

Notice of Meeting

Adults and Health Select Committee

**Date & time**

Tuesday, 14 July
2020 at 10.30 am

Place

REMOTE MEETING

Contact

Ben Cullimore, Scrutiny
Officer
Room 122, County Hall
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Chief Executive

Joanna Killian

We're on Twitter:
[@SCCdemocracy](https://twitter.com/SCCdemocracy)



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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 Ben Cullimore, Scrutiny Officer on 0208 213 2782.

Elected Members:

Dr Bill Chapman (Vice-Chairman), Mrs Clare Curran, Mr Nick Darby (Vice-Chairman), Mr Bob Gardner, Mrs Angela Goodwin, Mr Jeff Harris, Mr Ernest Mallett MBE, Mr David Mansfield, Mrs Marsha Moseley, Mrs Tina Mountain, Mrs Bernie Muir (Chairman) and Mrs Fiona White

Independent Representatives:

Borough Councillor Vicki Macleod, Borough Councillor Darryl Ratiram and Borough Councillor Rachel Turner

TERMS OF REFERENCE

- Statutory health scrutiny
- Adult Social Care (including safeguarding)
- Health integration and devolution
- Review and scrutiny of all health services commissioned or delivered within Surrey
- Public Health
- Review delivery of the Health and Wellbeing Strategy
- Health and Wellbeing Board
- Future local delivery model and strategic commissioning

AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

To receive any apologies for absence and substitutions.

2 MINUTES OF THE PREVIOUS MEETINGS: 5 JUNE 2020

(Pages 5
- 14)

To agree the minutes of the previous meeting of the Adults and Health Select Committee held on 5 June 2020 as a true and accurate record of proceedings.

3 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter:

- I. Any disclosable pecuniary interests and / or
- II. Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting.

NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest.
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner).
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

4 QUESTIONS AND PETITIONS

Due to the Covid-19 pandemic, all questions and petitions received will be responded to in writing and will be contained within the minutes of the meeting.

NOTES:

1. The deadline for Members' questions is 12:00pm four working days before the meeting (*8 July 2020*)
2. The deadline for public questions is seven days before the meeting (*7 July 2020*)
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received

5 ADULT SOCIAL CARE TRANSFORMATION UPDATE

(Pages
15 - 24)

Purpose of the report: To receive an update on the progress of the Adult Social Care transformation programmes.

- 6 ACCOMMODATION WITH CARE AND SUPPORT PROGRAMME UPDATE** (Pages 25 - 32)
- Purpose of the report:* To review and scrutinise the ongoing Accommodation with Care and Support programme of work.
- 7 LEARNING DISABILITIES AND AUTISM SERVICE UPDATE** (Pages 33 - 48)
- Purpose of the report:* To review and scrutinise plans for the new Learning Disabilities and Autism Service.
- 8 RECOMMENDATIONS TRACKER AND FORWARD WORK PLAN** (Pages 49 - 64)
- Purpose of the report:* To review the attached recommendations tracker and forward work programme, making suggestions for additions or amendments as appropriate.
- 9 DATE OF THE NEXT MEETING**
- The next public meeting of the Select Committee will be held on 15 October 2020.

Joanna Killian
Chief Executive
Published: Friday, 3 July 2020

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MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.30 am on 5 June 2020 as a REMOTE MEETING.

These minutes are subject to confirmation by the Committee at its meeting on Tuesday, 14 July 2020.

Elected Members:

- * Dr Bill Chapman (Chairman)
- * Mrs Clare Curran
- * Mr Nick Darby (Vice-Chairman)
- * Mrs Angela Goodwin
- * Mr Jeff Harris
- * Mr Ernest Mallett MBE
- * Mr David Mansfield
- * Mr Cameron McIntosh
- * Mrs Marsha Moseley
- * Mrs Tina Mountain
- * Mrs Bernie Muir (Vice-Chairman)
- * Mrs Fiona White

Co-opted Members:

- * Borough Councillor Vicki Macleod
- * Borough Councillor Darryl Ratiram, Surrey Heath Borough Council
- * Borough Councillor Rachel Turner, Lower Kingswood, Tadworth and Walton

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

None received.

2 MINUTES OF THE PREVIOUS MEETINGS: 22 JANUARY 2020 [Item 2]

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

3 DECLARATIONS OF INTEREST [Item 3]

None received.

4 QUESTIONS AND PETITIONS [Item 4]

None received.

5 IMPROVING HEALTHCARE TOGETHER 2020-2030 PROGRAMME UPDATE [Item 5]

Witnesses:

Clare Burgess, Chief Executive Officer, Surrey Coalition of Disabled People

Andrew Demetriades, Joint Programme Director, Improving Healthcare Together

Daniel Elkeles, Chief Executive, Epsom and St Helier University Hospitals NHS Trust

Dr Russell Hills, Clinical Chair, Surrey Downs Integrated Care Partnership

Kester Holmes, Head of Research Projects, Opinion Research Services

Charlotte Keeble, Senior Programme Manager, South West London Alliance

Brian Niven, Technical Principal for Healthcare, Mott MacDonald

Giselle Rothwell, Associate Director of Communications and Engagement, Surrey Heartlands

Kate Scribbins, Chief Executive Officer, Healthwatch Surrey

Matthew Tait, Joint Accountable Officer, Surrey Heartlands

Key points raised during the meeting:

1. The Chairman outlined the scrutiny process for this item. The Select Committee would produce a set of recommendations by 12 June, which would be submitted to the Joint Health Overview and Scrutiny Committee (JHOSC). The JHOSC's feedback would then be taken into account for the final decision at the Committees-in-Common meeting on 3 July.
2. The Joint Programme Director for Improving Healthcare Together (IHT) introduced the report. Public consultation on IHT had been active between 8 January 2020 and 1 April 2020. Opinion Research Services (ORS) had been pulling together all of the responses from a wide-ranging process. Consultation analysis was not the only piece of evidence used to make the final decision, but it did play an important part in the process. The programme had begun to consider some of the areas of work that were needed, which included a high-level strategic review of Covid-19, bed numbers and travel and access.
3. The Head of Research Projects for ORS noted that public consultation was intended to be a dialogue but not a referendum that made any decision in itself. The public's feedback was to be conscientiously taken into account.
4. The Head of Research Projects presented the background of the public consultation. The proposed model of care had gained broad support, although it did vary by geography: a higher proportion of Merton CCG residents viewed the proposed model of care as poor or very poor, while the majority of respondents living near Epsom or Sutton viewed it positively. The majority of NHS staff members thought the proposed model was a good or very good solution, and there was also a majority in favour of the proposed model amongst respondents who were not NHS staff. Overall, Sutton did receive slightly broader support than Epsom or St Helier. A positive view of the Sutton option was more common amongst those who viewed the proposed model of care as positive, while those favouring Epsom or St Helier were more likely to have a negative view of the proposed model of care. There was strong support for Sutton amongst NHS staff.

5. The most vocal concern expressed in consultation regarded travel and access. There was concern that the changes might lead to poorer health outcomes, wherever the hospital was built, due to longer journey times. There were also concerns about parking. Travel-related times were expressed by supporters and opponents of the proposed model of care and/or Sutton option. Another concern was the separation of maternity services: that moving staff to different hospitals could reduce consistency of care. Health inequality depending on the level of deprivation in different areas was also a concern.
6. In more structured consultation strands such as a residents' survey and focus groups, where respondents were presented with detailed information before they answered questions, views on the proposed model of care were generally positive irrespective of geography. Some respondents had also noted that even if they did prefer the Epsom or St Helier option, they could see that Sutton was the most reasonable option. Most of the stronger opposition to the proposed model and Sutton option was at the large public meetings.
7. A Member asked how many NHS staff could have answered the questionnaire. The Chief Executive of Epsom and St Helier University Hospitals Trust said 6,000 staff could have responded, around 1,000 of whom worked in primary care. The Member replied that despite this there had been only 718 NHS staff respondents.
8. A Member expressed concern that consultations had been conducted on the basis of current modelling; for example, the transport data used dated to 2018. However, the consultation did not inform the public of future projections or plans, such as the plan to build 600 properties in Epsom, which could cause population growth and congestion. The data in the consultation was limited to 2025, but a realistic demographic projection to 2030 or 2040 was necessary. It was also important to bring current data up to date, as the Covid-19 pandemic had had a huge impact; the Member suggested that the decision should be delayed until facilities had been secured to be able to cope with the fallout of the pandemic, aging population and population increase. The Joint Programme Director responded that regarding the population modelling and beds, the programme had completed a piece of work about extending modelling to 2029/30, which clinical colleagues and governing bodies were currently reviewing. The programme had also spoken with the MP for Epsom and Ewell about extending the horizon for modelling to see if it changed the bed numbers. Secondly with regards to housing development, extending out the bed analysis showed that, putting Covid aside, there would be a small increase in critical care beds and an additional 14-bed increase. Given current parameters, a 10-year horizon seemed reasonable, but the possibility of extending that to 2035 was being looked at.
9. The Joint Programme Director emphasised that the possibility of future pandemics was being taken into account in planning assumptions for all site options. A wider piece of work on Covid-19 was also being conducted.
10. The Chief Executive of Epsom and St Helier noted the difficulties Epsom and St Helier hospitals had had in coping with the Covid-19 pandemic: space and staffing were stretched, and there were not

enough single rooms. This highlighted the need for a new hospital and investment in community services.

11. A Member noted that the proposed model of care could enable preventative work and bring together a range of services that currently operated individually, thereby improving quality.
12. The Technical Principal for Healthcare for Mott MacDonald acknowledged that some new data sets had been released nationally, meaning that the 2018 travel and access data sets included in the Integrated Impact Assessment (IIA; circulated to the committee in advance of the meeting) were somewhat outdated by the 2020 data sets now available. Overall, however, the message had not changed. The section on resilience in the IIA had been refreshed in light of Covid, and a further statement would be added to the IIA noting that if there were any changes to the programme due to Covid, the programme might be reviewed and reassessed.
13. Members expressed concern about deprivation in parts of Epsom; its links with travel and access issues, particularly for those with disabilities; and a lack of suitable public transport, highways and pedestrian infrastructure. There was a need for joint work between the NHS, Surrey County Council and Greater London boroughs; for example, partnership between health and highways services was important. Furthermore, the move towards remote, digital ways of working due to Covid was an opportunity for cutting down the need for travel when accessing health services.
14. The Chief Executive Officer of Healthwatch Surrey stated that Healthwatch had been informed throughout the IHT consultation, promoting engagement materials and reaching out to less well heard communities. It was also part of the Stakeholder Reference Group and had attended impact assessment meetings. While Healthwatch had to remain neutral on decision making, its view was that the consultation and engagement had been thorough and timely, and IHT had been responsive towards views expressed. While residents still had concerns about travel times in particular, IHT had collaborated with residents to come up with ideas and attempt to mitigate risks.
15. The Chief Executive Officer of the Surrey Coalition of Disabled People said that her organisation had been providing targeted forums for IHT to engage with and had also been involved in the Stakeholder Reference Group throughout the process. Her two main concerns were how Covid could change some of the demographics living in the area – some survivors of the illness would be left with a disability of long-term health condition – , and the appropriateness of the location of the Sutton site, being next to a specialist cancer hospital. The Chief Executive of Epsom and St Helier responded to the latter point that the programme had been consulting building designers on how to separate out different groups of patients, such as those with cancer and those without cancer, in order to reduce the likelihood of Covid transmission. He was confident that it would be possible to separate these patients where necessary.
16. A Member queried what assumptions had been made in the programme in relation to housing numbers and population growth. The Joint Programme Director replied saying that the programme had committed to doing a further piece of work around bed modelling

extending to 2030. Existing modelling had shown a need for two additional clinical care beds.

