Notice of Meeting

Adults and Health Select Committee

Date & time
Wednesday, 3 March 2021 at 10.00 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 MEETING: 19 JANUARY 2021

(Pages 5 - 18)

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

3 DECLARATIONS OF INTEREST

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

I. Any disclosable pecuniary interests and/or

II. Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting.

NOTES:

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

4 QUESTIONS AND PETITIONS

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

NOTES:

1. 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 *(25 February 2021).*
3. The deadline for public questions is seven days before the meeting *(24 February 2021).*
4. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5 COVID-19 VACCINATION PROGRAMMES

a SURREY HEARTLANDS COVID-19 VACCINATION PROGRAMME (Pages 19 - 26)

Purpose of the item: To provide an update on the delivery of the Covid-19 Vaccination Programme in Surrey Heartlands to date and future plans for the continued roll out of the programme.

b FRIMLEY HEALTH AND CARE COVID-19 VACCINATION PROGRAMME (Pages 27 - 36)

Purpose of the item: To update the committee on the status of the Frimley Integrated Health and Social Care System Covid-19 Vaccination Programme

6 GENERAL PRACTICE INTEGRATED MENTAL HEALTH SERVICE OVERVIEW AND SERVICE MODEL (Pages 37 - 58)

Purpose of the item: To provide the Adults and Health Select Committee with a detailed report on the General Practice Integrated Mental Health Service (GPIMHS).

7 UPDATE ON THE IMPLEMENTATION OF MENTAL HEALTH TASK GROUP RECOMMENDATIONS (Pages 59 - 70)

Purpose of the item: To provide the Adults and Health Select Committee with an update on progress in implementing the recommendations of the Mental Health Task Group, which was established to map the individual and carer's journey through adult mental health services in Surrey.

8 ADULT SOCIAL CARE DEBT (Pages 71 - 84)

Purpose of the item: To update the Adults and Health Select Committee on Surrey County Council's Adult Social Care Debt position as at the end of December 2020.

9 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME (Pages 85 - 102)

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 14 July 2021 at 10:00am.

Joanna Killian
Chief Executive
Published: Tuesday, 23 February 2021

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MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.30 am on 19 January 2021 as a REMOTE MEETING.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 3 March 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 David Mansfield and Daryll Ratiram.

2 MINUTES OF THE PREVIOUS MEETINGS: 17 DECEMBER 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 the Development of New All-Age Autism Strategy item as she is non-executive director and Chairman of the Board of Directors of Surrey Choices.

4 QUESTIONS AND PETITIONS [Item 4]

None received.

5 SURREY HEARTLANDS HEALTH AND CARE PARTNERSHIP COVID-19 RECOVERY PROGRAMME [Item 5]

Witnesses:
Helen Coe, Recovery Director, Surrey Heartlands
Helen Rostill, Director of Mental Health Services, Surrey Heartlands
Giselle Rothwell, Associate Director of Communications and Engagement, Surrey Heartlands
Liz Uliasz, Assistant Director of Mental Health, Adult Social Care
Diane Woods, Deputy Director of Adult Mental Health Commissioning, Surrey Heartlands

Key points raised during the discussion:

1. The Recovery Director stated that the Covid-19 recovery work had been ongoing since the first wave of the pandemic in March/April 2020. The recovery work included a major priority of restoration of services following the first wave and the report demonstrated that Surrey Heartlands was having considerable success prior to Christmas 2020 (when the second wave hit) in tackling the backlog that built up following the first wave and reopening elective care services. NHS England monitored the performance of Surrey Heartlands' recovery programme against a trajectory. There had been mutual aid between providers throughout the recovery, and some positive changes had been made to the system, such as the introduction of virtual consultations.

2. The Director of Mental Health Services said that the surge in mental health demand and acuteness had accelerated since Christmas 2020 and that the mental health impact of the current lockdown would likely be seen for some time to come. A weekly cross-sector group had been set up to look at mental health pressures and immediate actions that could be taken. Surrey Heartlands was looking at supporting people in their homes in order to improve their mental health; for example, by conducting deep cleans or providing furniture. There was also wraparound support for people with autism and mental health needs. Measures were being put in place to ensure people had support when being discharged from hospital. The Assistant Director of Mental Health explained that Surrey County Council Adult Social Care (ASC) had established a hospital discharge team to work with Surrey and Borders Partnership NHS Foundation Trust (SABP) and were looking to appoint an occupational therapist as part of this. There had been a significant number of young people experiencing mental health crises, and Surrey Heartlands was looking at providing additional resources to tackle this.

3. The Assistant Director of Mental Health added that district and borough councils were working with SABP to provide longer-term housing for people with mental health needs.

4. A Member asked how Surrey Heartlands was monitoring the capacity of the third sector to support the recovery. The Recovery Director replied that Surrey Heartlands had activated the 'surge' ability, which enabled them to take over six independent providers to use their resources and facilities. This was being monitored daily in partnership with NHS England.

5. A Member enquired how capacity and demand were aligning in terms of autism support and how Surrey Heartlands was coping with specific areas of need. The Assistant Director of Mental Health stated that a social worker with a specialist autism and mental health background had been appointed in order to help people with autism and mental health needs to access resources.

6. Expanding on the issue of eating disorders, the Director of Mental Health Services explained that a working group led by GPs and specialists had been set up, looking at monitoring the physical health of adults and children with eating disorders. The group had compiled a safety proposal interim plan involving specialist GPs to support the interpretation of diagnostics. This had now been approved by Surrey Heartlands and would be embedded into the service within the next two to three weeks.

7. A Member asked whether people were choosing not to undergo elective procedures due to concern about catching or spreading Covid-19, or whether elective surgery was being cancelled by hospitals to increase capacity for Covid-19 patients. The Recovery Director responded that there was a combination of the two. All patients on the waiting list for elective procedures had been clinically validated, and patients had been given the opportunity to choose to be categorised under priority 5 or 6, meaning they would opt to delay their operation until later in the year, in order to try to avoid the coronavirus during the current wave of the pandemic. People were still being encouraged to access emergency care and procedures.

8. The Chair of the Independent Mental Health Network (IMHN) expressed disappointment at the lack of a recovery plan for the mental health of NHS staff in the report, many of whom had undergone significant pressure during their work throughout the pandemic. What percentage of the workforce in the NHS in Surrey were unable to work because of mental health issues, such as stress or depression? What resources were available to support NHS staff? Also, if there were staff shortages due to absence, would there be enough capacity for Covid-19 patients in hospitals? The Director of Mental Health Services explained that it was difficult to obtain the exact figure of the number of staff experiencing mental health issues, but research showed a significant impact on the wellbeing of the NHS and ASC workforce nationally. In response to the second question, the Associate Director of Communications and Engagement said that a staff resilience hub had been set up for all staff across Surrey Heartlands, and this had been heavily promoted in recent weeks. The Director of Mental Health Services added that the resilience hub was free, confidential and part of a national network. Through the hub, staff could be fast-tracked to Improving Access to Psychological Therapies (IAPT) services and access drug and alcohol services, self-care resources and webinars. Surrey Heartlands was starting to collect data on users of the hub. Furthermore, in response to the impact of the pandemic on staff working on intensive care units (ICU), Surrey Heartlands was looking at another initiative to enhance support for ICU staff. The Director also emphasised the importance of practical steps, such as ensuring staff had sufficient breaks and time to decompress after their shifts.

9. A Member asked whether annual health checks for people with learning disabilities (LD) had still been conducted throughout the pandemic. The Director of Mental Health Services confirmed that there had been a reduction in the number of health checks conducted for people with LD and for those with serious mental illness, in part due to the fact that some health checks needed to be conducted in person, and due to increased pressures on primary care. Work had been conducted on digitalising and increasing access to health checks. This was also a national issue; the target for the number of health checks for people with LD had been reduced nationally.

10. A Member questioned whether Surrey Heartlands was working with an organisation like Sight for Surrey in order to increase digital inclusion. The Recovery Director stated that digital inequality had been recognised by Surrey Heartlands as a health inequality, and Surrey Heartlands had set up a Health Inequalities Board, which had a plan to tackle health inequalities.

11. A Member noted that some residents were able to access digital devices through a small donation and would then only take on the cost of topping up the SIM card in the device. She remarked that regular SIM card top ups may not be affordable to someone on a tight budget.

12. A Member requested data on the backlog, with regards to demographic and health condition. The Recovery Director agreed to provide this information.

13. A Member asked how much longer restoration of services (including overcoming the backlog) would take for every week or month services were run on the basis of emergency treatment only. The Recovery Director replied that to recover from the first wave alone of the pandemic in terms of elective care would have taken about two years; this had since increased due to the second wave. However, the areas where there would be delays during the recovery process would be priority 3 and 4 procedures, whereby patients could wait for the procedure without risk of serious harm due to the delay. Surrey Heartlands had also put in place 'green areas' across Surrey where some elective care would be continued without this having a detrimental effect on acute care. Without knowing how long the pandemic would continue for, it was impossible to say how long it would take to recover, but Surrey Heartlands was starting planning now in preparation for when the pandemic did lessen in intensity.

14. A Member asked whether there was enough support for people whose surgery had been delayed and who might be in constant pain. The Recovery Director said that in primary care and in acute hospitals, there were still specialist nurses who continued to provide pain relief services.

15. A Member queried the effect of Covid-19 on the General Practice Integrated Mental Health Services (GPIMHS) programme and its continued roll-out. The Director of Mental Health Services stated that GPIMHS continued to be delivered, albeit in digital-only form for the time being due to the pandemic. While this had not slowed down the

number of people using the service, Surrey Heartlands was making efforts to ensure GPIMHS returned to being face-to-face when possible. The service continued to work with Community Connections on GPIMHS and had recruited to all its vacancies. In terms of future ambitions, Surrey Heartlands was negotiating with NHS England for increased funding and aimed to ensure that GPIMHS covered all Primary Care Networks (PCNs) by 2023/24. The outcome of the negotiations would be known by March 2021. The Deputy Director of Adult Mental Health Commissioning added that out of the 25 PCNs across the Surrey Heartlands area, 11 were already covered by GPIMHS and, in line with NHS England guidance, the central funding facilitated rolling out GPIMHS to a further six PCNs in 2021/22, six in 2022/23 and two in 2023/24. However, Surrey Heartlands was looking at going beyond those further six PCNs in 2021/22 and delivering GPIMHS in all 25 PCNs earlier than 2023/24. The Director of Mental Health Services explained that there were also GPIMHS sites in the Frimley Health and Care area.

16. The Chief Executive of Healthwatch Surrey requested assurance that residents were being engaged in the development of the recovery programme on an ongoing basis, particularly with regards to the full review of virtual appointments. The Recovery Director stated that a virtual consultation cell was conducting in-depth analysis, user research and feedback studies on this topic. Patients had been involved in the process and it was important to ensure that patients could use the channel of their choice; for instance, sometimes elderly patients would prefer not to use virtual channels. Overall, the feedback received on virtual consultations was positive.

17. The Chief Executive of Healthwatch Surrey asked how the increase of out-of-county mental health placements was being communicated to families and carers of patients, particularly with regards to visiting patients. The Director of Mental Health Services acknowledged that out-of-county placements were less easy to coordinate compared to placements in Surrey and communication would be managed by the provider, rather than by the centralised service.

18. A Member noted a reference in the report to changes in funding likely to put at risk Surrey Heartlands' ability to use the independent sector to treat patients awaiting elective care. How were these changes likely to impact the recovery programme and Surrey Heartlands' ability to purchase care? The Recovery Director explained that the changes to funding had in fact been put on hold due to the second wave of the pandemic, and that there were no issues with funding in the independent sector at present.

19. A Member enquired how Surrey Heartlands calculated fees paid to a provider for care post-hospital discharge. The Recovery Director said that this information would be provided outside of the meeting.

20. A Member expressed concern about the fact that home births had been temporarily suspended due to the pandemic and asked what additional support was being given to women affected by this. The suspension of home births could be a risk to the mental health of expectant or new mothers. The Recovery Director informed Members

that the expectant mother would still have contact with the same midwife and group throughout her pregnancy. The decision to suspend home births had been taken by officers from the South East Coast Ambulance service (SECAmb) and Surrey Heartlands' Chief Nurse, due to increased pressure on the ambulance service and an increase in average response time from seven minutes to 15 minutes. The suspension had been in place since 31 December 2020. It would be kept under review and home births reinstated as soon as it was safe to do so.

21. A Member asked for examples of any positive changes to services that had come about because of the Covid-19 pandemic. The Recovery Director detailed that Surrey Heartlands was conducting imagery differently, such as providing imagery outside hospital sites, as well as having significantly expanded access to virtual consultations. Another positive outcome was the mutual aid that had been offered within the system.

22. A Member asked what the Turning the Tide Board was, as mentioned in the report. The Associate Director of Communications and Engagement explained that this was a board addressing BAME (black, Asian and minority ethnic) workforce health inequalities. It was part of an initiative across the South East region. The Associate Director agreed to confirm whether the papers of the board could be passed on to the Select Committee, and to do so if possible.

23. A Member asked whether the main barrier to mental health services for residents was funding, staffing capacity or a combination of both of these. Also, was mental health support mainly proactive or reactive? The Director of Mental Health Services replied that a focus on crisis mental health support meant that sometimes the service was not focused enough on early intervention. Nationally, mental health services were underfunded, and mental health funding in Surrey was slightly lower than the national average. As well as this issue, there was a shortage of qualified professionals, so recruitment could be challenging, but Surrey Heartlands had been successful in mental health recruitment despite this. The Deputy Director of Adult Mental Health Commissioning added that the expansion of the digital offer in mental health services due to the pandemic had increased access. However, there was still a gap in mental health funding. The Assistant Director of Mental Health emphasised the importance of working with partners in mental health, including Community Connections, district and borough councils and the ASC Learning Disabilities and Autism team.

Recommendations:

1. The Select Committee requests that a further update on the Covid-19 Recovery Programme is presented at a future Select Committee meeting;
2. The Select Committee requests that future recovery reports include information on mental health and wellbeing support being offered to NHS staff and social care workers;
3. The Select Committee requests that a report on the Digital Inclusion programme of work is presented at a future Select Committee

meeting, and that this outlines what is being done to support those who are digitally excluded and unable to access services online.

Actions/further information to be provided:

1. Recovery Director is to provide data on the specific demographics and conditions affected by, and part of, the backlog;
2. Recovery Director is to provide further information on how care sector fees relating to discharges are calculated;
3. Associate Director of Communications and Engagement is to confirm whether reports and findings relating to the Turning the Tide Board will be made publicly available and can be shared with the Select Committee.

6 ADULT SOCIAL CARE TRANSFORMATION PROGRAMMES UPDATE [Item 6]

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
Simon White, Executive Director of Adult Social Care

Key points raised during the discussion:

1. The Select Committee was shown two videos used to train Adult Social Care (ASC) staff in the roll out of the strengths-based approach. The first video showed a group of people with lived mental health experience talking about their experiences of accessing mental health services and the advantages of the strengths-based approach to mental health. The second video showed a carer talking about how the ASC system should best approach and interact with carers.

2. A Member asked what the new care pathway programme of work involved and what the timescale was for its roll out. The Deputy Director of ASC replied that the care pathway involved setting up a consistent front-door offer (i.e. place of initial contact with the social care system) across the whole of the Council, not just the ASC service. The Senior Programme Manager added that other areas included in the new pathway would be community and prevention, ongoing work around the reshaping of reablement, and workforce redesign to support the work on the front-door offer. Moreover, it involved linking in with partners, such as Community Connections. The Deputy Director stated that a specialist reablement service was being developed for learning disabilities (LD), mental health and autism. In practice, the new care pathway involved improvements to signposting and monitoring, and digitalising certain systems. It was important that service users felt that the service provided meaningful, effective signposting and support and that service users' outcomes were at the heart of the system. The Cabinet Member for Adults and Health offered to arrange a briefing session to inform Members on this subject. The Select Committee agreed this would be useful.

3. A Member expressed concern that the Council was approaching the planning application system in a way that meant applications for Extra Care Housing and Independent Living sites were unlikely to be

approved. The Cabinet Member encouraged the Member to share any specific examples with her for a further response. Good communication with the local community was important and could be effective in tackling this issue.

4. A Member asked when it was expected that the heads of terms issues regarding the Pond Meadow site would be resolved, what impact this had had on timelines and what would be learnt from this experience. The Cabinet Member responded that the issue should be resolved quickly and there was ongoing communication between Surrey County Council and Guildford Borough Council. The impact had been minimal. The Executive Director of ASC added that the Council was in regular contact with the developer of the site.

5. A Member asked what had been learnt from the discovery phase of the Enabling You with Technology programme and feedback received on the programme. The Deputy Director of ASC stated that as a result of the discovery phase, a company called Public Digital had given recommendations on the programme. A pilot in Mole Valley would go live in January 2021, whereby an occupational therapist (OT) and an advisor would work together at the monitoring centre in Mole Valley to detect care needs – a fall, for example – and dispatch services as appropriate. The Council was looking at ways for residents to provide feedback on the service.

6. The Co-Chair of the Surrey Coalition of Disabled People requested more information about the Enabling You with Technology programme and enquired how the service would train its staff in the programme and measure outcomes. The Deputy Director of ASC replied that the programme involved the OT working with the Mole Valley monitoring centre to agree what the required technology-enabled care was. Changes in activity would become evident over the course of the programme. It was anticipated that the programme would enable service users to remain independent and feel secure living in their own home, by using the technology available to them. The Cabinet Member added that a principle aim of the wraparound pilot was to prevent falls. A way of measuring outcomes would be to measure the number of ambulance call-outs; reducing these would be of significant value to the NHS. Algorithms were also being used to monitor the programme. If the pilot was successful, the programme could be rolled out to the learning disability and autism (LD&A) service, particularly with regards to tackling isolation and independent travel. The LD&A service had received some funding for a technology project and would start to build a business case for this. The Executive Director of ASC explained that the Enabling You with Technology programme was expected to pay for itself due to the reduction it would produce in the need for other forms of care. He also expressed optimism about the opportunities this programme could create.

7. A Member enquired what the target savings were in the LD&A transformation programme. The Executive Director informed the Select Committee that the savings target in LD&A in 2021/22 was £4.67m. It was anticipated that the LD&A service would deliver an underspend this year. These savings represented reductions in

assumed demand and therefore an increase in relative spending while making savings.

8. A Member remarked that some care homes struggled to provide the necessary level of care when relying on the Council's funding (even prior to the economic effects of the pandemic) and that residents who purchased care privately effectively subsidised care services in these cases. The care market was shrinking due to economic difficulties and it would be more difficult to source the care packages needed. The Executive Director of ASC acknowledged the need to be careful about the medium- and long-term impact of Covid-19 on care providers; however, there were plenty of providers willing to offer services at the Council's guide price and, putting Covid-19 to one side, he expressed the opinion that there was not a problem with supply in the market.

9. A Member asked what proportion of private care home placements were occupied by Surrey County Council-funded residents. The Executive Director replied that this could vary significantly depending on the type of contract, and agreed to provide this information to the Select Committee after the meeting.

10. A Member enquired what motivational interview training involved and whether this would be provided to mental health staff. The Deputy Director explained that mental health staff had been offered training on various subjects during the transition of mental health services from Surrey and Borders Partnership to Surrey County Council ASC. Training on the strengths-based approach had been completed. The motivational interview training was a counsellor-based approach and involved encouraging the trainee to be aware of their own behaviour and to change that behaviour if they wished. It was agreed that the Select Committee would be given the opportunity to attend and observe motivational interview training sessions.

11. A Member expressed concern that the Practice Improvement transformation programme was being brought to a close despite the fact that it was still RAG (red, amber, green) rated amber. The Deputy Director explained that the Practice Improvement programme would not completely stop; rather, it would just cease to be a transformation project and would transition into business as usual. Practice would continue to be improved. Removing Practice Improvement from the list of transformation projects freed up transformation resource for other projects. The ASC service would review lessons learnt within the Practice Improvement programme.

12. The Deputy Director of ASC agreed to provide more information to the Select Committee on Liquid Logic.

Recommendations:

1. The Select Committee requests that a report on Enabling You With Technology is presented at a future Select Committee meeting;
2. The Select Committee requests that Members of the Select Committee attend and observe staff motivational interview training.

