

**MINUTES** of the meeting of the **ADULT SOCIAL CARE SELECT COMMITTEE** held at 10.00 am on 14 February 2013 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, 11 April 2013.

**Elected Members:**

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

**Ex officio Members:**

Mrs Lavinia Sealy, Chairman of the County Council  
Mr David Munro, Vice Chairman of the County Council

**1/13 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Ben Carasco.

**2/13 MINUTES OF THE PREVIOUS MEETING: 30 NOVEMBER 2012 [Item 2]**

The minutes were approved as an accurate record of the meeting.

**3/13 DECLARATIONS OF INTEREST [Item 3]**

There were no declarations of interest

**4/13 QUESTIONS AND PETITIONS [Item 4]**

Ernest Mallett tabled the following questions:

1. Is Squirrel Lodge now fully occupied?
2. Members will have received a letter from GMB outlining that Care Workers employed by SurreyCC contractor, Prospect Housing & Care, are being paid at less than the minimum wage.

Information has also been supplied that if Prospect cannot reduce costs further than what has already been negotiated, then SurreyCC will not make any further referrals to Prospect for care services.

The Adults Social Care Committee has already received presentations from two other companies, (one a not-for-profit company), whose staff are being paid breadline wages due to these companies being forced into what is an effective franchise arrangement. Under this arrangement these companies are being forced to return significant funds to SurreyCC monthly. This arrangement appears again to be on the basis that Surrey will otherwise put these companies out of business by terminating contracts for the care of Learning Difficulty persons.

Is the SurreyCC management satisfied that this coercion to accept terms which significantly change the original care contracts and which result in distressingly unsatisfactory employment terms for care workers, ethical and something which the SurreyCC wishes to be associated with?

[The attached written response was tabled].

**Key points raised during the discussion:**

1. The Committee heard that Squirrel Lodge had been completed for almost a year before it was occupied. There was a history of delay in closing the old long stay hospital and problems were encountered with legal arrangements. The Strategic Director of Adult Social Care added that it was felt inappropriate to move residents in before Christmas due to the holidays; also clients are not moved unnecessarily in winter. There had been no wilful delay and the Chairman suggested that the Squirrel Lodge project be written up for internal noting to benefit similar projects in the future.

2. In response to the second question, the Strategic Director of Adult Social Care reported that the Service is in dialogue with providers to secure the best value services for money. There is a very complex history of services in the NHS and the Audit Commission report had indicated that Surrey's costs were too high. Cost reductions are being examined in line with other providers nationally; the market for care nationally shows most care workers are paid just above minimum wage. The Council wants to look at the 'living wage' and consider whether the level is appropriate. A question has been raised in Cabinet as to the number of individuals paid below minimum wage levels and the response will be circulated to the Committee.

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

The final sentence of the written response is unclear and the Strategic Director of Adult Social Care agreed to prepare and circulate a revision to the Committee.

**5/13 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]**

**Declarations of interest:** None.

**Key points raised during the discussion:**

1. The Strategic Director of Adult Social Care confirmed that Members' views had been passed on to Cabinet and more money allocated; the figures will be circulated to the Committee.
2. Members raised the issue of preventative measures, as it is felt there is a responsibility to look not only at current clients, but to try and minimise the time that future clients are a burden on the Service. Early intervention is crucial. The Strategic Director of Adult Social Care reported that there is a robust project in place, Prevention through Partnership, with the Districts and Boroughs within Surrey looking at services with a view to identifying gaps in provision which need to be plugged.
3. Members reported that the Service has identified the need to get people to look to their needs in the future: how do they want to live and what can they do to achieve this? This involves many complex issues surrounding health and lifestyles and a lot of work is being carried out in these areas.
4. The Chairman suggested that the Committee record ideas for investigation that future committees may wish to consider; the prevention agenda may be one of them. The Director of Public Health may be asked to give his views.

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

The Strategic Director of Adult Social Care will circulate to the Committee the budget allocated to each District and Borough from the Leader's Prevention funding.