17. A Member expressed concern about planned housing in Epsom and Ewell in particular and how that would affect IHT. The Joint Programme Director said that where IHT knew there was a planned housing development or government housing targets, it would be included in the modelling. The Member noted that these plans often did not include numbers or were still in progress. Would this work be complete and transparent by the Committees-in-Common meeting on 3 July? The Joint Programme Director said that all of this information would be taken through the governing body and a series of discussions would be had over the next few weeks.
18. A Member questioned the revenue budget of IHT, stating that the Epsom and St Helier Trust was £50m in deficit. The Chief Executive of Epsom and St Helier said that the government wrote off debts of all hospitals at the end of the 2019/20 financial year (so the £50m deficit no longer applied). Also, audit accounts had just been completed and analysis had been conducted on the affordability of the new hospital. The proposed model of care reduced the total cost required to run all hospitals in question (Epsom, St Helier and the proposed Sutton site), and improved services at the same time; therefore it was better both financially and in terms of patient outcomes. The Joint Programme Director added that all options had a positive return on investment, but Sutton had the best long-term financial return over the lifetime of the investment, looking at net present value.
19. A Member observed that if the Sutton option went ahead, the recommendation was for £85m to be spent on improving Epsom and St Helier hospitals. What would happen if Sutton was not chosen as the new site? The Chief Executive of Epsom and St Helier explained that money was already being spent on improving those two hospitals and this would continue whether Sutton was chosen or not.
20. A Member expressed doubts about the IHT project finishing on time and within budget. The Chief Executive for Epsom and St Helier also detailed that the IHT planning case would start to be written as soon as possible after the decision was made on 3 July. There was a contingency included in the £500m capital budget, and he was confident that the programme would deliver. The Joint Accountable Officer for Surrey Heartlands added that capital cost estimates in all options included refurbishing existing sites, contingency and bias. The consultation business case included the revenue case.
21. A Member expressed concern that land was being sold or developed around Epsom Hospital, leading residents to feel it was being 'squashed' into an ever smaller site and would eventually become limited to nothing more than a small cottage hospital. The Chief Executive of Epsom and St Helier stated that if Epsom was not chosen as the new hospital site, it was not unreasonable to suggest that the land around Epsom Hospital would not be needed. However, in order to sell the land the trust would need to demonstrate that there was not another public sector use for the land. While this was the case two years ago, recently other public sector organisations had shown interest in it; for example, SECamb expressed interest in moving their ambulance base there.

22. A Member suggested that if the new hospital was built at Epsom (rather than Sutton), there would only be two hospitals in question (Epsom and St Helier), which would surely be easier to fund than three. If the land at the Sutton site was sold, the trust would have more money to invest in Epsom and St Helier. The Joint Accountable Officer stated that all options had been financially assessed, in terms of both capital and revenue costs, and this assessment had found that Sutton offered the best value for money in the long-term, even though it was slightly more expensive in terms of capital requirement.
23. A Member remarked that if the Sutton site was chosen, there would be a relationship with the Royal Marsden Hospital that stood next to it. She enquired whether, if Epsom or St Helier was the chosen site, there would still be a relationship with the Royal Marsden and whether the Royal Marsden would buy the Sutton land. The Chief Executive of Epsom and St Helier replied that the Royal Marsden already had plenty of land in Sutton, so it seemed unlikely they would need more. The Royal Marsden had already said that they would gift the Sutton land to the IHT programme if the Sutton site was chosen.
24. A Member enquired how a second wave of Covid would affect the IHT programme. The Clinical Chair for Surrey Downs responded that this was being taken into account and work was being done on how to identify vulnerable parts of the population.
25. A Member expressed concern about the 24 private beds allocated in the new model being prioritised over NHS patients. The Chief Executive of Epsom and St Helier explained that there were already 20 private beds, so there was an increase of only four beds. Private income only formed a small part of the trust's income, and because of Covid there was no private healthcare at all at the moment.
26. A Member asked how the programme would manage concerns about maternity services being split over multiple sites, particularly for the most vulnerable patients. The Clinical Chair for Surrey Downs responded that national standards had been taken into account when designing this model. Pregnant women could decide where they wanted to give birth (there was a home birth option, although higher risk deliveries would need to be co-located with emergency services), and antenatal and postnatal care would still be close to home, primarily through the mother's GP.

All witnesses apart from Clare Burgess and Kate Scribbins left the meeting.

27. The Select Committee discussed the draft recommendations and developed a set of final recommendations.

Recommendations:

The Select Committee:

1. Supports the proposal to build a new specialist emergency care hospital but has not received the assurances or sufficient information and data needed to give its support to the preferred site in Sutton.
2. Supports the proposed investment that will be made in Epsom Hospital, wherever it is decided the new SECH will be built.

3. Recommends that IHT work with Surrey County Council to improve transport access, both public and private, to the new SECH and ensure that these improvements are in place by the planned opening date in 2025. Furthermore, the Select Committee recommends that the design and implementation of this improved public transport and road network addresses issues and concerns raised relating to travel times, transport costs, parking and other access issues impacting on Surrey residents, particularly those in areas of high deprivation.
4. Recommends that findings from the work currently being undertaken on the immediate effects to the IHT Programme of the Covid-19 pandemic, and the mitigating actions that will be implemented as a result, are included in the final Business Case.
5. Recommends that that a full review of the IHT Programme is undertaken when the likely continuing, long-term impact of the Covid-19 pandemic is sufficiently understood. The scope of the review should include the impact on the capacity of the public transport system, changes to residents' preferred use of health services, and changes to patterns of working for health workers.
6. Recommends that the South West London and Surrey Joint Health Overview and Scrutiny Committee ensures that the Improving Healthcare Together 2020-2030 Programme sub-committee continues to monitor and scrutinise the progress of the Implementation Plan.
7. Agrees that a letter will be formulated to further explain the views and recommendations of the Surrey Adults and Health Select Committee (attached to these minutes as Annex 1).

6 DATE OF THE NEXT MEETING [Item 6]

The next meeting of the Adults and Health Select Committee would be held on 14 July 2020.

Meeting ended at: 1.37 pm

Chairman

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Annex 1: Improving Healthcare Together Programme letter

At its meeting on 5 June 2020, the Surrey Adults and Health Select Committee formally considered the Improving Healthcare Together (IHT) 2020-2030 Programme Consultation Report and spoke to representatives from IHT, Epsom and St Helier University Hospitals NHS Trust, Surrey Heartlands, North West Surrey CCG, Opinion Research Services, and Mott MacDonald. Outlined below is a summary of the main comments and concerns raised by members of the Select Committee during the meeting.

Travel times and access

Throughout the meeting, many Members raised issues relating to travel times and access and expressed their concern at what impact the IHT Programme proposals might have on Surrey residents. This was particularly the case when considering the preferred option put forward by IHT, which is to build a new specialist emergency care hospital (SECH) on the Sutton site. Members raised concerns about the impact that travelling to Sutton might have on Surrey residents in areas of high deprivation (particularly those reliant on public transport), as well as those with disabilities and their carers. With these concerns in mind, the Select Committee recommended that any healthcare work is backed up by proper provision of infrastructure, covering all areas relating to public transport, roads, cycle paths and pedestrian networks. The Select Committee emphasised the importance of joint working between health services, Highways England, Surrey County Council and Greater London boroughs in order to ensure that issues relating to travel times and access are minimised. Members also raised the importance of making sure that improvements to the network are matched against increasing population levels and related travel needs to the new SECH.

Future population growth and demographics

Members made repeated references to assumptions relating to future population growth, particularly in relation to Epsom and Ewell Local Plan housing expectations and government housing targets. The Select Committee heard that IHT had committed to undertaking a further piece of work around bed modelling extended to 2030 but expressed concern that there were gaps in the modelling relating to planned housing development and future population growth in Surrey. With this in mind, Members expressed their view that IHT's planning, data collection and projections should be extended to 2040. Overall, Members felt there was a lack of future proofing in the proposals and raised concerns that a failure to properly factor in future population growth could have a negative impact on not only the overall model of care being proposed but also issues relating to access via public and private transport, congestion and parking.

Impact of Covid-19

Members agreed that the long-term impact of the Covid-19 pandemic was one of the most serious challenges facing the IHT Programme and could have a major impact on its proposed model of care and timescale for development and delivery. The Select Committee welcomed the work currently being done on this but emphasised how important it is that findings on these effects, and the mitigating actions that will be implemented as a result, are included in the final Business Case. Members spoke about the significant changes to our society that have been made, and will continue to be made, by Covid-19 and reiterated their belief that the proposals for the new SECH need to ensure that they have been shaped by an in-depth and wide-ranging review of the present and future impacts of the Covid-19 pandemic. This will affect not only the proposed model of care but also the capacity of the public transport system, changes to residents' preferred use of health services, and changes to patterns of working for health workers, amongst other areas.

Other concerns

Members raised a number of other concerns relating to the proposals put forward by the IHT Programme. These related primarily to worries that the total number of beds across the three hospitals is currently planned to increase by only four and that this may be insufficient (particularly when considering the concerns expressed by the Select Committee around inadequate population growth data), concerns relating to the current timescales for development and delivery, and the challenges that may result from distributing clinical teams across three different sites. Members also wanted to receive assurance that each of the local authorities affected by the proposals will be able to engage in robust scrutiny during the implementation period, and they expressed concern about being presented with what they saw as being insufficient data and documentation that was either unfinished or not up to date.

In conclusion, the Surrey Adults and Health Select Committee supports the IHT Programme's proposal to build a new SECH and welcomes the investment that will be made in Epsom Hospital, wherever the new SECH will be built, but does not feel it has received the assurances or had sight of the sufficient information and data needed to give its support to the preferred site in Sutton.



ADULTS & HEALTH SELECT COMMITTEE

14 JULY 2020

ASC TRANSFORMATION UPDATE

Purpose of report: To provide an update on the Mental Health, Market Management and Practice Improvement transformation programmes. The Committee is considering separate reports on the Learning Disabilities and Autism Service and Accommodation with Care and Support programme.

Background

1. The ASC transformation programmes were set up in April 2018 as part of the Council's transformation programme and built upon changes already underway in the Directorate. They were shaped by the findings of the Local Government Association (LGA) peer review which was undertaken in summer 2018 and supported by the Social Care Institute for Excellence (SCIE) as our improvement partner.
2. In October 2019, the Adults Leadership Team reshaped the portfolio into five transformation programmes which were agreed by Council as follows:
 - Accommodation with Care and Support
 - Learning Disability & Autism
 - Mental Health
 - Market Management
 - Practice Improvement
3. £3.8m of transformation funding was agreed by Council in February 2020 to support the Learning Disability & Autism, Mental Health and Practice Improvement programmes during 2020/21. A further £1.4m was agreed by the Council to support the Accommodation with Care and Support and Market Management programmes. This funding is designed to provide additional capacity to deliver change.
4. Adult Social Care continues to be busy through the current and future anticipated surges in Covid-19 activity. All the transformation programmes have been impacted to some degree by the pandemic. Some deliverables have been delayed, but for others Covid-19 has provided an impetus, such as for the set-up of a joint central placement team. We are also looking for creative ways to deliver things in different ways, e.g. strengths-based practice is being rolled-out virtually and teams are undertaking telephone reviews (where appropriate).

Progress and forward focus

5. The long-term strategic ambition of each of the transformation programmes is set out in the tables below. The headline messages, the key achievements and activities planned for the next period are also summarised. Looking forward, we have included the key milestones for the programmes during 2020/21.
6. A member of the ALT is the Accountable Executive for each programme and progress is reviewed each month by ALT.

Case studies

7. A couple of case studies have been included to illustrate some of the ways in which the ASC transformation programme is reshaping our services to make a difference to people's lives whilst also delivering savings.
8. They demonstrate our strengths-based approach in action. This is all about focusing on what is most important to people, recognising their strengths, helping them to stay connected to their communities, providing short term help, only assessing for the long term when someone is at their best and actively promoting independence.