Actions/further information to be provided:

1. Democratic Services officers to liaise with the Cabinet Member for Adults and Health about organising a briefing session on the Care Pathway programme of work;
2. Assistant Director of Commissioning (Adult Social Care) is to provide further information on the number of private care home places taken up by Surrey County Council-funded residents;
3. Deputy Director of Adult Social Care is to produce a briefing note on Liquid Logic;
4. Chief Executive of Healthwatch Surrey is to provide the Select Committee with more information on the work being done with Action for Carers and Adult Social Care on how discharges from hospital have been experienced by carers.

7 DEVELOPMENT OF NEW ALL-AGE AUTISM STRATEGY [Item 7]

Witnesses:
Hayley Connor, Director of Children's Commissioning
Kay Hammond, Chairman of Children, Families, Lifelong Learning and Culture Select Committee
Marisa Heath, Deputy Cabinet Member for People
Steve Hook, Assistant Director of Learning Disabilities, Autism and Transition
Julie Iles, Cabinet Member for All-Age Learning
Mary Lewis, Cabinet Member for Children, Young People and Families
Sinead Mooney, Cabinet Member for Adults and Health
Simon White, Executive Director of Adult Social Care

Key points raised during the discussion:

1. The Select Committee expressed approval that the new strategy covered all ages. The Deputy Cabinet Member for People stated that the transition between childhood and adulthood was a key part of the new strategy. She acknowledged that the governance of the strategy could seem opaque and so the strategy needed to clarify how it could streamline the governance. Mental health was a high priority and the strategy aimed to see a reduction in mental health issues.

2. A Member asked what proportion of school-age children with autism attended mainstream schools. The Assistant Director of Learning Disabilities, Autism and Transition replied that in 2020 just over one quarter of young people with autism attended mainstream schools. In 2019, the figure had stood at about 30%. The Director of Children's Commissioning added that the Council was working with schools to ensure that more children with autism were accommodated in mainstream schools where appropriate.

3. The Co-Chair of the Surrey Coalition of Disabled People expressed concern at the long waiting times for assessments and asked what the plan was for prioritising workstreams. The Assistant Director of Learning Disabilities, Autism and Transition responded that the service was working closely with the Surrey and Borders Partnership NHS Foundation Trust (SABP) Neurodevelopmental Service to improve adult diagnostics. Also, certain workstreams would be prioritised as necessary. The Director of Children's Commissioning said that CAMHS (Child and Adolescent Mental Health Services) were being recommissioned and as part of this, changes had been made to the

Neurodevelopmental service. Work would be focused on responding more quickly to children's needs.

4. A Member expressed concern that Surrey County Council was not providing access to horticultural or animal husbandry activities for people with learning disabilities and autism (LD&A); these activities could be beneficial. The Assistant Director of Learning Disabilities, Autism and Transition replied that the LD&A service did offer a range of day activities for people with LD&A, including horticulture and animal husbandry, which were aimed at furthering employment opportunities. However, feedback suggested that many people with LD&A wanted opportunities to further their education and employability, meaning that alternative activities may be more suitable in order to allow people with LD&A to lead fulfilling, ordinary lives. The Council's commissioning of horticulture and animal husbandry services was proportionate; some services were commissioned specifically for people who would benefit from working with animals. Unfortunately, these sorts of services had been impacted considerably by the pandemic. The Director of Children's Commissioning confirmed that children's LD&A services also worked with young people with autism to build skills and confidence. It was agreed that the Select Committee would receive a briefing note summarising horticulture and animal husbandry services for adults and children with LD&A.

5. A Member raised concern that intervention was often not occurring early enough for children with mild autism. The Cabinet Member for All-Age Learning responded that there was an Early Learning Fund that early years settings could access in order to provide extra support for very young children (aged five and under). 620 children had been assisted through this programme. The Director of Children's Commissioning emphasised the importance of diagnosis and of responding to the needs of the child and their family. Work was also ongoing with the voluntary and charitable sector to identify how children and families could be supported before and during diagnosis.

6. Expressing concern that long waiting times were causing difficulty to residents, a Member enquired who had oversight of these waiting times for an autism diagnosis and was therefore responsible for bringing about improvements on this. The Assistant Director of Learning Disabilities, Autism and Transition acknowledged that the average waiting time of 370 days was unacceptable. One of the main aims of the new strategy was to identify and solve key problems such as this. Good assessment and early diagnosis were key factors in improving outcomes for people with autism, and the Council was working closely with ASC commissioners to improve resourcing of the SABP Neurodevelopmental service (which conducted diagnoses). SABP was jointly commissioned by Surrey County Council and Surrey Heartlands Integrated Care Partnership, and the Adults and Health Select Committee would have a role in oversight of this issue. The Director of Children's Commissioning emphasised the importance of reducing the time children had to wait for an autism assessment and there was a weekly meeting chaired by the Deputy Chief Executive of the Council to ensure a focus on this.

7. A Member emphasised the importance of using autism-friendly processes and language for everyone in the system, not just those with an autism diagnosis, to ensure that the system was friendly to everyone, including those who may be autistic but as yet undiagnosed.

8. The Assistant Director of Learning Disabilities, Autism and Transition informed the Select Committee that a key part of the new strategy was the awareness of autism in the wider community and working collaboratively with other organisations such as district and borough councils, housing providers and retailers. Even something such as the change in temperature or from light to dark when entering a building could affect people with autism and it was important that suitable adaptations were made. There was a workstream focused on wider community awareness. Moreover, the strategy aimed to work with employers in Surrey to improve employability for people with autism.

9. The Select Committee expressed concern that the governance structure included in the strategy was unclear, and the Assistant Director of Learning Disabilities, Autism and Transition assured Members that an alternative governance structure was being put together and should be ready by April 2021.

10. A Member requested that all of the issues raised by service users and quoted in paragraph 17 of the report be included in the strategy and dealt with individually. The Assistant Director of Learning Disabilities, Autism and Transition responded that these comments were fundamental in the formation of the strategy and had been taken into account in its development so far. The Director of Children's Commissioning added that the service was keen to work with the autistic community to understand the issues they faced.

11. The Chairman of the Children, Families, Lifelong Learning and Culture Select Committee asked what support plans there would be for high-achievers with autism or those with autism without a learning disability. The Director of Children's Commissioning stated that taking high-achievers into account was an important feature of the consultation and the Council wanted to foster a system whereby all people with autism were facilitated to reach their ambition.

12. The Chairman of the Children, Families, Lifelong Learning and Culture Select Committee enquired how the Schools Alliance for Excellence (SAFE), as well as other voluntary and charitable sector organisations, would be included in engagement during the development of the strategy. The Cabinet Member for All-Age Learning replied that Family Voice Surrey had reported improved listening all round by partners and had given positive feedback. Some aspects such as SAFE would be scrutinised by the Children, Families, Lifelong Learning and Culture Select Committee.

13. The Chairman of the Children, Families, Lifelong Learning and Culture Select Committee requested assurance on the new CAMHS contract and the inclusion of the voluntary sector in the development of the strategy. The Director of Children's Commissioning said that the new CAMHS contract was an alliance and the Surrey Wellbeing Partnership was a critical part. The voluntary and charitable sector had

been involved, and communities' and system partners' views had been taken into account.

14. A Member suggested that Surrey County Council could establish apprenticeships or similar schemes to encourage people to specialise in autism-related fields, in order to tackle the shortage of specialists in autism, mental health and learning disabilities.

Recommendations:

1. The Select Committee endorses the strategic themes and continued development and implementation of the Surrey All-Age Autism Strategy 2021-26 across Adult Social Care; Children, Families, Lifelong Learning and Culture; and Health;
2. The Select Committee acknowledges the resource implications (staff and timelines) for the development and implementation of the Strategy;
3. The Select Committee recommends that officers simplify the Autism Delivery Governance Structure to ensure that governance and oversight is as streamlined as possible;
4. The Select Committee recommends that training is developed to ensure that all officers use autism-appropriate language;
5. The Select Committee requests that a review of the All-Age Autism Strategy is conducted by the Select Committee at an appropriate time following the start of its implementation.

Actions/further information to be provided:

1. Assistant Director of Learning Disabilities, Autism and Transition is to provide the Select Committee with a summary of the services relating to horticulture and animals that Surrey County Council commissions and offers to children and adults with autism.

8 APPOINTMENT OF A NAMED STANDING OBSERVER AND SUBSTITUTE FOR THE HAMPSHIRE TOGETHER JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE [Item 8]

It was agreed that Bill Chapman would be the named standing observer and Fiona White would be the named substitute on the Hampshire Together 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 3 March 2021.

Meeting ended at: 1.40 pm

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Chairman

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ADULTS AND HEALTH SELECT COMMITTEE

3 MARCH 2021

SURREY HEARTLANDS COVID-19 VACCINATION PROGRAMME

Introduction:

1. This paper provides an update on the delivery of the COVID Vaccination Programme in Surrey Heartlands to date and future plans for the continued roll out of the programme.

Headlines

2. Between 8 December and 15 February Surrey Heartlands Integrated Care System (ICS) delivered over 255,000 Covid vaccinations to the citizens of Surrey and frontline health and care staff.

3. Of these, approximately 250,000 were first doses.

4. All Older Adult care homes have been visited at least once.

5. To date, over 90% of all eligible citizens over the age of 70 have been given at least one vaccination.

6. A dedicated cell was established to manage the identification and booking in of eligible Health and Social Care workers (HSCW).

Delivery models

7. To enable Surrey Heartlands to deliver its COVID vaccinations programme the following delivery models are being used:

    - Local Vaccination Sites (LVS) – set up at a GP practice or in a location which is close to large groups of residents based on Primary Care Network footprints (Primary Care Networks or PCNs are groups of local GP practices and partners working together across local geographies). 16 of these have been set up and residents are invited to attend by their local practice

- Vaccination Centre (VC) – a single large site (Epsom Racecourse) set up and run by Central Surrey Health on behalf of the ICS. Established to allow for a high volume of residents to access vaccinations from both the ICS and anywhere within 45 miles. Invitations to attend are via a letter from the National Booking Service (NBS) or, for Health and Social Care Workers, invitations are issued via the HSCW Cell
- Hospital Hubs (HH) – vaccine is allocated to each Hospital for them to use to vaccinate their own staff and other HSCWs who are invited via the HSCW Cell. Royal Surrey Hospital did also vaccinate some residents from the over 80s cohort at the beginning of the programme
- Community Pharmacies (CP) – currently there are 2 of these, both in Guildford. It is expected that more will come online in the next 4 to 6 weeks. Appointments at Community Pharmacies can be booked via the NBS upon receipt of a letter of invitation to do so
- Roving Model – small groups of healthcare professionals who take the vaccine to those residents who cannot get to one of the other options listed above. Primarily these are visits to care homes of all types and the housebound

8. A map showing the distribution of all the above sites within each of our Integrated Care Partnership areas, with the exception of the roving model, can be found at Annex A.

Plans for those residents and HSCWs in cohorts 1 to 4 not yet vaccinated

9. Residents and HSCWs in these groups who have not yet taken up the offer of a vaccination will continue to be offered a vaccination and there will be capacity at LVS, VC and CP for these vaccinations to take place where necessary,

Plans for those residents in cohorts 5 to 9

10. The administering of vaccinations to residents in cohorts 5 to 6 has already commenced and cohorts 7 to 9 will be invited for vaccinations in turn, in accordance with Joint Committee of Vaccinations and Immunisations (JCVI) guidance and as vaccine becomes available. Based on current plans, Surrey Heartlands expects to be able to offer a first vaccination to every resident in cohorts 1 to 9 by 3 May 2021.

Second doses

11. In accordance with JCVI guidance, a limited number of second doses were given early in the programme at the 3-week point. Following updating of the guidance by the JCVI, second doses will now be given before 12 weeks have

elapsed since the first dose, usually around the 11-week point. The planning for the delivery of second doses is underway and these second vaccinations will commence in late February. With one exception, the process for calling in residents for the second dose will be the same as the first, which is that they will be contacted by their GP practices. For those who attended either a VC or CP, their second dose will have been automatically booked at the same time as their first.

Equality and Inclusion

12. In December 2020, the CCG coordinated an Assessment Team of special interest stakeholders to conduct a detailed Equality Impact Assessment. Over several meetings, challenges that would hinder maximal uptake of vaccinations were articulated and mitigations were proposed covering the nine protected characteristics/equality groups that are legislated for in the Equality Act 2010 as well as a number of different vulnerable groups including unpaid carers, the homeless and those who are more socioeconomically deprived.

13. An Equalities, Engagement and Inclusion Working Group has been established to take operational charge of the actions arising from the EIA, alongside other emerging issues that require adjustments to be made in the delivery of vaccinations to minimise inequalities and protect the most people in our population. This group is chaired by the Director of Public Health and meets weekly with the operational leads for the vaccination sites and communications and engagement colleagues. Feeding into this sub-group is a Stakeholder Reference Group comprising representatives of different equality and vulnerable groups, drawn from the voluntary, community and faith sector as well as internal specialists from partners in the ICS. They are able to provide local intelligence that makes our communications and actions resonate with the different communities we wish to reach.

14. Of utmost importance to reducing inequalities in vaccination uptake is our engagement and communications with different communities across Surrey Heartlands. A Vaccinations Communications Sub-Group has also been established (see below), bringing together communication leads from across Local Resilience Forum partners.

Communications and Engagement

15. A comprehensive communications and engagement plan has been developed to ensure timely, robust and consistent messaging across the Surrey Heartlands footprint, at the same time recognising the importance of consistent messaging to Surrey residents as a whole. Surrey Heartlands and Frimley

communications colleagues are working together – as part of the South East regional communications network – and through the Surrey Local Resilience Forum communications sub-group, which meets weekly.

16. Our plan is based on five key objectives:

- To ensure health and care providers are actively engaged in both the delivery and uptake of the vaccination programme (including equipping staff to also act as vaccine champions)
- To increase public confidence in the safety and importance of the vaccine including a particular focus on those groups/communities where we know vaccine uptake is likely to be lower (for example our Black, Asian and Minority Ethnic communities, Gypsy, Roma, Traveller communities and the homeless)
- Manage expectations about vaccine prioritisation and availability and educate/inform the public about when, where and how they will be able to receive the vaccine
- Ensure key stakeholders are kept up to date and assured about the progress of the programme and are also equipped to champion update and share key messaging
- Addressing inaccuracies, hoaxes, scams and other public concerns by working to quickly counter disinformation and mitigate emerging risks

17. A central repository of messages and wider resources has been published on the Surrey Heartlands CCG website (link) which has also been shared with Frimley colleagues. These messages are regularly updated as appropriate. Communications colleagues work closely with NHS England to ensure key messages are consistent with national messaging where relevant.

18. Our key communication channels to reach residents, patients, staff and stakeholders across Surrey Heartlands include:

- Central repository on NHS Surrey Heartlands CCG website (link) as above
- Dedicated Vaccination Enquiry service (Tel: 0300 561 2500; Email: syheartlandsccg.vaccination@nhs.net) run by NHS Surrey Heartlands CCG – details of the service have been shared widely with partners across Surrey
- Regular messaging across a range of social media channels (Twitter, Facebook, Instagram, YouTube, shortly to include NextDoor)
- Newsletter articles created by the central team and shared across public sector partners to reach those who may not have access to digital communications
- Regularly updated information on GP websites (using our Footfall platform), giving the latest advice re priority groups, how patients will be contacted and other key messaging

- Partner/stakeholder update which is produced and shared three times/week, including MPs, councillors, Healthwatch and other partners – providing an opportunity to update key messaging and give timely information about vaccination sites, priority groups etc
- Weekly newsletter shared across a wide range of partners
- Proactive media strategy – including regular Q and A slots on BBC Radio Surrey/Sussex morning show, proactive media releases to celebrate significant milestones in the programme, hosting journalist visits to local vaccination sites and so on
- Use of video – an ongoing series of short videos to promote vaccine confidence, mitigate rumours, provide practical information such as how the programme works, walk-throughs at vaccination sites (and the sharing of other nationally/regionally produced videos)
- Sharing of key communication assets across local public sector partners across Surrey, working closely with the MIG (multi-agency information group)

19. We are working with key partners and local 'COVID champions' to promote messaging through outreach engagement, with local groups and communities, including faith communities and trusted leaders. As detailed above, communications representatives sit on our Equalities sub-group to ensure we understand the gaps and can work creatively with partners to create the right messaging/engagement channels to reach communities who may have less confidence in the vaccination programme. This work is ongoing and includes sharing of videos and messages in different languages via trusted leaders, as well as supporting the work of local GP networks to reach out to different communities such as the Vaccination Bus run by the ABC GP Federation in the Crawley, Horsham and East Surrey (CRESH) area.

20. We also work closely with all the local MP offices, sharing key messages and answering queries from constituents.

21. Our communications approach is flexible and responsive, with messaging reviewed and updated regularly as well as responding to specific events such as the recent fire at Emberbrook Health Centre. Common enquiries which come via our enquiry line also help to inform our FAQs and other key messaging ensuring we are as responsive as possible to the latest concerns/questions.

22. Some current key messages Committee Members might be able to help us with include:

    - The vaccine is safe and effective and gives you the best protection against coronavirus. The NHS would not offer any Covid-19 vaccinations to the public until experts have signed off that it is safe to do so. The vaccines

were tested on tens of thousands of people of different ages, ethnic backgrounds and with different health conditions before being approved.

- If you are currently in one of the eligible groups but haven't been contacted yet, don't worry. The NHS will contact you when it's your turn – either by letter, phone call or text. Please help the local NHS by continuing to be patient.
- In terms of prioritisation, we are following guidance issued by the Joint Committee on Vaccination and Immunisation. This means we are vaccinating people in a priority order based on their determination of risk of serious illness or death from Covid-19.
- We are not able to give people a choice of which vaccine to have (currently Pfizer or Oxford Astra-Zeneca) – but any specific concerns can be discussed at your vaccination appointment.
- A reminder that we aren't able to offer the Covid-19 vaccination to anyone without an appointment, even at the end of the day. Please help us prioritise those who need the vaccine most by waiting for the NHS to contact you when it's your turn.
- When you've had your vaccine you may be asked to wait for 15 minutes, just to be on the safe side in case of any adverse reaction (which is very rare). If you have the Pfizer jab you will always have to wait for 15 minutes; if you have the Oxford Astra Zeneca jab you will only have to wait if you are driving.
- The first dose of the COVID-19 vaccine should give you good protection from coronavirus, but you do need to have the two doses to give you longer lasting protection. Everyone should continue to follow the government's guidance even after you have had a first dose of the vaccine. This means still adhering to social distancing measures - hands, face, space – and taking all your normal precautions.

Conclusions:

23. The Surrey Heartlands ICS has made a strong start to the delivery of its vaccination programme and there are solid foundations in place for the delivery of vaccinations to remaining residents. As the programme moves forward there will continued and sustained engagement with all residents and relentless focus on ensuring that all residents are afforded the opportunity to have their COVID vaccinations.

Recommendations:

24. The Select Committee is asked to note the report.

Next steps:

25. The Programme will continue to focus on delivering vaccines to everyone in Surrey Heartlands who is eligible in accordance with JCVI priorities.

