

Cabinet



SURREY
COUNTY COUNCIL

Date & time

Tuesday, 22
February 2022 at
2.00 pm

Place

Council Chamber,
Woodhatch Place, 11
Cockshot Hill, Reigate,
Surrey ,RH2 8EF

Contact

Vicky Hibbert or Huma
Younis
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07866899016

Chief Executive

Joanna Killian

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We're on Twitter:
@SCCdemocracy

Cabinet Members: Natalie Bramhall, Clare Curran, Kevin Deanus, Matt Furniss, Marisa Heath, Sinead Mooney, Mark Nuti, Tim Oliver, Becky Rush and Denise Turner-Stewart

Deputy Cabinet Members: Maureen Attewell, Steve Bax, Jordan Beech and Rebecca Paul

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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Vicky Hibbert or Huma Younis on 020 8541 9229 or 07866899016.

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If you have any queries regarding this, please contact the representative of Legal and Democratic Services at the meeting.

AGENDA

1 APOLOGIES FOR ABSENCE

2 MINUTES OF PREVIOUS MEETING: 25 JANUARY 2022

(Pages 1
- 18)

To agree the minutes of the last meeting as a correct record of the meeting.

3 DECLARATIONS OF INTEREST

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

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

NOTES:

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

4 PROCEDURAL MATTERS

a Members' Questions

The deadline for Member's questions is 12pm four working days before the meeting (16 February 2022).

b Public Questions

The deadline for public questions is seven days before the meeting (15 February 2022).

c Petitions

The deadline for petitions was 14 days before the meeting, and no petitions have been received.

d Representations received on reports to be considered in private

To consider any representations received in relation why part of the meeting relating to a report circulated in Part 2 of the agenda should be open to the public.

- 5 REPORTS FROM SELECT COMMITTEES , TASK GROUPS, LOCAL COMMITTEES AND OTHER COMMITTEES OF THE COUNCIL** (Pages 19 - 26)
- To consider any reports from Select Committees, Task Groups, Local Committees and any other Committees of the Council.
- A. Economy and Growth: Programme for Growth (including Levelling Up White Paper and County Deals) (Community, Environment and Highways Select Committee)
 - B. Local and Joint Committee Highway Functions (Community, Environment and Highways Select Committee)
- 6 LEADER / DEPUTY LEADER / CABINET MEMBER/ STRATEGIC INVESTMENT BOARD DECISIONS TAKEN SINCE THE LAST CABINET MEETING** (Pages 27 - 30)
- To note any delegated decisions taken by the Leader, Deputy Leader, Cabinet Members, Strategic Investment Board and Committees in Common Sub-Committee since the last meeting of the Cabinet.
- 7 COVID-19 DELEGATED AND URGENT DECISIONS TAKEN** (Pages 31 - 42)
- To ensure transparency of decisions taken in response to Covid-19, Cabinet are asked to note the attached decisions taken since the last meeting.
- 8 CABINET MEMBER OF THE MONTH** (Pages 43 - 46)
- To receive an update from Tim Oliver, Leader of the Council.
- 9 THE FUTURE OF RESIDENTIAL CARE HOMES FOR OLDER PEOPLE OWNED AND OPERATED BY SURREY COUNTY COUNCIL** (Pages 47 - 334)
- Eight care homes were built by Surrey County Council in the 1970s and early 1980s. Since taking back the eight care homes it became apparent that the condition of the buildings has become a concern. Cabinet is asked to consider the report and supporting information and confirm agreement with the recommendations made in respect of each care home, on a home by home basis.
- NB: There is a Part 2 annex at Item 16.
- (The decisions on this item can be called-in by the Adults & Health Select Committee)
- 10 WORKING WITH THE BIG FOSTERING PARTNERSHIP** (Pages 335 - 346)
- That Cabinet endorses Surrey County Council joining the Big Fostering Partnership from 1 April 2022, to work in collaboration with other Local Authorities to enable more children who are looked after to move from living in residential children's homes to living with foster families and authorises spend of up to £4 million via this partnership for the period from 1 April 2022 through to September 2024.
- NB: There is a Part 2 annex at item 17.

(The decisions on this item can be called-in by the Children's, Families, Lifelong Learning & Culture Select Committee)

- 11 ACCELERATING THE INTRODUCTION OF ULTRA-LOW AND ZERO EMISSION VEHICLES - APPROVAL TO PROCURE 34 HYDROGEN FUEL CELL BUSES** (Pages 347 - 352)

Cabinet are requested to approve the procurement of 34 Hydrogen Fuel Cell Buses.

(The decisions on this item can be called-in by the Communities, Environment and Highways Select Committee)

- 12 LOCAL AND JOINT COMMITTEE HIGHWAY FUNCTIONS** (Pages 353 - 366)

This report seeks Cabinet approval to a change in the way that executive highway functions are taken, transferring them from Local and Joint Committees (LC/JCs) to enable officers to take such decisions in more direct consultation with the relevant members.

(The decisions on this item can be called-in by the Communities, Environment and Highways Select Committee)

- 13 HARNESSING THE POWER OF DATA** (Pages 367 - 402)

Cabinet are requested to endorse the SCC Data Strategy and the work being taken forward to help the organisation become truly data enabled. The report also provides an update on work with partners to develop a Surrey-wide strategy which improves data sharing in order to deliver better services to Surrey residents.

(The decisions on this item can be called-in by the Resources & Performance Select Committee)

- 14 2021/22 MONTH 9 (DECEMBER) FINANCIAL REPORT** (Pages 403 - 412)

This report provides details of the County Council's 2021/22 financial position as at 31st December 2021 (M9) for revenue and capital budgets, and the expected outlook for the remainder of the financial year.

(The decisions on this item can be called-in by the Resources & Performance Select Committee)

- 15 EXCLUSION OF THE PUBLIC**

That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following items of business on the grounds that they involve the likely disclosure of exempt information under the relevant paragraphs of Part 1 of Schedule 12A of the Act.

PART TWO - IN PRIVATE

- 16 THE FUTURE OF RESIDENTIAL CARE HOMES FOR OLDER PEOPLE OWNED AND OPERATED BY SURREY COUNTY COUNCIL** (Pages 413 - 418)
- This Part 2 report contains information which is exempt from Access to Information requirements by virtue of Paragraph 3: information relating to the financial or business affairs of any particular person (including the authority holding that information).
- (The decisions on this item can be called-in by the Adults and Health Select Committee)*
- 17 WORKING WITH THE BIG FOSTERING PARTNERSHIP** (Pages 419 - 422)
- This Part 2 report contains information which is exempt from Access to Information requirements by virtue of Paragraph 3: information relating to the financial or business affairs of any particular person (including the authority holding that information).
- (The decisions on this item can be called-in by the Children's, Families, Lifelong Learning & Culture Select Committee)*
- 18 ST ANDREW'S CATHOLIC SCHOOL, ASHTEAD** (Pages 423 - 442)
- This Part 2 report contains information which is exempt from Access to Information requirements by virtue of Paragraph 3: information relating to the financial or business affairs of any particular person (including the authority holding that information).
- (The decisions on this item can be called-in by the Resources and Performance Select Committee)*
- 19 DEPARTMENT FOR EDUCATION SAFETY VALVE AGREEMENT** (Pages 443 - 454)
- This Part 2 report contains information which is exempt from Access to Information requirements by virtue of Paragraph 3: information relating to the financial or business affairs of any particular person (including the authority holding that information). The report relates to Department for Education funding of the Dedicated Schools Grant and funding negotiations that are confidential until any new funding arrangements are agreed.
- (The decisions on this item can be called-in by the Children's, Families, Lifelong Learning & Culture Select Committee)*
- 20 PUBLICITY FOR PART 2 ITEMS**
- To consider whether the item considered under Part 2 of the agenda should be made available to the Press and public.

**Joanna Killian
Chief Executive
Published: 14 February 2022**

QUESTIONS, PETITIONS AND PROCEDURAL MATTERS

The Cabinet will consider questions submitted by Members of the Council, members of the public who are electors of the Surrey County Council area and petitions containing 100 or more signatures relating to a matter within its terms of reference, in line with the procedures set out in Surrey County Council's Constitution.

Please note:

1. Members of the public can submit one written question to the meeting. Questions should relate to general policy and not to detail. Questions are asked and answered in public and so cannot relate to "confidential" or "exempt" matters (for example, personal or financial details of an individual – for further advice please contact the committee manager listed on the front page of this agenda).
2. The number of public questions which can be asked at a meeting may not exceed six. Questions which are received after the first six will be held over to the following meeting or dealt with in writing at the Chairman's discretion.
3. Questions will be taken in the order in which they are received.
4. Questions will be asked and answered without discussion. The Chairman or Cabinet Members may decline to answer a question, provide a written reply or nominate another Member to answer the question.
5. Following the initial reply, one supplementary question may be asked by the questioner. The Chairman or Cabinet Members may decline to answer a supplementary question.

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Those attending for the purpose of reporting on the meeting may use social media or mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. To support this, Surrey County Council has wifi available for visitors – please ask at reception for details.

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It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

Thank you for your co-operation

**MINUTES OF THE MEETING OF THE CABINET
HELD ON 25 JANUARY 2022 AT 2.00 PM
IN THE COUNCIL CHAMBER, WOODHATCH PLACE, 11 COCKSHOT HILL,
REIGATE, SURREY, RH2 8EF.**

These minutes are subject to confirmation by the Cabinet at its next meeting.

Members:

(* = Present)

*Tim Oliver (Chairman)
*Natalie Bramhall
*Clare Curran
*Matt Furniss
*Mark Nuti
*Denise Turner-Stewart
*Sinead Mooney
*Marisa Heath
*Becky Rush
*Kevin Deanus

Deputy Cabinet Members: (no voting rights)

*Maureen Attewell
*Rebecca Paul
Steve Bax (*remote attendance via Microsoft Teams*)

Members in attendance:

- Nick Darby, Member for The Dittons - Chairman of the Resources and Performance Select Committee
- John O'Reilly, Member for Hersham - Chairman of the Communities, Environment and Highways Select Committee

**PART ONE
IN PUBLIC**

1/22 APOLOGIES FOR ABSENCE [Item 1]

There were no apologies.

2/22 MINUTES OF PREVIOUS MEETING – 21 DECEMBER 2021 [Item 2]

The Minutes of the Cabinet meeting held on 21 December 2021 were approved as a correct record of the meeting.

3/22 DECLARATIONS OF INTEREST [Item 3]

Rebecca Paul declared a personal interest noting that two of her children attended a school mentioned in item 13.

4/22 PROCEDURAL MATTERS [Item 4]

5/22 MEMBERS' QUESTIONS [Item 4a]

There were no Member questions.

6/22 PUBLIC QUESTIONS [Item 4b]

There was one public question. The question and response were published as a supplement to the agenda.

Daniel Hill asked the Leader and Members to reconsider supporting an alternative location which was not only more suitable brownfield land, but more cost effective to the taxpayer. He asked whether the Cabinet Member for Property and Waste was aware of a report by a Tandridge District Council planning officer who said that the proposal would constitute inappropriate development in the Green Belt and would result in significant harm to the environment. He noted that the Council was ignoring the views of the local Gypsy, Roma and Traveller (GRT) community; and that his father had offered a two-acre brownfield site as an alternative to spending millions of pounds on developing a GRT transit site in the Surrey Hills Area of Outstanding Natural Beauty (AONB).

The Cabinet Member for Property and Waste stated that she would provide a written response to the supplementary question in due course.

7/22 PETITIONS [Item 4c]

There were none.

8/22 REPRESENTATIONS RECEIVED ON REPORTS TO BE CONSIDERED IN PRIVATE [Item 4d]

There were none.

9/22 REPORTS FROM SELECT COMMITTEES , TASK GROUPS, LOCAL COMMITTEES AND OTHER COMMITTEES OF THE COUNCIL [Item 5]

The Chairman of the Resources and Performance Select Committee welcomed the Cabinet's responses to the Select Committee recommendations. He welcomed the early engagement and collaborative approach with the Select Committees, Members and the Borough and District Councils on the budget setting process in order to achieve the best for residents. He noted the continued uncertainties over Government funding.

The Chairman of the Communities, Environment and Highways (CEH) Select Committee endorsed the above comments. Concerning the Cabinet's response to recommendation one, Members would be encouraged by the commitment that the estimated carbon impact would be provided for the 2023/24 budget. That the Cabinet's response to recommendation two met the CEH Select Committee's request in full. Concerning the Cabinet's response to recommendation three, he welcomed the commitment made in paragraph one, and regarding paragraph two about the Local Transport Plan 4 (LTP4), he noted disappointment that the Bus Back Better funding that the Council was seeking might be less than hoped.

The Chairman of the Communities, Environment and Highways (CEH) Select Committee provided comments on Item 11 - refer to this item.

The Leader appreciated the input from the Select Committees and their Chairmen. He highlighted the challenging climate to which the budget was set in relation to Covid-19 recovery and the uncertainty in Government funding.

RESOLVED:

That the Scrutiny of 2022/23 Draft Budget and Medium-Term Financial Strategy to 2026/27 report and recommendations were considered. The response from the Cabinet was published as a supplement to the agenda.

10/22 LEADER / DEPUTY LEADER / CABINET MEMBER / STRATEGIC INVESTMENT BOARD DECISIONS TAKEN SINCE THE LAST CABINET MEETING [Item 6]

There were no delegated decisions to note.

11/22 COVID-19 DELEGATED AND URGENT DECISIONS TAKEN [Item 7]

There were no delegated decisions to note.

12/22 CABINET MEMBER OF THE MONTH [Item 8]

The Cabinet Member for Adults and Health introduced the report and noted the large amount of work underway in Adult Social Care (ASC). She highlighted the appointment of the new Executive Director for Adult Social Care and Integrated Commissioning, Liz Bruce who she was confident would build on the progress made by the current Executive Director, Simon White. She highlighted testimonials from the Surrey Care Association, direct reports, the Chairman of the Adults and Health Select Committee who noted that Simon White was a strategic leader who put Surrey's vulnerable residents at the heart of the Council's work. She paid tribute to Simon White for his hard work in ASC over the past three and a half years and noted his humour; he would be leaving the Council in April and she wished him all the best.

The Leader noted that Simon White had been an outstanding Executive Director, despite the challenging situation when he joined, he would be leaving the Council in a more stable position. He commented that Liz Bruce was an excellent replacement who was hugely experienced, and would continue in Simon White's footsteps.

RESOLVED:

That the Cabinet Member of the Month report be noted.

13/22 2022/23 BUDGET AND MEDIUM-TERM FINANCIAL STRATEGY TO 2026/27 [Item 9]

The Leader introduced the report and thanked the Select Committees and their Chairmen for their work and collaborative approach. He emphasised that setting the budget was not a political issue, but the role of the Council to spend residents' money effectively. He thanked the Deputy Leader and Cabinet Member for Finance and Resources, the Deputy Chief Executive and Executive Director of Resources, the Strategic Finance Business Partner, the Director of Finance Insights and Performance, and the Director of Corporate Finance and Commercial for their advice and preparation of a robust budget. He noted that the Council was moving into a recovery phase following the past two years of the Covid-19 pandemic. He highlighted the inequalities in the county that must be addressed, and that the

Council had held true to its guiding principle in the Community Vision for Surrey in 2030 that “no one is left behind”. He highlighted the Council’s responsibility over the delivery of a wide range of strategic functions and services for 1.2 million residents, notably ASC and Children’s Service where combined £1.5 million was spent daily.