Mental Health		AMBER
Long-Term Strategic Ambition		
<ul style="list-style-type: none"> • Develop a new operational model and structure, with a clear professional social work MH identity • Embed new social models that support people at an earlier stage and deliver outcome focussed recovery • Set up an ASC Mental Health Hospital Discharge Team • Reshape Older Adults Mental Health • Develop the Approved Mental Health Practitioner (AMHP) service • Deliver enablement and reablement for people with mental health needs • Look at demand and capacity requirements • Develop a training and professional development plan • Embed a strength-based approach and the increased use of technology enabled care 		
Headline messages (end June 2020)		
<ul style="list-style-type: none"> • Phase 2 programme plan has been revised in light of the Covid-19 pandemic • Work is now underway to resume the review of mental health service structures • Efficiencies plan to be finalised 		
Key achievements and activity completed (end June 2020)	Key activity planned for the next period	
<ul style="list-style-type: none"> • Work has begun on options for delivering efficiencies • Structural review work undertaken to identify ways in which a new management model could be funded 	<ul style="list-style-type: none"> • Information Sharing agreement between Surrey and Borders Partnership (SABP) and SCC to be formalised • Agreement to be reached on the approach to delivering identified efficiencies • Review of mental health structures 	
Key milestone for 2020/21		
<ul style="list-style-type: none"> • Establish a Hospital Discharge Team with key supporting protocols to facilitate the timely discharge of mental health patients by April 2020 		

Market Management		AMBER
Long-Term Strategic Ambition		
<ul style="list-style-type: none"> • Introduce new centralised processes, governance and decision-making accountabilities and authorities • Embed a new structure and organisation of commissioning roles including a new central placements team • Refresh the Adult Social Care commissioning strategy • Undertaken market intelligence and benchmarking • Revise Market Positioning Statements • Undertaken stakeholder management and communications planning • Revise contracts with suppliers 		
Headline messages (end June 2020)		
<ul style="list-style-type: none"> • Market Position Statements - Will need to be reviewed in light of Covid-19 • Inflationary Uplifts - All requests have been told no reply until post Covid-19 funding - transferred into the Commissioning & Contract Support Team • Joint Central Placements Team – Moving into phase 2 and looking to move away from block contracts which end in early July 2020 • Residential Block Contract Utilisation – Analysis/review of current in-house provision currently being undertaken 		
Key achievements and activity completed (end June 2020)	Key activity planned for the next period	
<ul style="list-style-type: none"> • Joint Central Placements Team has met the challenge through existing block. Moving to phase 2 providers offering spot capacity at guide prices • Commissioning and Procurement drafting new terms and conditions and standard spot contracts for residential and nursing spot providers. KPIs being proposed at two levels - general for the delivery of the service and client specific linked to individual outcomes. Strategic and critical provider contract and relationship management approach in development 	<ul style="list-style-type: none"> • Review of in-house provision phase one report to be completed and phase two funding, resourcing and deliverables to be agreed • Inflationary uplifts process to be embedded as business-as-usual, consideration as part of future residential and nursing framework / preferred provider list • Residential Block Contract Utilisation - Commissioning to start working on long-term strategy for residential and nursing (with operational teams, procurement, Quality Assurance and Commissioning & Contract Support) 	

<ul style="list-style-type: none"> • Residential Block Contract Utilisation - Review of in-house provision with recommendations to ALT by end of June 20 • Homecare re-procurement paper presented to address revised timeframe for re-commissioning and next steps 	<ul style="list-style-type: none"> • Homecare re-procurement position to be taken on mandating Electronic Call Monitoring (ECM) work.
<p>Key milestone for 2020/21</p>	
<ul style="list-style-type: none"> • Implement a phase two of central placements function, including the application of the CareCubed costing model for complex placements, by June 2020. 	

Practice Improvement		AMBER/RED
Long-Term Strategic Ambition		
<ul style="list-style-type: none"> • Embed a strengths-based approach that supports people to live independent and fulfilling lives. • Review care and support packages in a timely way to ensure they are appropriate and proportionate to meeting needs and outcomes. • Review our reablement offer to support recovery and maintain or increase people's independence. • Increase technology-enabled care to maximise independence. • Make Direct Payments (DPs) our preferred offer to increase choice and control for residents. 		
Headline messages (end June 2020)		
<ul style="list-style-type: none"> • Programme rescoped to focus upon Strengths Based Practice; Review of ASC Front Door; Reviews; Reablement; and Direct Payments • Roll out of virtual strengths-based practice training for Learning Disabilities & Autism commenced in May and is being planned for Reablement and Mental Health services • Implementation of OT led reablement service continues alongside work to firm up operational and commissioning processes on the Collaborative Reablement Offer • Momentum has continued to implement the more generous DP calculation for existing DP clients (flat rate of £10.75 from April); Children's have indicated a potential 'transitory' arrangement which carries a financial risk for ASC inheriting the more generous rates; 'One Council' Task & Finish Group established to design and support the implementation of a PA recruitment campaign (June - July) • An initial brief has been drafted to develop a Digital Technology Enabled Care and Telehealth programme 		
Key achievements and activity completed (end June 2020)	Key activity planned for the next period	
<ul style="list-style-type: none"> • Strengths-Based Practice (SBP) - Roll out of virtual training for Learning Disabilities & Autism commenced in May • Review ASC Front Door - Interim reports on digital and contact centre front doors produced; agreement to work with Commissioning to understand which community-based services deliver best outcomes for people. • Reviews – SBP workshops now being planned to be delivered virtually; evaluation report presented to Practice Improvement Board in June and work being undertaken to audit a sample of cases which resulted in an 	<ul style="list-style-type: none"> • SBP - Virtual training planned for Reablement and Mental Health with input from people with lived experience. Audit tool finalised and a virtual roll out planned for July/August • Review ASC Front Door - Contact centre performance dashboard to be in place by the end July; next steps for digital front door to undertake user testing of our web pages; review of the locality front door and work to 	

<p>increase in funding or no change, to better understand the reasons behind these results.</p> <ul style="list-style-type: none"> • Reablement - Options on commissioning and in-house offer to be presented to ALT on 8 July; implementation of OT led service continues with interviews taking place in June to fill permanent posts; work continues on firming up operational and commissioning processes on the Collaborative Reablement Offer. • Direct Payments (DPs) - Project team has been responsive to people's concerns arising from Covid-19; momentum has continued to implement the more generous DP calculation for existing DP clients (flat rate of £10.75 from April); Children's implemented uplifted rate for all new DP clients but have indicated a potential 'transitional' arrangement. This carries a financial risk for ASC who can be expected to inherit the more generous rates. Children's finance is modelling the financial impact before the final decision is made and ASC is seeking to ensure the decision is informed by the impact on ASC budgets; 'One Council' Task & Finish Group established to design and support the implementation of a PA recruitment campaign (June - July) • Technology Enabled Care (TEC) - An initial brief has been drafted to develop a Digital Technology Enabled Care and Telehealth programme. If approved the programme will be managed by the Integrated Transformation Support Unit (ITSU) as part of the Health and Social Care Integration programme. 	<p>monitor if people who have been connected to the community bounce back to recommence</p> <ul style="list-style-type: none"> • Reviews - proposals for 'phase 3' of project will be presented to Practice Improvement Board in July • Reablement – Work has re-started on the Mental Health reablement GPs in Mental Health Services (GPIMS) pilot and scoping a co-located Mental Health and In-House reablement model; 12-month fixed term contract project manager recruited to start in July • DPs - Direct Payment support contract retender: a working group has been established to review what might be needed to support the DP Strategy. This review includes consideration of whether independent support is deemed advisable or whether the function might be brought in-house; DP training for Mental Health teams postponed to July
<p>Key milestone for 2020/21</p>	
<ul style="list-style-type: none"> • All ASC staff will be trained in strengths-based practice to promote independence and wellbeing by end November 2020 	

Margaret and Alan

Carriage ride gives Margaret a day out with her husband and lasting memories

What was the issue?

Margaret lives with her husband Alan, son Ian and grandson. Margaret has dementia and arthritis and Alan is her main carer.

The initial referral to the team was for an OT assessment for bathing as Margaret was struggling to get into the bath.

What did we learn about Margaret and Alan?

The assessor visited Margaret and Alan in their home. Margaret was engaged in the visit and the assessor took time to talk to Margaret and find out what motivated and interested her. During the visit the assessor discovered that Margaret was a very social person who enjoyed her previous job in a local shop. Margaret said that she grew up on a farm and had many happy memories of this time, Margaret used to really enjoy riding a horse and that this made her feel free and happy, but she could no longer do this.

Margaret was struggling to get into the bath independently and was worried about slipping in the shower, she was leaving the door open when showering in case she needed assistance, but this was embarrassing when living with her son and grandson.

Alan said that he was tired and struggling to manage in his caring role. Margaret was often bored and not motivated and this has been difficult for Alan and his son to manage as Margaret was previously outgoing and fully engaged in family life. Alan worries about Margaret being depressed and is not sure what to do to help with this.

"Once again many thanks for the wonderful experience you organised for Margaret and I yesterday. Margaret hasn't stopped talking about it since and it seems every detail is still fresh in her memory today."

Compliment received from Alan.



What happened as a result of the assessment?

A bath board was provided to help Margaret to get into the bath and be more independent in the bathroom. This means that she can now have the bathroom door shut and enjoy some privacy. Alan was given information on carers assessments and services that might help him to cope in his role. With permission from Alan, the assessor contacted a local charity to see if they might fund a horse and carriage ride for Margaret and Alan. The charity agreed to fund the ride together with a meal afterwards in a local pub.

Margaret was really excited about the ride and her mood lifted considerably in the run up to the day. The ride was a huge success for Margaret and Alan and they have since created a memory box of photos from the day and often talk about it. Alan is planning more carriage rides for Margaret in the future. Alan enjoyed the opportunity for an outing as Margaret's husband rather than her carer.

Why is this a good strengths-based example?

The assessor really got to know Margaret and Alan and found out what mattered to them beyond their immediate needs for help with accessing the bath.

By understanding Margaret's need to have an interest and that horses were something she was passionate about, the assessor worked with a local charity to help the whole family's wellbeing.

Strengths Based Practice success stories

Luigi and Anna

Befriending volunteer helps Luigi rekindle his passion for cars.



What was the issue?

Anna is the main carer for her husband Luigi who has dementia. Anna contacted the social care team as she was feeling guilty because she works full time and Luigi was on his own a lot of the time. Anna and Luigi have recently moved to Surrey and do not have friends or family in the area. Anna was looking for help and advice on activities for Luigi during the day so that he would not always be alone and should anything happen, he would be able to call for help.

"Thank you so much for your very positive visit and arranging for the agencies and the befriending service. Such a big step in a short time has given me hope."

Feedback received from Anna.

What did we learn about Luigi and Anna?

After the initial conversation a face to face assessment was arranged with Luigi and Anna. Luigi and Anna moved to England 50 years ago from Italy and opened a restaurant in London which they still own. Luigi is no longer able to work in the restaurant because of his dementia which has worsened in the past 6 months. Anna is going to the restaurant 6 days a week as the manager and is out for most of the day. Luigi is a very sociable man and loves to eat out and talk to people. He also loves cars and watching formula one racing.

Luigi can get up and dressed in the morning but needs some help from Anna with his personal care. Anna prepares lunch for Luigi and snacks which he eats during the day. Luigi is mobile but frail and not able to go out on his own.

Anna is tired and run down but really enjoys being with Luigi and looking after the restaurant. Anna is ready to accept that she needs some more help to look after Luigi and keep him happy and independent in their home. Luigi is happy for someone to come in and see him in the mornings to help him get ready for the day as he likes to chat to different people.

What happened as a result of the assessment?

The assessor provided Anna and Luigi with a range of information and advice. During the assessment it became clear that Anna and Luigi would be self-funding and Anna was happy to arrange for a carer to come in once a day. Anna was grateful for the provision of advice and support on what to expect from an agency and how to get in touch with them and this gave her confidence to take the step of having someone help Luigi in the morning when she was going to work.

A local befriending scheme was available in the area and the assessor put Luigi and Anna in touch with the scheme. Luigi now has a regular weekly visit from Harry, a local man with a passion for cars and racing. An agency carer also comes on Tuesday and Friday and take Luigi out for lunch. Luigi really looks forward to these outings.

Why is this a good strengths-based example?

The assessor took time to really get to know Luigi and Anna. Although Luigi has a deteriorating condition the assessor looked past the risks of being on his own to see that he benefits from being in his home environment. By having a little support each morning and going out a few times a week Luigi has been able to do the things that he has always enjoyed. Harry, the new befriender has really helped Luigi to make a new friend and keeps Luigi's passion for formula one alive. Anna did not want a carers assessment but has felt much less pressure knowing that Luigi is able to enjoy some activities and she enjoys hearing him talk about these outings when she gets home from work.