Report contact

Jane Chalmers, COVID Director, Surrey Heartlands

Contact details

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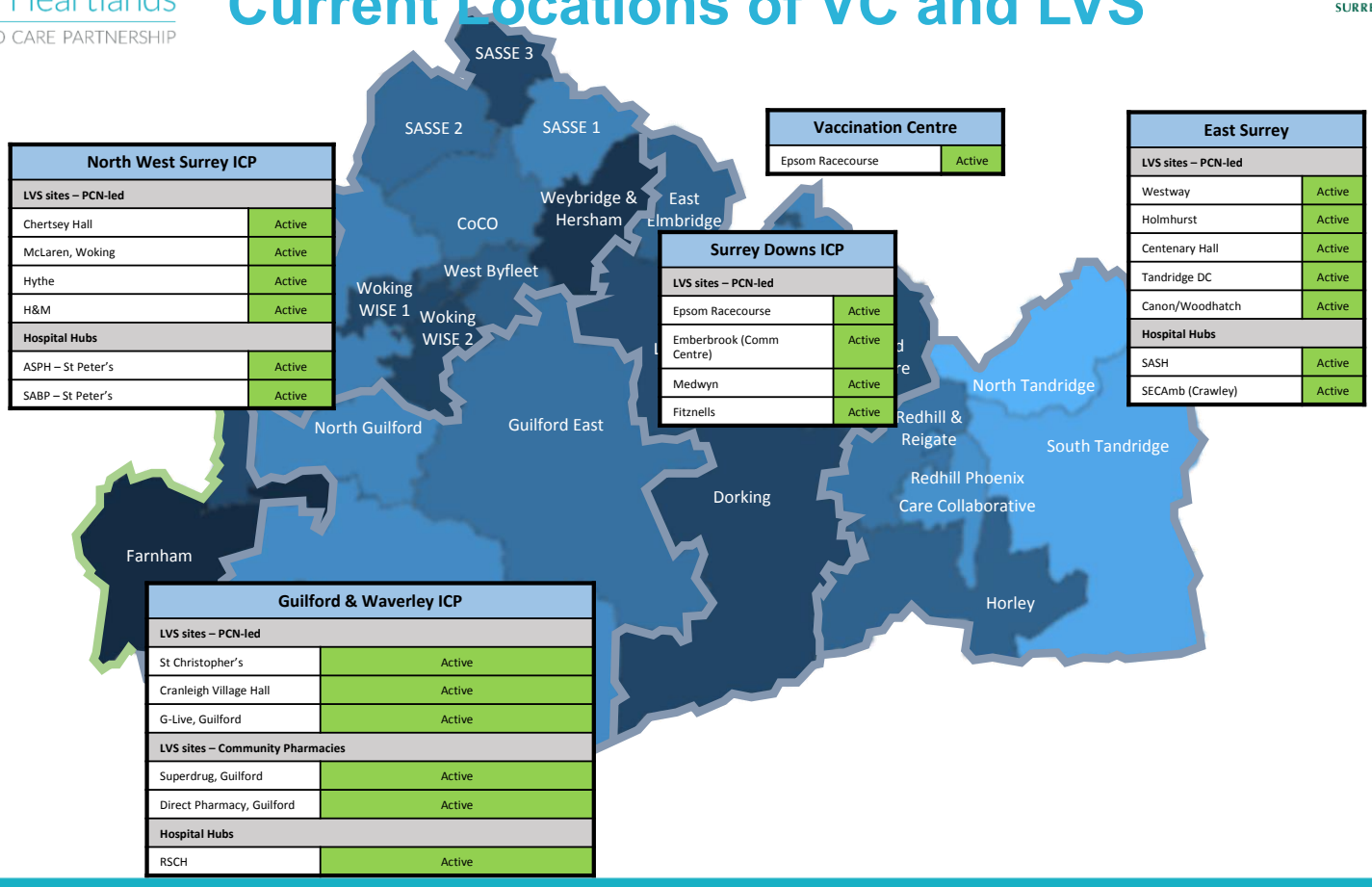
Annex A: Map of vaccine sites

Surrey Heartlands HEALTH AND CARE PARTNERSHIP

Current Locations of VC and LVS

SURREY NHS



North West Surrey ICP	
LVS sites – PCN-led	
Chertsey Hall	Active
McLaren, Woking	Active
Hythe	Active
H&M	Active
Hospital Hubs	
ASPH – St Peter's	Active
SABP – St Peter's	Active

Vaccination Centre	
Epsom Racecourse	Active

Surrey Downs ICP	
LVS sites – PCN-led	
Epsom Racecourse	Active
Emberbrook (Comm Centre)	Active
Medwyn	Active
Fitznells	Active

East Surrey	
LVS sites – PCN-led	
Westway	Active
Holmhurst	Active
Centenary Hall	Active
Tandridge DC	Active
Canon/Woodhatch	Active
Hospital Hubs	
SASH	Active
SECAmb (Crawley)	Active

Guilford & Waverley ICP	
LVS sites – PCN-led	
St Christopher's	Active
Cranleigh Village Hall	Active
G-Live, Guilford	Active
LVS sites – Community Pharmacies	
Superdrug, Guilford	Active
Direct Pharmacy, Guilford	Active
Hospital Hubs	
RSCH	Active

ADULTS AND HEALTH SELECT COMMITTEE

3 MARCH 2021

FRIMLEY INTEGRATED HEALTH & SOCIAL CARE SYSTEM (ICS) COVID-19 VACCINATION PROGRAMME

Introduction:

1. The purpose of this report is to update the committee on the status of the Frimley ICS COVID-19 Vaccination Programme. Frimley ICS covers populations within the Surrey Heath, North East Hampshire & Farnham, and East Berkshire Clinical Commissioning Groups' geographical areas. The areas within the Surrey County Council geography are Farnham (Waverley), Ash (Guildford) and Surrey Heath. These areas have a registered population of circa 150,000.

National Context

2. The COVID-19 vaccination programme in Frimley ICS began on 8 December 2020. Three vaccines have received emergency use authorisation and two are currently in use (produced by Pfizer/BioNTech and AstraZeneca) with reported efficacy of between 60 and 95% based on interim results of phase 3 clinical trials. On 30 December 2020 the Joint Committee of Vaccines and Immunisation (JCVI) advised that the second dose of either vaccine could be given up to 12 weeks following the first dose. A subsequent policy decision was made to delay vaccination with a second dose to 12 weeks in order to maximise the number vaccinated with a first dose. The order of priority for vaccinating the population was proposed by the JCVI and accepted by HM Government as follows (after Cohort 9 comes the remainder of the adult population):

    - Cohort 1: Residents in a care home for older adults and their carers
    - Cohort 2: All those 80 years of age and over and frontline health and social care workers
    - Cohort 3: All those 75 years of age and over
    - Cohort 4: All those 70 years of age and over and clinically extremely vulnerable individuals
    - Cohort 5: All those 65 years of age and over
    - Cohort 6: All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality

- Cohort 7: All those 60 years of age and over
- Cohort 8: All those 55 years of age and over
- Cohort 9: All those 50 years of age and over

Frimley ICS Programme Update:

Local Vaccination Centres (LVS)

3. In line with government directions, the ICS first established 'Local Vaccination Services' run by General Practice, working together in groupings of Primary Care Networks. Across the ICS, twelve such sites have been established; a mixture of NHS and licensed commercial premises. They have successfully completed the vaccination of Cohorts 1-4 by the 15 February target date; more information on this is provided in paragraph 23 below. These sites are now focusing on Cohorts 5 and 6, with Cohorts 7-9 to follow shortly thereafter; the aim is to complete all of these cohorts by 1 May 2021. Second doses for those who have already received their first dose are being administered in parallel with this work.

4. LVS sites directly invite patients from their associated General Practice registers in order of cohort priority. The service is only accessible via this invitation; there is no option for patients outside of these cohorts to volunteer themselves for vaccination, nor is there any un-booked 'walk-in' option. LVS sites can also vaccinate frontline health and social care workers (priority cohort 2), although the majority of this group are routed through the Hospital Hubs (further information on this below). There are two Frimley ICS LVS sites within the Surrey County Council boundaries: the Surrey Heath Primary Care Network (PCN) site at the Lakeside Country Club in Frimley Green, and the Farnham PCN site at the Farnham Centre for Health.

Vaccination of Care Homes (Residents and Staff)

5. Administration of vaccines to care home residents and staff, and to housebound patients, is also managed by the Primary Care Networks operating out of their LVS sites, with teams going out to care homes and the housebound to carry out this work. All care homes have been visited, with some ongoing work to vaccinate those staff who were not present on first visits. Three care homes in the Surrey Heath experienced recent COVID-19 outbreaks and for safety reasons the Surrey Director of Public Health issued a letter authorising the postponement of vaccination visits to these homes until the outbreaks had been resolved. The ICS has been able to vaccinate in one of these care homes at the time of writing. For the other two, we are monitoring the situation on a daily basis and we will offer vaccinations as soon as possible. At system level, we are working on plans for a sustainable rolling programme for all care home

residents and staff. During the pandemic, the ICS has also been providing an enhanced level of support and in-reach for care homes in relation to clinical safety and, in particular, the maintenance of appropriate standards of infection prevention and control.

Community Pharmacy

6. There is also scope within the programme for Community Pharmacies to administer vaccinations. However, only those pharmacies selected and commissioned directly by NHS England and Improvement (NHSEI) can do this. Selection is made based on areas of limited LVS coverage. In Frimley ICS, where LVS coverage is good, only one community pharmacy has been commissioned; this is outside of the Surrey area (it is situated in North East Hampshire).

Vaccination Centre (VC)

7. Another mode of delivery is via 'Vaccination Centres'. These centres are not run by General Practice and rather than inviting patients in from GP lists they receive bookings from members of the public who have received an invitation letter from the National Booking System. These national letters are being sent out in order of priority cohorts. To date, letters have been sent to all those over 65 years of age. Recipients of these letters are invited to make a booking at their local VC, unless they have already been invited in for vaccination at one of the Primary Care Network LVS sites. Vaccination Centres can also administer vaccines to frontline health and social care workers. In Frimley ICS there is one Vaccination Centre, situated at Salt Hill Activity Centre in Slough. The decision to maintain a single VC at this time was based on the extensive coverage already offered by LVS sites.

Hospital Hub

8. The final mode of delivery is via hospital hubs. There is one such hub in Frimley ICS, located at Wexham Park Hospital in Slough. However, there are also hubs in neighbouring systems (notably at the Royal Surrey County Hospital, Basingstoke Hospital, and Ashford & St Peter's Hospitals NHS Foundation Trust) which give another option for health and social care workers who live near those hubs, even though they may be employed in the Frimley ICS geographical area. The hub initially focused on administering vaccines opportunistically to hospital patients within the priority cohorts, and to frontline health and social care workers (the latter comprising the majority of their work). This offer was then broadened to all frontline health and social care workers. These workers were identified and contacted through outreach by the Clinical Commissioning Groups, working in liaison with Local Authorities and service providers. The hub is now focusing on administration of second doses and

covering people at very high risk of anaphylaxis for whom vaccination in a hospital setting would be a safer environment. There are currently challenges with the disaggregation of vaccination event data to accurately identify the numbers and designations of workers who have received vaccinations, not least because, as mentioned above, some who work within the Frimley ICS geography are resident outside of this area and will have accessed vaccinations in neighbouring systems. The data analysis is being worked on within the system and in liaison with NHSEI.

Health and Safety

9. All of our sites have been through health and safety risk assessments to ensure accessibility and safety for staff and visitors. The programme maintains close links with local resilience forums to support this.

Communications, Public Information and Uptake Equity

10. All sites are asked to inform patients once they have been vaccinated that they must stick to the national lockdown restrictions including infection prevention and control (IPC) measures. Regular stakeholder updates are shared where the message is clear that until the virus is under control, even those who have received a vaccine still need to follow all the guidance including social distancing, wearing face coverings and handwashing. On social media, these messages are shared regularly. Communication colleagues across local authorities within the Frimley Health and Care ICS receive these updates with requests to share these messages via their own channels.

11. While patient information is available at all sites, and each patient is given the post vaccination leaflet, all local vaccination services and the vaccination centre are asked to verbally reconfirm to patients about the 15-minute post-vaccination observation period for the Pfizer vaccine, and to caution against driving in the 15 minute period immediately after vaccination regardless of the vaccine type.

12. Sites are also asked to make clear to attendees what the process will be for scheduling their second doses. This differs slightly depending on the type of site attended. At the Hospital Hub and the Salt Hill Vaccination Centre, second dose appointments are scheduled at the time of the first dose, and attendees are informed of their second date. At Local Vaccination Centres, attendees are put on a list which schedules the week when their second dose is due; the appointment is not actually made at the time of the first dose but individuals will be contacted near the time and an appointment for the appropriate week confirmed. Our LVS sites also advise patients that if after receiving their first dose at an LVS site they subsequently receive a national letter inviting them to book into a (non-LVS) Vaccination Centre, they should ignore it and wait to be called by the LVS for their second dose appointment. LVS sites have tightly

managed procedures for ensuring that second dose recalls are made at the right times.

13. To support equity of uptake, we have taken different approaches tailored to different groups based on insight conversations, working with community and religious leaders to reach out to different groups and discuss their concerns, answer questions, and to identify group-specific solutions. An example is co-ordinating vaccinations with the forthcoming Ramadan period.

14. Crucial to our vaccination campaign is the understanding that people have a right to ask questions and we want to be there to help provide accurate answers, based on what the scientific advice tells us. There is an interest in understanding how vaccines work and people want reassurances that there is no evidence that the vaccine can cause fertility issues for example. These are genuine questions.

15. GPs and other local influencers are reiterating that they have been vaccinated because they know how important it is to be protected against the coronavirus using messages such as “I took up the vaccine offer as I know the vaccine is safe and effective.”

16. Locally, we are using national materials and where needed, local content is generated across a range of mainstream and social media, in text and video, including myth-busting content, leading with the truth. An example is a video entitled “What you need to know about COVID-19 vaccinations, fertility and pregnancy,” addressing fertility concerns. We have used trusted individuals as exemplars in our communications.

17. We are reinforcing the message that it is not too late for people to change their minds – the offer of vaccination remains open to all in those cohorts already reached.

18. In Surrey Heath, the PCN has set up a session in a local village hall, led by GPs, to discuss vaccinations with the Gypsy, Traveller and Roma communities and encourage uptake. This will include discussion on moral questions about using vaccines developed with the aid of stem cell research.

19. We are treating all homeless people as clinically vulnerable and expediting outreach.

20. Another example is the setting up of special clinics to vaccinate the remainder of the Clinically Extremely Vulnerable group, allowing more time in clinic and fewer other people present to assuage any concerns about viral transmission in the clinic environment. This is being done at the Lakeside site in Surrey Heath.

21. We are working with communications teams in health and local authorities to tap into appropriate community influencers and local GPs are calling their

patients to invite them for vaccination building on existing relationships with their patients.

Progress and Multi-Agency Co-ordination

22. Progress on the delivery of the programme in Frimley ICS has been excellent, with many good news stories shared via major media outlets and via the government's daily television briefings.

23. As of 11 February 2021, per government statistics published at https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/, the Frimley ICS programme had administered a total of 126,268 vaccinations. Since this publication, the total has risen to 161,736 (local data at 18th February 2021). Vaccination of Cohorts 1-4 was completed by the target date of 15th February 2021, with the offer of vaccination made to everyone in these groups, and an overall uptake percentage of 85.4%. As discussed above, it is never too late for those in Cohorts 1-4 to access vaccination and we continue to push the message that anyone within these cohorts who has not taken up the offer can still come forward. Work has now started on the vaccination of Cohorts 5 and 6, with 7 to 9 to follow. The aim is to have completed all of Cohorts 1-9 by 1 May 2021.

24. There continues to be excellent interface and co-ordination between organisations within the area, both at strategic and operational levels. This is in large part thanks to partners in the county and borough councils, and the voluntary sector. For example in Surrey Heath, NHS and Surrey Heath Borough Council colleagues meet weekly to discuss COVD plans and to solve problems. Borough Council colleagues have helped with workforce to support operations at Lakeside, including addressing transport issues and call centre handling of queries relating to operations at that site. (Similar liaison and co-ordination has been continuing in the Farnham area). Elected members have directly raised issues including COVID communication scams which have helped to raise awareness of potential fraudulent activity affecting our populations. During recent periods of adverse weather conditions, Surrey County Council has excelled at keeping roads and access to vaccination sites clear. For example, after heavy snowfall on Sunday 24th January, despite the weather conditions, Lakeside LVS still managed to vaccinate over 1,000 individuals in one day. The voluntary sector has been very active in providing support to vaccination centres and in the delivery and collection of pulse oximeters (a diagnostic tool that can help with early identification of respiratory distress, and thus a potential early warning of severe COVID infection) among the most vulnerable members of our communities.

Future Strategy

25. The ICS strategy can be summarised as follows (please see Appendix 1 for more detail):

- Maximise and sustain local and equitable provision. Part of this involves identifying and engaging with higher risk and harder-to-reach groups within the cohorts including, but not limited to, minority ethnic members of the population, and homeless people. A great deal of work has already been undertaken to engage with and encourage uptake among minority ethnic groups and we continue to analyse our data on uptake for all sub-cohorts to evaluate any uptake or accessibility issues.
- Evolve Primary Care Network delivery (via existing LVS sites and potential new modes of delivery) to continue with the programme in the medium and longer term.
- Maintain the Vaccination Centre at Slough in the medium term.
- Assess the viable operational longevity of the Hospital Hub once priority health and social care workers (and any other key worker groups subsequently identified as priorities by the government) have been vaccinated.
- Refine delivery modelling to ensure that the pace of the programme is in line with available vaccine supplies and government strategy.

Conclusions:

26. Frimley ICS, like neighbouring systems, has invested a huge amount of work and resource into operationalising the vaccination programme within tight timescales and with significant logistical challenges. The response by all parts of the system has been excellent and we are delighted with the progress made to date. The strategy now is to move the programme onto a sustainable footing in the medium and longer term so that consistent local and equitable provision is given to our population as we move through the priority cohorts and on to the wider population. This includes building in sustainability for the likelihood of the programme becoming a recurrent annual requirement.

Recommendations:

27. The committee is asked to note this report.

Next steps:

28. The ICS will continue to work in partnership with local authorities, health and social care service providers, and the general public to ensure that the programme is achieving its aim to deliver vaccinations to the whole of the adult

population via equitable and accessible service provision. Strategic aims as outlined above will be progressed.

Report contact

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Sources/background papers

NHS England statistics on vaccination activity sourced from https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/

Appendix 1: Frimley ICS COVID-19 Vaccination Programme Strategy

Frimley ICS

ICS Strategy

FRIMLEY ICS VACCINATION PROGRAMME – STRATEGY

MAXIMISE AND SUSTAIN LOCAL AND EQUITABLE PROVISION • EVOLVE PCN DELIVERY • MAINTAIN VACCINATION CENTRE • REFINE MODELLING

	LOCAL VACCINATION CENTRES (LVCs)	Maximising and sustaining local provision via PCN LVCs, continuing on to lower JCVI cohorts	Ensuring vaccine allocations are mapped to population cohorts and activity	Exploring alternative sustainable modes of provision e.g. drive-through	Analysing workforce usage to establish a sustainable model
	VACCINATION CENTRE (VC)	Sustaining our Salt Hill VC resource	Focus on patient cohorts while the hospital hub continues with key workers	Maintain flexibility to deliver to a mixture of population and key workers per demand	Ensuring vaccine allocations are mapped to demand and activity
	HOSPITAL HUB (HH)	Pushing through remainder of Health & Social Care Workforce	Expecting demand to for HSCWs to diminish in February	Maintaining the operation to cater for likely imminent key worker priorities e.g. teaching staff	Scoping a wind-down of operations once these priorities have been met
	EVOLVING MODES OF DELIVERY	Risk assessing longevity of commercial sites	Scoping move to drive through delivery		
	REFINE MODELLING	Optimising vaccine supply and usage	Understanding HSCW coverage via neighbouring areas		

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ADULTS AND HEALTH SELECT COMMITTEE

3 MARCH 2021

GENERAL PRACTICE INTEGRATED MENTAL HEALTH SERVICE (GPIMHS) OVERVIEW AND SERVICE MODEL

Purpose of report: To provide the Adults and Health Select Committee with a detailed report on the General Practice Integrated Mental Health Service (GPIMHS).

Introduction:

1. The purpose of this document is to provide detailed information on the Community and Mental Health Transformation (CMHT) within Surrey Heartlands, Surrey Heath, and Farnham.

2. The CMHT Programme is implementing General Practice Integrated Mental Health Service (GPIMHS) across Surrey Heartlands and Mental Health Integrated Care Services (MHICS) across Surrey Heath and Farnham. The GPIMHS and MHICS teams are embedded into selected Primary Care Networks (PCN) through the NHS England (NHSE) early implementor CMHT funding.

3. Surrey Heartlands and Frimley Care are 2 of 12 early implementer sites to receive funding to transform the way Mental Health Services are delivered with the aim of enhancing mental health care and diminishing the boundaries that exist across primary and secondary care.

4. Within each PCN an integrated multi-agency GPIMHS/ MHICS team is deployed, including representation from health, social care, the 3rd sector and people with lived experience of mental health needs. Each team consists of:

   a) Clinical Lead,

   b) Mental Health Practitioner,

   c) Community Connector (employed by the Voluntary Sector),

   d) Administrator (Employed by the GP Federation or Lead GP Practice),

   e) Consultant Psychiatrist (1 Session per week (cover being sourced internally from SABP),

f) Mental Health Pharmacist 1 Session per week (cover being sourced internally from SABP).