The Leader further noted that the Council had worked hard over the past three years to stabilise its finances, the Transformation Programme had delivered £240 million in savings, with a further £75 million to be saved over the next few years. The Council would continue to deliver efficiencies whilst improving services for residents, would continue to lobby the Government over funding, and would continue to work in partnership towards sustainability and thriving and empowered communities. Key areas of focus included building stronger local economies through skills and jobs, increasing the local provision of services and community support, looking after vulnerable residents through modernised social care provision, tackling climate change through technology and renewable energy, prevention and early intervention for children and adults, and addressing the rise in mental health support. That every penny of residents’ money from Council Tax would be invested in residents, the Council recognised the pressures faced by many and he highlighted the financial support information available on the Council’s website. He looked forward to the endorsement of the budget at the Council’s Budget meeting, it was essential for the Council to get on with the delivery of the ambitious five-year plan.

The Cabinet Member for Education and Learning highlighted the £125 million Special Educational Needs and Disability (SEND) Capital Programme as outlined in item 14.

The Cabinet Member for Environment highlighted the £64 million identified for the Greener Futures programme as part of the longer-term £273 million allocation, the funding for the River Thames Scheme, ultra-low emissions bus scheme and Your Fund Surrey.

The Cabinet Member for Children and Families highlighted the Council’s provision of social care including supporting 1,000 Looked After Children, the continued delivery of the improvement plan to address the inadequate rating by Ofsted in 2018, the pressures of the pandemic such as the increase in Child Protection Plans, the increase in unaccompanied child refugees and asylum seekers, the increase in the children’s social care budget to £224 million for next year, the family safeguarding model and no wrong door model, the investment in residential children’s homes and provision of more in-house places for Looked After Children, the increase in foster carers needed and the recruitment and retention programme for staff.

The Cabinet Member for Property and Waste highlighted that £28 million was being invested on the Council’s corporate assets, rationalising the estate and creating fit for purpose community hubs, expanding, building and maintaining schools, providing additional SEND places, the total £139 million spend on those projects over the next five years, £80 million spending on building affordable accommodation.

The Cabinet Member for Community Protection highlighted the purchase of advanced technology such as seven new fire appliances with a further nine to follow and the purchase of new breathing apparatus equipment; working in partnership with staff to deliver the best equipment to keep Surrey safe.

The Cabinet Member for Adults and Health highlighted the various transformation programmes in ASC which were expected to deliver £41.8 million in efficiencies between 2022 to 2027, the Accommodation with Care and Support programme which would help deliver substantial efficiencies and provide an opportunity for some of Surrey's most vulnerable residents to have their own home to learn new skills.

The Cabinet Member for Transport and Infrastructure highlighted that roads remained a priority for residents and following the past few years of increased investments complaints were reducing, the largest part of the capital programme was highways and infrastructure of just under £1 billion, the increased amount of £125 million into Surrey's roads the next financial year for local highway schemes, the low emission hydrogen and electric buses to be in place shortly, the River Thames Scheme funding and the Housing infrastructure Fund bids.

The Cabinet Member for Communities highlighted that following Covid-19 revenue had started to increase through registrations, weddings and libraries for example, the fantastic staff who delivered services in a constrained budget envelope, the Libraries Transformation programme which was back online with £34 million in the capital budget, Your Fund Surrey whereby money out of the £100 million was borrowed as needed and noted a £500,000 investment in a community shop development in Normandy, the investment in new technology to support Customer Services.

The Deputy Leader and Cabinet Member for Finance and Resources highlighted that transformation was a key part of the Council's agenda of continuous improvement, with forecasted achievements of £81 million of ongoing transformation related efficiencies by the end of 2021/22 and £55 million of cost containment with the benefits and the delivery of the efficiencies monitored throughout the year through the Transformation Assurance Board and other governance arrangements, the additional £20 million of efficiencies for 2022/23 and a further £32 million through to 2026/27, the Council was developing a twin-track approach to future transformation through the planning and delivery of two budget setting processes simultaneously towards a more collaborative approach between directorates, the delivery phase of the Transformation Programme through business cases and monitoring.

The Leader highlighted several of the recommendations. He proposed an amendment to Annex 1 - 2022/23 Final Budget and Medium-Term Financial Strategy to 2026/27, paragraph 6.36, pages 94/95, to add the following at the end of the paragraph (with additional words in bold/underlined and deletions crossed through):

"The Capital Pipeline includes £3m of additional road safety capital funding that will be drawn down and approved by Capital Programme Panel for schemes individually less than £1m in value."

The Leader noted that it clarified where the road safety money was being spent on; the Cabinet agreed the above addition.

RESOLVED:

That Cabinet makes the following recommendations to Council on 8 February 2022.

Cabinet recommends that Council:

1. Approves the net revenue budget requirement be set at **£1,042.0 million** (net cost of services after service specific government grants) for 2022/23 (Annex B), subject to confirmation of the Final Local Government Financial Settlement.
2. Subject to finalisation of the tax base, approves the total Council Tax Funding Requirement be set at **£831.0 million** for 2022/23, subject to final confirmation of District and Borough tax base. This is based on a council tax increase of 4.99%, made up of an increase in the level of core council tax of 1.99% to cover core Council services, including 1% for mental health, and an increase of 3% in the precept proposed by Central Government to cover the growing cost of Adult Social Care (Annex E).
3. Notes that for the purpose of section 52ZB of the Local Government Finance Act 1992, the Council formally determines that the increase in core council tax is not such as to trigger a referendum (i.e., not greater than 2%).
4. Sets the Surrey County Council precept for Band D Council Tax at £1,626.39, which represents a 4.99% uplift. This is a rise of £1.48 a week from the 2021/22 precept of £1,549.08. This includes £185.48 for the Adult Social Care precept, which has increased by £46.47. A full list of bands is as follows:

Valuation Band	Core Precept	ASC Precept	Overall Precept
A	£960.60	£123.66	£1,084.26
B	£1,120.70	£144.27	£1,264.97
C	£1,280.80	£164.88	£1,445.68
D	£1,440.91	£185.48	£1,626.39
E	£1,761.11	£226.70	£1,987.81
F	£2,081.31	£267.92	£2,349.23
G	£2,401.51	£309.14	£2,710.65
H	£2,881.82	£370.96	£3,252.78

5. Notes that the 4.99% increase in Council Tax will be deployed as follows:
 - 0.99% increase to fund the increased cost of delivering services
 - 3.00% increase to fund additional spend in adult and children's social care
 - 1.00% increase to fund additional investment in mental health.

Across this investment, the 3% increase in Adult Social Care Precept will be directed entirely to Adult Social Care.

6. Notes that underlying General Fund Balances are projected to remain at £28.0 million as of 1 April 2022.

7. Approves the Total Schools Budget of £575.2 million to meet the Council's statutory requirement on schools funding (as set out in Section 9 of the 2022/23 Final Budget and Medium-Term Financial Strategy to 2026/27).
8. Approves the overall indicative Budget Envelopes for Executive Directorates and individual services for the 2022/23 budget (Annex B).
9. Approves the total £1,909.6 million proposed five-year Capital Programme (comprising £1,031.2m of budget and £878.4.9m pipeline) and approves the £212.1 million Capital Budget in 2022/23 (Annex C).
10. Approves the Capital and Investment Strategy (Sections 1 to 3), which provides an overview of how risks associated with capital expenditure, financing and treasury will be managed as well as how they contribute towards the delivery of services.
11. Approves the policy for making a prudent level of revenue provision for the repayment of debt (the Minimum Revenue Provision (MRP) Policy) (Annex G).
12. Agrees the Council's refreshed Transformation Programme (as set out in section 3 of 2022/23 Final Budget Report and Medium-Term Financial Strategy to 2026/27)
13. Note that the investment in Transformation required to deliver improved outcomes and financial benefits is built into the proposed Medium-Term Financial Strategy (as set out in section 3 of 2022/23 Final Budget Report and Medium-Term Financial Strategy to 2026/27).
14. That Cabinet approves the £15m transfer from the Budget Equalisation Reserve to the Transformation Reserve set out in paragraph 10.
15. That Cabinet notes that the Audit & Governance Committee has approved the Treasury Management Strategy and Prudential Indicators (Annex F – Section 4) which set a framework for the Council's treasury function to manage risks, source borrowing and invest surplus cash on 24 January 2022.

Reason for decision:

Council will meet on 8 February 2022 to agree a budget and to set the Council Tax Precept for 2022/23. Cabinet is required to recommend a budget to Council for consideration at this meeting. The budget directs available resources to support the achievement of the Council's ambitions and priorities in the 2030 Vision and the Refreshed Organisation Strategy.

The budget will also support the delivery of the continuing transformational changes that are required to ensure that the Council can improve priority outcomes for

residents, while managing growing demand for services and ensuring future financial sustainability.

14/22 CHANGES TO SURREY'S COMMUNITY RECYCLING CENTRE POLICIES [ITEM 10]

The Cabinet Member for Environment introduced the report and outlined the three recommendations. She clarified that the review of the policies concerned how the Council could improve recycling and access to Community Recycling Centres (CRCs), it was not about closures or changes to opening hours. The review reflected the decisions of neighbouring county authorities, Surrey was one of the last to move towards a measure that restricted the use of a CRC to anyone living outside of the county. Residents would be asked to provide a proof of their identity the first time they entered their local CRC and would be issued with a windscreen sticker. The Council had looked to establish cross-border deals with West Sussex County Council and Windsor and Maidenhead Borough Council for Surrey residents using sites across the border. Regarding the changes to the Council's permit scheme to allow pickups, trailers and vans to bring chargeable construction waste, the Council would notify all existing permit holders of the change via email and would update its website. Highlighted the positive move of the four CRCs accepting residual waste on a permanent basis. The Council was looking at pedestrian access to its CRCs where feasible and safe such as at Warlingham and Caterham CRCs.

The Leader highlighted the following typing error to the second recommendation to be amended (with additional words in bold/underlined and deletions crossed through):

“identify” to be amended to “identity”

The Leader assumed that residents would be given due notice of the requirement for having a proof of identity and asked what forms would be acceptable. The Cabinet Member for Environment responded that there would be a communications campaign.

The Deputy Leader and Cabinet Member for Finance and Resources welcomed the recommendations which demonstrated the Council's commitment to helping residents dispose of waste locally and responsibly; she welcomed the proposals to improve pedestrian access.

The Leader welcomed the removal of the Covid-19 restrictions in place at the CRCs.

RESOLVED:

1. That Cabinet approve allowing users of pickups, trailers or vans registered on the SCC permit scheme to bring chargeable construction waste to the nine CRCs that currently accept it.
2. That Cabinet approve restricting the use of all Surrey CRCs to Surrey residents only, requiring proof of identity to gain entry, to ensure Surrey are only paying for waste we have a legal duty to dispose of.
3. That Cabinet approve temporary COVID measures allowing residual waste to be accepted at the four 'Recycling Only' CRCs be made permanent.

Reasons for Decisions:

There is currently an anomaly in the CRC operating policy that allows a resident with a car to bring in chargeable construction or DIY waste to CRC sites but does not allow residents who have a permit for a van, pickup, or trailer to bring in the same waste.

Construction and DIY wastes are not considered household waste. Residents are allowed to bring certain construction and DIY waste into nine CRCs by car and dispose of it for a charge. The original rationale for not allowing vans, pickups, and trailers to be used was to reduce the risk of trade waste abuse through limiting capacity of vehicles permitted. Changing the policy to allow users of permitted vans, trailers, and pick-ups to bring chargeable construction and DIY waste to the nine CRCs that operate the chargeable waste scheme will make the policy simpler for residents and more consistent. Trade waste will still be banned from CRCs.

Secondly, most waste disposal authorities that border Surrey have now introduced resident only policies at their CRC sites preventing Surrey residents from using them. To ensure that that SCC are only paying for waste they have a legal duty to dispose of it is recommended that a Surrey resident only policy is also implemented at Surrey CRCs.

Finally, during the Covid pandemic residual waste containers were reintroduced at the four 'recycling only' Surrey CRCs as a means of reducing congestion at other CRCs caused by social distancing measures. Tonnages of residual waste across Surrey have not increased because of this measure, therefore it is recommended that SCC retains these temporary arrangements mainly as a means of reducing car travel undertaken by residents who currently have to travel longer distances to CRC sites that do accept residual waste.

(The decisions on this item can be called-in by the Communities, Environment and Highways Select Committee)

15/22 **SURREY PUBLIC ELECTRIC VEHICLE CHARGEPOINT PROCUREMENT PLAN [Item 11]**

The Cabinet Member for Transport and Infrastructure introduced the report which outlined the strategic options assessment undertaken by the Council and noted that as the transition to electric vehicles (EV) continued to grow, the demand for on-street and off-street publicly accessible charging points would increase; particularly in light of the 2030 Government ban on the sale of new petrol and diesel only vehicles. The Council as the local highway authority was overseeing the installation of public EV chargepoints, and the Council was looking at a more ambitious timetable to deliver more EV chargepoints. That transport contributed 41% of Surrey's carbon emissions and the Council had a net zero target for carbon emissions by 2050 for the county. There was a forecasted demand for up to 10,000 public EV charging points in Surrey by 2030. The Council had identified a number of business models for the delivery of the EV chargepoints working in partnership with the private and public sectors. One pilot included the installation of 80 EV chargepoints by the end of quarter one with a further 100 EV chargepoints to follow in 2022.

Following the consideration by the Communities, Environment and Highways (CEH) Select Committee he proposed the following revised recommendations (with additional words in bold/underlined and deletions crossed through):

1. Agree that SCC undertake a procurement exercise with the aim of appointing a single supplier(s) to work in partnership with the Council and its Key Delivery Partners to deliver public EV chargepoints at a large scale across Surrey.
2. **Agree to the establishment of a reference group through the CEH Select Committee which will be engaged to provide scrutiny support to the procurement exercise, including in helping to define the outcomes to be specified in the procurement and the network plan.**
3. **Agree to delegate authority to the Executive Director for Environment Transport and Infrastructure in consultation with the Cabinet Member for Transport and Infrastructure following further engagement to determine the procurement model of a single supplier or suppliers.**
4. Agree to receive a further report to Cabinet (in Q3 of 2022) to ask for a decision to proceed once the outcome of the procurement exercise is known.

The Chairman of the CEH Select Committee provided the following comments under item 5. He noted that the CEH Select Committee supported the revised recommendations following discussions with the Cabinet Member for Transport and Infrastructure, and the Executive Director for Environment, Transport and Infrastructure. The establishment of a reference group was a constructive way to obtain a united approach for EV chargepoint procurement.

