

## Notice of Meeting

# Adult Social Care Select Committee



**Date & time**  
**Thursday, 14 May**  
**2015**  
**at 10.00 am**

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

**Contact**  
Ross Pike or Andrew Baird  
Room 122, County Hall  
Tel 020 8541 7368 or 020  
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**Chief Executive**  
David McNulty

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

### **Members**

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

### **Ex Officio Members:**

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

## **TERMS OF REFERENCE**

The Select Committee is responsible for the following areas:

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

## **PART 1** **IN PUBLIC**

### **1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS**

### **2 MINUTES OF THE PREVIOUS MEETING: 10 APRIL 2015**

(Pages 1  
- 14)

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 (8 May 2015).
2. The deadline for public questions is seven days before the meeting (7 May 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.

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

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

### **6b CABINET MEMBER'S UPDATE AND ADULT SOCIAL CARE SYSTEM SCRUTINY**

The Committee will be briefed on the recommended new contract for the Adult Social Care case management and financial system to be decided

by the Cabinet on May 26.

The Cabinet Member for Adult Social Care will also update the Committee on his priorities for the Directorate in 2015/16.

**7 SINGLE HOMELESSNESS IN SURREY** (Pages 15 - 22)

**Purpose of report:** Scrutiny of Services

To provide an update on single homelessness in Surrey and how Adult Social Care works to support single homeless people.

**8 TRANSFORMING DEMENTIA DAY CARE** (Pages 23 - 26)

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

To inform the Select Committee of the proposed changes to how Surrey County Council commissions day care for older people and people living with dementia.

**9 AN UPDATE ON THREE AREAS OF SAFEGUARDING IN SURREY: SAFEGUARDING ACTIVITY 2014/15, NEW SAFEGUARDING DUTIES UNDER THE CARE ACT 2014, RESPONSE TO THE CLOSURE OF MEROK PARK** (Pages 27 - 50)

**Purpose of report:** Scrutiny of Services

The Committee has requested oversight of level and type of Safeguarding activity and an explanation of new duties placed on Surrey County Council, specific to Safeguarding, through the implementation of the Care Act 2014. The Committee has also requested oversight of the response to the closure of Merok Park Nursing Home.

Annex 4 was published on 8 May 2015.

**10 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME** (Pages 51 - 60)

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

**11 DATE OF NEXT MEETING**

The next meeting of the Committee will be held at 10.00 am on 25 June 2015

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

Published: Wednesday, 6 May 2015

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

Those attending for the purpose of reporting on the meeting may use social media or mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. To support this, County Hall has wifi available for visitors – please ask at reception for details.

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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 10 April 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 Thursday, 14 May 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**

Mr Bill Chapman

**12/15 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Mr. Graham Ellwood and Mrs Barbara Thomson.

Bill Chapman acted as a substitute for Mrs Barbara Thomson.

**13/15 MINUTES OF THE PREVIOUS MEETING: 15 JANUARY 2015 [Item 2]**

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

**14/15 DECLARATIONS OF INTEREST [Item 3]**

None received.

**15/15 QUESTIONS AND PETITIONS [Item 4]**

None received.

**16/15 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]**

None received.

**17/15 DIRECTOR'S UPDATE [Item 6]****Declarations of interest:**

None

**Witnesses:**

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

**Key points raised during the discussion:**

- The Strategic Director informed the Committee that the Adult Social Care Directorate (ASC) have now completed 100% of appraisals representing an improvement on this time last year
- ASC received Surrey's results from the statutory Survey of Adult Carers in England (SACE) which was completed in late 2014. The SD advised that the feedback from the survey was very positive and indicates that, in comparison with the results of the 2012/13 survey, there has been an improvement in how carers perceive their interactions with ASC. It was agreed that the results from SACE would be circulated to Members.

- The Committee were updated on how ASC is managing the introduction of the Care Act which came into force on 1 April 2015. A review of ASC's preparations for the Care Act by the Internal Audit Team was cited which expressed satisfaction with the progress being made in meeting the requirements of the Act and did not make any recommendations. The SD did, however, stress that the importance of not being complacent in implementing the Care Act particularly in light of the second phase of legislation which will come into force from 1 April 2016.
- It was also advised that the Government has issued draft guidance and recommendations on the Care Act duties being introduced in 2016. ASC has now returned comments to the Government highlighting concerns around implications that the guidance and recommendations could have. The SD indicated that he would circulate ASC's response to the Committee.
- Members were informed that the deadline for the signing of Section 75 agreements with the six Clinical Commissioning Groups (CCGs) has been revised to 30 April 2015 from the original deadline of 1 April 2015. Assurances were requested by the Committee that the agreements would be signed off by the new deadline. The SD advised that a letter of intent has been sent to each of the CCGs and confirmed that he is confident of having the agreements finalised by the 30<sup>th</sup>.
- Attention was drawn to a briefing issued by the Association of Directors of Adult Social Services (ADASS) which provides an interesting perspective on the future of adult social care nationally.
- The SD confirmed to the Chairman that when an individual is not satisfied with the response given by the ASC, they have the right to pursue a complaint through the Local Government Ombudsmen (LGO) and the Council will co-operate fully with the LGO.
- Members inquired about the five strategic priorities which have been set out by ASC for 2015/16 and whether the Committee should align its forward plan to these. The SD agreed that the work of the Committee should be tracked back to these priorities.

**Recommendations:**

None

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

1. 2014 Carers' Survey to be circulated to Members of the Committee

2. Directorate response to Government Guidance on 2016 Care Act duties to be shared.

**Committee next steps:**

None

**18/15 SOCIAL CARE FOR SURREY PRISONERS: IMPLEMENTATION OF THE ACT'S PROVISION FOR PRISONERS, APPROVED PREMISES AND BAIL ACCOMMODATION [Item 7]**

**Declarations of interest:**

Margaret Hicks council appointed governor of Surrey and Borders Partnership NHS Foundation Trust.

**Witnesses:**

Stella Charman, Health and Social Care Programme Manager  
Kemi Oyemade, Head of Healthcare, HMP Bronzefield  
Dave Sargeant, Strategic Director, Adult Social Care  
Cliff Bush, Chairman, Surrey Coalition of Disabled People

**Key points raised during the discussion:**

- The Health and Social Care Programme Manager (HSPM) provided Members with a brief introduction to the report highlighting the new responsibilities established by the Care Act which requires the council to provide social care services to prisoners in the county. The Committee was informed that Surrey has a particularly large prison population with almost 3,000 individuals incarcerated of whom 30% are female. It was advised that a contract has been awarded to Surrey and Borders Partnership (SABP) to manage this service which will be reviewed after a year as it is anticipated that there will be increasing demand with hidden need potentially uncovered as the service becomes embedded.
- The Head of Healthcare at HMP Bronzefield (HH) gave a brief breakdown of the different categories of prison that there are in Surrey and how the variation in the prison population provides a different set of challenges when delivering social care.
- Members highlighted potential issues around the continued provision of social care services for prisoners once they are released. Of particular concern was the arrangement for prisoners who move to another county once they are released from prison in Surrey. The HSPM confirmed that individuals released from prison are entitled to the same support as other residents and that it is the specialist team's role to link with the returning local authority if someone leaves Surrey



and to share the individual's care plan. It is then the returning authority's responsibility to deliver any re-assessment.

- Information was requested on the role of the Family, Friends and Community (FFC) support programme and how this fits with the delivery of social care services to prisoners. The HSPM advised that in many cases inmates provide assistance to fellow prisoners who require support. Some prisoners have already been given limited training on providing healthcare support to other inmates and plans are currently being discussed to expand this training.
- Members inquired about the provision in place for prisoners suffering from mental health problems. The HSPM confirmed that ASC are working closely with mental health services and other partners to ensure that the appropriate services are in place to support prisoners with mental health problems. Moreover, ASC have also employed someone within the specialist team with a background in mental health service provision to ensure that the appropriate support is in place. The HH emphasised the importance of providing integrated health and social care services in prisons to ensure all areas of need are met and that this was an area that the council could really add value by bringing the social conception of need alongside the existing medical model.
- The Chairman of Surrey Coalition of Disabled People (CSCDP) inquired about the model of social care that would be provided to prisoners and requested assurances that this model would offer the same opportunities as those given to other Surrey residents. The SD confirmed that social care teams will be introduced to prisons as part of the integrated model to ensure that the social care needs of prisoners are met. A number of local authorities have taken the decision to hand prison social care services entirely over to healthcare agencies but the ASC team decided against doing this in Surrey, instead expanding its current offer as per the Care Act. SABP hosting the team was a pragmatic decision designed to ensure more cases were not added to the Locality Team's caseload.
- Information was requested on the number of prisoners there are in Surrey with disabilities and what provisions have been put in place to meet the needs of these prisoners. The HH indicated that there are 131 prisoners at Bronzefield with registered disabilities, as of December 2014, which cover a wide range of mental and physical conditions. Special consideration also needs to be given to the impact of illegal drugs on these inmates with these conditions due to the high prevalence of dependency. Members were informed that extensive work has already taken place on providing services for prisoners with

disabilities and that the introduction of the Care Act will build on this existing work.

- Attention was drawn to the existing provision of social and pastoral care in prisons with the Committee stressing the need to ensure that ASC works with and builds on any services that are already in place. The HSPM indicated that there are few volunteering organisations operating in Surrey prisons that work on social care issues. The HH advised the Committee that she felt the introduction of social care into prison services would complement rather than prove a hindrance to services that are already in place.
- The relevance of the Care Act to prisoners held on remand was queried by the Committee. The HSPM advised that the council also has responsibility to provide care services to remand prisoners. The speed with which assessments could be completed for these prisoners was flagged as potentially problematic due to the short space of time that many people are held.

