

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

These minutes are subject to confirmation by the Committee at its meeting on Friday, 10 April 2015.

Elected Members:

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

Ex officio Members:

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

In attendance

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

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

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

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

3/15 DECLARATIONS OF INTEREST [Item 3]

None received

4/15 QUESTIONS AND PETITIONS [Item 4]

None received

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

None received

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

Dave Sargeant, Strategic Director, Adult Social Care

Mel Few, Cabinet Member for Adult Social Care

Steve Cosser, Cabinet Member for Adult Social Care

Declarations of interest: None

Key points raised during the discussion:

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

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

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

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

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

Recommendations:

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

Actions/ further information to be provided:

None

Committee next steps:

None

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

Witnesses:

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

Declarations of interest: None

Key points raised during the discussion:

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

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

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

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

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

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

Recommendations:

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

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

Actions/ further information to be provided:

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

Committee next steps:

None

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

Witnesses:

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

Declarations of interest: None

Key points raised during the discussion:

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

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

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

Recommendations:

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

Actions/ further information to be provided:

None

Committee next steps:

None

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

Witnesses:

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

Declarations of interest: None

Key points raised during the discussion:

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

Recommendations:

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

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

Actions/ further information to be provided:

None

Committee next steps:

None

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

Witnesses: None

Declarations of interest: None

Key points raised during the discussion: None

11/15 DATE OF NEXT MEETING [Item 11]

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

Meeting ended at: 12.40 pm

Chairman

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