

Notice of Meeting

Adults and Health Select Committee



Date & time
Thursday, 17
December 2020 at
10.30 am

Place
REMOTE MEETING

Contact
Ben Cullimore, Scrutiny
Officer
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Chief Executive
Joanna Killian

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Due to the COVID-19 pandemic, this meeting will be taking place remotely.

**A live webcast of the meeting can be viewed here:
<https://surreycc.public-i.tv/core/portal/webcasts>**

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 Neil Houston (Elmbridge Borough Council), Borough Councillor Vicki Macleod (Elmbridge Borough Council) and Borough Councillor Darryl Ratiram (Surrey Heath Borough Council)

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

Purpose of the item: To receive any apologies for absence.

2 MINUTES OF THE PREVIOUS MEETING: 15 OCTOBER 2020

(Pages 5
- 14)

Purpose of the item: To agree the minutes of the previous meeting of the Adults and Health Select Committee as a true and accurate record of proceedings.

3 DECLARATIONS OF INTEREST

Purpose of the item: 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

Purpose of the item: To receive any questions or petitions.

NOTES:

1. The deadline for Members' questions is 12:00pm four working days before the meeting (*11 December 2020*).
2. The deadline for public questions is seven days before the meeting (*10 December 2020*).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5 SCRUTINY OF 2021/22 DRAFT BUDGET AND MEDIUM-TERM FINANCIAL STRATEGY TO 2025/26

(Pages
15 - 44)

Purpose of the item: To scrutinise the Draft Budget and Medium-Term

Financial Strategy.

6 ADULT SOCIAL CARE COMPLAINTS

- a ASC COMPLAINTS APRIL - SEPTEMBER 2020** (Pages 45 - 56)

Purpose of the item: The report provides a detailed summary of complaint activity in Adult Social Care for the period April – September 2020.

- b HEALTHWATCH SURREY - WHAT ARE WE HEARING ABOUT ADULT SOCIAL CARE?** (Pages 57 - 68)

Purpose of the item: The report provides an overview of feedback about Adult Social Care received by Healthwatch Surrey through its engagement with residents and targeted project work.

- 7 RESPONSES TO RECOMMENDATIONS MADE BY THE ADULTS AND HEALTH SELECT COMMITTEE** (Pages 69 - 88)

Purpose of the item: To outline responses received from Cabinet; the Children, Families, Lifelong Learning and Culture Select Committee; Frimley Health and Care ICS; Surrey and Borders Partnership NHS Foundation Trust; and Surrey Heartlands ICS to recommendations made by the Mental Health Task Group and endorsed by the Adults and Health Select Committee at its public meeting on 15 October 2020.

- 8 APPOINTMENT OF A NAMED SUBSTITUTE TO SOUTH WEST LONDON AND SURREY JHOSC** (Pages 89 - 90)

Purpose of the item: To appoint a named substitute for the South West London and Surrey Joint Health Overview and Scrutiny Committee.

- 9 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME** (Pages 91 - 116)

Purpose of the item: For the Select Committee to review the attached recommendations tracker and forward work programme, making suggestions for additions or amendments as appropriate.

10 DATE OF THE NEXT MEETING

The next public meeting of the committee will be held on 19 January 2021.

**Joanna Killian
Chief Executive**

Published: Friday, 4 December 2020

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MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.30 am on 15 October 2020 as a REMOTE MEETING.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 17 December 2020.

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)
- * Mrs Fiona White

Co-opted Members:

- Borough Councillor Neil Houston, Elmbridge Borough Council
- * Borough Councillor Vicki Macleod, Elmbridge Borough Council
- * Borough Councillor Darryl Ratiram, Surrey Heath Borough Council

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Bob Gardner and Neil Houston.

2 MINUTES OF THE PREVIOUS MEETINGS: 14 JULY 2020 AND 7 AUGUST 2020 [Item 2]

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

3 DECLARATIONS OF INTEREST [Item 3]

Clare Curran declared a personal interest as a non-executive director and the Chairman of the Board of Directors of Surrey Choices.

Jeff Harris declared a personal interest as Director and Chairman of the board of Hendeca, which was associated with the Surrey Care Association.

4 QUESTIONS AND PETITIONS [Item 4]

None received.

5 REPORT OF THE MENTAL HEALTH TASK GROUP [Item 5]

Witnesses:

Olive Aherne, Area Manager, Richmond Fellowship
Karl Atreides, Chair, Independent Mental Health Network

Janice Clark, Governor, Surrey and Borders Partnership
Nick Darby, Chairman of the Mental Health Task Group
Nick Markwick, Co-Chair, Surrey Coalition of Disabled People
Sinead Mooney, Cabinet Member for Adults and Health
Professor Helen Rostill, Director of Mental Health, Surrey Heartlands
Kate Scribbins, Chief Executive, Healthwatch Surrey

Key points raised during the discussion:

Ernest Mallett joined the meeting at 10:36am.

1. The Chairman of the Mental Health Task Group introduced the report, highlighting issues in the mental health patient journey that were raised multiple times over the course of the Task Group's work, namely:
 - a. There were often problems involved in the transition from children's to adults' mental health services;
 - b. 'Falling between two stools' – the phenomenon of patient not meeting criteria for a particular treatment and therefore being bounced back and forth between services;
 - c. The development of the GP Integrated Mental Health Service (GPIMHS) was deemed very encouraging;
 - d. Contracts with charity sector organisations tended to be only about three years long – the Task Group recommended that this be extended;
 - e. The Task Group recommended that longer opening hours of Safe Havens be considered;
 - f. Data protection rules meant that sharing patient information was difficult;
 - g. Incompatibility of IT systems meant that patients had to repeat their stories multiple times;
 - h. Training was important to foster greater understanding of mental health issues;
 - i. There had been delays in making improvements to the Abraham Cowley Unit of St Peter's Hospital.
2. A Member emphasised that mental health problems could start as early as pre-school age, so it was important that the transition from children's to adults' services took this into account.
3. A Member asked whether ligature points had now been eradicated in the Abraham Cowley Unit. The Surrey and Borders Partnership (SABP) Director of Mental Health responded that the ward where ligature points had been identified had now been closed and patients were being cared for in other facilities. The ligature risk had been assessed on all wards and work was underway to fit Primera safe hinges, which had a sensor function to prevent ligature from occurring.
4. A Member enquired whether steps were being taken to provide out of hours service at Safe Havens. The Director of Mental Health stated that SABP was in the process of looking at providing 24/7 Safe Haven provision in partnership with NHS England. Moreover, the mental health liaison services and home treatment teams already provided 24/7 service.
5. A Member requested that the Select Committee be sent a diagram showing pathways for patients through the mental health system in Surrey.

6. A Member emphasised that all transitions should be considered, not only the transition from children's to adults' mental health services, as there were often weaknesses involved in transition from one service to another.
7. The Task Group assured the Select Committee that this report would be shared with a wide audience: it would be presented at Cabinet on 27 October 2020; sent to all witnesses who took part in the Task Group's work; presented to the Health and Wellbeing Board; and publicised in a press release.
8. The Chair of the Independent Mental Health Network (IMHN) expressed support for the Task Group's work and suggested that training to become a mental health first-aider could be a suitable type of training to be looked at when implementing the Task Group's recommendations.
9. The Cabinet Member for Adults and Health suggested that the Task Group's input from service users could be reflected more strongly in the report.
10. The Chairman of the Select Committee explained that the Task Group would regularly report back to the committee on progress in following up recommendations, and Members would consider whether to continue the work of the Task Group with revised terms of reference.

Recommendations:

The Select Committee endorses the recommendations set out in the Mental Health Task Group report.

Actions/further information to be provided:

1. Democratic Services officers to share a diagram showing the patient mental health pathways in Surrey.

6 UPDATE ON ADULT SOCIAL CARE MENTAL HEALTH TRANSFORMATION PROGRAMME [Item 6]

Witnesses:

Olive Aherne, Area Director, Richmond Fellowship
 Karl Atreides, Chair, Independent Mental Health Network
 Janice Clark, Governor, Surrey and Borders Partnership
 Kirsty Gannon-Holmes, Senior Commissioning Manager (Mental Health)
 Nick Markwick, Co-Chair, Surrey Coalition of Disabled People
 Sinead Mooney, Cabinet Member for Adults and Health
 Kate Scribbins, Chief Executive, Healthwatch Surrey
 Liz Uliasz, Assistant Director (Mental Health) and Deputy Director of Adult Social Care
 Simon White, Executive Director of Adult Social Care

Key points raised during the discussion:

1. The Cabinet Member for Adults and Health introduced the report, reminding the Select Committee that this was an update paper on mental health services now they had moved back into Surrey County Council Adult Social Care (ASC) following the decision to terminate the Section 75 agreement (of the National Health Services Act 2006). During the challenging journey to move these services into the Council, the focus had been on transition, training and supporting staff. Good progress had been made and the process continued.

2. The Assistant Director of Mental Health emphasised the use of strengths-based practice in the service and outlined the changes that had been made since the Section 75 agreement was terminated. Firstly, the structure of the team had been changed, as the team inherited had had no team managers. Two new teams had been developed: the mental health duty team, which acted as the service's 'front door' during normal working hours; and the hospital discharge team. Work had also been done to ensure the service was linked into GPIMHS and Surrey Heartlands. There was more work to do around direct payments, creating robust structures and working with partners.
3. Regarding the service's response to Covid-19, the Assistant Director continued to explain that since lockdown the team had been very busy – referrals and caseload had increased by 200 in the last six months and there had been an impact on mental health assessments both in and out of hours. There had been an increase in the number of Section 136 referrals, particularly amongst young people, and the service was working with the police on this. Overall, there had been an increase in the number and complexity of conditions. The service had been given guidance around virtual assessments in cases where there was a high Covid-19 risk, but, where appropriate, it had continued to conduct visits with PPE in the locality and check on people's wellbeing.
4. A Member enquired what the timelines were for the service to achieve its goals, such as reinstating the Mental Health Programme Board Reference Group, working with the Surrey County Council Learning Disabilities and Autism (LD&A) team, and working together across area hubs. The Assistant Director of Mental Health replied that some of this work had been paused in the summer. However, in terms of the LD&A service, the ASC mental health team was working with Steve Hook, Assistant Director of Disabilities and lead for that service, and a report was being produced; joined up work between mental health and Autism Spectrum Disorder services in the Council was happening already. Regarding staff structure, the aim was to have the structure completed by June 2021. Moreover, a senior manager was in contact with the Independent Mental Health Network about setting up the reference group, which had been helpful to enable co-design, and it was aimed that this would also be set up by June 2021.
5. The Cabinet Member for Adults and Health suggested that the Select Committee could have representation on the reference group. The Chairman of the Select Committee agreed that this could provide more clarity for Members.
6. A Member noted that, while the Mental Health Task Group had highlighted record sharing as a point of weakness, in this report it stated that 'there are no plans to extend access [to the Surrey Care Record shared data system] to the third sector at this time' and that 'it is likely that the patient will be able to share their own data with others on an individual basis'. Patients and other stakeholders were often not aware that patients could access and share their own data, while third sector organisations' difficulty in accessing patients' data complicated treatment. The Assistant Director of Mental Health stated that in the ASC service officers would always ask patients' consent to share data. The section of the report on this was more about the development of a portal to facilitate data sharing. While the Surrey Care Record did not include every patient's information, the ASC service would continue to lobby for this. The Member responded that it was important that health

and social care professionals understood that patients already had the right to ask for and share their own data. Also, the work of the third sector was hindered if data was not shared with them too. This did not make sense when a number of third sector organisations were commissioned by Surrey County Council. She requested that officers report back on the issue of data sharing.

7. A Member referred to the £1.8m underspend forecast for the staffing budget and asked what the reason for this and effect on patient outcomes was. The Assistant Director of Mental Health said that this was an historic underspend caused by the struggle to recruit Approved Mental Health Professionals (AMHPs). The service did have locum staff but it was difficult in general to attract staff to mental health services. The LD&A service had done a good piece of work on recruitment and the mental health service was trying to replicate that with a targeted mental health recruitment campaign.
8. A Member asked for more information on care packages. The Assistant Director responded that there had been an increase in demand for care packages and the Council was working with Surrey and Borders Partnership (SABP) and commissioners to ensure pathways were right and people did not end up in bedded care unless necessary. The Council aimed to discharge patients into their own homes whenever possible with the right package of care. While care packages were a pressure on the budget, it was not felt that this was currently impacting on patients.
9. A Member requested an explanation of the performance figures in the report. The Assistant Director of Mental Health explained that certain performance targets should be kept low as it was important that services and assessments were only given to people who really needed them. Certain indicators (such as the percentage of people reviewed or reassessed in the last 12 months) had shown significant improvement since the end of the Section 75 agreement. The area that still needed work was direct payments: the current percentage of people in the community who purchased their service with a direct payment had decreased to 13.9%, against a target of 30%.
10. The Cabinet Member for Adults and Health suggested that officers include a glossary in future reports.
11. The Cabinet Member for Adults and Health also requested that Members assist the recruitment drive in mental health by sharing publicity on social media. A Member requested that witnesses share pre-prepared text and JPEG images with the Select Committee, for them to easily share on social media.
12. A Member proposed that mental health careers and apprenticeships be encouraged in schools and amongst people working in health (for example, GPs). The Assistant Director of Mental Health agreed to pass on this message to the workforce team.
13. The Executive Director of ASC emphasised that improvements had been made to the service following the termination of the Section 75 agreement.
14. A Member asked for more information on the service's partnership with carer organisations based on its attendance at the SABP Carers' Action Group and Carers' Commissioning Group, and link with the GP lead for carers in Surrey Heartlands. How much influence did these groups have on the budget, for example? The Assistant Director of Mental Health replied that one of the managers within the service was the senior lead for carers. Partnership with these groups was less

about budgets and more about having conversations that influenced staff practices. The Governor of SABP stated that these groups had been valuable for service users and carers.

15. With regards to involving carers in mental health in general, the Governor remarked that a whole family approach was important; it was important that ASC services put sufficient resources into adult services users whose carers were children, in order to alleviate pressures on the children and prevent mental health issues; and sound social care assessment processes were essential for the third sector to be able to do its work properly. Members agreed that it was important to intervene in and prevent mental health problems as early as possible.

Recommendations:

1. The Select Committee agrees to nominate a member to sit on the Mental Health Programme Board Reference Group;
2. The Select Committee recommends that the Council continues to lobby for Surrey Care Record access to be extended to third sector organisations, and that a follow-up on this is included in the next Transformation Programme Update paper;
3. The Select Committee recommends that the Council explores the development of ASC recruitment drives in schools, colleges and universities, as well as the further development of apprenticeship schemes.

Actions/further information to be provided:

1. The Assistant Director of Mental Health to share suitable pre-prepared text and JPEG images with the Select Committee for sharing on social media.

7 WINTER PRESSURES IN SURREY HEARTLANDS [Item 7]

Witnesses:

Olive Aherne, Area Director, Richmond Fellowship
Karl Atreides, Chair, Independent Mental Health Network
Jane Chalmers, Director of Delivery (Financial Recovery), Surrey Heartlands
Helen Coe, Recovery Director, Surrey Heartlands
Nick Markwick, Co-Chair, Surrey Coalition of Disabled People
Jackie Raven, Associate Director of Urgent and Integrated Care, Surrey Heartlands
Professor Helen Rostill, Director of Mental Health, Surrey Heartlands
Kate Scribbins, Chief Executive, Healthwatch Surrey
Karen Thorburn, Director of Performance, Surrey Heartlands

Key points raised during the discussion:

1. The Director of Performance introduced the report, highlighting key issues including:
 - a. The significant impact caused by the second wave of Covid-19 that had begun in autumn 2020;
 - b. There had been over 182,000 attendances to A&E in winter 2019/20, which was an increase of 9.4% compared to 2018/19;
 - c. The number of attendances to A&E had dropped significantly when the lockdown began in March 2020;

- d. Performance over winter 2019/20 had deteriorated compared to Surrey Heartlands' results in previous years, but was favourable against the England average;
 - e. Ambulance handover had improved and was performing well;
 - f. In order to ensure in-person work could continue where appropriate, Covid-secure measures had been put in place, including PPE;
 - g. A campaign to encourage the public to take up the flu vaccination had commenced;
 - h. In winter 2020/21, it would be important to balance business as usual, the Covid-19 second wave and recovering backlogs.
2. A Member expressed concern about a statistic in the report that in March 2020, NHS 111 calls answered within 60 seconds had dropped to a low of 12%. How much longer than 60 seconds did it take to answer these calls? Was it significantly longer (for example, one hour), or only a matter of seconds? The Director of Performance said that every year, the service conducted modelling and learning to ensure there was more than 100% staffing to ensure that all 111 call volumes could be covered. The Associate Director of Urgent and Integrated Care stated that she would provide the information requested on the duration of waiting times for 111 calls to be answered. She added that the 111 service would focus on recruitment and increased home working to ensure there was resilience in future.
 3. A Member requested data on the time between a service user calling 111 or 999 and the service user being seen or treated by a doctor or consultant. She had heard anecdotal evidence of people waiting many hours for an ambulance to arrive. The Director of Performance agreed to provide this information.
 4. The Chair of the IMHN asked what provisions would be put in place over winter considering that bed capacity had been reduced in the Abraham Cowley Unit and Langley Green mental health hospital (in West Sussex, close to the Surrey border). The Director of Mental Health stated that there was a short-term arrangement in place at the Elysium site in Surrey for people who had been on the Abraham Cowley Unit wards. Surrey and Borders Partnership (SABP) also continued to provide services with other partners. The Chair of the IMHN suggested that service users should be involved and consulted wherever possible.
 5. A Member remarked that there had been supply issues with the flu vaccine. The Director of Performance responded that primary care organisations usually ordered their flu vaccine stock a year ahead, meaning it had not been possible for them to take Covid-19 into account. There had been a lot of publicity about providing free vaccinations to 50-64-year-olds, leading to an increase in demand; a decision on this would be made nationally in November. For now, the focus was on vaccinating at risk groups, such as those with underlying health conditions. The Director of Performance acknowledged that some practices had lacked supplies of the flu vaccine. Although the logistics were difficult, Surrey Heartlands had ambitions and clear plans on making sure that it could supply sufficient vaccines in winter 2020/21.
 6. The Co-Chair of the Surrey Coalition of Disabled People indicated that, while staff working in care homes were tested weekly for Covid-19, there were no regular testing requirements for domiciliary care staff, leaving their clients vulnerable. The Director of Delivery

(Financial Recovery) acknowledged that domiciliary care workers were not required to be tested weekly, but there were limits on what could be enforced locally, so for the time being domiciliary care workers had to book tests through the government website like most members of the public. The Director of Performance agreed to check whether domiciliary care workers were considered key workers and would therefore be prioritised for Covid-19 tests.

7. The Chief Executive of Healthwatch Surrey asked how hospital discharge would work during the second wave of Covid-19. The Associate Director of Urgent and Integrated Care replied that, while discharge would often occur more quickly due to the pandemic, it was still fundamental that the patient was safe when leaving the secondary care environment and that discussions were had with the patient and their carer. Appropriate onwards support for each patient post-discharge was arranged quickly and reviewed at a later date. The Associate Director emphasised the importance of placing people and conducting assessments in their own homes when possible, where they would often feel safer, as this led to better outcomes.
8. The Chief Executive of Healthwatch Surrey highlighted the issue of digital exclusion with regards to the shift towards digital avenues for health and care due to the Covid-19 pandemic. For example, a significant proportion of GP appointments were now conducted over telephone or video call, even though 7% of the population did not use digital pathways. The Director of Performance acknowledged that some people would not feel comfortable accessing services digitally. She was keen that safe access to services continued to be provided, particularly now that a second wave of Covid-19 was occurring, and she agreed to feed this issue back to primary care services.

Recommendations:

1. The Select Committee recommends that GPs ensure digital modes of contact remain available for patients during winter 2020/21, and that all Surrey residents are able to access a practice website that allows for self-care, self-referral and the submission of an online consulting request;
2. The Select Committee recommends that measures are put in place to ensure that residents who are not able to access GP services digitally are prioritised when requesting access to face-to-face appointments;
3. The Select Committee recommends that Surrey Heartlands works closely with Surrey County Council to ensure it publicises to residents that advice about flu vaccinations can be sought from pharmacists and GPs.

Actions/further information to be provided:

1. The Associate Director of Urgent and Integrated Care to provide details on the duration of waits over 60 seconds for 111 calls to be answered;
2. The Director of Performance to provide data on the average time between a service user calling 111 or 999 and being seen or treated by a doctor or consultant;
3. The Director of Performance to check whether domiciliary care workers are counted as key workers and therefore prioritised for Covid-19 testing.