**Recommendations:**

1. The Committee supports the model proposed for the first year of operation

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

1. The Committee requests a report on the performance of the service including details of involvement by the voluntary sector at its meeting on 18 December 2015.

**Committee next steps:**

None

**19/15 RECRUITMENT AND RETENTION & WORKFORCE STRATEGY UPDATE [Item 8]**

**Declarations of interest:**

None

**Witnesses:**

Sonya Sellar, Area Director – Mid Surrey, Adult Social Care  
 Emily Boynton, Strategic HR & OD Relationship Manager  
 Chris Whitty, Programme Manager – Service Delivery  
 Cliff Bush, Chairman, Surrey Coalition of Disabled People

**Key points raised during the discussions:**

- The Area Director (AD) introduced the report drawing attention to the steps being taken to improve recruitment and retention of staff. Measures such as introducing more clearly defined job titles, for example Senior Social Worker has been signed-off, improving the induction process as well as revising the pay and reward strategy were highlighted to Members. The Committee were also informed that ASC are working closely with HR to recruit directly in universities and colleges while the number of apprenticeships and training opportunities for existing staff also being increased.
- Information was requested on whether there are any particular areas of work or geographical regions in which the staffing problems are especially acute. The Strategic HR & OD Relationship Manager (SRM) indicated that recruitment and retention of ASC staff in Mole Valley has proven more challenging than in other Districts and Boroughs. Occupational Therapists and Social Workers were also highlighted as difficult positions to recruit into.
- Members drew attention to the reputation that Surrey County Council has as a social care employer and suggested that this may be impacting on the ability of ASC to recruit. The SRM highlighted that ASC has taken steps to develop its brand as an employer but is focusing on ensuring that the experience of staff once they start their job is a good one. The induction programme has proved to be a particularly successful way of improving the experience of new starters.
- Concern was expressed with the prevalence of key frontline staff being trained by the council only for them to leave shortly after their apprenticeship has been completed. The witnesses were asked whether it was possible to provide incentives for trainees to make it more attractive for them to remain at the council. The SRM indicated that plans are in place to introduce a stepping stone position for apprentices once they have completed their training as many are not ready to take up a full-time post. The Committee were advised, however, that some apprentices will inevitably leave the council following the completion of their training as they may realise that they want to follow another career path.
- The average salary paid to staff in ASC was identified as a key factor in the challenges being faced by the council in recruitment and retention as many can't afford to live and work in Surrey. Members suggested that it was necessary to identify housing opportunities for key staff as a priority to ensure that those on the average wage for ASC staff are actually able to live in the county. This was particularly important for the provision of social care in the middle of the county

due to the distances that need to be travelled by care workers who commute to Surrey from another county.

- The importance of creating a more flexible workforce by broadening staff skill sets was also raised by the Committee. It was advised that ASC are working in conjunction with CCGs to identify the skills needed across the health and social care system in the county and developing opportunities to train staff to be more flexible with the services they are able to provide.
- Members indicated that there is a need to focus on making people aware of how rewarding a career working in social care can be. It was suggested that this could be achieved by getting this message into schools and by creating work experience opportunities for young people. The SRM flagged up the Career Tasters programme being set up as a means for young people to discover what is on offer and to get an opportunity to engage in work experience if they are interested. The AD further highlighted that there are champions who talk to students at colleges and universities about working for ASC.
- The CSCDP drew attention to the vast resource of ex-carers and individuals with moderate disabilities who ASC could target as potential employees. Members were advised that Surrey Coalition of Disabled People does a lot of work to support people back into work and suggested that the council tap into this resource in an effort to address some of the recruitment and retention challenges being faced by ASC. The CSCDP further mentioned the work done by Action for Carers to support people back into work and suggested that the Council may also want to work with them as well. The AD welcomed this suggestion and indicated that they would discuss it in more detail with Surrey Coalition of Disabled People to find a way forward. The Committee requested an update on how the work being done by the Council to employ staff through Surrey Coalition of Disabled People and Action for Carers is progressing.

#### **Recommendations:**

1. That 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.
2. Members note and support the actions outlined that will support the service to recruit and retain the necessary staff numbers in the future. In particular 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.

3. The Committee recommends that the Cabinet give consideration to affordable housing for care staff as key workers in Surrey including the use of the council's land and properties.
4. Recommends that the Directorate and HR liaise with the voluntary sector including the Surrey Coalition of Disabled People in the recruitment and retention of 'returning staff'.

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

None

**Committee next steps:**

None

**20/15 THE FUTURE OF SURREY COUNTY COUNCIL RESIDENTIAL CARE HOMES FOR OLDER PEOPLE [Item 9]**

**Declarations of interest:**

None

**Witnesses:**

Dave Sargeant, Strategic Director, Adult Social Care  
Chris Whitty, Programme Manager – Service Delivery, Adult Social Care  
Mel Few, Cabinet Member for Adult Social Care

**Key points raised during the discussions:**

- The Cabinet Member for Adult Social Care reiterated the need to close the six Surrey County Council owned care homes due to the fact that they are no longer fit for purpose. The Committee were informed that work has already started on closing Brockhurst and Longfield and that the process of shutting these two care homes will have been completed by the end of 2015.
- The Programme Manager (PM) provided more information on the next steps in the closure of the care homes and the schedule for these closures stating that two homes would be shut each year for the next three years. The council is also talking to other local authorities about their experiences of closing care homes to ensure that all aspects of the closures have been fully considered. The PM provided detail on plans for the redeployment of staff advising that skill sets will be assessed to ensure that the needs of residents are met.
- Further information was requested by the Committee on the process of closing the care homes and asked how this is progressing in relation to the Brockhurst and Longfield homes. ASC have looked at the care

needs of residents currently in the homes and are considering these in relation to alternative care solutions within a five-mile radius.

Discussions are currently taking place with care providers to get an understanding of what services they offer that meet individual residents' needs. The PM also advised that conversations are ongoing with families, advocates and residents to ensure that they get an arrangement they are comfortable with. The hope is to transfer all residents in Brockhurst and Longfield to another care home in the summer in line with the council's commitment not to move residents in the winter months.

- The SD stressed the importance of retaining staff that work in these homes and gave assurances that efforts will be made to ensure that this is the case. Members were advised that ASC are currently considering options such as providing staff with training opportunities, re-deployment of some staff to re-ablement teams or moving staff to some of the other homes which are closing down to reduce the number of agency workers in these homes. The Committee were further informed that there is a shortage of staff in privately run care homes in Surrey but that efforts would be made to retain existing staff where possible.
- Members asked what significance is being given to existing friendship groups in the closing care homes. The PM highlighted that this is paramount in ASC thinking and that efforts will be made to accommodate these friendship groups where possible.
- The SD was asked whether ASC is working in conjunction with the Care Quality Commission (CQC) to ensure that residents are re-located in homes where they will receive a high standard of care. The SD highlighted that he has established and oversees a Quality Assurance group including a representative from the CCG to provide external challenge. The purpose of the Quality Assurance group is to oversee the placement of every resident to ensure that they receive the same quality of care that which they presently receive.

**Recommendations:**

- The Committee recommends that consideration be given to all staff to ensure that they are given ample opportunities to continue working for ASC or within the council.

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

None

**Committee next steps:**

None

**21/15 CARE ACT IMPLEMENTATION:REVISED CHARGING POLICY AND DEFERRED PAYMENT POLICY FOR ADULT SOCIAL CARE [Item 10]**

**Declarations of interest:**

None

**Witnesses:**

Toni Carney, Head of Resources

**Key points raised during the discussions:**

- The Head of Resources (HoR) informed the Committee that the majority of service users will not be significantly impacted by revisions to the charging and deferred payment policies. One potentially significant area, however, is the level of earned income taken by the council for social care services. Members were informed that new assessments for those affected by the changes in charging policy are being conducted while a dedicated telephone service has been set up to allow people affected by the revised charging policy to access information.
- It was agreed that the HoR would send a brief memo to the CSCDP about the taxability of income through benefits and whether this will increase as a result of the changes.

**Recommendations:**

1. The Adult Social Care Select Committee notes the report and the revised Charging and Deferred Payment Policies.

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

None

**Committee next steps:**

None

Bill Chapman left the meeting at 12:30

**22/15 ADULT SOCIAL CARE DIRECTORATE BUDGET MONITORING REPORT [Item 11]**

**Declarations of interest:**

None

**Witnesses:**

Dave Sargeant, Strategic Director, Adult Social Care  
Will House, Finance Manager

**Key points raised during the discussions:**

- The Finance Manager (FM) advised that there has been a significant reduction in the overspend projected by ASC for 2014/15. The service has made good progress on delivering savings while the level of demand has decreased from previous month although it remains higher than was projected last year.
- Members drew attention to the £6 million savings achieved from the FFC programme and asked what further action can be taken to introduce additional savings in line with the £10 million target originally anticipated for 2014/15. It was highlighted that reassessments are only a small part of FFC and that a number of other avenues will be going live over the next few months which will help to deliver further efficiencies. The FM highlighted that the service has increased the number of reassessments over the last month and there are many more scheduled for next year. Modelling suggests that over the next three years reassessments will generate saving in the region of £18 million although a lower proportion of savings on packages is expected in the next few years as the many of the most expensive packages have already been reassessed. There is a £7m saving forecasted for new packages in the same period.
- The SD stressed the need to change the perception that FFC is all about savings through reassessments and that more attention should be given to the importance of social capital for residents.
- Members drew attention to FFC Member Champions network as well as highlighting the knowledge that individual Councillors have about their local area. It was requested that officers communicate with Members on FFC initiatives as they can provide invaluable insights into communities and provide information about resources that are available locally to support FFC.