Conclusions

9. The ASC transformation programmes are making steady progress towards delivering transformational change. All the programmes have been impacted to some degree by the Covid-19 pandemic and plans are being adjusted to deliver in a different way.

Recommendations

10. Members of the Adults & Health Select Committee are invited to note the update and to raise any challenges they feel appropriate.

Next steps

11. Continue work to deliver the key activity planned for the next period.

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Sources/background papers:

- Adult Social Care Bespoke Peer Review, September 2018
- April programme update reports for ASC Transformation Programme
- Adult Social Care Directorate Plan 2020/21

ADULTS AND HEALTH SELECT COMMITTEE
14 July 2020
ADULT SOCIAL CARE ACCOMMODATION WITH
CARE AND SUPPORT PROGRAMME UPDATE



Purpose of report: To provide an update on the progress of the Adult Social Care Accommodation with Care and Support transformation programme. The report provides a summary of the Accommodation with Care and Support Strategy for older people and individuals with a learning disability and/or autism, as well as providing information on the programme's progress to date for achieving improved outcomes for residents and delivering a more sustainable service.

Introduction

1. In July 2019 Cabinet agreed the Adult Social Care Accommodation with Care and Support Strategy for older people and individuals with learning disabilities and/or autism.
2. The Adults and Health Select Committee have received updates on the Accommodation with Care and Support Programme as part of the Adult Social Care Transformation Update reports presented to the Committee.
3. This report provides the Adults and Health Select Committee with a dedicated update on the Accommodation with Care and Support Programme's progress to date.

Summary of the issue

4. The care and support system in Surrey is under significant strain and is facing sustained financial challenges. This is due to the following reasons.
5. Firstly, Surrey's population is growing rapidly. By 2030 over 22% of its residents will be aged 65 and over, compared to 19% in 2018. In addition the number of adults with a learning disability and/or autism in Surrey is projected to rise in line with the general population. The 2017 Surrey Joint Strategic Needs Assessment estimated an increase of circa 10% over the next 10 years for this population group¹.
6. Secondly, it is challenging sourcing affordable residential and nursing care beds at Surrey County Council's (SCC) guide prices. The largest area of expenditure in terms of types of care provision for Adult Social Care (ASC) are specialist home care and residential placements.
7. Thirdly, there is insufficient specialist accommodation provision for both older people and working age adults with a learning disability and/or autism, and additional capacity is required urgently to support them to remain in their communities. National

¹ <https://www.surreyi.gov.uk/jsna/>

benchmarking suggests that, for accommodation options for older people, Surrey's biggest gap in provision is Extra Care Housing. It also shows that SCC funds a much higher percentage of people with a learning disability and/or autism in residential care than most.

8. In July 2019 Cabinet agreed the Accommodation with Care and Support strategy to enable Surrey County Council to respond to these challenges.

Our new delivery model for accommodation with care and support

9. Across ASC we are taking a 'strengths based' approach to the delivery of care and support. This means we will work with residents focussing on their wellbeing, setting goals and outcomes. We will have high expectations that the people we work with will reach the highest level of independence that is possible for them.
10. Due to a lack of alternative options, SCC currently relies too heavily on placing individuals in a residential setting. This institutional approach limits our ability to support individuals to increase their independence, enable them to live healthy and fulfilling lives, and achieve their full potential in the community.
11. There are 1,034 (at March 2020) individuals with a learning disability and/or autism in residential care at an average cost of £77,000 per annum. There are 2,896 older people that are placed in SCC funded residential and nursing setting at an average cost of £38,000.
12. There are a variety of sustainable accommodation with care and support models in existence and SCC intends to commission independent living and Extra Care Housing.

Strategic Ambition

Extra Care Housing

13. The Housing Learning and Improvement Network (HLIN) has set out a consistent methodology for calculating Extra Care Housing future demand. This states that demand for Extra Care Housing is likely to be required at 25 units per 1,000 population aged 75 plus, and that the rental element of this demand is based on local market factors.²
14. Based on Surrey's population metrics, it has been calculated that Extra Care Housing rental provision will need to expand by an additional 725 units across the county so that, by 2028, over 1,150 units will be available.

Independent Living

² www.housinglin.org.uk/assets/Resources/Housing/Housing_advice/Extra_Care_Housing_-_What_is_it_2015.pdf

15. As of March 2020, SCC currently funds 1,034 people with a learning disability and/or autism in residential care and spends £84m per year. Benchmarking undertaken shows that SCC is a very significant outlier both in terms of the total amount spent on supporting people with learning disabilities and/or autism and the proportion spent on supporting people in residential care.
16. ASC has identified circa 410 people who are likely to be suitable to move to alternative independent living provision. SCC spends £35m on their residential care and support.
17. In addition to the people already funded by SCC, it is estimated that around 90 new people per year with a learning disability and/or autism will require accommodation funded by SCC.
18. Our strategic ambition is to reduce the number of people with a learning disability and/or autism in residential care by 40-50% over the next 5 years by expanding the development of new independent living provision.

Progress to date

Extra Care Housing

19. There are three Surrey County Council owned sites that are being developed for Extra Care Housing following a decision by Cabinet in October 2019. The sites are the Former Pond Meadow School Site in Guildford, the Former Pinehurst Resource Centre in Surrey Heath and the Former Brockhurst Care Home in Runnymede.

The Former Pond Meadow School Site

20. We will publish a Design, Build, Finance and Operate (housing management services) Invitation to Tender (ITT) this summer to identify a development partner for the Former Pond Meadow School site. We will procure the care contract separately later.
21. The tender process and documentation are close to completion and we are awaiting feedback from suppliers on our Market Engagement presentation. This market intelligence will inform our final approach for tendering. To date feedback from the market has been positive and there is a keenness for this opportunity to be tendered, despite the challenges posed by Covid-19.
22. The deadline for publishing the ITT has been delayed, because we sought to understand the market environment during the Covid-19 pandemic and our project resource was diverted to support the Council's response to the crisis.
23. We plan to make up for lost time during the evaluation phase of the tender and we anticipate awarding the contract to the successful supplier in Autumn 2020.

The Former Brockhurst Care Home and the Former Pinehurst Resource Centre

24. Cabinet agreed that these two sites will be delivered by our Joint Venture partner Places for People.
25. At the start of January 2020 ASC submitted our design requirements for the two schemes to the Joint Venture, who then had 40 working days to respond with their indicative site development plans. To date the Council has not received the Joint Venture's final indicative site development plans that have been agreed by its Board. The Joint Ventures pace of delivery is greatly delaying progress for developing these sites.
26. Due to the slow pace of delivery and ongoing challenges around communication and partnership working, we are exploring alternative options for delivering Extra Care Housing at these locations.
27. If the joint venture is no longer deemed suitable for developing these schemes, we will provide Cabinet with a report outlining our proposed next steps and seek its approval to employ an alternative delivery model.

Tranche 2 site locations for Extra Care Housing

28. Property Services have identified a further two sites that are suitable for Extra Care Housing. Adult Social Care Commissioning have confirmed that these sites meet the criteria and demand profile for their clients. We are now in the process of preparing the business cases for developing Extra Care Housing at these locations and plan to agree the route to market for the design, build and housing management of these schemes with Cabinet in Autumn 2020.

Independent Living Programme

29. The independent living programme is making good progress and work is underway to secure improved outcomes for Surrey residents.

Void Management

30. Our new voids management process has led to 15 of an original 80 voids being filled. We are identifying residents for a further 12 vacant units. We are reviewing the remaining 53 of the original 80 voids to verify whether they are fit for purpose. Due to Covid-19 restrictions we might not be able to review some of these vacancies in person until social distancing rules have been relaxed. We are exploring innovative and technological solutions that allow us to review the voids virtually.

New Properties

31. Property services have identified three Surrey County Council owned sites that are suitable for independent living. Adult Social Care Commissioning have confirmed that these sites meet the criteria and demand profile for their clients. We are now in the process of preparing the business cases for developing independent living at these locations and plan to agree the route to market with Cabinet in Autumn 2020.

32. We will also work closely with our district and borough colleagues to assess the potential for placing individuals with learning disabilities and/or autism in their supported living housing stock. This will help increase our independent living capacity in Surrey in the immediate future.

Recruitment

33. We are in the process of recruiting to a dedicated operational team to support the delivery of independent living in Surrey. This 'Move on Team', which includes social workers, senior social care assistants and administrative staff will focus on reviewing our clients' needs including housing needs and is expected to be fully resourced by June 2020.

Procurement

34. We have drafted a new Independent Living Specification and key performance indicators, which we will be engaging stakeholders with over the summer to gather their feedback. It has been agreed that independent living will be procured through a framework that encourages core and flexi schemes and facilitates hub and spoke provision.

Deregistration

35. We are working with providers to increase the capacity of independent living through deregistering existing residential provision. We have identified providers that are willing to employ this new business model and we will work with them to ensure any future changes are managed effectively for the benefit of their residents. CQC has currently suspended all deregistration activity because of Covid-19. However we will continue to work with providers to ensure we are well prepared for when CQC resume their deregistration activity.

Savings

Extra Care Housing

36. The Council's focus is on developing new Extra Care Housing settings for which the Council has 100% of the nomination rights so that all of the units can be used to support people that the Council has a duty to fund care for. It is expected that on average each additional affordable Extra Care Housing unit in these settings will save £4,600. Assuming conservative average occupancy of 90%, once the 725 planned affordable units are all fully operational then the total financial benefits to the Council are expected to be £3m per year.

Independent Living

37. There are significant savings to be achieved through this programme. Firstly the Council will no longer pay for the hotel and accommodation cost for individuals placed in independent living. Based on detailed cost information gathered as part of a cost of care exercise undertaken, it is estimated that hotel and accommodation costs account for on average 21% of the total cost of the current cohort.

38. When the average reduction in assessed charging income anticipated to arise from the shift from residential care to independent living is factored in, the average cost reduction relating to ceasing to pay for hotel and accommodation costs alone is estimated to be 18% of the net expenditure of each residential care placement currently funded. Savings of £6.7m per year could be achieved through supporting people identified as likely to be suitable to move from residential care to independent living. This relates to the hotel and accommodation costs only and does not factor in any potential reduction in care costs.
39. Further financial modelling is required to robustly predict the scale of savings that may be achievable in relation to care costs between residential care vs independent living. However, if care costs were reduced by 10% in independent living compared to residential care then further savings of £2.8m could be achieved for the identified cohort on top of the accommodation cost saving. The total cost reduction saving to the council would therefore be £9.5m per year.
40. It is important to remember that reduction of care and support costs for people with a learning disability and/or autism represents a lifetime saving as people with this level of need will typically receive funded care and support over their entire adult life. The cumulative cash saving of funding care for the cohort of individuals that move from residential care to independent living could be more than £210m based on the average age of and average life expectancy for this client group.
41. Further cost avoidance would be achieved on top of this by ensuring new people requiring support funded by the Council are placed in independent living as opposed to residential care. It is clearly evident therefore that the development of independent living has the potential to deliver huge financial benefits for SCC in addition to leading to better outcomes for people.

Conclusions

42. The ASC Accommodation with Care and Support programme is making steady progress to develop additional affordable specialist accommodation capacity in Surrey and is employing measures to ensure the pace of delivery is not greatly setback by the national Covid-19 crisis.

Recommendations

43. Members of the Adults & Health Select Committee are invited to note the update and to raise any challenges they feel appropriate.

Next steps

44. Below are the next key programme milestones for the coming months:
 - 44.1 Summer 2020 – publish the Design, Build, Finance and Operate Invitation to Tender for an Extra Care Housing scheme at the Former Pond Meadow School.

44.2 Autumn 2020 – Cabinet agree further sites for Independent Living and Extra Care Housing.

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Sources/background papers:

Surrey Joint Strategic Needs Assessment - <https://www.surreyi.gov.uk/jsna/>

Extra care housing – what is it in 2015?

www.housinglin.org.uk/_assets/Resources/Housing/Housing_advice/Extra_Care_Housing_-_What_is_it_2015.pdf

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ADULTS & HEALTH SELECT COMMITTEE
14 July 2020
LEARNING DISABILITIES & AUTISM
SERVICE UPDATE



Purpose of report:

To provide an update on the progress of the Learning Disability & Autism Service in Adult Social Care. The report sets out a summary of the development of the service over the past 12 months, including workforce, financial and performance challenges and requirements. In addition, the report sets out the ambitious strategic direction for LD & Autism Services in Surrey in relation to developing closer partnerships with the NHS, both within the Surrey & Borders Partnership Trust and Surrey Heartlands and Frimley ICSSs.