8 WINTER PRESSURES IN FRIMLEY HEALTH AND CARE [Item 8]

Witnesses:

Olive Aherne, Area Director, Richmond Fellowship
Nicola Airey, Director of Planning and Delivery, Surrey Heath CCG
Karl Atreides, Chair, Independent Mental Health Network
Michelle Head, Area Director, Adult Social Care
Nick Markwick, Co-Chair, Surrey Coalition of Disabled People
Professor Helen Rostill, Director of Mental Health, Surrey Heartlands
Kate Scribbins, Chief Executive, Healthwatch Surrey

Key points raised during the discussion:

1. A Member requested more detail on the new standard to replace the four-hour standard for waiting times in A&E. The Director of Planning and Delivery stated that the new standard measured average time in A&E rather than percentage of people seen within four hours. The rationale behind this was to try to see the right people in the right time-frame. For instance, a very sick person would need to be seen much more quickly than four hours. The benchmark average time was 220 minutes, and this week Frimley Health and Care had averaged around this benchmark. As well as the 220-minute figure, there were sub-targets including particular pathways for the most vulnerable.
2. A Member enquired what the effect of the closure of the Camberley Safe Haven had been. Had it resulted in increased footfall at the Safe Haven in Aldershot, particularly amongst Surrey Heath residents? The Director of Mental Health agreed to provide footfall data for the Aldershot Safe Haven and said that there had not been a significant increase in people with mental health needs going to A&E.
3. The Chair of the IMHN questioned whether the possibility was being looked into of Safe Havens run by Frimley Health and Care offering 24/7 provision, as well as Surrey Heartlands. The Director of Mental Health stated that this had not been decided yet but the possibility of extending the 24/7 model was being explored.
4. A Member asked how Frimley Health and Care were viewing staffing and other challenges, given the rapidly changing situation brought about by the Covid-19 pandemic. The Director of Planning and Delivery acknowledged that the situation was changing rapidly day by day. Key to Frimley's response were adjusting for risks, flexing resources and mutual aid. The service was aware that this period would be challenging and had experience of adapting to change. The Member questioned whether, during the approaching second wave of Covid-19, Frimley had the resilience to continue offering treatment for conditions other than Covid-19, such as cancer. The Director of Planning and Delivery replied that there were plans in place to treat patients with the greatest need, including elective operations in some cases. The Area Director added that the service was able to adapt quickly and respond to residents' needs in a personalised manner. It was also anticipated that communities would support each other during the second wave, as they had during the initial wave of Covid-19. Moreover, councillors could support the work of the health service by sharing the message that the NHS was open for business.

Recommendations:

1. The Select Committee recommends that GPs ensure digital modes of contact remain available for patients during winter 2020/21, and that

all Surrey residents are able to access a practice website that allows for self-care, self-referral and the submission of an online consulting request;

2. The Select Committee recommends that measures are put in place to ensure that residents who are not able to access GP services digitally are prioritised when requesting access to face-to-face appointments;
3. The Select Committee recommends that Frimley Health and Care works closely with Surrey County Council to ensure it publicises to residents that advice about flu vaccinations can be sought from pharmacists and GPs.

Actions/further information to be provided:

1. The Director of Planning and Delivery to provide footfall data for the Aldershot Safe Haven.

9 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

The Select Committee noted the Recommendations Tracker and the Forward Work Programme.

10 DATE OF THE NEXT MEETING [Item 10]

The next meeting of the Select Committee would be held on 17 December 2020.

Meeting ended at: 1.36 pm

Chairman

11 PRIVATE WORKSHOP [Item 11]

The discussion was conducted in private after the conclusion of the meeting.

ADULTS AND HEALTH SELECT COMMITTEE

17 DECEMBER 2020



SCRUTINY OF 2021/22 DRAFT BUDGET AND MEDIUM-TERM FINANCIAL STRATEGY TO 2025/26

Purpose of report: Scrutiny of the Draft Budget and Medium-Term Financial Strategy

Introduction:

1. Attached is a summary of the 2021/22 Draft Budget and Medium-Term Financial Strategy (MTFS), particularly focussing on the budgets for the Adult Social Care (ASC) and Public Health (PH).
2. The 2021/22 Draft Budget and MTFS to 2025/26 was presented to Cabinet on 24 November 2020. The Final Budget for 2021/22 will be approved by Cabinet in January 2021 and full Council in February 2021. It is good practice to, as far as possible, set out in advance the draft budget to allow consultation on and scrutiny of the approach and the proposals included.
3. The production of the 2021/22 budget has been developed through an integrated approach across Strategy, Transformation and Finance, ensuring that revenue budgets, capital investment and transformation plans are all aligned with each Directorate's service plans and all four corporate priorities of the organisation.

Context:

4. Continuing a trend set over several previous financial years, Local Government funding remains highly uncertain, with a number of factors likely to result in significant changes to the draft funding position over the medium-term, in particular; a one-year Spending Review on 25th November (in lieu of an anticipated three-year settlement) and clarity on the treatment of the DSG High Needs Block (HNB) deficit. The provisional settlement is expected to be released close to Christmas with a final settlement in January 2021. Government spending to combat Covid-19 and mitigate its impact on business and individuals has led to record levels of public sector borrowing; this may well influence the level of funding available for Local Authorities.

5. Despite the funding uncertainty, the overall outlook for 2021/22 is one of stability; with Directorate budget envelopes currently projected to remain largely at 2020/21 levels. There remain significant challenges in managing growth in demand, inflationary pressures and the ongoing impact of Covid-19 within those envelopes. In terms of living within the principles of a budget envelope approach, Directorates have been tasked with identifying efficiencies to close their element of the overall budget gap.
6. Good progress has been made over the last few months in reducing the original budget gap from £63.7m to the current provisional budget with a gap of £18.3m. There still remains work to be completed to close this gap but it is recognised that the funding element of the budget has not yet been finalised and the final budget will only be completed on the Local Government Finance Settlement which is due in December 2020.

Budget Scrutiny:

7. Annex 1 sets out the budget proposals for ASC and PH including the latest calculated revenue budget requirement compared to the current budget envelopes based on the Council's estimated funding, the service budget strategy, information on revenue pressures and efficiencies and a summary of the Capital Programme. Each Select Committee should review in the context of their individual services, exploring significant issues and offering constructive challenge to the relevant Cabinet Members and Executive Directors.
8. Members should consider how the 2021/22 budget supports the Council in being financially stable whilst achieving Directorate and Corporate priorities and the Council's Vision for 2030. The budget aims to balance a series of different priorities and risks, and between investment, efficiencies and increases in the rate of Council Tax. It is appropriate for the Committee to consider how successful the budget is in achieving this.

Conclusions:

9. The provisional Local Government Finance Settlement in December 2020 will clarify the funding position for the Council, albeit for only one financial year. Once the funding position is clear, Directorate pressures, efficiency requirements and the Capital Programme will be finalised.

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| Recommendations: |
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10. That each Select Committee agrees a set of recommendations to the Cabinet, pertinent to their area, which will be included in the Final Budget Report to Cabinet in January 2021.

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| Next steps: |
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11. The recommendations resulting from Select Committee scrutiny process will be compiled and reported to the Cabinet meeting on 26 January 2021.

Report contact:

William House
Strategic Finance Business Partner for Adult Social Care and Public Health
Finance

Contact details:

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Annexes:

Annex 1: 2021/22 Draft Budget Report and Medium-Term Financial Strategy to 2025/26 – Scrutiny Report for ASC and PH

Sources/background papers

- 2021/22 Draft budget and medium-term financial strategy report to Cabinet 24th November 2020

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Adults and Health Select Committee

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2021/22 Draft Budget Report and Medium-Term Financial Strategy to 2025/26

17 December 2020

Introduction – 2021/22 Draft Budget and Medium-Term Financial Strategy

Purpose and content

- Set out to Select Committee the 2021/22 Draft Budget and MTFs, setting out:
 - 2021/22 budget gap
 - 2021/22 – 2025/26 summary position
 - Detailed Directorate progress

The process to date

- Stabilise the 2020/21 budget following the immediate CV-19 crisis through budget resets
- Establish Core Planning Assumptions and funding projections
- Convert the assumptions into the Draft Budget position
- Identify efficiencies to contribute towards closing the gap for 2021/22 and the medium-term
- Draft budget presented to Cabinet 24th November with a gap to close of £18.3m

Next Steps

- Closing the gap
 - Refine core planning assumptions, funding assumptions and Directorate gaps
 - Finalise the efficiency and transformation proposals
- Finalise the 2021/22 – 2025/26 Capital Programme
- Consultation with residents on draft proposals and Equality Impact Assessments
- Final Budget to Cabinet in January 2021
- Final Budget to Council February 2021

Our Focus for the Next 5 Years: 2021 – 26

Community Vision 2030

We want Surrey to be a uniquely special place where everyone has a great start in life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community and where no one is left behind. Where our economy thrives and grows, in balance with our beautiful natural environment. While many residents and businesses thrive in Surrey, not everyone has the same opportunities to flourish so our focus for the next five years will be guided by the principle of **tackling inequality and ensuring no-one is left behind**

Four priority objectives ('dial up' areas)

Growing a sustainable economy so everyone can benefit

Support people and businesses across Surrey to grow during the economic recovery and re-prioritise infrastructure plans to adapt to the changing needs and demands of residents at a time of financial challenges

Tackling health inequality

Drive work across the system to reduce widening health inequalities, increasing our focus on addressing mental health and accelerating health and social care integration to reduce demand on services while improving health outcomes for residents

Enabling a greener future

Build on behaviour changes and lessons learnt during lockdown to further progress work to tackle environmental challenges, improve air quality and focus on green energy to make sure we achieve our 2030 net zero target

Empowering communities

Reinvigorate our relationship with residents, empowering communities to tackle local issues and support one another, while making it easier for everyone to play an active role in the decisions that will shape Surrey's future

Transforming the Council

Customer experience

We will get better at seeing things from a resident's perspective, giving customers a simpler and more consistent experience

Stronger Partnerships

We will focus on building stronger and more effective partnerships with residents, other public services and businesses to collectively meet challenges and take opportunities

Transformation and reform

We will continue our comprehensive transformation programme to improve outcomes for residents, deliver efficiencies and make sure financial sustainability underpins our approach

Digital and Data

We will embrace digital solutions and take a data-driven approach to transforming our organisation and services we deliver for residents

Agile, diverse and motivated workforce

We will embed new agile ways of working and provide staff with the tools and support to be high performing and outcomes-focussed. We will put equality, diversity and inclusivity at the heart of everything we do, valuing the strength of a diverse workforce

Financial Management

We will spend our money in the most efficient and effective ways, so we can have the greatest impact on improving people's quality of life and ensure we provide the best value for money to our residents

2021/22 Draft Budget

- The table shows the overall picture for the Council for 2021/22 against estimated funding
- Pressures, efficiencies and funding will continue to iterate over November and December
- In particular, funding estimates are subject to clarification as our understanding of the impact of CV-19 on Council Tax Collection continues to develop
- Announcements from Government expected on 24th November - further detail before Christmas
- The draft budget includes net pressures of £59.3m, with efficiencies of £41m, leaving a net gap of £18.3m

| | Base Budget £m | Pressures £m | Efficiencies £m | Directorate Total £m | Directorate Gap £m |
|---|-------------------|-----------------|--------------------|-------------------------|-----------------------|
| Adult Social Care | 372.1 | 16.5 | (11.5) | 377.1 | 5.0 |
| Public Health | 32.6 | 0.0 | 0.0 | 32.6 | 0.0 |
| Children, Families, Lifelong Learning and Culture | 245.2 | 26.8 | (20.9) | 251.2 | 5.9 |
| Environment, Transport and Infrastructure | 132.8 | 9.4 | (3.5) | 138.8 | 5.9 |
| Community Protection | 36.2 | 1.8 | (0.5) | 37.4 | 1.2 |
| Resources | 66.6 | 3.9 | (4.4) | 66.1 | (0.5) |
| TPP Services | 17.4 | 0.9 | (0.2) | 18.1 | 0.7 |
| Central Income and Expenditure | 65.4 | 3.2 | 0.0 | 68.6 | 0.0 |
| Directorate Sub-total | 968.4 | 62.5 | (41.0) | 989.9 | 18.3 |
| Projected Funding | (968.4) | (3.2) | 0.0 | (971.6) | |
| Net Gap | 0.0 | 59.3 | (41.0) | 18.3 | |

2021-2026 Medium Term Financial Plan

- Directorates were tasked with costing the core planning assumptions and scenarios to arrive at a **pressures and efficiencies** for the MTFs from 2021/22 to 2025/26 to include alongside the Draft Budget
- **Draft estimates of likely funding over the medium-term** from Council Tax, Business Rates and Government Grants have been developed – these will need to be updated for funding announcements expected in November and December
- Pressures may iterate as further information on CV-19 becomes clearer
- The Capital Programme will continue to be refined to present the final programme to Cabinet in January, recommended to full Council in February

2021-2026 Council Summary Position

- The table shows the overall picture for the Council against estimated funding
- The estimates in some cases are indicative at this early stage and will require review
- 2021/22 shows a gap of £18.3m, growing to £170.1m over the 5-year MTF5
- Funding estimates are based on the most likely outcome but will be kept under review

| | Total | | | | | | Total £m |
|---------------------------------|---------------|---------------|----------------|----------------|----------------|----------------|----------------|
| | 2020/21 £m | 2021/22 £m | 2022/23 £m | 2023/24 £m | 2024/25 £m | 2025/26 £m | |
| Budget Envelope | 968.4 | 971.6 | 960.3 | 951.7 | 933.8 | 929.0 | |
| Brought forward budget | 968.4 | 968.4 | 989.9 | 1,007.7 | 1,034.5 | 1,066.8 | |
| Plus growth (inc inflation) | | 62.5 | 47.6 | 45.5 | 44.5 | 43.9 | 243.9 |
| Less identified efficiencies | | (41.0) | (29.7) | (18.7) | (12.3) | (11.5) | (113.2) |
| Total budget requirement | | 989.9 | 1,007.7 | 1,034.5 | 1,066.8 | 1,099.1 | |
| Reductions still to find | | 18.3 | 29.1 | 35.4 | 50.2 | 37.0 | 170.1 |

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Adult Social Care



Services provided

ASC provides advice and information, assessment, care and support services for people aged 18+ with:

- Physical and Sensory Disabilities
- Learning Disabilities and Autism
- Mental Health needs
- and for frail Older People.

ASC operates in a challenging environment with reductions in government funding; an ageing population and growing numbers of young people moving into adulthood who need services; an increasingly fragile care market; and radical changes in national policy.

The Covid-19 pandemic has added another level of complexity, with ASC playing a crucial role in SCC's response to save lives, protect the National Health Service (NHS), ensure our residents are protected wherever possible and continue to deliver essential services.

ASC's vision is ***“To promote people's independence and wellbeing, through personalised care and support that focuses upon their strengths, the outcomes they want to achieve and enables choice and control”***.



How is the service budget spent?

| Type of expenditure / income | 2020/21 net budget £m |
|---|-----------------------|
| Care packages to support people with individually assessed eligible needs | 344.3 |
| ASC staff excluding in-house provided care services which are part of care packages expenditure above | 58.5 |
| Wider contracts & grants and other expenditure | 23.8 |
| Core Better Care Fund income for ASC | -41.8 |
| Specific ASC government grants | -12.7 |
| Net expenditure funded by SCC | 372.1 |

The majority of ASC's budget is spent on care packages to support people's assessed eligible needs.

The chart below shows that the by far the biggest area of expenditure when assessed charges people pay towards their care are taken into account is Learning Disabilities and Autism.

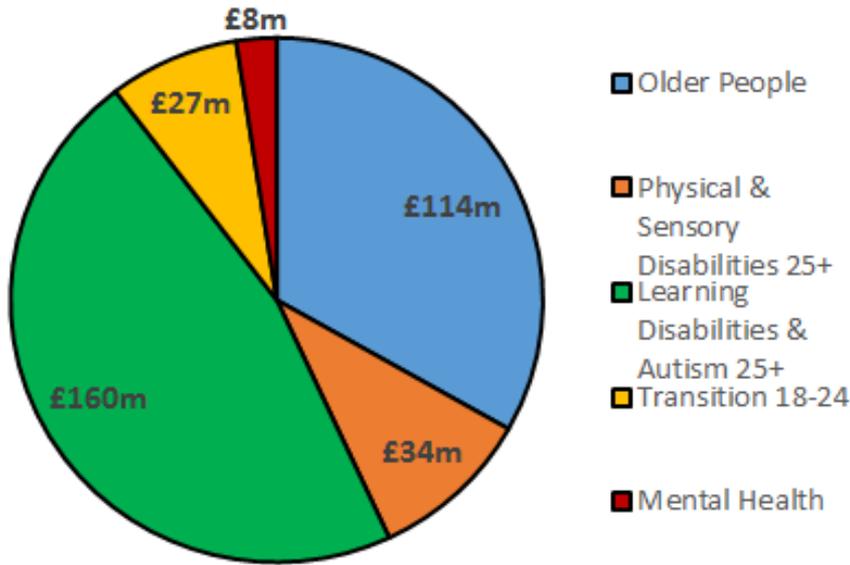
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Breakdown of care package expenditure

| Client group | 2020/21 budget | | |
|--------------------------------------|----------------|----------------|----------------|
| | Gross | Income** | Net |
| Older People | £164.7m | -£50.7m | £114.1m |
| Physical & Sensory Disabilities 25+ | £37.0m | -£3.0m | £34.0m |
| Learning Disabilities & Autism 25+ | £171.7m | -£11.5m | £160.2m |
| Transition 18-24 | £28.8m | -£1.6m | £27.2m |
| Mental Health | £12.1m | -£3.7m | £8.4m |
| Individual care packages for carers* | £0.5m | £0.0m | £0.5m |
| Total | £414.8m | -£70.5m | £344.3m |

* Care costs related to individual carers only. A further £5.8m is spent on contracts and grants for the delivery of broader carers' services
 ** Financially assessed contributions towards care costs & joint funding

2020/21 net expenditure care package budget



Service strategy for 2021-26 MTFS

ASC's 2021-26 MTFS strategy seeks to build on and further progress the ambitious transformation programme that the service originally embarked on in 2018. At its heart is the implementation of a new 'strength-based' framework that focuses on people's strengths to promote their independence.

ASC's key areas of planned service transformation are as follows:

- **Transforming the care pathway**, including implementing a new discharge to assess model across all Surrey hospitals.
- **Accommodation with care & support** programme to develop 725 new affordable units for Older People Extra Care and 500 units for Learning Disability / Autism independent living.
Changing models of care to promote independence for people with **Learning Disabilities and Autism**.
- **Improving market management**, including creating a central brokerage function and commissioning new frameworks for key market sectors.
- Comprehensively **reviewing all care services delivered in-house by ASC** to determine the best way of delivering these services in the future.
- Re-shaping service delivery and reviewing organisational structures through the **Mental Health transformation** programme.
- Implementing a comprehensive new **Technology Enabled Care services** offer, which will be an essential enabler to the delivery all of ASC's transformation programmes.

2021-26 MTFS Budget Summary

| | Adult Social Care | | | | | | | | |
|--|-------------------|---------|---------|--------------|--------------|--------------|--------------|--------------|--------------|
| | 2019/20 | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | 2024/25 | 2025/26 | Total |
| | Budget | Outturn | | | | | | | |
| | £m | £m | £m | £m | £m | £m | £m | £m | £m |
| Brought forward budget | 364.0 | 362.6 | 372.1 | 372.1 | 377.1 | 389.2 | 409.9 | 428.3 | |
| Pressures | | | | 16.5 | 25.0 | 24.4 | 20.1 | 20.1 | 105.9 |
| Efficiencies | | | | (11.5) | (12.9) | (3.6) | (1.8) | (1.3) | (30.9) |
| Current calculated budget requirement | | | | 377.1 | 389.2 | 409.9 | 428.3 | 447.1 | |
| Pressures vs Efficiencies | | | | 5.0 | 12.0 | 20.7 | 18.4 | 18.8 | |
| Indicative share of medium term gap | | | | | 8.7 | 6.1 | 11.6 | 6.2 | |
| Reductions still to find | | | | 5.0 | 20.8 | 26.9 | 30.0 | 25.0 | 107.6 |

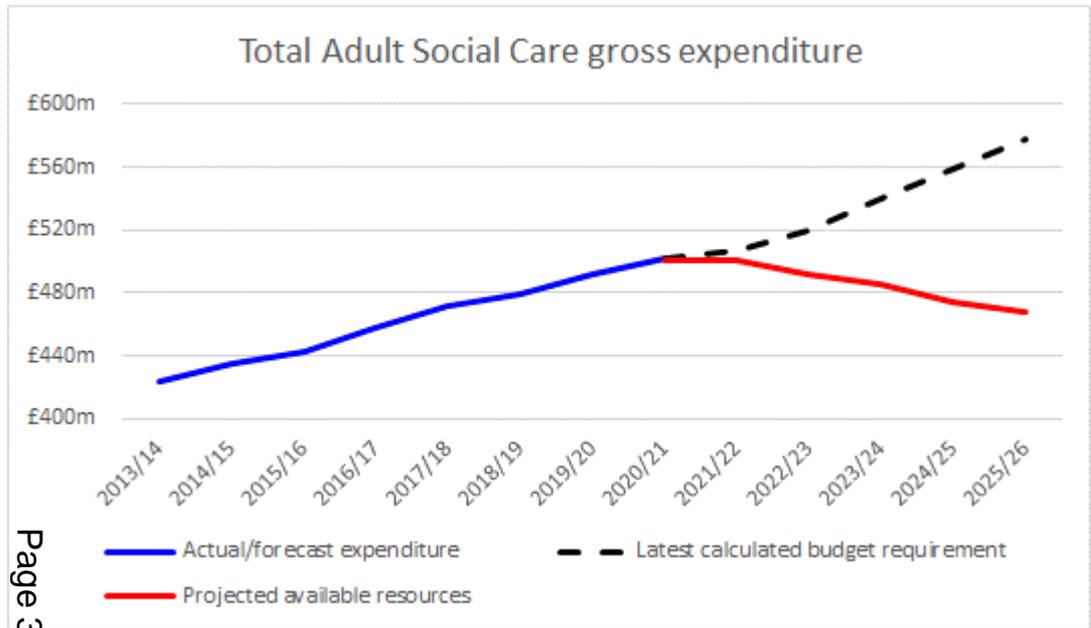
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Although significant progress has been made in developing more financially sustainable budget proposals in recent months a gap of £5m still remains in 2021/22 compared to the Council's currently estimated available funding.

