

**MINUTES** of the meeting of the **ADULT SOCIAL CARE SELECT COMMITTEE** held at 10.00am on Thursday 11 October 2012 at County Hall, Kingston upon Thames.

These minutes are subject to confirmation by the Select Committee at its meeting on Friday 30 November 2012.

**Members:**

- \* Sally Marks (Chairman)
- A Yvonna Lay (Vice-Chairman)
- \* Chris Pitt
- A Ben Carasco
- \* Mel Few
- \* Mrs Angela Fraser
- \* David Harmer
- \* Keith Witham
- \* Ernest Mallett
- A Caroline Nichols
- \* Fiona White
- \* Tim Hall

**Substitutes:**

- \* Will Forster

**Ex officio Members:**

- A Lavinia Sealy, Chairman of the Council
- A David Munro, Vice-Chairman of the Council

**In attendance:**

- \* Michael Gosling, Cabinet Member for Adults Social Care
- \* Clare Curran, Chairman Children & Families Select Committee

\* = Present

x = Present for part of the meeting

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

**55/12 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Caroline Nichols, Yvonna Lay and Ben Carasco sent apologies. Will Forster substituted for Caroline Nichols.

**56/12 MINUTES OF THE PREVIOUS MEETING: 4 July 2012 [Item 2]**

The minutes were agreed as an accurate record of the meeting, subject to an amendment that recorded Keith Witham's apologies for the previous meeting.

**57/12 DECLARATIONS OF INTERESTS [Item 3]**

None

**58/12 QUESTIONS AND PETITIONS [Item 4]**

None

**59/12 RESPONSE FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]**

None

**60/12 DIRECTOR'S UPDATE [Item 6]**

**Key Points Raised During the Discussion:**

1. The Director informed the Committee that the intention was for staff to become more mobile and that officers were exploring ways in which this could be developed.
2. The service have been working on a strategy to grow its share of the self funders market and the intention was to share this plan with the Committee at a future meeting.
3. Members were informed that there would be a conference on 22 October looking at the findings of the Department of Health review of care at Winterbourne View. A number of stakeholders had been invited to contribute to the day, and Members were encouraged to attend.

**Actions/Further Information to be Provided:**

- None

**61/12 ADULTS INTEGRATED SOLUTION (AIS) MEMBER REFERENCE GROUP [Item 7]**

**Declarations of Interest:**

None.

**Witnesses:**

John Woods, Assistant Director for Transformation  
Sarah Mitchell, Strategic Director, Adult Social Care & Health  
Paul Brocklehurst, Head of IMT

**Key Points Raised During the Discussion:**

1. The Committee were provided with an overview of the issues surrounding the Adults Integrated Solution (AIS) software used by Adult Social Care.
2. The current system, delivered by Northgate, was not a state of the art system, but rather a legacy system, based on SWIFT, that has been improved upon. There have been a number of issues with AIS such as staff spending too long inputting data, problems with the infrastructure (not all related to AIS) and business processes that did not keep pace with cultural changes such as personalisation.
3. The service, supported by colleagues from IMT, have entered into robust conversations with Northgate to address problems with the system. There have been a number of management meetings to implement the necessary changes and a decision has been made to implement the version 27 upgrade.
4. Witnesses informed the meeting that the contract with Northgate was due to end in early 2014. The intention was to create a detailed specification and to take this to an open market tendering process. There were concerns that there was not a lot of competition on the market and that the service needs to have a flexible system due to imminent new regulations from central government.
5. The Committee were informed that to implement a new system would be a serious decision as it would have implications in terms of resources and service disruption. This was due to needing to undertake a new process mapping exercise for the system. In addition staff would have to be taken away from front line duties to be trained.
6. There was an action plan to address issues with AIS and the County has also hired an external consultant to review Surrey's business processes. The issues with AIS have now been elevated to board level at Northgate as Surrey was the largest customer that they work with. Adult Social Care have spoken to regional colleagues to share knowledge and have learned that there is not a simple solution as many other authorities have been experiencing problems with their IT systems.
7. The Committee agreed to establish a Member Reference Group to oversee the business process review and tendering exercise. Mel Few, David Harmer, Ernest Mallett, Tim Hall and Keith Witham were nominated to serve on the group.