Introduction

1. Prior to April 2019, the Adult Social Care Learning Disability population was supported across the eleven Locality Assessment Teams in Surrey. It was acknowledged that the Learning Disability & Autism community was not best served through a generic Adult Team approach, which lacked the specialist skills and connections with the networks and carers that were experts in supporting people with Learning Disabilities and Autism.
2. Additionally, there was a disproportionately high spend of the Adult Community Care Budget on LD Services, especially in relation to high cost residential and nursing care, and a lack of focus on developing and commissioning services for the LD population that were person-centred and focussed on promoting independence in the community over more institutionalised forms of care.
3. Therefore, from April, there was a transfer of 3,763 cases from the Locality Teams into the newly formed Central Learning Disability and Autism Team (LD&A Team), which was recruited from both existing practitioners and managers from within Locality Teams and external appointments. Alongside the development of the LD&A Team, from April 2019 there was a review and reform of Strategic Commissioning so that Commissioning Managers who had previously had dual responsibilities for place-based commissioning within a Locality moved to a countywide centralised approach for commissioning new services for people with Learning Disabilities & Autism.

Workforce & Team Development

4. From April to October 2019 the team faced significant challenges in responding to the volume of referrals and requests for support

within a new team structure comprising 45 practitioners and managers and a reliance on Locum Managers and Practitioners. This gave rise to a rising number of complaints and issues with the retention of staff in the team. In November a review of the staffing establishment was undertaken, and additional funds secured to increase the management resilience within the service and increase the staffing establishment to around 80 W.T.E (whole time equivalent) posts.

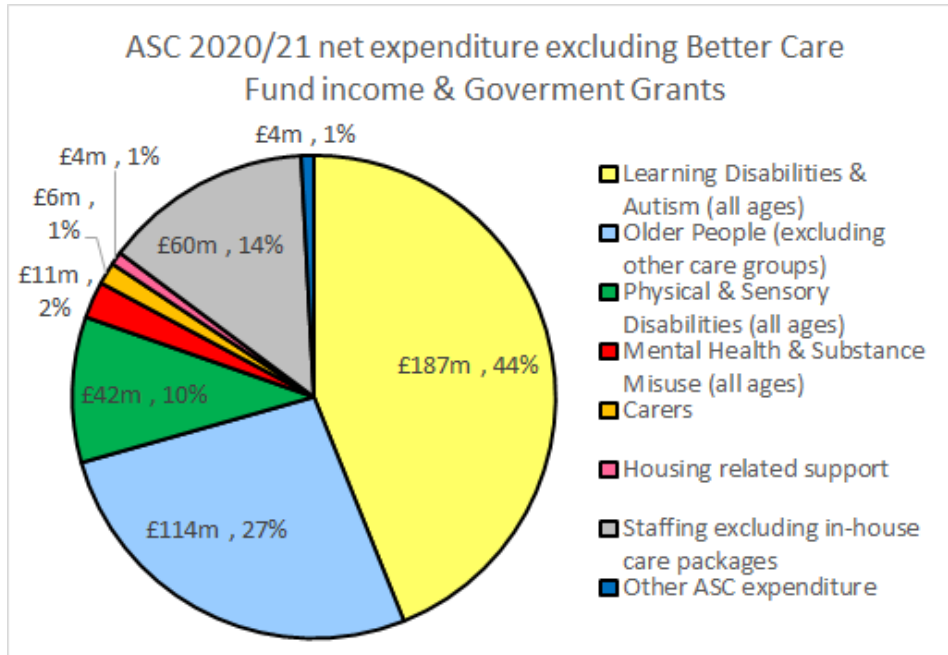
5. Currently the team now has in post a substantively employed management team and has approximately 78 W.T.E posts. A programme of induction and training on Learning Disability & Autism is in place and the Team has benefitted from the Practice Improvement Programme and a strength-based approach to assessment already implemented across the Locality Teams.
6. In order to distinguish and target the Learning Disability & Autism population effectively and manage referral activity, the Service has also developed specific referral criteria, to ensure the right people are supported by the service. **The criteria are attached as Annex 1.**

Finance & Performance

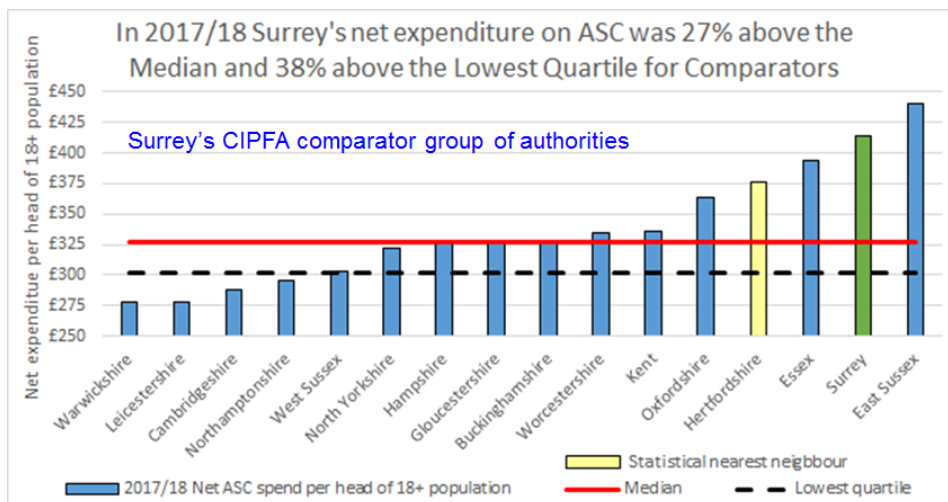
7. The table below provides a breakdown of the £372.1m total net budgeted expenditure for Adult Social Care in 2020/21 that is planned to be funded by Surrey County Council.

2020/21 Budgeted Adult Social Care Expenditure				
Key area of expenditure / income	Gross Expenditure £m	Income £m	Net Expenditure £m	% net spend excluding BCF & gov grants
Learning Disabilities & Autism (all ages)	200.4	-13.1	187.4	44%
Older People (excluding other care groups)	164.5	-50.7	113.9	27%
Physical & Sensory Disabilities (all ages)	47.2	-5.6	41.6	10%
Mental Health & Substance Misuse (all ages)	14.4	-3.8	10.5	2%
Carers	6.3	-0.0	6.2	1%
Housing related support	3.8	-0.1	3.8	1%
Staffing excluding in-house care packages	60.5	-0.9	59.6	14%
Other ASC expenditure	3.8	-0.2	3.6	1%
Total prior to BCF income and gov grants	500.9	-74.3	426.5	100%
Core Better Care Fund income	0.0	-41.7	-41.7	
ASC government grants	0.0	-12.7	-12.7	
Total ASC expenditure funded by SCC	500.9	-128.7	372.1	

8. As summarised in the chart below, expenditure on care packages to support people with a Learning Disability or Autism accounts for 44% of total net expenditure excluding Core Better Care Fund income and Adult Social Care government grants.

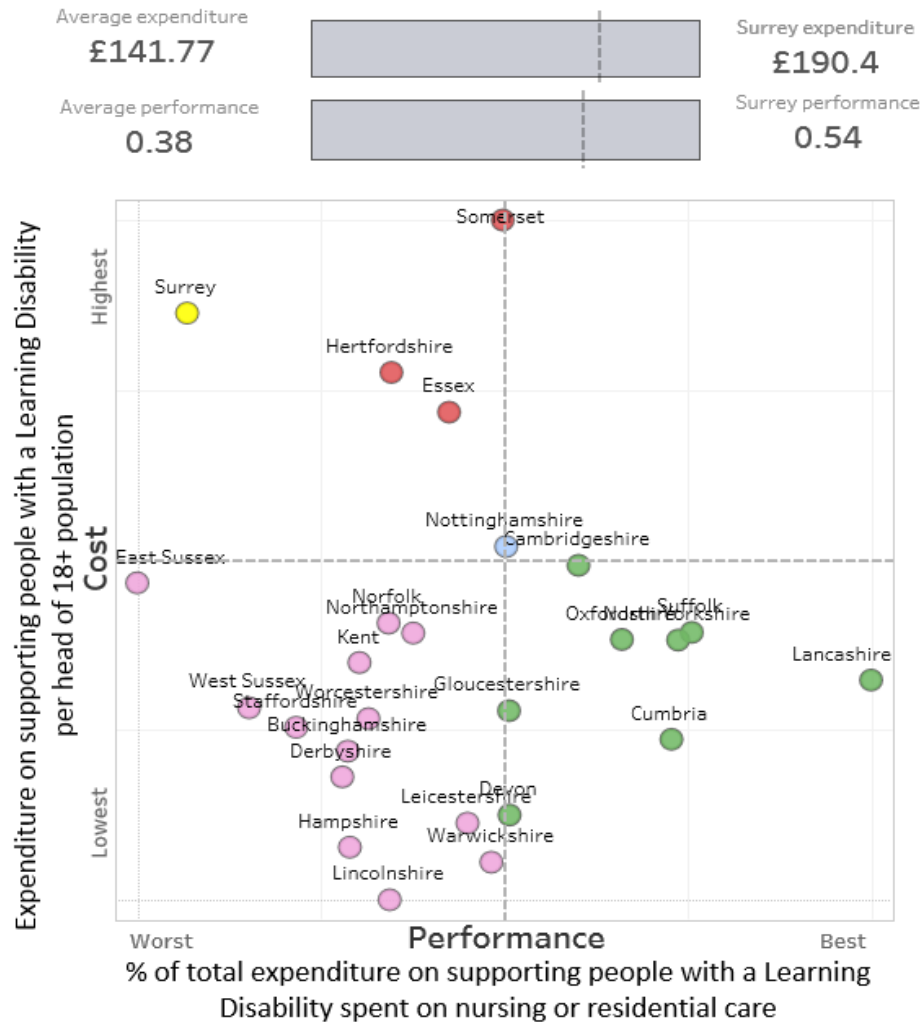


9. Older People and Learning Disabilities account for most of the money spent on care and support services for residents. When assessed fees & charges income that people pay towards their care is considered, Learning Disabilities and Autism is by far the biggest area of Adult Social Care expenditure.
10. As demonstrated by the chart below, Surrey is a relatively high spender on ASC when compared to other comparator authorities.



11. This is in part due to local factors such as the very high Learning Disability transfer from the NHS to SCC in April 2011. However, much of this spend remains on institutional forms of care such as residential and nursing care, and Surrey performs within the lowest quartile nationally in relation to people with Learning Disabilities living in settled accommodation in their own home.

12. The chart below shows that out of all County Councils, Surrey had the 2nd highest spend per head on Learning Disabilities and 2nd highest % of spend on nursing or residential care in 2017/18:



13. This high spend and reliance on residential and nursing care needs to be addressed going forward in order to ensure a sustainable and resilient budget that operates within available resources and focuses on more efficient and person-centred forms of care within the community for the LD&A population.
14. This requires the LD&A Service to have a Transformational approach to assessing the needs of individuals and deliver significant savings over the coming years. The savings targets for 2020/21 are set out below:

Adult Social Care savings

Savings for OP Extra Care are expected to be achieved from 2023/24

Saving title	2020/21 £m	Transformation programme
Expansion of affordable Older People extra care housing	0	Accommodation with Care & Support
Older People care package savings (excluding extra care)	4.6	ASC Practice Improvement
Physical & Sensory Disability care package savings	1.6	ASC Practice Improvement
Strategic shift from Learning Disability residential care to independent living	0.8	Accommodation with Care & Support
Learning Disability and Autism care package savings	4.6	Learning Disabilities & Autism
Mental Health care package savings	0.7	Mental Health
Total planned savings	12.3	

All of ASC's savings are directly linked to and reliant on the delivery of ASC's transformation programmes.



