who use care and support telling us what they would expect, see and experience if personalisation is real and working well in an organisation.

I have good information and advice on the range of options for choosing my support staff.

I have considerate support delivered by competent people.

I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers.

I am supported by people who help me to make links in my local community.

I want friendly staff who smile at me, understand my role as a carer and listen to me.

We are going to use these statements to measure how successful this strategy is.

We will review them every year with people who use our services, carers, residents and feedback from our providers.

Our future workforce

All this information allows us to predict how many people are going to want to access particular services in the future.

We can use this knowledge to think about how we can provide these services with the money we have.

This includes looking at the kind of workforce we will need to meet this demand and how this is different from our current workforce.

Using all this information, we have agreed 4 priority areas for our workforce. These are the areas we are going to concentrate on to ensure the future workforce is able to deliver the services we believe are going to be needed in the next 5 years.

Community resources and carers

- We want people who support others in the community to have the confidence and skills to help others and prevent them needing social care support.

Leadership and service integration

- We want to support the people who lead and buy services for vulnerable adults to work together more closely to make services more effective, even when they are provided by different people.

Career and skills development

- We want to make sure all social care workers have the skills to do their job effectively, work well with each other and have a career with us.

Image and workforce supply

- We want to make social care jobs appealing to more people so we can recruit the right people to deliver our services who want to stay with us.

We have a workforce group who are monitoring the workforce plan which will help us deliver against these priorities. For more information, you can email alex.mackay@surreycc.gov.uk.

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Adult social Care Select Committee
10 April 2015

**The future of Surrey County Council residential care homes
for older people**

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

Following a review and public consultation this report outlines for the Select Committee the Cabinet's decision, 10 March 2015, on the future of the 'in-house' six older people's homes.

Summary:

1. The following paragraphs, 2-11, are taken from the summary in the Cabinet report provided for its meeting on 10 March 2015 to consider the future of Surrey County Council's residential care homes for older people.

On 21 October 2014 the Cabinet took a decision to consult on the future of six Surrey County Council residential care homes for older people. This followed a comprehensive review of the services provided, future commissioning requirements, and consideration whether Surrey County Council should continue operating older people's residential care homes.

The homes under consultation are:

- Brockhurst in Ottershaw
- Cobgates in Farnham
- Dormers in Caterham
- Longfield in Cranleigh
- Park Hall in Reigate
- Pinehurst in Camberley

Between them the homes currently provide a range of services including residential care, respite, day care and reablement services (see glossary of terms, Annex 1).

When the homes were constructed people referred were required to be fully mobile and continent. The infrastructure of these homes was not designed to meet the current and future needs of the elderly who continue to present with complex needs requiring more specialist modern facilities. As a responsible

provider, the council needs to consider how it can deliver a quality dignified care service, meeting current and future needs.

The numbers of people across the six homes using these services include: 133 permanent residents, 28 current day care users (varying frequency use), an average of 36 temporary/respite beds occupied, and an average of 13 people commencing a period of bed based reablement per month (Annex 2, as at January 2015).

Staffing Levels at each care home

Home	Full-time (36 hours per week)	Part-time (less than 36 hours per week)	Bank	Total
Brockhurst	12	31	8	51
Cobgates	2	43	15	60
Dormers	9	37	12	58
Longfield	15	22	6	43
Park Hall	15	38	26	79
Pinehurst	3	43	25	71
Total	56	214	92	362

Residential care homes provide 24 hour care, seven days a week, through care staff working a shift system. The industry regulators, The Care Quality Commission, require each care home to maintain minimum staffing levels directly related to the number of people being cared for. A high proportion of people work less than 36 hours per week. People employed on a bank basis are issued with a Surrey County Council contract and work on an as and when basis.

The public consultation took place from 30 October 2014 and was extended to 31 January 2015. Views were sought from current users of the services provided by the homes, relatives, staff, stakeholders and any other affected people.

Many residents and their families took advantage of face to face meetings where their concerns were aired and discussed. In addition visits were undertaken to relatives living out of the county.

Recognising that the recommendations are likely to lead to disruption of persons using the services and their family members, the needs and wellbeing of those affected are paramount. Careful planning taking account of best practice will mitigate the impact on the users through individual assessment and planning of alternative services, which are available in the independent sector.

It is recognised that refurbishment and upgrading of these homes as laid out in option 2 would cause significant upheaval to the residents through multiple moves which would not be best practice.

The long term service quality, future viability of the homes, and value for money, together with the change in demand for adult services, have been considered alongside the views expressed during the consultation and the

impact of the recommendations on individuals, family members and communities.

Extending, refurbishing or redeveloping any of the homes was not considered viable as the level of disruption for residents would be high due to temporary moves, and the investment necessary to deliver the required quality of environment for residential care for older people would not represent best value for Surrey residents.

The council is determined to ensure future adult social care needs are met appropriately, and working with other partners, will start further work on the potential alternative use of the properties for future services, which could include facilities for extra care, dementia care, and support for carers (such as short breaks). “

2. The recommendations within the report were as follows:

- a) To close residential care provision by Surrey County Council at Brockhurst.
- b) To close residential care provision by Surrey County Council at Cobgates.
- c) To close residential care provision by Surrey County Council at Dormers.
- d) To close residential care provision by Surrey County Council at Longfield.
- e) To close residential care provision by Surrey County Council at Park Hall.
- f) To close residential care provision by Surrey County Council at Pinehurst.
- g) That a phased implementation programme to move people to alternative services is undertaken, which must take account of best practice and be guided by individual assessments of those affected, including carers.
- h) To identify suitable alternative services for each affected person in those homes closing.
- i) That further work is undertaken for each property to fully evaluate potential alternative use to meet future needs for adult social care.
- j) That a full staff consultation begins, with the objective, where possible, of retaining existing staff skills and knowledge.

3. The Cabinet agreed the recommendations.

4. The full Cabinet report has been circulated to Members.

Next steps:

5. As agreed in recommendation G above, a phased approach to closure, closing two homes at a time, will ensure that residents' wellbeing is the key priority and that the following principles are adhered to:
 - Individual assessment of those affected, including carers, will guide the process
 - No resident will be moved in the colder months (December – January) unless explicitly requested by individuals
 - Residents' moves will be considered ahead of staff notice and redeployment
 - Closure plans will take into account the findings and mitigating factors from the Equality Impact Assessment for each individual home
 - There will be central oversight by Programme Management Team who will support local implementation of home closures and ensure that there is a clear communications plan in place
 - Safe staffing levels within the home, and adherence to Care Quality Commission standards will be maintained until the final closure of a home.

6. As agreed in recommendation J above, a full staff consultation will be put in place, with the objective where possible, of retaining existing staff skills and knowledge.
 - There has been full engagement with trade unions.
 - Staff will be supported throughout the implementation period and a redeployment programme will be implemented taking into account the Equality Impact Assessment findings
 - Where possible redeployment of staff to support reablement and other services within the council, as outlined in the Recruitment and Retention Workforce Strategy, will be pursued. Both programmes will work together and manage redeployment of staff into a range of vacancies. The aim being, as much as possible, to fit individuals to roles where there is a clear skill match and invest in developing skills where appropriate
 - Where it is not possible to redeploy staff into Surrey County Council vacancies we will aim to retain skills in Surrey organisations and maximise the benefit for Surrey residents.

7. Residents and families will be involved in decision making about which options to pursue taking account of, for example, existing friendship groups, preserving or enhancing the existing level of contact with relatives and friends, personal preferences and community links.

8. This approach has been informed by:

- Best practice guidance available and the Surrey County Council Community and care Home Provider Home Closure Protocol
- Experience and lessons learned from the council's involvement in previous home closures in the independent sector
- Information gathered from other local authorities regarding their implementation of home closures.

9. The first phase of the implementation commenced in April 2015 in relation to Brockhurst and Longfield.

10. No further action in relation to the other homes is envisaged in 2015.

Recommendations:

9) It is recommended that the Adult Social Care Select Committee note the report and Cabinet decision.

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Sources/background papers:

Annex 1 - Glossary

Annex 2 – Number of people using services

Report to Cabinet on 21 October 2014 - [SURREY COUNTY COUNCIL IN-HOUSE RESIDENTIAL CARE HOMES FOR OLDER PEOPLE](#)

Additional background material circulated to Members before the meeting.

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Glossary of types of care referred to in the report

Residential care home	An establishment where care is provided, rather than that care being provided in a person's own home. A residential care home has to be registered with the Care Quality Commission (CQC)
Care home with nursing/ nursing care	A care establishment which is able to provide care and nursing tasks. Registered nurses will be part of the staff. This type of home has to be registered with the Care Quality Commission (CQC)
Reablement	Assistance with daily living activities and care tasks for a temporary period, usually up to six weeks, to enable a person to regain skills. This may often be someone who has been in hospital and needs some additional input for a short time to regain skills and confidence. This is sometimes referred to as a step down or intermediate care. This may be provided in a residential or nursing home environment, or through visits to people in their own homes
Day Care	A non-residential facility that supports the health, nutritional, social support, and daily living needs of adults in professionally staffed, group settings
Respite Care	Short-term accommodation in a facility outside the home , often to provide carers with a break from caring
Extra Care	Extra Care Housing in an extension of traditional supported housing and allows adults to live as independently as possible, with the reassurance of onsite care support when they need it.