The Leader explained that the revised wording of the recommendations reflected the important role of the CEH Select Committee in the procurement of the EV chargepoints through providing strategic oversight as opposed to overseeing the operational delivery. The Leader welcomed the support of CEH Select Committee over those revised recommendations; which the Cabinet agreed.

RESOLVED:

1. Agree that SCC undertake a procurement exercise with the aim of appointing a supplier(s) to work in partnership with the Council and its Key Delivery Partners to deliver public EV chargepoints at a large scale across Surrey.
2. Agree to the establishment of a reference group through the CEH Select Committee which will be engaged to provide scrutiny support to the procurement exercise, including in helping to define the outcomes to be specified in the procurement and the network plan.
3. Agree to delegate authority to the Executive Director for Environment Transport and Infrastructure in consultation with the Cabinet Member for Transport and Infrastructure following further engagement to determine the procurement model of a single supplier or suppliers.
4. Agree to receive a further report to Cabinet (in Q3 of 2022) to ask for a decision to proceed once the outcome of the procurement exercise is known.

Reasons for Decisions:

The recommendations will enable the development and delivery of the vital EV public charging infrastructure necessary to support the transition away from petrol and diesel cars to electric for those without access to other means of charging. The long-term sole supplier proposal will enable the Council to work in partnership with

District and Boroughs and the opportunities to offer access to other public sector and community partners including the NHS. This would offer increasingly consistent and interoperable chargepoints for EV users in Surrey. This arrangement would target on-street locations and off-street car park locations. The contract would be fully funded in most locations by the supplier in return for the supplier retaining the majority of the revenue. In some cases more profitable sites would cross-subsidise less commercial locations. Additionally, some sites may be supported by government and where justified SCC funding to achieve a geographically and socially equitable chargepoint network.

(The decisions on this item can be called-in by the Communities, Environment and Highways Select Committee)

16/22 NO ONE LEFT BEHIND: CHILD POVERTY IN SURREY [Item 12]

The Cabinet Member for Children and Families introduced the report and noted that the Council's guiding principle of "no one left behind" established before Covid-19 was more pertinent now following the acute impact of the pandemic, as highlighted through the 2021 Community Impact Assessment. Residents and the employment sector had been affected from the rising cost of living and energy prices, more families sought assistance and more children in Surrey were classified as living in poverty. The Council recognised the need to bring forward the coordinated strategy with statutory partners and the Voluntary, Community and Faith Sector (VCFS) to respond to the issue of children and families in poverty. The report was wide-ranging and ran in parallel with the Council's four strategic priorities and was co-produced across the directorates; it sought to address the underlying causes of poverty, addressing inequalities through employment and housing for example. The report also sought to better coordinate and signpost individuals to the arrangements in place to mitigate poverty to meet immediate needs through free school meals and food banks. Whilst the report focused on families and children in poverty, the initiatives were applicable to all residents. She thanked the officer team for their work and hoped the report would be endorsed at the next meeting of the Council.

The Deputy Cabinet Member for Levelling-Up welcomed the timely strategy, noting that there were pockets of deprivation in Surrey and the strategy sought to target support. She highlighted the various crisis funds available and intervention programmes such as the Helping Families Early Strategy 2020 to 2023 and Changing Futures programme. That the strategy was innovative through seeking to address the causes of poverty which was challenging. She paid tribute to the work of the Cabinet Member for Children and Families, the Executive Director of Children, Families and Lifelong Learning, officers and Members; and offered her full support.

The Cabinet Member for Adults and Health highlighted that the strategy recognised and sought to address the synergy between childhood poverty and the transition to poverty in adulthood. That ensuring the access to opportunities such as education and employment, and good quality housing was vital to address poverty. She was pleased that the strategy would be going to the Health and Wellbeing Board which would continue its scrutiny to ensure delivery.

The Cabinet Member for Education and Learning highlighted the importance and value of skills training and employment to address the causes of poverty through working in partnership with the further education sector noting the work underway to support disadvantaged adults and those with few or no qualifications.

The Deputy Leader and Cabinet Member for Finance and Resources noted that the Council delivered social value through procurement, half of its spend or £900 million was spent on local suppliers in Surrey which supported the delivery of jobs for local residents. The Council had secured £4.7 million of social value through its contracts and had created opportunities for Care Leavers and young residents such as through the S-Skills programme on the highways contract.

The Leader highlighted that the strategy provided a framework pulling together various strands of work and welcomed an update on its delivery on a periodic basis.

RESOLVED:

That Cabinet RECOMMENDS that the County Council:

1. Notes the data research review on poverty, with emphasis on children, in Surrey as requested in a previous Council motion.
2. Endorses and adopts the proposed framework, approach and themes as the basis for the Council's strategic response to child poverty in the county.

Reasons for Decisions:

A strategic response to child poverty will ensure that SCC stays true to its principle of 'no one left behind' and deliver a number of benefits to Surrey residents. A more aligned strategy around support services will ensure cross-cutting understanding of personal circumstances; more tailored advice and support, more effective signposting between services and community offerings, effective targeting of hardship funds for families, and new projects to mitigate and impact the root causes of poverty in the county.

17/22 ADMISSION ARRANGEMENTS FOR SURREY'S COMMUNITY AND VOLUNTARY CONTROLLED SCHOOLS FOR SEPTEMBER 2023 [Item 13]

The Cabinet Member for Education and Learning introduced the report and explained that the Council was responsible for determining the admissions arrangements for community and voluntary controlled schools by 28 February each year. That following the statutory consultation on arrangements for September 2023, changes were being recommended for specific schools. She highlighted the matters covered by ten recommendations. She noted that the Cabinet was asked to consider the consultation responses with recommendation to the Council for publication by 15 March 2022.

RESOLVED:

That Cabinet RECOMMENDS that County Council agree:

1. That priority for children who have the school as their 'nearest school' is removed from the admission criteria for Hurst Park Primary School, Langshott Primary School, Meath Green Infant School, Tillingbourne Junior School and Wallace Fields Junior School for 2023 admission, as indicated in Enclosure 1.
2. That a catchment area is introduced for Walton on the Hill Primary School for 2023 admission to replace 'nearest school', as set out in Enclosure 1 and Appendix 5.

3. That a nodal point to measure home to school distance is introduced for Reigate Priory School for 2023 admission, as set out in Section 8 of Enclosure 1.
4. That the Published Admission Number for Year 3 at West Ashted Primary School is reduced from 30 to 2 for 2023 admission, as set out in Appendix 1 of Enclosure 1.
5. That a Published Admission Number of 4 is introduced for admission to Year 3 at Leatherhead Trinity Primary School for 2023 admission, as set out in Appendix 1 of Enclosure 1.
6. That a Published Admission Number of 2 is introduced for admission to Year 3 at Felbridge Primary School for 2023 admission, as set out in Appendix 1 of Enclosure 1.
7. That priority is given to children of a member of staff for entry to a nursery school for 2023 admission as set out in Section 20 of Enclosure 1.
8. That a supplementary information form is introduced for families applying on the basis of exceptional social/medical need for 2023 admission, as set out in Appendix 6 of Enclosure 1.
9. That the Published Admission Numbers (PANs) for September 2023 for all other community and voluntary controlled schools are determined as they are set out in Appendix 1 to Enclosure 1.
10. That the aspects of Surrey's admission arrangements for community and voluntary controlled schools for September 2023 for which no change has been consulted on, are agreed as set out in Enclosure 1 and its appendices.

Reasons for decisions:

Recommendation 1:

- It will bring the admission criteria into line with the majority of other community and voluntary controlled schools
- It will ensure that the admission arrangements for these schools comply with the School Admissions Code
- It will simplify the admission arrangements
- It will enable parents to better understand how their application will be considered
- Analysis would indicate that this change will have no or minimal impact on the intake to each of these schools
- Where children might be displaced, a place at an alternative local school will be available
- It will enable school specific criteria to remain for Wallace Fields Junior School which exists to accommodate a feeder link from Wallace Fields Infant School
- The final distance criterion will still exist which will enable remaining applicants to be prioritised based on the distance they live from the school, ensuring children who live closer to the school are allocated ahead of children who live further away
- 86% of academies, foundation, trust and voluntary aided schools do not give priority on the basis of 'nearest school'
- The change is supported by the Headteacher and Governing Body of Hurst Park Primary School, Langshott Primary School, Meath Green Infant School and Wallace Fields Junior School
- The change is not supported by the Headteacher and Governing Body of Tillingbourne Junior School which is concerned at maintaining pupil numbers

and serving the areas of Gomshall and Shere. However, with a projected deficit of Year 3 places across Tillingbourne Valley until 2026/27 and the projected forecasts for Godalming showing a surplus of Year 3 places for the foreseeable future, the local authority does not anticipate that the school will face a shortage of pupils nor that children from Godalming will displace children from Gomshall and Shere.

Recommendation 2:

- It will ensure that the admission arrangements for these schools comply with the School Admissions Code
- It will simplify the admission arrangements
- It will enable parents to better understand how their application will be considered
- The introduction of a catchment is not anticipated to affect the pattern of admission to the school as it has been based on the catchment created by use of 'nearest school'
- The final distance criterion will still exist which will enable remaining applicants to be prioritised based on the distance they live from the school, ensuring children who live outside catchment but closer to the school are allocated ahead of children who live further away
- It is supported by the Headteacher and Governing Body of the school

Recommendation 3:

- It will ensure the pattern of admission does not change if the school moves site
- It will ensure that families to the north of Reigate will still be served by the school if the school moves site
- Use of a nodal point to measure home to school distance is permitted by the School Admissions Code
- It is supported by Surrey's Education Place Planning team
- It is supported by the Headteacher and Governing Body of the school

Recommendation 4:

- It is supported by the Headteacher and Governing Body of the school, having been requested by them
- It is supported by Surrey's Education Place Planning team
- There will still be sufficient places for local children if the PAN is decreased
- It will help the school maintain financial viability as they will be able to operate with just one class in KS2
- It will have no impact on children who are currently on roll at the school

Recommendation 5:

- It is supported by the Headteacher and Governing Body of the school
- It is supported by Surrey's Education Place Planning team
- It will help to offset the reduction in PAN at West Ashted Primary School
- It will help to alleviate any pressure on places in Fetcham and Bookham
- It will have no impact on children who are currently on roll at the school

Recommendation 6:

- It is supported by the Headteacher and Governing Body of the school, having been requested by them
- It is supported by Surrey's Education Place Planning team
- It reflects what is currently being operated within the school
- It will ensure parents know that they can formally apply for a place in Year 3
- It will have no impact on children who are currently on roll at the school

Recommendation 7:

- It will align the criteria for entry to a nursery to that for Reception
- Priority for children of staff is permitted under the School Admissions Code
- The definition of children of staff is compliant with the Code
- It will help nurseries with staff recruitment and retention
- It will put community and voluntary controlled nurseries on an equal footing with those academies, foundation, free, trust and voluntary aided nurseries which already give priority for children of staff

Recommendation 8:

- It will ensure applicants can be guided through the process for applying on the basis of social/medical need
- It will enable applicants to understand what they need to provide to support their application
- It will enable applicants to declare details of their case in more detail than is allowed on the application form

Recommendation 9:

- Most other PANs remain as they were determined for 2022 which enables parents to have some historical benchmark by which to make informed decisions about their school preferences for 2023 admission
- The PAN for Oakwood School has been increased from 300 to 330 to provide additional capacity in Horley
- The Education Place Planning team supports the PANs

Recommendation 10:

- The admission arrangements are working well
- The local authority has undertaken to review the admission arrangements for the remaining two schools which will still use 'nearest school' ahead of any consultation on the arrangements for 2024
- The arrangements enable the majority of pupils to attend a local school and in doing so reduce travel and support Surrey's sustainability policies
- The changes highlighted in bold in Section 7, Section 11, Section 12 and Section 16 of Enclosure 1 have been made to add clarity to the arrangements and reflect existing practice

18/22 DEVELOPING LOCAL SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) PROVISION IN SURREY TO MEET DEMAND FROM 2023/24 ONWARDS [Item 14]

The Cabinet Member for Education and Learning introduced the report and highlighted that between 2019 and 2021 the Cabinet approved a strategy for three phases of the SEND Capital Programme with a combined capital investment of £79.6 million to expand local specialist provision at pace. That 500 places had been delivered to be followed by 1,100 places and there was a further £60 million earmarked in capital budget with the projected need for a further 800 to 900 places. That a potential 872 places had been identified and extensions to new units cost £74 million. She noted that business cases would be subject to approval to ensure value for money and spend would be distributed over time.

The Cabinet Member for Transport and Infrastructure welcomed the provision and would continue to coordinate the programme alongside the Cabinet Member for Property and Waste.

The Leader noted that the provision was an example of how the Council was using its Council Tax funding, to get a further 900 places would be tremendous.

RESOLVED:

1. That Cabinet approves in principle the use of SEND Capital funding against the programme of adaptation and refurbishment of Surrey County Council (SCC) owned assets and state maintained schools for Phase 4 of the programme. This is in order to deliver up to 872 additional Specialist School Places in Surrey from September 2023 onwards.
2. That Cabinet delegates the decision to transfer the £60m SEND Capital funding from pipeline to budget to the Capital Programme Panel, based on approval of individual business cases once schemes, locations and costs are confirmed.
3. That Cabinet approves the delegation of authority to allocate resources from the approved £60m budget required for individual projects to the Cabinet Members for Education & Learning, Resources and Land & Property, following Capital Programme Panel approval.

Reasons for Decisions:

Following national legislative changes brought about by the 2014 Children & Families Act and revised Special Educational Needs and Disabilities (SEND) Code of Practice, 2015, Surrey has seen the number of Education, Health and Care Plans (EHCPs) as a percentage of the 4-19 general school age population increase from 3.4% to 4.1% between 2018-2021. This figure is projected to increase to over 5% of the 4-19 general population by 2024, resulting in the projected demand for up to 6,000 maintained specialist school places. (Annex 3)

The sustained increase in demand for specialist provision has resulted in over-reliance on the independent school sector and out of county placements, which frequently also involves excessive home to school travel distances for EHCP pupils outside of resident districts and boroughs.

The Department for Education expects Local Authorities (LA) to manage their specialist estates efficiently to avoid detriment to schools' educational offers,

creating disadvantage to children and young people who have SEND or to the LA's financial position. This means ensuring the availability of maintained specialist school places that are appropriately matched to SEN need-type, phases of education and geographic location so that all of Surrey's statutory school age children with an EHCP that require a full-time specialist setting in either a mainstream SEN Unit or Special School have a named placement, ready for the beginning of each academic year.

The recommended Phase 4 SEND Capital investment completes the planning for sufficiency of specialist school places from September 2023 to 2031.

(The decisions on this item can be called-in by the Children, Families, Lifelong Learning and Culture Select Committee)

19/22 MONTHLY BUDGET MONITORING- 2021/22 MONTH 8 [Item 15]

The Deputy Leader and Cabinet Member for Finance and Resources introduced the report and explained that the Council would be delivering a balanced budget for 2021/22 with no use of reserves at month 8. The Council was forecasting a deficit of £8 million due to the release of an £8.8 million contingency for the Dedicated Schools Grant (DSG) High Needs Block offset. That all directorates had been working hard to bring their forecasts back in line with the budget without needing to use reserves, the report contained details on each directorate. The remaining general contingencies for 2021/22 exceeded the current forecast deficit, so a balance outturn would be achieved.