**Recommendations:**

1. The Committee recommends that Surrey Information Point be demonstrated to local committees and tailored towards the needs of the local area.
2. The Committee congratulates the Directorate on achieving 97% of its ambitious savings target for 2014/15.



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

None

**Committee next steps:**

None

**23/15 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME  
[Item 12]****Declarations of interest:**

None

**Witnesses:**

None

**Key points raised during the discussion:**

None

**Recommendations:**

None

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

None

**Committee next steps:**

None

**24/15 DATE OF NEXT MEETING [Item 13]**

The Committee noted its next meeting will take place on 14 May 2015.

Meeting ended at: 12.50 pm.

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**Chairman**

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Adult Social Care Select Committee  
14 May 2015

**Single Homelessness in Surrey**

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

To provide an update on single homelessness in Surrey and how Adult Social Care works to support single homeless people

**Introduction:**

1. 'Supporting People', as it was originally branded, was launched on 1 April 2003 as the Government Programme for housing related support. It is a partnership programme carried out through joint working relationships with service providers and partner agencies such as borough & districts, the Probation Services and health services.
2. The core objective of the Housing Related Support Programme is to commission non-statutory support services for vulnerable adults in Surrey. This includes older people, those with disabilities, those with mental health issues, vulnerable young people, those with an offending or substance misuse history, those experiencing domestic abuse and those who are at risk of homelessness. Support may be provided in purpose-built schemes or by means of visiting support in the community.
3. Surrey County Council (SCC) has a formal duty to provide preventative services under the Care Act, enabling people to remain as independent as possible in the community. Housing related support is a key strand as it supports individuals who, in the main, do not meet Adult Social Care eligibility criteria but who would need more intensive and costly intervention if the services were not there.
4. Key outcome for housing related support services is helping people to re-engage with their families, access local community services and to reduce dependency on statutory services. Many of the outcomes that the Friends, Family and Community Support Programme are working towards are reflected in the housing related support service specifications:

- “I have access to a range of support that helps me to live the life I want to remain a contributing member of my community.”
- “I have a network of people who support me – carers, family, friends, community and, if needed, paid support staff.”
- “I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities.”
- “I feel welcomed and included in my local community.”
- “I feel valued for the contribution that I can make to my community.”

Moreover, services help people to contribute social capital, for example, through encouraging volunteering and peer support.

5. As of 2015/16, housing related support forms part of those Adult Social Care preventative services that will be protected through use of the Better Care Fund, offering a degree of protection from wider cuts to local authority funding.
6. Currently the programme is delivered through a range of contracts and grants via 73 organisations with a forecasted spend of approximately £11 million for 2015/16. The majority are voluntary and community organisations, ranging from small providers who deliver a single service to larger providers with several services. Other service providers include housing associations and borough councils.

## The Benefits of Housing Related Support

### 7. Financial Benefits

- 7.1 Housing related support services save money by reducing spending on other services such as residential care, homeless applications and hospital admissions. An independent Government evaluation carried out in 2009 (1) estimated that nationally it saved £3.4 billion for a £1.6 billion investment. The study is based upon the alternative service provision that would be required by individuals in the absence of housing related support services. In 2009 the total savings for Surrey were £33.4 million for expenditure of £18 million.
- 7.2 The research showed that people in receipt of housing related support services have fewer propensities to use the following public services:

<b>Other Public Service</b>	<b>% Reduction in Use</b>
Appearing in Court	35%
Attending Outpatient Appointment	25%
Acute Mental Health Hospital Admission	35%
General Hospital Admission	30%

Treatment for Alcohol Problems	35%
CPN Visit	50%
GP Appointment	30%
Admission to A & E	25%
Experiencing Homelessness	100%
Tenancy Failure	40%
Arrest for Prostitution	40%
Emergency Dental Treatment	50%

7.3 The Housing Related Support Programme is a genuine national 'invest to save' item of public expenditure. Every £1 spent on housing related support will save other public services - not least the NHS - £2 by providing not just a cheaper alternative but one that engages the client and provides a route to greater independence and dignity.

## 8. Health Benefits

8.1 Housing related support services support all vulnerable adult client groups including those who are homeless or who are at risk of homelessness. Homeless Link research (2) makes the links between homelessness and poor health – and resulting pressures on health services. Using data from more than 2,500 homeless people, 'the unhealthy state of homelessness' reveals that over 7 in 10 homeless people suffer from one or more physical health problems and an even higher proportion report having a mental health issue. Analysis indicates that many of these issues are severe in nature and occur at levels far higher than the general population. The high health needs of homeless people have a major cost impact on the NHS, as they are heavy users of acute and primary care services. Research indicates that homeless people are four times more likely to seek help from acute NHS services, for example A&E, than the general population, a situation which the Government estimates to cost around £85m per year. The annual cost of healthcare for a rough sleeper with a high level of need can be more than 20 times as much as the cost among the general population.

### Single Homeless Provision in Surrey

## 9. Winter Shelters

9.1 The Department for Communities and Local Government has advised all local authorities to provide a single figure each year of an actual count or an estimate of the number of rough sleepers thought to be sleeping out on a single night in their local authority district. In 2014, the borough and district councils in Surrey provided an estimate of the number of rough sleepers on a single night in November. The figures show a 39% increase from the previous year, most notably in Runnymede. These figures

demonstrate the need for developing more services to end rough sleeping in Surrey.

- 9.2 A winter homeless shelter run by Transform Housing & Support has shown a real need for more year-round services for single homeless people to avoid them sleeping rough. The shelter was open to homeless people from Elmbridge, Runnymede and Spelthorne. It was run by Transform in partnership with Elmbridge, Runnymede and Spelthorne borough councils, the Rentstart charities from the three boroughs, SCC, Walton Charity and other local organisations.
- 9.3 The shelter demonstrated that many single homeless people are at risk of sleeping rough and there is a clear need for more year-round services to help prevent rough sleeping:
- 48 referrals were received in three months – equivalent to one every two days.
  - 37 single people were offered a bed at the shelter and 28 people accepted this offer.
  - The youngest person referred to the shelter was 19, while the oldest was 63.
  - The shelter helped men and women, although the majority of referrals (87.5%) were male.
  - Many people were homeless because of relationship breakdown, job loss or ill health.
  - 50% of people who stayed at the shelter were supported to find permanent housing.
- 9.4 Transform report that they have received enormous voluntary support in respect of the winter shelters over the last two years. In the first year there was initially substantial local community resistance to the scheme – which was eventually turned around by others in the community, particularly local churches. They received donations of bedding, clothes and food, people got together to cook batches of hot meals and a number of people visited in the evenings just to talk to the people they had helped. This last year, there has been a lot of goodwill – particularly from the residents of Whiteley Village with similar generosity and the Whiteley Village caterers producing a hot meal every evening.
- 9.5 Guildford, Woking, Waverley and Surrey Heath councils work in partnership to provide Severe Weather Emergency Provision (SWEP) covering the four boroughs. The purpose of SWEP is to ensure that no one suffers harm or dies on the street during periods of severe weather, to ensure that emergency accommodation is available to anyone (including those not normally eligible) and to engage clients and link in with support services.
- 9.6 The basic trigger for SWEP to operate is a Met Office forecast of temperatures at or below 0 degrees for three consecutive nights,

however, other weather factors are considered in particular, and for the first time this year the wind chill factor.

- 9.7 The additional emergency bed spaces have been provided by the two housing related support funded night shelters, York Road Project in Woking and Number Five in Guildford. Other hostels also offer space and this has been vital this winter and helped to meet the unprecedented demand faced this year.

## 10. Housing Related Support Funded Services

- 10.1 There are currently ten housing related support funded services developed specifically for single homeless people with support needs, delivered by 8 organisations providing 495 places at an annual cost of approximately £2.2m. Of these, three are direct access hostels where the length of stay is very short.

<b>Borough/District Area</b>	<b>Annual Cost (£)</b>
Guildford	1,009,390
Waverley	301,896
Spelthorne	283,442
Mole Valley	198,830
Elmbridge	190,101
Woking	117,508
Runnymede	53,395
Tandridge	33,549
Epsom & Ewell	23,140
Reigate and Banstead	17,355
Surrey Heath	9,248
<b>Total</b>	<b>2,237,854</b>

- 10.2 There are four women’s refuge services for women and children fleeing or at risk of domestic abuse, providing 29 places through three providers at an annual cost of approximately £341k. In addition to this a contribution of £90k is made to the Surrey Community Safety unit who together with the Police, borough and districts, Children’s Services and the Police and Crime Commissioner’s Office fund the Surrey Domestic Abuse Outreach service.
- 10.3 There are three generic visiting support services geographically spread across the County providing 360 places delivered by three organisations at an annual cost of approximately £841k. They report that 60% of the referrals have a low level mental health issue usually treated at primary care level. The problems are linked to low income, debt and welfare rights issues. The generic services have a high annual capacity above their nominal contractual level as interventions are short term and demand constant. They have

achieved a good level of success in assisting people to both obtain and maintain their tenancies thus avoiding homelessness.