## 6/13 DIRECTOR'S UPDATE [Item ]

**Declarations of interest:** None

**Witnesses:**

Sarah Mitchell, Strategic Director for Adult Social Care

1. The Strategic Director for Adult Social Care reiterated her sadness at the death of Gloria Foster and expressed her condolences to the family. Although historically Adult Social Care has been very transparent, it is currently unable to share information due to the ongoing police investigation. Surrey has appointed three independent investigators to manage the report outside the service, to chair the case review and to write the report.
2. The Committee were given an update on carers by the Strategic Director for Adult Social Services. 3591 carers now have a key worker which is 61% of known carers. The 'In Touch Service' also supports carers. Many challenges will be faced in looking for savings next year. The Chairman reported that the conference for carers had produced positive feedback.
3. The Committee were informed that there had been staffing issues in identifying key workers or named practitioners. It was reported that following a recruitment drive, the Service now has the lowest level of vacancies ever. New staff are coming on stream, following training and allocated new cases and carers. The carers' survey, to which 42% responded, indicated that 71% said they were either quite, very or extremely satisfied with the Service.

**Recommendations:**

None

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

None.

## 7/13 PERSONALISATION UPDATE [Item 6]

**Declarations of interest:** None

**Witnesses:**

Sarah Mitchell, Strategic Director for Adult Social Care

Dave Sargeant, Assistant Director for Personal Care & Support

Gail McCulloch, Assistant Manager, Transformation

Carol Pearson, Chief Executive, Surrey Coalition for the Disabled

Cliff Bush, Chair, Surrey LINK

### **Key points raised during the discussion:**

1. The Assistant Director for Personal Care & Support described the journey in implementing the Personalisation agenda culminating with the roll out in mental health services which has proved complex.
2. The Chief Executive of the Surrey Coalition for the Disabled reported that where personal budgets have been allocated, there have been improved outcomes but they hope to see better outcomes for people during the day, for example, employment and the ability to move around and socialise. It is disappointing that three years on only 42% receive a personal budget and Surrey will struggle to meet the 70% target nationally in the next few years.
3. The Strategic Director for Adult Social Care responded that given the enormous changes, Surrey has managed implementation at an appropriate pace. The Assistant Director for Personal Care & Support reported that 70% of older people have a personal budget, 40% of the physically disabled and 25% of those with learning disabilities. Unlike other authorities, in Surrey the majority of those with learning disabilities are in transition from residential care into the community; efforts are being made to increase personal budgets for people with learning disabilities.
4. Members raised the findings of the Personal Budgets Outcome Evaluation Tool (POET) survey in 2012 and the fact that only 88 people out of a possible 700 had responded. Similarly, out of 300 carers only 74 responded. How is it possible to get better feedback? Respondents, whilst being positive about the impact of personalised budgets expressed negative aspects of the process which caused stress and worry. Members queried what these negative aspects were, as often much can be learnt by looking at the negatives rather than just positive outcomes.
5. The Strategic Director for Adult Social Care informed the Committee that there was some way to go in evaluating how the Personalisation agenda actually helps people get back into employment and otherwise improve the quality of their lives. Issues around choice and control are dictated by the market; Adult Social Care is concerned about peoples' dignity, mental well being and independence. Between October and December 2012, there has been a 5% increase of the number of people supported on a personalised budget; demand has been greater than anticipated.
6. The Committee discussed personal budgets and self directed support and the possible confusion of language. Self directed support is enabled through a personal budget. It is expected that as more and more people take up direct payments and plan their own support, they will work out more creative and cost-effective ways to achieve their outcomes.
7. The Strategic Director for Adult Social Care advised the Committee that the revised 70% target of providing people eligible for on-going social care with a personal budget by April 2013 was more pragmatic

but some people do not want a personal budget and there is also the issue of finding practitioners to administer it. In allocating cases there has to be a balance between those that are complex and others that merely have to be kept an eye on. Over 1.2 million people come to the attention of the Service and to whom it has a safeguarding responsibility.

8. Members sought clarification of the numbers contained in paragraph 33 of the report and the Strategic Director for Adult and Social Care agreed to provide clarification.
9. The Chairman raised concerns about the roll out in mental health services. The Assistant Director for Personal Care & Support advised the Committee that the Council and Surrey & Borders Partnership NHS Foundation Trust have established a joint management board focussing on social care issues and key managers from the Trust meet monthly with the personalisation support managers. The Manager, Transformation outlined the complexities of the integration process given the different structures in health and social care; including different computer systems. Successes include a clear structure and strategy in place and completion of a full training programme for professionals so that learning can now be embedded.
10. Members expressed concern that unlike Adult Social Care, there is reluctance in Mental Health teams to be transparent resulting in confusion as to where responsibility lies: there should be the same level of transparency. The Chairman suggested that the outcomes of the project looking at the partnership arrangements between Surrey County Council and Surrey & Borders Partnership NHS Foundation Trust arising from the Mental Health PVR should be done jointly with the Adult Social Care Select Committee and the Health Scrutiny Committee.
11. Members discussed issues concerning recruitment of staff and care managers and whether people not in regular contact with Mental Health teams have a point of contact in an emergency. The Assistant Director for Personal Care & Support advised the Committee that it is the ambition that everyone has a named worker and this is happening as staff vacancies are filled. There is the duty service for crises and for those with an allocated worker this worker is the first point of contact. Everyone without an allocated worker has been provided with the contact numbers of locality teams and the duty desk will respond accordingly.