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Numbers of people using the services

The numbers of individuals using the services in each of the Surrey County Council older people's homes are as follows:

	No of CQC registered beds	No of open beds	Permanent residents as at end of Jan 15	Average permanent occupancy between April 13 and August 14	Average no of reablement users per month	Current day care users	Average no of short stay users per month
Brockhurst	46	39	12	15.5	3/ month	N/A	5/month
Cobgates	50	40	29	34.3	N/A	1	6/month
Dormers	39	39	20	23	4/ month	7	7/month
Longfield	50	38	23	26	N/A	N/A	1/month
Park Hall	50	49	26	23.8	4/ month	14	6/month
Pinehurst	50	40	23	28.4	2/ month	6	11/month

Note: data for short stay, reablement and day care is provided from the homes, and was correct as at end of January 2015.

A number of beds are not available due to a decision in 2012 to close them due to decreasing demand for residential care. In some homes accessibility of some units is problematic and in Brockhurst, Longfield, Cobgates and Pinehurst there has not sufficient demand to warrant reopening closed units

Short stays are a combination of respite and temporary placements. The average number of short stays per month is influenced by how long people stay, which at Brockhurst, Dormers and Pinehurst is higher than expected. This has been in response to individual needs and circumstances.

Frequency of use of day care is between once a week to five days a week. Frequency relates to assessed need.

Occupancy Information on Surrey County Council homes

Each home stopped accepting referrals for permanent residents in August 2014. This was due to a decision to enable a focus on delivery of quality care within the challenging environments.

Average occupancy for 18 months preceding consultation shows relatively stable levels of occupancy in comparison to those at the start of consultation.

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Adult social Care Select Committee
10 April 2015

**Care Act Implementation: Revised Charging Policy and
Deferred Payment Policy for Adult Social Care**

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

In response to the Care Act 2014 both Surrey County Council's Charging and Deferred Payment Policies required review. Following consultation, revised policies were put before the Cabinet for approval. This report outlines for the Select Committee the Cabinet's decision and the Council's revised policies.

Summary:

1. At the Cabinet meeting on 25 November 2014, it was agreed that the Council would consult on the proposals to revise the charging policy and deferred payment agreement policy for adult social care.
2. Following a seven week consultation, a further report was presented to the Cabinet on 24 February 2015 recommending the revised policies. The Cabinet report containing the reasons for the recommendations and the full policies is found in Annex A.
3. The Cabinet agreed the recommendations within the report and consequently the revised policies.
4. The key elements of the revised charging policy are:
 - 4.1 The Council continues to charge for residential and nursing care and non-residential services
 - 4.2 When a person (known as a full-cost payer) has capital above the upper capital limit, (currently £23,250) and the council has a duty to make arrangements for their care and support needs to be met in a residential or nursing care home, or the council is requested to meet the person's needs in their own home, local authorities may charge an arrangement fee. From 1 April 2015, adult social care will charge an

arrangement fee to any person whose needs are to be met in a residential or nursing home and who is required to pay the full-cost of their care. The average set up cost of putting arrangements in place is equivalent to £265 per placement with an annual charge of £75. These charges will be subject to annual review.

4.3 From 1 April 2015, the Council will increase the percentage of available income taken in charges from the current 80% to 90% for people receiving care and support at home.

4.4 Income from capital will be disregarded for those people receiving care and support at home.

4.5 As previously, the council will not charge for carer's services

5. The key elements of the revised deferred payments policy are:

5.1 The Council will also consider applications for a Deferred Payment Agreement for those people moving into supported living type accommodation as defined in the regulations, where the person intends to retain their former home and pay their accommodation and care costs from a deferred payment. These applications will be considered on a case by case basis but all other aspects of the Deferred Payment Policy will apply

5.2 A contribution from the person's income, savings or other assets will be required but must leave the person with up to £144 per week if the person wishes to retain this sum

5.3 Compound interest on any amount deferred will be charged from the start of the agreement until the debt is repaid. The Council will charge interest at the maximum amount specified in regulations. From 1 April 2015 will be 2.65%

5.4 An administration fee will be charged to cover the cost of the scheme. It will include any reasonable costs incurred by the council in relation to the deferred payment agreement. The full schedule of charges is attached to Annex 4 of the Cabinet report – The Deferred Payment Agreement Policy.

Recommendations:

6. It is recommended that the Adult Social Care Select Committee note the report and the revised Charging and Deferred Payment Policies.

Report contact: Toni Carney, Head of Resources, Adult Social Care

Contact details:

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Sources/background papers:

Annex A: Cabinet Report; containing:

- Annex 1: Summary of the consultation responses
- Annex 2: Charging Policy
- Annex 3: Comparison with other local authorities
- Annex 4: Deferred Payment Policy
- Annex 5: EIA Charging Policy
- Annex 6: EIA Deferred Payment Agreement Policy

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SURREY COUNTY COUNCIL**CABINET****DATE: 24 FEBRUARY 2015****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****SUMMARY OF ISSUE:**

From 1 April 2015, local authorities must implement part 1 of the Care Act 2014. Under part 1 of the Act, new rules for charging will apply when a local authority arranges care and support to meet a person's support needs. These rules include discretionary powers to be determined by local policy.

At the Cabinet meeting on 25 November 2014, it was agreed that the Council would consult on the proposals to revise the charging policy for adult social care services.

This report summarises the responses to the consultation and sets out a new charging policy for adult social care services and a new deferred payment policy. The Cabinet should consider the summary of consultation responses which can be found at Annex 1.

RECOMMENDATIONS:

It is recommended that:

1. The Cabinet approves the new charging policy for Adult Social Care at Annex 2.
2. The Cabinet approves the Deferred Payment Policy and schedule of charges at Annex 4.

REASON FOR RECOMMENDATIONS:

The Council must revise its current Charging and Deferred Payment Policies to meet the requirements of the Care Act 2014. The proposed policies provide an open and transparent framework which will enable people to make informed decisions about how their care and support needs may be met.

The proposals do not significantly change charging for the majority of people currently receiving care and support.

The recommended Deferred Payment Policy provides more flexibility to people in relation to how they fund their care and support and is in line with the legislation, allowing people to pay for residential care without needing to sell their homes during their lifetime to cover the cost of their care.

<u>DETAILS:</u>

Introduction

1. This report sets out the key proposals for a new charging policy and a new deferred payment policy from 1 April 2015, to comply with the Care Act. In particular, it addresses charging for Adult Social Care Services using the new power under the Care Act as well as power to charge an administration fee for arranging care for people who could otherwise self-fund.
2. This report also highlights key recommendations in the charging policy concerning, the amount of net available income taken in charges, the treatment of capital and the Council's position on charging carers.

Charging for Adult Social Care Services

3. Under the existing legislation, local authorities have a legal duty to charge for residential and nursing care and a *power* to charge for non-residential services. The Council has previously determined that it will exercise the power to charge for non-residential services in addition to the statutory duty to charge for residential and nursing care. Income from charging for 2014/15 will be in the region of £42 million. This income is an essential contribution to Adult Social Care's budget
4. Under the Care Act 2014, the legal basis for charging for *any* adult social care services changes to a power to charge. This means that from 1 April 2015, a local authority must determine whether or not to exercise this new power to charge.
5. The Cabinet agreed, on 25 November 2014, to consult on whether or not to exercise this new power. A summary of the consultation responses is attached at Annex 1, paragraph 1.
6. It is recommended that the Council continues to charge for all residential and nursing care and non-residential services as set out in the charging policy at Annex 2.

Power to make a charge for putting arrangements in place

7. Under the current rules, local authorities may only recover the direct costs of providing or arranging services, that is, the actual cost of a residential or nursing placement or the cost of care and support at home.
8. From 1 April 2015, when a person (known as a full-cost payer) has capital above the upper capital limit, (currently £23,250) and the Council has a duty to make arrangements for their care and support needs to be met in a residential or nursing care home, or the Council is requested to meet the person's needs in their own home, local authorities may charge an arrangement fee. The arrangement fee or 'administrative charge' may cover the cost of managing the contract with the provider and any administration costs.
9. The Council currently funds around 200 care home placements and recovers the full charge from the person. An administrative charge would enable the

Council to recover the costs of managing any new placements in future in addition to recovering the cost of the placement.