- 10.4 Current providers of these services have confirmed that demand for their services is consistently high to the point of 100% occupancy and that the complexity of the needs of the users of these services is increasing.

## 11. Planned Additional Provision

- 11.1 Elmbridge Borough Council have recently submitted a proposal for investment in services providing support to people who are either homeless and / or rough sleeping or who have mental health problems. There is a mismatch of supply and demand for services catering for this client group within Elmbridge and limited ability for other services in Surrey to accept referrals from elsewhere in the county. The night shelters in Guildford, Woking and Leatherhead all report regular approaches for help originating from North Surrey, but each give priority to those with a local connection and opportunities to help those from Elmbridge, Runnymede and Spelthorne are limited.
- 11.2 From April 2015, SCC have committed £50k of housing related support funding to enable greater local provision to help overcome these problems and help the clients concerned to remain linked into local support networks which should ultimately assist in terms of re-settlement. It is hoped that greater local provision will avoid the need for the winter shelter next year.

### Conclusions:

12. There is little doubt that without these homelessness prevention services there would be a rapid increase in rough sleeping, aggressive street begging and an increased threat to community safety in Surrey.
- 12.1 The Council fully recognises the value of these services and is committed to working with our colleagues in the borough and districts to prevent homelessness, preserve community safety and prevent the need for expenditure on high cost interventions.

### Recommendations:

13. It is recommended that the Committee:
- a) Endorse the current approach to housing related support for single homeless people in Surrey.
  - b) Propose that the Health and Wellbeing Board consider including homelessness in their priorities when their current strategy is reviewed, to support working across agencies on this issue, and ensure the alignment of commissioning strategies.



c) Propose that the Housing Related Support Programme develop links with the Surrey Family Support Programme to explore potential areas of joint work.

<b>Next steps:</b>
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14. The borough councils of Elmbridge, Guildford, Runnymede, Spelthorne, Surrey Heath, Waverley and Woking have formed an alliance (SHAWS) which aims to end rough sleeping in west Surrey and further develop the services available for single homeless clients. The Department for Communities and Local Government (DCLG) have awarded SHAWS a pot of money to support these aims. This is really positive news and will enable plans to build on existing services.
- 14.1 There is a similar partnership, also funded through this grant, in the four districts in the east of the county. The East Surrey Outreach Service (e.S.O.S.) is managed by Stonham, part of the Home Group, and is commissioned by the district councils of Mole Valley and Tandridge and the borough councils of Epsom and Ewell and Reigate and Banstead. The aim of the service is to reduce homelessness and provide support and guidance to entrenched rough sleepers with complex needs, as well as those who might be facing homelessness for the first time.
- 14.2 In addition, the Homes and Community Agency has confirmed that homeless people will benefit from a new £55 million fund to upgrade existing accommodation and provide new housing. The fund is now open for bids, and will be used over the next 2 years. The money will be used for 2 types of projects:
- ‘The Homeless Change’ project will provide upgraded hostel accommodation to improve physical and mental health outcomes for rough sleepers and to help reduce A&E attendances.
  - ‘The Platform for Life’ project will create new low-rent shared accommodation for young people who want to work, but are struggling to hold down a job or attend college because of a lack of stable housing.
- 14.3 SCC is currently in liaison with two of the larger providers of housing related support looking at potential opportunities for expansion of some of their services using this funding. Where possible, given the constraints of public funding, Adult Social Care will continue to work with housing authorities and service providers to explore future developments particularly in areas of the county where single homeless provision is low or absent.

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**Sources/background papers:**

- Capgemini for Communities and Local Government, 'Research into the Financial Benefits of the Supporting People Programme, 2009'(1)
- Homeless Link 'The unhealthy state of homelessness: Health audit results 2014'(2)
- St Mungo's Broadway "Homeless Health Matters: the case for change, October 2014"
- West Surrey Homelessness News, Issue 1, March 2015



Adult Social Care Select Committee  
14 May 2015

**Transforming Dementia Day Care**

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

To inform the Select Committee of the proposed changes to how Surrey County Council commissions day care for older people and people living with dementia.

**1. Introduction:**

- 1.1 Older people's day services are designed to keep people active and involved in the local community and cared for in a safe environment. They reduce loneliness and isolation, provide a place where people can eat a healthy hot meal and access other services and support and also provide a valuable break for carers, giving them an opportunity to have time away from their caring duties.
- 1.2 Surrey County Council (SCC) has a range of day care options for older people - at council-run residential homes; through block contracts; spot purchasing and small grant funded organisations, including borough and district councils. There are also a wide range of independent organisations that provide day care options for people across the Council – at residential care homes and in local community settings. Most of these services are based on a traditional model of day care based in buildings and often attached to residential care homes, although most people accessing day services are living in their own home.
- 1.3 Specifically, SCC commissions in the region of 6500 day care places every year at specialist dementia day care centres at a cost of circa £360,000.

**2. A new way of delivering day care**

- 2.1 The council's commissioning intentions for services for people living with dementia has been influenced by the National Dementia Strategy, SCC's Joint Dementia and Older People's Mental Health

- 2.3 As the Family, Friends and Community Support movement develops and more and more community based groups, support and services develop so does the need to shift how we commission services as more and more people seek to get support in alternative ways. This is particularly significant given the growing numbers of people expected to be living with dementia, many of whom will not come to SCC for support – but be supported by their families and in their local communities.
- 2.4 Our vision, in accordance with the council's Living and Ageing Well programme is to empower people to remain active in their local communities with support to access services and activities that help them sustain their independence. We will do this through appropriately commissioned services and access to information, advice and support to help individuals receive a timely diagnosis and community based support thereafter.
- 2.5 The Council has recently reduced the number of day care places commissioned in residential care homes following a thorough review which identified that support in a residential care setting, whilst suiting some, was not a preferred option for many carers and people living with dementia. These changes achieved a significant reduction in committed block contracted spend to the Council. The next steps will be to focus on ensuring quality outcomes for people living with dementia and ensuring an equitable and consistently good quality day support across Surrey.
- 2.6 Rather than offer people a choice of commissioned services, the intention is to move away from contract based commissioning in traditional day centres to a more flexible approach that offers a more personalised service and support.
- 2.7 As part of this, organisations will be identified that can offer help and support to help people to remain living in their community with the appropriate level of support. Our commissioning intentions are to have a range of services in each Clinical Commissioning Group (CCG) area set up to provide help and support for a variety of people, from the active elderly to those with high level dementia, and all that fit within the spectrum. Traditional day centres as well as residential care homes will still have a role to play in the new service but that will represent one element of a much wider offer.
- 2.8 Our commissioning intentions include:
- A tiered menu of services offering support for people with low to moderate dementia and those with high needs.
  - Flexible services and activities that are based on individual needs not what the building has to offer.
  - A core service that operates longer hours and at weekends.

- Support for high needs.
- Support for young onset dementia.
- A summary of community opportunities for active elderly to provide to teams so that they can help provide info and support to everyone – irrespective of needs.

### 3. A focus on outcomes

3.1 The desired outcomes from the new framework are:

- A focus on **outcomes** for Individuals.
- To play an active role in the **co-ordination and access** to community services, including linking Individual's with their Family, Friends and Community.
- **Promote and maximize independence** to enable individuals to stay in their own homes for as long as they chose to do so.
- **Support carers** to continue in their role and to have a life outside of caring for the individual.
- Ensure **dignity and respect** individual personal, physical, cultural and religious needs.
- Reduce inappropriate **hospital admissions**.
- Is **appropriate for a person's age and level of need**.
- Supports the individual within their own familiar surroundings, their home and community and not in institutional settings.
- Demonstrates a consistent, cohesive approach to the individual's care wherever they live in Surrey.

### 4. Co-design

4.1 The consultation process for this work has been ongoing since August 2014 and conversations have taken place with stakeholders from health, voluntary organisations, boroughs and districts, independent representatives, people with dementia and carers at CCG area meetings.

4.2 Feedback from the consultation focused on a number of areas:

- More flexibility for people with dementia and carers.
- More support for carers at evenings and weekends.
- Increase in sitting services.
- More informal groups rather than day centres.
- Services available in community settings.
- Access is difficult and transport is a blocker.
- More high needs care and support.
- More support for people with young onset dementia.

4.3 Representatives from each CCG area were invited to participate in an implementation group which was set up to act as a check and balance ensuring views and feedback were captured.

4.4 In January 2015 a Market Shaping Event was held to share the vision and progress with current and prospective providers. This was

followed up in March 2015 with commissioning surgeries held across the county where providers were invited to come along and discuss any queries with regards day care with staff from both adult social care commissioning and procurement.

- 4.5 The specification has been shared with The Dementia Partnership Board and the Living and Ageing Well Steering Group where it received positive support.

## 5. Next steps

- 5.1 In order to achieve these outcomes, the intention is to move away from a commissioned service to a framework agreement where providers from across the county sign up to the framework agreeing to work towards a specific set of outcomes.
- 5.2 Options for funding the new framework are being developed – recognising that for existing providers, moving from a commissioned service to a framework agreement carries a risk. As part of the tender exercise we will be asking providers to demonstrate how their organisation will be funded and to evidence the sustainability of their business. We are also planning for the transition between the existing contract to the framework agreement to ensure a smooth and consistent service.
- 5.3 It is anticipated that the tender will be awarded in July with a view to the framework going live in October, subject to Cabinet approval.

