## Notice of Meeting

# Adults and Health Select Committee

**Date & time**
Tuesday, 19 January 2021 at 10.30 am

**Place**
REMOTE MEETING

**Contact**
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**Chief Executive**
Joanna Killian

We're on Twitter:
@SCCdemocracy

**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 report any apologies for absence and substitutions.

## 2 MINUTES OF THE PREVIOUS MEETINGS: 17 DECEMBER 2020

(Pages 5 - 18)

**Purpose of the item:** To agree the minutes of the previous meeting of the Adults and Health Select Committee held on 17 December 2020 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. Due to the Covid-19 pandemic all questions and petitions received will be responded to in writing and will be contained within the minutes of the meeting.
2. The deadline for Members' questions is 12:00pm four working days before the meeting *(13 January 2021).*
3. The deadline for public questions is seven days before the meeting *(12 January 2021).*
4. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

**5** **SURREY HEARTLANDS HEALTH AND CARE PARTNERSHIP COVID-19 RECOVERY PROGRAMME** (Pages 19 - 58)

**Purpose of the item:** To update the Select Committee on Surrey Heartlands' Recovery Programme.

**6** **ADULT SOCIAL CARE TRANSFORMATION PROGRAMMES UPDATE** (Pages 59 - 74)

**Purpose of the item:** To provide a progress update for the programmes which make up the Adult Social Care 2020/21 transformation programme.

**7** **DEVELOPMENT OF NEW ALL-AGE AUTISM STRATEGY** (Pages 75 - 98)

**Purpose of the item:** To update on progress in developing a 5-year All-Age Autism Strategy across Adult Social Care, Children, Lifelong Learning and Culture, and Health in Surrey.

**8** **APPOINTMENT OF A NAMED STANDING OBSERVER AND SUBSTITUTE FOR THE HAMPSHIRE TOGETHER JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** (Pages 99 - 100)

**Purpose of the item:** To appoint a named standing observer and substitute for the Hampshire Together Joint Health Overview and Scrutiny Committee.

**9** **RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME** (Pages 101 - 120)

**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 3 March 2021.

**Joanna Killian**
**Chief Executive**
Published: Friday, 8 January 2021

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**MINUTES** of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.30 am on 17 December 2020 as a REMOTE MEETING.

These minutes are subject to confirmation by the Committee at its meeting on Tuesday, 19 January 2021.

**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

**In attendance**

* Karl Atreides, Chair, Independent Mental Health Network
* Nick Markwick, Co-Chair, Surrey Coalition of Disabled People
* Sue Murphy, Chief Executive Officer, Catalyst
* Kate Scribbins, Chief Executive, Healthwatch Surrey

## 1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Bob Gardner, David Mansfield and Darryl Ratiram.

## 2 MINUTES OF THE PREVIOUS MEETING: 15 OCTOBER 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 in item 5 (Scrutiny of 2021/22 Draft Budget and Medium-Term Financial Strategy to 2025/26) as a non-executive director of Surrey Choices.

## 4 QUESTIONS AND PETITIONS [Item 4]

None received.

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

**Witnesses:**
Anna D'Alessandro, Director of Corporate Finance
Wil House, Strategic Finance Business Partner (Adult Social Care and Public Health)
Ruth Hutchinson, Director of Public Health
Jon Lillistone, Assistant Director of Commissioning (Adult Social Care)
Sinead Mooney, Cabinet Member for Adults and Health
Liz Uliasz, Deputy Director of Adult Social Care
Simon White, Executive Director of Adult Social Care
Rachel Wigley, Director of Financial Insight

**Key points raised during the discussion:**

1. The Cabinet Member for Adults and Health introduced the report, stating that, while 2020 had been a difficult year due to the Covid-19 pandemic, the 2021/22 budget was one of stability. There were significant challenges in Adult Social Care (ASC). With regards to Public Health (PH), there was a particular need for increased attention on and funding for mental health.

2. The Director of Corporate Finance presented slides on the budget, stating that the report as presented to the Select Committee showed the draft budget as had been approved by Cabinet on 24 November 2020. The draft iteration had a gap of circa £18m. The Council expected a provisional settlement from central government today (17 December 2020), which would provide details of Surrey-specific funding, against the current £18m gap[1]. The Medium-Term Financial Strategy (MTFS) gave a longer-term view on budgetary implications for the Council. Estimates were indicative and were iterated every year, meaning that they were prone to change in future, and as the spending review released by central government this year was only a one-year spending review, it gave little certainty across the medium term. The Council had been informed by central government that they aimed for the Fair Funding Review (FFR) and business rates reset to take place when the pandemic had finished; therefore, it was estimated that these would take place in 2022/23.

3. A Member noted that there had been many statements from central government that Covid-19 costs would be met in full. Did the Director think that was correct, and was she confident it would continue? The Director of Corporate Finance responded that the only information the Council had received on Covid-19 funding in 2021 was that £1.5bn of spending review funding would be allocated across all costs nationally next year. Surrey County Council did not know yet what proportion of that it would get, and it wouldn't know this until the provisional settlement was released. As at December 2020, Surrey County Council had a surplus of circa £10m that it could use to cover Covid-19 costs for 2020/21 or to carry over any surplus into 2021/22. However,

[1] It was announced later that day that Surrey would receive sufficient funding through the provisional settlement to close the budget gap.

the Council had no guarantee that its Covid-19 costs would be met in full in 2021/22.

4. The Strategic Finance Business Partner presented slides on the draft ASC budget, which forecast a gap of £5m; it was anticipated that this £5m gap would be closed with the provisional settlement, as a proportion of the circa £18m gap to close. Looking ahead, an increased spending requirement of £75m was anticipated, leading to a gap of circa £107m across the five-year MTFS period. These assumptions would continue to be reviewed over future years, and would be influenced by the FFR, any changes to the national ASC system, and the impact of transformation plans across the Council.

5. The Strategic Finance Business Partner continued to explain that the majority of pressures in ASC related to care package price inflation and increased demand for ASC services funded by the Council. There were £31m efficiencies currently planned in the medium term, and these efficiencies would mitigate pressures rather than reducing the overall spend. The scale of efficiencies was broadly similar across client groups, amounting to approximately 3% of base budgets. Due to the pandemic, ASC was anticipating to incur circa £50m additional spending in 2020/21, about £45m of which had been spent on additional support to providers. The ongoing impact of the pandemic had been taken into account with regards to care package price inflation, and would continue to be reviewed as time went on, noting that it was difficult to predict the financial impacts of the pandemic as the national and local situation was continually changing.

6. The Executive Director of ASC outlined the ways in which the Council was reducing spend in an ethical way that had positive outcomes for service users. These were: using a strengths-based approach, transforming the model of care, and buying care as effectively as possible.

7. A Member asked what traditional day care services were being decommissioned as part of the transformation of the model of care, how the Council would ensure that residents were not negatively affected, and what investment would be put in community support. The Executive Director replied that the biggest client group for traditional day care services was people with learning disabilities (LD). All savings earmarked against reviews of day care services for people with LD were net. The ASC service would prioritise finding alternative day solutions for all individuals currently receiving traditional day care services. In a number of cases, the Council was effectively paying twice, as an individual might have 24/7 residential care as well as attending day care services. The Council aimed to provide a more modern model of care for these people, whereby they would not necessarily have to travel from their place of residence to access day services; a more modern model would involve the existing provider working with the individual and their family to find a solution that works for them, which would lead to savings comprising mostly building and transport costs. Where appropriate, this would involve supporting people with disabilities to find employment.

8. A Member enquired how confident officers were that this budget was achievable. The Executive Director stated that in his experience it had always been possible to make efficiencies where necessary. The Council would put the needs of its customers first. He expressed confidence that the Council could provide more inclusive opportunities in a way that would simultaneously deliver efficiencies.

9. The Executive Director stated that Covid-19 costs was the biggest area of uncertainty in ASC in 2021/22 at the moment. This uncertainty and the associated financial impacts of the pandemic combined with general pricing and demand pressures would be the main challenges in delivering ASC's 2021/22 budget.

10. A Member asked where the £11.5m income from learning disabilities and autism (LD&A) would come from. The Strategic Finance Business Partner responded that circa £9m of the £11.5m would come from assessed charges: the statutory policy was to assess the benefits people received and receive a proportion of those as charges. The remainder of the £11.5m was mostly composed of contributions from Clinical Commissioning Groups where individuals' care was jointly funded by the Council and the NHS.

11. Referring to efficiencies outlined in the agenda, a Member noted that there was a line about introducing a new transport policy. Was this a euphemism for reducing services for people with LD&A? He also endorsed the notion of people with LD&A participating in horticultural or animal husbandry activities as a means of day activities, and asked what the Council was doing in this area. The Strategic Finance Business Partner said that efficiencies in transport came from supporting people to travel more independently where this was assessed to be suitable and purchasing transport more effectively – for instance, trying to reduce usage of the most expensive forms of transport, like individual taxis. Regarding the Member's second point, the Cabinet Member praised the work of providers in the LD&A area and invited Members to accompany her and visit providers to see LD&A services for themselves. Being more ambitious with regards to day activities and opportunities for people with LD&A was important.

12. A Member asked whether the Council would raise funding to close the budget gap by increasing the ASC council tax precept. The Director of Corporate Finance explained that the only increase in council tax that had been factored into the budget at the moment was the 1.99% increase to overall council tax; no increase to the ASC precept had been factored into the budget as it stood. The Council was permitted to increase the ASC precept by up to 3% over the next three years, and officers were keen to have the Select Committee's feedback on whether to increase the precept at all. At this point, the Council was awaiting the provisional settlement, but it was already clear that the government would underwrite the collection fund deficit and that there would be £1.5bn Covid-19 funding from government. It was anticipated that the provisional settlement would allow the Council to close the budget gap without the Council having to make any more efficiencies.

13. A Member remarked that in the report there were references to improving purchasing of care beds and home-based care packages,

which could imply a reduction of payment to providers. He indicated that many ASC providers were currently struggling financially due to the pandemic, and asked how reductions would work for providers. The Executive Director said that this did not represent a reduction, but rather that the Council was aiming to buy care at a more consistent price. If the Council bought beds at its target price, it would save money without reducing provision for any individual. The Assistant Director of Commissioning confirmed this and added that recent analysis had shown significant variation in different parts of the county, and it was necessary to make this more uniform. The Council was having constructive conversations with home-based care providers and working on structuring rounds more efficiently in future. It was also ensuring it purchased good quality care, all of which would lead to reduced spend.

14. A Member asked why efficiencies for the mental health transformation programme were RAG (red, amber green) rated red in the report. The Executive Director replied that this was because 2020 was the first year that mental health services had been under the remit of the Council (prior to the end of the Section 75 agreement, they had been solely under the remit of Surrey and Borders Partnership NHS Trust). The Trust had not made savings effectively in the past, so this area had to be rated red; however, there was no reason to believe that the Council would not be able to make savings in mental health in future, and the RAG rating might improve.

15. A Member remarked that approximately 40% of the Council's clients in LD&A had not had their care package reviewed in the last two years. The target was to review 80% of LD&A clients, but if reviews were increased to this extent, the amount of spending on care packages might increase significantly, meaning that LD&A pressures could outweigh LD&A efficiencies. If this was the case, how was it anticipated that the Council would keep the budget balanced? The Executive Director expressed disappointment that the level of reviews was so low, but added that the service had taken action on that. One of the reasons that the Council had set up a specialist LD&A team was to improve the service, and the Assistant Director of Disabilities, who was in charge of the LD&A team, had increased the number of permanent roles in the team. The Executive Director expressed confidence that the service would recover the position on reviews over the next year. Furthermore, he doubted that increasing the number of reviews would lead to a significant increase in cost, as those who had not been reviewed were mostly people in residential care, so they had had a form of contact with the system. The Executive Director was also hopeful that when the Council did conduct these reviews, it would find a way of moving people into more independent living and less institutional forms of care, thereby making savings rather than increasing cost. Of course, if when conducting reviews the service encountered people who did need more care, it would give them more care.

16. The Cabinet Member praised technology-enabled care (TEC) as an effective tool against loneliness and described the launch of a pilot of TEC for frail and older residents, planned for 2021. She was keen to keep the Select Committee updated on this.

17. A Member noted the mention in the report of a £2.7m efficiency from the 'resolution of continuing health care disputes', and enquired what these were and how it would be ensured that there was not a problem with these in future. The Executive Director of ASC responded that Surrey had over 100 disputes with the NHS, most of which concerned whether a certain need pertained to Surrey County Council ASC or the NHS. Due to how cases had fallen to date, it was not unreasonable to assume that some of the cases would fall in the Council's favour in future.

18. A Member asked what the rationale was for not factoring an increase in the ASC precept into the budget. The Director of Corporate Finance explained that the Council was told on an annual basis by central government whether it would be allowed to levy a precept. In the 2019/20 financial year, the Council received no such directive, so it would have been premature to decide this either way when setting the draft budget for Cabinet approval. The Council was then first informed that it would be able to levy the precept on 25 November in the spending review. Whether or not to levy the precept was a political decision. To provide an indication of scale, a 1% levy on the precept would amount to £7m to £8m income for the Council.

19. The Select Committee deliberated on the issue of whether the ASC precept should be levied and, generally, Members expressed the opinion that the precept should not be levied, for the following reasons: the budget was based on good assumptions and likely to be balanced as it was; many residents would already be struggling financially due to the economic effects of the pandemic, and would struggle to pay a higher rate of tax; and it was important that central government did not feel relieved of its responsibility to provide sufficient funding. The Cabinet Member stated that Members' views would be taken on board with regards to the precept.

20. The Strategic Finance Business Partner provided an overview on the PH budget. Surrey's PH budget was funded by a ringfenced grant, which had been increased this year. Surrey's increase this year was larger than most Councils', and it was assumed that this was in recognition of Surrey's historically low funding. There was a confirmed stable budget position for Surrey's PH budget for the next two years (up to 2022/23). Moreover, as part of the FFR, there was a possibility that the PH grant would become un-ringfenced, which would significantly influence PH spending in future; if this was the case, it would not come into place until 2022/23 at the earliest. In 2020, PH had led on the Covid-19 response in Surrey, and this work had been funded by two grants from central government and special tier funding. These costs were expected to be met within those separate funding streams, so they did not form part of the PH budget. At the moment, it was anticipated that funding provided would be sufficient to cover costs in PH (therefore, there was currently no gap in the PH budget).

21. The Director of PH mentioned the Community Impact Assessment (CIA), which was published on the Surrey-I website and gave an in-depth overview of the impact of Covid-19 on geographical and demographic groups. She also restated that there had not been a

Covid-19 pressure on the PH budget, as the Covid-19 response had been completely covered by special government funding.

22. A Member asked witnesses how they saw the budget contributing to the prioritisation of the issue of health inequalities, as well as the three other priorities that formed the Council's main priority objectives. The Director of PH replied that reducing health inequalities was an essential part of PH. The PH service worked in partnership with officers working on the Health and Wellbeing Strategy, which contained key health priorities for the Council. Covid-19 had increased recognition of other elements that need to be incorporated into the Council's strategies, such as housing (homeless people had been placed in emergency housing as part of the response to Covid-19). Furthermore, there was a requirement within the NHS to reduce inequalities, so the Council was dovetailing with the NHS to make their work more effective. One key indicator of health inequalities was a disparity in healthy life expectancies between different geographical areas or demographic groups, and Surrey still had some large gaps, despite being an affluent county. There was a public Tableau dashboard (a piece of online data software used by the Council) containing all the Health and Wellbeing Strategy metrics, and the Council could use this to share with residents its aim to reduce inequalities.

23. The Chair of the Independent Mental Health Network (IMHN) expressed concern that there was a reduction in mental health funding in 2021/22 compared with the previous year, and asserted that this went against the priority of tackling health inequality. The Cabinet Member expressed a commitment to looking into increased funding for mental health and stated that she would like to involve the committee in this at some point. The Chair of the IMHN raised the work of the Mental Health Task Group, which had included in its findings a need for increased funding on mental health. The Cabinet Member responded that the work of the Task Group had raised the profile of mental health and was a factor behind the recent Mental Health Summit that was held, involving partners from across the system.

24. The Chair of the IMHN emphasised that the worsening of mental health across the country caused by the pandemic would not stop as soon as the pandemic stopped; mental health problems were likely to affect individuals in the long term.

25. The Chairman of the Select Committee stated that she was committed to mental health, which included lobbying Westminster for funding and increased mental health support, such as GPIMHS (GP Integrated Mental Health Services).

26. A Member enquired whether PH's business as usual work would be affected negatively if the funding did not increase as expected. The Cabinet Member replied that, while there had been an increase in grant funding for PH, Surrey's PH funding was still lower than would be ideal. Increased funding was essential for tackling the long-term impacts of Covid-19, and the Cabinet Member encouraged people to lobby their MPs and government for this.

27. A Member asked what was being done to address issues raised in the CIA and the impact it had had on different groups across Surrey. The Director of PH responded that the CIA was kept as up to date as possible and was fed into by received intelligence. Where disproportional impacts in certain population groups were recorded, PH spending would match these proportions to tackle inequalities. She acknowledged the importance of addressing the medium- and long-term impacts of the pandemic.

**Recommendations:**
That, subsequent to this meeting, the Adults and Health Select Committee will agree wording for inclusion in the report regarding the draft Budget and Medium-Term Financial Strategy, which is to be prepared jointly by the Council's four select committees.

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

1. Democratic Services officers to look into the possibility of organising for Members to visit LD&A services (whether remotely or in person);
2. Democratic Services officers to look into the possibility of updating the Select Committee on TEC.

## 6 ADULT SOCIAL CARE COMPLAINTS [Item 6]

### a ASC COMPLAINTS APRIL - SEPTEMBER 2020 [Item 6a]

**Witnesses:**
Sinead Mooney, Cabinet Member for Adults and Health
Kathryn Pyper, Senior Programme Manager (Adult Social Care)
Liz Uliasz, Deputy Director of Adult Social Care

**Key points raised during the discussion:**

1. The Deputy Director of Adult Social Care (ASC) introduced the report and stated that the ASC service welcomed all feedback, whether that was complaints or compliments. It took complaints seriously and aimed to resolve them in a timely way.

2. The Senior Programme Manager presented slides and detailed that there was a statutory timescale of three working days to acknowledge complaints, and a statutory obligation to respond to them in a timescale that was reasonable and less than six months. Surrey County Council's ASC service had adopted its own timescale of 20 working days for responding to complaints. Sometimes it was necessary to extend this, but the Council always kept the complainant updated. If dissatisfied, complainants had the right to go to the ombudsman.

3. Showing a slide detailing the number of complaints received in the period from April to September 2020, the Senior Programme Manager explained that while the 22 complaints received in learning disabilities and autism (LD&A) was larger than the number of complaints received in other areas, it was proportional to the caseload the LD&A service accounted for. The Deputy Director added that LD&A was a county-wide service, while others were largely area based. She also explained that timelag was the reason why there were seven complaints received for the Guildford area, but ten complaints responded to.

4. The Senior Programme Manager continued to state that as part of the new complaints management system, quarterly meetings were held with the commissioning and quality assurance teams, and a summary of complaints for each area and learning was provided to members of the leadership team each month. Key learning areas for April to September 2020 were better communication, timely assessments and reviews, effective record keeping and improving the quality of the service and staff practice. Furthermore, the complaints teams were supported and trained across ASC. Finally, a leaflet called Listening to Your Views had recently been updated.

5. A Member requested more detail on complaints resolved outside the complaints process, as mentioned in the report. The Senior Programme Manager said that this meant where a complaint was raised in the first place, but the ASC service had spoken to the resident, resolved the issue and found a solution the resident was happy with, without going through a full complaints procedure. Nonetheless, this sort of process was still recorded.

6. A Member enquired how the service was explaining complaint pathways to residents, apart from the Listening to Your Views leaflet. The Deputy Director replied that there was information on the Council's website and that, if a resident was unhappy with the care received, ASC staff would advise them of their right to make a complaint.

7. A Member noted that needs assessments were the reason behind a large proportion of complaints. Why were people dissatisfied with this? The Deputy Director replied that these complaints were generally about the outcome of the assessment, rather than the nature of the assessment. If the complaint was about the nature of the assessment, the service would take learning from that complaint, but if it was about the outcome, the service would take this up with the specific practitioner involved in the case.

8. The Chair of the Independent Mental Health Network (IMHN) raised a number of comments and concerns:
    a. It would be useful to see data from the last 12 months, not just the last six months, to give a longer-term view.
    b. The Listening to Your Views leaflet should be available more widely at community hubs and third sector partners.
    c. Some residents were still afraid to complain for fear that their funding would be reduced.
    d. Some residents felt they were not being listened to, particularly residents with disabilities.

    In response the Deputy Director remarked that she too had encountered residents who were reluctant to complain. If any resident had had their package reduced as a result of a complaint, the ASC service would like to hear about this, perhaps through Healthwatch Surrey, as this is not good practice and should not be happening. With regards to feeling listened to, this was part of the strengths-based approach and motivational interviewing technique, which ASC staff had been trained on. Videos about this new training would be brought to the Select Committee at its January 2021 meeting. The Senior

Programme Manager added that data over the last 12 months was available and this could be provided in future to the Select Committee. Regarding the leaflet, it would be made available as a core leaflet in care homes and community hubs.

9. The Co-Chair of the Surrey Coalition of Disabled People commented that the report was mostly quantitative and suggested including examples of specific complaints.

10. Referring to the 18% of complaints still pending, as mentioned in the report, a Member requested more information on what types of cases these were and the reasons for the delay. The Senior Programme Manager said that this would not necessarily entail a delay; rather, it might be a case for which there was not yet an outcome and the investigation extended beyond the end of the reporting period, but more information on these cases could be provided.

11. A Member asked whether responses to complainants included details of what the Council had done or would do as an outcome of the complaint. The Deputy Director informed the Select Committee that, as picked up in the training for staff, it was expected that learning should be included in all responses to complaints.