5. The community mental health transformation journey began in 2018 with the successful field test of 3 GPIMHS teams providing integrating mental health support for people with complex and severe mental illness into Primary and Community Networks. £1m of Surrey Heartlands transformation funding was invested within the following PCN areas: COCO (Crouch Oak, Chertsey and New Ottershaw), Banstead and North Guildford.

6. The model was co-developed with a range of system partners, including mental health practitioners, people with lived experience and their carers, GPs, Voluntary Care and Social Enterprise (VCSE) providers (including Mary Frances Trust and Catalyst) and Improving Access to Psychological Therapies (IAPT) providers.

7. Building on learning from these initial field tests, Surrey Heartlands has successfully extended the model to a further 8 PCNs, and another 4 Frimley sites in Surrey Heath and Farnham making a total of 15 operational teams.

8. The transformation funding received from NHSE to implement the 8 PCNs within Surrey Heartlands is shown within table 1:

Year	2019 / 2020	2020 / 2021
Transformation Funding	£2,492,000	£3,599,159

Table 1: Surrey Heartlands Transformation Funding

9. The transformation funding received from NHSE to implement the 4 PCNs within the Surrey patch of Frimley is shown within table 2:

Year	2019 / 2020	2020 / 2021
Transformation Funding	£805,130	£1.795,608

Table 2: Surrey Patch Frimley Transformation Funding

10. The ambition is to scale the model and expand to all 25 PCNs in Surrey Heartlands and 7 PCNS in Surrey Heath and Farnham by 2024 through new national funding.

11. The service has been fortunate to be able to recruit to all posts in our first phase of the programme. We recognise recruitment is going to be a challenge as we continue to expand the service to other PCNs. We have considered this in our planning and plan to implement the services steadily over a two to three-year programme.

The Service Model

12. An overview of the model is shown within figure 1:

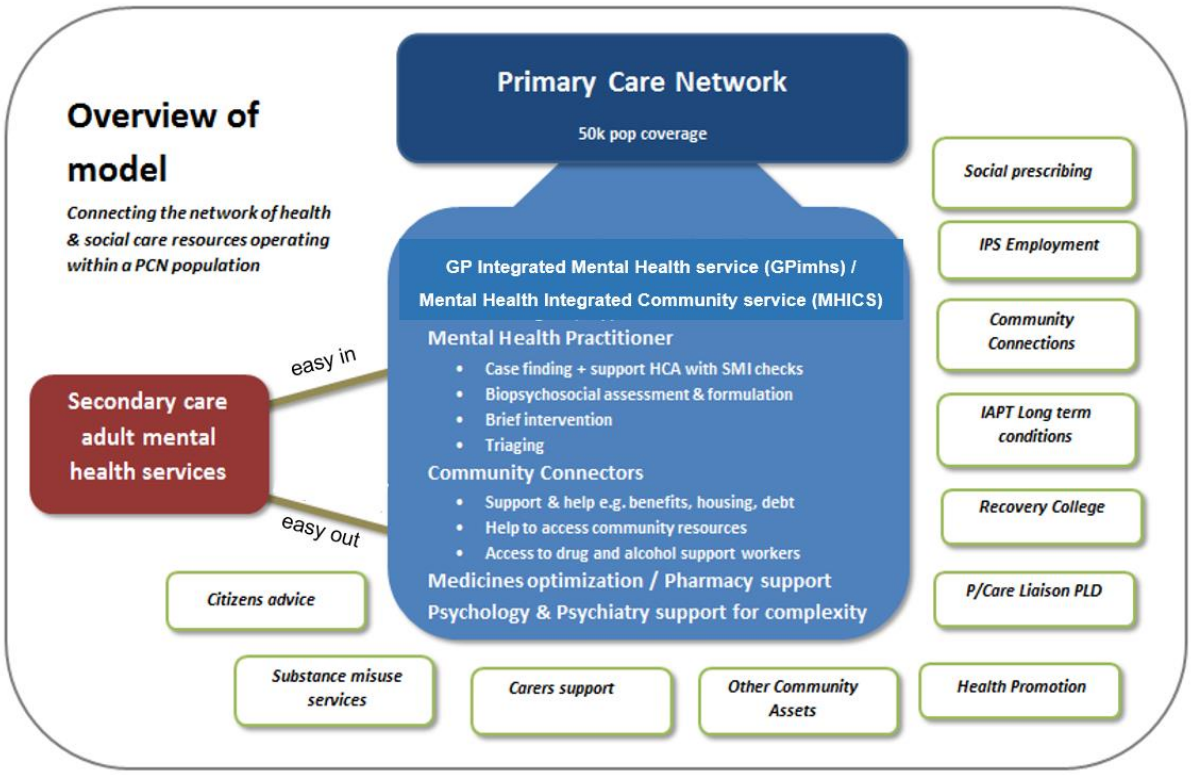

Figure 1: Service Model Overview

13. The ethos behind the GPIMHS model focuses on providing support for people with Significant Mental Illness (SMI) through close working within a primary care setting.

14. GPIMHS is the first port of call for GPs in seeking support for managing their patients with mental health presentations that do not meet criteria for existing VCSE, IAPT and secondary care mental health services. GPIMHS takes an assets-based approach to building on people's skills and strengths and:

    a) Provides screening, triage, assessment and formulation of need and care plans for patients identified by GPs.

    b) Provides brief therapeutic interventions.

    c) Provides support to people and carers/ family members to access the most appropriate community-based services, and not just signposting to other services.

    d) Provides Carers assessments as part of the service provision.

e) Comprises a multi-disciplinary team to include health and social care professionals working together to deliver the different components of the service in primary care.

15. The service focuses on significant mental health needs of people living within the specified PCN populations including those that:

    a) Do not meet criteria for accessing secondary care Community Mental Health Recovery Services (CMHRS) or are not appropriate for IAPT.

    b) Access and utilise health and care services in a potentially chaotic pattern.

    c) Find it difficult to access the right service within communities to meet their needs.

    d) Have physical health concerns, medication dependence, substance misuse, or co-morbid.

    e) Have physical long-term conditions that contribute to their poor mental health status

    f) Are ‘held’ by GPs resulting as frequent attenders and providing excessive proportions of nonmedical short-term prop-up interventions.

16. People currently in secondary care mental health services who are stable and would be well placed to alternatively receive recovery focused and integrated mental health care services in primary care, with seamless ‘easy in’ and ‘easy out’ as required, and with a potential shared care arrangement.

    a) For medication utilising the Local Contracted Service arrangements.

    b) People with Serious Mental Illness who are cared for in primary care who require physical health checks.

17. The model delivers support closer to people’s communities by wrapping services around PCN populations, building on community assets and involving voluntary sector, housing & social care partners.

    a) The model will improve access to National Institute for Health and Care Excellence (NICE) recommended interventions where required with increased and easy access in and out of highly specialised psychological therapies for people with SMI.

    b) ‘Easy in, easy out’ approach will remove unhelpful referral thresholds and barriers using a trusted assessor model.

c) Care can be stepped up and stepped down flexibly without cumbersome referrals and multiple assessments.

d) There is a focus on support for younger people (18-25): young people who transition from children and young people's mental health services (CYPMHS) and are accepted by adult mental health services.

e) Those who do not meet the criteria for adult mental health services but have continuing needs and require care.

f) People presenting for the first time.

18. The model creates better links to support in the community with issues such as housing, employment, training, with support accessible directly through primary care (Community Assets & Resilience).

19. The model provides better support for carers and families and additional training for those providing services.

20. Appendix 2: Provides further information about the service through the form of a patient information leaflet.

Carers

21. As a Primary Care integrated Mental Health Service GPimhs & MHICS is designed to be easily accessible to both Patients and Carers. Given that these teams sit between GPs (who have the GP Carers Quality Markers) and Adult Secondary Care (who have the Triangle of Care Standards) GPimhs/MHICS holds an emphasis on the following aspects of NICE Guidance which are key for Carers who so often fall in the gaps between services (i.e. Information and support for Carers; Identifying Carers; Assessing Carers' Needs). In recognition of the valuable role GPimhs/MHICS has in identifying and supporting people to access care, both Appearance of Need and Caring status (is the person a Carer, do they have a Carer, do they have a young Carer) is explored and recorded in the initial appointment with a practitioner from the team. These Carers records include GP codes (SNOMED) so that this data is then accessible through the GP EMIS system, and there is quick access to the Carers Prescription via the online portal (which is on the front page of the electronic system used by GPimhs/MHICS (Integrated Tactical Solution - ITS)) and another portal to access the Surrey County Council Adult Social Care where there is an appearance of need.

Personality Disorders

22. GPIMHS also provides a focus on people improving the pathway for people with Personality Disorder traits and their carers/families. The new model includes 3

new pathways: Managing Emotions Program (MEP), Service User Network (SUN) and Psychologically Informed Consultations and Training (PICT). An overview of the model is shown within Figure 2:

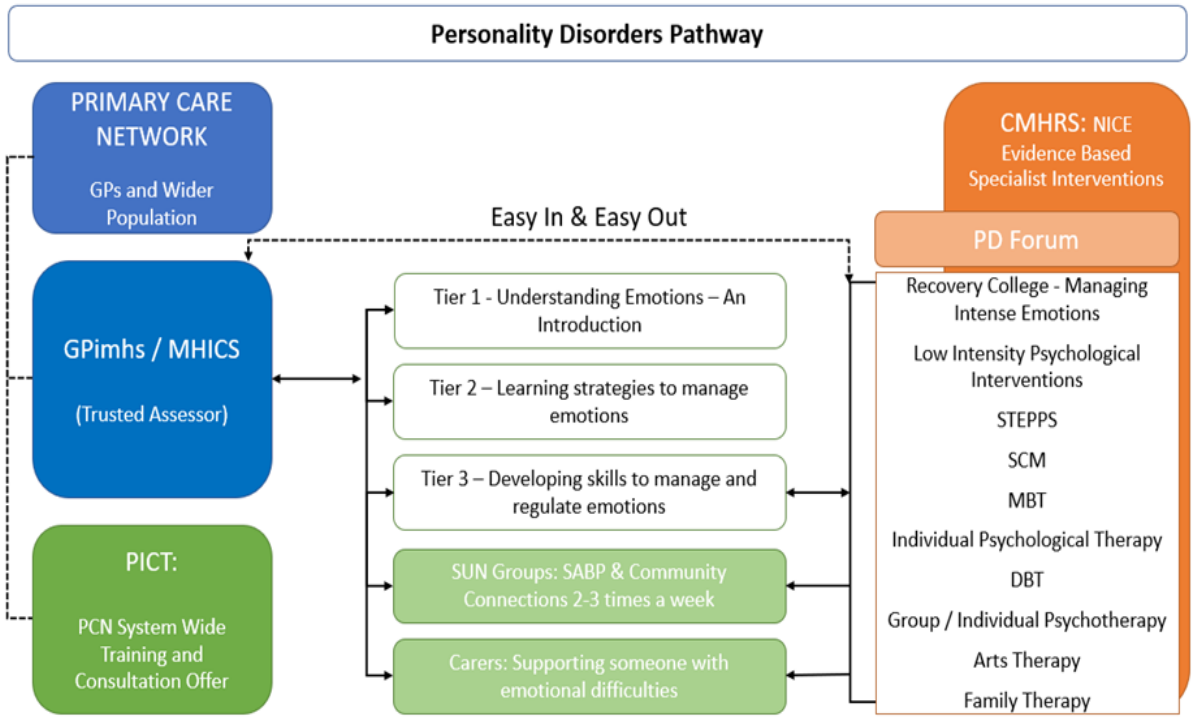

Figure 2: Personality Disorders Model Overview

23. The Personality Disorder Pathway is being rolled out across all the PCNs, with the ambition of having all the personality disorder models operational by March 2021.

The Voluntary Sector

24. Across Surrey (including Surrey Heath) there is already strong partnership working with the VCSE sector and robust commissioning arrangements through an umbrella contract with three main VCSE Providers (Catalyst, Mary Frances Trust & Richmond Fellowship) under the 'Community Connections' contract. The model provides a biopsychosocial approach in primary care and VCSE colleagues in the form of Community Connector roles that are fully integrated into the 15 teams in Surrey Heartlands, Surrey Heath and Farnham.

25. CMHT Funding is provided to each of the VCSE partners to employ the Community Connector roles. The VCSE organisations we work with are Catalyst, Mary Francis Trust and Richmond Fellowship. SABP utilise standard NHS contracts with each VCSE partner which allows the Community Connector to co-locate themselves within each of the GPimhs/ MHICS teams. Additionally, three new VCSE roles in the form of Service User Network (SUN) peer co-facilitators have been employed to support the Personality Disorders pathway.

26. As part of our Developing Community Assets work programme we are also in the process delivering a peer support model which would be CMHT funded and delivered through our VCSE providers in the form of Peer support workers and funding for existing services.

Reablement Pilot – Social Care

27. We are excited to field test a new innovative reablement offer in our Woking PCN-GPIMHS area for people with complex mental health needs. Working closely with Surrey County Council across health and social care and voluntary sector. This service will better support people to recover quicker and reduce their reliance on statutory services, creating a greater feeling of independence and wellbeing.

28. GPimhs will provide mental health support to the people that use of the reablement service and require additional support. This involves working closely with the reablement team to identify people that may benefit/ require the additional support. CMHT funding provided £100k to Surrey County Council to deliver the reablement pilot/ test site in Woking.

29. The learning from the reablement filed test would need to be evaluated and additional funding sourced if the reablement offer was to be extended to other PCNs where GPimhs has been implemented.

PCN Locations and Service Impact

30. The MHICS PCN locations within Surrey Heath and Farnham are shown within table 3: The GPIMHS PCN locations within Surrey Heartlands are shown within table 4:

31. PCN name	Population	Number of GP Practices
Surrey Heath	60,000	7
Farnham	46,000	5
Aldershot	44,000	4
Farnborough	60,000	6

Table 3: Surrey Patch Frimley Care PCN sites

PCN name	Population	Number of GP Practices
Banstead	47,000	5
COCO (Chertsey, New Ottershaw and Crouch Oak	43,000	3
North Guildford	56,000	4
North Tandridge	42,000	4
SASSE Network 2	44,000	5
East Guildford	57,000	6
Leatherhead	64,000	8
Woking Wise 1	31,000	5
Woking Wise 2 and 3	59,000	7
Integrated Care Partnership	33,000	4
Epsom	58,000	7

Table 4: Surrey Heartlands PCN sites

32. Prior to the introduction of GPimhs / MHICS there were limited arrangements for people to be seen within a primary care setting. The 'operational / go live' dates for each of the PCN's is shown within figure 3:

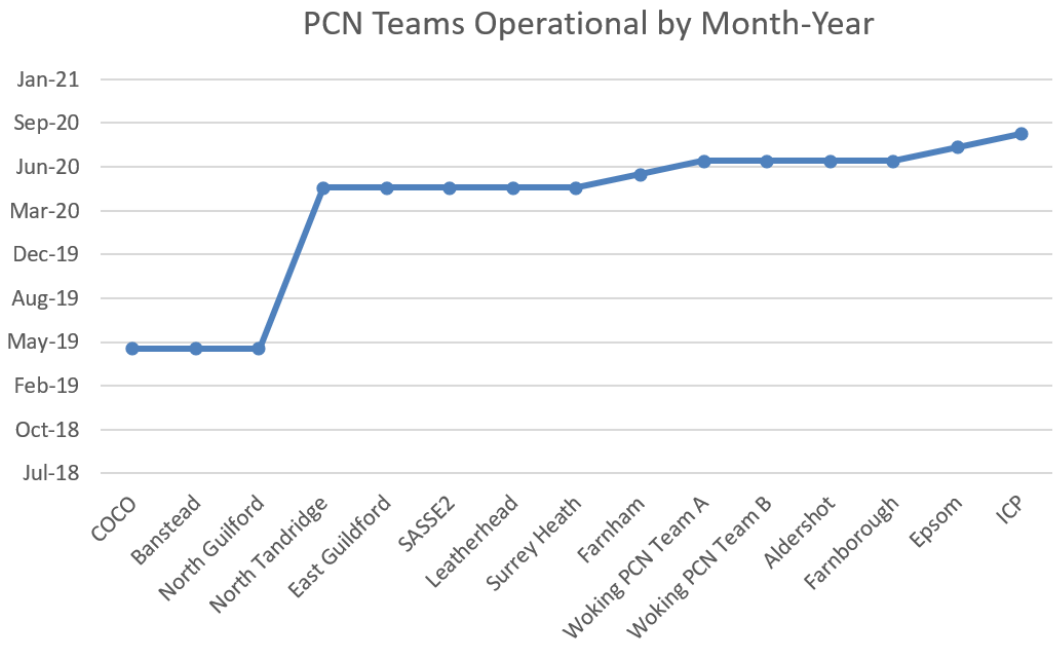

Figure 3: PCN Teams Operational by Month – Year

33. Since May 2020 through to January 2021, the total number of referrals and consultations GPIHMS/ MHICS teams have delivered is shown within figure 4:

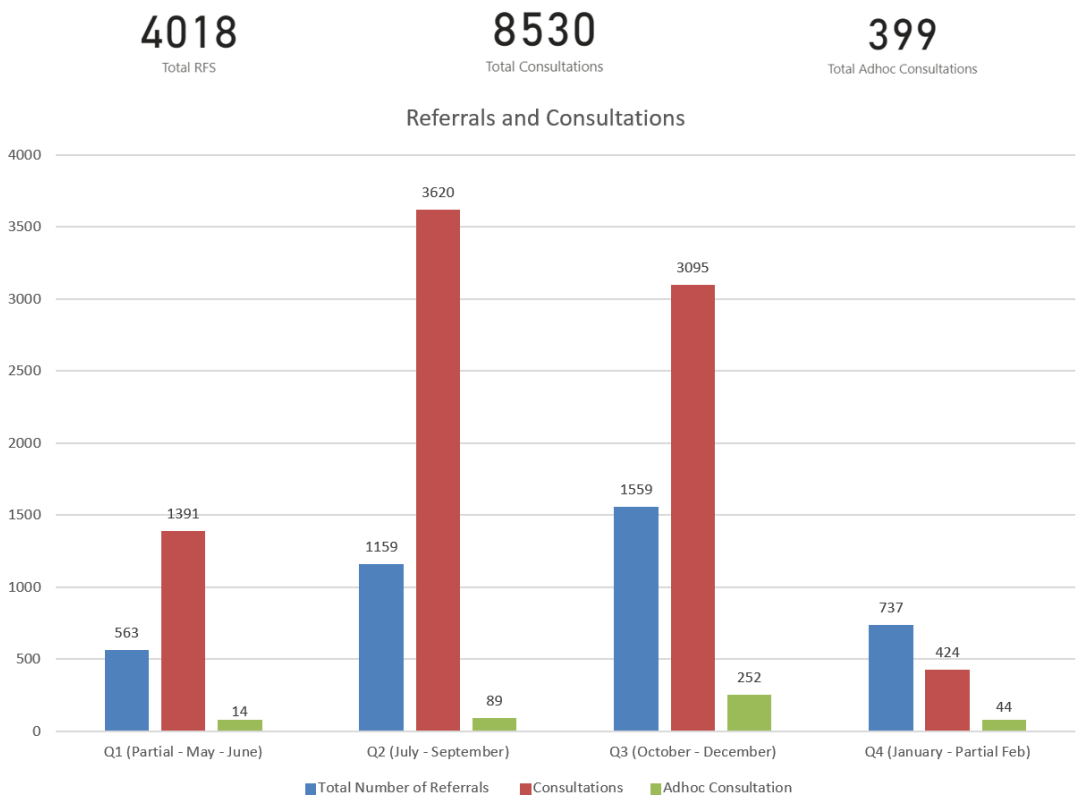

Figure 4: Referrals, Consultations and Ad-hoc Consultations

34. COVID has meant that some teams have received significantly higher number of referrals. To date the service has received a (Request for Service) RFS for over 4,000 patients presenting with significant mental health issues in primary care, 20% of whom were younger adults (18-25) and 10% older adults (65+), with 15% of all requests for service for people identified as Carers.

35. Outcome measures: For patients attending GPimhs appointments, Patient Rated Experience Measures (PREMS) are completed through an R-Outcomes online survey. This has shown very high patient satisfaction of the service, which aligns to increased access to community resources being reported by Community Connections partners in the project and anecdotal reports of positive impacts in primary care. Identifying impact across the system (e.g. reducing the number of referrals being rejected by adult secondary care) will demonstrate current benefits guide the future service provision, whilst further involvement of service users in co-production will play a key role in ongoing service developments.