The Leader highlighted that the Council was discussing the shortfall in the DSG High Needs Block Grant with the Government. He hoped that next month the deficits would reduce even further and welcomed the expectation of achieving a balanced budget.

RESOLVED:

1. That Cabinet note the Council's forecast revenue and capital budget positions.

Reasons for Decisions:

This report is to comply with the agreed policy of providing a monthly budget monitoring report to Cabinet for approval of any necessary actions.

(The decisions on this item can be called in by the Resources and Performance Select Committee)

20/22 EXCLUSION OF THE PUBLIC [Item 16]

RESOLVED:

That under Section 100(A) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following items of business on the grounds that they involve the likely disclosure of exempt information under the relevant paragraphs of Part 1 of Schedule 12A of the Act.

PART TWO
IN PRIVATE

21/22 DEPARTMENT FOR EDUCATION SAFETY VALVE AGREEMENT [Item 17]

The Cabinet Member for Education and Learning introduced the Part 2 report which contained information which was exempt from Access to Information requirements by virtue of Paragraph 3: information relating to the financial or business affairs of any particular person (including the authority holding that information).

RESOLVED:

See Exempt Minute [E-01-22]

Reasons for Decisions:

See Exempt Minute [E-01-22]

(The decisions on this item can be called-in by the Children, Families, Lifelong Learning & Culture Select Committee)

22/22 PUBLICITY FOR PART 2 ITEMS [Item 18]

RESOLVED:

It was agreed that non-exempt information may be made available to the press and public, where appropriate.

Meeting closed at 15.43 pm

Chairman

REPORT OF THE COUNCIL'S SELECT COMMITTEES

SCRUTINY OF:

- Economy and Growth: Programme for Growth (including Levelling Up White Paper and County Deals)

Date Considered: 15 December 2021

Select Committee: Communities, Environment and Highways

Economy and Growth: Programme for Growth (including Levelling Up White Paper and County Deals)

Community, Environment and Highways Select Committee scrutinised Economy and Growth: Programme for Growth (including Levelling Up White Paper and County Deals) progress report presented by the Leader of the Council and Executive Director Partnerships, Prosperity and Growth. This report provides the Select Committee's recommendations for the Cabinet.

Recommendations:

In welcoming the report, Communities, Environment and Highways Select Committee recommended:

1. Enhancement and alignment of the publicly available Key Performance Indicators (KPIs) by the service to better support the Surrey County Council's strategic priority outcome of 'Growing a sustainable economy from which everyone can benefit' – some of the KPIs should have a shorter timescale to assess and monitor progress with a definition of what is meant by 'sustainable growth';
2. A timely assessment of the implication for the economic growth and greener futures agendas should Surrey not be chosen for a pilot County Deal;
3. A more explicit focus on how the County's ambitious Economic Growth Strategy is an integral component of its equally ambitious Climate Change ambitions (the economic growth is consistent with climate change, greener futures and net zero ambitions of the Council);
4. Identification, awareness and reporting of who is responsible for delivery and monitoring (Paragraph 29 of the report presented to the Select Committee) the impact of the performance;
5. A further report to the Communities, Environment and Highways Select Committee to include updates on:

- a. Detailed information following the publication of the Levelling Up White Paper;
- b. LEP review and future course of action;
- c. Specific information and clarity about the delivery and monitoring aspects, including publicly available key performance indicators to assess and monitor progress;
- d. How the Council holds economic ambitions and priority objectives and climate change ambitions and priority objectives in balance, to ensure a sustainable economy for Surrey;
- e. Feedback and lessons about the highways/regeneration pilots (e.g. Horley, Staines, Farnham etc.);
- f. 5G roll-out and communication with local stakeholders including Members and small businesses;
- g. Progress on discussion with Hampshire County Council and on Economic Prosperity Board;
- h. Any other relevant update relating to County Deal, LEP review, economy and growth, including response to aforementioned points 1-4.

Request for information/action:

- i. Request for the Cabinet to share reports presented to The Growth Board to the Select Committee.
- ii. Officers to share details of the Innovation Loan Fund when they are ready.

John O'Reilly
Chairman of the Community, Environment & Highways Select
Committee

**CABINET RESPONSE TO SCRUTINY OF ECONOMY AND GROWTH:
PROGRAMME FOR GROWTH (INCLUDING LEVELLING UP WHITE PAPER AND
COUNTY DEALS)**

Recommendations to Cabinet:

In welcoming the report, Communities, Environment and Highways Select Committee recommended:

1. Enhancement and alignment of the publicly available Key Performance Indicators (KPIs) by the service to better support the Surrey County Council's strategic priority outcome of 'Growing a sustainable economy from which everyone can benefit' – some of the KPIs should have a shorter timescale to assess and monitor progress with a definition of what is meant by 'sustainable growth';
2. A timely assessment of the implication for the economic growth and greener futures agendas should Surrey not be chosen for a pilot County Deal;
3. A more explicit focus on how the County's ambitious Economic Growth Strategy is an integral component of its equally ambitious Climate Change ambitions (the economic growth is consistent with climate change, greener futures and net zero ambitions of the Council);
4. Identification, awareness and reporting of who is responsible for delivery and monitoring (Paragraph 29 of the report presented to the Select Committee) the impact of the performance;
5. A further report to the Communities, Environment and Highways Select Committee to include updates on:
 - a. Detailed information following the publication of the Levelling Up White Paper;
 - b. LEP review and future course of action;
 - c. Specific information and clarity about the delivery and monitoring aspects, including publicly available key performance indicators to assess and monitor progress;
 - d. How the Council holds economic ambitions and priority objectives and climate change ambitions and priority objectives in balance, to ensure a sustainable economy for Surrey;
 - e. Feedback and lessons about the highways/regeneration pilots (e.g. Horley, Staines, Farnham etc.);
 - f. 5G roll-out and communication with local stakeholders including Members and small businesses;
 - g. Progress on discussion with Hampshire County Council and on Economic Prosperity Board;
 - h. Any other relevant update relating to County Deal, LEP review, economy and growth, including response to aforementioned points 1-4.

Request for information/action:

- i. Request for the Cabinet to share reports presented to The Growth Board to the Select Committee.
- ii. Officers to share details of the Innovation Loan Fund when they are ready.

John O'Reilly**Chairman of the Community, Environment & Highways Select Committee****Cabinet Response:**

I would like to thank the Chairs and the members of the Community, Environment and Highways Select Committee for their comments and time in considering the Economy and Growth, Programme for Growth. The Council has made significant progress, at pace, on this agenda and is demonstrably, with its partners, having a positive impact, in pursuit of our priority of 'Growing a sustainable economy from which everyone can benefit'.

With regard to the comments concerning the balance between i) economic growth and prosperity and ii) climate change and net zero, officers from the Greener Futures team and the Economy and Growth Team are working to ensure a joint and co-ordinated approach. This ensures close alignment between the two agendas and creates synergies between the two individual work programmes, to secure cross-cutting objectives and maximise the impact we have on both climate change and the economy.

An example of this is the alignment of the work by the Economy and Growth team and Greener Futures team to identify and deliver interventions to support the future skills needs across Surrey, with a specific focus on the green skills needed to deliver on SCC's and Central Government's commitment to zero carbon. It is intended that this will form a central element of the emerging Surrey Skills Plan which is being delivered together with partners through the Surrey Skills Leadership Forum and the One Surrey Growth Board.

Furthermore, the relatively recently established Surrey Forum, as reported to Cabinet on 21st December 2021, has an overarching role to ensure that the priorities and activities of all strategic partnerships – Health and Wellbeing, Greener Future and One Surrey Growth Board are focused, aligned, co-ordinated and held in dynamic equilibrium.

A range of economic Key Performance Indicators (KPIs) have been developed and approved by the One Surrey Growth Board, which are used to monitor and report against the delivery of the Programme for Growth ambitions and targets, by both the Board and Cabinet. In view of the strategic, facilitating and influencing nature of the County Council's role, while this includes metrics over the short, medium and longer term, meaningful progress and results are most often made over longer timeframes.

Updates on these as well as wider metrics around next zero and health are made publicly available as part of being presented to Cabinet, as well being published online (e.g. Surrey Index).

A further report will be presented to the Communities, Environment and Highways Select Committee and Cabinet once the Levelling Up and Devolution White Paper has been published.

Tim Oliver
Leader of the Council
22 February 2022

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REPORT OF THE COUNCIL'S SELECT COMMITTEES

SCRUTINY OF:

- Local and Joint Committee Highway Functions

Date Considered: 7 February 2022

Select Committee: Communities, Environment and Highways

Local and Joint Committee Highway Functions

As part of pre-decision scrutiny, Community, Environment and Highways Select Committee scrutinised a draft Cabinet report seeking approval to a change in the way that executive highway functions are taken – transferring them from Local and Joint Committees (LC/JCs) to enable officers to take such decisions in more direct consultation with the relevant members. The draft Cabinet report set out the process and timescale for the transfer of these functions and the alternative decision-making processes which are to be put in place. The proposed changes are scheduled to take effect from April 2022.

In scrutinising the draft Cabinet report presented to the Select Committee, the Select Committee Members, inter alia, asked for clarification about the proposed Community Network Approach; Integrated Transport Scheme (ITS) funding mechanism; provision of Community Infrastructure Levy (CIL); rights of residents to present petitions and questions to Joint Committees/Local Committees on highways matters; accessibility; potential democratic deficit; and accountability of the proposed changes.

After careful deliberation, the Select Committee agreed a set of its own recommendations which are outlined below for Cabinet to consider before making its decision on this matter.

RESOLVED:

The Select Committee, in principle, support the recommendations in the draft Cabinet report titled 'Local and Joint Committee (LC/JC) Highway Function' subject to the following areas being addressed:

1. All references to Community Network Approach (CNA) in the Cabinet report be removed. [Any future CNA proposal needs to be fully developed first with a draft provided to Members for their comments and feedback].
2. County wide Integrated Transport Scheme (ITS) funding is apportioned using the same methodology used previously which is a top slice of £100,000 to districts and boroughs and then the remaining amount splits between the 81 members, for the transition year only.
3. An information sheet about how the Community Infrastructure Levy (CIL) aspect will be incorporated under the new arrangement be circulated to assist Members, or a detailed report is brought to the Select Committee.
4. Asks that residents continue to have the right to present petitions and questions to Joint Committees/Local Committees on highways matters during the transition period even if the other components (Members' allocations, parking reviews, etc.) are taken out of their jurisdiction.
5. Any new proposal must be accessible to all – especially those with no digital/internet access.

Councillor John O'Reilly

Chairman of the Community, Environment & Highways Select Committee

Surrey County Council

SURREY COUNTY COUNCIL**CABINET****DATE:** 22 FEBRUARY 2022**REPORT OF:** N/A**LEAD OFFICER:** JOANNA KILLIAN, CHIEF EXECUTIVE**SUBJECT:** LEADER/DEPUTY LEADER/CABINET MEMBER/ STRATEGIC INVESTMENT BOARD AND COMMITTEE-IN-COMMON DECISIONS TAKEN SINCE THE LAST CABINET MEETING**SUMMARY OF ISSUE:**

To note the delegated decisions taken since the last meeting of the Cabinet.

RECOMMENDATIONS:

It is recommended that the Cabinet note the decisions taken by Cabinet Members since the last meeting as set out in Annex 1.

REASON FOR RECOMMENDATIONS:

To inform the Cabinet of decisions taken by Cabinet Members, Strategic Investment Board and the Committee in Common subcommittee under delegated authority.

DETAILS:

1. The Leader has delegated responsibility for certain executive functions to the Deputy Leader and individual Cabinet Members and reserved some functions to himself. These are set out in Table 2 in the Council's Scheme of Delegation.
2. The Leader has also delegated authority to the Strategic Investment Board to approve property investment acquisitions, property investment management expenditure, property investment disposals and the provision of finance to its wholly owned property company, Halsey Garton Property Ltd.
3. Delegated decisions are scheduled to be taken on a monthly basis and will be reported to the next available Cabinet meeting for information.
4. **Annex 1** lists the details of decisions taken since the last Cabinet meeting.

Contact Officer:

Huma Younis, Committee Manager, huma.younis@surreycc.gov.uk

Annexes:

Annex 1 – Delegated Decisions taken

Sources/background papers:

None

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Annex 1

CABINET MEMBER DECISIONS 25 JANUARY 2022

LEADER OF THE COUNCIL DECISIONS

Decision:

DISSOLUTION OF THE ORBIS JOINT COMMITTEE

(i) Details of decision

1. The dissolution of the Orbis Joint Committee and the establishment of the Orbis Partnership Oversight Board was approved.
2. That the oversight of the Orbis Partnership and attendance at the Orbis Partnership Board by Cabinet Member for Finance and Resources and/or the Cabinet Member for Transport and Infrastructure was noted.
3. That delegated authority be given to the Deputy Chief Executive/Executive Director of Resources to agree any consequential amendments to the Orbis Partnership Agreement.

(ii) Reasons for decision

Orbis remains a key element of Surrey County Council plans. These recommendations ensure proportionality and efficient working reflecting the recent reduction in scope and evolution of the Partnership. This will enable the partners to shift focus fully onto the realisation of their individual council's requirements, delivering improved value for money to residents.

(Decision taken by the Leader of the Council – 25 January 2022)

COMMITTEES-IN-COMMON SUB-COMMITTEE DECISIONS 26 JANUARY 2022

1. PROCUREMENT OF (BCF) CARERS SERVICES

i) Details of decision

This Part 2 paper provided the outcome and recommendations of a formal tendering process of replacement contracts. Exempt decision can be seen at **[E-02-22]**.

Commercially Sensitive: the outcomes of this report have not yet been shared with the market and will not be, prior to notification to the successful and unsuccessful bidders.

(Decision taken by the Committees in Common – 26 January 2022)

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SURREY COUNTY COUNCIL**CABINET****DATE:** 22 FEBRUARY 2022**REPORT OF:** N/A**LEAD OFFICER:** JOANNA KILLIAN, CHIEF EXECUTIVE**SUBJECT:** SURREY COUNTY COUNCIL RESPONSE TO COVID 19 –
URGENT DECISIONS TAKEN BY OFFICERS UNDER
STANDING ORDER 54 AND COVID RELATED DELEGATED
DECISIONS**SUMMARY OF ISSUE:**

To note the officer delegated decisions taken in response to COVID-19.

RECOMMENDATIONS:

It is recommended that Cabinet note the decisions taken by officers as set out in the annex.

REASON FOR RECOMMENDATIONS:

To inform the Cabinet of decisions taken by officers under delegated authority.