12. A Member enquired whether spot checks were undertaken by team leaders to check whether staff were following guidance and the service was improving. The Deputy Director replied that this was picked up in supervision and one-to-one meetings with managers. However, the Deputy Director would remind team managers to do this nonetheless. The Senior Programme Manager added that a summary was provided to the assistant director for their relevant area every month, so issues identified in this could be followed up.

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

1. The Deputy Director of ASC to incorporate videos on new training techniques to the Select Committee at the 19 January 2021 meeting;
2. The Senior Programme Manager to incorporate data covering a 12-month period into future ASC Complaints reports to the Select Committee;
3. The Senior Programme Manager to ensure the Listening to Your Views leaflet is made available as a core leaflet in care homes and community hubs;
4. The Senior Programme Manager to include specific examples of complaints and/or case studies in future ASC Complaints reports;
5. The Senior Programme Manager to provide Members with more information on complaints that are 'still pending' in future reports;
6. The Deputy Director of ASC to remind team managers to supervise and conduct spot checks with staff in the complaints team.

**b HEALTHWATCH SURREY - WHAT ARE WE HEARING ABOUT ADULT SOCIAL CARE? [Item 6b]**

**Witnesses:**

Sinead Mooney, Cabinet Member for Adults and Health
Katharine Newman, Intelligence Officer, Healthwatch Surrey

Kate Scribbins, Chief Executive, Healthwatch Surrey
Liz Uliasz, Deputy Director of Adult Social Care

*Fiona White left the meeting at 13:06.*

**Key points raised during the discussion:**

1. The Chief Executive of Healthwatch Surrey outlined that Healthwatch conducted Adult Social Care (ASC)-specific engagement, which would usually involve entering care homes and talking to residents (using Enter and View powers), as well as agenda-free engagement carried out in high-footfall areas, but because of Covid-19, Healthwatch was currently quite reliant on residents approaching Healthwatch themselves to give feedback. The Chief Executive of Healthwatch Surrey met quarterly with the Surrey County Council Deputy Director of ASC to share findings. Most of what Healthwatch heard was feedback rather than complaints; Healthwatch largely heard the sub-complaint level of feedback, whereby a resident might not want to make a formal complaint. The organisation recognised that hearing more complaints was a good thing, as it showed effective engagement, and believed in the importance of encouraging residents to give feedback and to complain. There were reasons why some residents did not feel able to speak up. Furthermore, Healthwatch had the ability (via the Independent Health Complaints advocacy service) to support residents to register complaints with the NHS, but this service did not exist for ASC.

2. A Member asked what the thresholds were for advocacy when registering a complaint about ASC. The Deputy Director of ASC stated that under the care act, people had to have a specific need for advocacy in order to receive it.

3. The Co-Chair of the Surrey Coalition of Disabled People remarked that obtaining advocacy was difficult and had become more so since the service was last procured. He also expressed concern that a lot of issues went unheard as they were either anecdotal and not quite complaints, or residents were reluctant to raise a complaint for fear of experiencing retribution or not being listened to. There was lack of trust in care managers among some residents. The Cabinet Member for Adults and Health agreed with the Co-Chair that the notion that residents felt afraid to complain was concerning, and emphasised that the service worked well and residents should not feel as though they have to hold back from complaining. Hearing vulnerable residents' voices was important, as they helped shape the service going forward. The Cabinet Member suggested looking into introducing care navigators, a person-centric contact who could help signpost residents. This would help alleviate people's fear and reduce failure in the system. It could be an integrated service, developed in partnership with third sector organisations. The Select Committee was in agreement with this suggestion.

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

1. The Cabinet Member for Adults and Health is to keep the Select Committee updated on the progress made regarding the possible introduction of a care navigators system.

## 7 RESPONSES TO RECOMMENDATIONS MADE BY THE ADULTS AND HEALTH SELECT COMMITTEE [Item 7]

**Witnesses:**
Sinead Mooney, Cabinet Member for Adults and Health

**Key points raised during the discussion:**

1. The Chairman of the Select Committee set out the progress made on the recommendations of the Mental Health Task Group since they had been endorsed by the Select Committee at its October 2020 meeting. Since then, meetings had been conducted with officers and with the Cabinet Member for Adults and Health, to ensure the recommendations were put into effect.

2. The Chairman of the Mental Health Task Group updated the Select Committee on the following points:
    a. The Task Group had asked for confirmation as to how the £2.3bn mental health funding provided nationally a few years previously was spent, and would keep the Select Committee updated on this.
    b. The Task Group had discussed at length its concerns regarding the Abraham Cowley Unit at St Peter's Hospital with Surrey and Borders Partnership NHS Trust.
    c. It was important that the Task Group liaised with the Children, Families, Lifelong Learning and Culture Select Committee with regards to transition arrangements.

3. A Member praised the work of the Mental Health Task Group and suggested that a Task Group on health inequalities be convened at some point in the future, incorporating issues such as perceived ease of access to services in deprived areas.

4. The Chairman of the Select Committee informed Members that further progress on the Mental Health Task Group recommendations would be reported on at the 3 March 2021 meeting of the Select Committee.

5. The Cabinet Member for Adults and Health expressed her support for the recommendations of the Mental Health Task Group.

## 8 APPOINTMENT OF A NAMED SUBSTITUTE TO SOUTH WEST LONDON AND SURREY JHOSC [Item 8]

It was agreed that Bernie Muir would be the named substitute on the Joint Health Overview and Scrutiny Committee.

## 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 Adults and Health Select Committee would be held on 19 January 2021.

Meeting ended at: 1.45 pm

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**Chairman**

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ADULTS AND HEALTH SELECT COMMITTEE

19 JANUARY 2021

# Surrey Heartlands Health and Care Partnership COVID-19 Recovery Programme – Update

Purpose of report: To update the Select Committee on Surrey Heartlands' Recovery Programme

## Introduction:

1. The COVID-19 pandemic has been an enormous challenge and a period of significant change for health and care services. In Surrey Heartlands, our Recovery Programme aims to meet the patient and citizen need arising from the pandemic. In order to achieve this in a sustainable way, we will need to reset to a new model of care and achieve financial sustainability.

2. Our Recovery Programme runs in parallel with other COVID-related work, such as the Mass Vaccination Programme, Testing and our Local People Plan. This related work is not covered in this update.

## Update following the writing of this paper

3. This paper was written in late December 2020 and represents the situation at that point in time. Due to the nature of the COVID pandemic and the progression of usual 'winter pressures' on health and care, the pressures on services can change rapidly. Rather than re-writing the paper to account for changes since the initial draft, the following paragraphs provide an update on changes relevant to the Select Committee's discussion, bridging the gap between the time of writing and the final submission on 5 January. A verbal update will also be provided at the meeting.

4. Due to dramatically rising cases of Covid-19 across the South East in recent weeks (with the new national lockdown announced on 4th January), including Surrey, we have been working collaboratively as a system to put measures in place that will enable us to prioritise how we provide care to those who are most critically ill. This is not a decision we have taken lightly but we must focus our efforts on those who need the most urgent and life-saving care including those with Covid-19. The following new measures have been put in place:

5. Opening up additional beds without our acute and community hospitals including additional beds at the NHS Seacole Centre

6. Prioritising urgent and cancer care over non-urgent care – postponing many routine planned elective procedures and non-urgent operations

7. Moving to virtual (telephone/online) appointments for many outpatient services to reduce numbers of people travelling to hospitals

8. Working together as a system across health and social care to discharge people from hospital as soon as they are well enough to leave, with the right support and package of care

9. Working with our independent sector partners to identify any additional bed capacity and any clinical staff that could be redeployed

10. Temporarily suspending home birth services due to ongoing pressures on the ambulance service as they are unable to guarantee a timely ambulance response to women choosing a home birth should they experience an emergency.

## Overview of the Recovery Programme

11. The Surrey Heartlands Recovery programme has an overarching Statement of ambition, supported by our Recovery priorities:

Fig 1[1] Statement of Ambition

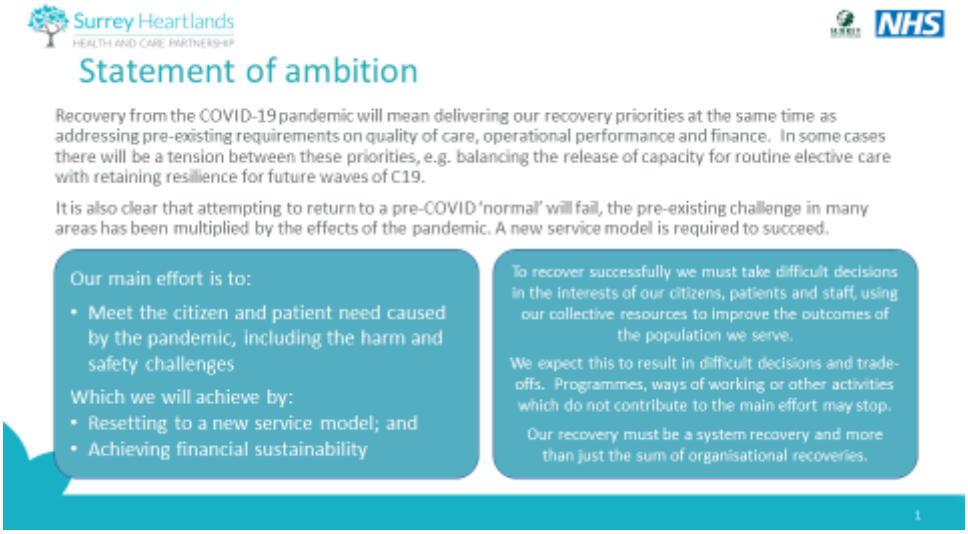
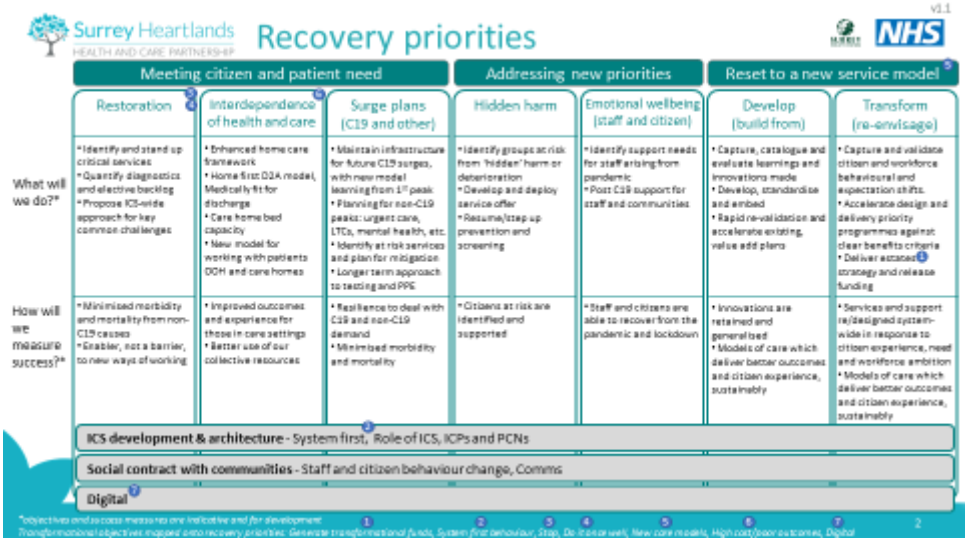



Fig 2: Recovery priorities

[1] NB: all graphs, tables and pictures are **repeated in Appendix 2** to ensure that they are readable by those not reviewing papers electronically




12. Both the Statement of ambition and Recovery priorities were developed following a review of our strategic direction – including the Surrey Health and Wellbeing Strategy and our local response to the NHS Long Term Plan – in the light of COVID-19. They aim to balance the immediate needs of restoring and maintaining services with the longer term need to learn the lessons of COVID and embed the positive work which has happened through our response to the challenges it has presented.

13. The Recovery priorities are largely delivered through dedicated workstreams, although the overlay with existing structures in health and social care means there is a strong link with 'Business as usual' which ensures our work is joined up. For example:

- Our Restoration Group brings together a range of partners from across health and care to co-ordinate our system response to collective challenges such as addressing the backlog of patients awaiting diagnosis and treatment following the first wave; and
- Our Equalities and Health Inequalities workstream has leaders from across relevant services, including public health, acute, children's, mental health and primary care services, to provide joined-up leadership.

A summary of the leadership for each of our workstreams is included in Appendix 2.

## Restoration of services following the first wave

### Returning to pre-COVID levels of service

14. In addition to the COVID patients who needed treatment, the first wave of the pandemic created other significant pressures on health services, in particular:

- Reduction in capacity due to a number of factors, including infection prevention and control requirements (e.g. fewer beds to maintain distance, enhanced cleaning between procedures) and workforce absence due to illness and self-isolation;
- Increased backlog of patients waiting for diagnosis and treatment, due to the need to temporarily cease or reduce services;
- Patient reluctance to engage with health services, e.g. due to fear of infection or uncertainty over digital services; and
- Effect on mental health and emotional wellbeing (see section below).

15. In September we agreed a plan for restoring services to pre-COVID levels with the health regulators, NHS England and NHS Improvement. This had a particular focus on increasing capacity for key services to a level where we can reduce the backlog of patients waiting for treatment.

16. At the time of writing, we are successfully delivering planned levels of activity across the majority of services and delivering 125% of pre-COVID levels of endoscopies. Progress in addressing the backlog of patients waiting for diagnosis and treatment is discussed below and additional information about our plan is provided in Appendix 2 under "Returning to pre-COVID levels of service: Additional information".

17. Digital solutions have been a key part of continuing to deliver primary care, although face-to-face appointments continue to be an important part of general practice, especially for patients or conditions which cannot easily be assessed remotely.

18. Data shows that although GP appointments decreased immediately after lockdown, they rapidly increased between May and June with an increasing proportion of appointments being conducted by video or telephone.

19. To help overcome patient reluctance, we proactively engaged with patients to encourage take up of assessment and treatment, and contacted all planned care patients who have had their care disrupted.

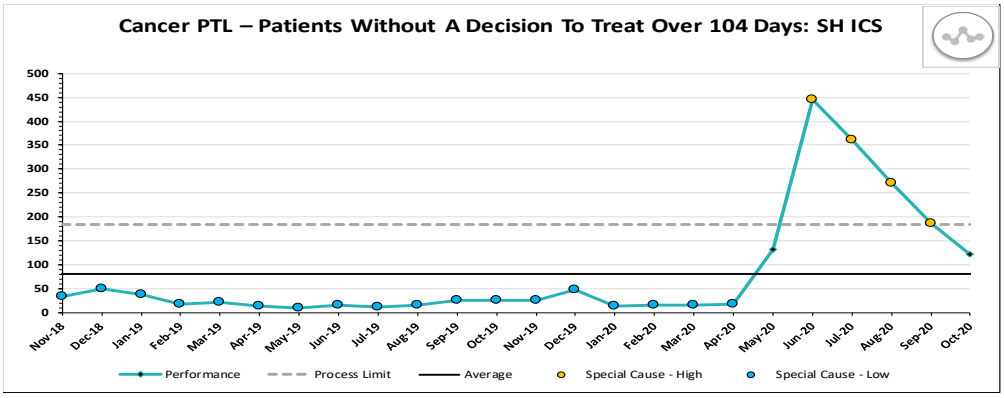
**Addressing backlogs for diagnostics and treatment**

20. Treating patients with long waits for diagnosis and treatment is a major priority for restoring services, in particular where longer waits are associated with higher clinical risk or poorer outcomes. We reviewed every 'long waiter' to assess their level of risk and proactively contacted them.

21. Patients on a cancer pathway are some of the highest clinical priorities. Cessation of diagnostics and treatments during the first wave led to a large

increase in the number of patients waiting longer for treatment, with upper and lower gastro-intestinal and urology being particular challenges. The graph below shows the number of patients waiting over 104 days for treatment, a key metric of long waits.

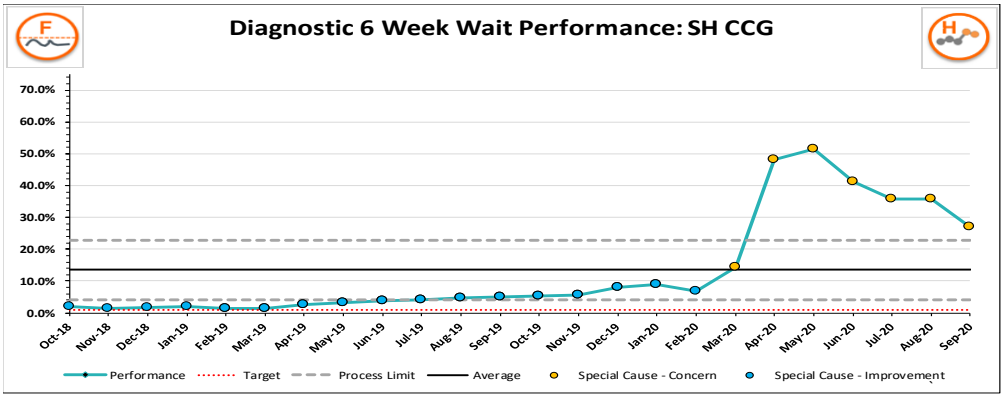
Fig 3: Cancer waiting list




22. Addressing this backlog of patients has been a top priority for Surrey Heartlands. Working with Surrey and Sussex Cancer Alliance, all our providers have placed significant effort into ensuring that patients are treated as soon as possible, with the result that the number of patients waiting has fallen steadily since July. Remaining patients largely have benign diagnoses, with some patients choosing to delay treatment until 2021 or on complex pathways.

23. Endoscopies (including Colonoscopy, Flexible sigmoidoscopy and Gastroscopy) are a key driver of long waits, in particular for patients with suspected cancer. Endoscopies are also particularly affected by COVID-related infection prevention and control protocols, making the return to pre-COVID levels particularly challenging. We have therefore placed significant focus on reducing waits for these critical procedures.

Fig 4: Percentage of patients waiting longer than 6 weeks for Diagnostics



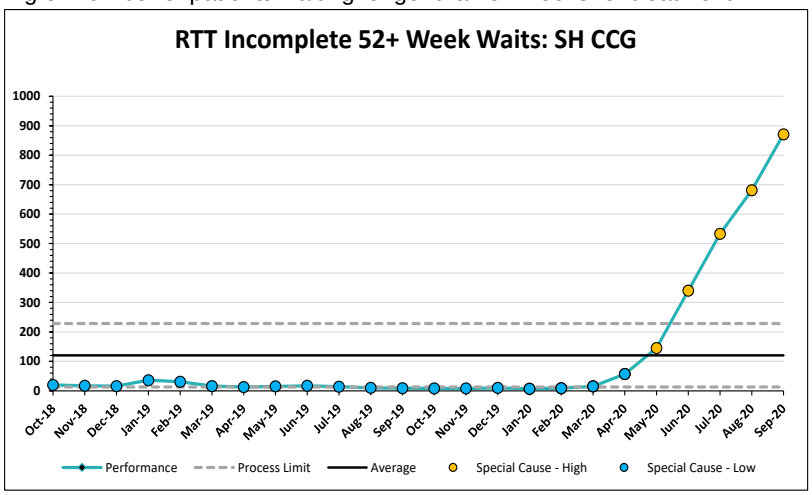

24. We have employed mutual aid across the system to ensure that patients are treated in order of priority not geography, with Royal Surrey able to use its additional endoscopy capacity to support the wider system. Early data shows that the amount of time patients are waiting for diagnostics has continued to

decrease. We are also developing a diagnostics strategy across Surrey Heartlands to drive medium and long term goals and further improve our services for patients.

25. In Surrey Heartlands we have been able to make extensive use of the independent sector to treat patients waiting for elective care. There is a potential risk to the availability of this capacity going forwards due to a change from national to local contracting on 1 January and national funding ending on 31 March 2021. Ensuring we can utilise all available capacity remains a key priority.

26. Despite best efforts across the system, the number of patients waiting over 52 weeks for treatment continues to increase. Although Surrey residents continue to have shorter waiting times than the majority of the country, we continue to aspire to no patients waiting longer than 52 weeks. The recent re-opening of Crawley Hospital, run by Surrey and Sussex Hospitals, will help us improve the trajectory.

Fig 5: Number of patients waiting longer than 52 weeks for treatment




27. Early data indicates that the trend shown in the graph above has continued through the autumn and, although there has been a levelling off of 52 week waiters in late November/December, increasing winter pressures are likely to place further pressure on elective care.

28. Patients are being treated in order of clinical priority, although large numbers of patients continue to choose to delay surgery (over 60 at Ashford & St Peter's alone). Patients who we have been unable to treat are those with benign conditions which, though important, have lower clinical risk associated with long waits.

29. During the first wave, health and care services nationally were unable to keep many services open. This winter we intend to keep all services running for as

long as we are safely able to do so in order to minimise the disruption to non-COVID patients.

**Impact of the second wave of COVID cases**

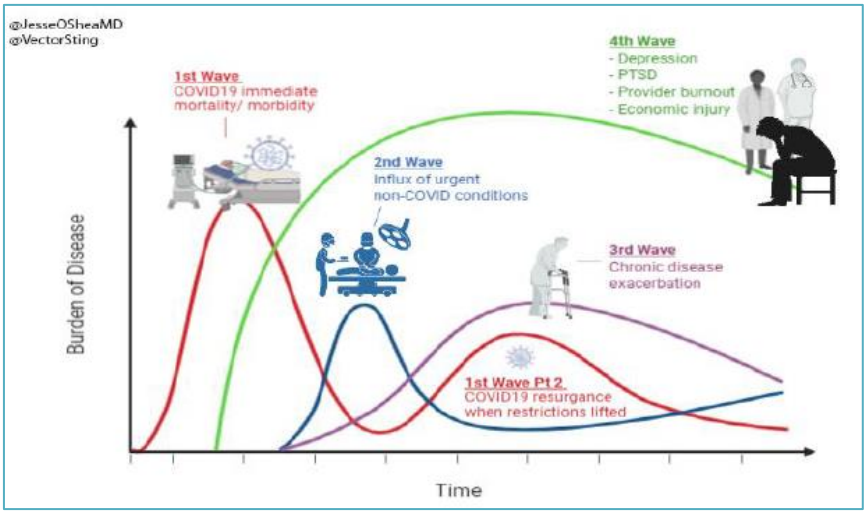
30. Through the early stages of the second wave, numbers of COVID patients in Intensive Therapy Units (ITUs) have remained at a manageable level. This is due to a number of factors, including lessons learned from the first wave and the availability of treatments and non-invasive ventilation now that the disease is better understood. However, the increased infection prevalence and the usual winter pressures expected, January is expected to be a particularly challenging period.