10. From 1 April 2015, the Council's preferred arrangement for meeting the care and support needs of people in their own homes will be via a direct payment net of any contribution. For those people who are required to pay the full cost of their care, there would be no administrative costs involved and therefore no similar administrative charge.
11. The Cabinet agreed to consult on whether or not to charge a fee to cover the cost of putting arrangements in place for those people who are required to pay the full cost of their care and move into a residential or nursing care home. A summary of the consultation responses is attached at Annex 1, paragraph 2.
12. It is recommended that an administrative charge will be made for residential and nursing placements. The administrative charge will reflect the cost incurred in putting the arrangements in place, including any ongoing costs. It is estimated that the average set up cost of putting arrangements in place is equivalent to £265 per placement with an annual charge of £75. If agreed, these charges will take effect from 1 April 2015 and will be subject to annual review.

Percentage of available income taken in charges

13. Under the current charging policy for non-residential services, the financial assessment calculates the service user's gross weekly income, less certain disregarded income, less statutory allowances, certain housing costs and any disability related expenditure to determine the amount of net available income left over for charging. The Council's current charging policy is to take 80% of the net available income in charges.
14. Many neighbouring local authorities take between 90% and 100% of net available income. A table to show the comparison with other local authorities is attached at Annex 3.
15. The Cabinet agreed to consult on whether or not to increase the amount of available income taken in charges from 80% to 90%. A summary of the consultation responses is attached at Annex 1, paragraph 3.
16. It is recommended that the Council increases the percentage of available income taken in charges from the current 80% to 90%. The level of the disagreement with this proposal has been considered along with the potential benefit to the Council in supporting the sustainability of adult social care services. If agreed the increase would take effect from 1 April 2015.

Treatment of capital

17. The new charging regulations prescribe a capital limit (above which people pay the full cost of their care and support) of £23,250 for both residential and non-residential services. Under Surrey County Council's current charging policy, which was set in 2003, the capital cut-off limit for non-residential services is £24,500. It is likely that the national capital cut-off limit will increase to £27,000 in April 2016, it is recommended that the Council retain the capital limit £24,500 for non-residential services and revisit this item in 2016.

18. Where a person has capital between the lower limit (£14,250) and upper limits (£23,250), the charging regulations treat each £250 of capital as equivalent to £1 weekly income. This is known as tariff income. The Council's charging policy for people receiving care and support at home, is to use tariff income on capital equivalent to the amount of interest the person could earn if the capital was invested in a high street bank or building society account. This approach was agreed as part of the consultation in 2003. The new charging rules do not permit tariff income to be calculated in this manner. It is therefore recommended that we disregard income from capital for those people receiving care and support at home. This will reduce the Council's overall income by approximately £1,700 per annum.

Charging Carers

19. The new regulations on charging can be applied to both adults and carers receiving services where the carer is the direct recipient of the service. The Council will need to determine whether or not it intends to charge carers. Carers make a significant contribution towards care and support at home that would otherwise incur additional costs for the Council. It is proposed that the Council will not introduce charging for carer's services.

Universal Deferred Payment Scheme

20. Currently, deferred payment agreements are discretionary. At any one time the Council has approximately 80 agreements in place and proactively offers the scheme to people who meet our criteria. From 1 April 2015, local authorities must offer a deferred payment to people who meet the basic eligibility criteria for the national scheme.
21. The Cabinet agreed to consult on the operation of the new deferred payment scheme.
22. There was a very limited response to the deferred payment consultation despite the efforts to raise awareness of it, only four responses were received. Consequently the responses have not significantly influenced the proposals. It is recommended that the Council implement the scheme from 1 April 2015 as set out in the policy at Annex 4. The discretionary elements of the scheme to be determined by local policy are:
- The Council is permitted to offer a deferred payment agreement to people who do not meet the basic eligibility criteria. The proposed response to this new power is covered in paragraphs 11 and 12 of the policy document at Annex 4. In particular they reflect promotion of the use of deferred payments to encourage people to consider supported living and extra care housing arrangements as an alternative to residential care.
 - 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. It is recommended that we will require a contribution from a person's income to minimise the level of debt.
 - The Council is permitted to accept forms of security other than the first legal charge on a property. It is recommended that the Council would consider this on a case by case basis if a first charge on a property were not available.

- 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. It is recommended that the Council will charge interest at the maximum amount specified in regulations. The interest rate to be applied from 1 April 2015 is 2.65%.
- The Council is permitted to charge an administration charge to include any reasonable costs incurred by the council in relation the deferred payment agreement. At the Cabinet meeting on 25 June 2013, it was agreed that the Council charge legal fees of £250 plus the cost of any Land Registry fees for any deferred payment application whether or not the matter proceeded to completion and a further £125 for the work involved in discharging the legal charge. It is recommended that the Council extend the charges as set out in the schedule of charges attached to Annex 4. If agreed, these will apply from 1 April 2015 to all new applications.

CONSULTATION:

23. Consultation on elements of the Council's charging policy took place from 15 December 2014 for a period of 7 weeks. Consultation documents were issued to 6,400 people in receipt of non-residential chargeable services and 1662 completed questionnaires were received; a response rate of around 26%. An analysis of the responses received is attached at Annex 1.
24. The Council gave people an opportunity to comment on the consultation and a wide range of views were expressed, ranging from those people who disagree with charging for social care to those people who believe that it is reasonable to make a charge if a person can afford to contribute towards their social care and support. These responses are summarised at Annex 1.
25. Consultation on the discretionary elements of the deferred payment took place during the same period. Surrey County Council received just 4 responses to the consultation. This is despite the fact that we circulated information to all Surrey libraries, the Hubs and to the organisations represented at the Care Act Implementation Board. Details of the consultation were also included in a newsletter to 2,000 people on the Surrey Disability Register and to 1,600 staff and partners in the electronic newsletter for Adult Social Care.
26. The Council will monitor take-up of the new scheme from April 2015 to determine whether changes are necessary to improve access to the scheme. There will be a further opportunity to revisit the scheme as part of the implementation of the funding reforms in 2016.

RISK MANAGEMENT AND IMPLICATIONS:

27. 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 reflect both the response rate and the analysis of responses received.

FINANCIAL AND VALUE FOR MONEY IMPLICATIONS:

28. 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.
29. 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 services budget and would bring Surrey in line with the majority of other local authorities.
30. In light of the financial pressures the Council faces, it is equally important that any new charging policies do not create any 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.

Section 151 Officer Commentary

31. 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 income levels to support the delivery of Adult Social Care services and avoid additional costs arising as a result of some of the new requirements of the Care Act.

Legal Implications – Monitoring Officer

32. In recognition of its duty to consult, the Council carried out a 7 week consultation process which resulted in 1,662 completed responses. The consultation exercise was directed at consultees who were considered most likely to be affected by the proposals. All responses have been collated, summarised and will be considered by the Cabinet prior to making a decision on the recommendations made in this report. The Council is therefore satisfied that the duty to consult has been fulfilled.

Equalities and Diversity

33. The equalities impact assessments can be found at Annex 5 and 6.

<u>WHAT HAPPENS NEXT:</u>

34. Subject to the Cabinet agreeing the recommendations:
- The Council will publish its revised policies on its website
 - Use the policies to revise its relevant public information
 - The policies will be implemented from 1 April 2015
-

Contact Officer: Toni Carney, Head of Resources, Adult Social Care, 01483 519473

Consulted:

David Sargeant – Strategic Director Adult Social Care
 William House – Finance Manager
 Deborah Chantler – Principal Lawyer

Annexes: **Annex 1 Responses to the Consultation**
Annex 2 Charging Policy – Adult Social Care Services
Annex 3 Table of other local authorities % of available income
Annex 4 Deferred Payment Policy April 2015
Annex 5 Equalities Impact Assessment – Charging Policy
Annex 6 Equalities Impact Assessment – Deferred Payment Policy

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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Responses to the consultation

1. Charging for residential and nursing care provision

The council is proposing that it will continue to charge people for residential and nursing care services using the new power to charge.

Question 1. Do you agree that the council should continue to charge people for residential and nursing care services using the new power introduced in the Care Act 2014?

Responses	Standard version	Accessible version	Totals
Strongly Agree	76	19	615
Agree	461	59	
Neither agree nor disagree	387	47	434
Disagree	205	86	567
Strongly disagree	223	53	
Not answered	40	6	46
	1392	270	1662

Summary: 1,662 responses in total. 66% of people either agree that the council should use the new power to continue to charge for residential and nursing care, or have not expressed a view on the matter.

2. Power to make a charge for putting arrangements in place

The council is proposing to charge an arrangement fee to those people who are able to pay the full cost of their residential or nursing placement, where the council has a duty to make the arrangement.

Question 2. Do you agree that the council should charge an administrative fee to those people able to pay the full cost of their care?

Responses	Standard version	Accessible version	Totals
Strongly Agree	73	31	611
Agree	409	98	
Neither agree nor disagree	295	46	341
Disagree	307	52	675
Strongly disagree	278	38	
Not answered	30	5	35
	1392	270	1662

Summary: 60% of people who returned the questionnaire either agree that the council should charge an administrative fee, or have not expressed a view on the matter.