## 6. Recommendations:

The Select Committee is requested to endorse the direction of change for dementia day care services and note the improvements that this will make for older people and carers in Surrey.

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**Adult Social Care Select Committee  
14 May 2015**

**An Update on three areas of Safeguarding in Surrey:  
- Safeguarding Activity 2014/2015  
- New Safeguarding Duties under the Care Act 2014  
- Response to the closure of Merok Park**

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

The Committee has requested oversight of level and type of Safeguarding activity and an explanation of new duties placed on Surrey County Council (SCC), specific to Safeguarding, through the implementation of the Care Act 2014. The Committee has also requested oversight of the response to the closure of Merok Park Nursing Home.

**Introduction:**

1. This report will discuss safeguarding types and levels of activity for the period 2014/15, changes to the service and the specific response to the changes to safeguarding required by the 2014 Care Act. It will also focus on Quality Assurance and the response to the closure of Merok Park Nursing Home.

**Safeguarding Activity:**

2. The information contained within Annex 1 outlines the types and level of safeguarding activity undertaken by the service over the past five years. The table below provides a summary of safeguarding alerts and referrals for this period. Annex 2 is a flow chart of the Surrey Safeguarding Adults multi-agency process; however this is currently subject to review.

	Alerts	New Referrals	Completed Referrals	Alerts to Referrals conversion rate
<b>2010-11</b>	1,900	799	634	42%
<b>2011-12</b>	3,104	815	641	26%
<b>2012-13</b>	4,104	865	658	21%
<b>2013-14</b>	6,546	1,400	1,108	21%
<b>2014-15</b>	6,326	1,401	1,053	22%

3. In relation to the last year, 2014/15:

- There was a 3% decrease in alerts in comparison to the preceding year.
- Conversion rates of alert to referral show a small increase which may indicate that there is a better understanding of that which constitutes abuse.
- A total of 6326 alerts were received, 1401 were new referrals which resulted in a total of 1053 completed referrals, a 22% conversion rate. It should be noted that there are some recognised limitations to the way that the electronic recording system manages safeguarding and these can prevent cases being closed. The service is working with the software provider to address this.
- The most reported type of abuse was neglect which, with a total of 459 incidents, was up 4% on the previous year.
- Other types of reported abuse fell with physical abuse reducing by 4%, institutional by 3% and Emotional/psychological by 2%.

**Changes to the Service:**

4. Following the recommendations of the Safeguarding Peer Review conducted in late 2014, and as a result of service realignment, there has been an increase in resources allocated to safeguarding across Adult Social Care.
5. A Strategic Head of Safeguarding and Quality Assurance post has been introduced.
6. The Multi-Agency Safeguarding Hub (MASH) has benefitted from increased staffing resource. Presently the Police, Adult Social Care, Clinical Commissioning Group (CCG), safeguarding leads and Surrey and Borders Partnership Trust (SABP) are all present within the MASH. The MASH encourages multi-agency exchanges of information, increased workflow and improves the speed of processing.



7. Within the locality teams there will be 11 safeguarding advisors, one for each locality, reporting to the Operational Senior Manager for Safeguarding. The service is actively recruiting to ensure full capacity is reached quickly.
8. The service continues to build on its current good performance and is seeking to ensure even better performance levels with effective and efficient use of resources. To support this, officers from Surrey Adult Social Care visited Hampshire County Council last month to observe and discuss the operation of their MASH which is widely regarded as a very positive example of multi-agency working within safeguarding and includes a range of functions not yet available in the Surrey model.

#### **The Care Act 2014:**

9. The changes to safeguarding are outlined within Sect 42-46 of the 2014 Care Act. They place new duties on local authorities to:
  - *Make enquiries, or ensure others do so, if it believes an adult is subject to, or at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom*
  - *Carry out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them*
  - *Set up a Safeguarding Adults Board (SAB) with core membership from the local authority, the police and the NHS (specifically the local clinical commissioning group/S), and the power to include other relevant bodies*
  - *Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or safeguarding adult review (SAR) where the adult has ‘substantial difficulty’ in being involved in the process and where there is no other appropriate adult to help them*
  - *Identify a “Designated Adult Safeguarding Manager” whose role is to oversee complex cases and to co-ordinate and be aware of adults who work with and may harm other adults*
  - *Cooperate with each of its relevant partners in order to protect adults experiencing or at risk of abuse or neglect.*

*Where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):*

*(A) has needs for care and support (whether or not the authority is meeting any of those needs),*

*(B) is experiencing, or is at risk of, abuse or neglect, and*

*(C) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it*

*...the authority must follow up any concerns about either suspected or actual abuse.*

10. It is important to note that the changes require significant cultural shift, as safeguarding is no longer process driven but provides a framework known nationally as “Making Safeguarding Personal”. Within this framework the service must ensure that a preventative, person focussed approach is employed that allows people to discuss, define and achieve the outcomes that they want, with the support of professionals. SCC has already employed a person centred approach to safeguarding and this should aid the overall transition.
11. The preventative approach will ensure that where individuals at risk make decisions that may be considered unwise there is still a duty to monitor the wellbeing of that individual through whatever means possible.
12. The act acknowledges the role of carers and their need to be part of the process; as people defining their own safeguarding outcomes or being involved in those for whom they care.
13. There are six basic principles defined by the Act:
  - i) Empowerment - presumption of person-led decisions and informed consent
  - ii) Prevention - it is better to take action before harm occurs
  - iii) Proportionality - proportionate and least intrusive response appropriate to the risk presented
  - iv) Protection - support and representation for those in greatest need
  - v) Partnerships - local solutions through services working with their communities
  - vi) Accountability - accountability and transparency in delivering Safeguarding.

## **Implementation**

14. The Surrey Adult Safeguarding Board is now established on an independent basis with funding contributions from the Police, health services and district and borough councils.

15. A project group has been set up to co-ordinate the ongoing implementation and future requirements with specific regard to safeguarding. There is much to do but the service is "Care Act compliant".
16. A training programme commenced on 2 March 2015, designed to make staff aware of the changes within the act and their responsibilities arising from this. Future training will focus specifically on the implementation of the SCC safeguarding framework.
17. The safeguarding competency framework will be reviewed alongside the framework for training and revised in line with new requirements.
18. 'Making Connections' (External consultants) have been commissioned to produce the Council's safeguarding framework and will be involved in revising all associated appendices and related documents.
19. A 'FAQ's' page has been set up for staff. This provides guidance but staff can also pose questions to be researched by the Senior Operational Manager.
20. The Strategic Head of Safeguarding and Quality Assurance will monitor local and national developments in order to ensure that Surrey provides the best possible safeguarding service to its residents.
21. The Strategic Head of Safeguarding and Quality Assurance is now a member of the Children's Safeguarding Board. This arrangement will be reciprocated and will assist in better communication and working between the operational units within Surrey.
22. There are new reporting categories as a result of the changes brought about by the Care Act and the service is working to capture this and to consider intelligence on a more local basis. This level of scrutiny will highlight if particular areas are showing a higher prevalence overall, or within a specific category, and consequently resources can be targeted to improve the protection of the local population.

#### **Quality Assurance:**

23. The Care Act introduces a duty for local authorities to maintain oversight of the local provider economy. Within Surrey this currently includes 306 residential care homes, 134 care homes with nursing and 194 Domiciliary care services (Care Quality Commission (CQC) registered services).
24. CQC is now able to publish an area profile for each local authority. Surrey's is at Annex 3, 1 April 2015, and contains information regarding the ratings of providers. It should be noted that this report is still being developed by CQC and local authorities are providing feedback on the content and format. The profile indicates that currently there are 113 providers subject to compliance action and 5 have been issued with a warning notice (Page 38 Annex 3).

25. The new CQC ratings system for inspections within Surrey lists 61 out of a total of 637 providers as non compliant, however, some caution should be exercised, as not all services have been inspected under the new standards so that there is potential for homes formerly seen to be compliant that may now be rated as inadequate.
26. It should be noted that different types of care can be provided from the same location (the above figures are not necessarily comparing like for like).

#### **The Closure of Merok Park:**

27. There have been significant problems with a small number of providers in Surrey, the most public of which resulted from joint work with CQC to close Merok Park Nursing Home in East Surrey. The Committee has previously received information regarding this.
28. Merok Park nursing home provided care for 27 residents.
29. A safeguarding alert regarding financial abuse was raised and resulted in an unannounced visit by the Local Safeguarding Advisor. The advisor raised significant concerns following the visit including suspicion that non UK nationals were employed without reference to correct vetting barring and professional registration. A meeting was called under the Provider Failure Protocol. CQC attended and stated that they would be conducting a detailed inspection of the home; this resulted in an emergency withdrawal of the registration of the owner and closure within 3 working days of the first meeting.
30. SCC assisted in the move of total of 6 self-funding residents and 12 SCC funded residents. Further residents were supported by other local authorities, and one by Surrey Continuing Health Care Team.
31. The move was successfully co-ordinated, but very sadly 3 residents died after the move. The subsequent coroner's report was clear that the deaths were not attributable to the move.
32. Reviews of the other self and council funded former residents show that all are happy and settled in their new placements

#### **Issues identified following the closure**

33. Following the closure a seminar was held by the lead CCG, Surrey Downs, which reviewed the circumstances leading to the closure. Concerns were shared that Merok Park had not been of particular concern to any of the agencies involved until the visit of the Safeguarding Advisor. The following were also highlighted:
  - It was noted that 12 external professional disciplines would have had visited the home prior to its closure

- The many individuals who visited had concerns about poor care but as they were not patient specific or did not fall into safeguarding concerns they were not shared
- Concerns that had been raised by Surrey Fire and Rescue Service and SCC Quality Assurance teams but had not been followed up by the home
- Families did not appear to fully understand that what constitutes good care or had not raised concerns on behalf of their relatives.