18

15. The ASC Learning Disability & Autism Transformation Programme 2020-25:

- 15.1 The overall savings target for LD&A in 2020/21 is £5.4m. This is split between the targeted reviewing and reduction of packages of care and the development of new supported living services as a more efficient and person-centred alternative to residential care. This is within the context of the Learning Disability & Autism Transformation Programme.
- 15.2 A Targeted Reviewing Team and a Move-On Team funded through the Transformation Programme is leading this piece of work within the LD&A Service.
- 15.3 A key aim of ASC's transformation programme is to shift away from institutionalised models of care. For Learning Disabilities this involves a specific focus on expanding independent living care provision, and re-settling individuals from residential care into various forms of independent living.
- 15.4 The Accommodation with Care & Support Strategy was set out in the Cabinet Report of July 2019. Its aims for working age adults with learning disabilities and autism was to "reduce the number of people in residential care by 40-50% over the next five years".
- 15.5 Currently there are just over one thousand people with Learning Disabilities and Autism placed in residential care by Surrey County Council, which means the aim is to reduce that number by around one hundred per year.

- 15.6 This can be achieved in part through commissioning a range of accommodation options that are community based within the districts and boroughs and focus on individuals being part of the communities where they live.
- 15.7 ASC are working closely with colleagues in Property Services to identify sites for development, with a range of potential developers to develop supported accommodation across the county and with the large LD Network of providers within Surrey Care Association on this strategy.
- 15.8 In tandem with commissioning new supported accommodation, the LD&A team is working closely with Strategic LD&A Commissioners to develop a range of other support services to ensure community resilience to include:
- a) Commissioning of more employment support services increasing pathways into paid and voluntary employment, via Surrey Choices and other providers.
 - b) A new community-based approach to day-support that builds on community assets and moves away from a reliance on buildings-based institutionalised day care. The Surrey Choices Changing Days programme implementation is a key driver to achieving this, as well as commissioning new providers of day support.
 - c) A review of short breaks provision across the county to ensure carers and families can access respite care and continue to support people at home where appropriate.
 - d) Community Outreach Support Services to people in their own homes to provide support with care and housing issues.
 - e) An increased focus on using Direct Payments and enabling people with Learning Disabilities and Autism to direct and participate in their own support and how they live their lives.
 - f) Joint commissioning work with Children's Services is also being developed to bridge the gap between expectations and provision between Children's Disability Services, SEND (Special Educational Needs and Disability) and Adult Social Care. There is the development of an all-age Autism Strategy between both Children's and Adults' Services, which seeks to develop some specialists' services but also ensure that Surrey's "universal" services are conscious that they need to become "Autism-Friendly". ASC has employed a Strategic Autism Commissioner specifically to drive this agenda forward.

<p>Models of Support & Engagement</p>
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16. These are models of support that exist for people with Learning Disabilities and Autism within many other local authorities in England but are underdeveloped in Surrey. This gives rise to several challenges for both Commissioners and Operational services in implementing this strategy at pace.
17. Most of the existing resources required to commission new forms of support are committed in residential placements. To succeed in shifting the models of care as outlined above and making the

required savings there needs to be significant engagement with all stakeholders. The Accommodation with Care and Support Strategy has an extensive communication and engagement plan that addresses these challenges in the following ways:

- 17.1 A Co-design and production approach has been taken with the Learning Disability & Autism provider sector in Surrey on drafting the Service Specification for the model of Supported Accommodation and independent living.
 - 17.2 Existing providers will be eligible to go onto the Framework Contract alongside new providers to ensure the programme builds on existing good practice within Surrey and brings the provider market on board with the new commissioning of independent living services.
 - 17.3 Both the Learning Disability Partnership Board and Autism Partnership Boards and associated Valuing People Network Groups are being consulted and involved in the planning and design for the modernisation of services. This is to give assurance to individuals and their families that high-quality independent living is as safe and can provide as comprehensive support as residential care.
 - 17.4 We are also working with the Care Quality Commission to identify and progress the de-registration of some residential services into supported living where this is practicable and viable, as well as the District and Borough Councils on the development of sites and access to housing benefit for adults with LD&A moving into community based accommodation.
 - 17.5 We will ensure that feedback from these stakeholders is incorporated into the design of newly commissioned services going forward.
18. The development of these new models of care does not signal the end of residential care services for people with Learning Disabilities and Autism but ensures that there is a vibrant and robust spectrum of support that is predominantly community based, rather than institutional.

Case Studies:

19. The case studies below demonstrate how the work of the service, alongside other partners, in assisting and supporting people to live within a supported living environment has improved their life experiences and outcomes:
- 19.1 **Hillside** was a Surrey County Council residential care home in Camberley for people with learning disabilities. The home was originally registered with the Care Quality Commission (CQC) to support up to 22 people. Hillside was built in the 1970s and it no longer met the standards or expectations of a modern care environment for adults with learning disabilities. Some areas of the building and garden were not accessible to people with mobility issues. A public consultation on the future of Hillside took place. Views were sought from the current users of the service,

relatives, stakeholders and staff. The main theme of the consultation was to consider the future of Hillside and the possible options for the residents. This included making no changes to the current arrangements, rebuilding or replacing the service or closing Hillside and seeking alternative placements for the individuals living there. The consultation was taken within the context of the Accommodation with Care and Support Strategy, to achieve a strategic shift from residential care to the provision of housing with care and support in the community across the county. National policy moved to providing care for adults with learning disabilities in smaller buildings or community-based housing that is fully integrated with local communities rather than in large institutional type settings like Hillside.

The proposed recommendations for the future provision for people who lived at Hillside supported this strategy. Alternative care and support options were based upon assessed individual needs, choices and aspirations. For some individuals it was critical that this was in Camberley as many had lived in the area for most of their lives and established links to work, day care, clubs, church and were part of their local community. The assessment process identified a need for shared accommodation for a small group of people to remain living together in the Camberley area.

A provider was identified that was willing to purchase a suitable house to accommodate this group in the heart of Camberley. In addition to a well-designed house it had an accessible garden. A new care and support provider was approved, who recruited staff who then worked alongside the existing staff team to get to know the individuals they would be supporting and build relationships with the families. This helped with the smooth transition of moving home.

The people living at Hillside successfully moved to their new home on 20 April 2020. They are now situated in suitable and modern accommodation and have preserved and enhanced the links with the Camberley community. As tenants they have access to Housing Benefit and an improved range of benefits to enable them to achieve greater independence.

- 19.2 **E** is a young woman with a mild Learning Disability but complex and severe Autism who lives in Epsom and attends Woodlands Special School in Leatherhead. She turns 18 in the autumn. The school, which has supported E well throughout her education, had recommended a move to a special residential school in Brighton in autumn 2021, due to her complex needs, and E's mother was assured and convinced that this would be the best (and only viable) option for E when she leaves school next year.

The Practitioner working with E and her family through her assessment had identified that E would benefit more from

remaining in her local area that was familiar to her and where she could gain confidence and independence. Through working alongside the school, colleagues in Special Educational Needs and Disability (SEND) and E's family, the practitioner persuaded E and her mother to visit a new supported living service in Highfield Drive in Epsom, which could support E in her local area and facilitate E to gain access to more vocational-based learning after leaving Woodlands in her local community. Following the visit to the service, E and her mother changed their views completely regarding the opportunities that the supported living service offered. The plan now agreed by all is that E will move into the service when she reaches 18 in the autumn, and a tailored programme of learning and support will be developed for her over the next academic year in readiness for when she leaves school.

Had the practitioner not introduced the opportunity of supported living as part of an integrated support package, there was a very high likelihood that E would have moved to a residential placement away from Surrey, her family and local connections and would not have returned to Surrey for some time, but remained in residential care.

Health & Wellbeing & COVID-19

20. In 2019 the Surrey Health and Wellbeing Board published a ten-year Health and Wellbeing Strategy which aims to improve the health and wellbeing of all people living in Surrey, closing the gap between communities that are doing well and those that are doing less well. The Strategy was developed collaboratively with the NHS, County Council, Boroughs and Districts, Community and Voluntary Sector, and wider partners, including the police.
- 20.1 The Strategy outlines a fundamental shift in approach to a focus on prevention by addressing the root causes of ill health. This will be achieved by systematic delivery of actions targeted to the needs of five population groups, including the general population, carers, those living with learning disabilities, illness or disability and the most vulnerable living in deprivation. Actions will be driven through three priority areas:
- Priority one: Helping People in Surrey to Lead and Live Healthy Lives
 - Priority two: Supporting the Mental Health and Emotional Wellbeing of People in Surrey
 - Priority three: Supporting People in Surrey to Reach Their Full Potential
- 20.2 People with Learning Disabilities and Autism generally have poorer health than the general population, with a range of co-morbidities arising either from birth or from much of their lives spent in care. They are one of the five target populations in the Health and Wellbeing Strategy.

21. The Learning Disability & Autism Service has developed a new governance framework in partnership with colleagues in the NHS locally in Surrey, to ensure that the development of new social care services is done in tandem with work to improve the health outcomes of people with Learning Disabilities and Autism. **The framework is attached as Annexe 2.**
22. The purpose of the Programme Boards and Strategy Boards are to provide Surrey-wide oversight of LD and Autism Spectrum Disorder (ASD) Commissioning and ensure that local partners work together to share knowledge and develop systematic approaches to deliver the outcomes for people with LD and ASD. They also provide assurance to the Committees in Common that local, organisational delivery plans are aligned to the Health and Wellbeing Strategy.
23. There is a focus over the next two years on Health Promotion and Health Facilitation:
 - 23.1 The effective delivery of an asset-based approach to living in the community can only be achieved if the community health support is available locally, through primary care.
 - 23.2 Surrey is a poor performer nationally in relation to the completion of Annual Health Checks for people with Learning Disabilities & Autism, which is a national Direct Enhanced Service (DES) in primary care with GPs, which has very low take-up in Surrey.
 - 23.3 The aims are to recruit two Health Facilitation workers, to work across Primary Care to facilitate a greater take-up of the DES for Annual Health Checks and work with individuals and their families to promote this service.
 - 23.4 There is also an extensive programme of work being undertaken in respect of the Learning Disability Mortality Reviews known as **LeDeR**.
 - 23.5 The LeDeR programme is a national programme established to drive improvement in the quality of health and social care service delivery for people with learning disabilities by looking at why people with learning disabilities typically die much earlier than average. Much of the learning from LeDeR reviews derive from a lack of understanding of how to care for people with Learning Disabilities & Autism within both primary care and acute hospitals and will be used to inform the future planning and commissioning of healthcare services. The LeDeR reviews seek to tell the story of how a person with LD died and tell the story from the perspective of the individual and their family.
24. **The COVID-19 Pandemic:**
 - 24.1 The impact of the C-19 pandemic in Surrey on the Learning Disability and Autism Community has yet to be fully realised, but since 23 March the LeDeR reviews have reported a total of 39 deaths of Adults with Learning Disabilities having arisen from C-19 infections.
 - 24.2 Of those 39 deaths, at least 9 are from within LD care homes.

- 24.3 As of Monday 29 June 2020, no new providers had reported C-19 LD-related deaths to Public Health England, but mortality rates are expected to rise further.
- 24.4 The Learning Disability & Autism Programme and Strategy Boards are developing a cross sector COVID-19 Recovery Plan for submission to NHS E/I for 22 June.
- 24.5 As part of the Recovery Plan the service will work closely with the Specialist Community Teams for Learning Disability & Autism within Surrey & Borders partnership Trust, both in Community Services and in liaison with the Acute Hospitals in Surrey.

Conclusion

- 25. The Report sets out the progress and development of the Learning Disability and Autism Service over the past year, both in terms of its operational functions and how it sits within the strategic commissioning of social care and health services for people with LD&A.
- 26. It also sets out the key financial targets and performance challenges of delivering the required savings and how they will be overcome.
- 27. Finally, the report outlines the ambitious programme of work that needs to be undertaken in partnership with the NHS to ensure that people with Learning Disabilities & Autism can lead healthy and fulfilling lives within their communities in Surrey.

Recommendations

- 28. Adults and Health Select Committee members are recommended to note the contents of this report and any further issues arising from the report that may require further investigation.