3. Percentage of available income taken in charges

The council is proposing to increase the amount of available income taken into account in charges from 80% to 90%.

Question 3.

	Standard version	Accessible version	Totals
Strongly Agree	48	12	354
Agree	262	32	
Neither agree nor disagree	288	36	324
Disagree	381	106	963
Strongly disagree	393	83	
Not answered	20	1	21
	1392	270	1662

Summary: 42% of people who responded either agree that the council should increase charges, or did not express a view on the matter.

The above responses were further analysed to show how those people who will be directly affected by the increase responded to this question

	Pay a contribution	Totals
Strongly Agree	13	113
Agree	100	
Neither agree nor disagree	79	79
Disagree	101	242
Strongly disagree	141	
Not answered	1	1
	435	435

Summary: Respondents who currently pay a contribution will see an increase in their charge if this proposal is agreed. 44% of people who will be directly affected by this change either agree that the council should increase the % of available income taken into account, or have not expressed a view on the matter.

We invited people to comment on the proposals as part of the consultation. Of the 1,622 responses received over 500 additional comments were received, including comments from Action for Carers and Surrey Coalition for Disabled People.

Comments were wide ranging from those people who understand that government funding is not sufficient to meet the cost of services to those people who disagree with charging.

There were many comments about the treatment of savings and the concern that those people who have saved for their retirement are 'penalised' by having saved in comparison to those people who have not made not any provision for their needs in later life.

The negative comments on charging were largely against the principle of charging for care and support and that personal care should be fully funded by the NHS or through existing taxation or National Insurance contributions. Several references were made to free care in Scotland. A significant number of people questioned the fairness of charging disabled people with many commenting that the government should fund more help for the elderly.

Many people commented that the proposed increase in charges seemed unfair and excessive, though others agreed that if people have the means to contribute towards their care and support then it was reasonable for them to do so.

There were many comments about the cost of living generally increasing and income levels not keeping pace with these costs and the concern that the increase in charges would not reflect other increasing costs.

There were comments from carers who raised concerns about the impact on them of the caring role.

There were positive comments too, with people reporting that they were pleased with the support they received and were happy to pay more. Others were concerned at the private cost of care and suggest the Council could look to run more services to meet the demand for affordable care.

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Charging policy for Adult Social Care services

Contents

Purpose	3
Background.....	3
Principle	3
Policy Statement	4
Services that will be charged for.....	Error! Bookmark not defined.4
Services that will not be charged for.....	5
Financial Assessment	5
‘Light –touch’ financial assessments.....	5
Capital.....	6
Income	Error! Bookmark not defined.7
Personal Allowances.....	7
Household expenditure	7
Disability related expenditure	7
Assessing Ability to Pay	8
Assessment of couples	Error! Bookmark not defined.9
The Assessed charge	9
Direct Payments and paying charges.....	10
Welfare Benefits check	10
Information and advice.....	11
Reviews, Appeals and Complaints	11
Appendix A	122

Purpose

1. This policy sets out Surrey County Council's position on charging for adult social care services.
2. It is effective from 1 April 2015. This policy has been produced in accordance with the legal requirements set out in:
 - [The Care Act 2014, Sections 14,17, 69 and 70](#)
 - [The Care and Support \(Charging and Assessment of Resources\) Regulations 2014](#)
 - [The Care and Support Statutory Guidance 2014](#)
3. The key elements that apply to charging for support services in the community and residential or nursing accommodation are described briefly within this document. There is a separate charging policy for the Council's Universal Deferred Payment scheme.
4. This policy clearly states the Council's position on areas where there is discretion within the legislation.

Background

5. The Care Act 2014 provides a single legal framework for charging for care and support. Where a local authority arranges care and support to meet a person's eligible need, the local authority has a power to charge that individual, except where the local authority is required to arrange care and support free of charge.
6. Surrey County Council will make a charge for adult social care support services, with the exception of those services listed in paragraph 13.

Principles

7. The Council will apply a means test to ensure that people are not charged more than they can reasonably afford to pay, in accordance with the above regulations and guidance. This policy highlights the areas where it has used its discretion.
8. Information on charging will be clear and transparent to ensure people know what they will be charged. A written record of the financial assessment will be given to the person to explain how the assessment has been carried out, what it will be, how often it will be made and the reason for any fluctuations.

Policy Statement

9. This policy has been developed following a consultation with Surrey residents currently receiving care and support who may be affected by any changes. It has been developed with reference to The Equality Act 2010 and the Public Sector Equality Duty. The Equalities Act requires public bodies to have due regard to the need to prevent discrimination, advance equal opportunities and encourage positive relationships.

Charging for residential and nursing care

10. Surrey County Council will charge for residential and nursing accommodation provided under the Care Act 2014, unless it is prohibited from doing so. The Council will use the legislation and guidance referred to in paragraph 2 above to assess the level of the adult's resources and the amount of any contribution the person is required to make.

Where a person has assets above the upper capital limit and the Council has a duty to make the arrangements for their residential or nursing care accommodation. The Council will apply an administrative fee to cover the cost of making the arrangements. The set-up fee from 1 April 2015 is £265 with an annual charge thereafter of £75 payable on 1 April each year. These figures will be reviewed annually.

Charging for care and support at home

11. The following services **will** be charged for:

Home care services. This includes, for example, help with personal care, practical tasks, shopping, bathing, night care and night sitting and support workers.

Attendance at day services

Housing related support such as warden assistance

Supported Living and Extra Care Housing

Direct Payments (with the exception of those paid to carers)

Major adaptations to property

Transport

Respite care (including in residential accommodation)

12. When a person receives more than one of the above services, charges will not be made for any one service in isolation. The impact of charges for one service on the user's income will be taken into account in assessing whether a charge should be made for another service.
13. The following services **will not** be charged for:

Services for Carers

After-care services provided under section 117 of the Mental Health Act 1983

Services provided to a person suffering from any form of Creutzfeldt Jacob Disease

Equipment to help with daily living

Minor adaptations to property where the cost does not exceeding £1000

Intermediate Care services, including reablement, of up to six weeks

Providing information and advice, assessments of need and support planning

Any service or part of a service that the National Health Service (NHS) has a duty to provide, this includes Continuing Healthcare and the NHS contribution to Registered Nursing Care.

Financial Assessment

14. The financial assessment will determine the person's 'ability to pay'; that is whether they will be required to pay all of, part of, or none of the cost of their care and support.
15. 'Ability to pay' is assessed by taking into account the person's capital, income, personal allowance, household expenditure, and disability related expenditure.
16. If a person declines a financial assessment it will be assumed that they can meet the full cost of their care and support from the start date of the service.

‘Light –touch’ financial assessments

In some circumstances the Council will consider that a financial assessment has already been carried out and there will be no need to go through the full process. *The main circumstances are:*

- Where a person has significant financial resources and does not want to have a financial assessment
- Where the Council is satisfied that the person can afford the charges due because their savings are clearly above the upper limit, any property taken into account is above the upper capital limit, or they would have sufficient income to pay the full cost
- Where there is a small or nominal charge for a service which the person can clearly meet
- Where the person is in receipt of income support or Guarantee Credit.

17. Evidence of these circumstances will be required.

As part of the ‘light-touch’ assessment’ the Council must be satisfied that the person is willing to pay for their care and support as long as that care is needed.

The Council will make it clear to the person when it carries out a ‘light-touch’ financial assessment and of their right to request a full assessment.

Capital

Capital taken into account, capital disregarded and the value of capital and assets is as defined within the Care Act 2014 regulations, with additional guidance provided by the Care and Support Statutory Guidance 2014.

A person with capital or assets of more than the upper capital limit, other than the value of their main home, will be required to pay the full cost of their care and support. The upper capital limit for care and support at home is £24,500.

18. Tariff income from capital will be calculated in accordance with the regulations for those in residential or nursing accommodation. Tariff income from capital will be disregarded in full for those people receiving care and support at home.
19. Income taken into account, and income that is to be disregarded, is defined in the Care Act 2014 regulations, with additional guidance provided by the Care and Support Statutory Guidance 2014, with the exception of;

- Tariff income, which will be calculated as stated as above
- The night element of higher rate Attendance Allowance (the difference between the lower and higher rate) will be **disregarded** for care and support at home.
- The night element of the higher rate Disability Living Allowance Care component (the difference between the middle and higher rate) will be **disregarded** for care and support at home.
- The night element of the Enhanced rate of Personal Independence Payment Daily living component (the difference between the standard and enhanced rate) will be **disregarded** for care and support at home.

20. The total of all income to be assessed is known as 'available income'.

Personal Allowances

21. A personal allowance will be calculated for the individual.
22. The personal allowance will equal the level of Guarantee Credit (GC) or Income Support (IS), plus a 25% buffer for community based services and will equal the amount set out in regulations for those in residential or nursing accommodation.