## Response

34. The Strategic Director for Adult Social Care has initiated a review of the whole Quality Assurance system in Surrey Adult Social Care. This will be overseen by the Strategic Head of Safeguarding and Quality Assurance. The project brief is attached as Annex 4. Broadly, the project will:

- Review current Quality Assurance (QA) provision in conjunction with the partner agencies, service users and providers.
- Identify areas of best practice.
- Present an options appraisal to include models of best practice utilised by other local authorities.
- Make recommendations regarding a model most suitable to meet the needs of the local commissioning market.
- Research models of internal QA.
- Pilot a model for identifying the core risks in Adult Social Care, identifying the contextual risks which the service may face and develop a tool to assess whether the right actions to ensure continued safe delivery of services are taken. This work will be completed in conjunction with TEASC (Towards Excellence in Adult Social Care, a national, regional and local programme that challenges councils to provide excellent adult social care).

<h2>Conclusions:</h2>
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35. The implementation of the Care Act represents a significant challenge for management and staff within Adult Social Care. The changes will take time to embed as they do not rely on exchanging one set of 'tick boxes' for another; the change is cultural and relies on the embodiment of a person centred approach.
36. Whilst the challenge is considerable, the Safeguarding Peer Review and feedback from service users indicate that the Council was already working in this way prior to Care Act implementation and is strongly positioned to manage the changes required by the "Making Safeguarding Personal" initiative and maintain the current high standards expected of the service.
37. The Quality Assurance service has worked closely with health colleagues to ensure that Surrey residents are provided with the highest standards of care. The recent experience of the Merok Park closure and the new statutory duty of "Market oversight" imposed through the implementation of the Care Act are

strong motivators to re-examine Quality Assurance provision across the Surrey economy.

38. In attempting to research models of delivery with external local authorities it is clear that Surrey is not alone in rising to this challenge and the fact that significant partners wish to work with us may result in an opportunity to influence national provision.

<b>Recommendations:</b>
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39. It is recommended that the committee:

- Endorse the current and planned work being undertaken with regard to the Care Act 2014 Safeguarding implementation plan and Quality Assurance project.
- Receives regular updates from each of the project groups

<b>Next steps:</b>
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40. Next steps:

- Complete and sign off project plans by end of May 2015.
- Provide regular updates to the Adult Social Care Select Committee, subject to the recommendation above.

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**Sources/background papers:**

**Annex 1- Safeguarding Activity 2014/15 (BIT SCC 2015)**

**Annex 2 - Safeguarding multi-agency process (under review)**

**Annex 3 - Care Quality Commission local area profile for Surrey, 1 April 2015**

**Annex 4 - Project Brief Quality Assurance – Projects Team , Adult Social Care 2015**

Care Quality Commission – [www.cqc.org.uk](http://www.cqc.org.uk)



# Safeguarding Activity 2014-15

**Data Source: AIS (Adult Social Care Database)**

**Data as at: 15/04/2015**

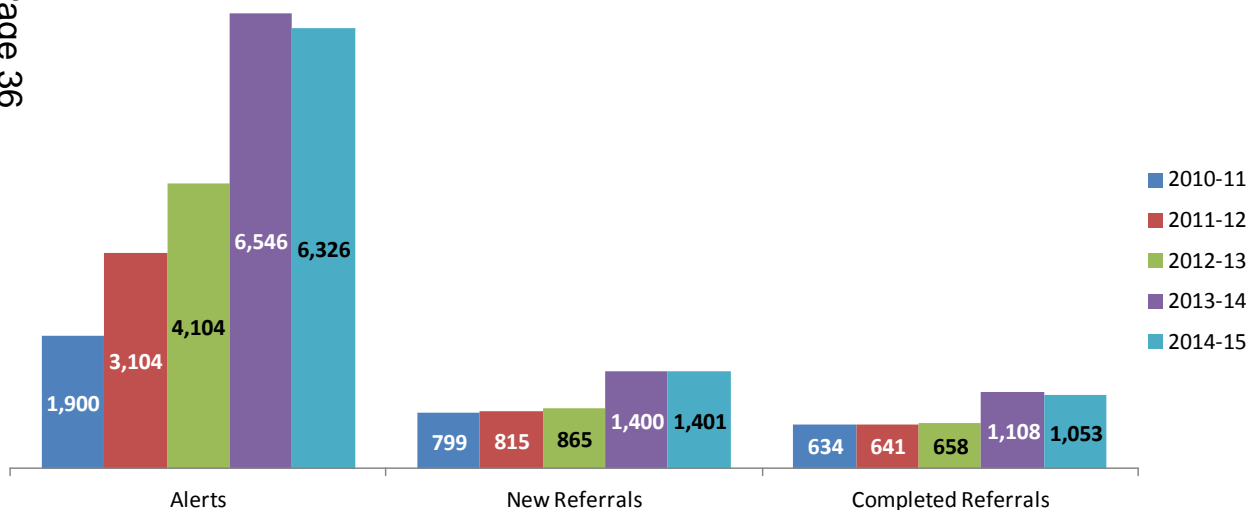
# 1. Number of Safeguarding Alerts, Referrals and Completed Referrals

In 2014-15 6,326 Alerts were received. This was a decrease of 3% compared with 2013-14.

	Alerts	New Referrals	Completed Referrals	Alerts to Referrals conversion rate
<b>2010-11</b>	1,900	799	634	42%
<b>2011-12</b>	3,104	815	641	26%
<b>2012-13</b>	4,104	865	658	21%
<b>2013-14</b>	6,546	1,400	1,108	21%
<b>2014-15</b>	6,326	1,401	1,053	22%

Page 36

Safeguarding Alerts, New Referrals and Completed Referrals



Of the 6,326 Alerts received, 1,401 progressed to a full Safeguarding Referral. During 2014-15, 1,053 Safeguarding Referrals were completed, some of which would have commenced in 2013-14 reporting period.

The proportion of Alerts progressing to Referrals was 22% in 2014-15, a slight increase on 2013-14.



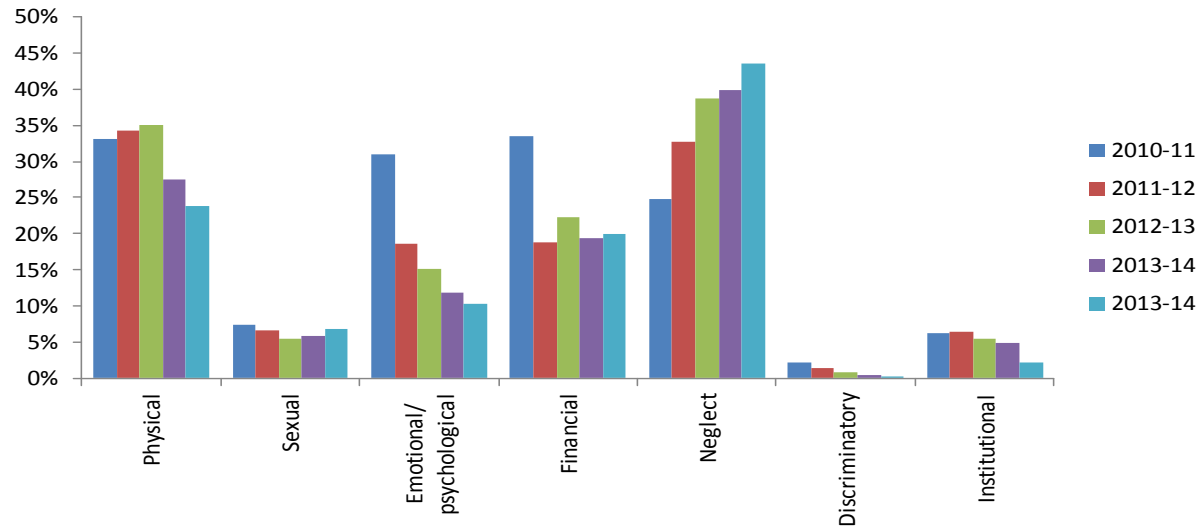
## 2. Safeguarding Referrals by Nature of Alleged Abuse

Please note: due to a change in recording practice, figures prior to 2013-14 relate to ‘Safeguarding Referrals Received’ rather than ‘Completed Safeguarding Referrals’. Multiple abuse types can be recorded for a single referral.

In 2014-15, ‘Neglect’ was the most frequently reported abuse type with 459 incidents reported. This was a 4% increase when compared to the previous year’s figures.