This gap increases to £107.6m by 2025/26 based on current modelling of potential changes to the Council's funding in future years.

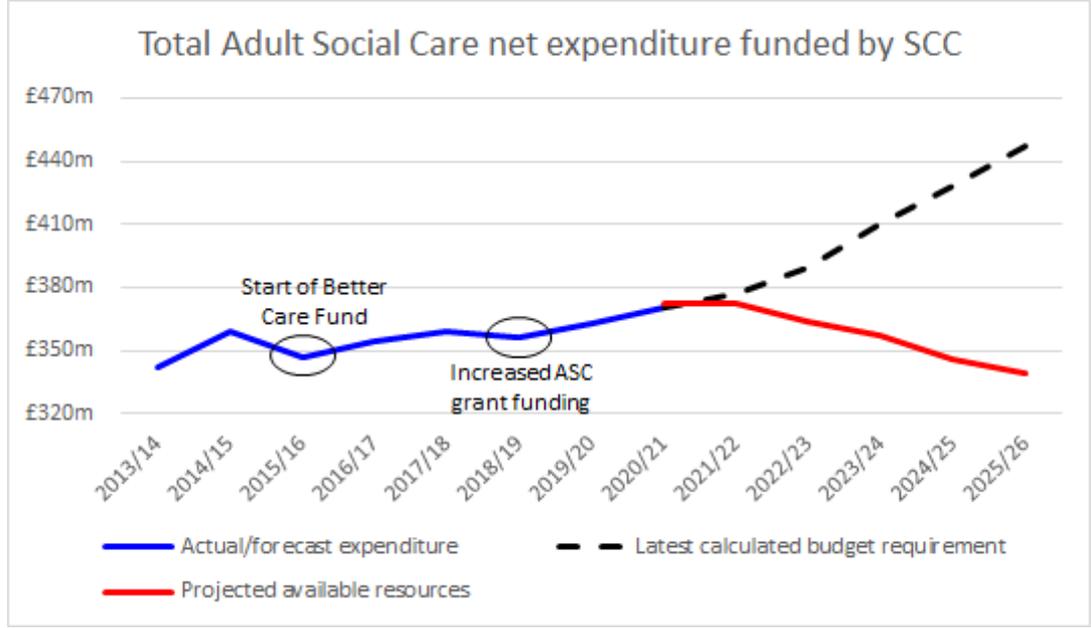
The funding available in 2021/22 for all Council services will be reviewed when the Local Government Finance Settlement for 2021/22 is published (expected in December 2020). This combined with any changes to ASC's current estimated pressures or efficiencies will determine the budget gap for 2021/22 that ASC will need to be close.

Year on year expenditure



A very significant change in ASC’s expenditure trends would be required to keep spending within currently estimated resources in the medium term.

ASC’s gross expenditure excluding income has increased fairly steadily year on year since 2013/14, although the actions taken since 2017/18 have considerably reduced the rate of increase from what had previously been forecast up to 2019/20.



Net expenditure has increased less rapidly largely due to increased external funding that has reduced the amount that SCC would otherwise have had to fund.



Summary of budgeted pressures

| Pressure | 2021/22 £m | 2021-26 £m | Comments |
|---|---------------|---------------|---|
| Care package price inflation | 11.6 | 64.0 | Reflects fee uplifts estimated to be required in order to maintain market sustainability, including the impact of the COVID-19 pandemic. |
| Care package demand | 6.6 | 32.0 | Transition from CFLC services and Older People demography are the biggest demand pressures currently budgeted. Growth in Mental Health services is also included. |
| Pay inflation | 1.7 | 9.3 | Based on SCC's Pay & Reward offer. |
| Liberty Protection Safeguards | 0 | 4.1 | Cost of meeting requirement to conduct more LPS assessments. Worst case cost could be £9m+. |
| Care package c/f position from 2020/21 | -1.3 | -1.3 | It is estimated that even when hospital discharge packages due to return to ASC are factored in, ASC will carry forward an underspend on its base budget into 2021/22 (excluding additional COVID-19 costs). The aim is to increase this if possible. |
| Increase in Better Care Fund monies for ASC | -2.0 | -2.0 | Surrey's BCF budgets will increase by 5.3% on average in 2020/21. We still await guidance from DHSC, but we estimate £2m extra funding for ASC. |
| Changes to other ASC funding streams | 0 | 0 | Assumed that base budget Better Care Fund income of £41.7m and ASC government grant funding of £11.6m will not change. |
| Total budgeted pressures | 16.5 | 106.1 | |

Planned efficiencies

| Efficiency title | 2021/22 target £m | 2021/22 RAG | 2021-26 planned £m |
|--|-------------------|-------------|--------------------|
| TRANSFORMATION PROGRAMMES | | | |
| CARE PATHWAY | | | |
| Transform care pathway | 2.5 | A | 6.4 |
| LEARNING DISABILITIES & AUTISM | | | |
| Decommission traditional day care services and reinvest in community support | 2.3 | A | 4.5 |
| Introduce new Transport policy | 0.3 | A | 0.6 |
| | 2.6 | | 5.1 |
| ACCOMMODATION WITH CARE & SUPPORT | | | |
| Strategic shift from residential care to independent living | 1.5 | A | 4.4 |
| Expand Extra Care Housing services | From 24/25 | N/A | 1.3 |
| | 1.5 | | 5.7 |
| MARKET MANAGEMENT | | | |
| Improved purchasing of Older People nursing / residential care beds | 1.1 | A | 2.2 |
| Improved purchasing of Home Based Care packages | 0.4 | A | 3.3 |
| | 1.4 | | 5.5 |

Planned efficiencies continued

| Efficiency title | 2021/22 target £m | 2021/22 RAG | 2021-26 planned £m |
|--|-------------------|-------------|--------------------|
| MENTAL HEALTH | | | |
| MH Transformation programme | 0.4 | R | 0.4 |
| REVIEW OF IN-HOUSE SERVICES | | | |
| Comprehensive review of in-house operated ASC services | 0.0 | N/A | 4.9 |
| ENABLING YOU WITH TECHNOLOGY | | | |
| Technology Enabled Care | Key enabler | A | Key enabler |
| TOTAL TRANSFORMATION EFFICIENCIES | 8.3 | | 28.0 |
| NOT PART OF TRANSFORMATION PROGRAMMES | | | |
| Resolution of Continuing Health Care disputes | 2.7 | A | 2.7 |
| Develop new strategy for Physical & Sensory Disabilities | 0.5 | R | 0.5 |
| | 3.2 | | 3.2 |
| TOTAL ADULT SOCIAL CARE | 11.5 | | 31.2 |

Efficiencies mapped to client groups

| Efficiency Title | 2021/22 target £m | Efficiencies related to each client group | | | | |
|--|----------------------|---|---------------------------------|--------------------------------|---------------|-------------|
| | | Older People | Physical & Sensory Disabilities | Learning Disabilities & Autism | Mental Health | Total |
| | | £m | £m | £m | £m | £m |
| Transform care pathway | 2.5 | 2.1 | 0.1 | 0.3 | 0.0 | 2.5 |
| Decommission traditional day care services and reinvest in community support | 2.3 | 0.1 | 0.1 | 2.1 | | 2.3 |
| Introduce new Transport policy | 0.3 | 0.0 | 0.0 | 0.3 | | 0.3 |
| Strategic shift from residential care to independent living | 1.5 | | | 1.5 | | 1.5 |
| Improved purchasing of Older People nursing / residential care beds | 1.1 | 1.1 | | | | 1.1 |
| Improved purchasing of Home Based Care packages | 0.4 | 0.4 | | | | 0.4 |
| MH Transformation programme | 0.4 | | | | 0.4 | 0.4 |
| Resolution of Continuing Health Care disputes | 2.7 | 0.3 | 0.1 | 2.3 | | 2.7 |
| Develop new strategy for Physical & Sensory Disabilities | 0.5 | | 0.5 | | | 0.5 |
| TOTAL ADULT SOCIAL CARE | 11.5 | 3.9 | 0.8 | 6.5 | 0.4 | 11.5 |

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The table above sets out how each efficiency is expected to impact on each client group. The efficiencies will be summarised and presented by client group in the MTFs and tracked this way for monitoring the delivery of the 2021/22 budget plan.



Draft Capital Programme

- The ASC Capital Programme totals £9.5m over 5 years, as set out below:

| Project | 2021/22 £m | 2022/23 £m | 2023/24 £m | 2024/25 £m | 2025/26 £m | TOTAL £m |
|-------------------------------------|---------------|---------------|---------------|---------------|---------------|-------------|
| Adults Capital Equipment | 1.5 | 1.5 | 1.5 | 1.5 | 1.5 | 7.5 |
| Major Adaptions | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 | 1.5 |
| In house capital improvement scheme | 0.1 | 0.1 | 0.1 | 0.1 | 0.1 | 0.5 |
| Adult Social Care Total | 1.9 | 1.9 | 1.9 | 1.9 | 1.9 | 9.5 |

- These amounts represent schemes directly delivered by ASC.
- In addition, the Directorate is working with Property to assess pipeline allocations for Extra Care Housing and Independent Living for inclusion in the Final Capital Programme

Public Health



Services provided

SCC's Public Health (PH) service improves and protects the health and wellbeing of people living and working in Surrey. It achieves this by:

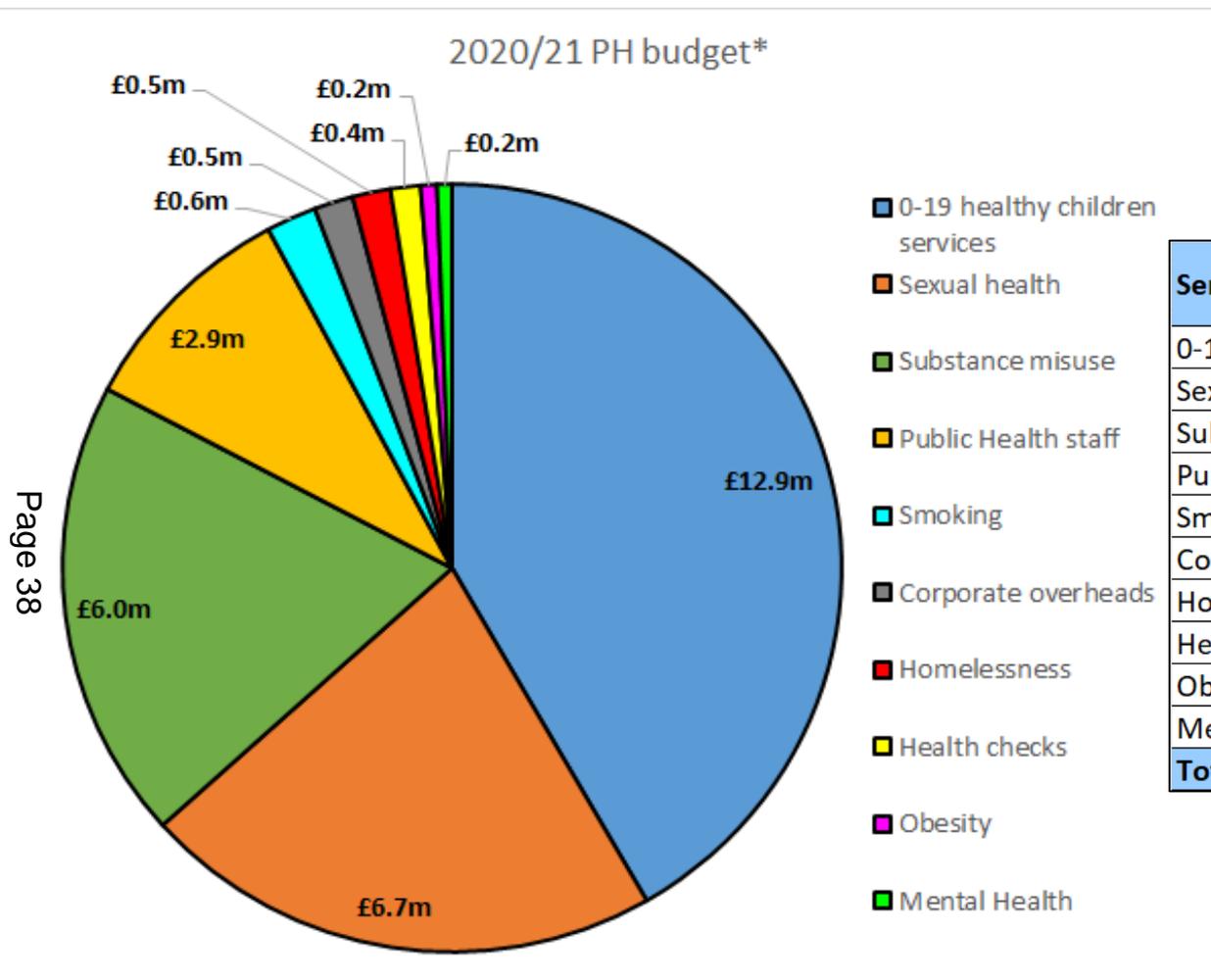
- Providing expert PH information and advice to ensure SCC's decision making is evidence based and cognisant of all relevant PH implications.
- Supporting people to make positive changes to improve their health and wellbeing throughout their life.
- Protecting Surrey residents from communicable diseases and environmental hazards.

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The PH service commissions a range of services centred on key PH priorities including:

- Healthy lifestyle services including stop smoking, weight management and mental health.
- 0-19 services including health visitors and school nurses.
- Substance misuse services relating to drugs and alcohol.
- Sexual health services including contraception and genitourinary medicine (GUM).
- NHS health checks.

How is the service budget spent?



| Service category | 2020/21 budget |
|--------------------------------|----------------|
| 0-19 healthy children services | £12.9m |
| Sexual health | £6.7m |
| Substance misuse | £6.0m |
| Public Health staff | £2.9m |
| Smoking | £0.6m |
| Corporate overheads | £0.5m |
| Homelessness | £0.5m |
| Health checks | £0.4m |
| Obesity | £0.2m |
| Mental Health | £0.2m |
| Total | £31.0m |

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* The budget shown here does not include the remaining £1.6m 2020/21 grant increase that Cabinet has agreed to allocate in full to the PH service as plans for how to invest this funding are being finalised



Response to COVID-19 Pandemic

PH's priority focus in 2020 has of course been on supporting the containment and management of the Covid-19 pandemic.

The PH service has mobilised its resources and expertise to ensure that accurate and up-to-date information about infection rates across the county along with intelligence on the wider impact of the pandemic is provided for decision makers.

The PH service has worked closely with SCC's Corporate Leadership Team (CLT) and Surrey's Local Resilience Forum (LRF) to advise on how the virus can be most effectively managed for staff, residents and the delivery of essential services.

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As part of this, SCC's PH service is leading on the deployment of the £3.4m of Test and Trace funding that Surrey has received, and has also been coordinating claims for funding under the government's tiered alert levels for Covid-19 once the new national lockdown has ended.

At the same time, the PH service continues to provide responses 7 days a week to local health protection queries and notifications of outbreaks from across the system whilst also ensuring the delivery of the majority of its core functions and commissioned services that our an integral part of the delivery of the local health and wellbeing strategy. These, it could be argued, are more important than ever, to maintain and improve people's health and wellbeing during these very challenging times.

Service strategy for 2021-26 MTFs

Since transferring to SCC from the NHS in 2013/14, Surrey's PH service has had to operate in a very challenging financial environment. There have been **three main financial challenges**:

1. **Surrey's PH funding is very low** (the second lowest per head of population in the country in 2020/21).
2. In spite of an increase in PH funding in 2020/21 from DHSC, **Surrey's PH funding has reduced by 3% (£1.2m)** since the PH service transferred from the NHS to SCC in 2013/14 due to government funding cuts in previous years.
3. In order to help SCC manage with ever more stretched financial resources **an increasing proportion of Surrey's PH grant has been used to fund PH services delivered by other parts of the Council (£5.4m currently)**, which has required Surrey's PH service to reduce expenditure on the services it commissions directly.

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In **2020/21** the Department for Health & Social Care **increased Surrey's PH grant by £2.4m**. **£0.8m** was required to cover the cost of the **Agenda for Change NHS pay award** for contracted services where this applies.

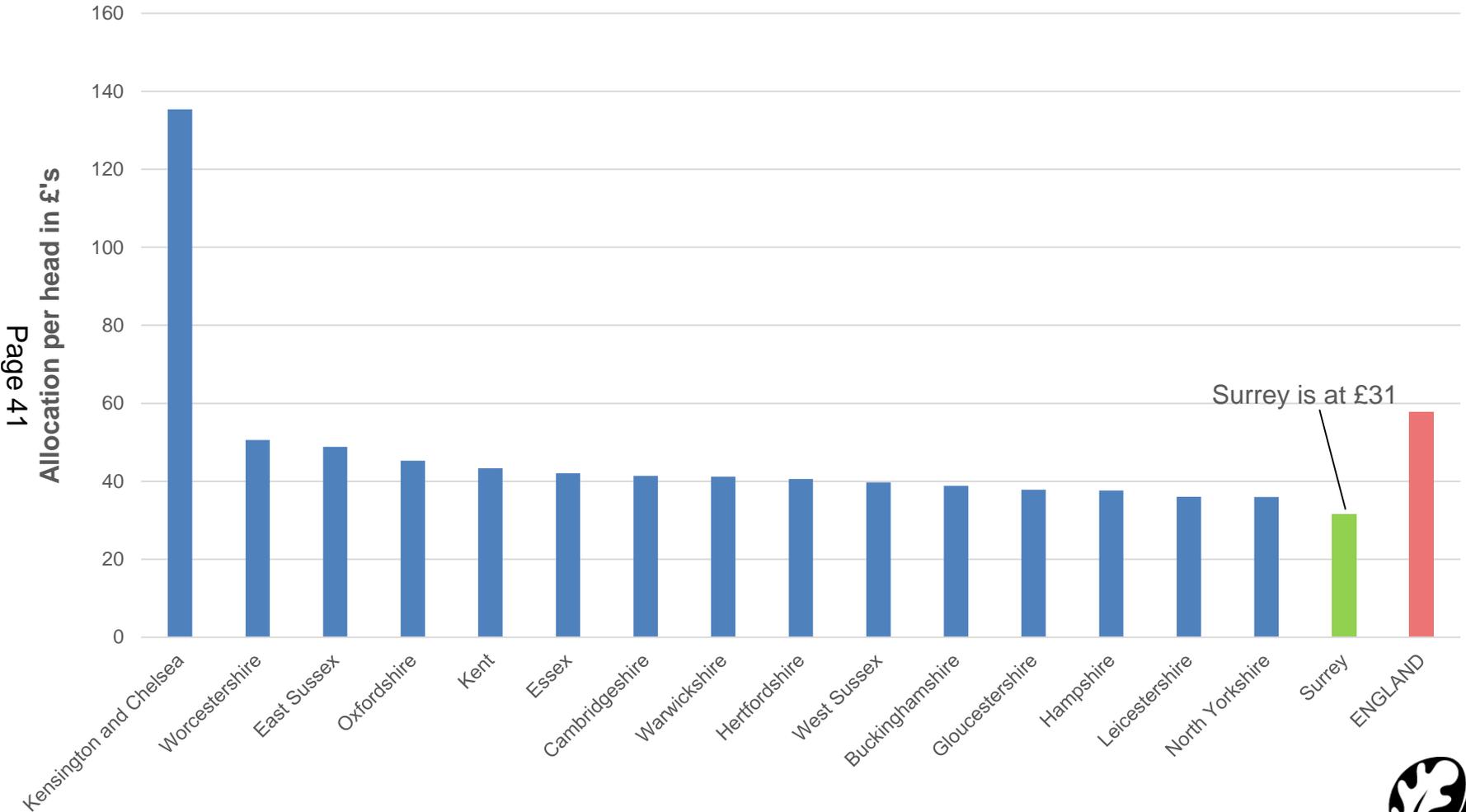
SCC's Cabinet has approved the allocation of the **remaining £1.6m in full to the PH service**. Cabinet has also approved a carry forward from 2020/21 to safeguard this increased investment for the next two years, given that under current proposals the PH grant would become unringfenced in 2022/23 as part of a new nationwide local government Fairer Funding model.