Household expenditure

- An allowance will be made for the following household expenditure for care and support at home.
 - Mortgage repayments - net of payments from the Department of Work and Pensions or a mortgage protection scheme
 - Rent payments - net of housing benefit
 - Council tax payments - net of council tax benefit
 - Water rates and metered water charges
 - Buildings insurance
23. Allowances will be made in respect of Maintenance Orders determined by the Court or Child Support Agency (CSA).

Disability related expenditure

24. Allowance will be made for disability related expenditure (DRE) for care and support at home. Reasonable expenditure needed for independent living by the person, where they have little or no choice other than to incur that expenditure, will be allowed. This policy will ensure that assessed charges do not result in a person being left without the means to pay for any other necessary care, support or for other costs arising from their disability.
25. The council recognises that some people may not wish to discuss additional expenditure incurred due to their disability. A £20 disregard will be applied to all people in respect of these costs, regardless of whether or not the costs are actually incurred. This will ensure that the process of assessment is not made unduly complex for people.
26. The minimum £20 disregard will not prevent proper consideration of person's full disability related expenses. Everybody will be given the opportunity to identify costs in excess of the £20 disregard and will be supported and given personal assistance in claiming such costs where applicable.
27. A list of possible disability related costs and examples of reasonable evidence requirements are found in Appendix A. The list is neither exclusive nor exhaustive and will be reviewed as part of the monitoring of the implementation of this policy. Discretion will need to be given on the level of costs claimed taking into account an individual's particular circumstances.
28. The Council may verify that items claimed for have actually been purchased, particularly for unusual items or where there is a high cost. Evidence of DRE will be requested at the Council's discretion. Where evidence is not available, the assessment will take into account the person's views and a request will be made for future receipts to be retained. If, despite a request to keep receipts, a person does not do so, and there is doubt about the expenditure, the cost will not be included in the assessment.
29. Costs claimed which arise from personal choice for a higher quality product or service than that provided by the council will not be taken into account. Where a reasonable alternative is available for a lesser cost, an amount equal to the lesser cost will be allowed for.

Assessing Ability to Pay

30. The person's net available income (NAI), upon which a charge can be made, will be calculated as follows for care and support at home:

Total of 'available income'

less

Guarantee Credit or Income Support level+ 25%

Household expenditure

Disability related expenditure

= **Net available income**

31. The Council seeks to ensure that a person's independent living is not undermined by its charging policy. The Council, in ensuring that people have some income that is not taken in charges, will assess the charge to be 90% of NAI.
32. Following a change in circumstances, a reassessment of ability to pay can be requested by the person or their representative at any time.
33. If the council has reason to believe that a person has access to means held by a partner or spouse, other than those disclosed, the council may make a request for the partner or spouse to disclose his or her relevant resources. If there is no such disclosure, the council may consider that it is not satisfied that the person has insufficient means to pay for the service. In such circumstances the council will consider the case in the light of legal advice.
34. When assessing one member of a couple, that person will be assessed on their own resources:
 - 100% of solely owned and 50% of all jointly owned capital will be taken into account
 - All assessable income appropriate to the service user will be taken into account. Where benefits are paid at the couple rate, the benefit will be apportioned
 - 50% of the couple's total joint household expenditure will be allowed for
 - The 'basic' level of Guarantee Credit or Income Support will be that of a single person
 - Disability Related Expenditure relating to the individual will be allowed for.

The Assessed charge

35. The assessed charge will be equivalent to the person's ability to pay; that is 90% of the Net Available Income, or the actual cost of the care and support, whichever is the lower amount. The assessed charge for respite care will be in accordance with the regulations for those in residential or nursing accommodation, allowing for household expenditure plus an additional £20 pw.

36. Parents and other members of an adult's family will not be required to pay the charges – except in certain legal circumstances, for example, where a family member may be managing the service user's own resources, or where a service user has died and money is owed to the council from the estate.

Direct Payments and paying charges

37. Direct payments are money paid to people to meet their eligible support needs. The amount of the direct payment depends on their needs and the outcome of the financial assessment. They allow people to have more independence, choice and control by enabling them to arrange their own care and support.
38. If a person has eligible needs and, following a financial assessment, is entitled to funding to help them meet those needs, that funding will be via a direct payment unless the person does not want this or cannot have one for reasons stated in the legislation.
39. Our preferred arrangement is to pay Direct Payments net of the assessed charge.
40. If the Council arranges care and support for somebody and they are required to pay for some or all of their care and support charges, the Council will tell them about this clearly and will collect the amount owed.
41. The charge will apply from the service start date, or the date the person was notified of the charge in writing; whichever the latter. Where a person is found to have in excess of the upper capital limit after the service start date, full charges will backdated to day 1 in all cases where the Council is satisfied the person was made aware of the upper capital limit before the service commenced.

Welfare benefits check

42. An integral part of the financial assessment will be to offer welfare benefits advice. Advice will be offered about entitlement, assistance with the completion of claim forms and follow-up action.
43. Advice will not be limited to benefits directly affecting charges. Equal emphasis to benefit entitlements will be given, irrespective of the impact on income to the council.
44. People who prefer to obtain welfare benefits advice from an independent source will be offered this choice.

Information and advice

45. The Council will, as a minimum, provide information and advice throughout the financial assessment process and refer people for independent financial advice where needed, in line with its legal duties.

Reviews, Appeals and Complaints

46. People will be informed of their right to ask the council for a review of the charge which has been assessed, if he or she considers that they cannot afford to pay it.
47. The council will ensure the facility for a review is accessible to all and will ensure consistency on decisions. Information leaflets and correspondence notifying charges will include reference to the facility to ensure good practice.
48. People will be made aware of their right to an appeal if, following the outcome of a review, he or she still considers they cannot afford to pay.
49. People will be made aware of their right to make a formal complaint.
50. Services to meet assessed needs will not be refused or withdrawn if a person refuses to pay their assessed contributions. If a service user refuses to pay, the council will continue to provide services and the debt will be pursued, if necessary through the civil courts.
51. Complaints about the financial assessment process or Adult Social Care can be made through the Adult Social Care complaints procedure in the following ways:

Online: fill in our [online customer feedback form](#)

Post: fill in our [printable Adults Complaints form](#) attached below.

You can also request a form from the [Adult Social Care helpline](#) by phoning 0300 200 1005 and post it to the team that provides you with a service, or

Write to:

Adult Social Care Customer Relations Team
Surrey County Council
Millmead House
Millmead

10
 Guildford
 Surrey GU2 4BB

Email: asc.customerrelations@surreycc.gov.uk

More information on providing Adult Social Care with your feedback, compliments or complaints can be found on the Council's website:

www.surreycc.gov.uk

Appendix A

Examples of disability related expenditure and reasonable evidence requirements:

This list is neither exclusive nor exhaustive and will be reviewed as part of the monitoring of the implementation of this policy. Discretion will be given on the level of costs claimed taking into account an individual's particular circumstances. Evidence will be sought, where reasonable, at the council's discretion.

Item of expenditure	Limitations	Evidence of
Private domestic help	Actual cost where Care Manager confirms requirement as part of care plan and Surrey supported care is reduced accordingly. In accordance with Direct Payment rulings, payment to family members is not allowed. Max of 2 hours care where not a requirement of the care plan	4 weeks of signed receipts using a receipt book
Privately arranged care	As per private domestic help	4 weeks of signed receipts using a receipt book
Gardening	Basic lawn cutting and gardening	4 weeks of signed receipts using a receipt book

Special dietary needs	Discretionary; noting that special dietary needs may not always be more expensive than a standard diet. Meals-on-wheels will not be taken as DRE - this cost subsidises for ordinary expenditure	Details and frequency of special purchases.
Special clothing or footwear	Actual cost where the disability is likely to incur this cost, noting that standard replacement clothing or footwear is relatively infrequent	Receipts. Request for future receipts to be kept if unavailable.
Frequently replaced bedding	Actual cost where the disability is likely to incur this cost as normal, noting that replacement of bedding is relatively infrequent	Receipts. Request for future receipts to be kept if unavailable.
Additional laundry	Additional electricity and water will be identified in fuel costs and water in water rates	Care plan identifies incontinence
Medical and chemist items	NHS provides incontinence items. Consider items that should be made available via prescription. Allow cost of annual season ticket divided by 52wks or actual cost, whichever the less	Receipts. Request for future receipts to be kept if unavailable
Chiropody	6 weekly visits, noting that diabetics receive free chiropody via the NHS	Unable to do for self and unavailable from NHS
Treatments	Alternative therapy e.g. acupuncture, homeopathy etc	Receipts. Request for future receipts to be kept if unavailable. Input from care manager.