**Actions/Further Information to be Provided:**

- None

## **62/12 RECOMMENDATION TRACKER / FORWARD WORK PROGRAMME [Item 8]**

### **Actions:**

- Members were requested to email the Scrutiny Officer with any comments on the recommendation tracker or forward work programme.
- Members were informed of the likelihood of the next meeting taking place at a venue other than County Hall.

### **Recommendations:**

1. None

## **63/12 PUBLIC VALUE REVIEW (PVR) OF MENTAL HEALTH SERVICES [Item 9]**

### **Declarations of Interest:**

None

### **Witnesses:**

Donal Hegarty, Senior Manager, Commissioning  
Jane Bremner, Assistant Senior Manager, Commissioning  
Fiona Edwards, Chief Executive, Surrey & Borders Partnership NHS Foundation Trust (SABP)  
Alison Armstrong, Director of Older People's Services, North East Hampshire Liaison and Mental Health (Interim), SABP  
Richard Barritt, Chief Executive, Solent Mind (PVR external independent challenge)  
Don Ilman, Service User and LINK Mental Health Group Representative  
Carol Pearson, Chief Executive, Surrey Coalition of the Disabled

### **Key Points Raised During the Discussion:**

1. The recommendations contained within the paper have been generated in consultation with service users from the bottom up. The service wanted to focus on outcomes by encouraging new ideas and innovation. Corporately mental health should factor in to every strategy produced by the Council.
2. The witnesses made a presentation to the Committee and outlined the headlines within the strategy: equitable services in all districts and boroughs, a programme to address stigma, better support for carers, raising awareness of local services and an end to revolving doors for service users.
3. The Committee were informed that there were separate implementation plans for each individual recommendation and a communication strategy is being created.

4. The Committee received testimony from external witnesses who had acted as critical friends and had challenged Surrey to create a practical and effective strategy for mental health services.
5. There is a broader trend across the world for beginning a more mature dialogue on mental health. For context over the past twenty five years Surrey has transformed from having 10,000 mental health beds to 300 now. Care now takes place in the community closer to homes and meeting the needs of residents. Witnesses felt that the PVR sets out clear commissioning criteria and that this met with local health trust's plans. The PVR was considered to be right clinically; however, the challenges were to reach the large section of the population who have not experienced good services and to enshrine the concept and duties of partnership work. Surrey County Council and Surrey and Borders Partnership NHS Foundation Trust have signed a Section 75 agreement which was an example of the integration of services that needs to take place.
6. External witnesses believed that a person's pathway through mental health services was vitally important to remedy concerns about admissions to acute hospitals when in crisis. Witnesses praised the cooperation and communal working environment of the PVR exercise. This was considered a sensible approach to provision by starting again from scratch and was not driven by an agenda to cut services. The consultation was praised because it had spoken to 850 stakeholders even ahead of a County wide conference to present and discuss the PVR proposals. This has provided credibility to Surrey's proposals because they have been built from a local perspective.
7. The Committee were informed that a critical challenge was to support the Voluntary and Community Sector (VCS) who deliver important frontline services to residents. The County has decided to use strategic grants rather than contract support and was an issue that the Committee should consider scrutinising in further detail. The PVR was described as a radical opportunity to align the commissioning strategy with other local strategies across organisations. The commissioning landscape in Surrey is rapidly changing with the introduction of Clinical Commissioning Groups (CCGs). A major risk to the PVR was other organisations making budgetary decisions motivated by austerity that would impact negatively upon the aspirations in the mental health strategy.
8. Local service user groups thoroughly endorsed the findings of the PVR and felt that it represented their concerns. The Service was challenged to continue to consult residents and to deliver early intervention services. The Committee were reminded about the significant changes to welfare benefit reform and the issue of work welfare readiness preparation. Many of these issues had led to rising stress levels amongst service users and an increase in mental health inpatients in acute hospitals.
9. Members asked for an overview of current VCS services and were keen on identifying more ways in which the Council could support them to deliver services to residents. Members also raised the issue of retention of staff and how the service was addressing mental health amongst Council employees. In response witnesses outlined how the PVR has been seeking to stimulate the VCS and has been considering policies that reach across organisational boundaries. The PVR has been looking closely at how services are distributed across the County and how the Council works with districts and boroughs to manage any issues. The service was aware of concerns about