PH's 2021-26 MTFs strategy is therefore to invest the additional £1.6m that Cabinet has allocated to the service, as well as reviewing the deployment of its base budget, to ensure services are prioritised to deliver the greatest positive impact on Surrey's PH outcomes.

At the same time, medium term planning will take into account that reductions in PH expenditure may be required from 2023/24 in order to manage service delivery within SCC's available financial resources.

Comparative Public Health funding

Public Health Grant Funding 2020/ 21 per head of population

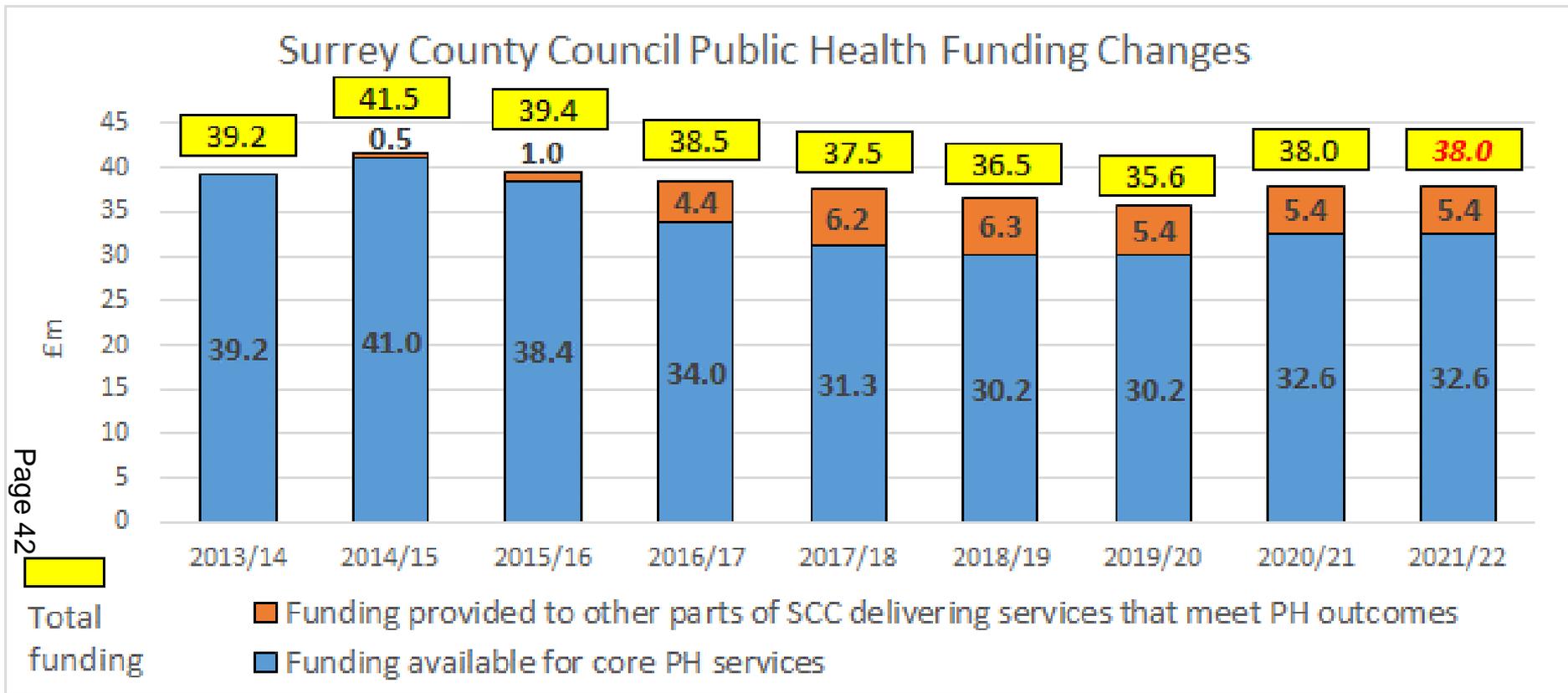


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Nearest statistical neighbours



Changes in Surrey's Public Health funding



Between 2013/14 and 2019/20 Surrey's total PH grant funding reduced by £3.6m (9%). In spite of a £2.4m grant increase in 2020/21, total funding is still £1.2m (3%) lower than 2013/14.

The amount available to fund the services that the PH service commissions directly had reduced by a larger amount (£9m, 23% up to 2019/20) due to the need to use a growing proportion of the PH grant to fund PH services delivered by other parts of the Council.

The increased grant funding in 2020/21 provides an important opportunity for additional investment in PH services to improve and protect Surrey's health and wellbeing outcomes.

The current budget planning assumption is that Surrey PH's grant will not change in 2021/22



Proposed use of increased PH grant funding

| Description | £'000s |
|--|--------------|
| Agenda for change pay award | 757 |
| Contract & pay inflation | 421 |
| Mental health initiatives (audit training, contact expansions) | 275 |
| New mental health posts | 200 |
| Community recovery programme | 200 |
| School nurses and health visitors | 160 |
| Integrated wellbeing project | 145 |
| Family safeguarding | 38 |
| Drugs related deaths counselling service | 35 |
| Other initiatives | 200 |
| TOTAL | 2,431 |

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ADULTS & HEALTH SELECT COMMITTEE

17 DECEMBER 2020

ASC COMPLAINTS APRIL - SEPTEMBER 2020

Purpose of report: To provide a detailed summary of complaint activity in Adult Social Care for the period April – September 2020.

Introduction:

1. This report details all Adult Social Care complaints activity within the April - September 2020 period. The report is provided to Select Committee on a six-monthly basis.
2. Surrey's Adult Social Care complaints are managed in accordance with the Statutory Social Care Complaints Procedure, which is governed by the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Any complaint that does not fall within these regulations will usually be considered in accordance with the Council's corporate complaints procedure.
3. When a complaint has completed the adult statutory complaints procedure and the complainant remains dissatisfied, they can take their complaint to the Local Government & Social Care Ombudsman (LGSCO) for their advice and assistance.
4. There is a statutory requirement on all local authorities to publish a report on Adult Social Care complaints. This is completed on an annual basis and published on the Council's website.

Executive Summary

5. Adult Social Care received 21% fewer complaints (99) during this reporting period than the same six-month period in 2019/20 (126).
6. During April – September 2020, Adult Social Care received 99 complaints and responded to 93 complaints. 94% of all completed complaints were responded to within the agreed timescale. 24% of the completed complaints were not upheld, 18% were upheld and a further 18% were partially upheld.
7. The most common issues raised as complaints related to the assessment process, service quality and finance including funding/care charges.
8. The main learning themes from the complaints were:
 - Better communication with service users and their families, including information provided on care provision and funding options.
 - Ensuring timely assessments and reviews.
 - Effective record keeping.
 - Improved quality of service and internal staff practice.

9. During April – September 2020, eight complaints were investigated by the Ombudsman. Six complaint investigations were completed and upheld by the Ombudsman during this period, of which three had a financial remedy.
10. Going forward, there will be a continued focus on listening to customer feedback and ensuring complaints are addressed effectively with good quality responses and to make service improvement using the learning from complaints.

Complaints

11. Complaints are a valuable source of feedback on the quality of services being provided to service users. Table 1 provides a yearly comparison of the number of complaints received within Adult Social Care.

Table 1 Number of complaints received by year

| ASC Complaints | Number received |
|----------------|-----------------|
| 2019/20 | 255 |
| 2018/19 | 251 |
| 2017/18 | 221 |

12. For the April – September 2020 reporting period, Surrey Adult Social Care received 99 new complaints and responded to 93 complaints. Table 2 details the number of complaints received and responded to within each service area.

Table 2 Complaints by service team Apr – Sept 2020

| Area | Received | Responded | Responses Within Deadline | Responses Within Deadline (%) |
|---------------------------|-----------|-----------|---------------------------|-------------------------------|
| East Surrey | 9 | 7 | 7 | 100% |
| Guildford & Waverley | 7 | 10 | 10 | 100% |
| Mid Surrey | 18 | 19 | 19 | 100% |
| North West Surrey | 12 | 9 | 9 | 100% |
| Surrey Heath | 3 | 3 | 3 | 100% |
| PLD, Autism & Transitions | 22** | 18 | 15 | 83% |
| Mental Health | 9 | 9 | 8 | 89% |
| Countywide* | 14 | 14 | 12 | 86% |
| Service Delivery | 5 | 4 | 4 | 100% |
| Total | 99 | 93 | 87 | 94% |

* Countywide complaints related to Financial Assessment Income Collection, Continuing HealthCare, Emergency Duty and Multi-Agency Safeguarding Hub

**Breakdown included in Appendix 1

Table 3 Mode of contact when making a complaint

| How received | Q1 | Q2 |
|--------------|-----------|-----------|
| Email | 19 | 22 |
| Letter | 2 | 8 |
| Telephone | 12 | 15 |
| Web | 7 | 14 |
| Total | 40 | 59 |

Table 4 Complaints received by month

| Year Received (2020/21) | | | | | | | |
|---------------------------|----------------|----------|-----------|----------------|-----------|-----------|-----------|
| Month | Apr | May | Jun | Jul | Aug | Sep | Total |
| East Surrey | 1 | - | 3 | 1 | 1 | 3 | 9 |
| Guildford & Waverley | 1 | 2 | - | 1 | 2 | 1 | 7 |
| Mid Surrey | 4 | - | 2 | 7 | 1 | 4 | 18 |
| North West Surrey | 2 | 1 | 1 | - | 3 | 5 | 12 |
| Surrey Heath | 2 | - | - | 1 | - | - | 3 |
| PLD, Autism & Transitions | 3 | 2 | 5 | 3 | 4 | 5 | 22 |
| Mental Health | 2 | 2 | - | 1 | 1 | 3 | 9 |
| Countywide | - | 2 | 2 | 1 | 7 | 2 | 14 |
| Service Delivery | 1 | - | 2 | - | - | 2 | 5 |
| Total | 16 | 9 | 15 | 15 | 19 | 25 | 99 |
| | Q1 = 40 | | | Q2 = 59 | | | |

13. During the reporting period, as detailed in Table 4, the number of complaints received remained fairly static until September. There was no sharp influx of complaints during this period when teams were dealing with the challenges of the Covid pandemic.
14. Table 5 illustrates the nature of complaints received. Complaints about the assessment process concerned delays and information provided. Service quality complaints related to the quality of service within teams as well as care quality. Finance and funding complaints involved the financial assessment process, disputes with care charges and provision of information related to care funding/charges.
15. Please refer to Appendix 1 for a brief summary of the issues raised in the 22 complaints received by the PLD Autism and Transition teams.

Table 5 Nature of complaints received Apr – Sept 2020

| Nature of Complaint | East Surrey | Guildford & Waverley | Mid Surrey | North West Surrey | Surrey Heath | PLD, Autism & Transitions | Mental Health | Countywide | Service Delivery | Total |
|------------------------------|-------------|----------------------|------------|-------------------|--------------|---------------------------|---------------|------------|------------------|-----------|
| Assessment process | 2 | 1 | 3 | | | 5 | 4 | 2 | 2 | 19 |
| Service quality | | 2 | 4 | 4 | 1 | 2 | 2 | | 2 | 17 |
| Financial/Funding | | 1 | 2 | | 1 | 3 | | 7 | | 14 |
| Safeguarding | 5 | | 2 | 1 | | 2 | | | 1 | 11 |
| Service provision | | 1 | 1 | 3 | | 3 | 1 | 2 | | 11 |
| Staff | 1 | 1 | 3 | | 1 | 4 | | 1 | | 11 |
| Communication | | | 3 | 3 | | 1 | 1 | 1 | | 9 |
| Decision making | 1 | 1 | | 1 | | 2 | 1 | | | 6 |
| IG or Data protection breach | | | | | | | | 1 | | 1 |
| Total | 9 | 7 | 18 | 12 | 3 | 22 | 9 | 14 | 5 | 99 |

Response Times

16. There is no statutory timescale for responding to a complaint within the Adult statutory complaint procedure, although a complaint should be fully completed within six months. This enables a more customer centred and flexible approach to addressing complaints, including those that are complex or require multi-agency involvement and working closely with external agencies such as health. The focus is on establishing a consistent approach to getting it right and putting things right.
17. The Adult Social Care complaint procedure operates as a single stage for processing complaint. This allows for more flexibility to respond to a complaint and timescales can be extended as there is no escalation stage. However, the complainant is always kept informed of the progress of their complaint.
18. Adult Social Care has a performance target of 90% for responding to complaints on time. The complaints are often complex and whilst the Council has adopted a timescale of 20 working days as an initial response timeframe, this can be extended depending on the circumstances of the issues being investigated. The response times are detailed in Table 2 and shows that 93 complaints received a response during this reporting period and 87 (94%) complaints were responded to within the deadline date.

Complaint Outcomes

19. Table 6 details the outcomes from complaints and shows that 24% of the complaints were not upheld, although 36% of the complaints were either upheld in full or partially upheld (18% upheld and 18% partially upheld complaints).

20. The 'still pending' complaints relate to those that are still in the process of investigation.
21. Sixteen complaints were resolved outside the complaint process where the investigating manager was able to discuss and resolve the complaint without proceeding with the full investigation. Under the legislation, services are encouraged to address and resolve complaints in whatever way is helpful.

Table 6 Outcomes for Complaints Apr - Sept 2020

| Outcome of Complaint | East Surrey | Guildford & Waverley | Mid Surrey | North West Surrey | Surrey Heath | PLD, Autism & Transitions | Mental Health | Countywide | Service Delivery | Total | Total (%) |
|--------------------------|-------------|----------------------|------------|-------------------|--------------|---------------------------|---------------|------------|------------------|-----------|-------------|
| Not upheld | 2 | 3 | 1 | 2 | 2 | 9 | 1 | 3 | | 23 | 24% |
| Still Pending | 2 | | 2 | 4 | | 4 | 2 | 2 | 2 | 18 | 18% |
| Upheld | | 2 | 3 | 1 | | 5 | 3 | 2 | 2 | 18 | 18% |
| Partially Upheld | 1 | 2 | 6 | 2 | 1 | 2 | 2 | 1 | 1 | 18 | 18% |
| Resolved Outside Process | 3 | | 6 | 2 | | | 1 | 4 | | 16 | 16% |
| Complaint Withdrawn | 1 | | | 1 | | | | 2 | | 4 | 4% |
| Paused | | | | | | 2 | | | | 2 | 2% |
| Total | 9 | 7 | 18 | 12 | 3 | 22 | 9 | 14 | 5 | 99 | 100% |

Ombudsman Complaints

22. Where a complainant remains dissatisfied, following completion of their complaint under the Adult complaint process they can refer their complaint to the Ombudsman, and it may result in an investigation.
23. Table 7 shows the number of Ombudsman investigations completed for the first two quarterly periods of 2020/21.

Table 7 Ombudsman Investigations completed (Apr – Sept 2020)

| LGSCO investigations | Q1 | Q2 | Total | Total (%) |
|--------------------------------|----------|----------|-----------|-------------|
| Completed – Not Upheld | - | - | 0 | 0% |
| Completed – Upheld | 3 | 3 | 6 | 60% |
| Closed after initial enquiries | 1 | 2 | 3 | 30% |
| Closed - No Further Action | 1 | - | 1 | 10% |
| Total | 5 | 5 | 10 | 100% |

24. As detailed in Table 7, six completed complaint investigations were upheld by the Ombudsman. Nationally, the Ombudsman is finding fault more often across Council services for complaints and the percentage of all adult social care complaints upheld was 69% in 2019/20. The Ombudsman upheld 67% of Surrey Adult Social Care complaints in 2019/20. The six complaints that were upheld in Q1 and Q2 are summarised below:
- Not reviewing and revising the care and support plan in line with s.27 Care Act 2014
 - Not informing the individual of an increase in the care home charges.
 - Delay in carrying out a needs assessment and producing a support plan, delay in providing an appropriate personal budget and direct payments and delay in making a referral to an Occupational Therapist.
 - Quality of care and service (provider related).
 - Failing to inform the individual of the amount of their personal budget, resulting in the person not knowing the potential cost of their weekly care.
 - Ensuring individual had full time care when relative was unable to provide the care due to illness.
25. The Ombudsman will recommend a remedy where there has been fault resulting in an injustice to the service user. A financial remedy is recommended only when the complaint has resulted in a quantifiable financial loss as a reimbursement and/or to acknowledge identified distress, time and trouble.
26. The Ombudsman's focus is not on the quantity of complaints received by an organisation but the quality of the response and willingness to put things right. This aligns with the direction being taken by Adult Social Care, to ensure that complaint learning is implemented in a timely manner and as a quality service improvement.
27. Table 8 presents the yearly summary of Ombudsman complaints with a financial remedy.
28. Table 9 provides a breakdown of the financial remedies arising from Ombudsman investigations during this reporting period and includes reimbursement payments.

Table 8 Ombudsman Complaints resulting in a financial remedy by year

| | 2017/18 | 2018/19 | 2019/20 | 2020/21* |
|--|---------|---------|---------|----------|
| Financial remedies as recommended by the LGSCO | £7,775 | £1,200 | £6,695 | £12,598 |

*completed investigations from April to September 2021

Table 9 Financial Remedies arising from Ombudsman investigations (Apr – Sept 2020)

| | |
|--|----------------|
| G&W Area Waverley Locality Team: Q1 (Upheld: Maladministration & Injustice) | |
| To complainant in recognition of the avoidable distress caused, and time and trouble pursuing the complaint with the provider and Council. | £300 |
| Total | £300 |
| PLD Autism Team: Q2 (Upheld: Maladministration & Injustice) | |
| Refund the cost of unpaid support that client self-funded | £945 |
| For the frustration, time and trouble | £250 |
| Reimburse the daughter, the payments owed to her as a result of the fault. | £9,603 |
| Total | £10,798 |
| Countywide (FAIC) Team: Q2 (Upheld: Maladministration & Injustice) | |
| In recognition of the inconvenience and distress caused | £300 |
| For the lack of carer's or disabled person's assessment. | £200 |
| Towards their legal costs incurred in 2017. | £1,000 |
| Total | £1,500 |

Total for (2020 /21) £12,598

Learning from Complaints

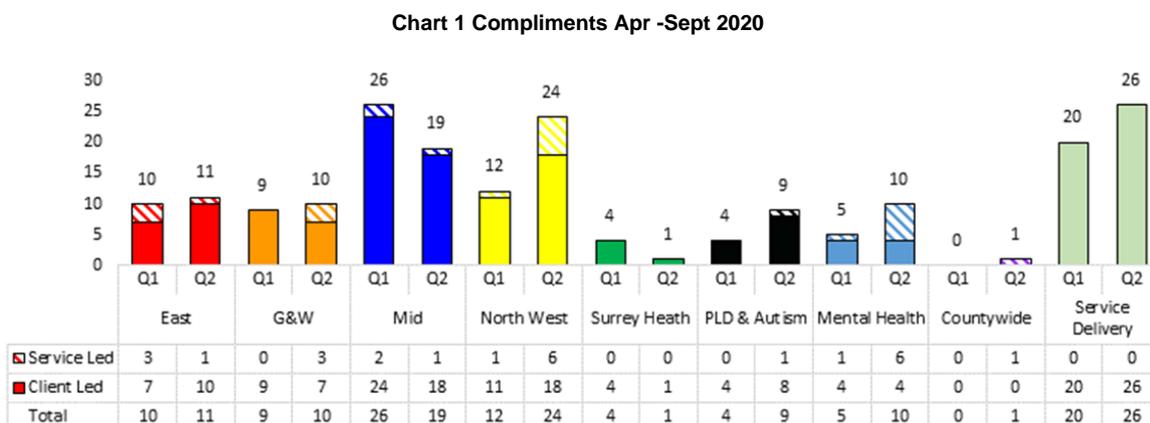
29. Adult Social Care continues to focus on putting things right with complaints and ensuring services are improved. The service teams recognise that complaints provide a key source of information for improving service performance.
30. Customer Relations works closely with the service teams to ensure that learning from complaints is successfully implemented. This includes quarterly meetings with commissioning and quality assurance to review complaints to providers regarding commissioned services. Learning from complaints will continue to be a key objective going forward and is supported by the new corporate complaints management system which enables us to monitor complaints learning.
31. The Adult Leadership Team receives a detailed summary of complaints where learning was identified and implemented, as an informative measure of what has improved as a result of complaints.
32. The following are the main learning themes identified from upheld complaints:
 - Better communication with service users and their families, including information provided on care provision and funding options
 - Ensuring timely assessments and reviews
 - Effective record keeping
 - Improved quality of service and internal staff practice
33. Below are examples of complaints upheld and the actions taken to put things right.
 - Complaint regarding the quality of support that the individual received in the time leading up to their sudden death, resulted in the process of allocating

work within the team being revised to make it more efficient and to minimise delays occurring.