36. Recent PREM examples are listed below:

a) *really impressed with how good things have been - wasn't expecting it to be like this - you've done everything you can for me and gone above and beyond - really grateful for your help - there are so many small barriers that just get overwhelming but you've helped me with things even small like registering with a dentist that I haven't seen for the past 15 years and printing my PIP form as I haven't got a computer and linking me with some great support services that I didn't know existed. It's great to know that I can come back if I need to as well as a "safety net".*

b) *Great service with really genuine supportive staff. this service helped me work through a nervous breakdown and i am so grateful for the help i have received*

c) *Helpful to talk about my issues. Helpful to refer to carer support [carer prescription] and to talk to mental health services [about her husband's needs and her carer burden].*

37. Recent feedback from GPs who have referred patients to GPimhs are listed below:

a) *real step change to supporting the gap between IAPT and CMHT Easily accessible, integrated medical record Patients love the informality and locality of the service ..less threatening / stigma The team are great ..always willing to help and provide high quality holistic service for patients needs supports hard to reach / complex patients with social issues really good feedback from my patients Thank you GPimhs for making my patients life somewhat better and mine also !*

b) *Excellent community mental health service! Wide scope of referrals taken Easy access for patients and less stigma Good quality holistic psycho social care provided and been very helpful with support for patients through lockdown and going forward Proactive cold calling of patients on SMI register ..well received by patients at this time Excellent recorded feedback to GP Complex patients can be discussed with mental health practitioners via email or phone Regular PCN update to inform future planning with collaborative involvement Starting pilot on bridging with SPA and CMHT*

38. Appendix 1: Provides some case studies which describe the difference the service is making.

Future Transformation Funding

39. The Community Mental Health Transformation programme is in the process of bidding for an allocation of NHSE Fair share funding, the final bid was submitted 29 January 2021.

40. The transformation funding will allow the expansion of the GPIMHS/ MHICS model to an additional 12 Surrey Heartlands PCNs as shown within table 5:

PCN name	Population Coverage	Number of GP Practices
Care Collaborative	48,000	3
Dorking	39,000	4
East Elmbridge	54,000	7
East Waverley	50,000	5
Healthy Horley	25,000	3
Redhill Phoenix	17,000	3
SASSE Network 1	53,000	4
SASSE Network 3	16,000	4
South Tandridge	24,000	2
West Byfleet	26,000	3
West of Waverley	41,000	4
Weybridge and Hersham	58,000	8

Table 5: Surrey Heartlands Expansion PCN Sites

41. The transformation funding will allow the expansion of the GPIMHS model to an additional 3 Frimley PCNs as shown within table 6:

PCN name	Population Coverage	Number of GP Practices
Yateley	27,000	1
Fleet	46,000	5
Surrey Heath (Expansion)	37,000	7

Table 6: Surrey Patch Frimley Care PCN Expansion Sites

42. In addition to the GPIMHS Expansion to PCNs, we are also implementing the following care pathways:

a) Younger Adults (18 to 25)

b) Older Adults

c) Adult Eating Disorders

d) Mental Health Rehabilitation

43. A high-level timeline of the GPIMHS expansion is shown within Figure 5:

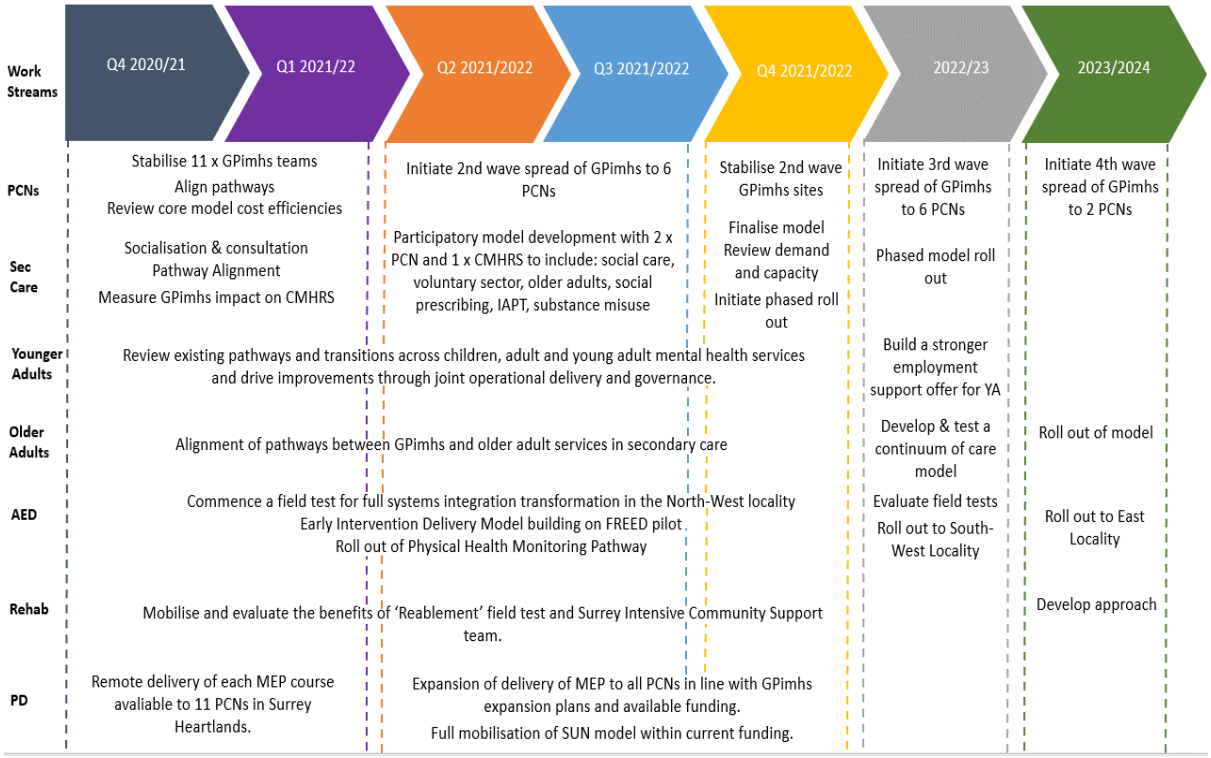

Figure 5: GPIMHS and Care Pathways Expansion

44. The transformation funding which is available to expand the service within Surrey Heartlands is shown within table 7:

Year	2021 / 2022	2022 / 2023	2023 / 2024
Transformation Funding	£1,578,105	£2,270,272	£921,604

Table 7: Transformation Funding

45. The CCG Baseline uplift for each year is shown within table 8:

Year	2021 / 2022	2022 / 2023	2023 / 2024
CCG Baseline Uplifts	£221,337	£768,688	£3,266,743

Table 8: Surrey Heartlands Expansion PCN sites

46. The approximate transformation funding which is available to expand the service within Surrey Heath and Farnham is shown within table 9:

Year	2021 / 2022	2022 / 2023	2023 / 2024
Transformation Funding	£441,537	£634,242	£255,724

Table 9: Transformation Funding

47. The CCG Baseline uplift for each year is shown within table 10:

Year	2021 / 2022	2022 / 2023	2023 / 2024
CCG Baseline Uplifts	£59,030	£202,250	£857,097

Table 10: Surrey Heartlands Expansion PCN sites

48. In addition, we are taking on a whole transformation programme approach to enhance the connections between primary and secondary care, this will look across all services and transform the way Mental Health care is delivered.

Recommendations:

49. The Select Committee is asked to:

a) Offer its support for the GPIMHS and MHICS approach

b) Acknowledge that in Surrey Heartlands conversations are happening about the acceleration of the GPIMHS rollout, but that this would require additional investment beyond that outlined for the CMHT Programme and would be dependent on identifying the workforce

c) Receive a further update on the progress made regarding funding and workforce at a future meeting

Next steps:

Identify future actions and dates.

Report contact

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Appendix 1: Case Studies

GPimhs/MHICS - Anonymised examples of work with patients and carers.

Working with patients with significant mental health issues and their carers; the role of integrated mental health teams to facilitate support addressing the social determinants of mental health and aid easy-in & easy-out access to evidence-based interventions.

Case Study A

Mrs Smyth was referred to GPimhs with anxiety and depression, which transpired to be associated with continuous infections resulting from damp in her home and frequent visits to her GP for support and medical attention. She reported feeling socially isolated and depressed and was struggling physically and mentally to engage with the community. GPimhs discussed with her about contacting the Council's Estate Offices, and guidance on how to access Safe Haven for emotional support, with follow up with GPimhs. With Mrs Smyth's consent GPimhs made arrangements for a Housing Officer to visit to assess property. At the GPimhs follow up appointment, Mrs Smyth reported that her home had been refurbished by the council, and said she was feeling better and had found the GPimhs support very helpful.

Case Study B

I met with an unemployed client in her 50's who suffers from severe arthritis and has difficulty climbing stairs, in addition she disclosed that she was acting as a carer for her husband who also had a physical disability. She was living in a two-story rented property which had no adaptations in place and was not suitable for her and her husband's needs. The stress of her caring role in addition to financial pressures was placing a significant strain on this client to the point that she reported difficulty sleeping and suffering from generalised anxiety. The client had previously been unaware that she would be entitled to claim carers allowance and, dependent upon the outcome of a Care Act assessment, additional funding in order to make adaptations to her home. Over the course of three sessions with the client we completed a referral for a Care Act assessment, an application for carers allowance and also completed some Cognitive Behavioural Therapy (CBT) work around managing anxiety before referring on to an IAPT service for further support.

Case Study C

Jerome experiences anxiety around his weight which he directly links to his diagnosis of Chronic Obstructive Pulmonary Disease (COPD). He had a recent breakdown of marriage and struggles to go out and meet his friends as he is the only singleton and worries people with judge him for his illness and his weight. We

discussed health anxiety and Jerome found it helpful to know that he is having what he reports a 'normal' response to his situation. We did a piece of work around smoking cessation and he reports he has significantly cut down from 30 cigarettes day to 4 a day over the last month. A referral to IAPT Long Term Conditions (LTC) service was made for Jerome to manage his anxieties relating to his COPD diagnosis. He is currently still working with IAPT; however, he reports it is going well and feels he is learning new coping mechanisms and 'can notice a change' in his thought processes.

Case Study D

Renata was referred to GPimhs for support with addressing a complex presentation involving low mood, anxiety, migraines and functional neurological symptoms, leading to impaired speech, difficulty walking and fatigue. Renata was at times accessing emergency services with concerns about physical symptoms and latterly having numerous GP consultations where she expressed distress and thoughts of suicide. Renata has been turned down for CBT due to the complexity and did not feel able to attend wellbeing workshops. Renata has had 4 face-to-face appointments and 3 booked phone calls over the last 2 months. There has been communication with her usual GP, sharing information about risk and forward planning.

GPimhs appointments have focussed on discussing the relationship between her physical symptoms and emotions – for example that she is more likely to experience intense emotions when fatigued, that she feels upset by her speech and walking difficulties, and more likely to experience slurred speech following distress. She is starting to understand and address a longstanding pattern of trying to ignore her mind and body, which has caused a boom-bust approach to life. Following discussions in sessions, Renata has been practicing relaxation strategies to positive effect. She is pacing herself better and adapting her expectations of herself with a more self-compassionate approach. This has led most recently to fewer episodes of extreme distress and a quicker recovery time from distress. By spending fewer days recovering in bed from emotional and physical difficulties, she is more able to care for herself consistently, such as eat regular meals and scheduling activities. Renata is now feeling able to consider a voluntary role as a step towards employment. She is also feeling more able to engage with talking therapy and wellbeing workshops following this initial period of engagement under GPimhs. She potentially may be offered psychology through GPimhs regarding mind-body links with Medically Unexplained Symptoms.

Case Study E

Elijah is an older man who recently had a closed head injury from a fall and has ongoing cognitive changes that both he and his wife, Sylvia, are needing to adapt to such as difficulty with memory and information processing. Since returning home

from hospital, he has struggled with low mood, thoughts of being useless and lack of motivation. The social services community occupational therapist has discharged him with little progress as he did not act on her advice. He has been assessed for IAPT interventions and despite scoring highly for depression and anxiety, found not suitable due to the memory difficulties and difficulty generating ideas. He is awaiting assessment from the memory clinic.

Elijah has been seen for a brief intervention by the GPimhs link worker and chose to include Sylvia in the sessions. These involved discussion about his current and past values, and strategies to increase Elijah's role in the household towards his own goal of being more independent. They are managing to go out more and meet friends. Elijah: "I have really valued these sessions. We get to talk about things that really matter to me. I feel more positive that I am a person – and have a future." Sylvia: "It has been so useful to get Elijah talking about what is going on – and to be part of the sessions myself. I have been floundering on my own and feel I have more structure of what to do. It has been great to see Elijah more positive."

Case Study F

John reported experiencing low mood and social isolation due to being unemployed. He had been misusing alcohol, which has been worsening, as a way to 'blank off' his issues and would normally present to his GP for support. We discussed what would help; John was interested in going back to work however he was unsure if he could manage. We talked about a referral to Richmond Fellowship, and filled in the forms together and bridged up to the service. John was happy and ready to address alcohol misuse and gave consent for me to refer to Catalyst for support with alcohol addiction and counselling. Follow up appointment with GPimhs John reported having had contact and appointment with Richmond Fellowship and Catalyst re referral. He was happy to engage with these services and was hopeful interventions will improve his physical and mental health. John reported at the follow up appointment that he had not needed to see his GP in 4 weeks as he was happy with GPimhs interventions and receiving the right support for his issues.

Case Study G

Steve was referred to GPimhs for Depression, Anxiety and previous thoughts of suicide. He reported that he was homeless as his long-term partner had asked him to leave due to excessive drinking.

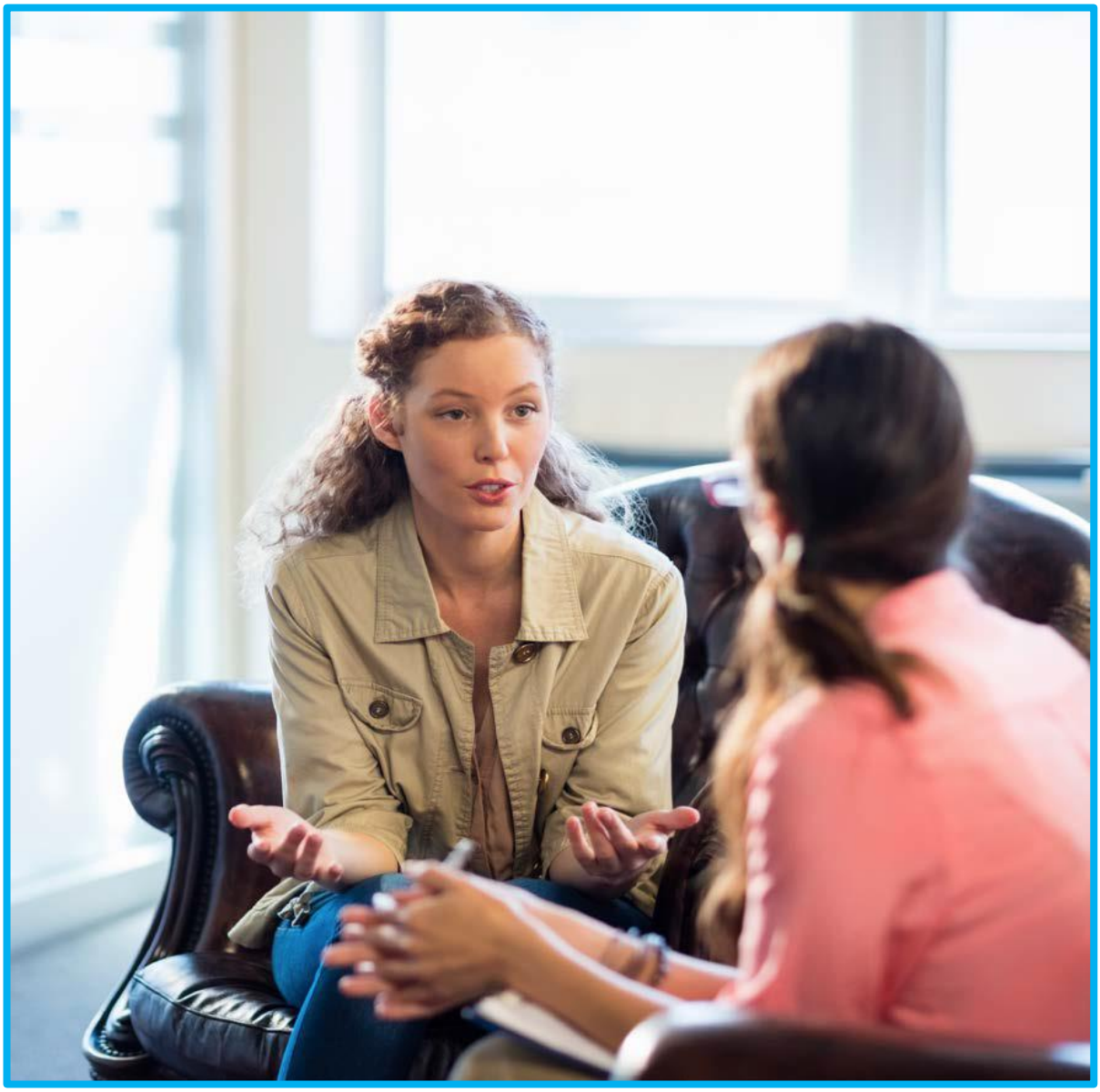
Steve had a panic attack earlier in the year, which led to his relatives taking him to A&E where he was admitted and seen by the Crisis Team, who discharged him and referred him onto IAPT. Steve was seen by an IAPT service who told him that he was not ready for CBT; he attended one session and did not return. Steve moved back to Guildford to live with a sibling who supported him to sign up for Universal Credit and to contact HOST (a Charity in Guildford that support individuals with

accommodation) for assistance with securing accommodation. The plan agreed during the session with GPimhs involved a counselling referral to Catalyst and to attend SMART (Self Management and Recovery Training) Groups with ongoing support from GPimhs.

For structure and to reduce isolation and loneliness, a discussion about the benefits of engaging with Oakleaf for social engagement and their upholstery course to learn new skills was identified. Safe Haven information and the Crisis Line as well as Samaritans was provided. The counselling assessment appointment with Catalyst was attended and Steve maintained drink diaries as he felt he needed to address his drinking to move on. He drinks socially now and does not drink to suppress his emotional pain. Steve said that he can still have low mood and experience days where he feels upset, but feels he is making progress and has support in place, attending Safe Haven now as well as maintaining his sessions with the counsellor. Steve reported that having GPimhs and counselling services had made a real difference in his life and felt more settled knowing there was support for him and said he might be moving in to a flat.

Appendix 2: GPimhs / MHICS Information Leaflet

Primary Care Networks



GP Integrated Mental Health Service (GPimhs)

Mental Health Integrated Community Service (MHICS)

What is the GP integrated mental health service/ Mental Health Integrated Community Service?

GPimhs/ MHICS brings expert advice and guidance for people experiencing a wide and potentially complex range of mental health & emotional wellbeing issues into your GP practice, working to understand your needs and connect you with services to provide the support you need in the community.

We all experience difficulties in life. Sometimes we need more help in understanding and coping with these difficulties, especially when they begin to affect our general wellbeing, level of everyday activity and personal relationships.

Due to the current outbreak of COVID-19 we have adjusted the way we work for the time being and face to face appointments are not currently available. Our staff will be able to discuss the best method to support and communicate with you when they ring to arrange your initial appointment. This could be by telephone or a secure online video call if that option is available to you. We hope to be able to offer face to face appointments in your GP Practice in the future as the guidance changes.

What can the service offer you?

- An initial assessment which gives you enough time (around 30 minutes) to discuss what is going on for you and we will work with you to make a plan.
- Quick, easy access to practical advice, guidance and if required support to connect you into services and/or treatments that can help you achieve your goals

Who can use this service?

GPimhs/ MHICS for anyone over 18 experiencing mental health problems or difficulties that are impacting their everyday life would benefit from this service. You don't need a diagnosis to be supported by GPimhs/ MHICS and once we talk if it is felt that another service might better meet your needs, or if you are already getting support from elsewhere, we will work with you to think about this and find the best solution that works for you. We will also seek to ensure that people's wellbeing and independence is enhanced by involving their family, friends and anybody who supports you in keeping you well.