31. At the time of writing, we have started to see the first indicators that numbers of COVID patients are starting to place further strain on services. As a greater proportion of our bed base is taken up by COVID patients, particularly ITU beds, we will only be able to manage these patients by cancelling non-urgent elective surgeries. Even where physical capacity may exist, workforce constraints mean that additional COVID beds can only be staffed if non-COVID work is paused and staff redeployed.

**Impact of COVID and lockdown on mental health and emotional wellbeing**

32. We are now seeing a surge in mental health and emotional wellbeing issues. During lockdown there was an initial reduction in referrals, linked to closure of referring services, slow-down of referrals from primary care in particular and citizen behaviour change as people stayed away to protect the NHS. However, activity quickly recovered, reaching pre-COVID levels in September and has continued to increase.

Fig 6: Illustration of the progression of the burden of disease



33. In addition to increasing volumes, patients are presenting with a higher degree of acuity. We are seeing increases in:

    - Patients presenting in crisis who are not previously known to services (c.80% of cases presenting are patients in crisis, up from 37% last year) and greater use of Mental Health Act Emergency Powers;
    - Patients with autism presenting in inpatient services;
    - Welfare calls and more safeguarding referrals due to domestic abuse;
    - Children facing loneliness, self-harm and a significant increase in eating disorders.

34. Although the move to digital has enabled services to continue to be provided in primary care, it has created a significant barrier to people with Serious Mental Illness or Learning Disabilities accessing annual health checks, and has therefore exacerbated health inequalities.

35. Integrated working is key to our current and on-going response to COVID demand and to our recovery. Service offers brought online or expanded include General Practise integrated Mental Health Service (GPiMHS), bereavement support, virtual safe havens, crisis pathway, fast track workforce wellbeing support, virtual wellbeing hub offering access to third sector interventions.

36. Further information on our mental health recovery is provided in Appendix 1.

**Building on changes made during our COVID response**

37. The demands of responding to COVID have led to many changes in the way we work and deliver services. There is an opportunity to capture the value from these changes to ensure that our citizens, patients and staff benefit from them going forwards.

38. As mentioned above, mutual aid and shared clinical prioritisation of patients was a key factor in addressing the diagnostics backlog and this type of arrangement will be continued and developed as part of Surrey Heartlands Diagnostics Strategy and our response to the recent Richards Review[2].

[2] *"Diagnostics: Recovery and Renewal – Report of the Independent Review of Diagnostic Services for NHS England"* was undertaken by Professor Sir Mike Richards, former Chief Inspector of Hospitals, and reported in November 2020. Sir Mike was commissioned to undertake a review of NHS diagnostics capacity and recommends the need for a new diagnostics model, where more facilities are created in free standing locations away from main hospital sites, including on the high street and in retail locations, providing quicker and easier access to tests to a range of tests on the same day, supporting earlier diagnosis, greater convenience to patients and the drive to reduce health inequalities. We are currently assessing the implications of the Richards Review for Surrey Heartlands and how we can best implement its recommendations for the benefit of our patients and citizens.

**Care sector**

39. The first wave of COVID brought to the fore a number of existing issues with the way the health and care sectors have historically interacted. Practical changes implemented include:

    - Improved data collection in relation to COVID business continuity and capacity tracking via a new Capacity Tracker used by over 350 of our 370 care homes;
    - NHSmail uptake in care homes greatly increased, providing a secure means of transmitting personal records between partners and care home access to MS Teams for virtual MDTs; and
    - Enhanced healthcare support in care homes – 'Directed Enhanced Service' (DES) – providing a named clinical lead, weekly check in calls to care homes and development of MDT care home rounds.

40. General practice continues to deliver best practice support to care homes, including video consults, GP & paramedic visiting services & weekly check-ins with community providers.

41. Over 1,800 people were discharged from hospital through the 'discharge to assess' model employed during the first phase of the pandemic. This has been supported by coordinated purchasing across health and social care through a central placements team which was able to source 166 beds on a block basis and many more spot placements. 94% of people had a bed or placement available within 2hrs of referral.

42. Learning the lessons from these temporary protocols, a revised discharge to assess model, Home First, has been implemented from September. This improves both citizen/patient experience and improves outcomes by ensuring that care is provided in the best setting, as well as releasing capacity in acute hospitals.

**Move to digital first in primary and secondary care**

43. Before the pandemic, Surrey Heartlands had ambitious plans to reduce face-to-face outpatient appointments by 70% over 5 years. The move to virtual appointments during our COVID response, whether online or telephone, has greatly accelerated the roll out of these plans as well as increasing acceptance among staff and patients of new ways of working.

44. Before lockdown, telephone and video consultations made up only a very small proportion of total consultations. During lockdown we were able to quickly roll out and scale up services to ensure that patients had access to care wherever possible.

45. Although face-to-face appointments have resumed where needed, for example where particular patients or conditions cannot be assessed remotely, video and telephone consultations have now become a normal part of patient care, with acute trusts currently providing between 40% and 50% of consultations remotely. A full review into virtual consultations is required in order to facilitate effective patient care across multiple pathways and organisations.

46. Further digital tools such as Consultant Connect – providing GPs with access to specialist consultants – are enabling us to close down more cases in general practice without referral to secondary care, resulting in quicker and more convenient care for patients and more efficient use of health resources.

Fig 7: Changing how we worked – a rapid shift to digital


47. This move towards digital has also meant an accompanying increase in our digital inclusion work. There is the potential for digital exclusion to exacerbate existing health inequalities, and in Surrey there is an overwhelming correlation between social exclusion and digital exclusion, linked to areas of greater deprivation and the communities that live in these areas.

48. Tech to Connect is a project to provide technology and support in using technology and virtual groups to reduce feelings of loneliness and isolation in people with care and support needs. Tech to Connect specifically addresses both those who do not have, or are unable to afford, a device and those who are unable to get out and about because of health needs, caring responsibilities, disabilities or other significant barriers.

49. We also recognise that not everyone can or wants to engage digitally and we plan to carry out further research and engagement to understand barriers to digital.

50. As part of our move towards remote consultation, it has become clear that many patients prefer telephone to video, and we have adjusted our response accordingly. Our 'Think 111 First' programme, part of a national programme to ensure patients are seen in the most clinically appropriate setting, similarly uses telephone as a core entry point to NHS services.

Fig 8: Digital inclusion next steps


## Updates from Recovery workstreams

51. We have 8 dedicated workstreams, each focused on delivering our Recovery priorities:

i. Restoration – focusing on restoring services, as discussed above;

ii. Interdependence of Health and Care (now closed, see below);

iii. Surge – system management of peak demand in areas such as critical care and flu vaccination;

iv. Equalities and Health Inequalities (formerly Hidden Harm, see below);

v. Emotional Wellbeing – as discussed above;

vi. Develop and Transform – driving projects which help us reset to a new model of service and financial sustainability;

vii. Digital – including digital inclusion;

viii. ICS Development and Architecture – ensuring our partnership is set up as an effective enabler of our shared objectives.

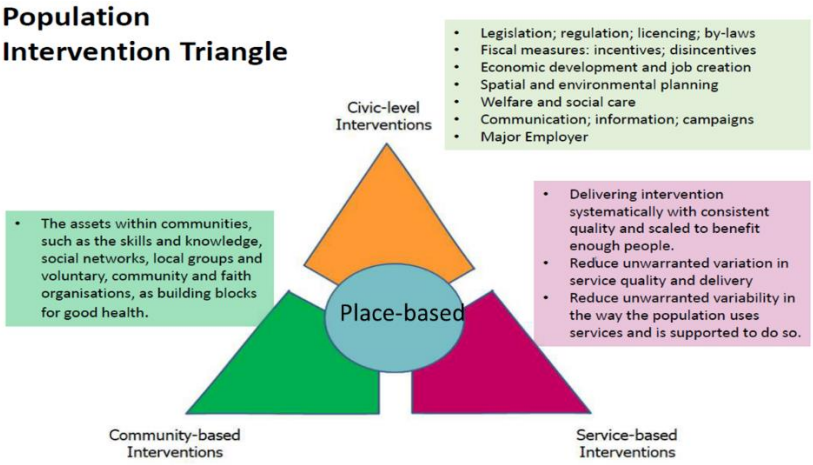
52. Much of the work of these workstreams is covered earlier in this report. Other highlights we would like to draw to the attention of the Select Committee are as follows.

53. Our Interdependence of Health and Care workstream has been closed after its objectives were either completed or partially completed and transferred to BAU:

- Provision of comprehensive support to care homes over the course of the first phase of the COVID-19 pandemic – Achieved
- Development of training and education, including Infection Prevention & Control – Achieved
- Integration of health and social care to sustain a high quality discharge to assess model – Partially achieved and transition to BAU
- Targeted support to areas requiring additional support and reducing health inequalities – Achieved
- Enable a higher level of digital connectivity across the care sector – Partially achieved and transition to BAU

54. The Equalities and Health Inequalities workstream brings together various pieces of work addressing these key areas of Recovery. The workstream is using the evidence based Health Inequalities framework to bring system partners together in response to these needs.

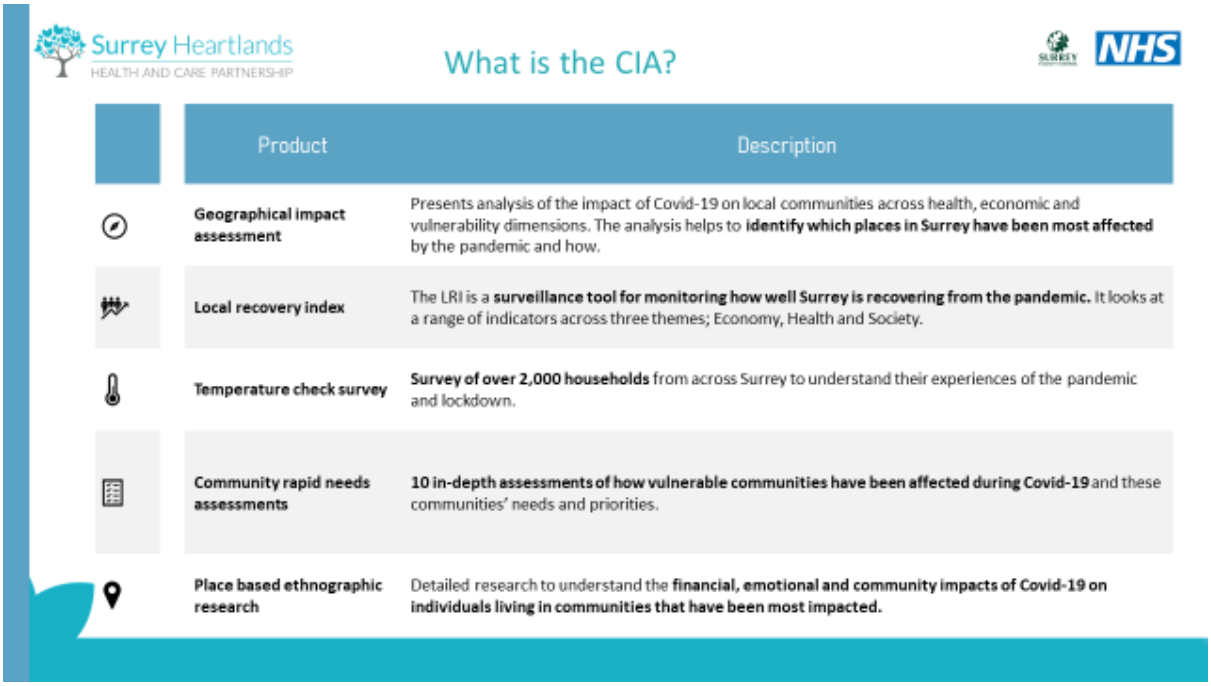
Fig 9: Population Intervention Triangle




55. Core objectives include a system-wide Health Inequalities strategy with a focus on COVID inequalities, identification of Health Indicators considering the findings of the Community Impact Assessment (CIA) and Rapid Needs Assessments (RNAs), and the development of a Health Inequalities dashboard.

56. The CIA explores the health, social and economic impacts of COVID-19 among communities across Surrey, communities' priorities for recovery, and what support these communities might need in the event of another outbreak. It then aims to enable partners to provide targeted support to communities impacted by COVID-19 and to act preventatively to mitigate future risk and impacts.

Fig 10: Communities Impact Assessment



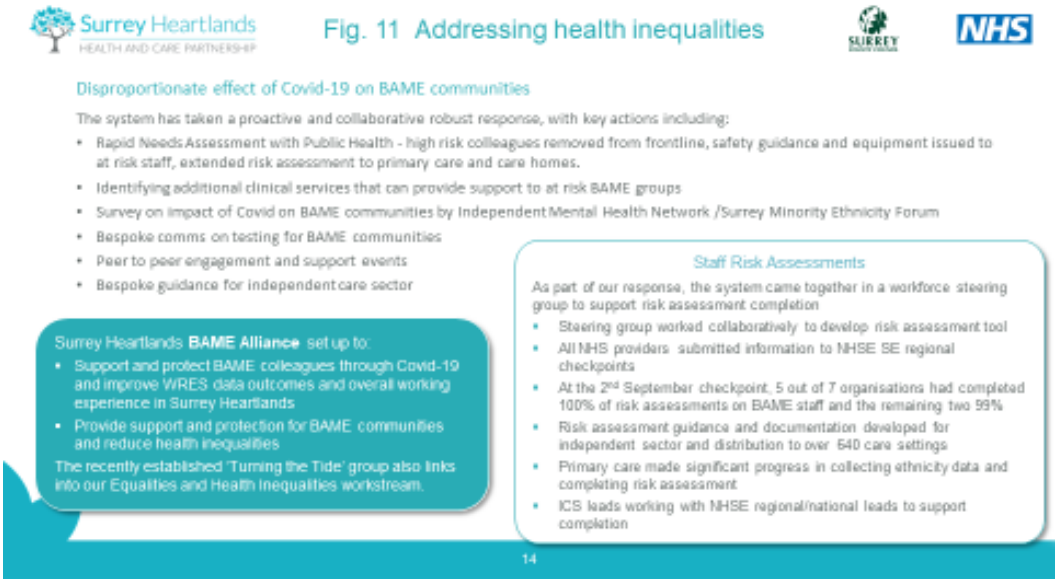

57. A core aspect of this, the Rapid Needs Assessments (RNAs) – as discussed at the September Health and Wellbeing Board, identified that:

- COVID-19 has had a disproportionate impact on certain groups within Surrey, including people from Black, Asian and minority ethnic (BAME) backgrounds, people experiencing domestic abuse, people with mental health conditions and those in residential care; and

- Across the spectrum of the RNAs, there were cross-cutting themes emerging, further emphasising support and resource needed for mental health, carers and vulnerable groups

58. Our Equalities and Health Inequalities work also links closely into key, related areas of work in Surrey Heartlands. For example, support for our BAME communities are core to the Local People Plan and our new 'Turning the Tide' Board.

Fig 11: Addressing Health Inequalities




**Conclusions:**

59. COVID-19 and lockdown have presented enormous challenges for health and care at every level. Our Recovery Programme in Surrey Heartlands is focused on meeting the citizen and patient need created by the pandemic and doing so in a way which captures the lessons and positive work from our COVID response.

60. Since the first wave we have taken significant steps to both restore services and to capture the valuable work accelerated and developed during the pandemic. Key examples include mutual aid on diagnostics, use of digital and the 'discharge to assess' model.

61. At the time of writing, we are experiencing a surge in demand across our services: COVID, non-COVID, physical and mental health, and care. Even as vaccines are rolled out, this unprecedented demand continues to place strain on our services. Given the fast-moving nature of these developments, a verbal update can be provided to the Committee as required.

**Recommendations:**

62. The Committee is asked to note the contents of this report and provide any comments on the Recovery Programme.

**Next steps:**

63. Surrey Heartlands Health and Care Partnership will continue to deliver the Recovery Programme, amending our approach for factors such the second and

any subsequent waves, vaccination roll out and any changes to the needs and priorities of our citizens and patients.

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**Report contact**

Helen Coe, Surrey Heartlands Recovery Director

**Contact details**

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**Appendix 1**

Mental health update – as provided to the Recovery Co-ordination Group of the Local Resilience Forum on 14 December

**Appendix 2**

The graphs, tables and pictures included in the main report, in a clearer format for those printing the report, plus some additional information as referred to above in the main report.

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# Appendix 1 – Mental Health Update

Professor Helen Rostill

As presented to Recovery Co-ordination Group on 14 December

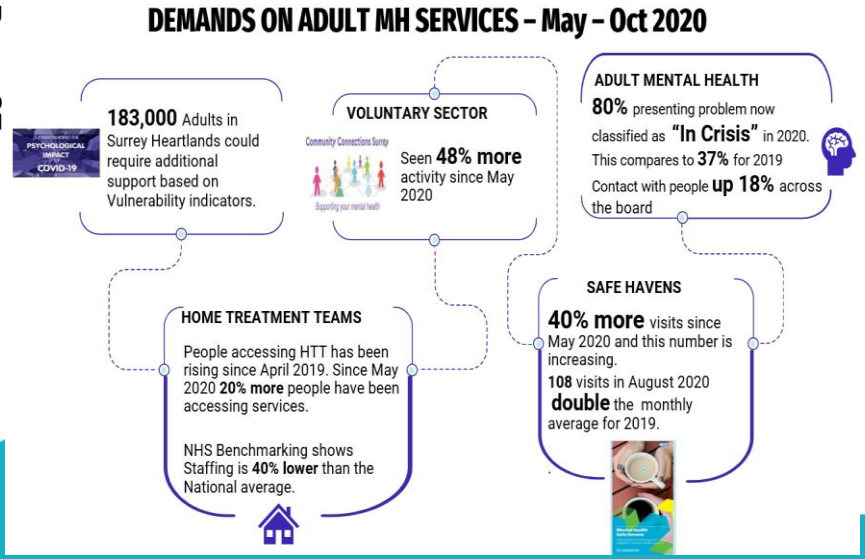
# Covid-19 Impact Assessment

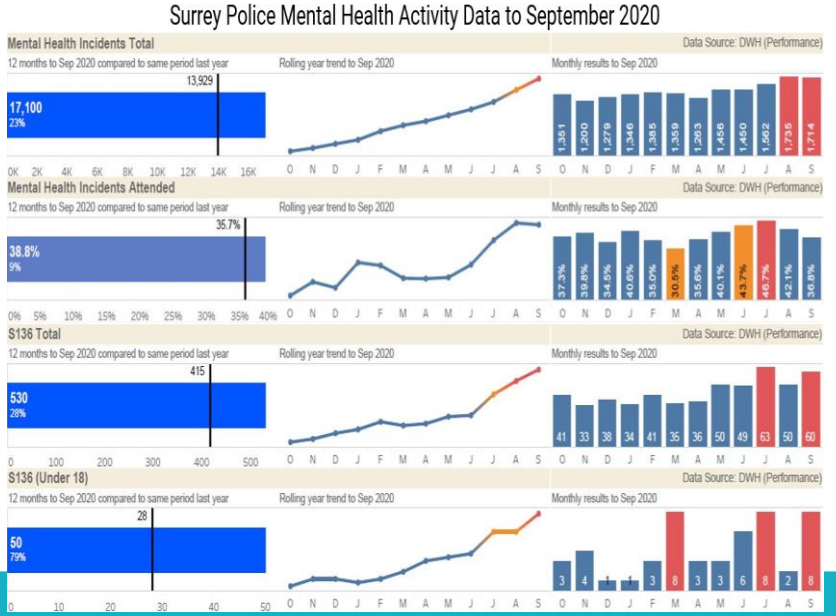

## What are we doing to help?

- Tech to Connect improving access to technology to those who are isolated and digitally excluded
- Surrey Virtual Wellbeing Hub self-referral gateway to VCFS support
- Emotional wellbeing advice and resources on the Healthy Surrey Website
- Webinars delivered by the Recovery College.
- Collaboration between Citizens Advice Bureau, DWP and MH providers.
- Spreading Mental Health First Aid training.
- Messaging and signposting

# Acuity Pressures

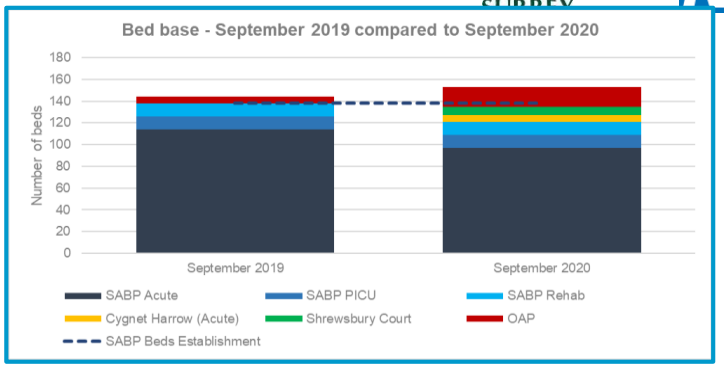
- More people presenting in crisis who were not previously known or who had been stable
- increases in the use of emergency powers under the Mental Health Act with s135/s136 activity from January-August 30% higher than 2019 and a higher percentage of those people assessed also requiring admission
- Surrey Police data indicates an increasing trend in attendance at mental health incidents and increased use of s136 powers under the Mental Health Act.