DETAILS:

1. The Council is responding to the COVID-19 major incident and therefore needs to make urgent decisions to ensure that residents are protected. Urgent decisions taken under Standing Order 54 are attached.
2. Delegated decisions will be reported to the next available Cabinet meeting for information.
3. The Audit and Governance Committee will monitor the use of the new meetings protocol and make recommendations on any required amendments to the protocol to ensure that Members remain informed in relation to council decision making.

Contact Officer:

Huma Younis, Committee Manager, huma.younis@surreycc.gov.uk

Annexes:

Annex – Delegated Decisions taken

Sources/background papers:

None

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Record of decision taken under delegated powers by a council officer



Title:	Deployment Surrey County Council's Contain Outbreak Management Fund allocations
Divisions Affected:	All
Key Decision:	Yes
Reason Key:	Over £1m / Affects two or more Divisions
Decision taken under delegation by virtue of:	Cabinet decision 31 March 2020 Min ref: 41/20 Cabinet decision 23 June meeting 2020 Min ref 92/ 20

7

Overview

The Contain Outbreak Management Fund (COMF) is the primary source of funding to support local authorities to deliver their outbreak management plans and implement measures to tackle enduring transmission.

Surrey's COMF is managed by Surrey County Council's (SCC) Public Health service.

SCC received £28.1m of funding in 2020/21 and a further £5.2m in 2021/22 bringing the total funding received to £33.3m.

A previous delegated decision paper was approved on 27th November 2020 to agree an outline plan for the use of SCC's initial funding allocations up to that point and a framework for spending future grant allocations in line with the grant conditions.

In 2020/21 funding for two tier areas was paid to upper tier authorities. The previous delegated decision paper agreed a funding split between SCC and Surrey's 11 District and Borough Councils and an outline plan for spending SCC's allocation. Based on the approved use of funding in the previous delegated decision paper, it was agreed that £10.3m of the £28.1m funding received in 2020/21 would be passported to District & Borough Councils based on the provision of a clear spending plan against the grant conditions by each D&B. The remaining £17.8m would be used to support activities undertaken by SCC to manage and mitigate against the impacts of the virus.

In 2021/22 funding has been paid separately to upper and lower tier authorities, so SCC's £5.1m funding allocation is solely for SCC use.

As at the end of November 2021, £8.6m of the £10.3m agreed to be passported to D&Bs had been paid across with information still awaited from some D&Bs to enable the remaining £1.7m of funding to be paid.

By the end of November 2021, SCC had spent £10.4m of the £23m available, with £12.6m allocated expenditure still to be spent. This included £5m of COMF monies

that SCC's Cabinet agreed in the Council's M7 budget monitoring report should be allocated to fund eligible Covid costs incurred in other directorates.

This paper provides a summary of the total use of SCC's COMF funding received in 2020/21 and 2021/22 including actual expenditure to date and planned expenditure in the remainder of the current financial year.

The Department for Health & Social Care (DHSC) gave permission for funds received in 2020/21 but not spent by 31st March 2021 to be carried over for use in the 2021/22 financial year. DHSC has recently approved a further carry forward of any unspent funds as at 31st March 2022 into 2022/23, although this has not yet been formally published.

Areas to fund

There have been different suggested categories that DHSC have highlighted in previous guidance but the current COMF grant categories that SCC is required to report to DHSC against are:

- a. Testing
- b. Tracing.
- c. Vaccination deployment
- d. Support for those in self-isolation (non-financial support).
- e. Support for vulnerable groups and targeted community interventions
- f. Prevention, management of local outbreaks and data intelligence, surveillance and communications
- g. Compliance and Enforcement: Environmental Health Officers (including overtime)
- h. Compliance and Enforcement: Covid-19 Secure Marshalls or equivalents (including overtime)
- i. Compliance and Enforcement: other activities and staff
- j. Clinically Extremely Vulnerable
- k. Other areas.

Actual to date expenditure and future planned use of the funding

The appendix to this paper sets out the planned use of SCC's COMF funding and actual expenditure across each activity/area up to 30th November 2021.

There are currently £3.2m of contingencies held to mainly manage potential increased expenditure on containment activities over the coming winter.

Requirement for continuation of some COVID management schemes in 2022/23

Although with the rollout of vaccines, boosters and improved nationwide management of the virus the country had been starting to recover from the worst impacts of the pandemic, for this recovery to continue and be secured some of the Covid management schemes currently funded by COMF in 2021/22 will need to continue into 2022/23. Work is continuing to clarify the level of expenditure required for this continued activity, but the latest high-level estimate is c. £4m but this figure could increase to c £6m should key areas such as testing and tracing need to continue throughout the whole of 2022/23.

Recommendations

It is recommended that delegated decision makers approve the following in relation to the deployment of SCC's COMF funding:

1. Funding is utilised as per the plan set out in the appendix to this paper.

2. SCC's Public Health service continue to receive and approve any necessary funding applications for any unspent funds and agree changes to schemes already approved.
3. If the contingencies currently being held against potential increased requirements over the winter of 2021/22 are not required or there is an underspend against any approved schemes, then this funding is carried forward and ringfenced to fund continued required COVID management activity in 2022/23 as DHSC has confirmed this is allowable. SCC's Public Health service
4. Some of the planned expenditure against COMF in 2021/22 would otherwise be funded from the core PH grant. As part of the ongoing monitoring of expenditure against the core PH grant, if there is an underspend against a core PH budget scheme then move appropriate expenditure from COMF to the core PH budget enabling more COMF to be carried forward to support COVID management activity in 2022/23.

Decision made

Decision made:

It was AGREED that:
 SCC will spend its Contain Outbreak Management Fund grant as per the recommendations set out above.

Reasons for Decision:

To ensure the Contain Outbreak Management fund is successfully implemented in line with grant conditions.

Decision taken by:	Leigh Whitehouse - Executive Director for Resources and Section 151 Officer Sinead Mooney – Cabinet Member for Adults & Health Ruth Hutchinson – Director of Public Health
Decision taken on:	3 rd February 2022
To be implemented on:	Over the remainder of financial year 2021/22 and into 2022/23.

Alternative options considered

The alternative is to not accept the funding allocation which would reduce the ability of local authorities within Surrey to deal with the pandemic.

No alternative options have been considered, as we have a duty to implement this programme in line with the restricted grant received for this purpose.

The key objective is to control the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives. This also requires spending on COVID-19 recovery and helping disadvantaged groups. This will help return life to as normal

as possible, for as many as people as possible, in a way that is safe, protects our health and care systems and releases our economy.

Summary of any financial implications

The planned expenditure set out in the appendix is fully funded by COMF grant funding received by SCC from DHSC. The expenditure has been and will continue to be monitored through regular standard financial reporting in place which will monitor the projected year end forecast on an ongoing basis, and this will be reported to Cabinet.

There are no additional direct financial implications to SCC as all the money paid out will be funded from the COMF grant received.

Declarations of conflicts of interest

None

Consultation/Process Followed

Consultation has been undertaken to determine the most effective deployment of COMF grant funding.

This consultation has included SCC's Cabinet, Corporate Leadership Team, Districts and Boroughs, local health and other key strategic partners, SCC resident groups and services across SCC including Corporate Finance.

Background Documents

Cabinet report 31 st March 2020 setting out the council's response to Covid-19.	 Printed minutes 31032020 1400 Cabii
Previous COMF delegated decision paper	 Delegated Officer decision paper - CO

Appendix – Summary of actual and planned use of SCC’s COMF allocations

Table 1: COMF expenditure by activity/area of expenditure

Activity / area of expenditure	Budget allocation £m	Actual expenditure as at 30 th November 2021 £m	Remaining to be spent £m	COMF grant category
Passported to Districts & Boroughs	10.3	8.6	1.7	Various
SCC approved schemes				
Testing & Tracing (additional to Test & Trace grant)	1.6	0.2	1.4	Testing and Tracing
ASC recovery	1.4	0.0	1.4	Support for vulnerable groups and targeted community interventions
Support to educational settings	2.4	2.3	0.1	Support for vulnerable groups and targeted community interventions
Poverty & Surrey Crisis Fund	1.3	0.7	0.6	Support for vulnerable groups and targeted community interventions
Environmental Health	1.4	0.6	0.8	Compliance and enforcement
Homelessness & vulnerable adults	1.1	0.2	0.9	Support for vulnerable groups and targeted community interventions
Equality, Diversity and Inclusivity	1.0	0.0	1.0	Support for vulnerable groups and targeted community interventions
Communities & HWBB	1.2	0.0	1.2	Support for vulnerable groups and targeted community interventions
Other schemes	3.4	1.4	2.0	Various
Allocated to other directorates	5.0	5.0	0.0	Various
Total SCC approved schemes	19.8	10.4	9.4	
Contingencies				
Surge testing / winter /other contingencies	3.2	0.0	3.2	Testing/other
Total contingencies	3.2	0.0	3.2	
Total COMF paid to SCC				
Total COMF paid to SCC	33.3	19.0	14.3	

N.B. Expenditure may need to be reallocated between grants to ensure all Covid-19 and Public Health grants are utilised to their maximum benefit whilst meeting their specific grant conditions.

Table 2: COMF expenditure by current COMF grant reporting category

COMF reporting category	Budget allocation £m	Actual expenditure as at 30 th November 2021 £m	Remaining to be spent £m
Testing	1.1	0.2	0.9
Tracing	0.5	0.0	0.5
Vaccination deployment	0.2	0.0	0.2
Support for those in self-isolation (non-financial support)	0.0	0.0	0.0
Support for vulnerable groups and targeted community interventions	10.5	4.2	6.3
Prevention, management of local outbreaks and data intelligence, surveillance and communications	0.3	0.0	0.3
Compliance and Enforcement: Environmental Health Officers (including overtime)	1.4	0.6	0.8
Compliance and Enforcement: Covid-19 Secure Marshalls or equivalents (including overtime)	0.0	0.0	0.0
Compliance and Enforcement: other activities and staff	0.7	0.4	0.3
Clinically Extremely Vulnerable	0.1	0.0	0.1
Other areas including passported to D&BS; £5m allocated to departments	15.3	13.6	1.7
Contingencies for surge testing/winter/other	3.2	0.0	3.2
Total COMF paid to SCC	33.3	19.0	14.3

N.B. Expenditure can cover multiple categories; passported D&B expenditure is included in Other areas but covers multiple categories.

Record of decision taken under delegated powers by a council officer



Title:	Use of Local Authority Framework / Practical Support for those Self Isolating additional grant funding
Divisions Affected:	All divisions
'Key Decision:	Yes
Reason Key:	Affects two or more Divisions
Decision taken under delegation by virtue of:	Cabinet decision 31 March 2020 Min ref: 41/20

Summary

On 25th March 2021 the Department for Health & Social Care (DHSC) published details of the LA FRAMEWORK / PRACTICAL SUPPORT FOR THOSE SELF ISOLATING GRANT.

The purpose of the grant is to provide funding to local authorities to provide practical support for those self-isolating. The funding is ring-fenced for public health purposes to tackle COVID-19 working to break the chains of transmission and protecting people.

This scope of the grant (as detailed in the document 'Guidance for councils on practical support for self-isolation') is to enable people who are self-isolating to be supported in accessing food where they are unable to rely on family, friends or other support networks. Additionally, the grant enables support to people who do not have alternative support networks in carrying out essential tasks and social / emotional support.

Surrey County Council's (SCC) initial funding allocation was £830,854. This funding has been paid to SCC by DHSC in four instalments of £207,713 between March – June 2021.

Funding has been extended since July and increased to £250,963 per tranche/month for July, August and September, before reducing to £130,194 per tranche/month for October to March 2022.

SCC's total funding for 2021/22 will therefore be £2,364,914.

DHSC has not yet confirmed whether funding can be carried forward into 2022/23.

Local authorities are required to submit regular monitoring information about the use of the grant to DHSC. Failure to do this could lead to a local authority being required to repay the grant funding to DHSC.

Decision made

It was agreed in the delegated decision report "Use of Local Authority Framework/ Practical Support for those Self isolating grant funding" 26th July 2021, that SCC would make the full value Practical Support grant available to Surrey's 11 District & Borough (D&Bs) Councils subject to D&Bs confirming the value of funding required and the actual amount spent to support people self-isolating in their local areas within the terms of grant conditions, and this delegated decision confirms that in the first instance D&Bs will continue to be offered funding up to March 2022, and any carry forward of grant into 2022/23.

SCC will initially reimburse each D&B for the value of actual eligible expenditure they report to SCC as spent in the period 1st March 2021 – 30th June 2021. SCC will ask D&Bs to then submit a budget plan for the period 1st July 2021 – 31st March 2022 and will reimburse each D&B for actual eligible expenditure reported to SCC as spent against the submitted budget plan on a quarterly basis within this period. SCC will not make any reimbursements to D&Bs unless they provide an actual expenditure return.

If applications for funding received from D&Bs exceed the total value of grant funding remaining after initial reimbursements for the period 1st March 2021 – 30th June 2021, then the budget plans submitted for the period 1st July 2021 – 31st March 2022 will be adjusted based on each D&B's population weighted by the Index of Multiple Deprivation for each local authority area to ensure each D&B receives an equitable allocation of grant funding.

Currently the initial £830,856 received has not been fully spent due to low numbers of self-isolating residents coming forward for support and the very specific grant conditions, and it is unlikely D&Bs will need much, if any, of the additional grant received per month since July, based on latest information provided to SCC.

SCC will consider if any funding not spent by D&Bs could be used for alternative purposes to meet qualifying SCC costs within the terms of the grant and then return any unspent funding at 2021/22 year end to DHSC.

Reasons for Decision:

District & Borough Councils already administer the Test and Trace Support Payment Scheme and other forms of direct financial support to those who self-isolate, so they are best placed to distribute the Practical Support grant to the relevant individuals.

SCC's Public Health service has worked very closely with Surrey's District & Borough Councils throughout the pandemic and continues to liaise with them about the completion of the monitoring returns to DHSC for the use of the Practical Support grant to ensure it is being used to maximum effect.

Decision taken by:	Sinead Mooney – Cabinet Member for ASC and Health Leigh Whitehouse – Executive Director for Resources and Section 151 Officer Ruth Hutchinson – Director of Public Health
Decision taken on:	3 rd February 2022
To be implemented on:	Grant funding will be paid to District & Borough Councils throughout the remainder of 2021/22 based on provision of actual expenditure and budget plans to SCC as set out above. Funds not required by D&Bs will be allocated to eligible SCC costs and remaining unspent funds will then be carried forward into 2022/23 if allowable or returned back to DSHC.

Alternative options considered

SCC must spend the Practical Support grant in line with the grant conditions.

SCC could have chosen to retain the funding and distribute the grant on services to individuals self-isolating directly, but it is considered this would not have been the most effective means of discharging these responsibilities given that District & Borough Councils are already administering other forms of support to individuals who are self-isolating

Summary of any financial implications

This grant will help individuals manage the financial implications of having to self-isolate during the pandemic.

Declarations of conflicts of interest

None

Consultation/Process Followed

Decision taken in consultation with District & Borough Councils and other partners working with SCC in managing Surrey’s response to the pandemic.