What can you expect?

Telephone/ virtual (online) appointments generally last for around 30 minutes and we may offer you more than one session. Each appointment is an opportunity for you to talk about what is happening in your life and how this is making you feel. We can then help you make sense of that and support you to make a plan to address the things that matter to you.

This plan won't just cover your mental health and physical health but will include supporting you with things that may be impacting your life and mental health such as finding a job, getting out of debt, managing relationships or ensuring you are linked to the appropriate housing advice services.

You may be put in touch with a different member of the GPimhs/MHICS team who will be best placed to support you.

Who works with us?

GPimhs/ MHICS consists of a team of practitioners from different NHS and community backgrounds who are experienced in helping people with their mental health and emotional wellbeing. We work closely with your GP.

You may in the first instance receive a telephone call from our team administrator and be offered a phone appointment with a member from the team, such as a mental health

practitioner or community connections link worker. They will work with you so that you are supported with your difficulties in a way that feels best for you.

We can provide support in the following areas, which will be agreed in discussion with you:

• Information and guidance around emotional and physical wellbeing.

• More time to help make sense of difficulties.

• Practical support to access community resources.

• Brief interventions around ways of coping with stress and anxiety.

• Access to mental health pharmacist.

• Links to other mental health services and providers of therapy.

• An ongoing plan that is shared with your GP.

How can you get in touch with GPimhs/MHICS?

You will be referred to GPimhs/MHICS by your GP or Practice Nurse. If you have an appointment and need to reschedule, please email the PCN email address or call the Administrator

We are not a therapy service but work closely with providers of talking therapy. If you wish to access talking therapies for common mental health problems, we can provide you information about this

This service is provided through Surrey and Borders Partnership NHS Foundation Trust who are the lead data controllers, for more information on how we use your data please visit our website https://www.sabp.nhs.uk/our-services/advice-guidance/sharing-your-info

If you're in crisis

Please note, this is not an emergency service. There are other ways to get urgent help if you or your loved one is in a mental health crisis.

Crisis helpline

Open 24 hours a day. 7 days a week: 0800 915 4644

If you have speech or hearing difficulties text 07717 989024.

Safe Haven

Open for people experiencing a mental health crisis: 6pm to 11pm, daily

During the Covid-19 outbreak the Safe Haven remains open but has shifted its focus to supporting just those experiencing a mental health crisis.

For other Safe Havens across Surrey visit https://www.sabp.nhs.uk/our-services/mental-health/safe-havens

If you would like this information in another format or another language, please call 01372 216285 or email communications@sabp.nhs.uk

Surrey and Borders Partnership

NHS Foundation Trust

18 Mole Business Park, Leatherhead, Surrey, KT22 7AD

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ADULTS AND HEALTH SELECT COMMITTEE

3 MARCH 2021

UPDATE ON THE IMPLEMENTATION OF MENTAL HEALTH TASK GROUP RECOMMENDATIONS

Purpose of report: To provide the Adults and Health Select Committee with an update on progress in implementing the recommendations of the Mental Health Task Group, which was established to map the individual and carer's journey through adult mental health services in Surrey.

Introduction:

1. On 8 March 2019, the Adults and Health Select Committee formally established the cross-party Mental Health Task Group, which would aim to map the individual and carer's journey through adult mental health services in Surrey. However, due to a combination of Select Committee restructuring and the Covid-19 pandemic, the Task Group's work was delayed until the spring of 2020.

2. Between 8 June 2020 and 1 September 2020, the Task Group conducted 13 separate evidence-gathering sessions with 40 witnesses from a wide variety of organisations.

3. The findings and recommendations of the Task Group were presented to Cabinet in October 2020 and were welcomed. This report provides a progress update on actions that have taken place to implement each of the Task Group's 20 recommendations, which have been integrated into the work plan for Priority 2 of the Surrey Health and Wellbeing Strategy.

Progress made on implementing the Task Group's recommendations:

4. Throughout the coronavirus pandemic, there has been tremendous partnership working across the Surrey health and care system to support people with their emotional wellbeing, in the face of large increases in demand and complexity.

5. Despite the continued challenges of the pandemic, work continues to ensure that adults in Surrey receive the right mental health support, and the right level, at the right time. This work continues within constituent organisations, and in partnership through the Surrey Health and Wellbeing Strategy. The mental health agenda has received a renewed system-wide focus following the Surrey Mental Health Summit in December 2020, and the newly established Surrey

Mental Health Partnership Board will look to accelerate further improvements and developments in services for residents.

6. The Task Group's recommendations and the progress made are as follows:

7. **Recommendation 1:** GPs, when referring patients, ensure that all relevant information is passed on so that patients avoid repeating their stories multiple times, and that GPs ensure they explain to patients, both those they are referring and those who are self-referring, how they can release their medical records to mental health services.

8. **Progress update:** There is now a live and operational Surrey Care Record which enables the safe sharing of data between mental health services and GPs and Surrey County Council. This is the core data sharing product for direct care and has now been in place for six months. The full patient record is shared between authorised health and social care professionals. Adult services and SABP are both users of the platform and use will continue to widen over time. A link to a demonstration of the Surrey Care Record can be made available for the Select Committee and programme leads would be delighted to offer an introductory session to whomever would benefit from it.

   We have also seen improvements in the interface between Primary & Secondary Mental Health care with the development and spread of the GP Integrated Mental Health Service (GPIMHS). GPIMHS has spearheaded the integration of adult mental health services across Primary Care Networks and specific GP practices, which greatly improves the flow of information between health and care professionals by the sharing of clinical information. The initial programme of work has been very successful, and the roll out continues across Surrey. The new model of care will facilitate wrap around care services and improve patient experience.

9. **Recommendation 2:** From 2021, GPs receive additional mental health top-up training on an annual basis, and that at least one GP per practice has undertaken more specialist mental health training.

10. **Progress update:** Surrey Heartlands CCG commissions the GP Advanced Diploma in Mental Health. The diploma has been recommissioned for 2021/22 and will be promoted to all Primary Care Networks (PCNs). As part of the GP Integrated Mental Health Service (GPIMHs) development, each PCN that has a GPIMHs service is required to have a GP complete the diploma.

11. **Recommendation 3:** From 2021, GPs receive regular training to ensure they understand how to use resources such as Surrey Information Point and Healthy Surrey, so that primary care partners are aware of what mental health services

and third sector organisations are available in Surrey, and for these resources to be updated by Surrey County Council on a regular basis so that health partners can access all of the necessary information as easily and quickly as possible.

12. **Progress update:** The flow of new and relevant information throughout the health and social care system is becoming easier by use of technology, however there is risk of several forms of communication being used to share knowledge which becomes confusing and unwieldly. In Surrey, there is a focus on a core group of platforms to update professionals, most recently the platform of Teamsnet which is a repository of information for GPs which can be updated by various stakeholders. This reduces the volume of emails and newsletters received by GPs and facilitates a place where information can be accessed anytime and updated as required.

    Via the Local Contracted Service (LCS) for the Severe Mental Illness (SMI) - Mental Health Enhanced Physical Health Checks & Suicide Prevention, primary care colleagues in Surrey Heartlands signed up to the LCS have access to a SMI physical health check and suicide prevention eLearning modules.

    In addition, Surrey Public Health are working with an external agency reviewing the content of Healthy Surrey Mental Health section to most effectively and accessibly provide resources and information to residents. This is also being looked at by the Communications workstream of the Communications Plan workstream of the Mental Health & Covid Emergency/Escalation Group.

13. **Recommendation 4:** Each primary care network in Surrey nominates a mental health champion to help strengthen partnership working across the primary care system.

14. **Progress update**: The GPIMHs model has a lead GP for the mental health development in each PCN. As the model roll outs across Surrey Heartlands these leads will increase and have full coverage across PCNs. As part of the new GP and standard NHS contract, there is an entitlement for each PCN to establish an additional Mental Health Practitioner role from 2021/22. We are currently working through a proposed operational model across the Surrey footprint.

15. **Recommendation 5:** A solution is found to the problems surrounding the sharing of data and IT infrastructure between the NHS, Surrey County Council and external providers to enable third sector organisations to fully and safely support those in their care, and that Surrey County Council and Surrey Heartlands liaise as a matter of urgency.

16. **Progress update:** As stated in Recommendation 1, progress with the Surrey Care Record is supporting the sharing of data between the NHS, Surrey County Council, and external providers. Work is continuing between health, social care, and the third sector to bring together resources and data on shared IT platforms; such as the Surrey Virtual Wellbeing portal which brings together a range of courses and online support delivered by third sector providers onto a simple portal.

17. **Recommendation 6:** The GP-consultant text system is expanded to include questions relating to mental health concerns.

18. **Progress update:** A pilot project commenced in February 2021, which facilitates GPs receiving information from Mental Health Clinicians. The service is already in use between GPs and Medical Professionals. The service is available for GPs to access advice from Mental Health Services regarding patients who are experiencing delirium and confusion. The pilot project will be evaluated in due course with a view to being rolled out further if successful.

19. **Recommendation 7:** Third sector organisations are given the ability to refer to Community Mental Health Recovery Services and Community Mental Health Teams to ensure that those with mental health issues are signposted to the services that are right for them and their needs.

20. **Progress update:** Third sector organisations can signpost clients to the Single Point of Access (SPA). If the SPA service assesses that the client would benefit from a referral to the Community Mental Health Recovery Services or Community Mental Health Teams, they will arrange for this to happen. Collaboration with the third sector is also playing a part in delivering key services to support people. For example, the recently rolled-out Tech to Community Connect project was co-designed through the voluntary, community and faith sector (VCFS) in response to rising levels of loneliness in the community. Third sector organisations do have this ability and staff are based in the Single Point of Access as community connectors. Collaboration with the third sector is also playing a part in delivering key services to support people. For example, the recently rolled-out Tech to Community Connect project was co-designed through the VCFS sector in response to rising levels of loneliness in the community.

21. **Recommendation 8:** From 2021, meetings involving CCG leads and third sector organisations take place on at least an annual basis to help facilitate stronger partnership working and understanding, and that all stakeholders, including third sector organisations, are represented at all meetings and committees that impact the work of the third sector and external providers.

22. **Progress update:** Regular meetings between CCG leads and the third sector will continue as required. In many cases, such meetings are already taking place more frequently than annually. Third sector organisations and wider partners are currently represented throughout the Surrey mental health governance architecture, including the Mental Health Partnership Board, and the Emotional Wellbeing and Mental Health Reference Group. This representation will continue as the governance arrangements are reshaped. Similarly, third sector organisations are involved in the short-term Mental Health COVID Emergency Response workstreams that have been stood up. Partnerships with the third sector are strong and there is a huge range of excellent partnership work (including health, Local Authorities, VCFS sector, private sector organisations, and wider partners) as the system has pulled together to deliver positive outcomes for people in Surrey.

23. **Recommendation 9:** All health providers and commissioners ensure that the use of remote meeting software remains an option for future meetings, appointments and therapy sessions to ensure that location and access issues are not a barrier to participation.

24. **Progress update:** It has been built into Surrey mental health planning that remote meeting software will remain an option for services in future to ensure accessibility for residents.

25. **Recommendation 10:** 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.

26. **Progress update:** Since these recommendations were made, Surrey Adult Social Care Commissioning has been working with the Strategic Commissioning Unit (SCC) to review all contracts including those with the third sector; not just in mental health. It should be noted that this initial work has identified that there are a wide range of services provided covered by a wide range of grants funding and contracting arrangements where external factors not necessarily directly within SCC's control have a bearing on the levels and term of funding available. For example, discussions are ongoing with Health partners for those which are currently funded under the Better Care Fund. The next steps for this work will focus on working towards a more consistent way of contracting with the VCFS to give them more security and for Adult Social Care how this can be built into our commissioning plans for 2021/22 and beyond.

    In other parts of the Council, in some cases longer-term contracts have been offered but turned down. A five-year contract was offered as an option to interested bidders in the Public Health Time to Change procurement, but bidders preferred a shorter term.

27. **Recommendation 11:** 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.

28. **Progress update:** The importance of providing longer-term funding stability for the third sector is well understood. It can support working in greater partnership and can also create opportunities for VCFS partners to attract additional external funding. In mental health specifically, community connections (third sector) contracts have proved highly effective in securing additional external funding almost doubling their funding through other projects; this contract arrangement is now entering its fifth year from April 2021. Even when longer-term contracts or funding arrangements are agreed, contracts would contain provisions to protect the Council's interests should concerns about quality of service delivery arise.

    It is also worth noting that there may be changes to contractual arrangements in the future as a result of the recently published Health and Social Care White Paper, 'Integration and Innovation: working together to improve health and social care for all'.

29. **Recommendation 12:** 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.

30. **Progress update:** Throughout the pandemic, Public Health are continuing to offer a range of information and resources for employees to support with mental health, healthy eating, physical activity, preventing alcohol and substance misuse, and supporting smoking cessation.

    In addition, partners have worked together to launch the new Workforce Resilience Hub to help staff and volunteers working in Surrey and North East Hampshire health and social care, including third sector and voluntary partners access free, confidential and anonymous wellbeing support during the pandemic. A range of resources and services availability, with a programme of online wellbeing workshops, led by NHS mental health services, launching in early 2021.

    More widely, the newly established Surrey Mental Health Partnership Board has representation from the business community to ensure that workplace wellbeing is into future mental health work planning across Surrey.

31. **Recommendation 13:** 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.

32. **Progress update:** Surrey Public Health have organised for several Surrey County Council staff to attend a Train the Trainer course in First Aid for Mental Health. This will allow the Council to deliver training for wider staff as a sustainable delivery method.

33. **Recommendation 14:** From 2021, frontline members of staff and decision makers from all public and health organisations in Surrey receive training so they use instructions and terminology with service users that are appropriate for those with mental health issues, learning disabilities and autism to ensure that those whose conditions are not immediately obvious are better served.

34. **Progress update:** Surrey Public Health team offer a suite of mental health training including:

    - COVID-19 related training
    - Suicide prevention training to help improve understanding and confidence to intervene with people at risk of suicide
    - Wellbeing workshops promote positive, emotional and mental wellbeing through six everyday actions
    - Connect 5 – Ways to work with Mental Wellbeing in everyday practise. This course will enable people to have conversations about mental health and offer information on local service. Connect 5 is aimed at everyone
    - SafeTALK – Half-day alertness training that prepares anyone 15 or older, regardless of prior experience or training, to become suicide-alert
    - Applied Suicide Intervention Skills Training (ASIST) is a two-day interactive workshop in suicide first aid

    This training is available to staff and decision-makers from all public and health organisations in Surrey. As referenced in Recommendation 13, several Surrey County Council staff attending the Train the Trainer course in First Aid for Mental Health will also allow a wider rollout of mental health training.

    Outside of the Public Health team, a range of training options and resources are available to support staff when working with people with mental health issues. For example, in East Surrey, Medical Director Des Holden has developed and released ‘Don’t Walk Past’ – a serious game for supporting recognition and sign-posting of mental health need in people admitted to hospital with a physical illness.

35. **Recommendation 15:** Surrey County Council and Surrey and Borders Partnership NHS Foundation Trust explore how they can work more closely together to ensure Surrey County Council social workers are involved as early as possible (including at the diagnosis stage) so that those with autism, Asperger's and/or learning disabilities – especially those with complex needs – are fully supported and potential mental health issues are identified.

36. **Progress update:** The Surrey County Council Adult Social Care mental health teams continue to work closely with Surrey and Borders Partnership colleagues to ensure that referrals are made in a timely way, and attend multi-disciplinary meetings with trust both in the community and in hospital settings. Surrey County Council have appointed an autism specialist social worker within the mental health hospital discharge team to add that expertise to the team to ensure people receive the right services that help them live as independently as possible.

    Surrey County Council ASC has purposefully linked elements of the All-Age Autism Strategy to addressing some of the issues and challenges identified in the Mental Health Taskforce Work that was endorsed by Select Committee – research suggests that 70% of autistic people have a mental health condition, and that 40% have two or more. Autistic people are up to four times more likely to have anxiety, and twice as likely to have depression. Research has shown that autistic people are more vulnerable to negative life experiences, which may also impact mental health. Therefore, within the Health and Social Care Support work stream, both the need to improve the timeliness of assessment and diagnostics of people with Autism and providing better education and training for Mental Health professionals in autism awareness have been identified as priorities. This is to improve the ability of Mental Health services staff to recognise and respond appropriately to autistic needs and the impact on mental health and wellbeing better.

    As part of the Council's Preparing for Adulthood Transformation Programme, the reach of the Transitions Service is being expanded to offer specialised Transitions Support to those young people with mental health needs who are Care Act eligible, who currently receive a relatively disjointed approach from across social care, education and health; leading to more young people than necessary being placed in institutionalised forms of care within acute inpatient units rather than being supported in their communities. This work is just commencing with colleagues from within Adult Social Care and Children's Services, identifying and agreeing numerous care pathways into adulthood from children's services. It is anticipated that this change programme will run at least over the following 12-18 months.

37. **Recommendation 16:** The Surrey Heartlands mental health diploma is re-established and offered to all GPs in Surrey.

38. **Progress update:** The mental health diploma remains commissioned in Surrey Heartlands and is promoted across all practices.

39. **Recommendation 17:** Health commissioners obtain funding to undertake a modelling exercise and, if funding permits, a pilot study focusing on what patient outcomes could be achieved by extending opening hours for Safe Havens in Surrey and operating them throughout the night, to ensure that people experiencing a mental health crisis or emotional distress, and the police officers who are often relied on to support them, are no longer left without any option but to attend A&E to receive help.

40. **Progress update:** Winter discharge funding has been utilised to trial a 24/7 Safe Haven operating from the existing Woking Safe Haven site. This commenced on 15 February 2021 and will run until the end of March 2021. The trial will be evaluated to assess the impact it has had. The existing Safe Haven sites were initially set to operate between 6-11pm and at weekends to meet the majority of the unmet need (that existed at the time), and so it is unclear what impact extending the hours of an existing Safe Haven will have. Ideally, MH Crisis Services will be developed in partnership with a range of organisations that include some capacity to support people away from home for a short period of time (including overnight).

41. **Recommendation 18:** The General Practice Integrated Mental Health Service continues to be rolled out across Surrey and receives the funding needed to ensure its continued operation, and that a report on the progress made and future plans is presented to the Adults and Health Select Committee no later than October 2021.

42. **Progress update:** The rollout of GPIMHs continues apace, and a report on the progress made will be tabled at the March 2021 Adults and Health Select Committee meeting, alongside this paper.

43. **Recommendation 19:** The production of the final business case for the improvements to the Abraham Cowley Unit is progressed urgently and implemented with the utmost speed and no further delays. It also requests that a report on the progress made and future plans is presented to the Adults and Health Select Committee no later than October 2021.

44. **Progress update:** The Trust's work on the development of the final business case to support the rebuild of the Abraham Cowley Unit (ACU) continues to progress and has been prioritised throughout the pandemic as a top priority

actively overseen by the Trust Board. The Full Business Case for the ACU construction is due to be received by the Board for its approval by the end of 2021. The programme remains on track to complete the rebuild by the summer of 2024.

The focus of work since the last discussion with Select Committee members has been on developing the design concepts, with the engagement of people who use SABP services, carers and colleagues, and considering the options for managing the construction phase. This includes the provision of alternative facilities whilst building is taking place on site and optimising opportunities to eliminate all dormitory accommodation as soon as possible. SABP currently expects to be able to all eliminate dormitory accommodation use in all the hospital facilities by the spring of 2022.

In the meantime, as the Committee will be aware, the Trust embarked on a significant environmental and operational improvement programme at the ACU which started in the summer of 2020. This work is delivering improvements to people's safety and experience. The work on two of the three adults wards will be completed by the end of February 2021 and the work on the third and final ward is due to follow. This programme is on track to complete by its deadline of 30 April 2021.

45. **Recommendation 20:** The Children, Families, Lifelong Learning and Culture Select Committee conducts a similarly broad and wide-ranging mental health journey task group concentrating on both children and those transitioning to adult mental health services.