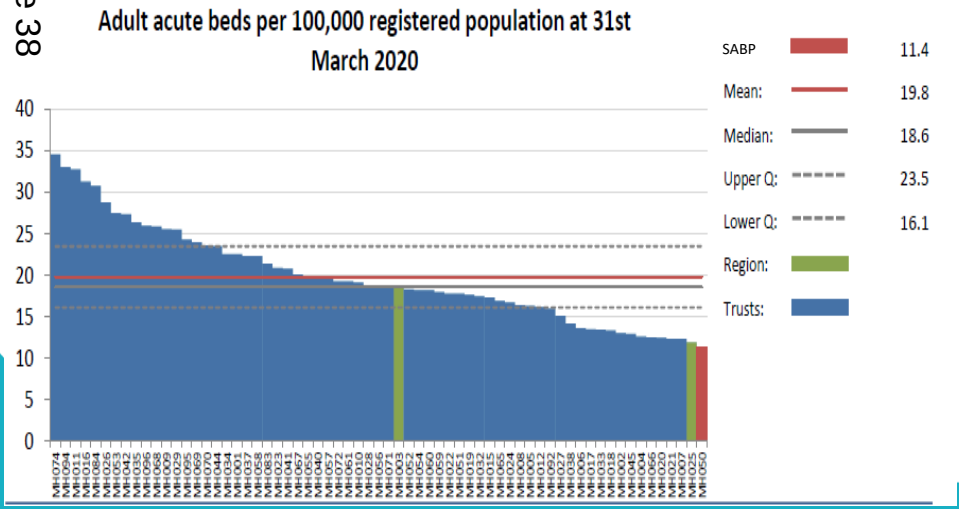


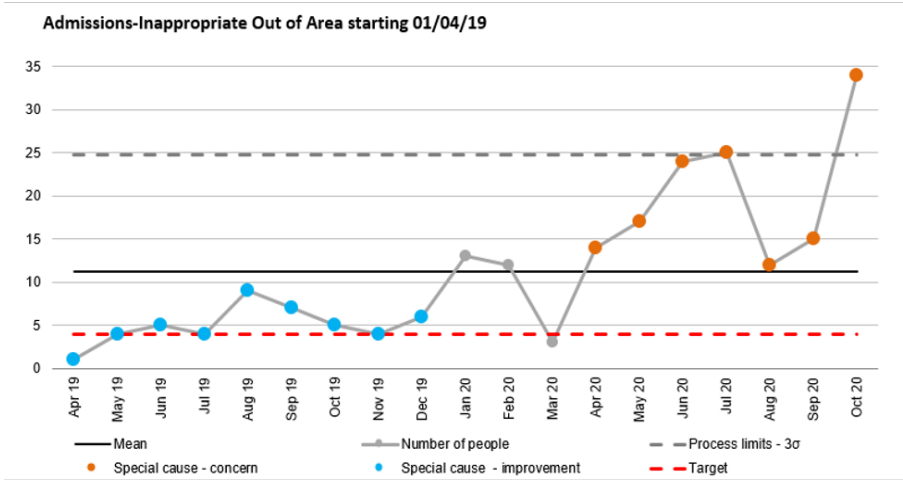



# Inpatient Admissions and Flow Trends

- Low bed-base per 100k weighted population and further reductions experienced due to social distancing, safety works and contractual changes
- High occupancy rates of over 95+%
- Significant increase in Out of Area placements due to low number of available beds but also increases in admissions and acuity
- Managing flow is critical and there has been a reduction in length of stay to national average levels but delayed transfers of care can create pressures



## Adult Emotional Wellbeing & Mental Health Pressures

- General impact of Covid-19 on adult emotional wellbeing and mental health
- Increased acuity
- Bed pressures and flow management
- Increase in Out of Area Placements
- Delayed transfers of care, especially for people with complex needs such as Autism
- Optimising the community pathway
- Workforce capacity pressures
- Growing pressure on 3rd sector resources and lack of long-term contracting options create fragility
- Significant health inequalities and under provision of physical health checks

| | **Solutions and actions** | Status |
|---|---|---|
| 1 | Increase bed team capacity through private sector | In Place |
| 2 | Virtual ward and enhanced bed bureau | In Place |
| 3 | OPEL reporting | In Place |
| 4 | RESET weeks | In Place |
| 5 | Hospital discharge team | In Place |
| 6 | Home First and Home Fast initiative and intensive home support | In Progress |
| 7 | Housing support and welfare worker | In Progress |
| 8 | 24/7 crisis line | In Place |
| 9 | 24/7 rapid response and home treatment team | In Place |
| 10 | Safe Havens | In Place |
| 11 | 24/7 Safe Havens | Delayed |
| 12 | Mental health liaison in all acute hospitals | In Place |
| 13 | Police triage | Delayed |
| 14 | Restoration of community services and increase in face-to-face contact | In Place |
| 15 | Integrated mental health in primary care (GPIMHS) roll out | In Place |
| 16 | IAPT restoration of services | In Place |

Surrey Heartlands
HEALTH AND CARE PARTNERSHIP

SURREY COUNTY COUNCIL

NHS

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+38%

## Demand Continues to Rise for Kooth

We are seeing more young people than ever turning to Kooth for support. Now that traditional means of support are closed to many, it's clear that digital has a vital role to play in supporting mental health and wellbeing.
Offering anonymity and freedom to access help when it's needed is key, we're there

## Suicidal Thoughts See 40% Increase on Last Year, Accounting for 19% of all Issues on Kooth

"School is the only place I'm safe from taking my own life. But they can't take me now. Because of the risk. I have tried to take my life a few times. Everything seems to be bad and getting worse."
**~ Anonymous Kooth User**

### Anxiety/Stress
Anxiety and stress is the largest presenting issue by volume.
**Up 53% from last year**

### Sadness
Sadness now accounts for 9% of all issues presented.
**Up 211% from last year**

### Self Harm
A worrying amount of CYPs are presenting with self harm issues.
**Up 45% from last year**

### Suicidal Thoughts
A huge spike in CYPs presenting with suicidal thoughts
**Up 40% from last year**

### Family Relationships
Relationships with family members remain strained.
**Up 50% from last year**

### School / College Worries
Such as returning to school or handling education virtually.
**Up 246% from last year**

### Friendships
Friendships have suffered while schools and colleges are closed.
**Up 20% from last year**

### Loneliness
Our young people are growing lonelier during lockdown.
**Up 135% from last year**

## What headlines can we pull from this data?

1. **Anxiety/Stress** sees 53% increase among young people
2. 1 in 5 Young People Struggling with Issues around **Family Relationships**
3. **Self-Harm** sees Major Increase in Prevalence under Lockdown
4. **Suicidal Thoughts** see 40% Increase on Last Year
5. Young People Struggle with **Friendships** During Lockdown
6. **School or College**-Related Mental Health Issues Surge
7. **Sadness** sees Threefold Increase under Lockdown
8. **Loneliness** Among Young People up 134%

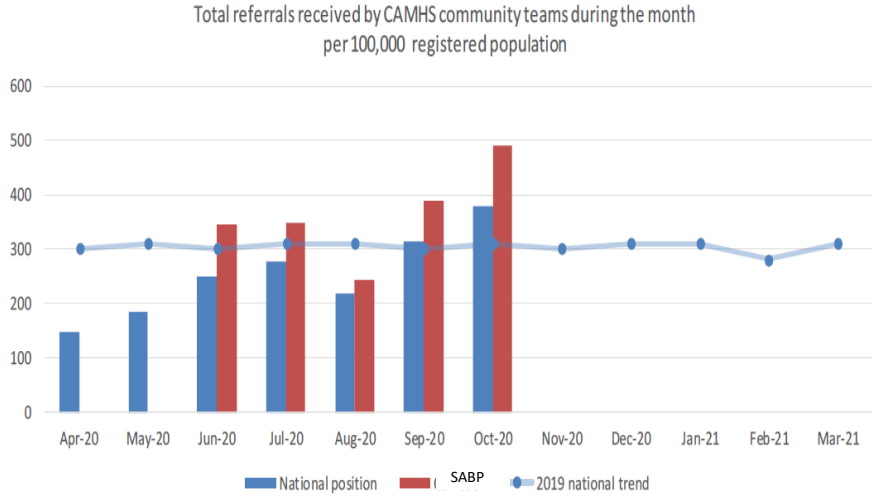
The presenting issues are registered against a service user following any interaction that displays this issue. This is typically during counselling, but could also be during any other interaction, such as comments in a forum. The comparison to last year is based on the proportion of the users that have presented with the particular issue, compared to the proportion last year, during the same time period. Dataset size: 70,007



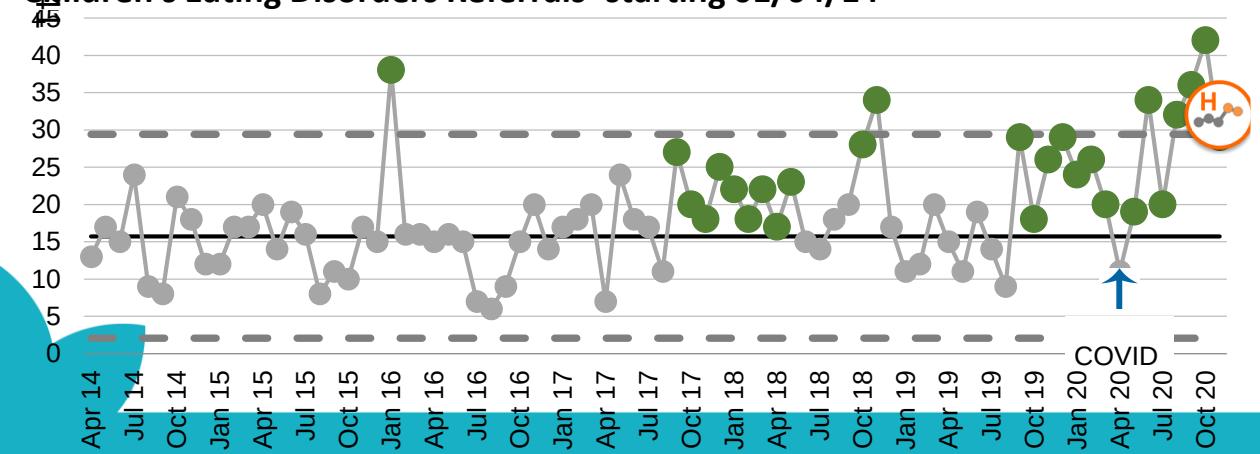
kooth

# Demand and Capacity Trends

- National benchmarking data shows a year-on-year increase in CAMHS referrals since 2018/17.
- CAMHS is currently showing a 22% increase in demand above the same time last year.
- 66% increase in demand for children's eating disorder services and a 3-fold increase in urgent cases.
- Comparatively small workforce, with a higher than average number of agency staff. However, productivity is above the national average.




## Children's Eating Disorders Referrals- starting 01/04/14




| Average number of months waited for children currently in treatment | |
|---|---|
| CAMHS CT | 3 months |
| PMHT | 3 months |
| ASD | 6 months |
| ADHD | 7 months |

## Children's Emotional Wellbeing & Mental Health Pressures

- Demand pressures and high referral rates
- Eating Disorders
- Tier 4 CAMHS
- High community referral acceptance rates and high caseloads
- Long waits for neurodevelopmental services
- Relatively low discharge rates
- Workforce pressures, high agency staffing but relatively high productivity
- Inequalities

| | **Solutions and actions** | Status |
|---|---|---|
| 1 | 24/7 crisis line | In Place |
| 2 | Children's Havens | In Place |
| 3 | Paediatric liaison | In Place |
| 4 | Integrated role in Emergency Duty Team | In Place |
| 5 | HOPE House | In Place |
| 6 | Tier 4 CAMHS Provider Collaborative | Shadow Form |
| 7 | Eating disorders safety plan | In progress |
| 8 | Physical health monitoring pathway for eating disorders | Delayed |
| 9 | Review of waits and waiting list initiatives | In Progress |
| 10 | Support to schools | In Progress |
| 11 | Emotional Wellbeing and Mental Health Service retender | Outcome awaited |

# Appendix 2 – Graphs, tables and pictures



This appendix includes:

1. The graphs, tables and pictures included in the main report, to ensure that they are readable by those not reviewing papers electronically
2. Additional information on returning to pre-COVID levels of service, as referenced in the main report

The information provided in this appendix is presented in the order in which it is referenced in the main report.

# Fig 1. Statement of Ambition

Recovery from the COVID-19 pandemic will mean delivering our recovery priorities at the same time as addressing pre-existing requirements on quality of care, operational performance and finance. In some cases there will be a tension between these priorities, e.g. balancing the release of capacity for routine elective care with retaining resilience for future waves of C19.

It is also clear that attempting to return to a pre-COVID 'normal' will fail, the pre-existing challenge in many areas has been multiplied by the effects of the pandemic. A new service model is required to succeed.

Our main effort is to:

- Meet the citizen and patient need caused by the pandemic, including the harm and safety challenges

Which we will achieve by:

- Resetting to a new service model; and
- Achieving financial sustainability

To recover successfully we must take difficult decisions in the interests of our citizens, patients and staff, using our collective resources to improve the outcomes of the population we serve.

We expect this to result in difficult decisions and trade-offs. Programmes, ways of working or other activities which do not contribute to the main effort may stop.

Our recovery must be a system recovery and more than just the sum of organisational recoveries.

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# Fig 2. Recovery priorities

SURREY COUNTY COUNCIL NHS

| | Meeting citizen and patient need | | | Addressing new priorities | | Reset to a new service model (5) | |
|---|---|---|---|---|---|---|---|
| | Restoration (3) (4) | Interdependence of health and care (6) | Surge plans (C19 and other) | Hidden harm | Emotional wellbeing (staff and citizen) | Develop (build from) | Transform (re-envisage) |
| What will we do?* | • Identify and stand up critical services<br>• Quantify diagnostics and elective backlog<br>• Propose ICS-wide approach for key common challenges | • Enhanced home care framework<br>• Home first D2A model, Medically fit for discharge<br>• Care home bed capacity<br>• New model for working with patients OOH and care homes | • Maintain infrastructure for future C19 surges, with new model learning from 1st peak<br>• Planning for non-C19 peaks: urgent care, LTCs, mental health, etc.<br>• Identify at risk services and plan for mitigation<br>• Longer term approach to testing and PPE | • Identify groups at risk from 'hidden' harm or deterioration<br>• Develop and deploy service offer<br>• Resume/step up prevention and screening | • Identify support needs for staff arising from pandemic<br>• Post C19 support for staff and communities | • Capture, catalogue and evaluate learnings and innovations made<br>• Develop, standardise and embed<br>• Rapid re-validation and accelerate existing, value add plans | • Capture and validate citizen and workforce behavioural and expectation shifts.<br>• Accelerate design and delivery priority programmes against clear benefits criteria<br>• Deliver estates (1) strategy and release funding |
| How will we measure success?* | • Minimised morbidity and mortality from non-C19 causes<br>• Enabler, not a barrier, to new ways of working | • Improved outcomes and experience for those in care settings<br>• Better use of our collective resources | • Resilience to deal with C19 and non-C19 demand<br>• Minimised morbidity and mortality | • Citizens at risk are identified and supported | • Staff and citizens are able to recover from the pandemic and lockdown | • Innovations are retained and generalised<br>• Models of care which deliver better outcomes and citizen experience, sustainably | • Services and support re/designed system-wide in response to citizen experience, need and workforce ambition<br>• Models of care which deliver better outcomes and citizen experience, sustainably |

(2) **ICS development & architecture** - System first, Role of ICS, ICPs and PCNs

**Social contract with communities** - Staff and citizen behaviour change, Comms

(7) **Digital**

*objectives and success measures are indicative and for development

Transformational objectives mapped onto recovery priorities: (1) Generate transformational funds, (2) System first behaviour, (3) Stop, (4) Do it once well, (5) New care models, (6) High cost/poor outcomes, (7) Digital

# Workstream leadership

| Workstream | CEO lead | Delivery director | Professional lead | Finance lead | Non-exec lead[2] |
|---|---|---|---|---|---|
| Restoration | Louise Stead | Helen Coe | Charlotte Canniff & Ed Cetti | Paul Simpson | Fran Davies (CSH) |
| Interdependence of Health and Care[1] | Simon White & Joanna Killian | Jack Wagstaff | Shelley Head & Sara Barrington | Rakesh Patel | - |
| Surge planning | Michael Wilson | Helen Coe | Zac Faris | Ross Dunworth | Sue Sjuve (RSCH)<br>Mark Byrne (CCG) |
| Equalities and Health Inequalities (formerly Hidden harm) | Ruth Hutchinson | Trudy Mills | Russell Hills & David Fluck | Daniel Peattie | Gill Edelman (CCG) & Caroline Shuldham (CSH) |
| Emotional wellbeing | Fiona Edwards | Helen Rostill | Justin Wilson & Sue Denton | Graham Wareham | Pauline Lambert (SASH) |
| Develop and Transform | Steve Flanagan | Tom Smerdon and Helen Coe | Mark Hamilton | Graham Wareham and Karen McDowell | Andrew Prince (RSCH) & Caroline Warner (SASH) |
| ICS Development & architecture | Claire Fuller | Karen McDowell | Charlotte Canniff | Karen McDowell & Ross Dunworth | Jonathan Perkins (CCG)<br>Peter Collis (ICS)<br>Brian Ingelby (First Community)<br>David Sadler (SASH) |
| Digital | Fiona Edwards | Katherine Church | Andy Sharpe | Simon Marshall | Rahul Jaitly (SaBP)<br>John Machin (CSH) |

[1] Workstream closed [2] Non-execs are confirmed for the majority of workstreams but roles are to be confirmed for some

# Returning to pre-COVID levels of service: Additional information (1/3)

| | | Aug 20 | Sep 20 | Oct 20 | Nov 20 | Dec 20 | Jan 21 | Feb 21 | Mar 21 |
|---|---|---|---|---|---|---|---|---|---|
| Electives | Target | 90% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | Total outpatient attendances (face to face or virtually) | | 106% | 105% | 107% | 110% | 108% | 110% | 128% |
| | Target | 25% | 25% | 25% | 25% | 25% | 25% | 25% | 25% |
| | Consultant Led FIRST OP Attendances by phone/video | | 52% | 52% | 54% | 54% | 54% | 54% | 56% |
| | Target | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% |
| | Consultant Led Follow-up Attendances by phone/video | | 64% | 64% | 64% | 64% | 64% | 64% | 65% |
| | Target | 70% | 80% | 90% | 90% | 90% | 90% | 90% | 90% |
| | Day case Electives | | 91% | 99% | 106% | 102% | 113% | 112% | 137% |
| | Ordinary Electives | | 52% | 53% | 51% | 49% | 53% | 54% | 65% |
| | Total | | 81% | 90% | 90% | 91% | 97% | 96% | 116% |
| | RTT Waiting List | | 68,542 | 72,649 | 74,182 | 75,990 | 77,372 | 78,358 | 77,528 |
| | 52 Week Waits | | 781 | 714 | 662 | 597 | 615 | 554 | 332 |
| Diagnostics | Target | 90% | 90% | 100% | 100% | 100% | 100% | 100% | 100% |
| | Magnetic Resonance Imaging (MRI) | | 90% | 100% | 100% | 100% | 100% | 100% | 100% |
| | Computed Tomography (CT) | | 90% | 100% | 100% | 100% | 100% | 100% | 100% |
| | Colonoscopy | | 96% | 95% | 106% | 98% | 104% | 91% | 123% |
| | Flexi Sigmoidoscopy | | 80% | 85% | 103% | 97% | 93% | 98% | 116% |
| | Gastroscopy | | 99% | 96% | 103% | 93% | 116% | 106% | 138% |

Paras 15 and 16 of the main report discuss key aspects of our plan to return to pre-COVID levels of service, as agreed with our regulators NHS England and NHS Improvement (NHSE/I).

This section of the appendix provides further information on that plan, which was agreed with NHSE/I in September 2020.

This table reflects the targets set by NHSE/I and how our Surrey Heartlands plan responded to them. The measures used by NHSE/I and our plans are explained on the subsequent slides.

It is important to note that, at the request of NHSE/I, these plans are prepared on the basis of 'best possible' efforts. Therefore, subsequent COVID waves and winter pressures were a clear and acknowledged downside risk, although mitigations are in place.

Validated actual data for the period and measures shown is very limited and is not shown here. This table illustrates our plan only.

However, early data suggests that we are successfully delivering planned levels of activity across the majority of services and delivering 25% more endoscopies than before COVID.

# Returning to pre-COVID levels of service: Additional information (2/3)

**Total outpatients attendances**

- This measures the total number of outpatients attendances compared to the previous year. This is expressed as a percentage last year's number. So '110%' means we plan to conduct 10% more outpatient appointments than we did pre-COVID.
- We plan to exceed 100% of pre-COVID levels in every month from September 2020 to March 2021, above the national target of 100% in that period.

**Consultant led outpatient (OP) appointment attendances by phone or video**

- There are two separate measures, one for first time appointments and one for follow ups.
- Both measures consider the proportion of appointments which are conducted remotely rather than face to face. So '60%' means 6 out of 10 appointments are remote and the remaining 4 out of ten are face-to-face.
- We plan to deliver over 50% of first time and over 60% of follow up appointments remotely, exceeding the national targets of 25% and 60%, respectively.

**Day case and 'ordinary' electives**

- There are two separate measures, one for day case elective procedures and one for other 'ordinary' elective procedures.
- Both measures consider the total number of procedures undertaken compared to the previous year. This is expressed as a percentage of last year's number. So '110%' means we plan to conduct 10% more procedures than we did pre-COVID.
- Although day cases and 'ordinarys' are planned for separately, the national target is a blended measure for total procedures. This is not a straight average of the two due to higher numbers of day case procedures.
- We plan to deliver over 99% of pre-COVID day case procedures in October and over 100% from November onwards. Our plan for Ordinary electives is lower due to the higher impact of COVID restrictions such as social distancing between beds.
- Overall, we planned to deliver an increasing proportion of pre-COVID activity and exceed the national target of 80% in September and 90% for the remaining period until March 2021. However, the impact of the second COVID wave is expected to have a significant impact on these plans.