Background Documents

Cabinet report 31 st March 2020 setting out the council’s response to Covid-19.	 SCC Response to COVID-19
Practical Support grant determination	 5473 Grant Determination Lette
Use of Local Authority Framework/Practical Support for those Self-isolating grant funding	 Delegated Officer Decision Report temp

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CABINET MEMBER OF THE MONTH: Tim Oliver**Strategic Direction**

- Officers across the Council have been working over many months to create a robust budget which was discussed at Full Council on the 8th February. Now that we are moving into a recovery phase following the past two years of the Covid-19 pandemic, the Council will continue to deliver efficiencies whilst improving services for residents, to lobby the Government over funding, and work in partnership towards sustainability and thriving and empowered communities. A balanced budget will be the key to ensuring the Council is able to deliver the wide range of strategic functions and services for 1.2 million residents it is responsible for, especially as the cost of living continues to rise.
- We have recently invested £560,000 in our local Citizen's Advice charities to provide welfare support for residents around budgeting and to ensure people are accessing help they are entitled to and able to manage difficult financial situations. This is alongside investment in the Surrey Crisis Fund and establishing a grants programme with the Community Foundation Surrey using match funding to turn £200,000 into £400,000 of benefit to address urgent issues around the economic impact on our communities over the coming months.
- While we have been working closely with our District and Borough colleagues, foodbanks, and countywide charities to ensure help is available for residents to alleviate the impact of these pressures and ensure that no one is left behind, it isn't just domestic households that are affected. They are also creating additional demand for the critical services we provide. An increasing number of the most vulnerable residents are relying on our services to meet their needs, and these services are often the most expensive public services to deliver.
- The decision to raise council tax at a time of increased cost pressures on households is not one the Cabinet has taken lightly. Council tax is our primary funding resource and provides around 75% of revenue, with every penny being invested in the people and place of Surrey. The proposed 4.99% increase in council tax will enable us to continue delivering high quality services for all residents who need them while investing in mental health services to tackle the impending crisis. 4% of the increase will be directed to social care and mental health. The remainder will provide funding to meet the increased cost of delivering vital services across the Council. Because many of our services provide support to the most vulnerable, forgoing an increase in funding at a time when pressures on those services are increasing significantly may well have the opposite effect and be to the detriment of those who need our services most.
- The Government published the Health and Social Care Integration White Paper last week which sets out their ambitions to accelerate the delivery of joined-up health and social care at place level. In the paper there were proposals for a single accountable person, shared outcomes, and increasingly pooled NHS and social care budgets at place level. By working with our partners in health, including through our involvement in Surrey Heartlands and Frimley Integrated Care Systems, we will deliver integrated services, address wider health determinants, and improve outcomes for Surrey's residents.
- We have been on a determined journey to improve our children's social care services in recent years and I am hopeful that the positive changes we have undertaken will be reflected in an Ofsted inspection report due in March 2022. I would like to take this opportunity to thank all our hardworking staff in children's services for their efforts in delivering a better social care provision for the children of Surrey.

No one Left Behind

- Our ultimate ambition in Surrey is that no one is left behind. This means helping those who needs us most and improving quality of life for everyone. We recognise all the benefits that living and working in Surrey has, but know that life is really difficult for some people here, which is why we're determined to do everything we can to make life easier for those who need us.
- Work towards our 'no one left behind' objective encompasses a wide range of projects and programmes underway at the council, including our support for the voluntary, community and faith sector; our work to tackle child poverty in Surrey; our equality, diversity and inclusion work; partnerships with business through the One Surrey Growth Board and Skills Leadership Forum; our ambitious programme of work to tackle the mental health crisis in Surrey.
- We are also using our ambition of no one left behind to guide our actions towards, and in response to, the government's Levelling Up agenda at the core of which is a commitment to tackle inequalities and ensure that no one is left behind, which aligns well with our own ambitions for Surrey.
- Having anticipated much of the White Paper and initiated the work set out above, we are now more formally responding to it and the opportunities it presents for us to enhance and accelerate our priority outcomes by enthusiastically progressing devolution for the county through an ambitious County Deal, negotiated with Government. We will be briefing members on the Levelling Up White Paper and our response to it next month.

Equality Diversity and Inclusion (EDI)

- The Council takes its commitment to EDI very seriously and has agreed additional investment that enables the recruitment of a new Head of EDI and an EDI Programme Manager. We are working with our Employee Reference Groups to ensure we have the best chance of securing the best people for these new posts, that will play an important part in making a difference for our residents and staff.
- Officers have started work to refresh the EDI Action Plan 2021-22, which was agreed by Cabinet in February 2021. While recognising that there is no 'quick fix' and that we still have some way to go, we have made progress in key areas, such as facilitating the establishment of, and providing support for, Employee Reference Groups (ERGs), partnering with Binti on the Period Dignity Project to be the first county to start eradicating period stigma, and narrowing the Council's Gender Pay Gap from 16.8% to 12.8%
- We will continue to build on this progress to continue our journey to become a fairer, more compassionate and more inclusive organisation. Work is underway to gather evidence from stakeholders in our communities and workforce to inform priority setting for 2022-23. This has included focus groups to get the views of almost 100 front-line workers and developing a community survey to capture the views of residents and partners working with us on EDI.

Working in Partnership

- The Council continues to work closely with our partners to ensure we are delivering the best services and outcomes we can for residents. Our work with partners is driven by our commitment to deliver on the ambitions for people and place in Surrey set out in the Community Vision 2030. A key mechanism to improve partnership working and

collaboration within the county has been through our three existing strategic partnership boards (Health and Wellbeing board; Greener Futures board; and One Surrey Growth Board) that have been established to oversee and respond to issues of major significance in Surrey.

- Beyond the formal boards that have been established, along with the extensive day-to-day interaction that many of our staff (and in some instances Members) have with external bodies and service providers, there are many other important partnerships across the county that bring key stakeholders together, each having their own unique focuses, for example the Surrey Charities Forum or the Surrey Interfaith Forum.
- To strengthen these existing partnerships, we have formalised arrangements to convene partners through a newly established Surrey Forum, which was outlined to Cabinet in December. As a reminder, the Surrey Forum has been established to better align and coordinate the work of the strategic partnership boards, strengthen collaboration between partners, and embed new ways of working to empower communities. This brings together a range of leaders from the public, private and voluntary, community and faith sectors.
- Members of the Surrey Forum have already shown a real willingness and appetite to enhance how we come together as strategic partners. They have reaffirmed a clear commitment to a shared vision of ensuring that no one is left behind but have agreed that in light of the pandemic and the new challenges and opportunities we face, it is the right time to jointly refresh the ambitions of the Community Vision 2030 and extend its horizon to 2050. The Forum will also play an important role in getting behind the Surrey Story campaign and the ambition to embed within partner organisations the unique place narrative and brand for Surrey which articulates Surrey's distinctiveness and character, and highlights what makes it special and attractive as a place to live, work, play and do business. Members of the Forum have shown an interest in how we utilise data and insight at a strategic level, and the ongoing development of a Surrey-wide Data Strategy is an important piece of work that the Forum will look to support. The next meeting in March will focus on the group collectively agreeing a set of priorities, and the recent publication of the Levelling Up White Paper will play an important part in helping to shape the focus of the Forum to ensure that partners across Surrey continue to ensure that no one is left behind.
- The Levelling Up White Paper clearly sets out that upper tier authorities will be the main vehicle for devolution and local leadership, to give areas greater control and influence locally. Therefore, it is important that as the lead authority we work collaboratively with partners in Surrey to secure the best deal for the county to help accelerate the work we are already doing to tackle inequality. We have already engaged with partners to develop our initial County Deal proposal, and we will continue to do this as we update our proposals in light of the functions outlined by government in the new devolution framework.

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SURREY COUNTY COUNCIL**CABINET****DATE: 22 FEBRUARY 2022****REPORT OF CABINET MEMBER: SINEAD MOONEY, CABINET MEMBER FOR ADULTS AND HEALTH****LEAD OFFICER: SIMON WHITE, EXECUTIVE DIRECTOR ADULT SOCIAL CARE AND INTEGRATED COMMISSIONING****SUBJECT: FUTURE OF THE EIGHT RESIDENTIAL CARE HOMES FOR OLDER PEOPLE RUN BY SURREY COUNTY COUNCIL****ORGANISATION STRATEGY PRIORITY AREA: EMPOWERING COMMUNITIES****Purpose of the Report:**

This report provides information regarding each of the eight residential care homes for older people, the council's commissioning strategy for older people and feedback received following a 13-week public consultation titled 'The Future of the Eight Residential Care Homes for Older People Run by Surrey County Council', that ended on 5 January 2022.

The eight care homes are:

Care Home	Location	Care Quality Commission Rating	No. of Bedrooms	No. of Residents Supported (31/01/22)
Abbeywood	Ash Vale	Good	51	27
Barnfield	Horley	Good*	63	26
Birchlands	Englefield Green	Good	52	17
Chalkmead	Merstham	Good	50	22
Heathside	Woking	Good*	51	16
Keswick	Bookham	Good*	52	17
Meadowside	Staines-upon-Thames	Good	51	10
Orchard Court	Lingfield	Good	63	12

* Care homes not yet inspected by The Care Quality Commission following transfer to the council, the ratings relate to the homes when operated by Anchor Hanover Trust.

Cabinet is asked to:

1. consider the information provided in this report and take a decision about the future of each care home
2. confirm or otherwise the recommendation made for each care home, on a home by home basis

Recommendations:

That Cabinet confirm the option to be taken forward for each care home, on a home by home basis.

1. Abbeywood, Ash Vale

- Option 1: Maintain and sustain Abbeywood and continue to meet building compliance standards
- Option 2: Modernise and refurbish Abbeywood
- Option 3: Support residents to move to an alternative care home and close Abbeywood
- Other options raised in consultation
 - i. Informal enquiry from one independent care provider who wishes to expand their capacity in Surrey
 - ii. Explore opportunities with the NHS regarding potential future use of the site

Recommendation:

The council continue to operate Abbeywood while options are explored regarding development of the site for alternative adult social care services or a joint development with NHS/partners, accept that the building may need to close if large scale essential maintenance or development is required, and if no alternative developments are identified, Option 3 – support residents to move to an alternative care home and close Abbeywood.

2. Barnfield, Horley

- Option 1: Maintain and sustain Barnfield and continue to meet building compliance standards
- Option 2: Modernise and refurbish Barnfield
- Option 3: Support residents to move to an alternative care home and close Barnfield
- Other options raised in consultation
 - i. Informal enquiry from one independent care provider who wishes to expand their capacity in Surrey
 - ii. Development of the site for alternative adult social care services

Recommendation:

Option 3 - that residents are supported to move to new care homes, Barnfield is closed and further investigation is undertaken to confirm if the site can be redeveloped for alternative adult social care services.

3. Birchlands, Englefield Green

- Option 1: Maintain and sustain Birchlands and continue to meet building compliance standards
- Option 2: Modernise and refurbish Birchlands
- Option 3: Support residents to move to an alternative care home and close Birchlands
- Other options raised in consultation
 - i. Informal enquiry from one independent care provider who wishes to expand their capacity in Surrey

Recommendation:

Option 3 - that residents are supported to move to new care homes, Birchlands is closed and further investigation is undertaken to confirm if the site can be redeveloped for alternative adult social care services.

4. Chalkmead, Merstham

- Option 1: Maintain and sustain Chalkmead and continue to meet building compliance standards
- Option 2: Modernise and refurbish Chalkmead
- Option 3: Support residents to move to an alternative care home and close Chalkmead
- Other options raised in consultation
 - i. Informal enquiry from one independent care provider who wishes to expand their capacity in Surrey

Recommendation:

Option - 3 that residents are supported to move to new care homes, Chalkmead is closed and further investigation is undertaken to confirm if the site can be redeveloped for alternative adult social care services.

5. Heathside, Woking

- Option 1: Maintain and sustain some Heathside and continue to meet building compliance standards
- Option 2: Modernise and refurbish Heathside
- Option 3: Support residents to move to an alternative care home and close Heathside
- Other options raised in consultation
 - i. Informal enquiry from one independent care provider who wishes to expand their capacity in Surrey

Recommendation:

Option 3 - that residents are supported to move to new care homes, Heathside is closed and further investigation is undertaken to confirm if the site can be redeveloped for alternative adult social care services.

6. Keswick, Great Bookham

- Option 1: Maintain and sustain Keswick and continue to meet building compliance standards
- Option 2: Modernise and refurbish Keswick
- Option 3: Support residents to move to an alternative care home and close Keswick
- Other options raised in consultation
 - i. Informal enquiry from one independent care provider who wishes to expand their capacity in Surrey

Recommendation:

Option 3 - that residents are supported to move to new care homes, Keswick is closed and further investigation is undertaken to confirm if the site can be redeveloped for alternative adult social care, community or NHS services.

7. Meadowside, Staines-upon-Thames

- Option 1: Maintain and sustain Meadowside and continue to meet building compliance standards

- Option 2: Modernise and refurbish Meadowside
- Option 3: Support residents to move to an alternative care home and close Meadowside
- Other options raised in consultation
 - i. Informal enquiry from one independent care providers who wishes to expand their capacity in Surrey

Recommendation:

Option 3 - that residents are supported to move to new care homes, Meadowside is closed and further investigation is undertaken to confirm if the site can be redeveloped for alternative adult social care services.

8. Orchard Court, Lingfield

- Option 1: Maintain and sustain Orchard Court and continue to meet building compliance standards
- Option 2: Modernise and refurbish Orchard Court
- Option 3: Support residents to move to an alternative care home and close Orchard Court
- Other options raised in consultation
 - i. Informal enquiry from one independent care provider who wishes to expand their capacity in Surrey
 - ii. Rebuild in the grounds and knock down the existing home
 - iii. Work with the neighbouring Lingfield GP Surgery to improve local amenities by creating a modern health centre and a 40 bedded care home on the existing sites.

Recommendation:

Option 3 – support residents to move to an alternative care home and close Orchard Court and explore opportunities for developing the site for alternative adult social care services or a joint development in partnership with the NHS or other organisations.

It is also recommended that Cabinet agree the following:

9. That the responsibility for implementing the decisions agreed at this meeting is delegated to the Cabinet Member for Adult Social Care and Health in consultation with the Executive Director of Adult Social Care and Integrated Commissioning.
10. After considering all aspects of each recommendation and it is decided that more than one care home should close, a phased approach to care home closures will take place with a view for care home closures to be concluded by the end of 2024. Planning will recognise the need for a staff consultation and be supportive of resident and staff needs. Please note that the council will follow the good practice principles detailed below in the 'What Happens Next' section of this report and ensure comprehensive support is provided to residents, their families, advocates and staff.
11. A principle that if the decision is taken to close any of the homes, the alternative use of any site will be prioritised in the context of Adult Social Care's Accommodation with Care & Support Strategy that has already been endorsed by Cabinet as a key priority. Should any of the sites be considered unsuitable for a new service as part of the Accommodation with Care & Support strategy, the options appraisal process (as set out in the Council's Asset and Place Strategy 2019) will be used to determine future use.