Transport	Transport costs where they are greater than those incurred by an able bodied person. Where DLA Mobility component is in payment, only those costs over and above the Mobility in payment and available to meet these costs will be allowed	Care plan will identify mobility difficulties.
Mobile phone	Lowest monthly rental charge and emergency calls only	Phone bill and care manager to confirm essential need
Disability equipment	Essential equipment required and maintenance cost. Mobility aids over and above DLA Mobility in payment and available.	Receipts. Care manager or OT to confirm essential requirement
Community alarm system	Actual cost if not met by Housing Benefit or Supporting People	Bills from provider
Additional fuel	Additional fuel, only where incurred due to disability, over and above Family Expenditure Survey guidelines	Annual receipts for all fuel types
Breakages	Actual cost where caused by disability	Receipts. Request for future receipts to be kept if unavailable

Adult Social Care Select Committee
10 April 2015

Adult Social Care Directorate Budget Monitoring Report

Purpose of the report: Scrutiny of Budgets/Performance Management

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

Introduction:

1. This report:

- provides a high level summary of spend to date and of efficiencies achieved for 2014/15
- outlines the current monitoring position, updates on progress in delivering the Directorate's savings plans and explains key budget variances
- sets out in annexes fuller details of the management actions being taken, the effects across years of the position shown, and the capital budget.

Highlights:

2. The main highlights in the current monitoring position can be summarised as follows:

- £1.8m overspend projected for ASC in 2014/15 as at the end of February 2015. This is a reduction of £1.4m from the October monitoring position reported to Select Committee in December. The forecast overspend of £1.8m equates to only 0.5% of the total net budget.
- £40.8m of savings are forecast to be achieved which would be the highest amount of savings achieved in any of the last five years. This represents 97% of the £42m savings target.
- Family, Friends and Community Support programme is continuing to deliver results with £6.9m of savings projected to be achieved this year (£8.1m excluding new Transition care packages).

- Demand for new care packages is increasing at a faster rate than budgeted. This has led to additional pressures of £0.6m this year. However, demand pressures have slowed in the last quarter of the year, which is one of the main reasons for the reduction in the overall forecast overspend.

Commentary:

3. 2014/15 was highlighted as a challenging year in the budget planning process with a significant **savings target of £42m** plus additional income of £4m to be generated. The Directorate has made good progress in many of its savings actions and judges that **£38.7m of savings** have either **been achieved or will be achieved without needing further management action**.

4. The current year end projection relies on the Directorate implementing **£2m of management action** savings. A full list of the management actions included in the February projections is outlined in Annex 5.

5. The most significant element of ASC's savings plans in 2014/15 has been the **Family, Friends and Community (FFC)** support strategy. There are **three key measures** through which the service has planned to achieve the FFC savings. Firstly through an improved assessment process for individuals requiring **new care packages**, supported by a recalibration of the Resource Allocation System (RAS) which was implemented in mid-May. The second element is a **programme of re-assessments** of existing packages to ensure that FFC is fully incorporated into their personalised support plans. Locality Teams have drawn up local project plans for the delivery of the re-assessments. The third element is identification of **Direct Payments refunds** to ensure that any surpluses are reclaimed and the impact of that is factored into the re-assessment programme.

Table 1: Current FFC performance is outlined below: (this includes all clients groups and transition)

FCC Project Stream	Saving Target £'000	Achieved to date April - February £'000	Savings Forecast March £'000	Total Latest Forecast £'000	Current Year Variance £'000	Full Year Target £'000	Full Year Effect £'000	Full Year Variance £'000
FFC DP Surplus	-3,000	-4,959	-341	-5,300	-2,300	0	0	0
Reassessments	-6,000	-2,393	-36	-2,428	+3,571	-6,000	-5,925	-75
New Packages - non-Transition	-3,563	-337	-56	-393	+3,170	-3,563	-1,099	+2,464
Sub-total excluding Transition news	-12,563	-7,689	-433	-8,121	+4,441	-9,563	-7,023	+2,540
New Packages - Transition	-438	+1,278	-7	+1,271	+1,708	-438	+1,608	+2,045
Grand Total	-13,000	-5,749	-440	-6,851	+6,149	-10,000	-5,416	+4,585

6. Table 1 shows that savings are progressing in all areas other than new Transition care packages for individuals who have transferred from Children's, Schools and Families to Adult Social Care during this financial year. Costs for these individuals are historically volatile and the number of high costs cases the service have had to pick up so far this year has led to overall additional costs of £1.3m to date.

Excluding new Transition packages, £7.7m of savings have been achieved to date and £8.1m are forecast for the year as a whole.

7. Although delays in the FFC programme becoming fully operational in the early part of the year have meant the overall savings target of £13.3m for the FFC programme is not expected to be achieved this year, there is clear evidence that the programme is working both in terms of delivering financial savings and improved outcomes for individuals.

8. The service has focused activity on catching up on the initial delay in fully establishing the programme of **reassessments** and had **completed 70% of the originally planned 1,400 reassessments** by the end of February. As a result the reassessment target of £6m is forecast to be achieved on a full year basis. The **average amount saved per reassessment** is currently **15%**, which demonstrates that significant savings are being delivered but that 20% still remains a stretch target.

9. **Savings on new community care packages** have proved **harder to achieve**. One issue that is likely to have made it particularly difficult to reduce costs by 20% compared with the previous year's community care packages is the continued successful shift away from residential care. This shift is better both for individuals in terms of maintaining their independence and wellbeing and financially beneficial as community care packages are on average less expensive than residential care placements. However, it also makes it less likely that it will be possible to reduce community care costs by 20% on average overall, as there may be a higher proportion of individuals with more complex needs receiving community care. The service is currently reviewing performance this year to better inform the delivery of the FFC savings target in 2015/16.

10. **Challenges remain in two other areas of planned savings:**

- The correct application of **Continuing Health Care** arrangements is still anticipated to deliver £0.2m of savings in the remainder of the year. Progress is slowly improving in this savings stream but challenges remain in delivering the full value of savings projected in the remainder of the year.
- The **LD PVR** plans to secure £1.5m of savings in 2014/15, with a full year effect of £3m. To date £1.2m of savings have been achieved. The remaining £0.3m savings are largely reliant on the agreement of other local authorities to pick up funding for a number of Ordinary Residence cases. The Strategic Director is liaising with his DASS colleagues in these authorities and legal services are supporting the Directorate in negotiating the funding transfers but there is a risk that not all of the transfers may have been concluded by year end. Although the impact on this year's budget will be limited if these cases are not resolved, there will be a more substantial impact on next year's budget.

Summary of Adult Social Care Forecast

	£m	£m
ASC MTFP Efficiency Target		(42.0)
Total savings achieved (or not needing further management action) to date*		(38.8)
Savings forecast in remainder of the year through use of FFC against original project plans	(0.1)	
FFC applied to DP reclaims	(0.3)	
Other savings forecast in the remainder of the year and included as Management Actions	(1.6)	
Risk contingency of savings not being achieved	0.1	
Total additional savings forecast through Management Actions		(2.0)
Total savings forecast		(40.8)
Under / (Over) performance vs MTFP savings target		1.2
Additional demand pressures		0.6
Total Projected Over / (Under) spend vs ASC budget		1.8

*A breakdown of the savings identified in the current projections can be found in Annex 2

Conclusions:

As at the end February a 0.5% overspend is projected for Adult Social Care compared to the Directorate's budget for 2014/15. It is important to view the projected overspend in the context of the challenges the Directorate faces in managing growing demand pressures and delivering an extensive savings programme. The Directorate is forecast to achieve 97% of its original £42m savings target excluding the need to cover additional demand pressures. Therefore, although a small overspend proportionate to the budget is projected, the Directorate is successfully implementing a wide range of actions to contain the position to this level.

Recommendations:

It is recommended that the Committee notes the current position.