**Recommendations:**

1. The Service is commended for the work to date in implementing the Personalisation agenda;
2. Recognising that there is still more work to do, the Committee would like to work with the Service on improving service user engagement;
3. The suggestion from the Director that we should benchmark our results against comparable authorities is welcomed and the creation of a more realistic target is supported; and

4. The scrutiny of the outcomes of the Mental Health PVR project looking at joint working arrangements with Surrey & Borders Partnership NHS Foundation Trust should be done jointly with both the Adult Social Care Select Committee and the Health Scrutiny Committee.

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

The Strategic Director for Adult Social Care to provide clarification of the numbers contained in paragraph 33 of the report and confirm numbers of people of different client groups who have a personal budget and have had a supported self assessment. These are to be circulated to the Committee.

**Select Committee Next Steps:**

None

**8/13 OCCUPATIONAL THERAPY ASSESSMENTS TASK & FINISH GROUP FINAL REPORT [Item 7]**

**Declarations of interest:** None

**Witnesses:**

Liz Uliasz, Senior Manager, Personal Care & Support

Claire White, Assistant Senior Manager, Transformation

Leah O'Donovan, Scrutiny Officer

**Key points raised during the discussion:**

1. The Vice-Chairman reported that in September 2011 a review of the provision of Occupational Therapy assessments was undertaken following concern about the underspend of the Major Adaptations Budget. One of the identified reasons for this was the time taken to complete the adaptations. The Disabled Facilities Grant is administered by local Boroughs with significant delays in the DFG process. A survey of users was undertaken and the results set out in the report. Runnymede Borough Council and Elmbridge Borough Council had 100% of respondents either very or quite satisfied whereas Spelthorne Borough Council and Reigate and Banstead Borough Council received the lowest positive responses with 63% and 67% respectively. Whilst there was an overall high level of satisfaction, it is evident that more time taken is taken securing the DFG than for the actual completion of adaptation work.
2. The Senior Manager, Personal Care & Support reported to the Committee that a workshop was held in January 2013 for the DFG Officer Group, to identify the obstacles and problems with the DFG process. This produced positive outcomes to enable the simplification of the process, including the sharing of data between the Council and the Boroughs and Districts and a review of the DFG guidance literature.

3. Members raised the question as to why there is still a considerable under spend in the Major Adaptations Budget which is utilised to 'top-up' the amount needed if the person does not meet the DFG threshold or the amount awarded is not enough to cover the cost of the works. The Assistant Manager, Transformation explained that the budget is usually spent but as it is committed up front there may then be a delay in the carrying out of the committed works due to various factors. The budget spend is therefore only ever a snapshot as forward commitments must be considered. The Chairman suggested that the Cabinet Member write to Surrey's MPs raising concern over the DFG process with a request that this is taken up with the relevant junior minister.
4. Members discussed the time that it can take for adaptation work to be completed. The Chairman observed that the Committee needs actual evidence of unacceptable delays. If, as was alleged, it is taking up to 18 months to complete adaptations, this is patently too long and also, by the time the work is completed, it is inevitable that the client's needs will have changed.

**Recommendations:**

1. The Task & Finish Group and officers are thanked for the work on this;
2. A progress report from the DFG Officer group come back to the Committee in around six months;
3. The Committee send the report and a letter to the government department reviewing the DFG process setting out the Service's and the Committee's views; and
4. The Cabinet Member write to Surrey's MPs asking them to also write to the government minister reviewing the DFG process setting out concerns about the process and to feed back the response.