12. Cabinet should note that there maybe a provider interested in vacant possession of one or more of the buildings and further discussion will take place regarding this which may necessitate an additional report coming back to cabinet in the future.

Reason for Recommendations:

13. It is recognised that through the consultation process most people indicated a preference that the council modernise and refurbish the care homes. However when everything is taken into consideration; the challenges with the properties, best use of taxpayers money and the strategic aims of the council, we regret to say that we are recommending that care home residents are supported to move new homes and all eight care homes are closed before the end of 2024.
14. The council's Health and Wellbeing Strategy is based on a community vision for Surrey that describes what residents of Surrey and partners think Surrey should look like by 2030: By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind.
15. The detail provided in this report provides evidence to suggest that the eight care homes are at the end of their natural life span and investing in the services will not provide environments that are fit for the future. Deciding to support care home residents to move to new care homes and then closing the care homes will enable to council to work with partners and invest in services, detailed in the next paragraph, that will empower older people in Surrey to lead physically and emotionally healthier lives and reach their potential.
16. The council:
- is committed to working with NHS and private care providers to develop specialist facilities to support people who need intensive support and as Surrey's population grows and ages, appropriate care is available to support people who have complex care needs
 - is investing in more preventative services to help people stay healthy and happy in their local communities for longer
 - is committed to providing 725 apartments by 2030 in extra care housing, offering people their own front door with care and support always on hand
17. The council continues to help transform social care to enable people who do not need to be supported in a care home to lead independent lives and work with our partners to ensure that people with complex needs can receive care which is truly tailored to their needs.
18. The council's commissioning strategy for older people 2021-2030, recently approved by the council's Cabinet, aims to champion greater choice, quality and control for older people through:
- meeting the increasing demand for care home placements offering personalised care for high and complex needs
 - helping to ensure that people eligible for social care support are offered the same standard of care as those who can afford to pay privately, reducing health inequalities
19. The eight care in-house homes run by the council are not best placed to meet the aspirations and commitments outlined above as they are operating towards the end of their economic life span and will require significant investment to maintain them over the

coming years. Major investment is needed in all of the homes in some or all of the following areas:

- replacement of boiler and heating distribution system
- roof replacement
- replacement of hot and cold-water systems
- kitchen refurbishment
- bathroom modernisation and updating
- replacement of flooring
- replacement of windows and doors
- updating electrical systems
- updating of lifts
- remodelling of open staircases in 6 of the 8 homes (to support people living with dementia)

20. Expectations of what a residential care service can provide have changed since the services were opened and the council's codesigned long-term commissioning intentions for services for older people focusses on supporting people to live in their own homes or extra care settings for as long as possible and access specialist residential care services if needed later in life.
21. Ongoing significant investment will be required to maintain or to make changes to the structure of each care home to ensure that:
- a. a more dignified and safer environment, to live and work in, can be provided
 - b. each care home can continue to comply with building and other regulatory requirements.
22. The council's 2030 Net-Zero Strategy focuses on reducing scope 1 emissions (Green House Gas) and scope 2 emissions (production of energy used by a building) from buildings. It is estimated that the care homes currently contribute 1,371 tonnes CO₂-eq emissions annually and decisions on the future of the care homes has the potential to impact on meeting targets.
23. It is considered that investment would be better made in supporting the development and use of modern services that can meet the aspirations of Surrey residents and are in line with council strategies.

Executive Summary:

Background

24. The eight care homes were built by Surrey County Council in the 1970s and early 1980s. Surrey County Council initially ran the homes before their management was transferred to Anchor Trust in the late 1990s on a long-term contract. The contract with Anchor Hanover Trust ended on 31 March 2019 and the council took back the responsibility for operating the care homes.
25. All eight care homes provide residential care and short-term respite care. Two homes also provide day services. The number of people who are currently supported at each care home is provided on the front page of the report and at Annex 2.
26. Anchor Hanover Trust currently operate nine care homes on behalf of the council and Care UK operate a further six. These contracts are due to end in 2027/28 and 2028/29 respectively. Planning for the end of both contracts is in place.

27. Issues with the buildings were identified soon after transfer and it has been a difficult balance between operating the care homes with the risk of a major infrastructure failure in one or more of the buildings and the COVID-19 pandemic. The consultation about the future of the homes was delayed taking both factors into consideration. It is not known when the pandemic will end, and the council has a duty to plan and make investments that will best meet the future needs of older people in Surrey.
28. The challenges with each of the buildings means that the infrastructure could potentially fail at any time and it is therefore important that we plan for closures rather than having to respond in a crisis and the significant impact that this would have on the wellbeing of residents, families and staff.

Land and Property

29. Since taking back the care homes from Anchor Hanover Trust it became apparent that the condition of each of the buildings is of concern. The council therefore commissioned independent property surveyors, Savills, to undertake building surveys for each care home. The building surveys identified key issues regarding the design and condition of the buildings and can be found here: [The Future of the Eight Residential Care Homes for Older People Run by Surrey County Council - Surrey County Council - Citizen Space \(surreysays.co.uk\)](https://www.surreysays.co.uk/the-future-of-the-eight-residential-care-homes-for-older-people-run-by-surrey-county-council)
30. The building surveys also considered the costs of demolishing and rebuilding each home. This option was not considered in the public consultation as the sites are not large enough to build a care home of a similar size that will provide the same services that are offered currently and meet modern expectations. It should be noted that some sites may be appropriate for building new smaller specialised services.
31. When built, the homes met the needs and expectations of the time. It is now a challenge to accommodate additional equipment, such as hoists or other mobility aids that many people need to safely get in and out of bed or move around the building as some of the bedrooms are small. Only 25 of 433 bedrooms (available in two of the eight care homes) have ensuite facilities. 408 bedrooms across the eight care homes lack access to ensuite facilities meaning bathrooms and toilets are shared by the people living in that area of the home. Many people today prefer having their own en-suite facilities, as these afford greater privacy and dignity. The council's aim is to provide an environment where people living in a care home live in comfort and in a home where the design of the building, with support from staff, ensures privacy and dignity is maintained.
32. Since running the homes it has also become evident that shared facilities present more of a challenge when managing the control of infections such as norovirus, flu and COVID-19.
33. The building condition surveys concluded that each building is reaching an age where operating costs are higher due to wear and tear with the potential for failure of the buildings' infrastructure and equipment. The maintenance or repair of the buildings would be a considerable cost to Surrey County Council. Such investment would not represent value for money, as the expenditure would simply maintain services that do not meet modern day standards of care for complex needs and are therefore not fit for the future.

Investing in services for Older People

34. The council is committed to developing modern fit for purpose accommodation settings to support people with adult social care needs and set out in 2019 an ambitious programme to develop services in its Accommodation with Care and Support

strategy. This includes developing 725 units of extra care housing and 500 units of supported independent living accommodation for people with a learning disability or autism and supported independent living for people who need support to manage their mental health. The council is also working in partnership with the NHS to consider the need for specialist care settings for people with dementia and more complex needs to support the local health and social care system including the hospital discharge pathway. Cabinet is committed to progressing this ambitious agenda and therefore will ensure that any of the in-house homes sites that are closed are considered and prioritised for the potential to use to fulfil the objectives of the Accommodation with Care and Support strategy and to deliver the strategic priorities for our local social care and health system.

35. Cabinet considered and approved the council's long-term vision for the commissioning of care and support for older people living in Surrey in November 2021, see Annex 3. A key message from the codesign of the strategy was that the council continues to work closely with residents of Surrey, independent care providers, the NHS and other strategic partners to help shape the social care market of the future.
36. 85% of nursing and residential care beds in Surrey are purchased privately by individuals and their families. The remaining 15% are purchased by the council to meet the care needs of people that the council supports. Services purchased by the council are purchased through block contract arrangements or in negotiation with care providers.
37. Feedback from Surrey residents when codesigning the commissioning strategy was that they want to remain at home as long as possible. Since the COVID-19 pandemic, the number of people being supported in their own home has increased significantly. Of new services provided to older people between April and September 2021, 55% of residents were supported to live in their own home, 26% moved to homes providing nursing care, 13% were supported by services providing residential dementia care and 6% of people moved to care homes providing low level residential care. See Annex 3, Annex B for more detail.
38. As part of monitoring the services information providing the reasons why people were not able to or chose not to move into care homes run by the council has been collected since the eight care homes transferred back to the council in 2019. It should be noted that all care homes have been impacted by the pandemic and many have been closed to new admissions at times because of COVID-19 outbreaks.
39. Further information on referrals and reasons why an in-house care home was not deemed appropriate is provided in Annex 3, Annex C. In summary, a total of 170 people considered in-house services and went on to be supported by independent sector care providers. The top three reasons for a person not moving into an in-house service were:
- decision made by the care home as physical care needs were too high: risk of falls or had nursing care needs (64)
 - decision made by the care home as behavioural needs were too high: verbal, physical or antisocial (42)
 - decision made by the person or family due to personal compatibility with the home or the home environment or location was not suitable (26)
- (It should be noted that care homes registered with the Care Quality Commission have a legal duty to assess and only accept residents whose needs they can safely meet)

40. Where an in-house care home was not considered to be appropriate because of dementia care needs, people generally moved to care homes that were smaller (approx. 26 beds).
41. It is recognised that some people will still need support in residential care homes, nursing homes and specialist services. There are currently 406 registered care and nursing homes in Surrey, offering a total of 11,599 registered beds. As of 10 November 2021, Surrey County Council commissioned a total of 2268 residential and nursing beds in the county, just under 20% of all registered beds. There is a lot more capacity available in the Surrey care home market and, in addition to the extra care and specialist services, it is anticipated that there will be sufficient care choices for older people in Surrey. Surrey County Council also has a block contract of 293 beds for residential dementia care across seven homes with a private sector provider. There is capacity available in these homes and it is not envisaged that there will be shortage of places across the county.
42. Across the county there is an increased requirement for more provision to support specialist care needs in nursing and residential care.
43. The council is committed to investing in services for older people, making sure that investment is made in the best possible way. The council is already investing in extra care apartments with support staff always on hand.

Consultation:

44. A public consultation entitled 'The Future of the Eight Residential Care Homes for Older People Run by Surrey County Council', accessible via Surrey Says, took place between 11 October 2021 and 5 January 2022.
45. Details of briefings and meetings undertaken as part of the consultation are provided at Annex 4. Below is a brief summary:
- One-to-one conversations with residents were conducted by staff in the care homes where residents had capacity to discuss
 - Residents were also invited to complete an on-line or paper questionnaires
 - A group of residents at Meadowside requested a meeting and some residents attended a meeting with staff at Barnfield
 - Meetings with Relatives by phone, on-line and in person (group and individual meetings) took place. The on-line meetings allowed relatives living too far away to attend in person (including several in other countries) to engage in the consultation. 50 relatives attended 11 group briefings
 - A further three follow up meetings were held and attended by five individuals
 - Nine one-to-one meetings were held with relatives or advocates
 - Two meetings were held with staff groups at each of the care homes, one of these meetings was virtual. The first eight meetings were attended by 138 staff and five staff attended virtual briefings. In six of the eight homes a second meeting was held. In two homes, Abbeywood and Chalkmead, the second meeting took the form of staff drop-in sessions
 - Meetings with other stakeholders including the Care Quality Commission, Healthwatch Surrey, Union representatives, Dementia Strategy Action Board
 - Other stakeholders who were advised of the consultation included health partners, local district and borough councils, local Members of Parliament and key contacts identified by each care home

46. The consultation outlined why the council was consulting at this time, provided information on each of the care homes and asked people to complete a survey. (see link in Paragraph 5. above for detail).
47. The aims of the consultation were to:
- a. provide information about the care homes
 - b. listen to people's views on the following options:
 - i. Option 1: Maintain and sustain some or all of the eight residential care homes and continue to meet building compliance standards
 - ii. Option 2: Modernise and refurbish some or all of the eight residential care homes for older people owned and operated by the council
 - iii. Option 3: Support residents to move to an alternative care home and close one or more of the residential care homes
 - c. consider any other options proposed as part of the consultation
48. To ensure a full response could be made, residents who requested support to complete the survey were helped by staff*, independent advocates and their next of kin were involved in conversations where requested. Feedback was also received via face to face meetings in small groups or as individuals, video meetings and email responses.

* following clear guidance to ensure the view of the resident was recorded

Consultation Feedback

49. The council's Response to the Consultation (Annex 5) summarises feedback received regarding each care home is available here: [The Future of the Eight Residential Care Homes for Older People Run by Surrey County Council - Surrey County Council - Citizen Space \(surreysays.co.uk\)](https://www.surreysays.co.uk/space)
50. 325 survey responses were received via Surrey Says or in paper format. A further 31 questions and queries were received via email, letter or telephone from individuals or organisations.
51. Most people who responded favoured Option 2 (modernising the care homes). There was also a high level of support for Option 1 (maintaining and continuing to run the homes). Option 3 (closing the care homes) was the least favoured. Annex 5, Section 3.1.3 provides a breakdown of responses.
52. The 10 areas that were commented on most were:
- d. The negative outcomes for residents (338)
 - e. Future demand and care at home not suitable for all (136)
 - f. Support for Option 2 – modernise and refurbish the care homes (111)
 - g. Buildings and facilities require improvement (86)
 - h. The quality of the care provided now (70)
 - i. Finance/Investment in the care homes (65)
 - j. Support for Option 1 – maintain and continue to operate the care homes (61)
 - k. Data provided with the consultation (62)
 - l. Council agenda/management of the care homes (43)
 - m. The negative outcomes for families (33)
53. Questions that were raised in the consultation were responded to by the team working on the consultation, with input from other council departments through a series of Frequently Ask Questions. These were updated and circulated at points in the

consultation with a final update to answer questions that were asked towards the end of the consultation process. (Annexes 6A to 6F)

Member Engagement

54. The Executive Director Adult Social Care and Integrated Commissioning, in discussion with the Cabinet Member for Adults and Health took the delegated decision on 28 September 2021, to publicly consult on the future of the in-house residential care homes for older people.
55. The Cabinet Member for Adults and Health emailed to details of the consultation to all county councillors on 15 October 2021.
56. The Adults and Health Select Committee reviewed the Evaluate In-house Services programme on 14 January 2022 and the Chair and Vice Chair of the Committee were further briefed by The Cabinet Member for Adults and Health and Executive Director Adult Social Care and Integrated Commissioning.
57. The Cabinet Member for Adults and Health provided an update to Full Council on 18 January 2022.
58. The Cabinet Member for Adults and Health liaised closely with the following members who have a care home located in their Division; Abbeywood, Ash Vale: Carla Morson, Barnfield, Horley: Jordan Beech, Birchlands, Englefield Green: Marisa Heath, Heathside, Woking South East: Liz Bowes, Keswick, Great Bookham: Clare Curran, Orchard Court, Lingfield: Lesley Steeds.
59. Responses to questions raised in the consultation were provided to councillors Paul Deach, Sinead Mooney, Carla Morson, Lesley Steed and Fiona White.
60. All Surrey MP's were advised of the consultation and responses were received from Angela Richardson (Guildford) and Dr Ben Spencer (Runnymede and Weybridge).