46. **Progress update:** The Adults and Health and Children, Families, Lifelong Learning and Culture Select Committees continue to liaise regarding future scrutiny of children's mental health services and the transition to adult mental health services. The Select Committees have been jointly monitoring the commissioning of new Emotional Wellbeing and Mental Health (EWMH) services for children and proposed changes to the governance of Surrey's mental health system; the Children, Families, Lifelong Learning and Culture Select Committee is scheduled to scrutinise the performance of the new EWMH services at its public meeting on 18 October 2021; and conversations are taking place to enable continued joined-up scrutiny of mental health services going forward.

Conclusions:

47. Clearly, the progress of implementing some of the recommendations has been slowed as a result of the challenges of the coronavirus pandemic, and its

impact on demand within the Surrey health and care system, including mental health services. However, there is reason for cautious optimism as work is continuing across all of the recommendation areas and the renewed focus on the mental health agenda through the Surrey Mental Health Partnership Board will only serve to accelerate planned improvements.

Recommendations:

48. The Select Committee is asked to:

a) Note the significant work underway to implement the recommendations set out in the Mental Health Task Group report
b) Recognise the role of Priority 2 of the Surrey Health and Wellbeing Strategy, and the newly established Mental Health Partnership Board, in continuing to progress the mental health agenda, including the Mental Health Task Group's recommendations

Next steps:

The implementation of the Mental Health Task Group's recommendations will continue apace, and the Select Committee will receive a further update at its public meeting on 20 October 2021.

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ADULTS AND HEALTH SELECT COMMITTEE

3 MARCH 2021

ADULT SOCIAL CARE DEBT

Purpose of report: To update the Adults and Health Select Committee on Surrey County Council's Adult Social Care Debt position as at the end of December 2020.

Introduction:

1. Under the Care Act 2014, when a local authority arranges care and support to meet a person's eligible needs, the local authority may ask the person to pay a contribution towards the cost of providing that support, subject to an assessment of the person's financial circumstances. The current regulations include powers to charge for residential and nursing care as well as the power to charge for care and support provided in the community. If a local authority decides to adopt a charging policy, the regulations provide a broad framework for charging which must be followed.

2. Income from charging is an essential contribution to Adult Social Care's [ASC] budget to support the delivery of services to help people live and age well. The budgeted income from charging for the previous financial year April 2019 to March 2020 was £60.7 million. The actual income raised was £61.9m. This equated to 15.1% of ASC's total gross expenditure on care packages to support people's assessed eligible needs[1]. The initial budgeted income for 2020/21 was £61.7m but the current projected income figure for 20/21 ASC is £57.6m. This reduction in income is a consequence of the pandemic and is explained in more detail in paragraphs 21-26 below.

The charging and collection process

3. The financial assessment, charging and collection process is undertaken by the Financial Assessment Team in ASC. The social care practitioner makes a referral to the team when it has been identified that the person is likely to

[1] It should be noted that the majority of assessed charges billed relate to Older People care packages (£48.9m of the total £61.9m assessed charges income in 2019/20). The amount of gross care package expenditure recovered through assessed charges is therefore much higher for care for Older People (29% in 2019/20) than other care groups (5.3% in 2019/20).

receive a chargeable service from ASC. The Financial Assessment team will usually offer a face to face visit to complete the financial assessment, as well as identify any missing benefit entitlements. Face to face visits have been significantly reduced in the last 11 months, however, we introduced an online financial assessment tool in 2017 and have encouraged people to use this option. The tool enables the person, their family or other representative to submit the assessment securely online and upload any necessary evidence. We are receiving between 160-200 a month online forms, equivalent to around 40% of the total number of new financial assessments.

4. The Financial Assessment team has access to the Department of Work and Pensions database CIS [Customer Information System] to support the financial assessment process. CIS holds details of the benefits paid to people. By accessing CIS, the team can gather financial information to complete financial assessments more rapidly. The team can also identify people who will not have to contribute towards their care and support due to low income and can then reduce the level of evidence needed from some people at an early stage in the assessment process.

5. Timeliness of assessments is an important part of the procedure to ensure that where possible, people are informed in advance of receiving support, whether or not they are required to contribute towards the cost of any chargeable care and the amount of that contribution. Only a small number of people are automatically exempt from charging for residential and nursing care arranged by Adult Social Care in accordance with regulations. However, around 47% of people receive their care and support at home free of charge because the assessment determines they have insufficient available income for charging purposes.

6. Charges are raised in the Adult Social Care finance system, known as Controcc and passed across to the corporate finance system, SAP, where an account is set up for the individual. The Business Operations Team, part of Orbis, is responsible for sending out the statements and banking payments. The responsibility for chasing outstanding debt transferred to Adult Social Care in 2018.

7. Reminders for non-payment are issued promptly in accordance with the following dunning (debt-recovery) cycle. Table 5 in Appendix A shows the volume of reminder letters issued by type.

    Reminder letter 1 13 days
    Reminder letter 2 30 days
    Reminder letter 3 45 days

8. At the end of the dunning cycle, if there is no arrangement to repay the debt, the Care Act 2014 enables a local authority to make a claim to the County Court for a judgement order to recover the debt. Guidance issued under the Care Act requires a local authority to consider whether it is appropriate to recover the debt in this manner. In the period April 2020 to December 2020, 64 cases were referred to Legal Services for further recovery action or a legal view regarding the prospect of successful recovery of the debt. Further detail on the work of the Litigation Team is provided in paragraphs 17-18 below.

9. It is important to note that the majority of people pay their care charges promptly. In December 2020, the percentage of income received in comparison to the amount billed in the previous month was 105% (Appendix A Table 1 line 16) and the average amount income received over the twelve-month period was 103% (line 17). It is not possible to exactly state which period the payments in month relate to due to limitations on reporting form SAP but given that the collection figure is in excess of 100%, the income received will largely be both current income plus some debt recovery. This assumption is also reflected in the overall debt figures as detailed in paragraph 11 below, which show a reduction in unsecured debt.

10. The preferred method of collecting charges is via Direct Debit and we promote this by sending a Direct Debit instruction with every statement and reminder letter as well as discussing Direct Debit as a payment method at the outset. At the end of December 2020 64% of payments were collected by Direct Debit. This figure has remained fairly consistent over the years. For those people, who have regular care and therefore, regular bills, payment by direct debit is often preferred. However, when bills fluctuate because of changes in care, then it is understandable that people prefer to wait for adjustments to be made before settling their accounts.

ASC Debt position

11. The overall Adult Social Care debt position as at December 2020 is provided at Appendix A to this report. To illustrate the trend in debt, figures are provided for December 2018 to December 2020. The table shows that the total outstanding debt rose from £22.58m in December 2018 to £24.10m in December 2019 and then reduced to £23.86m in December 2020 (Appendix A Table 1 line 9). This is equivalent to a net increase of £1.28m over the two-year period. The level of debt due for payment, i.e. over 1 month old and excluding secured debt not yet due, is £17.87m (line 10). An aged debt analysis is provided in Appendix A - table 6 and the movement of debt is shown in table 7. However, these figures are estimated due to limitations with reporting accurate aged debt figures from the corporate finance system SAP and some assumptions have to be made

when calculating aged debt. We are investigating the options to address this issue with the replacement of SAP later this year.

12. Appendix A breaks down outstanding debt into different categories. It is important to note from this analysis that although total debt has increased by £1.28m in this period, this is due to an increase in secured debt and debt awaiting security. Total secured debt increased by £0.66m and debt awaiting security increased by £1.4m. Conversely total unsecured debt (excluding debt awaiting security) decreased by £0.79m.

13. Secured debt is debt secured with a legal charge, usually against a property. Historically, Local Authorities were able to register a legal charge to secure a debt without the agreement of the owner. This is no longer possible; the owner must now agree to the legal charge in every case. The usual route to securing a debt is through a deferred payment application i.e., a binding agreement to defer paying the debt in exchange for a legal charge on a property. The debt is settled when the property is sold. Compound interest can be charged on the debt at a national rate, currently 0.45%. Since December 2018, we have raised £172k in interest on live deferred payments and raised a further £50k in administration charges.

14. This increase in secured debt over the two-year period reflected both an increase in deferred payment applications and the conversion of some existing debt to deferred debt in keeping with the provisions of the Care Act. There were 72 Deferred Payment Agreement instructions in 2020 to the Legal Services Property Team, a reduction from 94 in 2019. This reduction is likely to be an impact of the new hospital discharge funding arrangements. Of the 72 instructions, 30 instructions are still active, that is, legal charges are not yet in place and 4 instructions are yet to be allocated. There are also 5 cases which remain active from 2019. The outstanding cases from 2019 are either chased regularly by the Property Team or there is an undertaking on file, however, the debt is yet to be secured.

15. From April 2019 to March 2020, the Legal Services Property Team have recouped £1.49m and £5,100 in legal fees for redemption matters and from April 2020 to date, the team have recouped £3.02m and £6,400 in legal fees for redemptions.

16. Write-offs of debt deemed uncollectable in the 2020/21 year to date (i.e. April 2020 to December 2020) amount to £1.37m in respect of 326 accounts. This compares to write-offs of £1.64m in 2018/19 and £1.49m in 2019/20. The write-offs were generally in respect of historic unsecured debt, with no prospect of recovery or debts deemed uneconomic to pursue.

17. As at the end of December 2020, the SCC Litigation team had 50 current referrals with a total debt value of £3.38m, an increase from £2.52m at the end of December 2019. Of these 50 cases, 29 cases related to deceased debtors. The Litigation team has had 64 matters referred in 2020. This contrasts with 34 referrals in 2019.

18. Of the 50 cases being held by the litigation legal team, 13 are currently in ongoing court proceedings. Of these 13 court cases, 10 relate to deceased debtors. The total value of the debt being litigated is £561k. Monies recovered over the past year by the team total £810k. This compares very favourably with 2019 when the team recovered £273k of historic ASC debt.

19. In addition to the above actions on larger debts, in the last six months, the Financial Assessment Team issued 17 'letters before action' for Money Claims Online, the small claims process for debts under £10k. This is a new approach for the team and will be used as a last resort when all other attempts to resolve matters have failed. Early indications are positive; of the 17 cases around half have either settled the debt, agreed a payment plan or are now engaged with the service, 2 claims are being defended and the other cases have raised concerns in relation to either the persons finances or capacity issues.

20. In March 2020, we held conversations with Judge and Priestley Solicitors who specialise in debt recovery services and intended to start a trial with them on the recovery of debt due from the estates of deceased residents with no probate. These plans were put on hold due to the pandemic and Judge and Priestley's capacity to take on new work. However, they were able to take on a small number of cases in September. We will review the progress on the existing cases in the spring and determine whether to continue with a further trial.

Impact of the Covid-19 pandemic on income and debt collection

21. In March 2020, in response to the pandemic, the Government launched a temporary scheme whereby the NHS fully funded the cost of new and increased health and social care support to help facilitate prompt and safe hospital discharges until such time as all necessary assessments have been completed. This scheme came to an end on 31st August 2020 for new hospital discharges but was replaced by scheme 2 from 1st September, whereby the NHS fully fund the cost of post discharge recovery and care and support services for up to 6 weeks following discharge from hospital.

22. The impact of the temporary hospital discharge funding arrangements has reduced the number of people supported by ASC in 2020/21 and has led to a corresponding reduction in income and expenditure. Sadly, we have also seen

a higher number of deaths than usual, almost double in some months. Debt from estates awaiting probate in order to settle the debt has increased steadily month on month.

23. There has also been a reduction in income as a result of people cancelling their care because either they had the support of family carers or services have had to change because of the pandemic for example, the closure of day centres and other day activities. Without like for like replacement services, in some cases, people have declined to pay for alternative support.

24. The combination of these factors has resulted in a significant reduction in assessed charges income received so far and forecast for the remainder of 2020/21. As set out in the introduction, total assessed charges income in 2020/21 was forecast to be £57.6m in the end of December budget monitoring position compared to a total budget of £61.7m. £3.6m out of this £4.1m forecast shortfall relates to a reduction in assessed charges for care packages for Older People. The Older People care group has been most impacted by the new funding arrangements following hospital discharge and this is also where there has been the greatest number of deaths due to the pandemic.

25. In the 2020/21 year to date, there has been a greater reduction in care package expenditure than assessed charging income, and ASC is forecasting an underspend against its total 2020/21 base budget excluding the significant additional costs associated with pandemic.

26. A substantial proportion of the reduction in assessed charging income and reduction in care package expenditure in 2020/21 will be temporary. Clearly it is very hard to predict when society will return to more normal living from the current restrictions of the pandemic. However, we are working closely with our health partners to fully unwind temporary NHS funding of care packages following hospital discharge by the end of this financial year. Taking into account that many of these packages have and will become ASC funding responsibility, and combined with expected new demand for care, we therefore anticipate that the total number of people whose care is funded by ASC will increase back towards pre pandemic levels in 2021/22. As such we expect assessed charging income in 2021/22 to start to return to levels closer to the years prior to 2020/21, at some point, subject to any long-term changes to the Discharge to Assess model.

Conclusions:

27. The Financial Assessment team working closely with colleagues in Legal services and Corporate Finance, have together made some positive progress on the ASC debt position this year. The level of increase in debt of £1.28m over a two-year period reduction due to an increase in secured debt and debt

awaiting security and a decrease of £0.79m in unsecured debt (excluding the debt awaiting security) is very encouraging, as is, the significant increase in debt recovered by the Litigation team.

28. There are some ongoing challenges with delays in registering legal charges and in resolving cases awaiting probate. There are also unknowns around the impact of the Discharge to Assess model and whether this will be extended beyond March 2021 and if so, what this will mean for both our income and expenditure position and our ability to assess people promptly. However, there are good working relationships in place to respond to these challenges.

Recommendations:

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

Next steps:

30. The work with Judge and Priestley will be progressed in the spring to determine whether there is an opportunity to refer some of the more time consuming, probate and property work externally.

31. The Financial Assessment Team will continue to pursue debts below £10k through the Money Claims Online process.

Report contact

Toni Carney, Head of Resources and Caldicott Guardian, ASC

Contact details

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Sources/background papers

Care Act 2014

ASC Charging policy

ASC Deferred Payment Policy

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Appendix A

Table 1 – Breakdown of debt

	Debt > 1 Month £ million	December 2018	December 2019	December 2020	Change Dec 18-20
1	**Total secured debt**	**8.71**	**10.20**	**9.37**	**0.66**
2	Less secured debt not yet due*	5.21	5.54	5.99	0.78
3	**Secured debt due**	**3.50**	**4.66**	**3.38**	**-0.12**
4	**Security Pending** (but currently unsecured)	**0.80**	**1.01**	**2.20**	**1.40**
5	**Unsecured:**				
	Under query	0.27	0.24	0.29	0.02
	Awaiting probate	0.62	0.75	1.41	0.79
	Instalments	0.79	0.81	1.10	0.31
	External CoP Deputyship	1.41	1.27	1.42	0.01
	With Legal services	1.27	1.53	2.07	0.80
	ASC Deputyship	1.77	2.09	1.57	-0.20
	Awaiting Deputyship allocation	0.47	0.64	0.29	-0.18
	Awaiting ASC write off authorisation	0.06	0.04	0.02	-0.04
	Judge & Priestley			0.10	0.10
6	**Total unsecured** (blocked from debt recovery)	**6.66**	**7.37**	**8.27**	**1.61**
7	**Unsecured** (not subject to recovery block or pending security)	**6.42**	**5.51**	**4.02**	**-2.40**
8	**Total unsecured debt outstanding** (inc security pending)	**13.88**	**13.90**	**14.49**	**0.61**
9	**Total debt more than 1 month overdue**	**22.58**	**24.10**	**23.86**	**1.28**
10	Total debt more than 1 month excluding secured not yet due*	**17.38**	**18.56**	**17.87**	**0.49**
11	Charges posted in month – not yet due	5.20	5.53	3.99	
12	Secured debt not yet due*	5.21	5.54	5.99	
13	Total debt including that not yet due for payment	27.78	29.63	27.85	
14	Gross debt accounting credit balances	28.60	30.53	28.96	
15	Total live credit balances	-0.56	-0.60	-0.67	
	Total deceased credit balances	-0.26	-0.29	-0.44	
16	% received of amount billed previous month	87%	94%	105%	
17	% received of amount billed (12-month average)	94%	96%	103%	
18	% payments collected by DD	65%	64%	64%	
19	No of cases referred to Legal	1	4	2	
	Value of debt at date referred	0.07	0.22	0.04	
20	Number of 'open cases' with Legal (secured and unsecured)	49	38	50	
	Current value of 'open cases'	2.16	2.52	3.38	

*Secured debt accrued by agreement under the council's Deferred Payment Agreement scheme. These debts become due on the earlier of, the date the property upon which a debt is secured is sold or 90 days after the date of death of the person.

Table 2 – Expenditure, income, expenditure, bad debt provision and write offs

	2018/19 Mar 19 £m	2019/20 Mar 20 £m	2020/21 to Dec 20 £m
Total care package gross expenditure	398.6	409.9	*407.9*[1]
Total billed assessed fees & charges	57.3	61.9	*57.6*[2]
Secured charges	38%	38%	39%
Unsecured charges	62%	62%	61%
Total assessed charges debt > 1 month old	**22.7**	**24.4**	**23.9**
Adult Social Care bad debt provision	8.7	8.9	9.1
Total debt written off in year	1.6	1.5	1.4

[1]Forecast expenditure to March 2021 including an estimate of the cost of cases that will transfer to ASC when the temporary NHS funding ceases post hospital discharge.

[2]Estimate to March 2021

Table 3 – High level summary

	Dec-18	Dec-19	Dec-20	Total change
Unsecured (not Pending legal charge)	13.07	12.89	12.29	-6%
Security pending	0.80	1.01	2.20	174%
Secured	8.71	10.20	9.37	8%
Total	**22.58**	**24.10**	**23.86**	

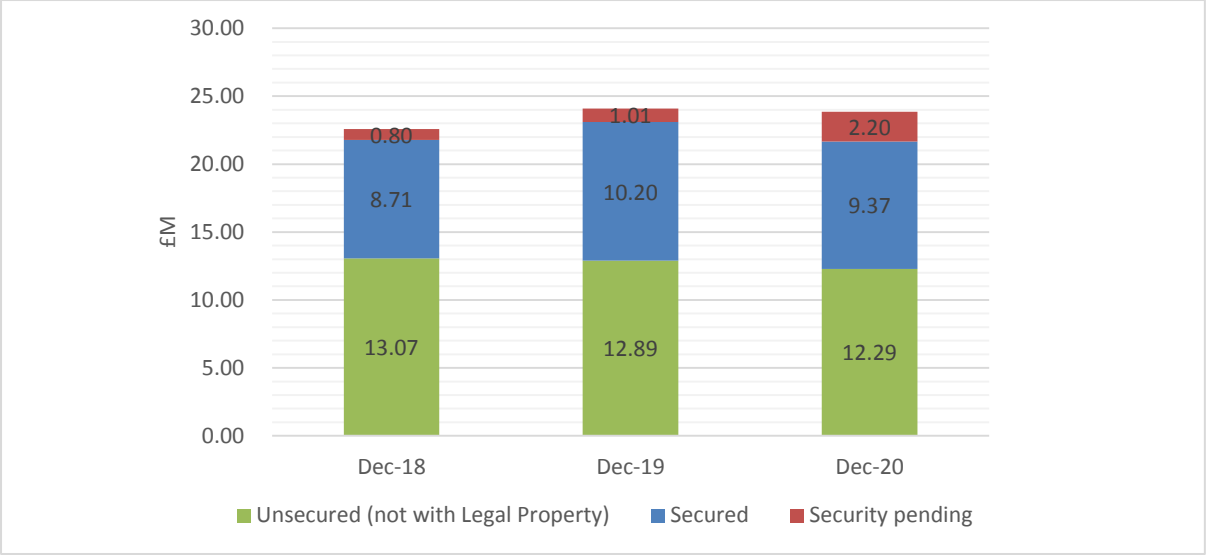


Table 4 - Unsecured (blocked from debt recovery)

	Dec-18	Dec-19	Dec-20	Total Change
Under query	0.26	0.24	0.29	10%
Probate	0.62	0.75	1.41	126%
Instalments	0.79	0.81	1.10	39%
External Deputyship	1.41	1.27	1.42	1%
Legal litigation	1.27	1.53	2.07	63%
ASC Deputyship	1.76	2.09	1.57	-11%
Pending security - Deferred Payment Agreements	0.80	1.01	2.20	174%