Report contact:

William House, Finance Manager for Adult Social Care, Tel: 01483 518 905

Annex 1- Adult Social Care Budget by Key Policy Area

	YTD Budget	Year to Date Actual	YTD Variance	Full Year Budget	Remaining Forecast	Outturn Forecast	Forecast Variance	Previous Month Variance	Change From Last Month
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<u>Income</u>									
UK Government Grants	(215)	(520)	(305)	(235)	(18)	(539)	(304)	(294)	(10)
Other Bodies Grants	(16,783)	(16,922)	(139)	(18,309)	(1,553)	(18,475)	(166)	(166)	(1)
Fees & Charges	(38,418)	(39,101)	(684)	(41,907)	(3,419)	(42,520)	(613)	(712)	99
Joint Working Income	(7,963)	(7,485)	478	(8,687)	(625)	(8,110)	577	251	326
Joint Funded Care Package Income	(1,690)	(2,088)	(399)	(1,843)	(142)	(2,231)	(387)	(447)	60
Reimbursements & recovery of costs	(2,674)	(2,488)	187	(2,910)	(328)	(2,816)	95	367	(272)
Property Income	0	0	0	0	0	0	0	0	0
Income	(67,744)	(68,605)	(861)	(73,892)	(6,086)	(74,691)	(799)	(1,001)	203
<u>Expenditure</u>									
Older People	146,156	149,413	3,257	159,747	13,680	163,094	3,347	4,132	(786)
Physical Disabilities	43,895	42,754	(1,142)	48,030	4,328	47,082	(948)	(915)	(33)
Learning Disabilities	117,758	120,155	2,397	130,117	11,924	132,079	1,962	2,590	(628)
Mental Health	8,043	8,080	37	8,797	686	8,766	(31)	25	(56)
Other Expenditure	63,480	62,856	(624)	69,220	4,627	67,483	(1,737)	(1,535)	(202)
Expenditure	379,332	383,257	3,925	415,910	35,246	418,503	2,593	4,297	(1,705)
Net Position	311,589	314,653	3,064	342,019	29,160	343,813	1,794	3,296	(1,502)

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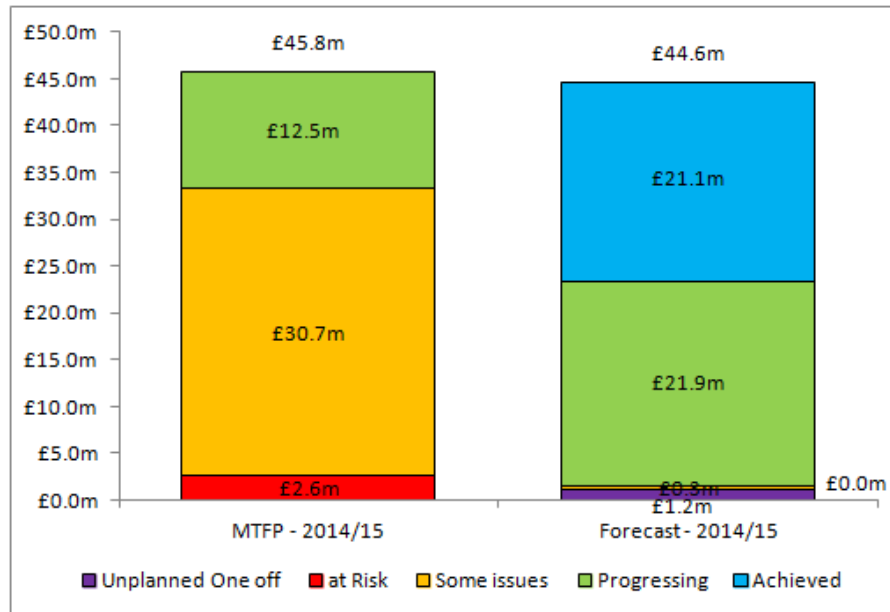
Annex 2 – Adult Social Care Budget by Subjective Type

	YTD Budget	Year to Date Actual	YTD Variance	Full Year Budget	Remaining Forecast	Outturn Forecast	Forecast Variance	Previous Month Variance	Change From Last Month
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<u>Income</u>									
Local Taxation	0	0	0	0	0	0	0	0	0
Government Grants	(215)	(520)	(305)	(235)	(18)	(539)	(304)	(294)	(10)
Other Income	(67,528)	(68,084)	(556)	(73,657)	(6,067)	(74,152)	(495)	(707)	213
Income	(67,744)	(68,605)	(861)	(73,892)	(6,086)	(74,691)	(799)	(1,001)	203
<u>Expenditure</u>									
Staffing	62,003	60,917	(1,085)	67,639	4,019	64,937	(2,703)	(2,723)	20
Non Staffing	317,330	322,340	5,010	348,271	31,227	353,567	5,296	7,020	(1,724)
School Expenditure	0	0	0	0	0	0	0	0	0
Expenditure	379,332	383,257	3,925	415,910	35,246	418,503	2,593	4,297	(1,705)
Net expenditure	311,589	314,653	3,064	342,019	29,160	343,813	1,794	3,296	(1,502)

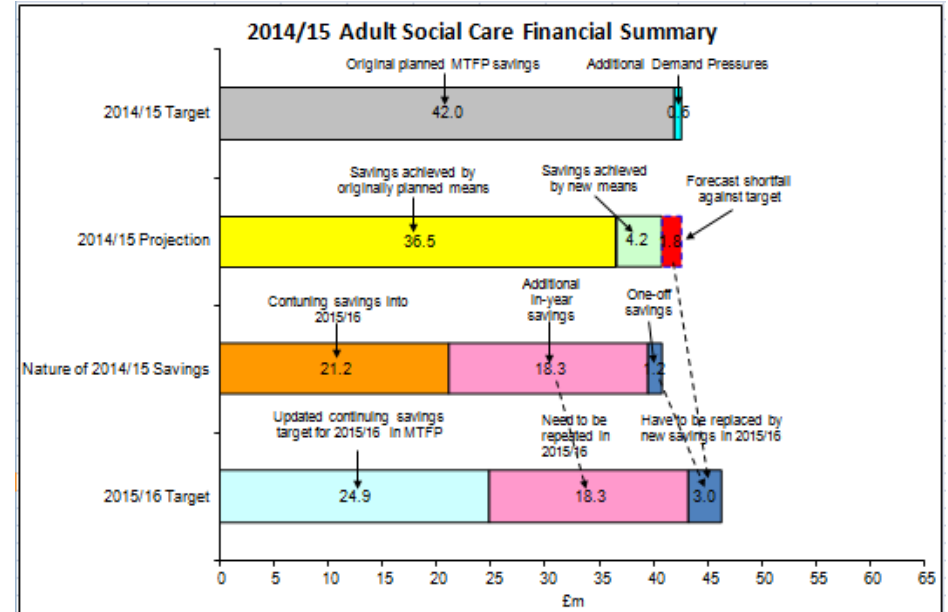
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Annex 3 – Summary of Adult Social Care Efficiencies

Graph 1: 2014/15 Progress on Efficiencies



Graph 2: Impact of 2014/15 Efficiencies on Future Years



The Directorate has already achieved savings of £21.1m this year. A further £21.9m is on target to be achieved by year-end with no difficulties anticipated, and largely without further action being required. Additionally £1.2m of savings of one-off savings are on track to be achieved, but will need to be replaced with new savings in next year's budget. Management actions will be necessary to deliver the remaining £0.3m of savings judged to be amber.

Annex 4 – Adult Social Care Capital Programme

	Revised Full Year Budget	YTD Actual	Remaining Forecast	Full Year Forecast	Full Year Variance	Carry Forward Request
	£'000	£'000	£'000	£'000	£'000	£'000
Significant Schemes						
Major Adaptations	800	376	198	574	-226	
D&B developments - wellbeing centres	160	-25	0	-25	-185	110
In-house capital improvement schemes	325	160	26	186	-139	89
User led organisational hubs	100	10	0	10	-90	90
NHS Campus Reprovision	0	-5	0	-5	-5	0
Autism Fund	19	0	19	19	0	0
Total	1,404	516	242	758	-645	289

Carry Forward Requests:

1. D&B Developments Wellbeing Centres – £110k due to delay in the set up of Waverley and Reigate & Banstead Wellbeing centres.
2. In-House capital improvements - £89k delays in 3 project areas: sluices, nurse call systems and Hawthorn remodelling
3. User Led Hubs - £90k due to delays in the hub programme with approved commitments moving into 2015/16.

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Annex 5 – Adult Social Care Management Action Plans

£m	Management Action
<u>Family, Friends and Community support (FFC) savings</u>	
(0.1)	Savings through the application of FFC against the original project plans.
(0.3)	Effective level of FFC on DP reclaims. £(5.0)m already achieved to date
(0.4)	
<u>Other forecast efficiency savings in the remainder of 2014/15</u>	
(0.016)	S256 Attrition - £2.1m of attrition savings achieved to date, a further £0.016m savings are anticipated in the remainder of 2014/15
(0.3)	The on-going implementation of the LD PVR team project plan is expected to deliver £(1.5)m of savings which is £(0.5)m over target. £1.2m has already been achieved with a further £(0.3)m forecast in the remainder of the year.
(0.2)	Total CHC savings for 2014/15 currently projected to be £1.2m. This represents an underachievement of £1.3m against the MTFP target and is reflective of the challenges posed by the new processes introduced by Surrey Downs CCG and the number of previously health funded cases ASC is having to pick up funding for.
(0.9)	Over-projection due to breaks in care packages - based on trends of previous years and current activity for Home Based Care and Supported Living services.
(0.3)	Over-projection due to reduction in call-offs - based on trends of previous years and current activity.
(1.7)	
0.1	Risk Contingency - this takes a prudent view of the volatility of care demand, potential impact of market forces and current level and challenges faced in delivering the service's management action plans.
(2.0)	Total Management Action Plans included in projections

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Annex 6 – Savings identified in current projections