# Returning to pre-COVID levels of service: Additional information (3/3)

**Waiting list**

- There are two separate measures, one for the total number of patients waiting for treatment following referral and one for the number of patients who have been waiting longer than 52 weeks.
- The increase in the waiting list size reflects increasing referrals as patients and citizens return to referring services.
- There are no national targets for either waiting list measure, however our ambition is to reduce long waiters to zero as soon as possible. A national comparison shows that Surrey Heartlands patients, overall, are waiting for less time than the national and regional average.
- The planned decrease in long waiters reflects the focus on reducing long waits, however this has been an area of challenge and early data indicates we have not managed to reduce the number of long waiting patients in the manner we have planned. However, patients continue to be treated in order of clinical priority and, unless patients have chosen to defer treatment, remaining patients on the list of long waiters are those with benign conditions. Treating all long waiting patients continues to be a priority moving forwards.

**Diagnostics**

- There are several measures, each comparing the number of procedures undertaken for a different diagnostics test. This is expressed as a percentage last year's number. So '110%' means we plan to conduct 10% more procedures appointments than we did pre-COVID.
- There is a national target for the combined CT and MRI procedures performed and no target for endoscopies (colonoscopy, flexi-sigmoidoscopies and gastroscopies). We planned to deliver 100% of pre-COVID levels for both CT and MRI from October, meeting the national target. We also planned to reach 100% of pre-COVID levels for endoscopies by November and maintain approximately these levels for the rest of the period.
- We have been successful in delivering an increase in diagnostics capacity, reaching 125% of pre-COVID levels at the time of writing despite the significant challenges presented by COVID considerations such as infection prevention and control procedures.

# Figs. 3 and 4

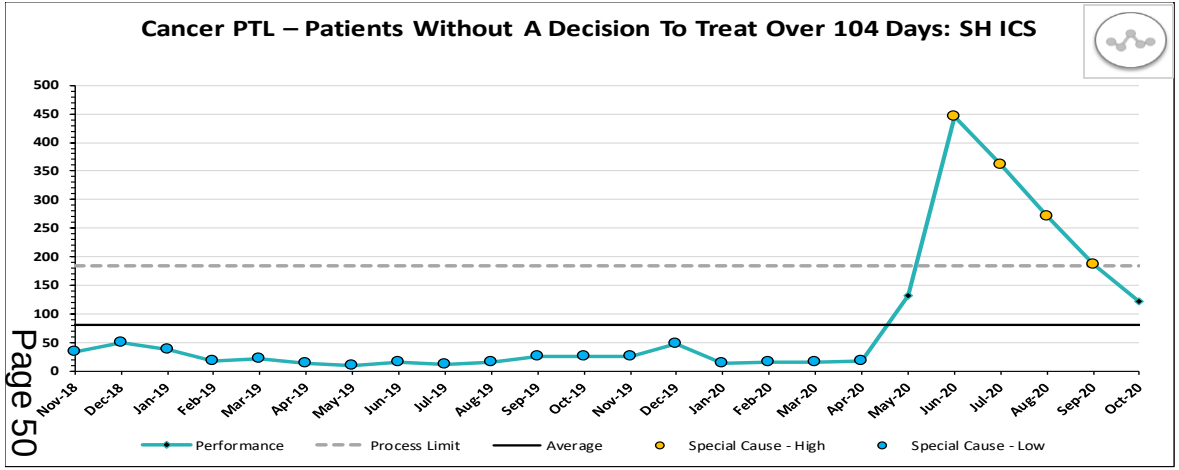
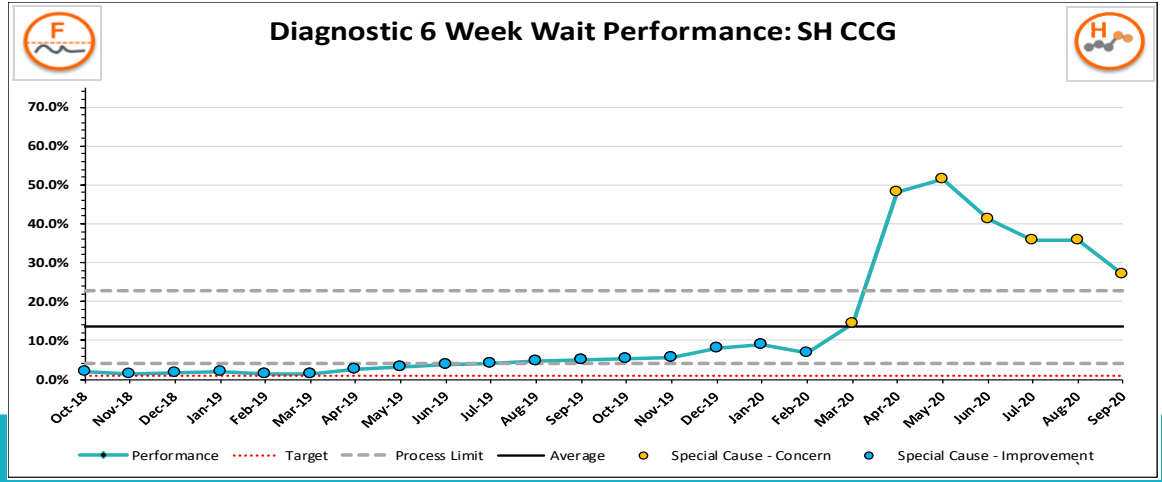



Fig 3: Cancer waiting list

Fig 4: Percentage of patients waiting longer than 6 weeks for Diagnostics



# Fig. 5

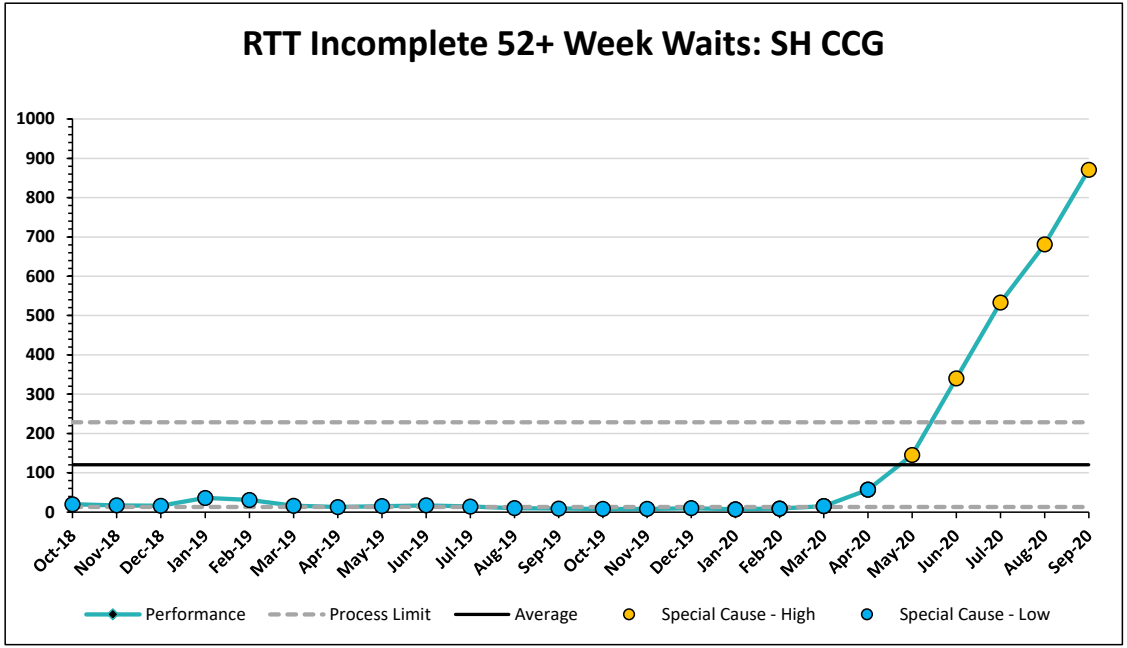



Fig 5: Number of patients waiting longer than 52 weeks for treatment

# Fig. 6

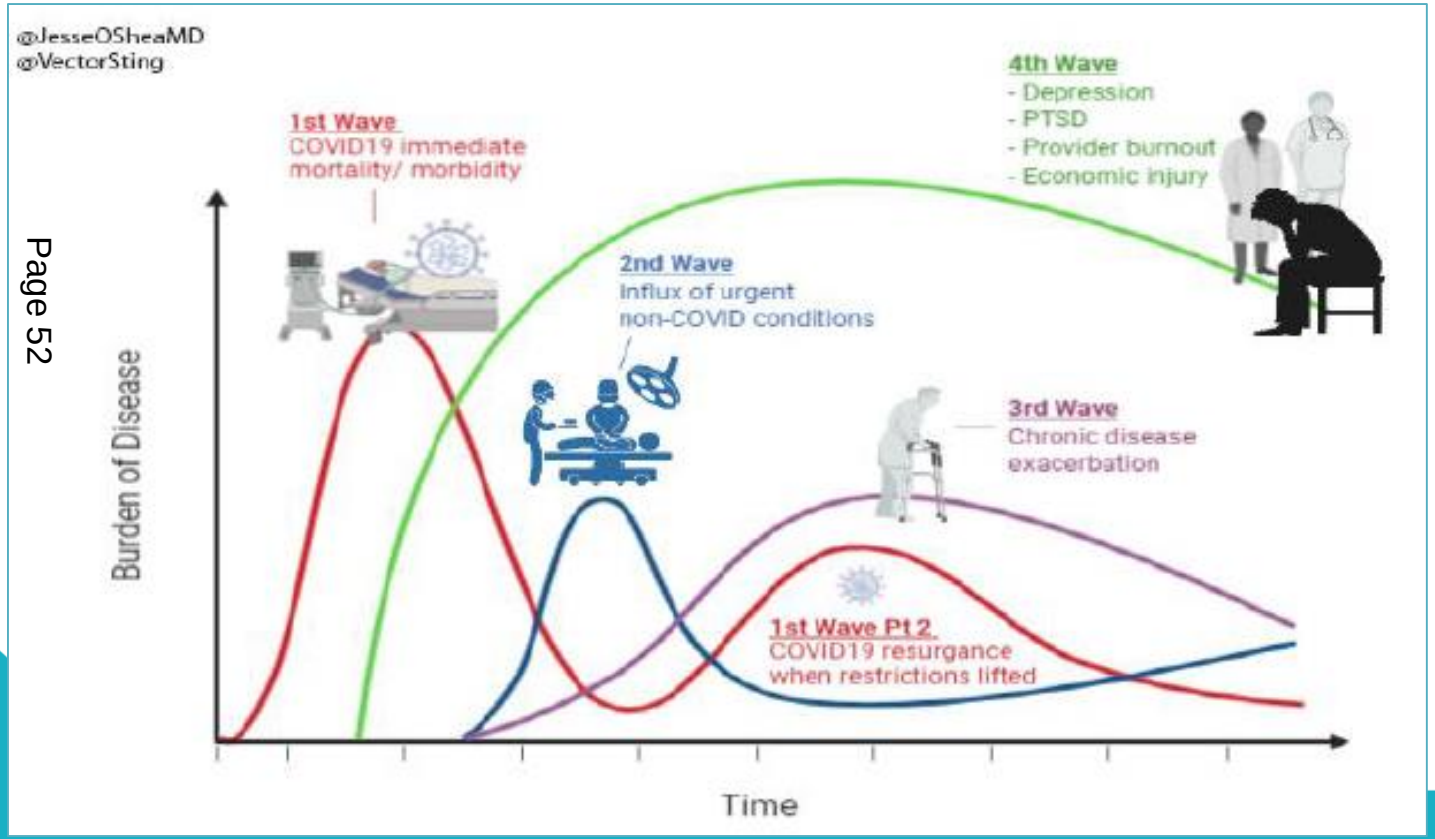



Fig 6: Illustration of the progression of the burden of disease

Surrey Heartlands HEALTH AND CARE PARTNERSHIP

Fig. 7

SURREY COUNTY COUNCIL

NHS

# Changing how we worked – a rapid shift to digital

**Accelerating roll out of our Surrey Care Record** to join up care during our Covid response - 90% of GPs engaged and sharing data, along with adult social care, mental health and acute trusts.

**Virtual Safe Havens** enabling services to continue in lockdown

**Virtual mental health assessments** to ensure access to vital services for vulnerable people

**Launched virtual consultations** across all community and acute services, including mental health and social care.

**Shifted talking therapy services to digital** with therapy and bereavement support

**Creative use of social media** to promote the support available

Surrey Heartlands HEALTH AND CARE PARTNERSHIP

Fig. 8

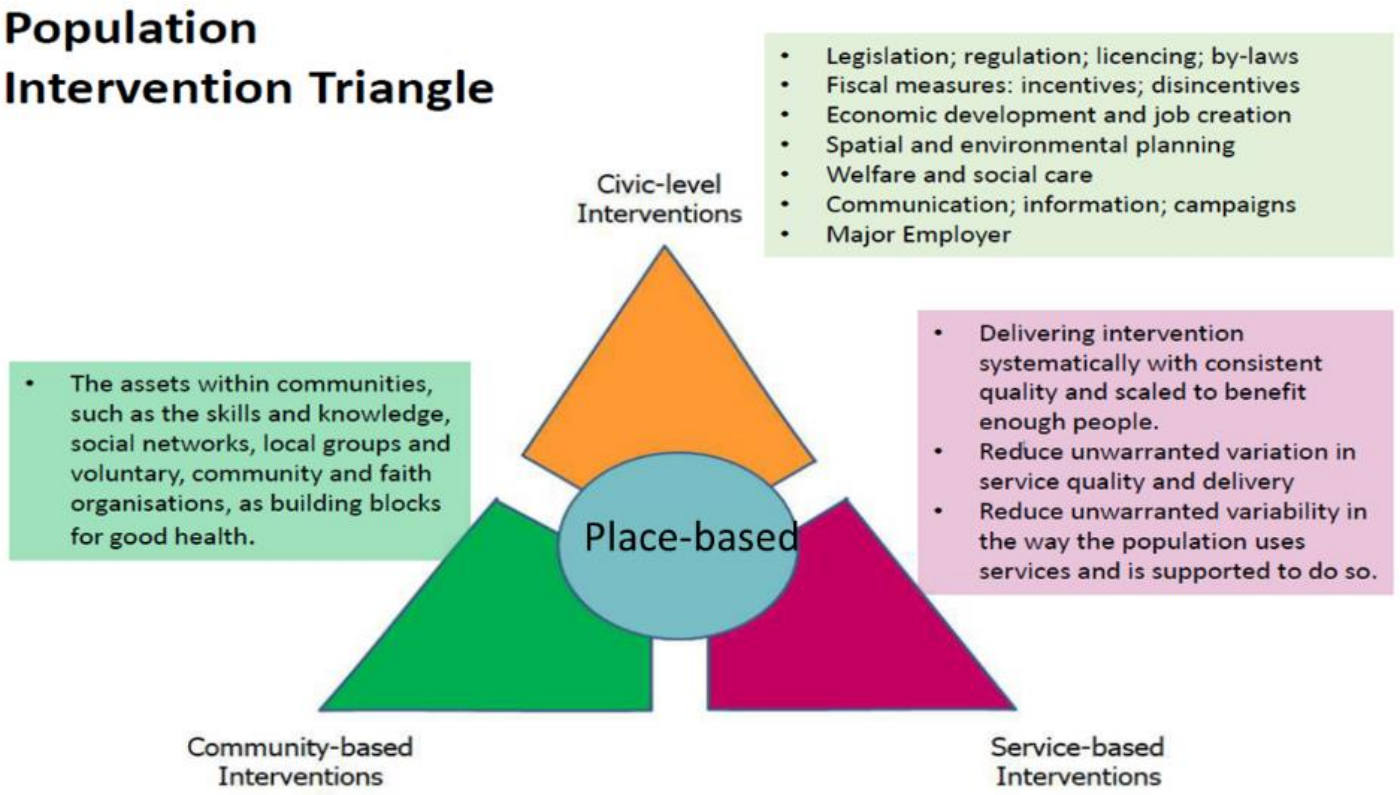
SURREY COUNTY COUNCIL

NHS

# Next steps on Digital inclusion

1. **Continue our engagement work to gain greater insight** and understanding of digital exclusion
2. **Develop system-wide outcomes for inclusion**, addressing the factors already identified
3. **Digital inclusion to be owned by the ICS Executive** (linked to health inequalities), with ambitious targets around improving participation, digital access and embedding inclusion
4. **Work on our digital infrastructure**, achieving faster broadband to get more people online
5. **Review our digital, engagement and broader strategies** to ensure digital inclusion is considered (and plans for a new NHS Digital Health Technology Standard)
6. **Build digital inclusion into the design of all our projects** and into procurement criteria
7. **Build digital inclusion criteria into our governance for all projects** that have a digital element
8. **Create a cross Surrey Heartlands digital champions programme** across health, the voluntary sector and the council to create a digital training programme for people who want support

# Fig. 9 Population Intervention Triangle



# Fig. 10: What is the CIA?

| | Product | Description |
|---|---|---|
|  | **Geographical impact assessment** | Presents analysis of the impact of Covid-19 on local communities across health, economic and vulnerability dimensions. The analysis helps to **identify which places in Surrey have been most affected** by the pandemic and how. |
|  | **Local recovery index** | The LRI is a **surveillance tool for monitoring how well Surrey is recovering from the pandemic.** It looks at a range of indicators across three themes; Economy, Health and Society. |
|  | **Temperature check survey** | **Survey of over 2,000 households** from across Surrey to understand their experiences of the pandemic and lockdown. |
|  | **Community rapid needs assessments** | **10 in-depth assessments of how vulnerable communities have been affected during Covid-19** and these communities' needs and priorities. |
|  | **Place based ethnographic research** | Detailed research to understand the **financial, emotional and community impacts of Covid-19 on individuals living in communities that have been most impacted.** |

# Fig.11: Addressing health inequalities

## Disproportionate effect of Covid-19 on BAME communities

The system has taken a proactive and collaborative robust response, with key actions including:

- Rapid Needs Assessment with Public Health - high risk colleagues removed from frontline, safety guidance and equipment issued to at risk staff, extended risk assessment to primary care and care homes.
- Identifying additional clinical services that can provide support to at risk BAME groups
- Survey on impact of Covid on BAME communities by Independent Mental Health Network /Surrey Minority Ethnicity Forum
- Bespoke comms on testing for BAME communities
- Peer to peer engagement and support events
- Bespoke guidance for independent care sector

Surrey Heartlands **BAME Alliance** set up to:

- Support and protect BAME colleagues through Covid-19 and improve WRES data outcomes and overall working experience in Surrey Heartlands
- Provide support and protection for BAME communities and reduce health inequalities

The recently established 'Turning the Tide' group also links into our Equalities and Health Inequalities workstream.

### Staff Risk Assessments

As part of our response, the system came together in a workforce steering group to support risk assessment completion

- Steering group worked collaboratively to develop risk assessment tool
- All NHS providers submitted information to NHSE SE regional checkpoints
- At the 2nd September checkpoint, 5 out of 7 organisations had completed 100% of risk assessments on BAME staff and the remaining two 99%
- Risk assessment guidance and documentation developed for independent sector and distribution to over 640 care settings
- Primary care made significant progress in collecting ethnicity data and completing risk assessment
- ICS leads working with NHSE regional/national leads to support completion

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ADULTS AND HEALTH SELECT COMMITTEE

19 JANUARY 2021

# ASC TRANSFORMATION UPDATE

**Purpose of report:** To provide a progress update for the programmes which make up the ASC 2020/21 transformation programme. These programmes are:

- Accommodation with Care and Support
- Enabling You With Technology
- Learning Disabilities and Autism
- Market Management
- Mental Health
- Practice Improvement

## Background

1. The ASC transformation programmes were set up in April 2018 as part of the Council's transformation agenda and built upon changes already underway in the Directorate. They were shaped by the findings of the Local Government Association (LGA) peer review undertaken in summer 2018 and supported by the Social Care Institute for Excellence (SCIE) as our improvement partner.

2. £3.8m of transformation funding was agreed by Council in February 2020 to support the Learning Disability & Autism, Mental Health and Practice Improvement programmes during 2020/21. A further £1.4m was agreed by the Council to support the Accommodation with Care and Support and Market Management programmes. This funding is designed to provide additional capacity to deliver change.

## Transformation Refresh 2021/22

3. We are reshaping the ASC transformation programmes as part of the Council's transformation refresh and financial planning for 2021/22. As part of this we will:

   3.1 Close the Practice Improvement programme on 31 March 2021. This change programme has operated for two years with key achievements including:

   - Strengths-based practice training rolled out across the Directorate to 1,235 frontline adult social care staff, enabling them to have the right conversations to promote independence and wellbeing
   - Local managers conducting quality audits and reflective practice sessions to embed strengths-based practice

- Initial review of Adult Social Care front door in progress; learning to date to support delivery of the ambitions of the new Care Pathway Programme
- Local tailored area/service plans in development across Adult Social Care to continue to increase reviewing activity, improve outcomes, provide appropriate care and support, and support transition to business as usual
- New direct payments Personal Assistant rate implementation advancing with work initiated with local teams to improve direct payments performance and delivery of the direct payments strategy across Adult Social Care and Children's Services underway
- A reablement seven-day offer fully implemented across the service, and work progressing to implement a new management structure, therapy led service and a collaborative reablement service
- Roll out of hybrid devices and Windows 10 to the Adult Social Care workforce

3.2 Set up a new Care Pathway programme to improve the effectiveness and consistency of our front door operating model; establish a reablement offer for all who may benefit; ensure the workforce is structured and skilled to deliver a good quality service; and support a flourishing community and voluntary sector for residents to be involved in.

3.3 Set up a new In-House Services programme to evaluate the future of in-house provision in line with Surrey County Council's strategy for accommodation with care and support for older people and people with learning disabilities.

3.4 Continue the following the transformation programmes into 2021/22:

- Accommodation with Care and Support
- Enabling You With Technology
- Learning Disabilities and Autism
- Market Management
- Mental Health

4. Adult Social Care continues to manage delivery of services in the Covid-19 environment. All the transformation programmes have been impacted to some degree by the pandemic, but all have regained momentum and found creative ways to deliver change, with for example strengths-based practice is being rolled-out virtually.