	2010-11	2011-12	2012-13	2013-14	2013-14
<b>Physical</b>	33%	34%	35%	28%	24%
<b>Sexual</b>	7%	7%	6%	6%	7%
<b>Emotional/ psychological</b>	31%	19%	15%	12%	10%
<b>Financial</b>	34%	19%	22%	19%	20%
<b>Neglect</b>	25%	33%	39%	40%	44%
<b>Discriminatory</b>	2%	1%	1%	0%	0%
<b>Institutional</b>	6%	7%	6%	5%	2%

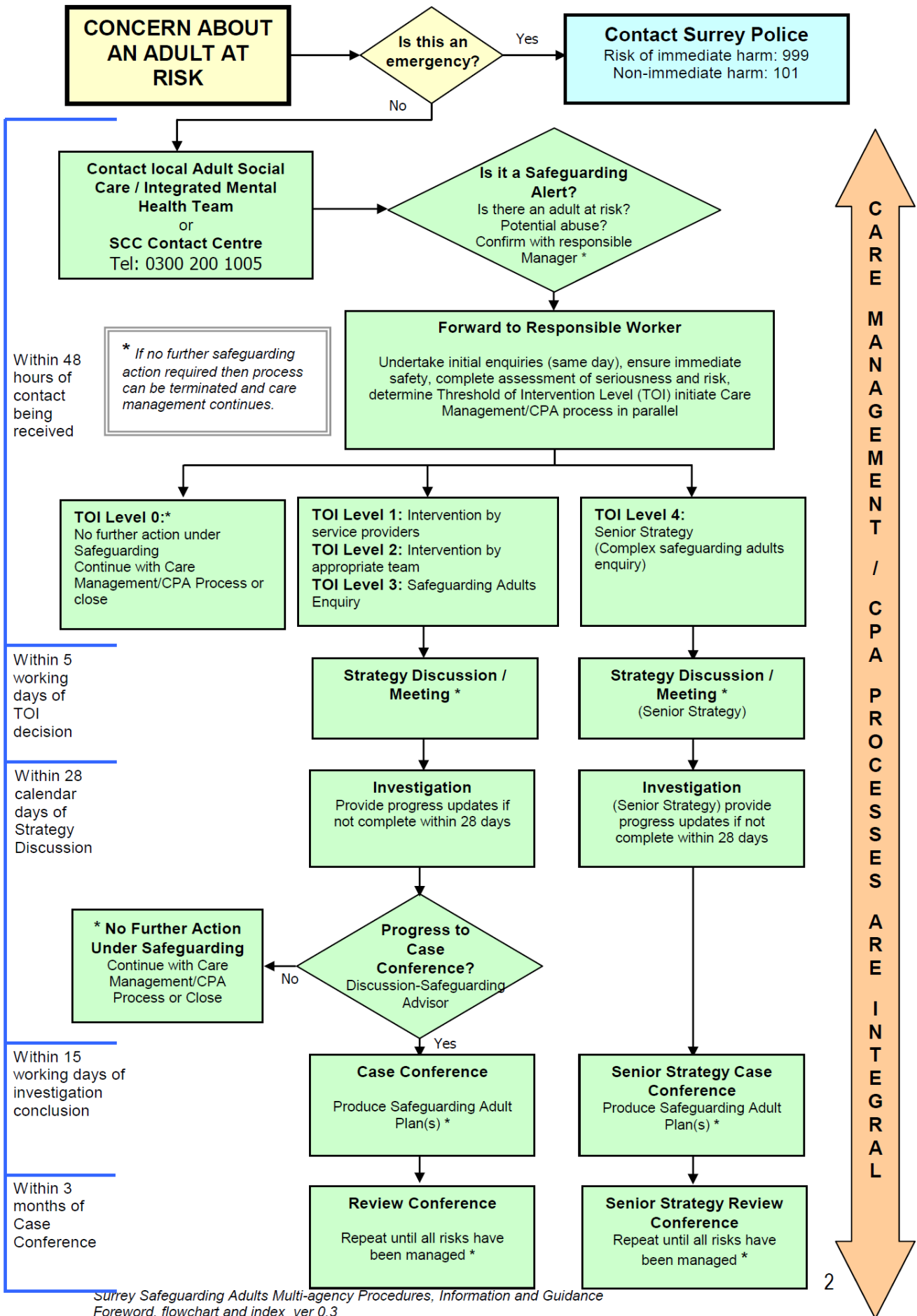
Nature of Alleged Abuse %



In 2014-15 there was a 4% decrease in Physical abuse and a 3% decrease in Institutional abuse.

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**SURREY SAFEGUARDING ADULTS MULTI AGENCY PROCESS**



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## Quality Assurance-Task and Finish Working Group

### DRAFT v1 Project Brief

#### 1. Project Definition

The Care Act 2014 describes the responsibilities of local authorities to reduce the risk of provider failure or the impact of a failure should one occur. The provider is defined as any registered care provider who is carrying out regulated activity for people in the local authority area.

In December 2014, following enforcement action by the CQC, a Nursing Home in Surrey closed and the people who were living there moved to other accommodation. The inspection was carried out as a result of receiving concerning information from partner health and social care agencies about the poor care, and threat to the welfare and safety of the people who lived in the home.

The report identified a number of areas of concern which led to the CQC decision to urgently remove the provider's registration for this home. The home environment fell well below adequate standards and there were significant breaches of regulatory requirements. The outcome was extreme provider failure people living in the home were exposed to significant harm and despite CQC warnings, the providers failed to take action to improve the situation.

Following the closure of the home it was agreed that a multi-agency task and finish working group should

- Apply a project framework to structure terms of reference and purpose, feasibility and scope, main lines of enquiry and timescales.
- Conduct an in depth review of Quality Assurance (QA) current state policy, processes, systems and structure. Complete a risk assessment and risk management plan.
- Consider current national and local research studies, learn and engage in debate.
- Establish workstreams and identify tasks based on SMART principles.
- Establish open and honest debate with all stakeholders including people who use services and the provider market,. Work together to understand what constitutes best practice, excellent standards and registration and legislative requirements.
- Produce a report to be submitted to relevant scrutiny bodies outlining details of the review, evidence gathered, conclusions and recommendations to provide strategic guidance.

The change outcomes across Surrey that the project aims to deliver are as follows

- A rapid review of the current state QA policies, procedures and structure including roles and responsibilities. A risk assessment, risk register and risk management plan is put in place and recommendations are made to provide strategic guidance on a QA service for the future..

- Following review, recommendations are made to establish a multi-agency shared information system to gather, record and report hard and soft intelligence from a variety of sources and trigger an 'early warning' response of provider failure.
- Recommended clear and agreed lines of responsibility for pro-active response to intelligence reports.
- Market mapping of regulated care providers and identification of hard to replace service provision to pro-actively plan, monitor and shape the market.
- A shared understanding and implementation of best practice across all stakeholder groups.

The aims and objectives are:

- To protect vulnerable people who use care and support services.
- To create a robust multi-agency QA model for use in Surrey.
- To connect Surrey to national research studies to develop best practice in preventing provider failure and sustaining best practice.
- To develop a multi-agency 'early warning' shared intelligence information system to log hard intelligence information from various sources, log and monitor comments, concerns and alerts at any level and from any service.
- To create clear lines of responsibility regarding pro-active response to intelligence.
- To engage stakeholders and consider what constitutes best practice and sustainability.
- To develop an integrated model of best practice to pro-actively map, monitor and review regulated services in Surrey.

This will be dependent on the outcome of the feasibility study.

## **2. Plan**

### **2.1 Approach**

- Undertake a feasibility study to determine if all the outcomes are necessary and assess the options for taking them forward:
- Define and agree the scope of each of the outcomes that will be taken forward (Agree high level schedule and timescales)
- Establish workstreams, agree leads and membership.

- Plan activity for each work stream and agree requirements, deliverables and key milestones.

## 2.2 High Level Schedule

QA Task and Finish Project										
Phase	Product	Timescale (2015, month)								
		April	May	June	July	Aug	Sep	Oct	Nov	Ongoing
Stage 1	Feasibility Study Project scope and set up									
Stage 2	Project Team set up									
	Workstream set up									
	Task lists defined									
Stage 3	QA review, risk assessment									
	Progress reports									
Stage 4	testing in pilot area									
	Roll out of model									

## 2.3 Detailed Schedule

To be completed

## 3. Governance

### 3.1 Organisational Structure

This is still under consideration. Possible options are to have wide multi-agency consultation group that meets every quarter and agrees representatives which form a steering group that meets on a monthly basis. TBC

### 3.2 Project Sponsor-Vernon Nosal

**Project Manager-Stella Smith**

### 3.3. Current Consultation Group

Cathie Sammon- SABP Trust  
 Charlotte Langridge- Business Intelligence Lead  
 Chris Hastings - Quality Assurance Manager  
 Christine Caines -Assistant Senior Manager Mental Health  
 Clare Creech - CQC  
 David John - Audit Performance Manager  
 Dilip Agarwal - Customer Relations Manager  
 Eileen Clark

Ian Lyall - Senior Category Specialist  
Jean Boddy - Area Director for Farnham and Surrey Heath  
Jim Poyser - Practice Development Manager  
Jo Poynter - Area Director for East  
Joanna Victor-Smith - Quality Assurance Manager  
Juliette Flynn - SABP Integrated Mental Health Service  
Lorna Hart  
Matthew Parris  
Neil Cox  
Paul Coleing – Quality Assurance Manager (Secondment)-Service Delivery  
Philippa Alisiroglu - Interim Assistant Director  
Simon Willis - Service Delivery Manager

#### **4. Stakeholders**

Stakeholder plan to be completed

#### **5. Monitoring and Reporting**

To be agreed

#### **6. Dependencies**

This project is linked with the ongoing SCC Joint Community and Care Home Provider Failure Protocol and the national studies on market overview, surveillance and the Dept of Health Provider Failure Toolkit.

#### **7. Financial Information**

**7.1 Costs-** Budget to be agreed

##### ***Staff Resource***

TBC but will include attendance at meetings, research and workstream activity

##### ***Information System Development***

TBC but possible resourcing for AIS add on application or new information system.