£m	Saving
(1.5)	Family, Friends & Community Support reassessments & new packages savings
(5.0)	FFC applied to Direct Payments reclaims
(6.5)	Total FFC related savings achieved to date
(6.9)	Staffing related savings
(6.3)	Constrain inflation for individually commissioned services
(4.2)	Block contracts & Grants
(4.0)	Forecast AIS over-projection
(2.1)	Attrition savings for Former S256 clients
(1.7)	Strategic Supplier Review
(1.5)	Housing Related Support
(1.3)	Protection of Social Care through Whole Systems Funding
(1.2)	Learning Disabilities Public Value Review
(1.1)	Continuing Health Care savings
(0.6)	Care Fees & Charges
(0.6)	Savings through LATC
(0.3)	Optimisation of Transition Pathways
(0.7)	Other Savings
(38.7)	

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**ADULT SOCIAL CARE SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED March 2015**

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	HEALTH AND WELLBEING PRIORITIES: OLDER ADULTS & PREVENTION AND DEMENTIA FRIENDLY SURREY [Item 7]	The Committee recommends that the Strategic Director and the Cabinet Member for Adult Social Care monitor the working of social care teams in acute hospital in relation to the operation of discharge services.	Cabinet Member for Adult Social Care	Circulated at December meeting.	N/A

Select Committee and Officer Actions

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
5 December 2013	SERVICE FOR PEOPLE WITH A LEARNING	a) That officers work to increase the occupancy rate of Surrey assets with Surrey Residents.	Area Director NE	The Committee will receive a further report on	<i>To be scheduled in 2015</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
023	DISABILITY PUBLIC VALUE REVIEW (PVR) UPDATE [Item 8]	<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>		the outcomes of the Public Value Review (PVR) in 2014. This will be added to the forward work programme in due course.	
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	<i>October 2015</i>
16 January 2014 032	IMPROVEMENT TO THE ADULTS INFORMATION SYSTEM (AIS) FOLLOWING 'RAPID IMPROVEMENT	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	<i>October 2015</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
	EVENTS' [Item 8]				
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; 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. 	Assistant Director for Policy & Strategy		March 2015
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		April 2015

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
23 October 2014 054	DIRECTOR'S UPDATE [Item 6]	The Chairman to distribute governance guidelines for the Health Scrutiny Committee to Members.	Health Scrutiny Chairman	Guidance circulated electronically	<i>Complete</i>
23 October 2014 055	DIRECTOR'S UPDATE [Item 6]	Adult Social Care will share weekly updates on the preparations for the Care Act, following the publication of the guidance, in the Directorate's 'e-brief'. If Members have specific information requests they can contact Tristram Gardner (Care Act Project Manager).	Care Act Project Manager		<i>Complete</i>
23 October 2014 056	HEALTH AND WELLBEING PRIORITIES: OLDER ADULTS & PREVENTION AND DEMENTIA FRIENDLY SURREY [Item 7]	The Committee recommends that the Strategic Director and Cabinet review the working of social care teams in acute hospital over the operation of discharge services.	Strategic Director	Response circulated	<i>Complete</i>
19 December 2014 056	DIRECTOR'S UPDATE [Item 6]	That communications regarding the rationale for considering the future of the older people's homes are delivered consistently. The Strategic Director provides up to date information on the level of vacancies currently held in the	Strategic Director	Information received in the January	<i>May 2015</i> <i>Complete</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		Directorate.		Director's update	
19 December 2014 057	INTERAGENCY YOUNG CARERS STRATEGY FOR SURREY [Item 7]	<p>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.</p> <p>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.</p>	Cabinet Associate	<p>Circulated</p> <p>Scheduled</p>	<i>Complete</i>
19 December 2014 058	ADULT SOCIAL CARE DIRECTORATE OCTOBER 2014 BUDGET MONITORING REPORT [Item 8]	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.	Local Committee Chairman	ASC Chairman wrote to all Local Committee Chairman supported by conversations held by the Vice-Chairman. Member Champions have now been nominated	<i>Complete</i>
15 January 2015	DIRECTOR'S UPDATE [Item 6]	That the Strategic Director shares the outcomes of the Quality Assurance Task & Finish group with the Committee	Strategic Director		<i>April 2015</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
059		on completion of the project.			
15 January 2015 060	CARE ACT 2014: PREPARATIONS FOR APRIL 2015 IMPLEMENTATION [Item 7]	<p>The Committee recommends that leaflets with information on the Care Act changes be distributed to County, Borough and Parish Councillors along with a short briefing paper to local committees highlighting the significance of these leaflets before 1 April.</p> <p>The Committee recommends that a short briefing paper is distributed to all Members and that a short statement be read out at an upcoming meeting of the Council (17 March 2015) before the Care Act comes into force on 1 April 2015.</p> <p>Outcomes of Elmbridge pilot scheme to be considered at the Adult Social Care Select Committee meeting on 25 June 2015.</p> <p>Head of Resources to liaise with Chairman of Sight for Surrey to facilitate access to AIS regarding self-funders.</p>	Information, Advice and Engagement Lead	<p>Complete</p> <p>Scheduled</p>	April 2015
15 January 2015	UPDATE ON THE HOME-BASED CARE TENDER	The Committee to review results of the customer feedback survey which is currently being analysed by Business	Senior Commissioner Category Specialist	Copies of the reports circulated electronically to	April 2015

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
061	2014 [Item 8]	Intelligence at a future meeting.		<i>the Committee - 25/03/2015.</i>	
15 January 2015 062	INTERNAL AUDIT REPORT - REVIEW OF SOCIAL CARE DEBT 2013/14 [Item 9]	<p>The Committee recommends that the different teams involved in the collection of social care debt should work to integrate their processes to ensure a high level of collection.</p> <p>The Committee recommends that the plan to institute an incentive scheme to encourage payment of social care costs should be revisited to gather more evidence before the option is discounted.</p> <p>The Committee suggests that more than two weeks should be allowed for social care users to inform ASC that they are unable to pay the amount they owe.</p> <p>The Committee recommends that direct debit should be promoted as preferred method of payment while acknowledging that this is not a convenient method of payment for all those who pay social care costs to the Council.</p>	<p>Senior Principal Accountant</p> <p>Order to Cash Process Owner</p>		<i>June 2015</i>

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Adult Social Care Select Committee Work Programme 2014-15

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
April 2015				
10 April	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	
10 April	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 Stella Charman, Health in Justice Tristram Gardner, Project Manager	
10 April	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,	

Adult Social Care Select Committee Work Programme 2014-15

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			Finance Manager	
10 April	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.	Sonya Sellar Area Director Emily Boynton, HR Relationship Manager	
10 April	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	
10 April	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 arrangements in the directorate, including the response to CQC inadequate inspection outcomes.	Dave Sargeant, Strategic Director	
14 May	Contract	Scrutiny of Services/ Policy Development – as part of ongoing work	Jen Henderson,	

Adult Social Care Select Committee Work Programme 2014-15

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
	arrangements for Dementia Day Care Services	within the directorate to align more closely to Surrey CCG boundaries and drive improvements commissioners are seeking more flexible arrangements for service users.	Senior Commissioning Manager	
14 May	Accommodation and support services for priority need groups including Supported Living	Scrutiny of services - to review the supporting living services commissioned by the council and the prevention of homelessness and the outcomes of the Joint Accommodation Strategy For People With Care and Support Needs 2010-14 and future plans.	Jean Boddy, Area Director SW	
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	
September 2015				
7 September	FFC: Time Banking Project	Scrutiny of Services – as part of the Family, Friends and Community Support programme the Committee will scrutinise the timebanking project run by the Directorate in conjunction with Youth Support Services.	Shelley Head Area Director, NW	
To be scheduled				
	Mental Health Crisis	Scrutiny of Services/Policy Development – review the implementation of the joint work done in Surrey to	Jo Poynter, Area Director	Involve HSC

Adult Social Care Select Committee Work Programme 2014-15

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
	Concordat, Adults Joint Mental Health Strategy		Jane Bremner, Assistant Senior Manager NE Hants & Farnham CCG SABP	
	Supporting Carers	Scrutiny of Services – following the implementation of the Care Act and the new duties on the council to assess carers the Committee will review the performance of ASC in supporting carers. This will include the results of the audit in schools of the outcomes for young carers.	Sonya Sellar Mikki Toogood Jane Thornton	

Page 100

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	Ongoing
Better Care Fund MRG (Joint with Health Scrutiny)	Margaret Hicks, Fiona White	Scrutinise impact of BCF plans on services and finances and oversee risks	June 2014

Adult Social Care Select Committee Work Programme 2014-15

Performance & Finance sub-group	Keith Witham (chair), Margaret Hicks, Saj Hussain, Richard Walsh, Fiona White, Ernest Mallett	Scrutinise delivery of the MTFP and areas identified for making savings	
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