- Complaint regarding the poor quality of communication, errors and inadequate record keeping. Discussions were held between the managers regarding the need for accurate and timely communication to families. There was a review of the process for follow up actions in safeguarding cases in the hospital team to ensure regular meetings with the NHS Safeguarding lead take place and timely follow up on the request for reports and information from Health.
- The next of kin was not informed when the service user's case was transferred to a different team. The complaint resulted in more robust checking system being put in place prior to cases being transferred between teams and ensuring a process for sending the appropriate correspondence to the relevant next of kin, to keep them informed.
- Complainant was not informed of the care costs before the care package was arranged. Reminder was sent to all Adult Social Care staff of the need to share personal budgets as soon as they have completed the care and support assessment.

Compliments

34. All feedback regarding Council services is useful for evaluating service improvement, including compliments which provide a good insight when things are working well and in relation to staff.
35. Chart 1 details the number of compliments recorded as received by each service area. Adult Social Care generally receive good feedback when services are well received. Staff are encouraged to report and share their compliments within their teams.



36. A total of 201 compliments were recorded for this reporting period.

What they said...

- Thank you for all your hard work during my mother's spell in hospital. I was regularly kept up to date throughout, at a time when information was hard to come by due to the Coronavirus. J was supportive and professional and made what was a difficult situation easier by being clear and always at hand. She didn't speak about 'a patient', she spoke about my mother, and so I felt that she cared and understood what I was going through **Ashford & St Peters Hospital**
- Thank you for the beautiful arrangement of flowers that Meadowside sent to my mother's funeral. It was a really thoughtful gesture from you and the team. **Meadowside Care Home**
- Your team at Dorking, including the MH team are amazing – always return calls if they can't answer straight away – such an example for other LA to follow. Teams have struggled to get through at all to other LA. Please would you pass this onto your team with thanks from us, at this time it's appreciated more than ever. **Mole Valley Locality and Mental Health services**
- Thank you on behalf of my Mum. Getting Mum out of hospital and looking after her at home would not have been possible without the kindness and professionalism of the team. With the virus threatening us all, they were cheerful and caring which made Mum feel safe. She came home unable to walk, depressed and unable to hold a cup. With the help of your team she is now walking with support, eating well, washing, dressing and going upstairs to her own bed. **Epsom & Ewell Reablement Team**

Conclusions:

37. Adult Social Care received 21% fewer complaints (99) during this reporting period than for the same six-month period in 2019/20, which recorded 126 complaints.
38. It is noted that 94% of all completed complaints were responded on time, which is an improvement on the previous report (86%). Adult Social Care has a performance target of 90% for responding to complaints on time. Complaints regarding Adult Social Care can often be complex by nature and require more time for investigation. The statutory complaints procedure allows for flexibility and wider scope to address a complaint within the single stage process, although it should be completed in full within six months.
39. The Customer Relations Team continues to work closely with the service teams to ensure complaints are handled well and the learning from complaints are successfully implemented with the new corporate management complaint system in place, for recording and tracking complaints.

Recommendations:

40. The report to be noted by all members of the Select Committee.

Next steps:

41. Going forward, the focus within Adult Social Care will continue to be on putting things right and ensuring complainants receive high quality, timely responses as well as the implementation of learning from complaints to help shape future service improvement.
42. The Adult Leadership Team will continue receiving enhanced reporting data, as an informative measure of what has improved as a result of complaints.
43. Training for managers and complaints awareness sessions for staff will continue to run virtually through the year to ensure best practice on handling complaints.

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Sources/background papers: None

Appendix 1

Breakdown of Complaint issues received – PLD Autism & Transition

| No | Team | Nature of complaint |
|----|------------|---|
| 1 | PLD Autism | Finance/funding related and the quality of communication with the service |
| 2 | PLD Autism | Dissatisfied with the assessment process |
| 3 | PLD Autism | Unhappy with the care provision |
| 4 | PLD Autism | Lack of support by the care provider for the service user when being sent to hospital |
| 5 | PLD Autism | Poor communication and lack of contact |
| 6 | PLD Autism | Reduction in support hours |
| 7 | PLD Autism | Feeling intimidated by staff/service |
| 8 | PLD Autism | Unhappy with the support plan and Direct Payments |
| 9 | PLD Autism | Unhappy with the care setting |
| 10 | PLD Autism | Lack of care and support |
| 11 | PLD Autism | Alleged breach of duty under s.18 Care Act to provide services under care plan |
| 12 | PLD Autism | Quality of support provision in place |
| 13 | PLD Autism | Concerns raised about the care provider |
| 14 | Transition | Direct payments and not being able to fund for exercise |
| 15 | Transition | Decision to transfer service user's case from the team to the locality team |
| 16 | Transition | Unhappy with the assessment review |
| 17 | Transition | Decision to refuse family member being employed as a PA for the service user |
| 18 | Transition | Unhappy with the Carers' Assessment |
| 19 | Transition | Decision to refuse funding for a live-in carer |
| 20 | Transition | Decision regarding Direct Payment reclaim |
| 21 | Transition | Unhappy with the level of support from the social worker |
| 22 | Transition | The quality of support from the social worker |

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What are we hearing about Adult Social Care?

November 2020

Prepared for Adults and Health Select Committee December 2020

1. One of the statutory duties of Healthwatch Surrey is to listen to the views of local people about their health and social care and to share these views with the organisations who make decisions about local services.

How do we listen to the views of local people?

2. Healthwatch Surrey receives feedback about Adult Social Care via two routes: - through agenda-free engagement, and targeted project work:
 - a) We gather Surrey residents' health and social care experiences via **agenda-free engagement**. Pre-pandemic, this would have been through our engagement team (staff and volunteers) visiting GP surgeries, hospitals and holding events in shopping centres for example. During the pandemic we have pivoted our engagement activities, for example we have joined virtual engagement events and sent out bespoke flyers. We also gather insight by people pro-actively sharing their experiences with us, via our partnerships with Local Citizens Advice services, our telephone Helpdesk, our website and by post. We also hold the Independent Health Complaints Advocacy contract. We mainly hear about NHS services through these routes; social care only accounts for 4 % of the experiences that we hear in this way. As we do not hold the Advocacy contract for social care users, we do not have that route for gathering intelligence.
 - b) Because most of what we hear through our agenda-free routes is related to healthcare, we undertake **specific targeted project work** to help us hear more about Adult Social Care. As the number of older people living in care homes is set to rise, Healthwatch Surrey has made it a priority to amplify the voice of older people in care homes. We believe that care home residents are not very likely to come to us to give feedback, so we need to go to them. If we do hear concerning feedback (through our normal channels) about a care home, we will always talk to CQC about whether a visit would be beneficial. We have statutory powers to conduct Enter and View visits. However, due to the pandemic, we are currently unable to use Enter and View powers to go

Adult Social Care Complaints Healthwatch Surrey Report

into care homes and speak with residents and families about their experience of care. We have challenged our system partners about how they are ensuring that resident and family voice is sought and remains at the centre of decision-making. We continue to try to find ways to reach care home residents (e.g. via remote engagement).

How do we share local views with decision-makers?

3. Healthwatch Surrey have quarterly meetings with the Adult Social Care team where we share what we have heard from local people. This feedback is in the main not comprised of “formal complaints”, but rather issues which service users have chosen to share with Healthwatch, as a safe place to raise their concerns. Where appropriate, we always signpost people to formal complaints processes. However, much of the insight that is shared with us is sub-complaint level. People will often share their experience in the hope that the learnings will help improve services for others; or they want someone to listen to them; or they want to know if there’s anything more they can do to help a loved one.

Why does feedback matter?

4. It is very seldom that these ‘grumbles’ turn into a formal complaint, but we believe this is a vital part of the feedback jigsaw. We know that many people are unwilling to complain; Healthwatch England research in 2014 (*Suffering in Silence*) showed that fewer than half of those who experience poor care actually report it.
https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/complaints-summary_0.pdf
5. The routine gripes of dissatisfied patients/service users are what Sir Robert Francis (now Chair of Healthwatch England) called “the early warning signs that something requires correction”. It was the failure to take patient feedback seriously that led, at the Mid Staffordshire NHS Foundation Trust, to what Francis described as the “appalling suffering of many patients” (*Public Inquiry into the Mid Staffordshire NHS Foundation Trust*).
6. We believe that sharing the insight local people report to us with Adult Social Care commissioners is a key component of any early warning system so that issues can be nipped in the bud. Collating and taking the learnings from this insight about services across social care is very valuable. Some insight is held by Healthwatch Surrey, some by third sector partners such as Age UK, Action for Carers and Surrey Coalition. Some is held by providers, who are very often the first port of call for feedback and potential complaints. A key challenge for a system which wants to improve is to actively encourage, listen to and act on this feedback.

7. With this in mind, we monitor our database on a weekly basis, and if we see any concerning cases, these are escalated to providers and commissioners. We see our relationship with Adult Social Care as being a critical friend, for example we have highlighted the need for complaints and feedback mechanisms to be obvious in printed literature.
8. The Healthwatch England report in 2019 “Creating a Learning Culture in Social Care” reviewed local authority complaints reports from across England. Within this, Healthwatch England highlighted that in most complaints reports that they reviewed, the emphasis was on the number of complaints received in a year and the timeline within which they were reviewed. Having more complaints than the previous year was often seen as a ‘worse performance’. *“As Healthwatch has emphasised previously, having more complaints can be an indication of a more open culture around feedback and a negative view of complaints is not helpful for complaints managers or service users”*. The Healthwatch England report also commented that while many of the LA complaints reports referenced learning from complaints, only a handful referenced the **actual learning outcomes**. We welcome Surrey’s focus on putting things right with complaints and sharing learning outcomes.
9. The Healthwatch England report can be found here:
https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20190822%20Creating%20a%20learning%20culture%20in%20social%20care_0.pdf

Key Findings from our project work

10. In recent years, our specific targeted project work has looked into areas such as Care Home residents’ mealtimes, Care Home residents’ advance care plans, and more recently the voice of domiciliary care users.

Mealtimes in care homes

11. We used our Enter and View powers to conduct research into care home residents’ mealtimes. In this research, residents and their relatives told us that care home staff are often under pressure and this seemed to lead residents to moderate their requests and expectations. Residents were often seated in the dining room for some time before meal services began; sometimes without a drink, and always without anything to occupy their time.
12. Residents gave mixed responses about the availability of choice. Menus, which enable choice, often had small writing unsuitable for anyone with poor eyesight. Relatives and members of staff pointed out the importance of having visual prompts to enable residents to choose. Many initiatives were found which demonstrated the commitment of care homes in seeking to involve

residents, make mealtimes enjoyable and improve wellbeing e.g. residents arranged flowers for the tables.

13. The report can be found here:

https://www.healthwatchsurrey.co.uk/wp-content/uploads/2017/06/HWSy_What-I-want-within-reason_FINAL_no-bleed.pdf

Experience of advance care planning in care homes

14. More recently, we asked Care Home residents to share their experiences of advance care planning, in line with Surrey's Health and Wellbeing Board strategy to "help people die well".

15. Here we heard that people who had put advance care plans in place - whether for themselves or for a loved one - were all happy that they had done so.

16. We heard about the barriers in creating an advance care plan, and furthermore we heard that the creation of an advance care plan is triggered by a medical event, or by healthcare professionals/care staff.

17. The full report can be found here: <https://www.healthwatchsurrey.co.uk/wp-content/uploads/2020/01/ACP-Care-Homes-Report-November-2019.pdf>

Hearing from users of domiciliary care

18. As well as hearing from care home residents, we also seek out care at home users. We conducted qualitative research in 2019 (*"Can you hear me? Amplifying the voice of people receiving care at home"*).

19. This was a vital piece of research which helped us understand the sub-complaint concerns which service users have, and the challenges they face when they are raised.

20. We found that most domiciliary care users who we talked to did feel that they are listened to; there is a well-developed listening landscape, and many felt that when they have expressed their needs, this has resulted in improvements in their care.

21. Care workers provide a powerful conduit for the system to understand what users want and need: intimate, frequent, repeated contact with care users means they are uniquely well placed to understand what their clients want and need, and can feed this information back to their agency managers. Some

agencies take full advantage of their care workers' insight into their clients. Agency staff are well motivated to listen to care users and respond to their needs: the emotional desire to do a good job is partnered with a business need to deliver good service and a requirement to conform with regulations. Surrey County Council require their commissioned care agencies to report regularly on measures intended to reflect whether agencies are listening effectively to people using their services.

22. However, and importantly, there are some domiciliary care users who are less willing or able to express their needs:

- a) People who are not able to engage with the system, do not have an emotionally engaged advocate (parent, child, spouse) to engage on their behalf, or who don't know where to get independent advocacy support from.
- b) Clients who have reason to be scared of losing their care (e.g. special needs, scarce resources) which they and their families rely on. This finding is reinforced by recent feedback from Surrey Coalition: ...

*Our main concern is the very real fear that people have of raising complaints. We have had numerous examples of people sharing their fears that care will be cut, or that they will be 'punished' in another way if they complain about their care or about their package or adult social care more generally. This was really highlighted in a recent focus group we ran to support ASC commissioning (of home-based care) where members were reduced to tears describing their fears over raising a complaint. **Surrey Coalition of Disabled People November 2020***

23. Age UK Surrey have also reported that clients often feel demeaned and dismissed as being confused or too 'old' to know what they are talking about, they describe themselves as being patronised.

Age UK Surrey tell us that people are confused as to who they should complain to, the care provider or ASC. When they do complain, the agency or ASC blame the other and refer them back. They feel that no one seems willing to take responsibility for looking into complaints. This is illustrated by the following feedback from Surrey Coalition:

*An older person contacted us because her care was being delivered in a way which meant she was often hungry (because visits were being conducted in a very short time period, leaving the rest of the day/night with no support to eat). In that specific case, the person had no knowledge of who the right person was to contact to make a complaint and what the process is and what protections there are for her in this process. **Surrey Coalition of Disabled People November 2020***

We raised a range of additional concerns:

24. Care workers do not always feel it is their responsibility to feed informal information back to their agency about the care their users receive. Few would consider raising a safeguarding alert without going through their agency management, or even know how to do this.
25. Some agencies' systems for capturing verbal client and care worker feedback are very informal and can be vulnerable to error and oversight.
26. Some agencies do not include care worker feedback or insight when reassessing or reviewing care plans for their clients.
27. Some care folders do not contain an accessible complaints procedure; some contain no information on safeguarding for either care user or care worker; some contain out of date information.
28. While Surrey County Council does include Engagement measures in its care agency Key Performance Indicators these do not explicitly cover quality of listening. The data generated in these KPIs around Complaints is subjective and may not be comparable across agencies.
29. The full report can be found here: <https://www.healthwatchesurrey.co.uk/wp-content/uploads/2019/09/Care-at-home-report-web.pdf>

Our recommendations

30. We recommended that commissioners should identify service users who cannot advocate for themselves, and have no emotionally involved advocate early in the care journey and be prepared to offer them additional support. Commissioners should enable access to funded advocacy and identify and support an organisation that could be tasked to represent domiciliary care service users.
31. Our recommendation to providers was that they should take the additional needs of these service users into account and provide appropriate and sensitive listening opportunities.
32. Care workers are not always confident of the value of their insight or empowered to use that insight on behalf of their clients. Not all agencies have robust systems for soliciting and recording care worker feedback or including them in care reviews. But care workers are the eyes and ears of the care system with unparalleled insight into their clients' needs: the system needs to ensure this insight is used to benefit care users. Tools and processes intended

to enable people to make their voice heard - such as care folders and recording systems within agencies - are not always robust. Commissioners and providers need to ensure these tools are fit to support the people they serve.

33. Via our Helpdesk, we have recently heard from a care at home user whose experience resonates with what we heard in our 2019 research, with the user experiencing negative repercussions after complaining:

“Client had problem with one of the carer, this went on for over three weeks. Client complained to owners but was told to talk directly to the carer in question. This she did and resulted in carer responding to client in a non-pleasant manner and she left the house. Client is unable to carry out her basic needs. She has meals delivered but needs daily attention, she cannot use her legs and is unable to bend. However, client is articulate and able to communicate and express her thoughts in an articulate way. After this incident the care company sent other helpers but they arrived unannounced and she was left with no help for a day or two”. 124655, August 2020, Telephone (Helpdesk).

Key findings from our agenda-free conversations.

34. The following are a selection of confidential case studies from the conversations Healthwatch Surrey has had with people over the last year.

Personal details have been removed to protect the anonymity of individuals.

All appropriate information and advice and signposting to provider complaints process has already been given by our partners.

35. Key areas where Healthwatch Surrey has recently heard insight which we feel is important for system learning are around care homes - visiting and isolation; rapid discharge from hospital; and the impact of the pandemic on carers.

Visiting guidance

36. Throughout the pandemic, we've heard of the detriment to physical and mental wellbeing caused by not being able to visit loved ones in care homes. As restrictions have eased people are beginning to question the fairness and implications of care home visiting policies:

37. *“In the early days of lock-down we were in agreement with our son not returning home as we thought this was a sensible approach. However since restrictions have been lifted we don't understand why he can't visit for an afternoon without being threatened with quarantining, or why we can't meet him in a public place without*

being supervised assuming that social distancing and face protection is in place.”
128029, September 2020, Waverley CAB

38. *“A lady was told that she was not allowed to visit her mother in her care home at all until November as the home was going to ‘shut down’. She is aware that the residents need protecting but she feels that she should be allowed to visit her mother outside or talk through a window (her mother has a garden room). She feels staff could enable visiting in a safe way.”* **129960, October 2020, Telephone (helpdesk)**
39. *“I don’t think NHS/policy makers understand the cognitive impact of no visits and the emotional impact on relatives.... We are on course to be severed from our partners on a semi-permanent basis...”* **126048, September 2020, Engagement Event**
40. Healthwatch Surrey comment: Care home residents have the right to autonomy and control over their private lives, they cannot be deprived of their liberty, and are entitled to make judgements on how to balance risks. But at the same time, they are not entitled to put others who do not have the same risk appetite in harm’s way. This is a dilemma for care homes and policymakers alike, but it is a problem that is likely to be with us for many months to come.

Isolation in care homes

41. We have heard about residents having to self-isolate in their rooms for two weeks at a time/ and that residents are anxious and not leaving rooms. They are therefore missing out on social interaction with other residents, they are eating alone in their rooms, with no activities.
42. *“On her return (from an outpatient hospital visit) her mother was informed that she had to completely self-isolate in her room for two weeks. The daughter thinks this was excessive and that one week would be more appropriate”.* **129960, October, Telephone (helpdesk)**
43. *“It’s been really tough. I see my [family member] she will appear at window a few times a week but it’s not the same. Before lockdown I had just settled in well and liked living here, I got to leave a lot and it was lovely. I now see hardly anyone, mainly my care worker and she is lovely. My [family member] visits now in the courtyard but we can’t hug or touch and to be honest I’d rather not see her as it hurts. I miss our private chats in my room and of course she can’t go in there now because of Covid. The communal areas are so quiet, nothing goes on. I miss interaction so much. We used to do exercises together and play chess. There was a lovely man who came into do reminiscence sessions and I miss him terribly. He was a volunteer and not allowed to visit and we don’t do these things on computers. I eat on my own most days The others are so anxious they rarely leave their room now. I have hardly any conversations or stimulation”.* **124407, August 2020, Other Engagement Event**

Rapid discharge to home

44. A recent Healthwatch England report, derived from 590 people who had been discharged from hospital during the pandemic reported that:

- 82% of respondents did not receive a follow-up visit and assessment at home and almost one in five of these reported an unmet care need.
- Some people felt their discharge was rushed, with around one in five (19%) feeling unprepared to leave hospital.
- Over a third (35%) of people were not given a contact who they could get in touch with for further advice after discharge, despite this being part of the guidance.
- Overall patients and families were very positive about healthcare staff, praising their efforts during such a difficult time.
- Around a third (30%) of people faced an issue with delayed COVID-19 test results, potentially putting family and carers at risk, or in a care home, other residents and staff.

45. https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20201026%20Peoples%20experiences%20of%20leaving%20hospital%20during%20COVID-19_0.pdf

46. We have heard similar experiences in Surrey, and we are aware that Action for Carers have also heard from carers about lack of support following discharge. We therefore believe there is a need for more evaluation of how the process is working locally.