##### ***Stakeholder Engagement Activities***

TBC but possible resourcing for communications, workshop style events, venues, catering etc

#### **7.2 Savings/Benefits**

The overriding benefit of this project will be to provide more robust quality assurance of all regulated care providers. The vision is for risks to be identified and managed at an early stage and for people needing care and support to be protected from significant harm.



8

- There may be insufficient QA resource to implement a rapid review and management plan. In mitigation support may need to be provided from partners.
- A multi-agency shared information system may not be available. In mitigation other options will need to be considered.
- All current national research studies are on hold because of the general election. This could delay the information systems options appraisal. In mitigation it is uncertain what models of practice currently exist, particularly in areas that have more established integrated health and social care systems in place.
- Stakeholders may not be willing to engage. In mitigation a stakeholder analysis, management and communications plan will encourage engagement.
- There may be insufficient frontline resource to monitor and review on a regular basis. In mitigation there could be consideration of an integrated health and social care area model of practice that encourages regular frontline presence, holistic support plan reviews and relationship building with local care homes.

## 9. Equality Impact Assessment

To be completed

Stella Smith-Project Manager

April 2015

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## **Surrey Safeguarding Adults Board Summary Report – April 2014 to March 2015**

### **1) Purpose of this report**

- 1.1 This is a concise summary of the key issues, successes and challenges for the Surrey Safeguarding Adults Board (SSAB) 2014 – 2015. This has been prepared by the Board for the Adult Social Care Select Committee.

### **2) Background**

- 2.1 The Care Act made Safeguarding Adults Boards statutory from 1 April 2015 onwards. Prior to that legislation, it was a local decision as to whether a Safeguarding Adults Board would be in place. In Surrey, there has been a Safeguarding Adults Board voluntarily in place for more than 10 years. The Board has had a Strategic Plan, published Annual Reports and undertaken and published Serious Case Reviews.
- 2.2 The main objective of Safeguarding Adults Board, as set out in the Care Act, is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria. The criteria is an adult aged 18 years or older who has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

### **3) SSAB**

- 3.1 The SSAB is a multi-agency strategic, rather than operational, partnership made up of senior officers from a range of agencies including Adult Social Care, Health, Police, District and Borough Councils, Surrey Fire and Rescue Service and the Ambulance Service. The Board additionally has members from service user representative groups in the voluntary sector who have an important influence on the Board. The Board met 3 times in 2014-2015 and its work was supported by the Business Management Group and a number of sub-committees.

#### **4) Priorities 2014-2015**

- 4.1 Preparing to become statutory and fulfil the requirements of the Care Act.
- 4.2 Safeguarding adults at risk especially those who are self funders or hard to reach.
- 4.3 Supporting agencies implement the Mental Capacity Act.
- 4.4 Ensuring Making Safeguarding Personal is implemented in Surrey
- 4.5 Supporting partners workforce development

#### **5) Achievements 2014-2015**

- 5.1 SSAB has comprehensively revised its accountability framework. All agencies have agreed to the Board's new Constitution, Risk reporting and dispute resolution processes. This increases the multi-agency accountability for safeguarding adults.
- 5.2 SSAB has undertaken many activities to raise awareness of adult safeguarding. This includes an independently evaluated campaign led by ASC Communications team, quarterly newsletters distributed to over 900 individuals, distributed leaflets, attended events such as the University of Surrey event and Surrey Information Summit.
- 5.3 All SSAB agencies have agreed to implement the new multi agency performance management framework. This includes submitting safeguarding data to the Board and this will enable the Board to hold agencies to account for the delivery of safeguarding and to better share learning to improve practice.
- 5.4 SSAB agencies have agreed contributions to a pooled budget. This will share responsibility for the Board as recommended by the Peer Review team that were invited by ASC to review safeguarding in March/April 2014.
- 5.5 All SSAB statutory agencies have voluntarily undertaken a self assessment of their adults safeguarding and implemented action plans. They took part in a 'Challenge and Support' day to share learning and agree priority actions.
- 5.6 SSAB agencies have actively implemented action plans from Serious Case Reviews. The Board has introduced a new process to ensure actions are embedded and reviewed 6 months later. This has supported Board agencies to ensure a learning culture is part of their everyday safeguarding activities.
- 5.7 SSAB has an agreed multi-agency training framework in place including a Competency Framework, multi-agency classroom based training courses and DVDs to support individual agencies learning.

## 6) Key Challenges 2014-2015

- 6.1 SSAB has faced several challenges in delivering the Work Plan for 2014-2015. Generally, in Surrey we have an older and wealthier population than many other areas. This means there are more people who fund their own care and who require safeguarding but who are not known to ASC. This means partner agencies have to continually do more to raise awareness of safeguarding to get the message to those who are hard to reach.
- 6.2 Safeguarding statutory guidance was not available until late October 2014 with some of the supporting documents only published in February and March 2015. This put a considerable pressure on agencies to respond to this important piece of safeguarding adult's legislation that made substantial changes to the way agencies are expected to prevent and respond to safeguarding concerns.
- 6.3 Changes in chairs on SSAB sub-committees have resulted in occasional delays in implementing individual work programmes and in some cases actions have had to be carried forward to the next year. In addition, staff changes during the year have resulted in 18 agencies on the Board having new people representing safeguarding at a strategic level.
- 6.4 Making less money go further - a pressure on all services when expectations have risen.

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

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
<b>May 2015</b>				
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 arrangements for Dementia Day Care Services	Scrutiny of Services/ Policy Development – as part of ongoing work within the directorate to align more closely to Surrey CCG boundaries and drive improvements commissioners are seeking more flexible arrangements for service users.	Jen Henderson, 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	
<b>June 2015</b>				
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	

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

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
<b>To be scheduled</b>				
	Mental Health Crisis Concordat, Adults Joint Mental Health Strategy	Scrutiny of Services/Policy Development – review the implementation of the joint work done in Surrey to	Jo Poynter, Area Director  Jane Bremner, Assistant Senior Manager  NE Hants & Farnham CCG  SABP	Involve HSC
	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	

### Task and Working Groups



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

Group	Membership	Purpose	Reporting dates
<b>Family, Friends and Community Support working group</b>	Margaret Hicks, Fiona White	To track project outcomes and deliverables for the Family, Friends and Community Support agenda	Ongoing
<b>Better Care Fund MRG (Joint with Health Scrutiny)</b>	Margaret Hicks, Fiona White	Scrutinise impact of BCF plans on services and finances and oversee risks	June 2014
<b>Performance &amp; Finance sub-group</b>	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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**ADULT SOCIAL CARE SELECT COMMITTEE  
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED May 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
10 April 2015	RECRUITMENT & RETENTION AND WORKFORCE STRATEGY [Item 8]	The Committee recommends that the Cabinet give consideration to affordable housing for care staff as key workers in Surrey including the use of the council's land and properties.	Cabinet		<i>June 2015</i>

Page 55

**Select Committee and Officer Actions**

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
5 December 2013 023	SERVICE FOR PEOPLE WITH A LEARNING DISABILITY PUBLIC VALUE REVIEW	a) That officers work to increase the occupancy rate of Surrey assets with Surrey Residents.  b) That future reports illustrate	Area Director NE	The Committee will receive a further report on the outcomes of the Public Value	<i>To be scheduled in 2015</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
	(PVR) UPDATE [Item 8]	<p>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>		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 EVENTS' [Item 8]	That the Committee encourages the Directorate to include feedback from officers who use the system in any future update item.	Assistant Director for Policy & Strategy	Update received in October 2014	<i>October 2015</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
15 January 2015 059	DIRECTOR'S UPDATE [Item 6]	That the Strategic Director shares the outcomes of the Quality Assurance Task & Finish group with the Committee on completion of the project.	Strategic Director		June 2015
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>	Information, Advice and Engagement Lead	<p>Complete</p> <p>Complete</p> <p>Scheduled</p>	June 2015

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		Head of Resources to liaise with Chairman of Sight for Surrey to facilitate access to AIS regarding self-funders.			
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</p>	Senior Principal Accountant  Order to Cash Process Owner		<i>June 2015</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
		convenient method of payment for all those who pay social care costs to the Council.			
10 April 2015 063	SOCIAL CARE FOR SURREY PRISONERS: IMPLEMENTATION OF THE ACT'S PROVISION FOR PRISONERS, APPROVED PREMISES AND BAIL ACCOMMODATION [Item 7]	The Committee requests a report on the performance of the service including details of involvement by the voluntary sector at its meeting on 18 December 2015	Health and Social Care Programme Manager		<i>December 2015</i>
10 April 2015 064	RECRUITMENT & RETENTION AND WORKFORCE STRATEGY [Item 8]	<p>That 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.</p> <p>Recommends that the Directorate and HR liaise with the voluntary sector including the Surrey Coalition of Disabled People in the recruitment and retention of 'returning staff'.</p>	<p>Area Director – Mid Surrey</p> <p>Strategic HR &amp; OD Relationship Manager</p>		<i>January 2016</i>

Date of meeting and reference	Item	Recommendations/ Actions	To	Response	Progress Check On
10 April 2015  065	THE FUTURE OF SURREY COUNTY COUNCIL RESIDENTIAL CARE HOMES FOR OLDER PEOPLE [Item 9]	The Committee recommends that consideration be given to all staff to ensure that they are given ample opportunities to continue working for ASC or within the council.	Strategic HR & OD Relationship Manager		<i>September 2016</i>