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Referral Pathway into the Surrey County Council Countywide Learning Disability and Autism Service:

1. **To be eligible for a service from our team a person must meet the eligibility criteria as defined by the Care Act 2014.**
 - The adult's needs for care and support arise from or are related to a physical or mental impairment or illness and are not caused by other circumstantial factors.
 - This includes if the adult has a condition as a result of physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury.
 - As a result of the adult's needs, the adult is unable to achieve two or more of the outcomes specified in the regulations and outlined in the section '[Eligibility outcomes for adults with care and support needs](#)'.

There is no hierarchy to the eligibility outcomes – all are equally important.

As a consequence of being unable to achieve these outcomes, there is, or there is likely to be, a significant impact on the adult's wellbeing,

determining whether:

The adult's needs impact on at least one of the areas of wellbeing in a significant way or the cumulative effect of the impact on a number of the areas of wellbeing means that they have a **significant** impact on the adult's overall wellbeing.

2. **In addition to the above a person must also have a recognised diagnosis or either a Learning Disability or Autism as defined below:**
 - **Learning disability**, which is defined as:
 - An Intellectual disability (intellectual developmental disorder) with onset from birth or early childhood (0-5 years) that affects communication, daily functioning, learning and understanding.
 - A Learning Disability affects the person's whole life for all of their life and cannot be medically cured or treated.
 - Where a diagnosis of a learning disability may involve a range of I.Q tests, the outcome score from those tests give an I.Q for Learning Disability of under 70.
 - Another defining characteristic of an adult with a learning disability is that they often require support to meet their health and care needs from a specialist multidisciplinary team.
 - For a diagnosis of LD **all 3** of the criteria must be met:
 - ***I significant impairment of intellectual functioning (IQ < 70);***
 - ***I significant impairment of adaptive/social functioning; and***
 - ***I age of onset before adulthood.***
3. Adults with a "learning difficulty" are not eligible for support from the service. A learning difficulty is defined as:

- A condition that may affect learning but not overall intellectual functioning.
- Affects specific parts of a person's life i.e. dyslexia,
- A condition which can be improved and corrected with aids and adaptations

Or

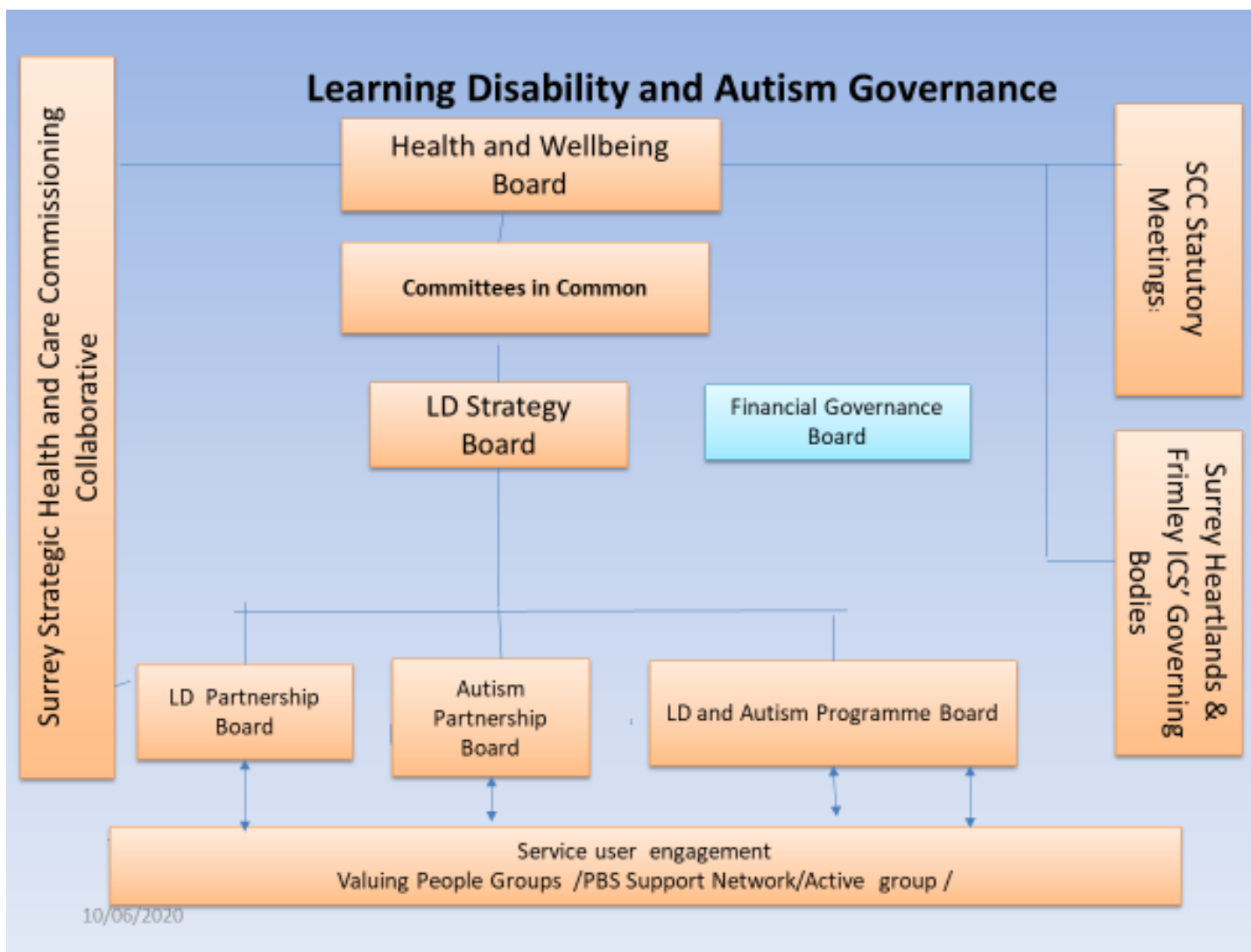
4. Autistic Spectrum Disorder, which is defined as:

- A lifelong disability present in the early developmental years of childhood (0-5 yrs).
- However, unlike learning disability, Autism can be identified quite late and its differential diagnosis is more complex. Mental health conditions that are frequently comorbid with autism or may present in similar ways.
- **Characteristics may include:**
 - Deficits in social-emotional reciprocity, for example, failure to initiate or respond to social interactions.
 - Deficits in nonverbal communicative behaviours used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and a total lack of facial expressions and nonverbal communication.
 - Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behaviour to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.
 - Restricted, repetitive patterns of behaviour.
 - Insistence on sameness, inflexible adherence to routines.
 - Highly restricted, fixated interests that are abnormal in intensity.
 - Hyper- or hyperreactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).
- **The characteristics listed are a selection from the DSM 5 diagnostic criteria – people do not need to have all of these characteristics to get a diagnosis. Below is a useful link detailing the current diagnostic criteria:**
- [http://www.researchautism.net/conditions/7/autism-\(autism-spectrum-disorder\)/Diagnosis](http://www.researchautism.net/conditions/7/autism-(autism-spectrum-disorder)/Diagnosis)
- We require proof of diagnosis before someone can access our service- i.e a diagnostic report, statement etc

Those residents who meet the eligibility criteria as defined by the Care Act but **do not** meet the Learning disability or Autism Criteria should be referred to the relevant Locality Team.

Those who do not meet the Care Act eligibility Criteria will be signposted to other services.

Annexe 2: Learning Disability & Autism Governance Arrangements:



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ADULTS AND HEALTH SELECT COMMITTEE

14 July 2020

RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME

The Committee is asked to review its recommendations tracker and forward work programme.

Recommendation

That the Committee reviews the attached forward work programme and its recommendations tracker, making suggestions for additions or amendments as appropriate.

Next Steps

The Select Committee will review its work programme and recommendations tracker at each of its meetings.

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ADULTS AND HEALTH SELECT COMMITTEE - ACTIONS AND RECOMMENDATIONS TRACKER

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 meeting. Once an action has been completed, it will be shaded green to indicate that it will be removed from the tracker at the next meeting.

KEY			
	No Progress Reported	Action In Progress	Action Completed

Date of meeting	Item	Recommendations/Actions	To	Response
5 June 2020	Improving Healthcare Together 2020-2030 Programme Update	<p>The Select Committee:</p> <ol style="list-style-type: none"> 1. Supports the proposal to build a new specialist emergency care hospital but has not received the assurances or sufficient information and data needed to give its support to the preferred site in Sutton. 2. Supports the proposed investment that will be made in Epsom Hospital, wherever it is decided the new SECH will be built. 3. Recommends that IHT work with Surrey County Council to improve transport access, both public and private, to the new SECH and ensure that these improvements are in place by the planned opening date in 2025. Furthermore, the Select Committee recommends that the design and implementation of this improved public transport and road network addresses issues and concerns raised relating 	<p>IHT</p> <p>IHT</p> <p>IHT</p>	<ol style="list-style-type: none"> 1. The recommendation has been formally presented to the IHT programme and a response has been requested. 2. The recommendation has been formally presented to the IHT programme and a response has been requested. 3. The recommendation has been formally presented to the IHT programme and a response has been requested. 4. The recommendation has been formally presented to the IHT programme and a response has been requested. 5. The recommendation has been formally presented to

		<p>to travel times, transport costs, parking and other access issues impacting on Surrey residents, particularly those in areas of high deprivation.</p> <p>4. Recommends that findings from the work currently being undertaken on the immediate effects to the IHT Programme of the Covid-19 pandemic, and the mitigating actions that will be implemented as a result, are included in the final Business Case.</p> <p>5. Recommends that that a full review of the IHT Programme is undertaken when the likely continuing, long-term impact of the Covid-19 pandemic is sufficiently understood. The scope of the review should include the impact on the capacity of the public transport system, changes to residents' preferred use of health services, and changes to patterns of working for health workers.</p> <p>6. Recommends that the South West London and Surrey Joint Health Overview and Scrutiny Committee ensures that the Improving Healthcare Together 2020-2030 Programme sub-committee continues to monitor and scrutinise the progress of the Implementation Plan.</p>	<p>IHT</p> <p>IHT</p> <p>IHT</p>	<p>the IHT programme and a response has been requested.</p> <p>6. The recommendation has been formally presented to the IHT programme and a response has been requested.</p> <p>7. The letter has been formally submitted to the IHT programme.</p>
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		<p>7. Agrees that a letter will be formulated to further explain the views and recommendations of the Surrey Adults and Health Select Committee.</p>	Scrutiny Officer	
22 January 2020	Scrutiny of Revenue and Capital Budget 2020/21	<p>The Select Committee:</p> <ol style="list-style-type: none"> 1. Recognises the difficulty of formulating this year's budget given the announcement of a general election in December. However, effective scrutiny requires more time to prepare draft in order to make reasoned, specific recommendations. Select Committees should be involved in budget setting from late 2020 to enable effective scrutiny of the 2021/22 budget. 2. Requests that the Cabinet Member for Adults and Public Health confirms that they consider the Public Health budget to be adequate to support the Surrey Health and Wellbeing Strategy's emphasis on prevention; and to take appropriate action, including lobbying government, if they were not able to confirm this view. <p>Actions</p> <ol style="list-style-type: none"> 1. For the Cabinet Member for Adults and Public Health to distribute 	Cabinet Member for Adults and Public Health	<ol style="list-style-type: none"> 1. "We fully appreciate the role that Select Committees play in the budget setting process. The setting of the 2020/21 budget has been extraordinary from the perspective of the external environment, with the announcement of a general election providing a truncated timeline for engagement with Select Committees. We also recognise that this process should commence earlier for setting the 2021/22 budget. Although the external landscape is still uncertain, we are committed to engaging Committees in the scrutiny process by the end of the calendar with a view of improving on this timeline in future years."