47. *"The client is carer for her husband who has Parkinson's and dementia and she fell and broke her neck and was admitted to St. George's and her son moved to care for her husband whilst she was in hospital. The client was then discharged after major neck surgery five days later with only four days of medication and no assessment of the home situation. The hospital was aware of her caring duties and that her son did not live at home but was only staying to look after his father - he has young children of his own and needed to get back to them. There was twenty minutes warning that she was being sent home. Whilst there was a discharge note there was no wound care instructions, no request for district nursing support and no home from hospital support. The client fell within two hours of returning home. When client's son called the GP he was told that they had not received the discharge form and he scanned this across to the GP who has arranged the further medication required. The client's son has been unable to return to his family for the past two weeks because his mother is still weak and dizzy and because of her husband's dementia she is unfit to care for him". 120138 May 2020 Woking CAB*

48. *“Client contacted Local Citizen's Advice to ask about her husband's care. Her husband went into hospital start of February. He stayed there for 5 weeks. After these weeks they moved him to [hospital]. There he stayed for two weeks. In early April they discharged him from Hospital. His wife received some equipment in the afternoon and in the evening he came home. Client has the feeling that there was no guidance what to do next, no clear care plan. The hospital organised carers for her husband to help him wash and help with daily care. Her husband also needs physiotherapy and there someone did come but the client would not call that proper physio. Client got a phone call last week that they have used the six weeks care and need to move on to private support. But client does not know how to organise that and who she needs to contact. Client is looking for someone to coordinate the care her husband's needs.”*

49. *“Client has the feeling that her husband was better when he went to the hospital than when he came back. Because he is paralysed, he cannot use his legs. Last Friday [date] May he collapsed, and client needed to ask a neighbour to help her to get him up. Client is worried about her husband's condition and the level of care he needs”. 120139 May 2020 Woking CAB*

Discharge to care home during pandemic with no follow-up plan for rehabilitation

50. We have also heard about people being discharged from hospital to a care home.

51. *“The care home is comfortable, staff are largely nice and attentive, but he feels he is missing out on rehabilitation treatment (after being discharged from hospital to a care home after a stroke - due to the hospital being used for Covid patients) and is left not knowing what is going to happen in the future” 124862, August, Reigate & Banstead CAB*

52. This chimes with an example from Age UK Surrey: *“Clients are being discharged too quickly from hospital and no formal assessment is being done before they go home, resulting in re-admission to hospital”.*

Impact on Carers

53. The impact on carers of day centres and other activities being shut down has been considerable.

- a. *“I am a carer for my disabled sister, who before the lockdown was receiving social care activities 5 days a week, and respite was being organised for me (I have my own severe health issues). When lockdown was announced this activity stopped...me and my husband are exhausted and unsupported, we struggle to find activities for my sister to do and*

Adult Social Care Complaints Healthwatch Surrey Report

have no idea what support we can get.” 122103 June 2020 Woking CAB

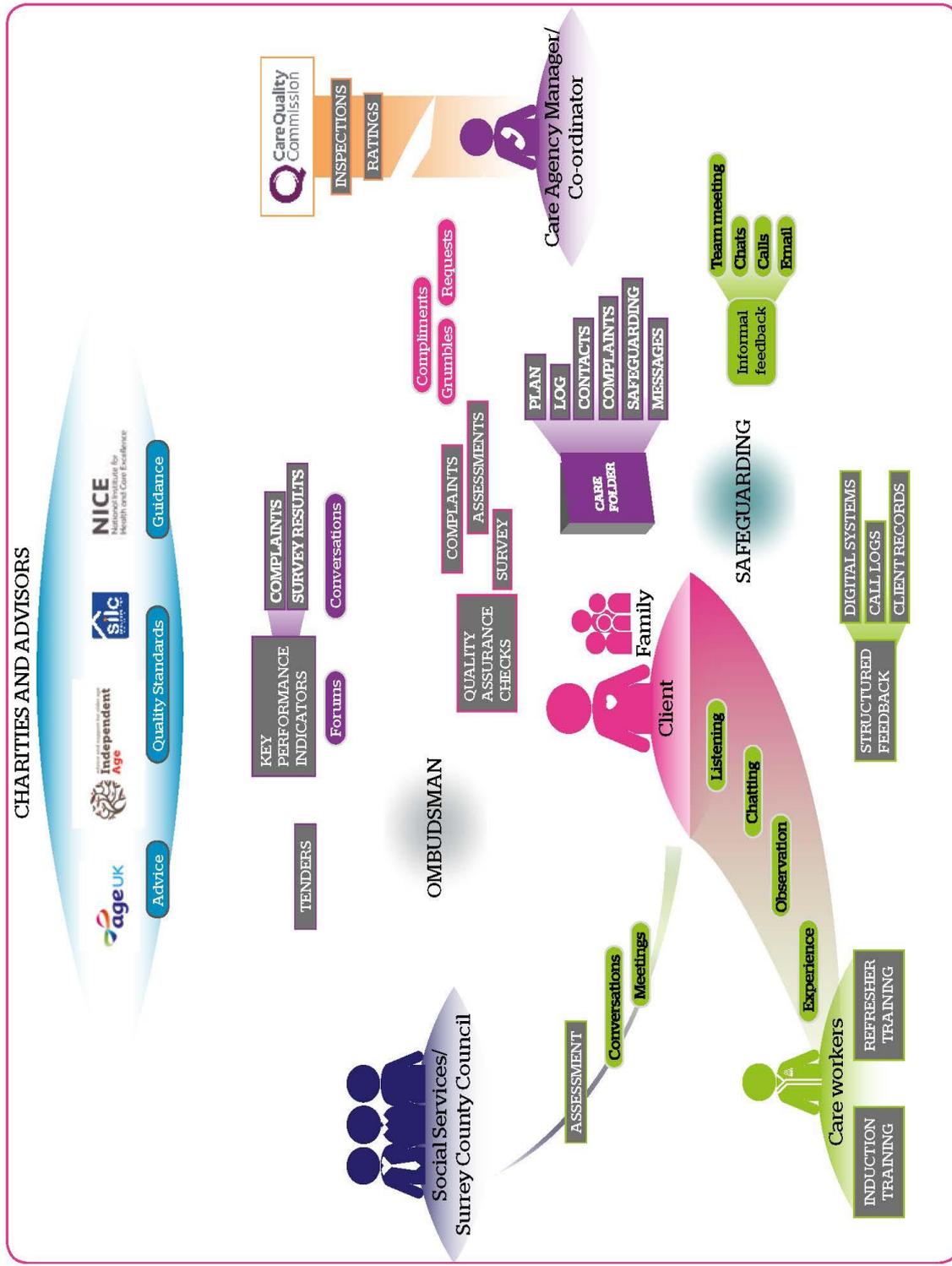
- b. *“ALL DAY CENTRES were told to close. I do understand and want to keep people safe...my daughter is mid 20’s...has Cerebral Palsy, epilepsy, severe learning disabilities, blindness, and moderate deafness... This very much concerns my husband and I, as she is having more fits, due to lots of stress, and this is not good for her. She needs routines as also has autistic traits in her behaviour, and so change is not something she copes very well with, at all... Please we do NEED help with this.”119878 May 2020 Engagement Event*

54. Additional insight from Age UK Surrey

Age UK Surrey have heard about

- Issues in assuming family will be carers:
“one chap with dementia needed care. The care assessment was done on the one day his very ill brother visited him and took some shopping and tidied up a bit. Care was refused as his brother was said to be his carer. He isn’t. He is ill and lives in another county. He is completely incapable of acting as his carer and has no wish to”.
- Delays in carrying out care assessments
- Carers feeling isolated and unsupported - lack of help for carers with dementia, no day services etc.
- Lack of clarity in visiting care homes
“A lady in her eighties was visiting her husband who is in his nineties, in a care home - trying to talk to him through the window, whilst mowing /strimming in the background.”
- Some care homes are being dictatorial, one gentleman feels his human rights to have a married life are being challenged by the care home, - he wants to get his wife out of the care home.

What we learned



17 DECEMBER 2020



RESPONSES TO RECOMMENDATIONS MADE BY THE ADULTS AND HEALTH SELECT COMMITTEE

Purpose of report: To outline responses received from Cabinet; the Children, Families, Lifelong Learning and Culture Select Committee; Frimley Health and Care ICS; Surrey and Borders Partnership NHS Foundation Trust; and Surrey Heartlands ICS to recommendations made by the Mental Health Task Group and endorsed by the Adults and Health Select Committee at its public meeting on 15 October 2020

Summary:

1. On 8 March 2019, the Health Integration and Commissioning Select Committee (the predecessor to the Adults and Health Select Committee) formally established the cross-party Mental Health Task Group, which would aim to map the individual and carer's journey through adult mental health services in Surrey. The Task Group subsequently undertook extensive engagement with service users, providers and commissioners between 8 June 2020 and 1 September 2020.
2. Following the conclusion of its review, the Task Group submitted its final report to the Adults and Health Select Committee at its public meeting on 15 October 2020. This report contained a series of recommendations that were adopted by the Select Committee and formally submitted to Surrey County Council's Cabinet; the Children, Families, Lifelong Learning and Culture Select Committee; Frimley Health and Care ICS; Surrey and Borders Partnership NHS Foundation Trust; and Surrey Heartlands ICS.
3. Attached are the formal responses received by the aforementioned stakeholders. As outlined in the Task Group's final report, progress made on the Task Group's recommendations will continue to be reviewed and reported back to the Select Committee on a six-monthly basis.

Recommendations:

The Adults and Health Select Committee is asked to note the responses and discuss potential next steps.

| |
|--------------------|
| Next steps: |
|--------------------|

An update regarding progress made on the Task Group's recommendations will be presented to the Adults and Health Select Committee at its public meeting on 3 March 2021.

Report contact

Ben Cullimore, Scrutiny Officer

Contact details

Tel: 020 8213 2782 Email: ben.cullimore@surreycc.gov.uk

Annexes

Annex 1 – Cabinet response to Mental Health Task Group recommendations

Annex 2 – Children, Families, Lifelong Learning and Culture Select Committee response to Mental Health Task Group recommendations

Annex 3 – Frimley Health and Care ICS response to Mental Health Task Group recommendations

Annex 4 – Surrey and Borders Partnership NHS Foundation Trust response to Mental Health Task Group recommendations

Annex 5 – Surrey Heartlands ICS response to Mental Health Task Group recommendations

Sources/background papers

Final report of the Mental Health Task Group

CABINET – 27 October 2020

CABINET RESPONSE TO THE REPORT OF THE MENTAL HEALTH TASK GROUP

(Adults and Health Select Committee)

Recommendations:

The Task Group recommends that:

1. Surrey County Council conducts a review of the nature and length of contracts currently offered to third sector providers, and that all future contracts are for a minimum of five years
2. Surrey County Council lobbies central government for more funding for mental health to enable further initiatives to achieve early intervention, and that a review is undertaken of third sector funding
3. A solution is found to the problems surrounding the sharing of data and IT infrastructure between the NHS, Surrey County Council and external providers to enable third sector organisations to fully and safely support those in their care, and that Surrey County Council and Surrey Heartlands liaise as a matter of urgency
4. Public Health undertakes an employer-focused mental health campaign in 2021 to help improve employer knowledge about mental health and ensure that Surrey employers are aware of how to access courses and training
5. From 2021, induction-level training in mental health awareness and suicide prevention is provided for all Surrey County Council members of staff and councillors, as well as all affiliated organisations
6. From 2021, frontline members of staff and decision makers from all public and health organisations in Surrey receive training so they use instructions and terminology with service users that are appropriate for those with mental health issues, learning disabilities and autism to ensure that those whose conditions are not immediately obvious are better served
7. From 2021, GPs receive regular training to ensure they understand how to use resources such as Surrey Information Point and Healthy Surrey, so that primary care partners are aware of what mental health services and third sector organisations are available in Surrey, and for these resources to be updated by Surrey County Council on a regular basis so that health partners can access all of the necessary information as easily and quickly as possible
8. Surrey County Council and Surrey and Borders Partnership NHS Foundation Trust explore how they can work more closely together to ensure Surrey County Council social workers are involved as early as possible (including at the diagnosis stage) so that those with autism, Asperger's and/or learning disabilities – especially those with complex needs – are fully supported and potential mental health issues are identified

(Please note that details of further recommendations for NHS commissioners and providers can be found in the full Task Group report.)

Mr Nick Darby
Chairman of the Mental Health Task Group

Cabinet Response:

I welcome this report and the recommendations put forward by my colleagues on the Mental Health Task Group. I welcome the opportunity to raise mental health awareness and understanding across the whole system as this will help to address and reduce the inequalities people with mental ill health face. The importance of maintaining good mental health and wellbeing is paramount at this time.

Much of the substance of what has been presented is rightfully based on user feelings. In order to support our teams in continuing to drive forward transformative change, I understand that the Task Group will continue with their good work and explore these feelings further, in order to obtain more specific examples of where the system is potentially letting down some of our most vulnerable residents. This would allow us to better prioritise these areas and ensure best outcomes for all who use our services and I commend the task group's commitment to taking this initial piece of work to the next level.

Additionally, I would welcome further input on whether those who fed into this task group were seeking clinical or general support or whether they were ASC clients (i.e. in need of/in receipt of a package of care and support). Once again, this would also allow us to ensure that where there are service issues or challenges, that this can be dealt with quickly and with the necessary resourcing.

I recognise the integral role of the voluntary sector in the delivery of mental health support and wish to resource the sector fairly. An increase in funding from central government would be welcomed, although I have noted the Section 151 officer's commentary regarding the economic outlook, which means that work will need to be done within existing financial resources.

I would like to take this opportunity to recognise and thank the voluntary sector for their contribution to improving people's outcomes and stepping up rapidly to different service delivery options after the onset of the Covid-19 pandemic.

Implementation of the recommendations will need strong collaborative work with system partners from the NHS, third sector and other key colleagues including departments across the Council such as procurement and Children's services.

Reply from Mrs Sinead Mooney
Cabinet Member for Adults and Public Health
27 October 2020

Children, Families, Lifelong Learning and Culture Select Committee response to the report of the Mental Health Task Group

The Children, Families, Lifelong Learning and Culture Select Committee (the Select Committee) thanks the Mental Health Task Group for its inquiry and findings in respect of adult mental health services in Surrey.

The Select Committee will not form a 'similarly broad and wide-ranging mental health journey task group concentrating on both children and those transitioning to adult mental health services' at this time for the following reasons:

1. Surrey's Child and Adolescent Mental Health Services (CAMHS) are to be replaced by new Emotional Wellbeing and Mental Health (EWMH) services for children and young people, which are in the process of being commissioned as part of the Emotional Wellbeing and Mental Health Transformation Programme, in April 2021. Therefore, a task group inquiry into CAMHS would consider a service which would be defunct or soon to be defunct at the conclusion of the inquiry – a time at which it would not be possible for the findings and recommendations of the task group to significantly influence the EWMH services as the services will be near implementation or recently implemented. The Select Committee is monitoring the commissioning of those services.
2. Whilst the Children, Families, Lifelong Learning and Culture Select Committee elects to scrutinise CAMHS from time to time due to its clear connections with the Select Committee's portfolio, health services and their commissioning fall directly within the remit of the Adults and Health Select Committee (Articles 7.02 and 7.03(k) of the Constitution of the Council), not that of the Children, Families, Lifelong Learning and Culture Select Committee. Therefore, it would be more appropriate for the Adults and Health Select Committee to dedicate a task group to these matters, if the Adults and Health Select Committee considers it an appropriate time to conduct scrutiny of CAMHS.
3. The issues with the current CAMHS are well known to the Select Committee, and it is intended that the new EWMH services will address those issues. For further information, see: <https://mycouncil.surreycc.gov.uk/mqAi.aspx?ID=25783>.

The Select Committee will:

1. consider undertaking scrutiny of pathways into CAMHS/EWMH services at an appropriate time, although such scrutiny may not be conducted by a task group;
2. consider undertaking scrutiny of transitions between different CAMHS/EWMH services and between CAMHS/EWMH services and adult mental health services at an appropriate time, although such scrutiny may not be conducted by a task group;
3. monitor the performance of the new EWMH services from time to time; and
4. scrutinise the new EWMH services as the Select Committee considers appropriate, including by reviewing the services' impact six months after their implementation – this is scheduled for the October 2021 meeting of the Select Committee

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18th November 2020

To: Councillor B. Muir
Surrey County Council
County Hall
Penrhyn Road
Kingston upon Thames
KE1 2DN

Dear Councillor Muir

RE: Mental Health Task Group Report

Thank you for sharing the Mental Health Task Group report and to Ben Cullimore for helpfully summarising the key recommendations for general practice for which you requested a reply. We are sighted on the fuller response from Heartlands and support their comments. Mental Health and wellbeing are strategic priorities for the Frimley Health and Care Integrated Care System (ICS) and the local areas of Surrey Heath and Farnham. We recognise the importance of continued investment and transformation to deliver better integrated care to improve outcomes for our population.

Increasingly it is the general practice team that is supporting individuals with mental health and wellbeing needs and our response applies to the wider general practice team not just GPs. Improving the mental health service experience for people requires an integrated system response with multi-agency working and many of the recommendations touch other service providers as well as general practice. We are very fortunate to have strong system relationships on which to build.

Our response to the issues raised is detailed below:

1. Telling Our Story Once

We recognise the frustrations experienced by the witnesses with whom you spoke and acknowledge there is more we need to do, together, to prevent people having to unnecessarily repeat their story. We are hoping that the further developments to the Shared Care Record being rolled out across Surrey will result in improvements shortly and will support general practice to ensure all relevant information is shared from and to general practice. We will also make sure that the process on how patients can access their medical record is clearly communicated in general practice.

2. Training including communication (instructions and terminology)



It is important that all GPs are confident in supporting people with mental health issues as national surveys have highlighted that 30% of GP consultations contain a mental health component and this has been rising during the COVID-19 pandemic. As part of our ongoing education sessions we will feedback the concerns raised and ensure mental health, learning disabilities and autism continues to form a core part of our conversations with practices through these events. We have found that the embedding of mental health practitioners as part of the GPIMHS model (known as the MHICS model in the Frimley System) and the support from SABP to advice and training through this physical presence in practices has been hugely beneficial as one route for advice and development and look forward to this being rolled out across all practices.

3. Awareness of resources available

Signposting to support services is another area where the GPIMHS model is also proving to have benefits as it enables general practice to articulate the needs of individuals and others (who have greater knowledge and a smaller scope of practice) to ensure these needs are met by the most appropriate service, be it statutory or third sector. We are aware of what valuable resources the Surrey Information Point and Healthy Surrey are and we will ensure that those who are best placed to use these resources are trained to make best use of them.

4. PCNs

We already have mental health champions in the two Surrey facing PCN localities (Surrey Heath and Farnham).

5. Communication between GP and Consultant

We will explore with SABP the best way to improve the two way communication between GP and Consultant. The GPIMHS model and integrating older person's mental health services into our Integrated Hubs have already improved these lines of communication over recent years but we are always looking for means of supporting each other to support getting the right care to people in a timely way. General practice is already able to access advice and guidance from SBP through the SPA (single point of access).

6. Relationships with third sector organisations

Third sector partners are now an integral part of the care model for mental health (Community Connections) and regular meetings take place (more than annually) with third sector partners in Surrey Heath and Farnham. However, we will have further conversations with them on how we can strengthen partnership working across the system, including CCGs. Local working within integrated care teams ensures that the mental and physical needs of individuals are considered and our third sector partners are core to this "whole person" approach. Our ICS governance structure includes third sector representation, and they are core partners in the delivery of our Safe Havens, Recovery College and GPIMHS (MHICS).

Frimley Health and Care



7. Remote working and digital solutions

One of the benefits of the pandemic has been the acceleration of digital options within general practice and positive feedback has been received around access improvement. We are sensitive that remote working does not work for everyone and there will be times when the best option is a face to face consultation. However, where appropriate the new options implemented during COVID-19 will be embedded as a core part of the general practice offer.

8. Appropriate communication (see 2)

9. GPIMHS

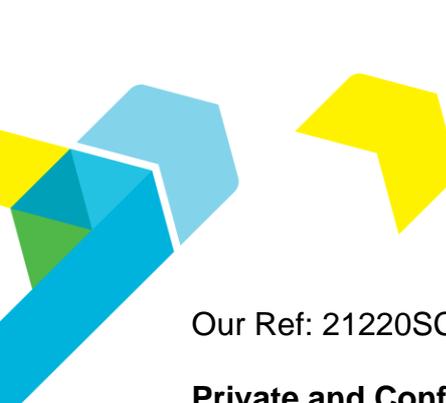
We are, and will continue to work with, system partners (including SAPB) and NHSE to accelerate the roll out of this programme and are currently in the process of bidding with partners for national funding to extend its scope.