**Progress and forward focus**

5. For each of the 2020/21 ASC transformation programmes, the headline, key achievements and activities planned for the next period are summarised in the following pages.

6. A member of the ALT is the Accountable Executive for each programme and progress is reviewed each month by ALT.

7. For context the strategic ambitions of each of the ASC transformation programmes is summarised in Appendix 1.

| Accommodation with Care and Support | AMBER |
|---|---|
| **Headline messages (end November 2020)** | |
| **Extra Care Housing**<br>• The Pond Meadow tender is in the final phase of contract award. There is an issue with the Heads of Terms for the site that must be resolved before we can complete the contract award<br>• Pinehurst and Brockhurst tender market engagement event hosted on 3 December; tender documentation in development ready for publishing in December after Programme Board sign off<br>• Lessons learnt sessions[1] completed on the Pond Meadow tender process and will inform our future approach<br>• Transformation Investment bid under review - we expect to receive all funding bid for<br>**Independent Living Programme**<br>• Cabinet approved in principle for four sites to be developed for supported independent living<br>• Cabinet approved the mixed delivery approach for achieving the supported independent living strategy<br>• District and Borough Councils informed of Cabinet report where the developments are in their patch - information to remain confidential<br>• Balanced scorecard developed to monitor the performance and financial progress of the Move On workstream<br>• Report on the Procurement Framework for Independent Living to be presented to Committees in Common in December<br>• Project Officer resource appointed and expected to start in January 2021 | |

[1] Lessons learned are currently under review and will be shared at an appropriate time in the New Year. This information is likely to be commercially sensitive and we will need to ensure confidentiality

| Key achievements and activity completed (end November 2020) | Key activity planned for the next period |
|---|---|
| **Extra Care Housing**<br>• Pond Meadow lessons learnt complete<br>• Evaluation of the Pond Meadow tender completed<br>• Deadlines for the Pinehurst and Brockhurst tender agreed - allowing for learning from Pond Meadow Tender exercise<br>• Market engagement event presentation prepared<br>• The strategic objectives for the programme and investment bid as part of the transformation refresh submitted. The programme has received multiyear funding. However, there may be a requirement to bid for additional investment in 2021/22.<br>• Governance refresh underway<br>**Independent Living Programme**<br>• Social Inclusion funding allocated and job description to be prepared ready for advert<br>• Project Officer resource appointed and expected to start in January 21<br>• Balanced scorecard for independent living developed<br>• Adults and Health Select Committee briefed on progress<br>• The strategic objectives for the programme and investment bid as part of the transformation refresh were submitted and we expect to receive our total bid<br>• Cabinet approved in principle for four sites to be developed for supported independent living<br>• Cabinet approved the mixed delivery approach for achieving the supported independent living strategy | **Extra Care Housing**<br>• Pond Meadow contract award. Tender lessons learned to be shared after contract award<br>• Deliver market engagement event.<br>• Publish Invitation to Tender for the Pinehurst and Brockhurst tender<br>• Prepare strategy for tendering the two further sites<br>• Care savings model to be reviewed and refreshed<br>• Identify and present to Cabinet further sites identified for Extra Care Housing<br>• Publicity material to be commissioned<br>• Finalise programme governance<br>**Independent Living Programme**<br>• Work with the leads for the design of Joint Central Placement Team to identify the skill mix required to support the negotiation of packages for clients with complex needs using CareCubed<br>• Clear understanding of how assessment and review can contribute to long term planning of housing need<br>• Project Officer onboarding<br>• Recruit to Social Inclusion Commissioning Manager position<br>• Market engagement on procurement approach for Independent Living (round 2)<br>• Approach to be prepared with D&Bs for accessing their independent living capacity for individuals in the move on cohort<br>• Finalise the governance refresh |

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| | • Present business case to Cabinet on the four independent living schemes |

| **Enabling You With Technology** | GREEN |
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| **Headline messages (end November 2020)** | |
| Having successfully completed the Discovery Phase, the programme is currently working through its findings and recommendations to plan next steps including delivery of a pilot to trial embedding technology as a key consideration when supporting people coming out of hospital into the reablement pathway | |
| **Key achievements and activity completed (end November 2020)** | **Key activity planned for the next period** |
| • Discovery stage completed and findings presented to Lead Cabinet member and ASC Leadership Team<br>• Appointment of Programme Manager<br>• Briefing session held for commissioners<br>• User interviews conducted with service users and carers<br>• Interviews held with SCC and District and Borough Council staff<br>• Technology showcase held to explore potential kit available in the telecare market | • Final report with findings and recommendations completed<br>• Feedback session with District and Borough Councils and Voluntary Sector organisations<br>• Next steps post discovery phase planned<br>• Pilot with Mole Valley Life planned<br>• Agree data collection from Pilot<br>• Commence workshops for TEC referral process |

| Learning Disability & Autism | AMBER |
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**Headline messages (end November 2020)**

- The focus of delivery continues to be 'delivering new initiatives to support independence' (phase 3 of the programme), with the move on team in early stages of operation, targeting cases with potential for move on from residential care to independent living, and maintaining focus on developing the Learning Disabilities and Autism service and increasing reviewing activity across the service (phase 2 of the programme). Next stage of Phase 2 and Phase 3 of the programme plan developed and being delivered
- The pandemic continues to have a direct impact on delivering the ambitions of the programme to enable people to live safely and independently for as long as possible, including reducing the number of people in residential care and increasing independent living

| Key achievements and activity completed (end November 2020) | Key activity planned for the next period |
|---|---|
| **Phase 3**<br>• Move on to Independent Living – Process in place for prioritisation of cohorts with potential for move on from residential care to independent living. Move on team in operation and work continues on setting team targets<br>• Initial discussions and planning started with Reablement to develop the Specialist Reablement offer for people with Learning Disabilities and Autism<br>**Phase 2**<br>• Recruitment to the service has been successful and is now complete ahead of schedule, with further work continuing to develop the initial proposal on Occupational Therapy staffing structure, within context of ASC redesign work<br>• Performance continues to show improvements, including a consistent increase in efficiencies delivered through targeted | • LD&A Programme presented at the Transformation Assurance Board on 7 December for Member oversight<br>• Continue to develop Phase 3 of the programme 'delivering/piloting new initiatives supporting independence'<br>  ○ Continue to support operational establishment of the move on team and develop proactive management to meet and review targets to increase move on to independent living<br>  ○ Further discussions with the reablement project to input into the final design of the Specialist Reablement Model<br>• Continue to deliver against Phase 2 of the programme – Stabilisation of the Learning Disabilities and Autism service, including: |

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| reviews (improving outcomes and right-sizing packages of care), showing an increase of 10% in reviews activity performance over the past 4 months (from 28% for 1 July to 38% on 1 November 2020)<br>• Managers starting to conduct reflective practice sessions following introduction of monthly strengths-based practice quality audits | ○ Continue to develop proposal for LD&A Occupational Therapy staffing structure<br>○ Start to develop strengths-based practice improvement plan from themes identified from reflective practice sessions.<br>• Further development of the programme outcomes model |

| **Market Management** | AMBER |
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| **Headline messages (end November 2020)** | |
| • Draft Market Management System business case and IT & Digital customer request form<br>• Research and analysis for the Market Position Statements (MPS) categories<br>• Task and Finish groups for Joint Central Placement (JCPT) submitted review recommendations<br>• Developing procurement paper and financial modelling for residential and nursing care | |
| **Key achievements and activity completed (end November 2020)** | **Key activity planned for the next period** |
| **Fees and Uplifts** – New strategy to consider future residential and nursing framework / preferred provider or Dynamic Purchasing System (DPS)<br>**Market Position Statements** – Market analysis for each category area is underway<br>**Joint Central Placement Team** – Task and finish group to report recommendations on roles and responsibilities, increasing scope and links and partners<br>**Contracts and KPI's** – Drafting new Terms and Conditions and standard spot contracts for residential and nursing spot providers. KPI's being proposed for the delivery of the service and client specific linked to individual outcomes. Strategic and critical provider contract and relationship management approach in development<br>**Residential Block Contract Utilisation** - Review of in-house provision with recommendations to ALT<br>**Market Management System** – Engage ASC managers in draft Market Management System business case and IT & Digital customer request form<br>**Home Based Care** – Paper presented to address revised timeframe for re-commissioning and next steps. | **Fees and Uplifts** – Record and respond to all queries from providers, any additional requests for uplifts to be reviewed in the light current pandemic crisis and new strategy<br>**Joint Central Placements Team** – Review proposal for new service and start consultation<br>**Residential Block Contract Utilisation** – Commissioning to start working on long term strategy for residential and nursing<br>**Home Based Care** – Position to be taken on mandating Electronic Call Monitoring (ECM) |

| **Mental Health** | AMBER |
|---|---|
| **Headline messages (end November 2020)** | |
| • Workshops held to discuss the new MH organisational model with all MH staff<br>• Efficiencies plan taken forward through regular meetings<br>• Permanent recruitment underway to Hospital Discharge and Duty Teams | |
| **Key achievements and activity completed (end November 2020)** | **Key activity planned for the next period** |
| • Workshops held with Mental Health staff to redesign structure<br>• Joint work completed with Health colleagues to develop a roles and responsibilities protocol and to set actions to improve the hospital pathway process and so minimise delays to discharge<br>• Recruitment to the hospital discharge and duty teams<br>• Rollout of strength-based training completed, staff attending motivational interview training | • Structures review to be aligned with wider discussions around Reablement Services, Transitions and LD Services<br>• Ongoing work to deliver MH efficiencies<br>• Restructuring to move to delivery phase following sign-off and workshops with staff<br>• Following roll out of SBA training further develop the operational models using Social Work for Better Mental Health<br>• Improve links with Primary Care Networks |

| Practice Improvement | AMBER |
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**Headline messages (end November 2020)**

- The impact of closing the Practice Improvement Programme, and some projects within in, at the end of this financial year, and replacing with the new Care Pathway programme from April 2021, continues to be assessed and next steps developed in the context of delivering during a pandemic, with some projects transitioning to business as usual and the scope of others changing or continuing
- Specifically, for the projects transitioning to business as usual - Strengths Based Practice, Reviews and Direct Payments - plans are being revisited and developed in line with dependent projects and programmes for the remaining four-months of the financial year, to confirm the activity achievable and actions to ensure appropriate transition/handover to business as usual
- Significant progress and activity continues across all projects within the programme

| Key achievements and activity completed (end November 2020) | Key activity planned for the next period |
|---|---|
| • **Strengths Based Practice** – Audit evaluation presented and endorsed by Practice Improvement Board; now to be presented to ALT in January. Strengths based practice roll-out completed in Reablement and Mental Health, with training videos recorded with users and carers with lived experience of mental health<br>• **Review ASC Front Door** – Discovery phase underway with benchmarking of other local authorities and analysis of customer flow. Community Bounce Back[2] report and recommendations presented to the November Practice Improvement Board<br>• **Reviews** – Following the AD/Manager workshops and meetings local delivery plans in development, new transformation funding allocations for 2020/21 agreed and spending commenced, first baseline performance report be presented to Board in December<br>• **Reablement** – Seven-day working implemented in November and Collaborative Reablement procurement will be included in Annual Procurement Foreword Plan at Cabinet in December | • Whilst considerable activity continues across the projects, impacted projects being re-planned, and transitioning plans to be developed<br>• Work starting to capture successes and lessons learned as part of programme closure<br>• Programme outcomes model development; Corporate Insight Team to carrying out research in ways to gain a better understanding on service users |

[2] Resident who bounce-back to the contact centre and/or the locality teams, after having been signposted/connected to other preventative services (third party services, community and voluntary, faith sector services)

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| • **Direct Payments** – Project update to Practice Improvement Board in November outlining feedback from the recent ALT report, latest progress with the new Personal Assistant (PA) rate implementation and financial impact, plans for a joint PA recruitment campaign with Children's to take place before Christmas | views, on whether they feel their outcomes have improved as a result of the implemented changes |

## Conclusions

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

## Recommendations

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

## Next steps

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

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|---|---|---|
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**Sources/background papers:**

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

**Appendix A**

## Strategic Ambition for ASC Transformation Programmes

### Accommodation with Care and Support

- Shift away from offering traditional residential care for people with mild to moderate needs, to one which provides a home for life for people with complex needs
- Increase the availability of extra care accommodation by 725 units, by 2028
- Reduce the number of people with a learning disability and/or autism in residential care by 40-50% over the next 5 years by expanding the development of new independent living provision (It is estimated that over 500 new accommodation units will be required to enable individuals to move from residential care to supported independent living. In addition to this, suitable accommodation options are required for young people who are transitioning to Adult Social Care. It is estimated that this will increase the numbers of units required to circa 850 over the five years of the programme. We anticipate that SCC Land & Property Estate will contribute circa 22% of this target)
- Stimulate and manage the mental health/substance misuse supported living market by implementing a dynamic purchasing system
- Ensure provision of specialist residential and nursing care beds across the county to meet the population demand for 2028

### Enabling You With Technology

- Develop a universal digital telehealth and technology enabled care offer for people with eligible social care needs and self-funding Surrey residents, including a responder service
- Demonstrate significant digital innovation and use of advanced digital technologies
- Enable significant cost reduction across the health and care ecosystem through reduced GP attendance; ambulance call outs; admission to A&E; length of stay in acute settings, admissions to residential and nursing care, reduction in home-based care spend. Potential for savings to be determined
- Enable connectivity across the health and social care systems around frailty and falls pathways
- Support and enhance the Discharge To Assess (D2A) pathway

### Learning Disability & Autism

- Enable people to live safely and independently for as long as possible, irrespective of age and improve the quality of life for our most vulnerable residents
- Make the best possible use of available resources within local authorities, community and partner organisations and deliver appropriate services
- Provide the right interventions so that we reduce the number of people in residential and nursing care and therefore increase the number of people in independent living
- Target reviews to provide appropriate and proportionate care and support to meet people's needs and achieve positive results for them

**Market Management**

- Introduce new centralised processes, governance and decision-making accountabilities and authorities
- Embed a new structure and organisation of commissioning roles including a new joint central placements team
- Refresh the Adult Social Care commissioning strategy
- Undertaken market intelligence and benchmarking
- Revise market positioning statements
- Undertaken stakeholder management and communications planning
- Revise contracts with suppliers

**Mental Health**

- Develop a new operational model and structure, with a clear professional social work MH identity
- Embed new social models that support people at an earlier stage and deliver outcome focussed recovery
- Set up an ASC Mental Health Hospital Discharge Team
- Reshape Older Adults Mental Health service
- Develop the Approved Mental Health Practitioner (AMHP) service
- Deliver enablement and reablement for people with mental health needs
- Look at demand and capacity requirements
- Develop a training and professional development plan
- Embed a strength-based approach and the increased use of technology enabled care

**Practice Improvement**

- Embed a strengths-based approach that supports people to live independent and fulfilling lives
- Review care and support packages in a timely way to ensure they are appropriate and proportionate to meeting needs and outcomes
- Review our reablement offer to support recovery and maintain or increase people’s independence
- Make Direct Payments our preferred offer to increase choice and control for residents

ADULTS AND HEALTH SELECT COMMITTEE

19 JANUARY 2021

# DEVELOPMENT OF NEW ALL-AGE AUTISM STRATEGY

**Purpose of report:** To update on progress in developing a 5-year All-Age Autism Strategy across Adult Social Care, Children, Lifelong Learning and Culture, and Health in Surrey.

## Introduction

*"…We autistics* (people) *have a unique way of looking at the world... We have much to offer but are often undervalued and underutilised."*

*"If all options were available to me ... if I could have better understood how my strengths/interests might translate into different career opportunities ... if I'd been given accurate information about FE* (Further Education) *options, etc, I would have made more well-informed choices."*

1. Surrey's current adults' autism strategy is joint with learning disability and runs from 2016-2020. This has supported progress in addressing the needs of the autistic community in Surrey, but governance and responsibility specifically for autism have not always been clear, and gaps in services have persisted. Autistic people and carers in the Autism Partnership Board have asked that we develop a separate all-age autism strategy.

2. The Autism Act 2009 and the strategy it mandates relate to adults, but the Department of Health and Social Care have announced that the next version of the national autism strategy in 2021 will also cover children. This is a welcome change; closer joint working between Children's and Adult's services will help reduce expensive and sometimes inappropriate placements, and unnecessary crisis responses. In Surrey, Children's and Adults' services are working to develop our strategy together, so that it will address all ages and support services to join up. The plan is for the strategy to include an overarching set of strategic intentions, with age-appropriate delivery plans and processes sitting underneath.

3. Services for autistic people are commissioned in a variety of ways. Most Adult Social Care services are spot purchased, with those in Education, SEND and Health more likely to be contracted. The strategy will need to address a wide range of support, including:

a) Working with partners across the system to make existing universal services more accessible
b) Community preventative support and information
c) Market Management - effective use of existing resource to ensure availability, accessibility, range and impact of services available for spot purchase by health and social care or using direct payments
d) Contracted clinical services, for example those delivering diagnosis, ongoing mental health support and crisis responses
e) Education – effective use and monitoring of forecasting data and actual levels of demand to ensure sufficient appropriate school/education provision

**Data and Demographics**

4. Surrey's autistic population consists of approximately 12,000 people (See Appendix 1), made up of:

a) 2,500 children aged 0-16
b) 1,000 young people aged 17-25
c) 8,500 people aged 26 and over

4.1 Autism is the single most common primary need identified in Education Health and Care Plans (EHCPs). 1,471 EHCPs were issued in 2019 and 32.77% of these were for autism.

4.2 11.5% of autistic students are currently placed in Surrey maintained specialist schools which specialise in need areas other than autism.

4.3 Historically, autism has been thought to be much more common in males, but nationally and internationally, the proportions are changing as autism becomes better recognised in girls and women. In Surrey, the proportion of girls in the EHCP cohort with autism as a primary need has risen from 14% to 18% over the last 4 years. Referrals to Surrey's adult autism diagnostic service are now approximately equally split in terms of gender. This probably reflects under recognition of females in early diagnosis. The proportions open to Adult Social Care are 30% women: 70% men.

4.4 20% of the adult autistic population receive a service from Adult Social Care. People identified as autistic make up 36% of the caseload of the ASC Learning Disability and Autism Team, and 54% of the caseload of the ASC Transition Team identified with a service need of learning disability.

4.5 Referrals to Surrey's Neurodevelopmental Team for an autism diagnosis in adults are increasing year on year. In 2018/19 the team assessed 851 people, and in 2019/20, this had increased to 944. While most of the referrals are for people under 30, the service covers all ages, and has diagnosed people in their 70s and 80s. Waiting times for a diagnosis have also increased, despite streamlining of processes. The average wait time in 2019/20 was 370 days.

4.6 NICE – The National Institute for Health and Care Excellence – has produced guidance that GP practices should maintain a register of autistic patients on their

books, but these registers are not yet in place. Once collected, this information would give us much more accurate data for Surrey's autism prevalence than we are able to produce currently. We had started piloting this before the Covid pandemic and will pick it up under this strategy once GP practices are in a position to prioritise this again.

4.7 We have heard anecdotally from our prison teams that autistic people are significantly overrepresented in prisons and the criminal justice system, but this data is not collected across the prison population. Some studies have borne this out, suggesting up to 13% of the prison population may be autistic.

5. We know that we need better data to inform planning. Improving the data we collect will form an underpinning piece of work for the strategy.

## Governance

6. A strategy that covers Children's and Adults' services in Health, Education, Social Care and the wider service system requires new governance processes and relationships.

7. Adults services have set up a sub-group of the Autism Partnership Board to involve more autistic adults in the work of the Board overseeing the strategy. Children's services are setting up a Children's Autism Partnership Board to sit alongside the adults' Board. Appendix 2 shows the proposed governance structure across children's and adults services.

## Consultation, Coproduction and Drafting of the Strategy

8. The development of the strategy has been based on coproduction; a "*Nothing about us without us*" approach, involving autistic young people and adults and family carers at every stage. This will need to continue, and engagement and ownership from all parties will be essential to the successful implementation of this strategy.

9. We have carried out an online survey, which received 1,165 detailed responses (109 autistic people, 756 family members, carers or partners of autistic people, 237 professionals, 63 others). We have worked with London South Bank University to analyse the responses and draw together the key themes. We have checked the themes with autistic young people and adults, families, carers and professionals through a series of online workshops, and are working to pull all the input together to inform the draft strategy.

10. We have pulled the key themes and priorities into a series of proposed workstreams, and are currently identifying named leads to develop the workplans for delivery. Our intention is to have each workstream co-led by a person with lived experience – either an autistic person or a family carer. The workstreams will report into the Children's and

Adults' Autism Partnership Boards, and through them into the governance structure described in Appendix 2.

**Themes – Background, Issues Raised and Proposed Workstreams**

11. Surrey Adult Autism Partnership Board's most recent Self-Assessment for Department of Health and Social Care identified many areas of progress, but we scored Red in three areas:
    11.1 Diagnosis waiting times – This is a known issue across children's and adults' services, and reflects the position in many areas nationally.
    11.2 Crisis Support – This is a critical gap that has also been reflected strongly in the consultation
    11.3 Housing Policy – This reflects a need for better join-up with Districts and Boroughs around autism

12. The Mental Health Task Group Report that was presented to Select Committee in October 2020 noted several areas that dovetail with the remit of this autism strategy. In particular, the report found:
    12.1 That services need to work more closely together to identify and meet the mental health support needs of autistic people, and address the risk of people falling between services.
    12.2 That a lack of understanding of autism and how it interacts with mental health has led to mental health needs being misdiagnosed, and problems with support. The report recommends training across the system to support services adjusting the way they work to be accessible to autistic people.