		<p>further information about the disabilities register to the Committee;</p> <p>2. For the Committee to receive a report on the fragility of the care market in Surrey;</p> <p>3. For the Executive Director of ASC to provide details of why Surrey's spending on ASC was significantly higher than comparators;</p> <p>4. For the Committee to receive a report on vacancies and difficulties in recruitment;</p> <p>5. For the Committee to receive a report on ASC debt, including comparisons between Surrey County Council and other councils;</p> <p>6. For a report on complaints feedback to be presented to the Committee twice a year.</p>	<p>Cabinet Member for Adults and Public Health</p> <p>Deputy Director for Adult Social Care</p> <p>Executive Director of ASC</p> <p>Deputy Director for Adult Social Care</p> <p>Scrutiny Officer</p> <p>Deputy Director for Adult Social Care</p>	<p>2. "The level of activity for this service has been structured in accordance with the overall reduction in funding of £9m by central government, which will enable the service to accomplish the activities as set out in paragraphs 3.8 and 3.9 of the budget report."</p> <p>Actions</p> <p>1. The response has been circulated to the Select Committee.</p> <p>2. The response has been circulated to the Select Committee</p> <p>3. The response has been circulated to the Select Committee.</p> <p>4. This information is included in the performance dashboard.</p> <p>5. Item has been added to the Select Committee's forward plan.</p> <p>6. Complaints feedback will be incorporated into a report presented on a bi-annual basis. The</p>
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				Forward Plan has been updated to reflect this.
22 January 2020	Integrated Sexual Health and HIV Service Continuous Improvement Plan	<p>Actions</p> <ol style="list-style-type: none"> 1. For the Director of PH to circulate pathways and flow charts provided to GPs as guidance on sexual health protocol. 	Director of Public Health	<p>Actions</p> <ol style="list-style-type: none"> 1. The response has been circulated to the Select Committee.
22 January 2020	Recommendations Tracker and Forward Work Programme	<p>Actions</p> <ol style="list-style-type: none"> 1. For the Cabinet Member for Adults and Public Health to circulate a briefing note to Members on the subject of unpaid carers. 	Cabinet Member for Adults and Public Health	<p>Actions</p> <ol style="list-style-type: none"> 1. The response has been circulated to the Select Committee.
4 December 2019	Cabinet Member Update	<ol style="list-style-type: none"> 1. The Select Committee requests that the Cabinet Member for Adults and Public Health provides updates at future meetings on the specific measures being used to achieve a balanced ASC budget. 2. The Select Committee requests that an update measuring resident outcomes is provided at its meeting on 22 April 2020. 3. The Select Committee recommends that there is better publicity of the availability of flu jabs, both for Council staff and Surrey residents 4. The Select Committee requests that a detailed report on plans for the Learning Disabilities and 	Cabinet Member for Adults and Public Health	<ol style="list-style-type: none"> 1. Information on specific measures being used to achieve a balanced ASC budget will be incorporated into future reports. 2. This will be incorporated into upcoming Cabinet Member update reports (22 April meeting was cancelled due to Covid-19). 3. The response has been circulated to the Select Committee. 4. The item will be presented at the Select

		<p>Autism Services is provided at a future meeting.</p> <ol style="list-style-type: none"> 5. The Select Committee recommends that more is done to promote Healthwatch Surrey and the services it offers, particularly with respect to ASC. 6. The Select Committee requests that a report on complaints and ombudsman findings is provided at a future meeting. <p>Actions</p> <ol style="list-style-type: none"> 1. For the Cabinet Member to provide information about the overall balance between increases and decreases in care packages. 		<p>Committee meeting of 14 July 2020.</p> <ol style="list-style-type: none"> 5. The response has been circulated to the Select Committee. 6. A report on complaints and ombudsman findings has been circulated to the committee outside of formal Select Committee proceedings. <p>Actions</p> <ol style="list-style-type: none"> 1. The response has been circulated to the Select Committee.
<p>4 December 2019</p>	<p>Adult Social Care Transformation Update</p>	<ol style="list-style-type: none"> 1. The Select Committee requests that a report on the implementation of the new mental health service model is presented at a future meeting. 2. The Select Committee requests that a detailed report on the Accommodation with Care and Support programme is presented at a future meeting. 3. The Select Committee is to examine opportunities to shadow staff and better understand the care and support package review process and outcomes. 4. The Select Committee requests that details about key programme 	<p>Deputy Director of Adult Social Care</p>	<ol style="list-style-type: none"> 1. Item has been added to the Select Committee's forward plan. 2. The item will be presented at the Select Committee meeting of 14 July 2020. 3. Care package shadowing visits went ahead on 25 February and 16 March. 4. Key programme milestones will be included in future reports. <p>Actions</p>

		<p>milestones are included in future update reports.</p> <p>Actions</p> <ol style="list-style-type: none"> 1. For the Cabinet Member for provide information on how many residents came to the service and were assessed but found to not actually require a care package; 2. For the Deputy Director for ASC to circulate to the Select Committee details of the care package budget balance between older people and people with learning disabilities. 		<ol style="list-style-type: none"> 1. The response has been circulated to the Select Committee. 2. The response has been circulated to the Select Committee.
4 December 2019	South East Coast Ambulance Service Update	<ol style="list-style-type: none"> 1. The Select Committee requests that it is provided with copies of/updates regarding the Clinical Education Independent Review, Peer Review and Transformation Programme. 2. The Select Committee is to examine the possibility of Members observing hospital handover delays. 3. The Select Committee requests that a report on SECamb's strategic planning is presented at a future meeting. <p>Actions</p> <ol style="list-style-type: none"> 1. For SECamb to provide details on the potential impact on the service of halving the number of wasted hours; 	Executive Director of Quality and Nursing, SECamb	<ol style="list-style-type: none"> 1. Updates regarding this were included in the SECamb report circulated in May 2020. 2. The possibility of a site visit has been delayed due to the Covid-19 crisis, and will be re-examined in due course. 3. The report is being compiled and will be shared with the Select Committee once completed. <p>Actions</p> <ol style="list-style-type: none"> 1. This information has been circulated to the Select Committee.

		<p>2. For SECAMB to provide statistics regarding abandoned and hoax calls, and frequent callers.</p>		<p>2. This information has been circulated to the Select Committee.</p>
<p>10 October 2019</p>	<p>Adult Social Care Transformation Update</p>	<p>Recommends a dashboard of key indicators are supplied by the Cabinet Member for Adults and Public Health and are reviewed and assessed against national performance on a six-week basis, and:</p> <ul style="list-style-type: none"> • The Chairman and Vice-Chairmen of the Committee form a Performance Sub-Group and are to receive this update, with the Cabinet Member for Adults and Public Health, to consider the detailed performance indicators and appropriate case studies • The Committee receives a quarterly update of key performance measures 	<p>Scrutiny Officer</p> <p>Cabinet Member for Adults and Public Health</p>	<p>A Performance Dashboard Working Group has convened on a number of occasions and a draft dashboard has been developed.</p>

Adults and Health Select Committee Forward Work Programme 2019/2020

Adults and Health Select Committee (Chairman: Mrs Bernie Muir, Scrutiny Officer: Ben Cullimore)

Date of Meeting	Scrutiny Topic	Description	Outcome	Method
14 July 2020	Accommodation with Care and Support Programme Update	Agreed to be considered in the Adult Social Care Transformation Update recommendation on 4 December 2019.	The Select Committee will review and scrutinise the ongoing Accommodation with Care and Support programme of work, making recommendations accordingly.	Report
14 July 2020	Learning Disabilities and Autism Service Update	Agreed to be considered in the Cabinet Member Update recommendation on 4 December 2019.	The Select Committee is to review and scrutinise plans for the new Learning Disabilities and Autism Service.	Report
15 October 2020	2021/22 Budget – Initial Assumptions	The Select Committee is to receive an update about initial financial assumptions concerning the 2021/22 Budget.	The Select Committee will scrutinise the early financial assumption's concerning the 2021/22 Budget and to provide relevant feedback before the draft proposals are fully developed.	Report
15 October 2020	Winter Pressures in Surrey Heartlands and Frimley Health and Care – Follow Up	Agreed to be considered in Winter Pressures recommendation on 10 October 2019.	The Select Committee is to review a follow-up report that outlines performance against the key themes included in the original Winter Pressures report. The Select Committee will also ensure that appropriate measures are in place for Winter 2020-21.	Report

15 October 2020	Uptake of Vaccinations in Surrey Heartlands and Frimley Health and Care	<p>Agreed to be considered in Winter Pressures recommendation on 10 October 2019. Specific reference is to be made to:</p> <ul style="list-style-type: none"> • Performance data which includes reasons why someone would refuse a vaccination/not come forward • Communications • Partnership work to raise awareness and how local authorities can feed into the communication and promotion of vaccinations 	The Select Committee will scrutinise the ongoing work being done to improve the take up of appropriate vaccinations in Surrey for residents, NHS staff, partners and those who interact with the system.	Report
17 December 2020	Budget Proposals 2021/22	The Select Committee will receive the draft budget proposals for 2021/22.	The Select Committee will scrutinise the Council's budget proposals, to provide feedback and to make/agree recommendations.	Report
17 December 2020	Adult Social Care Complaints Bi-Annual Review	The Select Committee has identified complaints received by Adult Social Care as a key area for examination. Reports highlighting complaint activity will be provided to Select Committee on a bi-annual basis.	The Select Committee is to review complaint activity in Adult Social Care for the period July – September 2020.	Report
To be confirmed	Adult Social Care Debt	<p>The Select Committee has identified the reduction of debt owed to the Council for the provision of adult social care services as a key priority.</p> <p>The Adult Social Care Directorate has introduced new processes to improve how it handles and follows up on debt, which the Committee will review alongside information on the Council's current debt position.</p>	The Select Committee will gain an understanding of how the Council manages debt owed to it by residents for the provision of adult social care services and gain an insight into whether new initiatives introduced to expedite debt recovery have been successful.	Report

To be confirmed	Reconfiguration of Urgent Care in Surrey Heartlands	NHS England has developed clear guidance for commissioners responsible for the development of Urgent Care. This report will outline an update on the impact and risks associated with the reconfiguration of Urgent Care services in Surrey Heartlands.	The Select Committee will review the progress of the Surrey Heartlands programme of change.	Report
To be confirmed	Transformation of the offering of outpatient appointments and support to health and care using digital and technological innovations	Members are to consider a Surrey Heartlands' programme of work which focuses on reducing substantially the need for patients to travel to outpatient appointments. This will contribute to a reduction in the production of greenhouse gases and air pollution and will feed into the Surrey County Council's 'Rethinking Transport' programme.	The Select Committee will review Surrey Heartlands' transformation programme, taking into consideration the associated impacts and risks for Surrey residents and making recommendations accordingly.	Report
To be confirmed	Implementation of the Health and Wellbeing Strategy	In development.	In development.	Report
To be confirmed	LGA Peer Review of Public Health	In development.	In development.	Report
Ongoing	South West London and Surrey Joint Health Overview and Scrutiny – Improving Healthcare together 2020 - 2030	In June 2017, Improving Healthcare Together 2020 - 2030 was launched, a programme led by Merton, Sutton and Surrey Downs CCGs to review the delivery of acute services at Epsom and St Helier University Hospitals NHS Trust (ESTH). ESTH serves patients from across Merton, Sutton and Surrey and so the Health, Integration and Commissioning Select Committee joined colleagues from the London Borough of Merton	A Sub-Committee of the South West London and Surrey Joint Health Overview and Scrutiny Committee has been established to scrutinise the Improving Healthcare Together 2020 – 2030 Programme as it develops.	Joint Health Overview and Scrutiny Committee

		and the London Borough of Sutton to review the Improving Healthcare Together Programme as it progresses.		
Task Groups				
	Mental Health	For Members of the Task Group to understand the patient journey through the adult mental health system in Surrey to consider how organisations across the public sector are working together to support those with mental health conditions to live full and fulfilling lives. The Task Group will focus its review on adult mental health services in Surrey while recognising that mental health problems often begin in childhood.	The Task Group will review the journey of adults with mental health conditions in Surrey through support services and interventions to assess how their interactions with different public sector organisations aid their recovery. The Task Group will present its final report and recommendations to the Select Committee at its 15 October meeting.	<u>Membership:</u> Nick Darby Bernie Muir Angela Goodwin Chris Botten

Standing Items (to be considered at each formal Select Committee meeting)

- **Update on Cabinet Member priorities:** For the Select Committee to receive an update on work that has been undertaken by Cabinet Members and areas of priority work/focus going forward.
- **Update on Adult Social Care Transformation:** To provide an update on the progress of the Adult Social Care transformation programmes.