Yours sincerely

Dr Andy Brooks
Clinical Chief Officer
Frimley Collaborative

Fiona Edwards
Chief Executive
Surrey & Borders Partnership NHS Trust
& Lead for Frimley Integrated Care System

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Our Ref: 21220SCCAHSC

Private and Confidential

Councillor Muir
Surrey County Council

Via email

**Chief Executive Office
Trust Headquarters
18 Mole Business Park
Leatherhead
Surrey KT22 7AD**

Tel: 01372 216292

Dear Councillor Muir

Thank you for sharing the Mental Health Task Group report and your recommendations with us. We also want to thank people using mental health services for their generosity in sharing their insights and experiences. Their views are extremely helpful, but we were saddened to hear that people still struggle to access the help they need. Similar experiences were highlighted in the recent Surrey Mental Health Summit where a breakdown in whole system support left people with mental health needs feeling isolated, frightened and devalued. There is much learning for all of us and the Summit provided an excellent opportunity for leaders in Surrey to renew their commitment to collaborative working and continued investment in mental health transformation.

Unfortunately, people with mental health needs continue to encounter stigma and experience significant health inequalities in Surrey. Improving these outcomes and supporting people to thrive and live fulfilling lives is an absolute priority for us, our Board and all the staff working in Surrey and Borders Partnership (SABP). Our response to the Task group report is outlined below.

1. Between two stools

We don't want anyone with mental health needs to get caught in a 'ping-pong' between services as referrals are batted back and forth. Access to help should be straightforward, welcoming and as close to home as possible. Over the last few years we have been developing new models of integrated care with our partners in Surrey Heartlands and Frimley ICSs and NHS England. There are some great examples of where this is working well, such as our five Surrey Safe Havens, iAccess drug and alcohol service, Criminal Justice Liaison and Diversion Service, GPIMHS, Technology Integrated Health Management (TIHM) for dementia and the Recovery College – all of these services involve a partnership between statutory and 3rd sector organisations and were co-produced with people who have lived experience of mental health.

Since the outbreak of the Covid-19 pandemic we have been supporting work to improve the information and resources available via Surrey Information Point and the Healthy Surrey Website.

We also continue to extend our advice, guidance and training to General Practice, with GPIMHS providing direct onsite support. However, we agree that there is more to do to improve the Surrey digital infrastructure and expect that the Surrey Care Record will accelerate good information sharing in the near future and ensure that people only need to tell their story once unless there is a good rationale for further information to be gathered to support care planning.

Your report highlights an area for improvement in the way we manage 3rd sector referrals to our Community Mental Health Recovery Services (CMHRS). We are pleased to announce that colleagues from Community Connections are now better integrated within the SABP Single Point of Access (SPA) which allows us to share knowledge to get people to the right support first time. It is also worth noting that anyone can contact the SPA/Crisis Line and get advice 24/7, including 3rd sector organisations. The SPA can then mobilise a rapid response or generate a referral to CMHRS if needed.

We value our many partnerships with the 3rd sector and we recognise the added value and expertise they bring to improving outcomes for people with mental health needs. We believe the future strategic direction for mental health will see cross-sector providers coming together to deliver and commission collaborative services, which includes building a stronger infrastructure for 3rd sector partners so they can participate in the system on an equivalent basis to statutory organisations. Going forward we all need to embrace the integration ambition and avoid divisive language and approaches that perpetuate provider silos and service fragmentation for users and referrers.

2. Lack of patient involvement in care planning

SABP is rated as a 'GOOD' provider of services by our regulator, CQC, and 89% of people using our services between January and July 2020 who answered the Family and Friends Test said their experience was 'GOOD' or 'VERY GOOD.' We continue to personalise our offer by providing a choice of approaches, including digital, telephone and in-person, and we deliver a broad range of NICE recommended interventions. We recognise the importance of holistic care which includes users, carers and families and looks at people's general wellbeing. For example, our Recovery College provides courses on relationships, healthy sleep habits, poetry, and arts, as well as focusing on understanding and coping with mental health diagnoses. Involving people who use services in planning their care should be at the heart of person and family centred support and we know that it improves outcomes. This is one of the key quality metrics that we monitor on a monthly basis and we are committed to making sure everyone feels fully involved in their treatment and support. We recognise that it may be hard for people who are extremely unwell and admitted to our services under a section of the Mental Health Act to feel fully involved in their treatment plan but our staff work hard to provide a compassionate and caring environment where these individuals can feel safe and supported.

3. Transition between children's and adult mental health services:

Managing transitions well between children's and adults' services remains a national challenge as described in the NHS Long Term Plan. SABPs services are moving in the right direction, for example the Mindful service works with young people up to the age of 19, our

Criminal Justice Liaison and Diversion service is delivered in partnership with Barnardos, and our GPIMHS service is developing a bespoke offer for people aged 18 to 25 years. There is more to do to co-design and commission service improvements with young people and any help from the Children, Families, Lifelong Learning and Culture Select Committee would be welcomed in this area.

4. Surrey and Borders Partnership

GPIMHS: We were delighted to see the support for our GPIMHS model and recommendations for its continued roll out in your report. This is a core feature of our community mental health transformation programme and is based on building partnerships across primary care, 3rd sector, social care and statutory NHS services. The aim is to ensure people with complex mental health needs can access help closer to home and to take an assets-based approach to help people thrive. We are working closely with NHS England and local partners to accelerate the spread of this approach.

Abraham Cowley Unit (ACU): Members of our Executive Team attended a private session of the Scrutiny Committee on 27th October to provide more detail on our inpatient capital programme and improvement works at the ACU which we hope you and your colleagues found helpful. Your report expresses concern about the delay in completion of the build programme from 2018 to 2024 and suggests that a decant solution to enable building works will involve placing people outside of Surrey. The key milestones for the capital programme are detailed in the table below. As you will see we have taken a phased approach to rebuilding our hospitals in line with the original public consultation. The first phase relates to the Farnham Road Hospital site in Guildford which had its official opening in 2016. Phase two of the programme focuses on the Abraham Cowley Unit in Chertsey which has been planned to complete in 2024 due to the lack of national investment in mental health hospitals, the lack of local commissioner financial support to accelerate the programme, and the need to raise revenue through SABP land sales to finance the works. At no time have we committed to complete the re-provision of Abraham Cowley Unit by 2018 or before.

| Date | Key Milestone |
|------------------------|---|
| Sept 2008 – March 2009 | Public Consultation: Our Future Your Say for Hospital services |
| Dec 2010 | Planning Permission granted for Farnham Road Hospital |
| Oct 2013 | Commencement of building works on site at Farnham Road |
| 2013/14 | Sale of Ridgewood Centre |
| 2015 | Tripartite agreement for disposal of land at St Peter’s site – to help fund 24/7 Phase 2 (ACU) and 3 (East) |
| October 2015 | New Farnham Road Hospital building completion. Operational: January 2016. Official opening April ‘16. |
| 2016/17 | Draft Strategic Outline Case for ACU and East Surrey. Options considered to be financially unaffordable by commissioners. |

| | |
|-------------------|---|
| Sept 2017 | Outline Business Case approved by SABP – Phase 2: ACU only |
| 2018/19 | OBC paused: Insufficient value for money & complex decant |
| March 2019 | Sale of Central site, Chertsey following planning permissions |
| March 2020 | Sale of West Park, Epsom |
| June 2020 | Revised Outline Business Case approved SABP Board – Phase 2: ACU + Phase 3: East Surrey solution |
| 2021 | Works to commence on site ACU |
| 2023 | Dormitories eliminated (this may be brought forward if successful with current “eliminating dormitories” bids) |
| 2024 | Expected completion: ACU and East Surrey |

Between April and May this year we experienced 2 ligature incidents on Clare Ward at the ACU resulting in death. All our Board members send their heartfelt condolences to the families and friends of those who were involved and also to the staff who work tirelessly to support people with highly complex mental health needs. In both serious incidents, a 72-hour post incident report was generated with immediate learning and an action plan for improvement.

To help our learning the Executive Director of Nursing at Kent & Medway NHS & Social Care Partnership Trust undertook an independent review of the ACU on 26th May which allowed us to enhance the action plan and all staff attended refresher suicide prevention training. An unannounced CQC visit took place on 29th June. Though the CQC welcomed the steps we were taking they also had concerns. They sent us a letter of Intent informing us of possible enforcement action if we did not take remedial action to (1) make some of the key deliverables in the plan crisper, and (2) clearly articulate our senior accountability processes for monitoring progress. Following our response to these issues the CQC confirmed on 23rd July that they were satisfied and assured that the Trust was addressed these points and therefore ensuring the safety of patients. We are continuing to deliver our improvement plan and the short-term decant of patients from Clare Ward to the Elysium site in Charlwood, East Surrey has been completed so that we could begin environmental safety works. No patients have been decanted outside of Surrey and we are surveying people’s experiences to ensure that they and their families have been appropriately supported during the move. Our improvement plan includes the use of cutting-edge technology, including ‘smart’ doors and remote monitoring and work to embed these devices is well underway.

Surrey Safe Havens: We would like to thank the Task Group for their positive comments about the Safe Haven model which we deliver in partnership with the 3rd sector. The main concern articulated in the report seems to be the hours of operation and a recommendation was made about trialling later operating hours in Safe Havens.

It is important to note that Safe Havens were developed by reviewing peak times of demand which we found drops significantly post 11pm – especially in the early hours of the morning. There is an argument for a 24/7 Safe Haven in Surrey if it is able to provide crisis or sanctuary beds but any extension of the standard Safe Haven beyond the hours of peak flow will probably have limited impact. Police considering applying s136 emergency powers under the Mental Health Act can contact the Emergency Duty Team out of hours and speak to the Approved

Mental Health Practitioners (AMHPS) and they can also speak to the SABP SPA/crisis line and a Healthcare Practitioner who can provide informed advice/guidance. The SPA can also activate a rapid response if needed. We are currently developing an interface between the SPA and 111 which will provide additional support for the Police and ambulance crews, and we have been rolling out Trauma Informed Care training to build knowledge and capacity across crisis services. Our Home Treatment Team also provide essential out of hours support for patients and professionals alike.

For some people experiencing a mental health crisis A&E can be an appropriate option and the use by police can be entirely justified when people need support with both their physical and mental health e.g. in the case of an overdose. We have 24/7 Mental Health Liaison services across all hospitals in Surrey delivering against the CORE 24 national best practice standard. They see between 900 to 1050 people every month in A&E and provide about 1000 follow up reviews in inpatient wards.

5. Summary

The psychological impact of the current pandemic means increasing numbers of people are likely to need mental health support and this upsurge in demand and acuity is predicted to continue into next year and beyond. People working in mental health in all agencies also deserve our thanks and support for the tremendous effort and sacrifices they have made to keep people safe during the Covid-19 outbreak

The Surrey Mental Health Summit provided a real point of reflection for us all and an opportunity to renew our commitment to collaborative working to improve the health and wellbeing of our Surrey residents. We look forward to working with the Adults and Health Select Committee in the future to deliver the vision.

Yours sincerely



Fiona Edwards
Chief Executive

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Councillor Muir

By Email

25 November 2020

Dear Councillor Muir

Thank you for sharing the findings from the Mental Health Task Group. We appreciate your efforts to engage people who use services and the learning you have captured from their experiences. Helping people to improve their mental health is one of the biggest challenges for us in Surrey Heartlands and it requires a fully integrated system approach, with each agency playing its part.

Good progress has been made in recent years to bring mental health support closer to communities and to integrate expertise across our footprint. It would be helpful if this could be reflected in any future work undertaken by the Mental Health Task Group. Practice examples include: the GPIMHS model where we have mental health practitioners embedded within primary and community networks; Surrey Safe Havens which involve a partnership between Community Connections and Surrey and Borders Partnership (SABP); the Surrey High Intensity Partnership Programme bringing SABP and Surrey Police together to support people with complex mental health needs; iAccess drug and alcohol services delivered jointly by SABP and Catalyst; Psychiatric Liaison services embedded in all 4 of our acute hospitals to manage people with both mental health and physical health needs; IAPT providers working with Richmond Fellowship to provide employment support; and, the Criminal Justice Liaison and Diversion services bringing together SABP and Barnardos to help families in contact with our criminal justice pathway.

Our response to the Task Group recommendations is outlined below:

1. Sharing Information

We recognise that there is more to do to make it easier for people to find the right support when they need it and to avoid them having to tell their stories more than once. We are sorry that people have found it so difficult and frustrating to get to the right help first time, and we thank your witnesses for being so open about their experiences. We are developing the Surrey Care Record which will bring multi-agency information together and ensure relevant professionals have appropriate access to records to support good care planning and reduce the fragmentation people have experienced. We will also make sure that information about access to medical records is clearly communicated to all service users.

2. Life-long learning

Surrey Heartlands is committed to life-long learning and improvement and we support your recommendation for GPs to be able to access additional training. Mental Health training sessions and on-line suicide awareness are currently available to GP's and we will continue to promote these sessions through our PCNs. For PCNs that already have the GPIMHS service,

there is a nominated GP from each to undertake the GP Advanced Diploma in Mental Health. As GPIMHS spreads across the ICS this will become the standard.

To improve primary care access to mental health resources, work has also taken place over the summer to link together information on the Healthy Surrey and GP Footfall websites. GPs can also access advice and guidance from the SABP's Single Point of Access and crisis teams using the consult connect system.

3. Third Sector Partnerships

The third sector are an essential and valued part of our mental health system. They have seen an increase in demand and acuity within their services as a result of the Covid-19 pandemic, but they are also reporting positive changes in relationships with other providers. Community Connections are now better integrated within the SABP Single Point of Access and attend regular joint reviews to ensure people are navigated to the right services and support. Additionally, Community Connections are represented at all levels of our mental health governance and recognised as delivering good outcomes for people with mental health needs. However, there is still more to do to ensure the impact of their work is widely promoted, recognised and appreciated within our ICS. We are very aware that the current contractual model creates vulnerability for 3rd sector organisations, and we are committed to reviewing this as part of our work on transforming outcomes through integrated commissioning.

4. Digital Solutions

There are many examples of spreading digital innovation in Surrey Heartlands to support for people with mental health needs and practitioners. This includes our development of an integrated Surrey Care Record, virtual consultations, real-time home monitoring for people with dementia and carers, and the digital first primary care programme which will offer online help for people with depression. All our providers are now offering online intervention, and in most cases, we can blend this with in-person contact where clinical need and user preference dictates. Our aim is to continue to develop our digital offer to provide better access choice for people using our services and carers.

5. Resourcing

NHS England has made a massive commitment to increase mental health funding by £2.3bn to support delivery of the Long-term plan. We are seeing fair shares allocations into Surrey Heartland's to support transformation of community and crisis services. However, mental health services have historically been under resourced and there is more to do to bolster provider resilience in our system, including across the 3rd sector.

6. GPIMHS

GPIMHS is our flagship model of mental health integration within primary and community networks and it is supported by the national mental health strategy and Long-Term Plan. There is a national expectation that integrated primary and secondary community mental health services like GPIMHS are in place across the country by 2023/24. In Surrey Heartlands we are ambitious about going further, faster with our model and we are expecting additional NHS England transformation funding to be available from early 2021 to support our vision.

Once again, we thank you for sharing the Task Group report with us and can assure you of our commitment to improving mental health outcomes in Surrey Heartlands and to building on the success of our recent Mental Health Summit.

Yours sincerely,



Dr Claire Fuller

Interim Accountable Officer,
Surrey Heartlands CCG

Senior Responsible Officer,
Surrey Heartlands ICS



Dr Charlotte Canniff

Clinical Chair,
Surrey Heartlands CCG



Prof Helen Rostill

Director of Mental Health Services
Surrey Heartlands ICS

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ADULTS AND HEALTH SELECT COMMITTEE

17 DECEMBER 2020



APPOINTMENT OF A NAMED SUBSTITUTE FOR THE SOUTH WEST LONDON AND SURREY JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Purpose of report: To appoint a named substitute for the South West London and Surrey Joint Health Overview and Scrutiny Committee

Summary:

1. The Adults and Health Select Committee can appoint a named substitute to take the place of a full member of the South West London and Surrey Joint Health Overview and Scrutiny Committee (JHOSC) when required.
2. Following Cllr Rachel Turner's replacement on the Select Committee, Members are asked to formally appoint a named substitute for future JHOSC meetings.

Recommendations:

The Adults and Health Select Committee is asked to identify and appoint a named substitute for the JHOSC.

Report contact

Ben Cullimore, Scrutiny Officer

Contact details

Tel: 020 8213 2782 Email: ben.cullimore@surreycc.gov.uk

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ADULTS AND HEALTH SELECT COMMITTEE

17 DECEMBER 2020



ACTIONS AND RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME

Purpose of report: The Select Committee is asked to review its actions and recommendations tracker and forward work programme

Recommendation:

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

Next steps:

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

Report contact

Ben Cullimore, Scrutiny Officer

Contact details

020 8213 2782 / ben.cullimore@surreycc.gov.uk

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Adults and Health Select Committee Forward Work Programme 2020/2021

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

| Date of Meeting | Scrutiny Topic | Description | Outcome | Lead Officer / Cabinet Member |
|-----------------|--|--|---|---|
| 19 January 2021 | Surrey Heartlands Covid-19 Restoration and Recovery Plan | The Select Committee is to receive a report on the Surrey Heartlands Covid-19 Restoration and Recovery Plan. | The Select Committee will review the Surrey Heartlands Covid-19 Restoration and Recovery Plan, taking into consideration the associated impacts and risks for Surrey residents. | Dr Claire Fuller – Surrey Heartlands ICS Lead |
| 19 January 2021 | Adult Social Care Transformation Programmes Update | The Select Committee is to receive an update on the ASC Transformation Programmes. | The Select Committee will review and scrutinise the ongoing ASC Transformation Programmes, making recommendations accordingly. | Liz Uliasz – Deputy Director, Adult Social Care Sinead Mooney – Cabinet Member for Adults and Health |
| 19 January 2021 | Development of New All-Age Autism Strategy | The Select Committee is to receive a report on the development of a new All-Age Autism Strategy. | The Select Committee will review and scrutinise the development of a new All-Age Autism Strategy, making recommendations accordingly. | Steve Hook – Assistant Director (Learning Disabilities, |

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| | | | | Autism and Transition), Adult Social Care Sinead Mooney – Cabinet Member for Adults and Health |
| 3 March 2021 | General Practice Integrated Mental Health Service | The Select Committee is to receive an update on the roll out of GPIMHS across Surrey, as well as information on plans for its future development. | The Select Committee will review the progress of the GPIMHS programme of work, making recommendations accordingly. | Professor Helen Rostill – Chief Innovation Officer and Director of Therapies, Surrey and Borders Partnership NHS Trust |
| 3 March 2021 | Adult Social Care Debt | 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. The Adult Social Care Directorate has introduced new processes to improve how it handles and follows up on debt, which the Select Committee will review alongside information on the Council's current debt position. | 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. | Toni Carney – Head of Resources, Adult Social Care Sinead Mooney – Cabinet Member for Adults and Health |
| 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 | The Select Committee will review the progress of the Surrey Heartlands programme of change. | To be confirmed |

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| | | Urgent Care services in Surrey Heartlands. | | |
| 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. | To be confirmed |
| Joint Committees | | | | |
| 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, so the Health Integration and Commissioning Select Committee (the predecessor to the Adults and Health Select Committee) joined colleagues from the London Borough of Merton and the London Borough of Sutton to review the Improving Healthcare Together Programme as it progresses. | 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. | <u>Membership:</u> Bill Chapman |

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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 |
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| | | | | |
| Date of meeting | Item | Recommendations/Actions | To | Response |
| 15 October 2020 | Report of the Mental Health Task Group | <p>The Select Committee endorses the recommendations set out in the Mental Health Task Group report.</p> <p>Action:</p> <p>Democratic Services officers to share a diagram showing the patient mental health pathways in Surrey.</p> | <p>Task Group</p> <p>Scrutiny Officer</p> | <p>The Task Group has noted the recommendation.</p> <p>Diagram circulated to the Select Committee on 30 October 2020</p> |
| 15 October 2020 | Update on ASC Mental Health Transformation Programme | <p>1. The Select Committee agrees to nominate a member to sit on the Mental Health Programme Board Reference Group;</p> <p>2. The Select Committee recommends that the Council continues to lobby for Surrey Care Record access to be extended to third sector organisations;</p> | <p>Chairman</p> <p>Assistant Director of Mental Health, ASC</p> | <p>1. The Chairman has been nominated to sit on the Reference Group.</p> <p>2. "ASC does not lead on the Surrey Care Record, we are a contributor and a viewer; the lead at an ICS level is Surrey Heartlands. We will continue to support access to Surrey Care</p> |