13. The areas identified by the Self-Assessment and the Mental Health Task Group were reflected in the consultation responses for this strategy. The priority themes identified to feed into Surrey's All Age Autism Strategy are summarised in the following proposed workstreams:

    **a. Awareness and understanding of autism in services and the wider community**
        i. Community
        ii. Workforce
        iii. Autistic people – support for self-understanding
        iv. Family carers – support for family understanding

    **b. Information and Navigation to live an active life**
        i. Information about where to find support
        ii. Information about autism for the public and wider community
        iii. Information targeted for autistic people and families
        iv. Support to navigate the system

    **c. Education and Preparation for Adulthood**

i. Educational provision which enables children and young people to be educated within their local community
ii. Address early intervention and education across all age ranges, including lifelong learning
iii. A curriculum which prepares autistic children and young people for adulthood
iv. Improved accessibility, quality and experience of statutory processes

**d. Health and Social Care Support**

i. Service design / redesign to address gaps, including those relating to Transforming Care
ii. Mental Health support – improving the autism accessibility of community, crisis and forensic support services, and ensuring that a diagnosis of autism does not act as a barrier to accessing mental health support
iii. Physical Health and Primary Care
iv. Assessment of needs
v. Diagnosis
vi. Social Care
vii. Developing our in-house expertise (health and social care)
viii. Support for family carers
ix. Strengths-based approach, and proactive planning around skills development for independence
x. Market Management – addressing the range and accessibility of existing Learning Disability and Mental Health provider offer, and clarifying where we need different services from the market for autistic people
xi. Influencing and supporting the voluntary sector and “universal plus” options, where support or technology is put in place to facilitate access to universal services or employment

**e. Housing and Independent Living**

i. Link to preparation for adulthood work
ii. Adult Social Care – link to independent living framework
iii. Accessibility of District and Borough housing processes
iv. Lobbying – National standards for disability access in housing

**f. Employment**

i. SCC, the NHS in Surrey, and the organisations we commission should lead by example in employing autistic people
ii. Supported employment, strengthening the DWP universal offer, building on the voluntary sector offer, working with employers
iii. Developing the strengths-based work of existing supported living, outreach and day activity providers, supporting autistic people to find jobs and voluntary roles.
iv. Preparation for adulthood – Learning skills for independence including travel training & expectation of employment / taking on positive roles.

This includes work placements and employment readiness for people with significant support needs

14. The development of the strategy and the delivery of each of these workstreams will require a lead officer, a person with lived experience and a range of other stakeholders from across the service system. The strategy development and implementation will also need project management and Communications support. Our expected workstream staffing implications and proposed membership are outlined in Appendix 4.

**Conclusions**

15. Children and young autistic people in Surrey should be able to grow up feeling rooted in their community and use their strengths to build successful and fulfilled lives. We know that there are significant barriers to achieving this within Surrey's service system. We need sufficient schools and colleges accessible to children and young people across the autism spectrum, so that they can be educated closer to home. Services do not link up well enough, and there is a commonly reported experience of people "falling through the gaps". Many autistic people experience the transition to adult support as disjointed. Many of the universal support services we all rely on in the community need a better understanding of autism so that they can make reasonable adjustments. People struggle to navigate the service system, and to find the information they need to access support that is available. Opportunities for employment are limited, and support is often not available where it is needed. Mental health support in the community is not always accessible to autistic people, and support is not always available when people are in crisis. The workstreams we have identified are all interdependent, and together will aim to address these issues.

16. Many of the solutions lie with improved accessibility of universal support and current targeted service offers. Improved access to existing support and building community awareness will aim to avoid crises. This will reduce the pressure on more intensive, specialist services, while providing autistic people with better life outcomes.

17. We had many powerful quotes from autistic people during the consultation, and have included a selection of them in this document:
    *17.1* On Social Care *"My enabling independence lady helped me with a schedule and taught me some things I was too embarrassed to ask for help with"*
    *"None of the support workers really understand autism, they think they do, but they really don't"*
    *17.2* On the Police *"I think my autism led them to misread me"*
    *17.3* On Diagnosis *"an earlier diagnosis would have helped but I am extremely grateful for now having an accurate diagnosis as my life now makes more sense and I can use tools that work more effectively for me"*

17.4 On Housing *"On housing its "you get what you get" …and there is never enough information… When I was bidding I got limited help and it was so confusing"*

17.5 On Community Settings *"leisure activities are not accessible due to overwhelming lights and sounds"*

17.6 On Mental Health Support (We need*) "Some understanding that an autistic person can have mental health problems too. Don't refuse to help with a MH problem just because someone is autistic. You can have both problems!!"*
*"As soon as I got my diagnosis at age 44 I was dismissed from CMHT* (Community Mental Health Teams), *I still have massive MH* (Mental Health) *issues. No one helps me, I regularly take overdoses or hurt myself, no one helps, no one wants to help"*
*"The mental health teams are amazing and quite literally saved my life more than once"*

17.7 On Mental Health Hospitals *"the environment is completely inconducive to Autistics"*
*"I was very scared" "My admissions have only added to my distress"*
*"knowledge of ASD* (Autism Spectrum Disorder) *in females is pretty much non-existent, in both community and inpatient settings"*

18. This strategy aims to address the issues identified in the consultation over a 5-year period. We will set up working groups to identify and implement improved service design and approaches to address each of the key issues.

**Recommendations**

1. To endorse the strategic themes and continued development and implementation of the Surrey All-Age Autism Strategy 2021-2026 across Adult Social Care, Children Families Lifelong Learning and Culture and Health.
2. To acknowledge the resource implications (staff and timelines) for the development and implementation of the strategy.

**Next steps**

- Drafting strategy – to include input from Select Committee: January 2021
- Draft Strategy published on Surrey Says for final input and comments: February 2021
- Final draft and signoff from Committees in Common: April 2021
- Implementation: April 2021 - 2026

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**Sources / background papers:**

Autism Act 2009
National Autism Strategy and Statutory Guidance
Surrey Adults Learning Disability and Autism Strategy 2016 - 2020
IPC – Ordinary and Unique Lives
Emerging South East Region Autism Strategy being developed by NHS England and NHS Improvement

**Appendices:**

1. Data
2. Governance Structure
3. Autism Partnership Board Current Information
4. All Age Autism Strategy Development and Implementation – Staffing Implications

**Autism Strategy Data Summary**

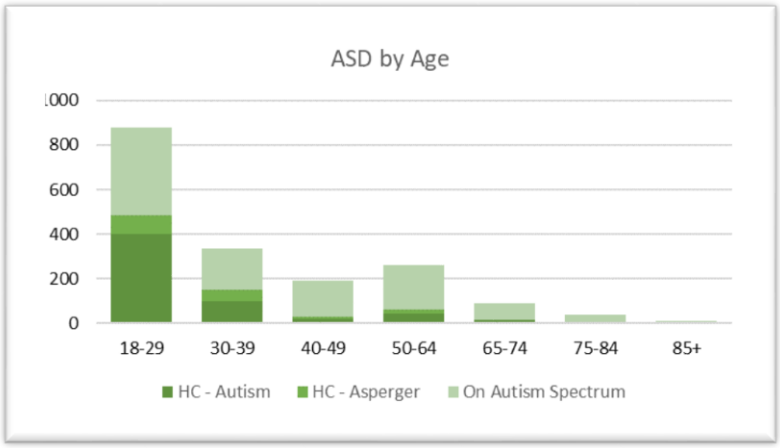
- Surrey's Population in 2020 is projected to be 1.2 million (www.surreyi.gov.uk)
- National prevalence of autism is approximately 1% of the population
- So, our best approximation of Surrey's autistic population is 12,000 people, made up of:
    - 2,500 children aged 0-16
    - 1,000 young people aged 17-25
    - 8,500 people aged 25 and over (www.surreyi.gov.uk)

**SEND Data (Source: SCC Data Team)**

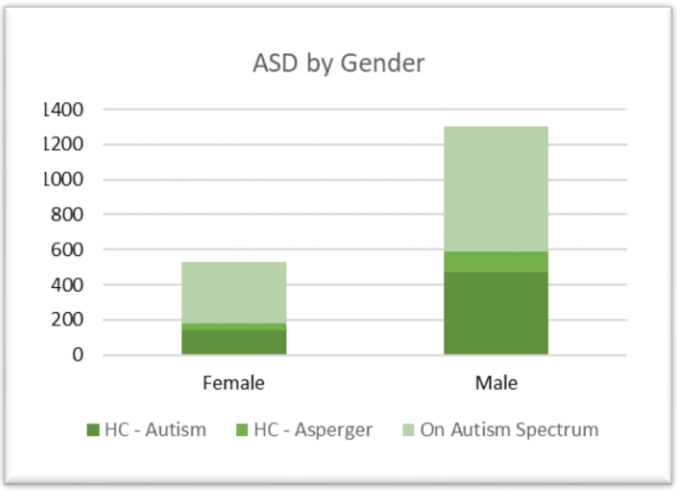
- Compared to our statistical neighbours, Surrey has the highest prevalence of autism.
- The % of females with autism (all ages) has risen from 14% to 18% over the last 4 years.
- 1,471 plans were issued in 2019 and 32.77% of these were for autism. For under 5s, 42.96% of all EHCPs were for autism, and in the 16-19 category, 40% were for autism. The biggest increases over the last 4 years can be seen in females under 5 (53%), females aged 5-10 (38%), females aged 16-19 (43%) and males under 5 (45%).
- 11.5% of students with autism are currently placed in Surrey maintained specialist schools which specialise in need areas other than autism.
- 4.28% of the autism cohort are currently in SLD Surrey schools; 2.15% of students are attending MLD Surrey schools and 3.1% are currently placed in Surrey maintained SEMH settings.
- As at 16 January 2020, 30.9% of the EHCPs for children and young people across the South East had autism as the primary diagnosis.

**Adult Social Care (Source: BI Team)**

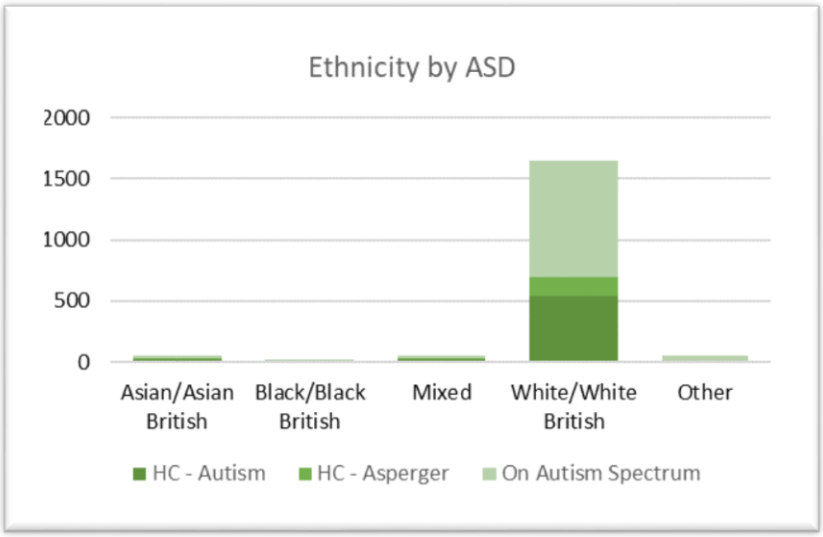
- The estimated number of autistic people over 18 is 9,400, and the number open to Surrey Adult Social Care is 1,834. This means 20% of the adult autistic population receive a service from Adult Social Care.
- People identified as autistic make up 36% of the caseload of the ASC Learning Disability and Autism Team.
- People identified as autistic make up 54% of the caseload of the ASC Transition Team identified with a service need of learning disability.



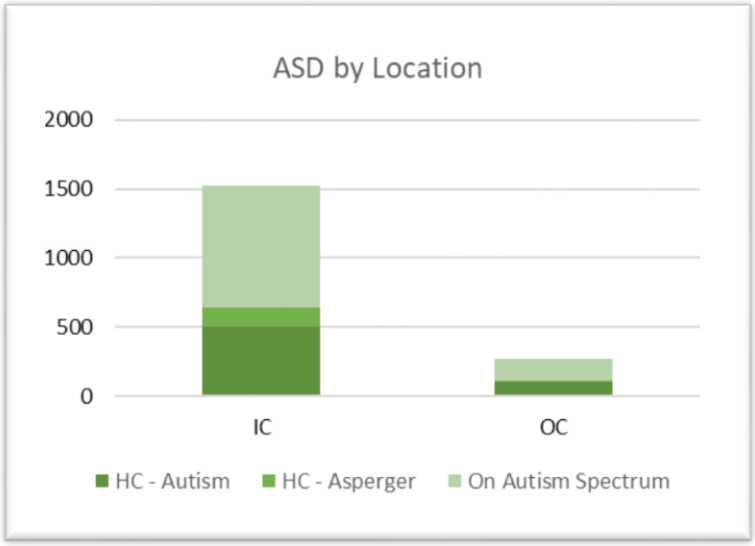

Numbers of identified autistic people open to Adult Social Care are higher in the 18-29 age group than older groups. This is likely to be due to better recognition rather than higher numbers in services.



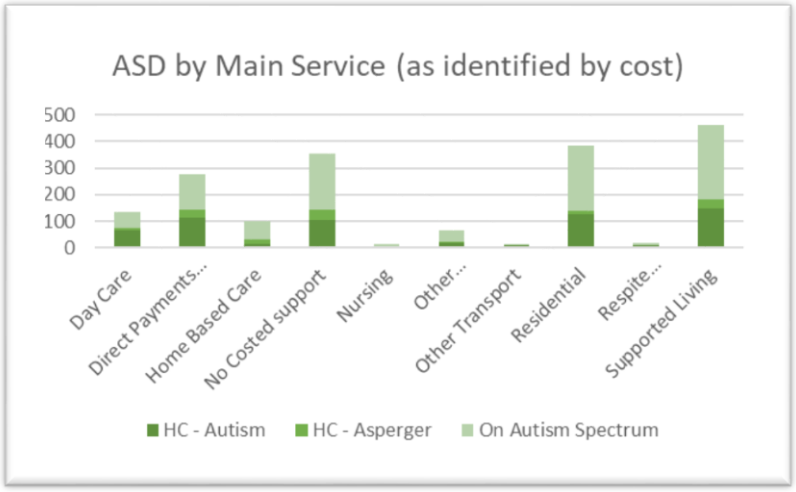

Approximately two thirds of identified autistic individuals open to ASC are male. We expect this to shift over time as more autistic women are recognised. The SABP Neurodevelopmental Team carrying out adult autism diagnoses in Surrey are seeing roughly equal numbers of men and women.




Approximately 90% of autistic people supported by Adult Social Care are identified as White or White British. This reflects the ethnic makeup of the County.



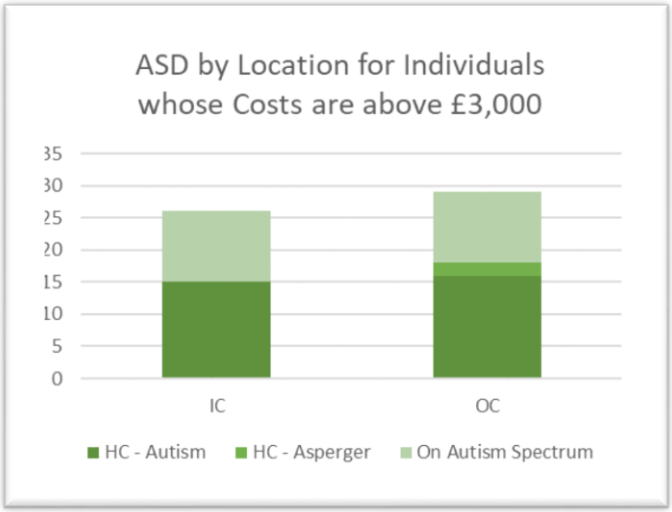

Approximately 20% of autistic individuals supported by Adult Social Care live out of county.



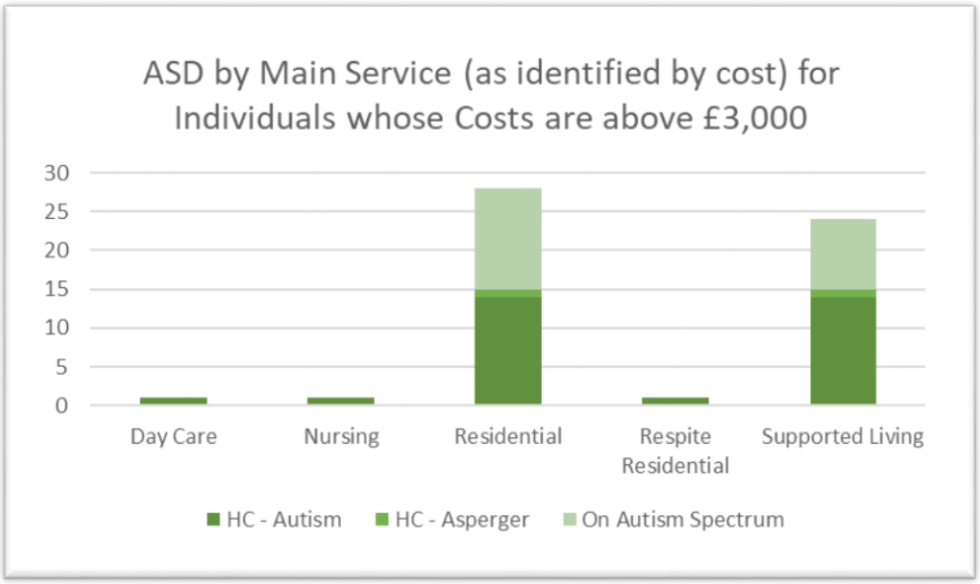

The main services used by autistic individuals supported by Adult Social Care are Supported Living, Residential Care and Direct Payments, followed by Day Care and Home Based Care

**High Costs (Source: BI Team, linking with ASC Finance)**

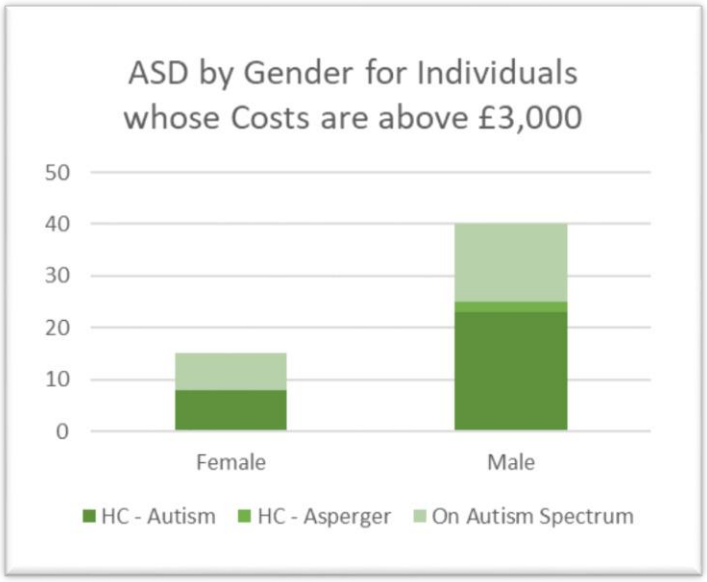
Focussing on individuals with costs > £3,000 per week shows some difference when compared with the total ASD population in ASC:




A higher proportion live out of county, over 50%




A higher proportion live in residential care, over 50%




The proportion of men to women is similar

**Adult Diagnosis (Source: Surrey & Borders Neurodevelopmental Service Data)**

Referrals for an autism diagnosis in adults are increasing year on year. In 2018/19 the team assessed 851 people, and in 2019/20, this had increased to 944. While most of the referrals are for people under 30, the service covers all ages, and has diagnosed people in their 70s and 80s.

**2019/20 Referrals**

| No of referrals | ASD Complex Surrey | ASD Surrey | total |
|---|---|---|---|
| Female | 83 | 424 | 507 |
| Male | 46 | 390 | 436 |
| not known | | 1 | 1 |
| total | **129** | **815** | **944** |

### 2018/19 Wait times for a diagnostic assessment

Wait times in the complex service averaged 69 days, and in the general service averaged 341 days.

| Wait time | ASD Complex Surrey |
|---|---|
| no of First appts | 27 |
| average wait in days | 69 |

| waits till first appointment | ASD Surrey |
|---|---|
| no of First appts | 359 |
| average wait in days | 341 |

### 2019/20 Wait times

Wait times in the complex service averaged 136 days, and in the general service averaged 370 days.

| Wait time | ASD Complex Surrey |
|---|---|
| no of First appts | 85 |
| average wait in days | 136 |

| Wait time | ASD Surrey |
|---|---|
| no of First appts | 301 |
| average wait in days | 370 |

# Draft Autism Delivery Governance Structure

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Surrey Autism
Partnership Board

## Autism Partnership Board Information

Surrey's adult Autism Partnership Board has produced a range of information, including:

- Videos – These show autistic adults describing how their condition affects them. They were developed for use in training, but are a great resource for understanding autism.
- Factsheets covering a range of topics that may be of interest to autistic people, their families and professionals that support them.
    a. Introduction to autism
    b. Diagnosis
    c. Communication
    d. Useful Strategies
    e. Social Care and Community
    f. Health Services
    g. Our Stories
- Signposting – This document lists sources of support that may be useful for autistic people.