the mental health of staff and was exploring different ways of supporting people in the workplace. The service has been working with the GMB Union to introduce health checks for staff to identify any problems early.

10. Members felt that the PVR contained an excellent set of recommendations however, the Committee believed that there should be further reference to the presence of deprivation in some areas and the changes that other local public services were experiencing. The service agreed that strong links needed to be made with other key local programmes such as the Supporting Families Programme which recognised mental health issues as a risk to family resilience. The meeting was informed that this was an important issue under discussion by the Health and Wellbeing Board and that the emphasis of the PVR was to better connect the different parts of the system.
11. The Chairman of the Children and Families Select Committee was in attendance to provide comments on crossover issues and she welcomed the report from the perspective of better integration with children's services. The PVR should consider transition and the importance of supporting both care leavers and young people who are carers for family members with mental health issues.

**Actions/Further Information to be Provided:**

- None

**Recommendations:**

1. Officers, members and partners be thanked for their work on the PVR;
2. The Health Scrutiny Committee is requested to scrutinise the outcomes of the six-month review of partnership arrangements with Surrey and Borders Partnership NHS Foundation Trust and give consideration to reviewing the provision of psychiatric liaison in A&Es across the county;
3. A focus be given to ensuring an equity of offer across the county;
4. The outcomes of the PVR continue to be monitored by the PVR MRG and this Committee; and
5. Focus be given to the ongoing wellbeing of social care staff.

**64/12 MANAGING STAFF ABSENCES IN ADULT SOCIAL CARE [Item 10]**

**Declarations of Interest:**

None

**Witnesses:**

Sarah Mitchell, Strategic Director, Adult Social Care & Health  
Ken Akers, HR Relationship Manager (Adults)

**Key Points Raised During the Discussion:**

1. The Committee were provided with a narrative of the key issues affecting staff absences in adult social care. The performance framework considers both long term absence and short term absences. The total absence figure average level has flatlined at ten days, which was also the trigger point for corporate management action. The Committee were informed about the Bradford factor which was an index that was used nationally to understand patterns behind short term absence. This index looks at absences and multiplies the number of periods of leave to exaggerate repeat occurrences (squared). The evidence was that the overall trend is reducing and managers are performing better in identifying issues.
2. The meeting was informed that the service wide figures for overall days lost to short term absences was being greatly affected by outliers. Twenty one individuals accounted for over two thirds of the total absences attributed to stress. The Committee were informed that there were a small number of employees suffering from long term conditions and illness that were affecting the overall figures. The department was introducing mediation on long term cases so that they could be resolved as swiftly as possible.
3. The HR Manager is responsible for resolving long term cases and for uncovering the underlying causes of absence. The impetus was on ensuring that staff accessed training and used the correct procedures to avoid accidents and health issues while at work. Managers were aware that social work was a stressful and challenging profession and that staff needed to be supported to effectively to carry out their duties.

**Recommendations:**

1. The service is thanked for providing the information and key data to the Committee and for the work done to handle instances of long-term and frequent short-term sickness; and
2. The Committee continues to monitor levels of staff absence in the directorate at least every six months and would ask for a commentary to be included in future reports to better explain the statistics.

**65/12 DATE OF NEXT MEETING [Item 11]**

It was noted that the next meeting of the Committee would be held on Friday 30 November 2012 at 10.00am.

[Meeting ended: 12:35h]

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**Chairman**