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| | | <p>and that a follow-up on this is included in the next Transformation Programme Update paper;</p> <p>3. The Select Committee recommends that the Council explores the development of ASC recruitment drives in schools, colleges and universities, as well as the further development of apprenticeship schemes.</p> <p>Action: The Assistant Director of Mental Health to share suitable pre-prepared text and JPEG images with the Select Committee for sharing on social media.</p> | | <p>Records for third sector organisations that have NHS contracts and will update the Select Committee at a later date.”</p> <p>3. “In ASC we have strong recruitment links with universities and colleges for student placements for social workers and OTs, the recruitment of newly qualified practitioners and a graduate Social Work programme. We also have strong links with sixth form colleges through our Corporate Apprenticeship programme and maintain many successful placements across our Locality Teams and in Service Delivery. Good engagement is essential for us to be able to draw on the National Apprenticeship Levy.”</p> <p>Action: The Assistant Director has been contacted regarding this.</p> |
| <p>15 October 2020</p> | <p>Winter Pressures in Surrey Heartlands</p> | <p>1. The Select Committee recommends that GPs ensure digital modes of contact remain available for patients during winter 2020/21, and that all Surrey residents are able</p> | <p>Senior officers at Surrey Heartlands</p> | <p>1. Senior officers have been contacted for a response.</p> |

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| | | <p>to access a practice website that allows for self-care, self-referral and the submission of an online consulting request;</p> <p>2. The Select Committee recommends that measures are put in place to ensure that residents who are not able to access GP services digitally are prioritised when requesting access to face-to-face appointments;</p> <p>3. The Select Committee recommends that Surrey Heartlands works closely with Surrey County Council to ensure it publicises to residents that advice about flu vaccinations can be sought from pharmacists and GPs.</p> <p>Actions:</p> <p>1. The Associate Director of Urgent and Integrated Care to provide details on the duration of waits over</p> | Associate Director of Urgent and Integrated | <p>2. Senior officers have been contacted for a response.</p> <p>3. Senior officers have been contacted for a response.</p> <p>Actions:</p> <p>1. The Associate Director has been contacted for a response.</p> |
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| | | <p>60 seconds for 111 calls to be answered;</p> <p>2. The Director of Performance to provide data on the average time between a service user calling 111 or 999 and being seen or treated by a doctor or consultant;</p> <p>3. The Director of Performance to check whether domiciliary care workers are counted as key workers and therefore prioritised for Covid-19 testing.</p> | <p>Care, Surrey Heartlands</p> <p>Director of Performance, Surrey Heartlands</p> | <p>2. The Director has been contacted for a response.</p> <p>3. The Director has been contacted for a response.</p> |
| 15 October 2020 | Winter Pressures in Frimley Health and Care | <p>1. The Select Committee recommends that GPs ensure digital modes of contact remain available for patients during winter 2020/21, and that all Surrey residents are able to access a practice website that allows for self-care, self-referral and the submission of an online consulting request;</p> <p>2. The Select Committee recommends that measures are put in place</p> | Senior officers at Frimley Health and Care ICS | <p>"We are happy with the recommendations that followed the Select Committee meetings on 15 October. In terms of a response/assurance, these three approaches are already in place and part of the standard operating procedures of practices. Our flu uptake for 20/21 is already the best we have ever achieved as a CCG for both the over 75-year-olds and under-65 at-risk groups. We are commencing flu vaccination for the over-50s and preparing for the Covid-19 vaccination programme. A huge thank you to our partners who have ensured they are supporting the messages around the importance of flu vaccination this year."</p> |

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| | | <p>to ensure that residents who are not able to access GP services digitally are prioritised when requesting access to face-to-face appointments;</p> <p>3. The Select Committee recommends that Frimley Health and Care works closely with Surrey County Council to ensure it publicises to residents that advice about flu vaccinations can be sought from pharmacists and GPs.</p> <p>Action: The Director of Planning and Delivery to provide footfall data for the Aldershot Safe Haven.</p> | <p>Director of Planning and Delivery, Frimley Health and Care ICS</p> | <p>Action: This information has been circulated to the Select Committee.</p> |
| <p>15 October 2020 – Budget Workshop</p> | <p>Budget Workshop</p> | <p>Action: The Scrutiny Officer to look into the possibility of organising a private budget workshop in advance of the December 2020 Select Committee meeting.</p> | <p>Scrutiny Officer</p> | <p>Finance officer(s) will attend the full committee pre-meeting before the December Select Committee meeting, to answer Members' questions in a private setting.</p> |

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| <p>Mental Health Task Group</p> | <p>Mental Health Task Group report</p> | <p>The Mental Health Task Group recommends that:</p> <p>i. GPs, when referring patients, ensure that all relevant information is passed on so that patients avoid repeating their stories multiple times, and that GPs ensure they explain to patients, both those they are referring and those who are self-referring, how they can release their medical records to mental health services</p> | <p>Surrey Heartlands ICS, Frimley Health and Care ICS</p> | <p>Full responses to the Mental Health Task Group’s recommendations are included as Annexes 1-5 of Item 7: ‘Responses to Recommendations Made by the Adults and Health Select Committee’</p> <p>Surrey Heartlands: “We recognise that there is more to do to make it easier for people to find the right support when they need it and to avoid them having to tell their stories more than once. We are sorry that people have found it so difficult and frustrating to get to the right help first time, and we thank your witnesses for being so open about their experiences. We are developing the Surrey Care Record which will bring multi-agency information together and ensure relevant professionals have appropriate access to records to support good care planning and reduce the fragmentation people have experienced. We will also make sure that information about access to medical records is clearly communicated to all service users.”</p> <p>Frimley Health and Care: “We recognise the frustrations experienced by the witnesses with whom you spoke and acknowledge there is more we need to do, together, to prevent people having to unnecessarily repeat their story. We are hoping that the further developments of the Shared Care Record being rolled out across Surrey will result in improvements shortly and will support general practice to ensure all relevant information is shared from and to general practice. We will also make sure that the process on how</p> |
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| | | <p>ii. From 2021, GPs receive additional mental health top-up training on an annual basis, and that at least one GP per practice has undertaken more specialist mental health training</p> | <p>Surrey Heartlands ICS, Frimley Health and Care ICS</p> | <p>patients can access their medical record is clearly communicated in general practice.</p> <p>Surrey Heartlands: "Surrey Heartlands is committed to life-long learning and improvement and we support your recommendation for GPs to be able to access additional training. Mental Health training sessions and online suicide awareness are currently available to GPs and we will continue to promote these sessions through our PCNs. For PCNs that already have the GPIMHS service, there is a nominated GP from each to undertake the GP Advanced Diploma in Mental Health. As GPIMHS spreads across the ICS this will become the standard."</p> <p>Frimley Health and Care: "It is important that all GPs are confident in supporting people with mental health issues as national surveys have highlighted that 30% of GP consultations contain a mental health component and this has been rising during the Covid-19 pandemic. As part of our ongoing education sessions we will feedback the concerns raised and ensure mental health, learning disabilities and autism continues to form a core part of our conversations with practices through these events. We have found that the embedding of mental health practitioners as part of the GPIMHS model (known as the MHICS model in the Frimley System) and the support from SABP to advice and training through this physical presence in practices has been hugely beneficial as one route for advice and development, and we look forward to this being rolled out across all practices."</p> |
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| | | <p>iii. From 2021, GPs receive regular training to ensure they understand how to use resources such as Surrey Information Point and Healthy Surrey, so that primary care partners are aware of what mental health services and third sector organisations are available in Surrey, and for these resources to be updated by Surrey County Council on a regular basis so that health partners can access all of the necessary information as easily and quickly as possible</p> <p>iv. Each primary care network in Surrey nominates a mental health champion to help strengthen partnership</p> | <p>Cabinet Member for Adults and Health, Surrey Heartlands ICS, Frimley Health and Care ICS</p> <p>Surrey Heartlands ICS, Frimley Health and Care ICS</p> | <p>Surrey Heartlands: "To improve primary care access to mental health resources, work has taken place over the summer to link together information on the Healthy Surrey and GP Footfall websites. GPs can also access advice and guidance from SABP's Single Point of Access and crisis teams using the consult connect system."</p> <p>Frimley Health and Care: "Signposting to support services is another area where the GPIMHS model is also proving to have benefits as it enables general practice to articulate the needs of individuals and others (who have greater knowledge and a smaller scope of practice) to ensure these needs are met by the most appropriate service, be it statutory or third sector. We are aware of what valuable resources the Surrey Information Point and Healthy Surrey are and we will ensure that those who are best placed to use these resources are trained to make best use of them."</p> <p>Surrey Heartlands have been contacted regarding this.</p> <p>Frimley Health and Care: "We already have mental health champions in two Surrey facing PCN localities (Surrey Heath and Farnham)."</p> |
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| | | <p>working across the primary care system</p> <p>v. A solution is found to the problems surrounding the sharing of data and IT infrastructure between the NHS, Surrey County Council and external providers to enable third sector organisations to fully and safely support those in their care, and that Surrey County Council and Surrey Heartlands liaise as a matter of urgency</p> <p>vi. The GP-consultant text system is expanded to include questions relating to mental health concerns</p> | <p>Cabinet Member for Adults and Health, Surrey Heartlands ICS</p> <p>Surrey Heartlands ICS, Frimley Health and Care ICS</p> | <p>Conversations are taking place with officers to determine how the Task Group's recommendations might be implemented.</p> <p>Surrey Heartlands: "GPs can access advice and guidance from SABP's Single Point of Access and crisis teams using the consult connect system."</p> <p>Frimley Health and Care: "We will explore with SABP the best way to improve the two-way communication between GP and Consultant. The GPIMHS model and integrating older person's mental health services into our Integrated Hubs have already improved these lines of communication over recent years but we are always looking for means of supporting each other to support getting the right care to people in a timely way. General practice is already able to access advice and guidance</p> |
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| | | <p>vii. Third sector organisations are given the ability to refer to Community Mental Health Recovery Services and Community Mental Health Teams to ensure that those with mental health issues are signposted to the services that are right for them and their needs</p> <p>viii. From 2021, meetings involving CCG leads and third sector organisations take place on at least an annual basis to help facilitate stronger partnership working and understanding, and that all stakeholders, including third sector organisations, are represented at all meetings and committees that impact the work of</p> | <p>Surrey and Borders Partnership NHS Foundation Trust</p> <p>Surrey Heartlands ICS, Frimley Health and Care ICS</p> | <p>from SABP through the SPA (single point of access).”</p> <p>“Your report highlights an area for improvement in the way we manage third sector referrals to our Community Mental Health Recovery Services (CMHRS). [SABP] are pleased to announce that colleagues from Community Connections are now better integrated within the SABP Single Point of Access (SPA), which allows us to share knowledge to get people to the right support first time. It is also worth noting that anyone can contact the SPA/Crisis Line and get advice 24/7, including third sector organisations. The SPA can then mobilise a rapid response or generate a referral to CMHRS if needed.”</p> <p>Surrey Heartlands: “The third sector are an essential and valued part of our mental health system. They have seen an increase in demand and acuity within their services as a result of the Covid-19 pandemic, but they are also reporting positive changes in relationships with other providers. Community Connections are now better integrated within the SABP Single Point of Access and attend regular joint reviews to ensure people are navigated to the right services and support. Additionally, Community Connections are represented at all levels of our mental health governance and recognised as delivering good outcomes for people with mental health needs. However, there is still more to do to</p> |
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| | | <p>the third sector and external providers</p> <p>ix. All health providers and commissioners ensure that the use of remote meeting software remains an option for future meetings, appointments and therapy sessions to ensure that location and</p> | <p>Surrey Heartlands ICS, Frimley Health and Care ICS, Surrey and Borders Partnership NHS</p> | <p>ensure the impact of their work is widely promoted, recognised and appreciated within our ICS. We are very aware that the current contractual model creates vulnerability for third sector organisations, and we are committed to reviewing this as part of our work on transforming outcomes through integrated commissioning.”</p> <p>Frimley Health and Care: “Third sector partners are now an integral part of the care model for mental health (Community Connections) and regular meetings take place (more than annually) with third sector partners in Surrey Heath and Farnham. However, we will have further conversations with them on how we can strengthen partnership working across the system, including CCGs. Local working within integrated care teams ensures that the mental and physical needs are core to this “whole person” approach. Our ICS governance structure includes third sector representation, and they are core partners in the delivery of our Safe Havens, Recovery College and GPIMHS (MHICS).”</p> <p>Surrey Heartlands: “There are many examples of spreading digital innovation in Surrey Heartlands to support people with mental health needs and practitioners. This includes our development of an integrated Surrey Care Record, virtual consultants, real-time home monitoring for people with dementia and carers, and the digital first primary care programme which will offer online help for</p> |
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| | | <p>access issues are not a barrier to participation</p> <p>x. Surrey County Council conducts a review of the nature and length of contracts currently offered to third sector providers, and that all future</p> | <p>Foundation Trust</p> <p>Cabinet Member for Adults and Health</p> | <p>people with depression. All our providers are now offering online intervention, and in most cases, we can blend this with in-person contact where clinical need and user preference dictates. Our aim is to continue to develop our digital offer to provide better access to choice for people using our services and carers.”</p> <p>Frimley Health and Care: “One of the benefits of the pandemic has been the acceleration of digital options within general practice and positive feedback has been received around access improvement. We are sensitive that remote working does not work for everyone and there will be times when the best option is a face to face consultation. However, where appropriate the new options implemented during Covid-19 will be embedded as a core part of the general practice offer.”</p> <p>Surrey and Borders: “We continue to personalise our offer by providing a choice of approaches, including digital, telephone and in-person, and we deliver a broad range of NICE recommended interventions.”</p> <p>Conversations are taking place with officers to determine how the Task Group’s recommendation might be implemented.</p> |
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| | | contracts are for a minimum of five years | | |
| | | xi. Surrey County Council lobbies central government for more funding for mental health to enable further initiatives to achieve early intervention, and that a review is undertaken of third sector funding | Cabinet Member for Adults and Health | Conversations are taking place with officers to determine how the Task Group's recommendation might be implemented. |
| | | xii. Public Health undertakes an employer-focused mental health campaign in 2021 to help improve employer knowledge about mental health and ensure that Surrey employers are aware of how to access courses and training | Cabinet Member for Adults and Health | Conversations are taking place with officers to determine how the Task Group's recommendation might be implemented. |
| | | xiii. From 2021, induction-level training in mental health awareness and | Cabinet Member for | |

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| | | <p>suicide prevention is provided for all Surrey County Council members of staff and councillors, as well as all affiliated organisations</p> <p>xiv. From 2021, frontline members of staff and decision makers from all public and health organisations in Surrey receive training so they use instructions and terminology with service users that are appropriate for those with mental health issues, learning disabilities and autism to ensure that those whose conditions are not immediately obvious are better served</p> <p>xv. Surrey County Council and Surrey and Borders Partnership NHS Foundation Trust explore how they can work more closely together to ensure Surrey County Council</p> | <p>Adults and Health</p> <p>Cabinet Member for Adults and Health, Surrey Heartlands ICS, Frimley Health and Care ICS, Surrey and Borders Partnership NHS Foundation Trust</p> <p>Cabinet Member for Adults and Health, Surrey and Borders Partnership NHS</p> | <p>Conversations are taking place with officers to determine how the Task Group's recommendation might be implemented.</p> <p>Frimley Health and Care: "It is important that all GPs are confident in supporting people with mental health issues as national surveys have highlighted that 30% of GP consultations contain a mental health component and this has been rising during the Covid-19 pandemic. As part of our ongoing education sessions we will feedback the concerns raised and ensure mental health, learning disabilities and autism continues to form a core part of our conversations with practices through these events. We have found that the embedding of mental health practitioners as part of the GPIMHS model (known as the MHICS model in the Frimley System) and the support from SABP to advice and training through this physical presence in practices has been hugely beneficial as one route for advice and development, and we look forward to this being rolled out across all practices."</p> <p>Conversations are taking place with officers to determine how the Task Group's recommendations might be implemented.</p> |
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| | | <p>social workers are involved as early as possible (including at the diagnosis stage) so that those with autism, Asperger's and/or learning disabilities – especially those with complex needs – are fully supported and potential mental health issues are identified</p> <p>xvi. The Surrey Heartlands mental health diploma is re-established and offered to all GPs in Surrey</p> <p>xvii. Health commissioners obtain funding to undertake a modelling exercise and, if funding permits, a pilot study</p> | <p>Foundation Trust</p> <p>Surrey Heartlands ICS</p> <p>Surrey and Borders Partnership NHS</p> | <p>“Surrey Heartlands is committed to life-long learning and improvement and we support your recommendation for GPs to be able to access additional training. Mental Health training sessions and online suicide awareness are currently available to GPs and we will continue to promote these sessions through our PCNs. For PCNs that already have the GPIMHS service, there is a nominated GP from each to undertake the GP Advanced Diploma in Mental Health. As GPIMHS spreads across the ICS this will become the standard.”</p> <p>“We would like to thank the Task Group for their positive comments about the Safe Haven model which we deliver in partnership with the third sector. The main concern articulated in the report seems to be the hours of operation</p> |
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| | | <p>focusing on what patient outcomes could be achieved by extending opening hours for Safe Havens in Surrey and operating them throughout the night, to ensure that people experiencing a mental health crisis or emotional distress, and the police officers who are often relied on to support them, are no longer left without any option but to attend A&E to receive help</p> | <p>Foundation Trust</p> | <p>and a recommendation was made about trialling later operating hours in Safe Havens.</p> <p>It is important to note that Safe Havens were developed by reviewing peak times of demand which we found drops significantly post 11pm – especially in the early hours of the morning. There is an argument for a 24/7 Safe Haven in Surrey if it is able to provide crisis or sanctuary beds but any extension of the standard Safe Haven beyond the peak flow will probably have limited impact. Police considering apply s136 emergency powers under the Mental Health Act can contact the Emergency Duty Team out of hours and speak to the Approved Mental Health Practitioners (AMHPs) and they can also speak to the SABP SPA/crisis line and a Healthcare Practitioner who can provide informed advice/guidance. The SPA can also activate a rapid response if needed. We are currently developing an interface between the SPA and 111 which will provide additional support for the Police and ambulance crews, and we have been rolling out Trauma Informed Care training to build knowledge and capacity across crisis services. Our Home Treatment Team also provide essential out of hours support for patients and professionals alike.</p> <p>For some people experiencing a mental health crisis A&E can be an appropriate option and the use by police can be entirely justified when people need support with both their physical and mental health e.g. in the case of an overdose. We have 24/7 Mental Health</p> |
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| | | <p>xviii. The General Practice Integrated Mental Health Service continues to be rolled out across Surrey and receives the funding needed to ensure its continued operation, and that a report on the progress made and future plans is presented to the Adults and Health Select Committee no later than October 2021</p> <p>xix. The production of the final business case for the improvements to the Abraham Cowley Unit is progressed urgently and implemented with the utmost speed and no further delays. It also requests that a report on the progress made and future plans is presented</p> | <p>Surrey Heartlands ICS, Frimley Health and Care ICS, Surrey and Borders Partnership NHS Foundation Trust</p> <p>Surrey and Borders Partnership NHS Foundation Trust</p> | <p>Liaison services across all hospitals in Surrey delivering against the CORE 24 national best practice standard. They see between 900 and 1050 people every month in A&E and provide about 1000 follow up reviews in inpatient wards.”</p> <p>Item has been added to the forward plan and is scheduled to be considered by the Select Committee at its public meeting on 3 March 2021.</p> <p>Members of the Executive Team attended a private session of the Select Committee on 27 October 2020 to discuss the inpatient capital programme and improvement works at the Abraham Cowley Unit.</p> <p>The Select Committee will continue to receive updates on the progress made at the Abraham Cowley Unit throughout the implementation of the works programme.</p> |
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| | | <p>to the Adults and Health Select Committee no later than October 2021</p> <p>xx. The Children, Families, Lifelong Learning and Culture Select Committee conducts a similarly broad and wide-ranging mental health journey task group concentrating on both children and those transitioning to adult mental health services</p> | <p>Chairman of Children, Families, Lifelong Learning and Culture Select Committee</p> | <p>The Chairman's full response is included as Annex 2 of Item 7: 'Responses to Recommendations Made by the Adults and Health Select Committee'</p> <p>The Adults and Health and Children, Families, Lifelong Learning and Culture Select Committees have committed to exploring opportunities for joint scrutiny of the new Emotional Wellbeing and Mental Health Service at the appropriate time in 2021.</p> |
| 14 July 2020 | Accommodation with Care and Support Programme Update | <p>The Select Committee:</p> <ol style="list-style-type: none"> 1. Asks for a follow-up report outlining plans for further sites for Independent Living and Extra Care Housing. | <p>Assistant Director of Commissioning</p> | <p>Report circulated to the Select Committee on 13 October 2020</p> |
| 14 July 2020 | Learning Disabilities and Autism Service Update | <p>The Select Committee:</p> <ol style="list-style-type: none"> 1. Recommends that future annual health assessments are more focused on unearthing mental health issues, which can have physical manifestations; 2. Recommends that greater emphasis is placed on the | <p>Assistant Director of Disabilities</p> | <ol style="list-style-type: none"> 1. The Assistant Director is composing a briefing note to address this and the below recommendation. 2. The Assistant Director will address this in the briefing note as above. |

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| | | transition period and that the steps taken to address this are outlined in a follow-up report. | | |
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