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## Appendix 4: All Age Autism Strategy Development and Implementation – Staffing Implications

| Workstream | Proposed Leads & Membership |
|---|---|
| **Awareness and understanding of autism in services and the wider community:**<br><br>• Community<br>• Workforce<br>• Support with understanding for autistic people and family and carers | **Strategy Development (January – April 2021)**<br>**Leads:** Kathryn Fisher, Head of Integrated Learning Disability and Autism Commissioning, Surrey Heartlands<br>Tom Moore, Senior Commissioning Manager and County Autism Lead, ASC<br>Susan Harris, Principal Educational Psychologist, CFLC<br><br>**Working Group Members:**<br>Clear Communications People<br>Communications representatives (SCC and Health)<br>National Autistic Society representative<br>Commissioning & Operations (Health, ASC and CFLC)<br>People with lived experience<br><br>**Other Stakeholders:**<br>Healthy Schools<br>ASC Information, Advice & Engagement representative<br>Local Offer & Family Information Service<br>Health representatives<br>D&B Lead for Disability Inclusion<br>National Autistic Society<br>People with lived experience<br>ASC Prevention & Communities<br>Learning-SPA<br><br>**Strategy Implementation (April 2021-April 2026)**<br>**Leads:** Kathryn Fisher, Head of Integrated Learning Disability and Autism Commissioning, Surrey Heartlands<br>Tom Moore, Senior Commissioning Manager and County Autism Lead, ASC<br>Susan Harris, Principal Educational Psychologist, CFLC<br>Comms leads (SCC and Health) |
| **Information and Navigation to live an active life:**<br><br>• Where to find support<br>• For the public and wider community | **Strategy Development (January – April 2021)**<br>**Lead:** SCC Digital<br><br>**Working Group Members**<br>Healthy Schools |

| Workstream | Proposed Leads & Membership |
|---|---|
| • Targeted for autistic people and families<br>• Support to navigate the system | ASC Information, Advice & Engagement representative<br>Local Offer & Family Information Service<br>Health representatives<br>D&B Lead for Disability Inclusion<br>National Autistic Society<br>People with lived experience<br>ASC Prevention & Communities<br>Learning-SPA<br><br>**Other Stakeholders:**<br>CFLC representatives<br>Health representatives (commissioning and engagement)<br>Surrey Youth Focus<br>Voluntary Action Mid Surrey<br>Mencap rep<br>Little Help Shop<br>Health / CAMHS<br>Child Family Health Surrey<br>SABP Neuro-developmental Service<br>C-SPA<br><br>**Strategy Implementation (April 2021- April 2026)**<br>**Leads:** Kathryn Fisher, Head of Integrated Learning Disability and Autism Commissioning, Surrey Heartlands<br>Tom Moore, Senior Commissioning Manager and County Autism Lead, ASC<br>Susan Harris, Principal Educational Psychologist<br>Comms leads (SCC and Health) |
| **Education and Preparation for Adulthood**<br><br>• Educational provision which enables children and young people to be educated within their local community<br>• Address early intervention and education across all age ranges<br>• A curriculum which prepares autistic children and young people for adulthood<br>• Improved accessibility, quality and experience of statutory processes | **Strategy Development (January – April 2021)**<br>**Lead**: Susan Harris, Principal Educational Psychologist, CFLC<br><br>**Working Group Members:**<br>SABP representative (Transitions from CAMHS to CMHRS)<br>CFLC representatives (Preparation for Adulthood, SEND, Vulnerable Learners Service, Commissioning, Therapies)<br>Family Voice<br>Representation of different phases and sectors of educational providers (from nursery through FE colleges to mainstream and specialist schools)<br>Designated Clinical Officer |

| Workstream | Proposed Leads & Membership |
|---|---|
| | Transition teams ASC and CFLC<br>Health representatives<br>People with lived experience<br><br>**Other Stakeholders:**<br>University representatives<br><br>**Strategy Implementation (April 2021- April 2026)**<br>**Leads:** Susan Harris, Principal Educational Psychologist, CFLC<br>Tom Moore, Senior Commissioning Manager and County Autism Lead, ASC<br>Kathryn Fisher, Head of Integrated Learning Disability and Autism Commissioning, Surrey Heartlands |
| **Health and Social Care Support**<br>• Service design / redesign to address gaps<br>• Mental Health – accessibility of community, crisis and forensic support<br>• Physical Health and Primary Care<br>• Assessment of needs<br>• Diagnosis<br>• Social Care<br>• Developing our in-house expertise (health and social care)<br>• Support for family carers<br>• Strengths-based approach, and proactive planning around skills development for independence<br>• Market Management<br>• Influencing and supporting the voluntary sector | **Strategy Development (January – April 2021)**<br>**Lead:** Kathryn Fisher, Head of Integrated Learning Disability and Autism Commissioning, Surrey Heartlands<br><br>**Working Group Members:**<br>Commissioning & Operations (ASC, CFLC and Health)<br>SABP representatives<br>Physical health & wellbeing (primary and acute)<br>Healthy Schools<br>People with lived experience<br><br>**Strategy Implementation (April 2021-April 2026)**<br>**Leads:** Kathryn Fisher, Head of Integrated Learning Disability and Autism Commissioning, Surrey Heartlands<br>Tom Moore, Senior Commissioning Manager and County Autism Lead, ASC<br>Susan Harris, Principal Educational Psychologist, CFLC |
| **Housing and Independent Living**<br>• Link to preparation for adulthood work<br>• Adult Social Care – link to independent living framework<br>• Accessibility of District and Borough housing processes<br>• Lobbying - national standards for disability access in housing | **Strategy Development (January – April 2021)**<br>**Leads:** D&B representative (Housing)<br>ASC Commissioning rep<br><br>**Working Group Members:**<br>ASC Operations<br>CFLC representatives<br>Health representatives (SABP, Surrey Heartlands)<br>D&B representatives |

| Workstream | Proposed Leads & Membership |
|---|---|
| | People with lived experience<br><br>**Other Stakeholders:**<br>Housing providers<br>Support providers<br><br>**Strategy Implementation (April 2021-April 2026)**<br>**Leads:** Kathryn Fisher, Head of Integrated Learning Disability and Autism Commissioning, Surrey Heartlands<br>Tom Moore, Senior Commissioning Manager and County Autism Lead, ASC<br>Susan Harris, Principal Educational Psychologist, CFLC |
| **Employment**<br>• Lead by example in employing autistic people<br>• Supported employment, strengthening the DWP universal offer, building on the voluntary sector offer, working with employers<br>• Developing the strengths-based work of existing supported living, outreach and day activity providers, supporting autistic people to find jobs and voluntary roles.<br>• Preparation for adulthood - Learning skills for independence | **Strategy Development (January – April 2021)**<br>**Leads:** Surrey Choices<br><br>**Working Group Members:**<br>Surrey Choices representatives<br>Job Centre Plus<br>HR leads from SCC and Health<br>CFLC representatives<br>ASC representatives<br>Health representatives (Mental Health)<br>People with lived experience<br><br>**Other Stakeholders:**<br>Employment support providers<br>Employers |
| **Communications (internal and external)** | **Strategy Development (January – April 2021)**<br>**Leads:** SCC and Health comms leads<br><br>**Stakeholders:**<br>Family Voice<br>National Autistic Society<br>LD&A Partnership Boards<br>People with lived experience<br><br>**Strategy Implementation (April 2021- April 2026)**<br>SCC and Health comms leads |
| **Project Management**<br>• Milestone plan<br>• Workstream plans<br>• Equality Impact Assessment | **Strategy Development (January – April 2021)**<br>Bethan George, Project Manager CFLC<br>Borislava Severova-Millard. Project Officer ASC<br>Farima Shah, Senior Development Officer CFLC |

| Workstream | Proposed Leads & Membership |
| --- | --- |
| • Strategy delivery plan<br>• Risks & issues register<br>• Co-ordination of activities<br>• Monitoring dependencies<br>• Outputs and deliverables | **Strategy Implementation (April 2021- April 2026)**<br>ASC and CFLC leads |

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ADULTS AND HEALTH SELECT COMMITTEE

19 JANUARY 2021

# APPOINTMENT OF A NAMED STANDING OBSERVER AND SUBSTITUTE FOR THE HAMPSHIRE TOGETHER JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

**Purpose of report:** To appoint a named standing observer and substitute for the Hampshire Together Joint Health Overview and Scrutiny Committee.

**Summary**

1. In October 2019, Hampshire Hospitals NHS Foundation Trust (the Trust) received funding under the Department of Health and Social Care's Health Infrastructure Plan (HIP) to build a business case for capital investment to improve the services it offers to patients in north and central Hampshire. The Trust is part of Phase 2 of the HIP and has been given £5m seed funding to produce a Strategic Outline Case by 2022.

2. Options for the future service delivery model, including the potential for a new hospital site for acute services, have been shortlisted following initial public engagement, which took place between 1 June 2020 and 7 August 2020. The Trust, in conjunction with its Clinical Commissioning Group (CCG) partners, plans to begin consulting with the public on what these services might look like in the first quarter of 2021.

3. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require NHS commissioners to consult local authorities on proposed substantial variations to health services and notify its local authority partners when it has such proposals under consideration.

4. The Trust and CCGs have engaged with both Hampshire County Council and neighbouring local authorities regarding their plans. On Friday 9 October 2020, Trust and CCG representatives met with the Chairman and Vice-Chairmen of the Adults and Health Select Committee to discuss their proposals and arrangements for local authority scrutiny.

5. During the discussion, Members were presented with data relating to Trust hospital activity by local authority and hospital activity for north and central Hampshire patients between 2017/18 and 2019/20. This data indicated that

changes to hospital services in north and central Hampshire were unlikely to have a significant impact on both Surrey residents and services given the relatively low levels of cross-border activity. Between 2017/18 and 2019/20, Surrey residents accounted for 0.1% of the total number of inpatient and outpatient activity in north and central Hampshire, while A&E activity stood at 0.2%.

6. It was subsequently agreed that, if a Joint Health Overview and Scrutiny Committee (JHOSC) was formed, Surrey County Council would not join as a full member but would instead send a standing observer to JHOSC meetings so that it could be kept informed of developments and the impact these might have on Surrey residents and services. The Vice-Chairman agreed to put himself forward for the role of standing observer.

7. On 3 December 2020, a JHOSC comprising representatives from Hampshire County Council and Southampton City Council was established by Hampshire County Council, and Surrey County Council was invited to attend future meetings as a standing observer.

**Recommendations**

The Adults and Health Select Committee is asked to appoint Bill Chapman as standing observer for the Hampshire Together JHOSC, and to identify and appoint a named substitute.

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**Report contact**

Ben Cullimore, Scrutiny Officer

**Contact details**

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


**Sources/background papers**

Hampshire County Council Full Council agenda – 3 December 2020

Hampshire Hospitals NHS Foundation Trust Hospital Activity by Local Authority from 2017/18 to 2019/20

Health Infrastructure Plan: A New, Strategic Approach to Improving Our Hospitals and Health Infrastructure

Hospital Activity for North and Mid-Hampshire Patients from 2017/18 to 2019/20

Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

ADULTS AND HEALTH SELECT COMMITTEE

19 JANUARY 2021

# 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.

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**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 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 |
|---|---|---|---|---|
| 3 March 2021 | Surrey Heartlands Covid-19 Vaccination Programme | The Select Committee is to receive a report on the Surrey Heartlands Covid-19 Vaccination Programme. | The Select Committee will review the progress made and future plans for the Surrey Heartlands Covid-19 Vaccination Programme, taking into consideration the associated impacts and risks for Surrey residents. | Jane Chalmers – Covid Director, Surrey Heartlands |
| 3 March 2021 | Frimley Health and Care Covid-19 Vaccination Programme | The Select Committee is to receive a report on the Frimley Health and Care Covid-19 Vaccination Programme. | The Select Committee will review the progress made and future plans for the Frimley Health and Care Covid-19 Vaccination Programme, taking into consideration the associated impacts and risks for Surrey residents. | Fiona Edwards – Frimley Health and Care ICS Lead |
| 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.<br><br>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<br><br>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 Urgent Care services in Surrey Heartlands. | The Select Committee will review the progress of the Surrey Heartlands programme of change. | To be confirmed |
| To be confirmed | Transformation of the offering of outpatient appointments and support to health and care using digital and | 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 | 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 |

| | | | | |
|---|---|---|---|---|
| | technological innovations | greenhouse gases and air pollution and will feed into the Surrey County Council's 'Rethinking Transport' programme. | | |
| **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><br><br>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 |
|---|---|---|---|

| Date of meeting | Item | Recommendations/Actions | To | Response |
|---|---|---|---|---|
| 17 December 2020 | Scrutiny of 2021/22 Draft Budget and Medium-Term Financial Strategy to 2025/26 | <u>Recommendations</u><br><br>That, subsequent to this meeting, the Adults and Health Select Committee will agree wording for inclusion in the report regarding the draft Budget and Medium-Term Financial Strategy, which is to be prepared jointly by the Council's four select committees.<br><br><u>Actions</u><br><br>1. Democratic Services officers to look into the possibility of organising for Members to visit Learning Disabilities and Autism services | Cabinet Member for Adults and Health<br><br>Scrutiny Officer, Democratic Services Assistant | The joint report is currently being produced and will be presented to Cabinet at its meeting on Tuesday 26 January 2021.<br><br>1. Democratic Services officers are currently in the process of looking into the possibility of organising for Members to visit Learning Disabilities and Autism services (whether remotely or in person) |

| | | | | |
|---|---|---|---|---|
| | | (whether remotely or in person)<br><br>2. Democratic Services officers to look into the possibility of updating the Select Committee on Technology Enabled Care | Scrutiny Officer, Democratic Services Assistant, Cabinet Member for Adults and Health | 2. The Cabinet Member for Adults and Health has been contacted regarding this. |
| 17 December 2020 | ASC Complaints April – September 2020 | Actions<br><br>1. The Deputy Director of ASC to incorporate videos on new training techniques to the Select Committee at the 19 January 2021 meeting<br><br>2. The Senior Programme Manager to incorporate data covering a 12-month period into future ASC Complaints reports | Deputy Director of ASC<br><br>Senior Programme Manager, ASC | 1. Videos on new training techniques will be presented to Members at the Select Committee's meeting on 19 January 2021<br><br>2. The Senior Programme Manager has confirmed that data covering a 12-month period will be incorporated into future ASC Complaints reports |

| | | | | |
|---|---|---|---|---|
| | | 3. The Senior Programme Manager to ensure the Listening to Your Views leaflet is made available as a core leaflet in care homes and community hubs | Senior Programme Manager, ASC | 3. The Senior Programme Manager has been contacted regarding this. |
| | | 4. The Senior Programme Manager to include specific examples of complaints and/or case studies in future ASC Complaints reports | Senior Programme Manager, ASC | 4. The Senior Programme Manager has confirmed that specific examples of complaints and/or case studies will be included in future ASC Complaints reports |
| | | 5. The Senior Programme Manager to provide Members with more information on complaints that are 'still pending' in future ASC Complaints reports | Senior Programme Manager, ASC | 5. The Senior Programme Manager has confirmed that more information on complaints that are 'still pending' will be provided in future ASC Complaints reports |
| | | 6. The Deputy Director of ASC to remind | Deputy Director of ASC | 6. The Deputy Director of ASC has been contacted regarding this. |

| | | | | |
|---|---|---|---|---|
| | | team managers to supervise and conduct spot checks with staff in the complaints team | | |
| 17 December 2020 | Healthwatch Surrey – What Are We Hearing About Adult Social Care? | Actions<br><br>The Cabinet Member for Adults and Health is to keep the Select Committee updated on the progress made regarding the possible introduction of a care navigators system | Cabinet Member for Adults and Health | The Cabinet Member for Adults and Health has been contacted regarding this. |
| 15 October 2020 | Update on ASC Mental Health Transformation Programme | Actions<br><br>The Assistant Director of Mental Health to share suitable pre-prepared text and JPEG images with the Select Committee for sharing on social media. | Assistant Director of Mental Health, ASC | The Assistant Director has been contacted regarding this. |
| 15 October 2020 | Winter Pressures in Surrey Heartlands | Recommendations<br><br>1. The Select Committee recommends that GPs ensure digital modes of contact remain available for | Senior officers at Surrey Heartlands | 1. The response to recommendations 1 and 2 is as follows: “Face to Face appointments will be available during 8am - 6.30pm when GP is also open for online requests. We have commissioned |

| | | | | |
|---|---|---|---|---|
| | | 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;<br><br>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;<br><br>3. The Select Committee recommends that Surrey Heartlands works closely with Surrey County Council to ensure it publicises to residents | | additional capacity over the Christmas period and will have a local hub open including weekends and bank holidays."<br><br>3. "During the 2020/2021 flu campaign programme, we have been working closely with the Surrey County Council (SCC) Comms and Public Health (PH) Teams through the Health and Well Being (HWB) winter comms sub group. Methods used to ensure consistent, timely and accurate messaging and to |

| | | | | |
|---|---|---|---|---|
| | | that advice about flu vaccinations can be sought from pharmacists and GPs. | | maximise flu vaccination awareness and reach to residents include:<br>• Scheduling regular Teams meeting calls/chats and emails with the HWB winter comms sub group to build strong partnerships and maintain robust flu messaging with residents.<br>• Providing flu comms toolkits for all eligible groups. These comprise of information, media release examples, long and short copy for newsletters, myth busting tips, social media posts and case study videos, website copy, bespoke and national flu campaign design assets and links to websites and accessible resources e.g. Easy Read, BSL, Braille, multiple languages.<br>• Seeking endorsement for media release content with quotes signed off by the relevant SCC councillor/officer.<br>• Sharing briefings of the latest flu comms lines from NHSE/I for Surrey News, Adult Social Care, Surrey Matters bulletins, Healthy Surrey website, digital and social comms and printed resources e.g. Surrey Together publication which |

| | | | | |
|---|---|---|---|---|
| | | Actions:<br><br>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; | Associate Director of Urgent and Integrated Care, Surrey Heartlands | was delivered to all Surrey residents.<br>• Collaborating with SCC flu PHE leads on targeted projects e.g. the flu vaccination programme for homeless people in Surrey."<br><br>Actions:<br><br>1. "During the period 1st December 2019 to 30th June 2020, 41.9% of 111 calls answered had waits over 60 seconds. To quantify this, the timeline being used was exceptional due to the impacts of COVID.<br><br>The information below is from April 2020 to October 2020. The first table provides information in relation to the number of calls answered within 60 seconds and shows an improvement in June and again in October 2020; the second table provides the number of calls answered after 60 seconds [click links for tables at the end of this document].<br><br>a) Calls answered within 60 seconds (April 2020-October 2020) |

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| | | 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; | Director of Performance, Surrey Heartlands | b) Calls answered after 60 seconds (April 2020-October 2020)<br><br>The provider has experienced challenges since the beginning of the year and the national Covid pandemic has also created additional pressures, being one of the first point of contact for patients. They are working through the issues of staffing, sickness and also supporting other providers across the country through periods of National Contingency. Measures are being put in place to improve the speed in which calls are answered, this includes reviewing the recruitment and training processes and in providing ongoing development workshops/courses to support current trends."<br><br>2. "Having spent a considerable amount of time reviewing the available information and data, unfortunately we do not have a mechanism in place to measure this. Information is gathered regarding the NHS 111 disposition outcomes; however, currently we are not able to measure individual patient journeys as requested." |

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| | | 3. The Director of Performance to check whether domiciliary care workers are counted as key workers and therefore prioritised for Covid-19 testing. | Director of Performance, Surrey Heartlands | 3. "Essential workers are prioritised for testing via the national portal. The full list of essential workers prioritised for testing in the UK can be found at: https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested#list-of-essential-workers-and-those-prioritised-for-testing-england-only<br><br>This list includes all NHS and social care staff, including 'the support and specialist staff required to maintain the UK's health and social care sector.'<br><br>In addition, Surrey Heartlands has an agreed prioritisation framework in place to support essential worker testing via our local Pillar 1 testing where access via the national portal is challenging. Domiciliary care workers are also included within this framework as essential workers." |
| Mental Health Task Group | Mental Health Task Group report | The Mental Health Task Group recommends that: | | *Full initial responses to the Mental Health Task Group's recommendations are included in the agenda papers for the Select Committee's 17 December 2020 meeting (Annexes 1-5 of Item* |

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| | | | | *7: 'Responses to Recommendations Made by the Adults and Health Select Committee')* |
| | | i. Each primary care network in Surrey nominates a mental health champion to help strengthen partnership working across the primary care system | Surrey Heartlands ICS, Frimley Health and Care ICS | Surrey Heartlands have been contacted regarding this. |
| | | ii. 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 | Cabinet Member for Adults and Health, Surrey Heartlands ICS | Conversations are taking place with officers to determine how the Task Group's recommendations might be implemented. |

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| | | liaise as a matter of urgency | | |
| | | iii. 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 | Cabinet Member for Adults and Health | "We are looking at all contracts and will be looking at how the recommendations of the MH task group could be implemented, including the compliant ways in which we can offer longer term and more stable funding arrangements to third sector organisations so that they can play their part in supporting the delivery of SCC's priorities. This work is being taken forward as part of our annual procurement plans and we are working collaboratively with corporate colleagues on this and where applicable with our districts and boroughs." |
| | | iv. 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. |

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| | | v. 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. |
| | | vi. 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 | Cabinet Member for Adults and Health | Conversations are taking place with officers to determine how the Task Group's recommendation might be implemented. |
| | | vii. Surrey County Council and Surrey | Cabinet Member for Adults and | Conversations are taking place with officers to determine how the Task Group's recommendations might be implemented. |

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| | | 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. | Health, Surrey and Borders Partnership NHS Foundation Trust | |
| 14 July 2020 | Learning Disabilities and Autism Service Update | The Select Committee:<br>1. Recommends that future annual health assessments are more focused on unearthing mental health issues, which | Assistant Director of Disabilities | 1. The Assistant Director is composing a briefing note to address this and the below recommendation. |

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| | | can have physical manifestations;<br><br>2. Recommends that greater emphasis is placed on the transition period and that the steps taken to address this are outlined in a follow-up report. | | 2. The Assistant Director will address this in the briefing note as above. |

Annexes to 15 October 2020, Winter Pressures in Surrey Heartlands responses:

a)

| | Apr | May | Jun | Jul | Aug | Sep | Oct |
|---|---|---|---|---|---|---|---|
| Calls received | 18945 | 19066 | 17797 | 18023 | 20648 | 21050 | 19331 |
| Calls answered | 13078 | 15473 | 17026 | 16746 | 17625 | 13797 | 17825 |
| | 69.03% | 81.15% | 95.67% | 92.91% | 85.36% | 66.41% | 92.21% |

b)

| | Apr | May | Jun | Jul | Aug | Sep | Oct |
|---|---|---|---|---|---|---|---|
| Calls answered after 60 secs | 5867 | 3593 | 771 | 1277 | 3023 | 7253 | 1506 |