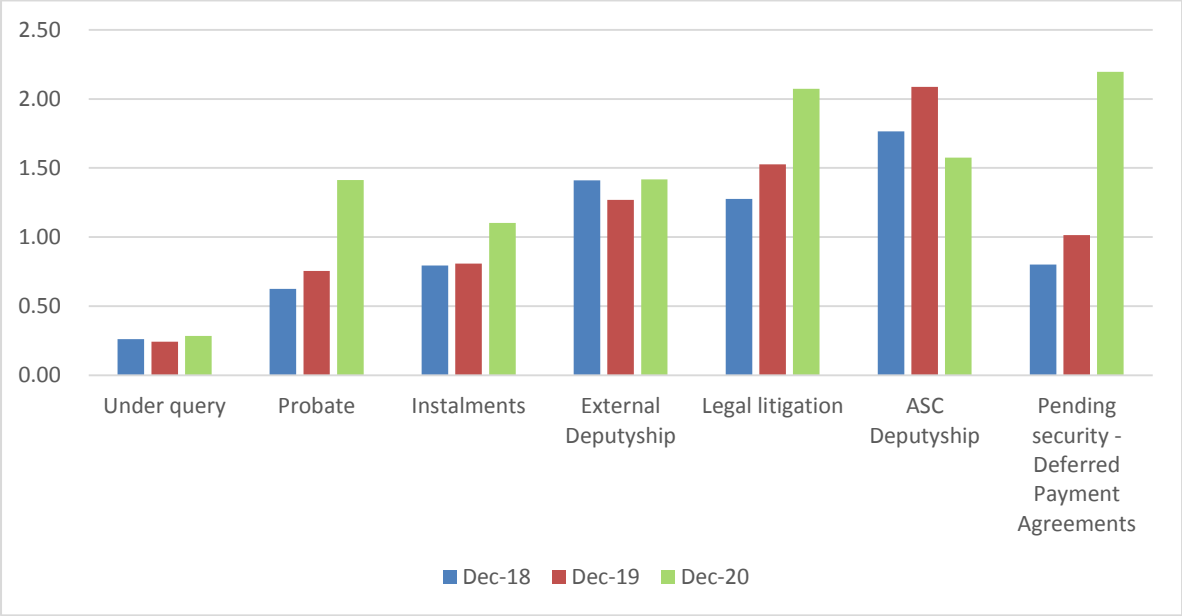


Table 5 – Volume and type of reminder letters sent

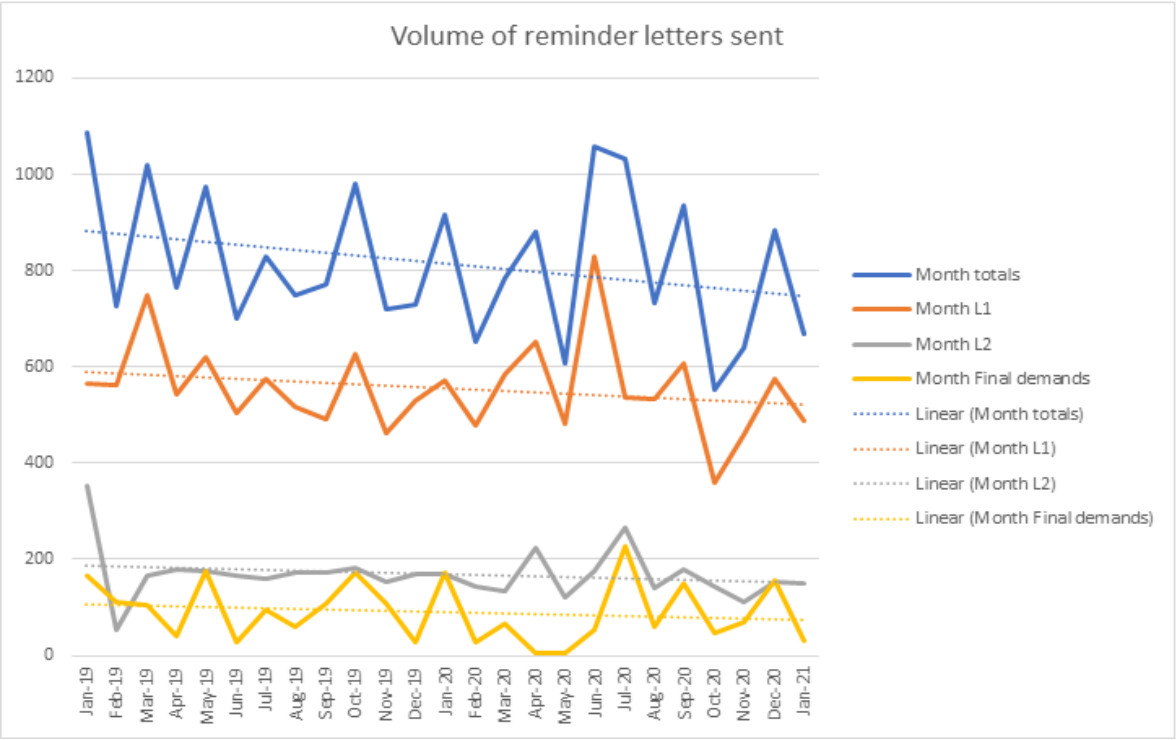


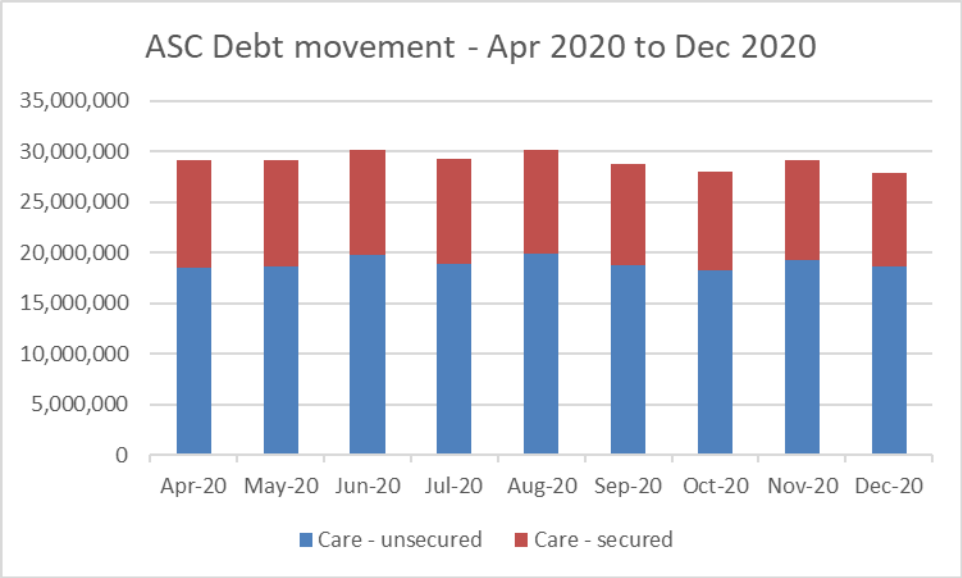
Table 6 - Aged debt analysis at December 2020 (Period 9)

	<1 month	2-6 months	6-12 months	12-18 months	18-24 months	24> months	Total debt
Unsecured	3,070,557	4,338,568	2,914,430	796,162	1,848,935	5,676,675	**18,645,326**
Secured	-309,437	1,340,627	1,411,294	1,292,541	1,113,111	4,352,241	**9,200,378***
	2,761,120	**5,679,195**	**4,325,724**	**2,088,703**	**2,962,046**	**10,028,916**	**27,845,704***

*Of which £5.99m of secured debt and £3.99m of charges posted in month were not due for payment

Table 7 – Debt movement from April 2020 to December 2020 (Period 9)

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Care - unsecured	18,504,454	18,597,005	19,793,476	18,862,140	19,924,887	18,750,583	18,320,056	19,331,667	18,645,326
Care - secured	10,626,992	10,605,244	10,396,814	10,376,093	10,221,253	10,051,861	9,639,709	9,875,414	9,200,378


ASC Debt movement - Apr 2020 to Dec 2020
35,000,000
30,000,000
25,000,000
20,000,000
15,000,000
10,000,000
5,000,000
0
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Care - unsecured
Care - secured

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ADULTS AND HEALTH SELECT COMMITTEE

3 MARCH 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.

Report contact

Ben Cullimore, Scrutiny Officer

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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
20 October 2021	Surrey Heartlands Covid-19 Recovery Programme	The Select Committee is to receive a report on the progress made on the Surrey Heartlands Covid-19 Recovery Programme	The Select Committee will review the Surrey Heartlands Covid-19 Recovery Programme, taking into consideration the associated impacts and risks for Surrey residents	Helen Coe – Covid Director, Surrey Heartlands
20 October 2021	Adult Social Care Transformation Programmes Bi-Annual Review	The Select Committee is to review the progress made on the ASC Transformation Programmes	The Select Committee will review and scrutinise the ongoing ASC Transformation Programmes, making recommendations accordingly	Liz Uliasz – Deputy Director, Adult Social Care Sinead Mooney – Cabinet Member for Adult Social Care, Public Health and

				Domestic Abuse
20 October 2021	Enabling You With Technology	At its 19 January 2021 meeting, the Select Committee heard about the establishment of the Enabling You With Technology programme of work in Adult Social Care. Members identified it as an area of interest and will receive a report on the progress made	The Select Committee will review the progress of the Enabling You With Technology programme of work, making recommendations accordingly	Toni Carney – Head of Resources, Adult Social Care Sinead Mooney – Cabinet Member for Adult Social Care, Public Health and Domestic Abuse
16 December 2021	Budget Proposals 2022/23	The Select Committee will receive the draft budget proposals for 2022/23.	The Select Committee will scrutinise the Council's budget proposals, to provide feedback and make recommendations.	Sinead Mooney – Cabinet Member for Adult Social Care, Public Health and Domestic Abuse
16 December 2021	Adult Social Care Complaints Bi-Annual Review	The Select Committee has identified complaints received by Adult Social Care as a key area for examination. Reports highlighting complaints activity will be provided to the Select Committee on a bi-annual basis.	The Select Committee is to review complaint activity in Adult Social Care for the period July-September 2021	Kathryn Pyper – Senior Programme Manager (Adult Social Care) Sinead Mooney – Cabinet Member for

				Adult Social Care, Public Health and Domestic Abuse
Spring 2022	All-Age Autism Strategy Review	The Select Committee is to receive a report outlining the progress made on the implementation of the new All-Age Autism Strategy.	The Select Committee will review and scrutinise the implementation of the new All-Age Autism Strategy, making recommendations accordingly.	Steve Hook – Assistant Director (Learning Disabilities, Autism and Transition), Adult Social Care Sinead Mooney – Cabinet Member for Adult Social Care, Public Health and Domestic Abuse
To be confirmed	Surrey Heartlands Digital Inclusion Programme	Surrey Heartlands has introduced an ambitious programme of work to facilitate the move to digital first in primary and secondary care, as well as an increase in its digital inclusion work. The Select Committee has identified this as a key area of interest	The Select Committee will review the progress of the Digital Inclusion programme of work, taking into consideration the associated impacts and risks for Surrey residents	To be confirmed

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	Simon Angelides – Programme Director
Joint Committees				
Ongoing	South West London and Surrey Joint Health Overview and Scrutiny Committee	The South West London and Surrey Joint Health Overview and Scrutiny Committee is a joint standing committee formed with representation from the London Borough of Croydon, the Royal Borough of Kingston, the London Borough of Merton, the London Borough of Richmond, Surrey County Council, the London Borough of Sutton and the London Borough of Wandsworth	The Joint Committee's purpose is to respond to changes in the provision of health and consultations which affect more than one London Borough in the South West London area and/or Surrey	<u>Membership:</u> Bill Chapman Nick Darby
Ongoing	South West London and Surrey Joint Health Overview and Scrutiny Committee – Improving Healthcare Together 2020-2030 Sub-Committee	In June 2017, Improving Healthcare Together 2020-2030 was launched to review the delivery of acute services at Epsom and St Helier University Hospitals NHS Trust (ESTH). ESTH serves patients from across South West London and Surrey, so the Health Integration and Commissioning Select Committee (the predecessor to the Adults and	A sub-committee of the South West London and Surrey Joint Health Overview and Scrutiny Committee has been established to scrutinise the Improving Healthcare Together 2020-2030 Programme as it develops	<u>Membership:</u> Bill Chapman

		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		
Ongoing	Hampshire Together Joint Health Overview and Scrutiny Committee	On 3 December 2020, the Hampshire Together Joint Health Overview and Scrutiny Committee, comprising representatives from Hampshire County Council and Southampton City Council, was established to review the Hampshire Together programme of work, and Surrey County Council was invited to attend meetings as a standing observer	The Joint Committee's is to scrutinise the Hampshire Together programme of work and associated changes in the provision of health services	<u>Membership:</u> Bill Chapman

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ADULTS AND HEALTH SELECT COMMITTEE – ACTIONS AND RECOMMENDATIONS TRACKER

The recommendations tracker allows Committee Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each meeting. Once an action has been completed, it will be shaded green to indicate that it will be removed from the tracker at the next meeting.

KEY	No Progress Reported	Action In Progress	Action Completed

Date of meeting	Item	Recommendations/Actions	To	Response
19 January 2021	Surrey Heartlands Covid-19 Recovery Programme Update	<u>Recommendations</u> 1. The Select Committee requests that a further update on the Covid-19 Recovery Programme is presented at a future Select Committee meeting 2. The Select Committee requests that future recovery reports include information on mental health and wellbeing support being offered to NHS staff and social care workers	Recovery Director, Surrey Heartlands Recovery Director, Surrey Heartlands	1. Item has been added to the Select Committee's forward plan 2. The Recovery Director has been contacted regarding this

		3. The Select Committee requests that a report on the Digital Inclusion programme of work is presented at a future Select Committee meeting, and that this outlines what is being done to support those who are digitally excluded and unable to access services online <u>Actions</u> 1. Recovery Director is to provide data on the specific demographics and conditions affected by, and part of, the backlog 2. Recovery Director is to provide further information on how care sector fees relating to discharges are calculated	Recovery Director, Surrey Heartlands Recovery Director, Surrey Heartlands Recovery Director, Surrey Heartlands	3. Item has been added to the Select Committee's forward plan 1. The Recovery Director has been contacted regarding this. 2. Recovery Director has been contacted regarding this.

		3. Associate Director of Communications and Engagement is to confirm whether reports and findings relating to the Turning the Tide Board will be made publicly available and can be shared with the Select Committee	Associate Director of Communications and Engagement, Surrey Heartlands	3. "As described at the meeting, the Board will be reporting regularly quarterly to our System Board, an update is always published following these meetings so a short summary would go into the public domain. We have also given two updates to the regional Turning the Tide Board, which may go into the public domain in time, but hasn't yet. The Board is still relatively new and still in a formative stage at the moment."
19 January 2021	Adult Social Care Transformation Update	<u>Recommendations</u> 1. The Select Committee requests that a report on Enabling You With Technology is presented at a future Select Committee meeting 2. The Select Committee requests that	Cabinet Member for Adults and Health Deputy Director, Adult Social Care	1. Item has been added to the Select Committee's forward plan 2. The Deputy Director of Adult Social Care has been contacted regarding this

		Members of the Select Committee attend and observe staff motivational interview training Actions 1. Democratic Services officers to liaise with the Cabinet Member for Adults and Health about organising a briefing session on the Care Pathway programme of work 2. Assistant Director of Commissioning (Adult Social Care) is to provide further information on the number of private care home places taken up by Surrey County Council-funded residents 3. Deputy Director of Adult Social Care is to	Scrutiny Officer, Democratic Services Assistant, Cabinet Member for Adults and Health Assistant Director of Commissioning (Adult Social Care) Deputy Director, Adult Social Care	1. The Scrutiny Officer and Democratic Services Assistant are currently liaising with the Cabinet Member and Senior Programme Manager, and a briefing session will be organised in due course 2. "Based on CQC registration data and the council's knowledge of care services there are 226 care homes in Surrey whose services are predominantly focused on supporting older adults. These homes provide a total of 10,762 registered beds. In 2019/20 the council made 1,965 new placements in care homes. This total includes 530 respite (shorter term) placements. Surrey funded placements therefore represent around 18% of the

		produce a briefing note on Liquid Logic 4. Chief Executive of Healthwatch Surrey is to provide the Select Committee with more information on the work being done with Action for Carers and Adult Social Care on how discharges from hospital have been experienced by carers	Chief Executive, Healthwatch Surrey	available capacity within the local care home market. The remainder of the available places are taken up by self-funders." 3. The Deputy Director of Adult Social Care has been contacted regarding this 4. Results are expected to be published in June and a final report will be circulated to the Select Committee
19 January 2021	Development of New All-Age Autism Strategy	<u>Recommendations</u> 1. The Select Committee recommends that officers simplify the Autism Delivery Governance Structure to ensure that governance and oversight is as streamlined as possible 2. The Select Committee recommends that, as part of the Strategy,	Assistant Director of Learning Disabilities, Autism and Transition Assistant Director of	1. The Assistant Director of Learning Disabilities, Autism and Transition has been contacted regarding this

		training is developed to ensure that all officers use autism-appropriate language 3. The Select Committee requests that a review of the All-Age Autism Strategy is conducted by the Select Committee at an appropriate time following the start of its implementation <u>Actions:</u> 1. Assistant Director of Learning Disabilities, Autism and Transition is to provide the Select Committee with a summary of the services relating to horticulture and animal husbandry that Surrey County Council commissions and offers to children and adults with autism.	Learning Disabilities, Autism and Transition Assistant Director of Learning Disabilities, Autism and Transition Assistant Director of Learning Disabilities, Autism and Transition	2. The Assistant Director of Learning Disabilities, Autism and Transition has been contacted regarding this 3. Item has been added to the Select Committee's forward plan 1. The Assistant Director has been contacted for a response.

17 December 2020	Scrutiny of 2021/22 Draft Budget and Medium-Term Financial Strategy to 2025/26	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 1. Democratic Services officers to look into the possibility of organising for Members to visit Learning Disabilities and Autism services (whether remotely or in person) 2. Democratic Services officers to look into the possibility of updating the Select Committee on Technology Enabled Care	Cabinet Member for Adults and Health Scrutiny Officer, Democratic Services Assistant Scrutiny Officer, Democratic Services Assistant, Cabinet Member for Adults and Health	The joint report was presented to Cabinet at its meeting on Tuesday 26 January 2021. 1. The Cabinet Member for Adults and Health has been contacted about this, and in-person visits will be scheduled for a suitable time post-Covid-19 pandemic. 2. An item on the Enabling You With Technology programme of work (of which Technology Enabled Care is a part) has been added to the Select Committee's forward plan.

17 December 2020	ASC Complaints April – September 2020	Actions 1. 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 2. The Deputy Director of ASC to remind team managers to supervise and conduct spot checks with staff in the complaints team	Senior Programme Manager, ASC Deputy Director of ASC	1. "The leaflet is in the process of being printed and will be distributed to our front-line social care teams, our in-house care homes and hubs in the wider community as soon as it is available." 2. "The ASC complaints team robustly monitors the progress of all complaints being investigated by team managers to ensure a comprehensive response to the complainant. Any learning arising from complaints is regularly monitored and reviewed with area directors, senior managers and team managers to ensure it is embedded into practice."
17 December 2020	Healthwatch Surrey – What Are We Hearing About Adult Social Care?	Actions The Cabinet Member for Adults and Health is to keep the Select Committee updated on the progress made regarding the possible	Cabinet Member for Adults and Health	Work is underway and the aim is for care navigators to be in place by summer 2021. The Cabinet Member for Adult Social Care, Public Health and Domestic Abuse will update the Select Committee in due course.

		introduction of a care navigators system		
15 October 2020	Update on ASC Mental Health Transformation Programme	<u>Actions</u> 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.
Mental Health Task Group	Mental Health Task Group report			*A report providing an update on the implementation of the Task Group's recommendations can be found in Item 7 of the 3 March 2021 meeting agenda.*
14 July 2020	Learning Disabilities and Autism Service Update	The Select Committee: 1. Recommends that future annual health assessments are more focused on unearthing mental health issues, which can have physical manifestations; 2. Recommends that greater emphasis is placed on the transition period and that the steps taken to address this are	Assistant Director of Disabilities	1. The Assistant Director is composing a briefing note to address this and the below recommendation. 2. The Assistant Director will address this in the briefing note as above.

		outlined in a follow-up report.		