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

None

**Select Committee Next Steps:**

None

**9/13 BUDGET MONITORING [Item 8]**

**Declarations of interest:** None

**Witnesses:**

Paul Carey-Kent, Senior Finance Manager, Change & Efficiency

**Key points raised during the discussion:**

1. The Committee considered the Budget Monitoring Report presenting the outturn for 2012/2013. The Senior Finance Manager that the



projected overspend has increased to £4.9m but Winter Pressures funding has been secured for £2.4m, less than the £2.9m originally bid for from the Department of Health, but this has reduced the projected overspend. Although the risk in the forecast is much less than the last period, there is uncertainty around management actions with the PCT ending, for example, as to how outstanding Continuing Health Care (CHC) cases will be treated at the year end.

2. The Committee heard that the £337m budget includes the prior year carry over of £332m. The projected outturn is now £341.5m which the Committee was advised is consistent with the spend rate and the substantial savings made of around £44.5m.
3. Members raised concerns over the NHS reorganisation on 1 April and questioned how receptive the CCGs are to Adult Social Care savings targets when they face their own financial pressures. The Cabinet Member acknowledged that the transition will not be easy but the PCT's Transitional Assurance Committee is ensuring a two way dialogue with the CCGs and the Health and Social Care Committee. The difficulty will be in tying down year end positions in the NHS. The Committee heard that there will be six CCGs in Surrey, one shared with Hampshire.
4. Members questioned whether in the new structure, there would be one overall body with responsibility for delivery of Continuing Health Care. The Strategic Director for Adult Social Care advised the Committee that the guidelines are very clear and that the money allocated to CCGs will be determined annually through a bidding process. The only difference will be specialist high end commissioning. Joint work is being undertaken around procurement and historically, as the NHS has not been funded for case management, ways have to be found to resource this.
5. The Chairman recognised the efforts being put into resolving the budgetary issues surrounding the reorganisation of the NHS and suggested that the Committee will scrutinise next year's budget at a workshop in March.

**Recommendations:**

1. The Committee recognises the efforts of the Service in the management of the budget under difficult circumstances; and
2. The Committee will scrutinise next year's budget at a workshop on 4 March.

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

None

**Select Committee Next Steps:**

None

## **10/13 SOCIAL CARE DEBT [Item 9]**

**Declarations of interest:** None

**Witnesses:**

Paul Carey-Kent, Senior Finance Manager, Change & Efficiency

Toni Carney, Benefits and Charging Consultancy Team Manager, Personal Care & Support

**Key points raised during the discussion:**

1. The Committee heard from the Senior Finance Manager that there has been no improvement since the last report but rather a slightly worsening position. The reasons for this include systems changes, staff illnesses and vacancies in the debt recovery team.
2. The Committee was advised that there is £10m of debt associated with 997 accounts. Some of these are deferred payments on assessed contributions which have not been secured by a legal charge. The Chairman enquired as to what the effect of additional resources would be on the recovery process and was assured that staff with the correct level of expertise would make a difference. Members expressed concern at the lack of progress in debt recovery and asked whether a more creative approach to recovery could be adopted. It was also suggested that there would be a detailed process review to understand the underlying problems with debt recovery.

**Recommendations:**

1. The Internal Audit report into the debt collection process come to the next available meeting; and
2. The Committee recognises the continuing difficulties and the need to look at the debt in a new way; therefore it recommends to the Cabinet that additional resources be put in place for a fixed amount of time to aid the team and that this resource must be of reasonable expertise in order to produce improvements.

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

None

**Select Committee Next Steps:**

None

## **11/13 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 10]**

**Witnesses:**

Leah O'Donovan, Scrutiny Officer

**Key points raised during the discussion:**

1. The Committee reviewed the Forward Work Programme and Recommendation Tracker. The Scrutiny Officer reported that the recommendation that the Service secure an Effective rating for its Direct Payments system in the next Internal Audit report had not been achieved; rather it had still received a Needs Improvement and this should be looked at again.
2. The Scrutiny Officer sought confirmation of attendance at the arranged demonstration of the Young Carers E-Learning Package, scheduled for Monday 18 February. As few Members indicated they would be available, this recommendation was carried over to the next meeting.
3. Members discussed priorities for the next Committee which include the setting up of self help groups as part of the Mental Health Public Value Review, scrutiny of the prevention agenda and 'Ageing Well' and where the Council's existing land and buildings can contribute to residential care requirements.

**Recommendations:**

None

**Select Committee Next Steps:**

None

**12/13 DATE OF NEXT MEETING [Item 11]**

The Committee noted that the next meeting would take place on 18 April 2011 at 10.00am.

Meeting ended at: 1.08 pm

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**Chairman**

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