Risk Management and Implications:

61. The key risks associated with each of the three options are broadly similar for each of the eight care homes as detailed in Annex 7. To summarise:
 1. Option 1: Maintain and sustain some or all of the eight residential care homes and continue to meet building compliance standards:
 - A residents' dignity may not always be maintained as non sex specific toilets and shared bathing facilities continue to be used
 - Infection control continues to be more challenging to manage because of shared toilets and bathing facilities
 - Investment is made in buildings that are not of a standard expected of a modern care home
 - Continued investment will not support the council to deliver its commissioning intentions as the facilities and layout of the care homes will not enable people with specialised care and support needs to be supported
 - Due to their age, the care homes will continue to deteriorate and require increasing investment as the likelihood of the building infrastructure failing

increases. The money required to maintain services in these homes could be better spent on commissioning placements in modern care home facilities

- Due to a combination of the issues listed above, the number of people who decline an offer to move into one of the eight care homes or who cannot be cared for due to the nature of their care needs may increase. However, as set out in the more detail in the Part 2 report, even with low level occupancy it is not possible to significantly reduce the running costs of the homes. Low occupancy combined with buying placements externally therefore creates significant financial pressures on the Adult Social Care budget.

2. Option 2: Modernise and refurbish some or all of the eight residential care homes for older people owned and operated by the council:

- Modernising the care homes may provide ensuite facilities through a reduction in the number bedrooms by one third. Bedroom sizes could only be increased by a further reduction in the number of bedrooms in each care home. It would be a challenge for the care homes to be able to support people with complex care and support needs unless the bedrooms are made bigger
- Modernisation as presented may not bring the care home environments up to a standard required to support people with complex care needs
- Providing ensuite facilities would reduce the number of bedrooms in each care home. Less residents could be supported, and operational costs would very likely increase to a level that costs the taxpayer more to maintain than commissioning care from the independent sector. However, there is the potential for them to become specialised services following adaptations and modernisation e.g. for people living with dementia
- The ageing building infrastructure and potential failure of it may not be fully addressed
- Current residents may be required to move to a new care home while building alterations take place
- Residents and staff working in the care home will be disrupted by building works if alterations are carried out with residents continuing to live on site
- Staff redundancies may still be required and there would certainly be considerable disruption and additional expenditure that could be better invested elsewhere if buildings are required to close, in part or in full

3. Option 3: Support residents to move to an alternative care home and close one or more of the residential care homes:

- Existing residents will experience the anxiety such as moving to a new care home. (Adult Social Care is experienced in supporting people through significant life changes)
- An extensive 'resident centred' support plan would be put in place to support a move that minimises the risk and impact to the resident and their families)
- Respite care services provided at all eight homes will no longer be available impacting on people who currently use or may have expected to access these services in the future
- Day care service provision at Barnfield (Horley) and Keswick (Bookham) will no longer be provided and will require existing day care users to be supported to find alternative services if still required. These services have not been offered since April 2020 due to COVID-19 and people may have accessed alternative services
- Residents paying the full cost of their care home fees may incur higher costs if the cost of living in a new care home was more expensive. The council's aim will

- be to support residents who are paying full cost of their care home fees to find an alternative home at or close to an equivalent rate that is currently paid
- Some staff redundancies would be expected as there are insufficient vacancies across the council that would be considered suitable alternative roles for all the staff to be redeployed into

Financial and Value for Money Implications:

62. All eight care homes are operating with a higher than usual vacancy rate. Prior to COVID-19 in 2019/20 the average occupancy rate was 84%. The service has adhered to Government guidance regarding COVID-19 and all eight homes have not been able to admit new residents for periods because of COVID-19 'outbreak' situations that have occurred since March 2020. It was also agreed that all care homes would not admit residents requiring long term care from the point the 13-week public consultation on the future of the care homes was being planned. Both factors have led to the in-house older people homes running at an occupancy of 40% on average since April 2021. Despite the low occupancy levels, the cost of running the homes has increased from the 2019/20 pre pandemic position. This is causing a significant pressure on the Adult Social Care budget, as it means that placements that would otherwise be accommodated in-house have been placed in external care homes. The estimated cost of this in financial year 2021/22 is £8m. It is evident therefore that the council cannot continue to bear this level of financial pressure, and so a decision to either continue to operate the homes and increase occupancy as far as this is possible or close the homes is urgently required.
63. Clearly, lower occupancy levels due to not taking new long-term admissions during COVID-19 and the consultation period has had an added pressure on the Adult Social Care budget. However, even at 90% occupancy it is more expensive to operate the in-house homes than the cost of purchasing older people residential care from independent care providers, noting that as outlined earlier in this report the facilities do not meet modern care home standards. Further details of the actual weekly cost of each home compared to rates paid to the external market are shown in Part 2 of this report due to commercial sensitivity. As of 7 January 2022, there were 21 full cost paying residents within the eight older people homes, an annual income of £1m.
64. The current financial position of operating the homes, demonstrates the acute need to act as soon as possible to reduce these cost pressures. The Medium-Term Financial Strategy includes savings of £10.1m over the period 2022-25 in relation to the in-house older people homes, and these savings are dependent on a cabinet decision in relation to the future of the homes. Should the homes close then there will be subsequent revenue savings on the operating costs of the homes. Should they continue to operate then the aim would be to increase occupancy levels which will enable savings on external placement costs, although as set out below there would be challenges in significantly increasing occupancy.
65. Although it would be possible to reduce the extent of the current financial pressures and deliver some of the MTFS savings in the short term by continuing to operate the homes, increasing occupancy and therefore reducing the additional "double running" costs of buying care home placements externally whilst at the same time operating the in-house homes, this would only be a temporary measure. It is unlikely to be possible to increase occupancy to the previous budgeted assumption of 90%, and even if this was possible for a short period, the cost of running the homes would still very likely remain above the cost of externally commissioned care home placements. Even with refurbishment, the homes would continue to fall behind modern care home

standards meaning occupancy would likely fall to low levels, thus increasing financial pressures on already constrained Adult Social Care resources. As such, the best value for money decision in the medium to long term would be to close the homes and invest funding in purchasing care in facilities that meet the modern-day care standards for people with complex needs.

Section 151 Officer Commentary:

66. Although significant progress has been made over the last twelve months to improve the council's financial position, the medium-term financial outlook beyond 2021/22 remains uncertain. The public health crisis has resulted in increased costs which may not be fully funded. With uncertainty about the ongoing impact of this and no clarity on the extent to which both central and local funding sources might be affected in the medium term, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the council to continue to consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term.
67. As such, the Section 151 Officer supports the recommendation for each home set out in this report. This will enable delivery of the efficiencies set out in the council's Medium-Term Financial Strategy (MTFS) in relation to the older people in-house homes. This will also ensure that the council's constrained resources are invested more appropriately to meet the needs of older people in Surrey in line with the council's commissioning strategy for older people.

Legal Implications – Monitoring Officer:

68. Save for where there is a specific statutory requirement (which is not present in this case), there is a clear expectation in public law that a council will carry out a public consultation whenever it is considering making any significant changes to service provision. This is especially important where it is proposed that a service is withdrawn or reduced. The options referred to within this report were the subject of consultation during the period 11 October 2021 and 5th January 2022. Care was taken to ensure that the consultation material was presented in an accessible format that could be understood by potential consultees. In addition, officers from Adult Social Care offered individual meetings to residents and families and there were a number of meetings with groups of residents.
69. In order to assist Cabinet Members to take the outcome of the consultation process into account when reaching their decisions, the individual responses have been summarised in the body of this report and further information is appended at Annex 5. In considering the recommendations in this report Members must give due regard to the outcome of the consultation and conscientiously take these matters into account when making their final decisions.
70. The public sector equality duty also applies to the decisions that Members are being asked to make. Section 149 Equality Act 2010 requires them to have due regard to the need to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act;

- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and
- foster good relations between persons who share a protected relevant characteristic and persons who do not share it.

An Equality Impact Assessment (EIA) has been completed and can be found within Annex 8. Members must read the EIA and take its findings into account when reaching their decisions. Members should note that negative impacts have been identified and they will need to take account of these and the mitigating actions that have been highlighted.

71. Article 8 Human Rights Act protects an individual's right to respect for private and family life. The implementation of the recommendations in this report will impact residents Article 8 rights. However, this right may be lawfully limited having regard to the fair balance that has to be struck between the interests of individuals and the community as a whole. If they accept recommendations to close any of the homes, Members must be satisfied that a better use of public resources can be achieved.

Equalities and Diversity:

72. An Equalities Impact Assessment covering the three options consulted on is provided at Annex 8. Key points to note are that when the EIA was completed:

- Resident Information
 - a. The care homes provide services to people living in all district and borough council areas across Surrey
 - b. 165 residents lived in the eight homes as at 20 December 2021
 - c. 89% of care home residents are aged 75 or over, 19% are aged over 95
 - d. 100% of residents require support with personal care, and it is thought that 82% live with memory or cognition issues
 - e. 92% of residents consider themselves to be of white ethnicity
 - f. 53% of residents consider their religion to be Christian and a further 37% did not associate with a religion or is unknown
 - g. 73% of residents are female and 27% are male
- Workforce information
 - a. 453 staff are employed across the eight care homes
 - b. 42% are aged over 50
 - c. Less than 1% have declared a disability
 - d. 15% are recorded as being from an ethnic minority group
 - e. 80% have not stated their religion or preferred not to say
 - f. 86% of staff are female and 14% are male
 - g. Most of the workforce live close to the care home they work in and 40% are considered to work part time

Other Implications:

73. As such, the Section 151 Officer supports the recommendation for each home set out in this report. This will enable delivery of the efficiencies budgeted in the council's Medium-Term Financial Strategy (MTFS) in relation to the older people in-house homes. This will also ensure that the council's constrained resources are invested more appropriately into the future to meet the needs of older people in Surrey in line with the council's commissioning strategy for older people.

Area assessed:	Direct Implications:
Corporate Parenting/Looked After Children	No direct implications identified
Safeguarding responsibilities for vulnerable children and adults	No direct implications identified
Environmental sustainability	No direct implications identified
Compliance against net-zero emissions target and future climate compatibility/resilience	<p>The council's 2030 Net-Zero Strategy focuses on reducing scope 1 and 2 emissions. Decisions on these care homes will have a great impact on meeting targets.</p> <p>It is estimated that the care homes currently contribute 1,371 tonnes CO₂-eq emissions annually to SCC's scope 1 and 2.</p> <p>Impacts of decisions:</p> <p>Maintain, Refurbish or Remodelling : work needs to focus on improving energy efficiency and ensure low carbon heating solutions are selected. The works should also add measures to ensure resilience of the property to future climate risks e.g. temperature changes, flooding etc. and reduce risks to vulnerable residents.</p> <p>Closing the care homes: ideally, alternative homes should meet high energy efficiency standards and future proofed against risks encountered because of climate change.</p>
Public Health	No direct implications identified

What Happens Next:

74. The decisions taken by cabinet will be communicated to all residents, their families, staff and all other stakeholders who indicated they would like to be updated.
75. If a decision is taken to close one or more care homes:
- ASC will initiate the council's Care Provider Support and Intervention Protocol in relation to each service (Annex 9)
 - Adult Social Care will use its significant experience of supporting residents, their families and staff when individuals have needed to move to a new care setting, for

example from a care home to a nursing home or where services have closed in the past.

- Residents and families will be at the centre of discussions.
 - Staff in adult social care will make themselves available to support families and care home residents to make informed decisions.
 - Advocates will be arranged to support discussions where needed.
 - Staff in the care homes will also work closely with residents, their families and new care providers; facilitating visits to potential new homes where appropriate and developing 'move packs' to support a seamless transition.
 - Discussions and decisions will be overseen by a board that will ensure a person-centred approach is taken with residents, their families, advocates and others who may hold Power of Attorney. The council will also support people to move closer to their families, including those who may wish to move outside of Surrey or would like to consider any of the new developments in extra care that are being supported by the council.
76. Staff in the council's care homes will also have dedicated HR support allocated to minimise the impact of any decisions and help staff to be redeployed into other roles within adult social care or the wider council. The service will also work closely with trade unions.
77. The Service and Adult Social Care will follow the applicable principles outlined in the following good practice guide [Quick guide: Managing Care Home Closures \(www.nhs.uk\)](http://www.nhs.uk)
- The needs of people using services must be at the heart of everything we do
 - Choice, dignity, compassion and respect - People using services should have their choices supported, and they should be placed at the centre of the process and kept safe throughout. They, their families, carers and representatives, should be treated with dignity and compassion at all times and have their rights respected.
 - Safeguarding - Safety and the best interests of residents should be at the forefront of all decisions taken and, where possible, residents should be supported to choose where they move to.
 - Confidentiality - Data about people should be handled in line with Caldicott principles
 - In the best interests of residents, all partners need to know what to do and to work effectively together
 - Communication is key
78. A report outlining actions and timescales for taking forward each decision agreed by cabinet will be provided to the Lead Member for Adult Social Care and Public Health and the Executive Director for Adult Social Care and Integrated Commissioning for their review and agreement.
79. Adult Social Care monitor the capacity in the independent care home market on a regular basis and will continue to monitor capacity and to support planning based on Cabinet decisions.

Report Author: Chris Weatherley-Hastings, Area Director Adult Social Care Service
Delivery Tel: 01372832257.

Consulted:

A full list of people consulted on this issue can be found at Annex 4.

Annexes:

Annex 1 Glossary of types of care referred to

Annex 2 Care home occupancy information and details of other services provided

Annex 3 Commissioning Information

Annex 4 People Consulted

Annex 5 Response to Consultation

Annex 6 FAQ's

Annex 7 Risk Register

Annex 8 Equalities Impact Assessment

Annex 9 Care Provider Support and Intervention Protocol

9

Sources/background papers:

[National Service Framework for Older People.](#)

[Changes in the Older Resident Care Home Population between 2001 and 2011 - Office for National Statistics \(ons.gov.uk\)](#)

[The Surrey Context – People & Places – Surrey-i \(surreyi.gov.uk\)](#)

[40573_2902364_DH Care Guidance accessible pdf \(publishing.service.gov.uk\)](#)

[Using CQC data | Care Quality Commission](#)

[Surrey Health and Wellbeing Strategy \(healthysurrey.org.uk\)](#)

[Surrey's climate change strategy \(surreycc.gov.uk\)](#)

[Accommodation with Care and Support strategy - Surrey County Council \(surreycc.gov.uk\)](#)

[Quick guide: Managing Care Home Closures \(www.nhs.uk\)](#)

Glossary of care terms used in the report

Residential Care Home	An establishment where care is provided and is registered with the Care Quality Commission (CQC)
Care home with nursing	An establishment that is registered with CQC to provide care including nursing tasks. Registered nurses are employed to undertake nursing tasks.
Reablement	Assistance with daily living activities and care tasks for a temporary period, usually up to six weeks, to enable a person to regain skills. This may often be someone who has been in hospital and needs some additional input for a short time to regain skills and confidence. This is sometimes referred to as a step down or intermediate care. This may be provided in a residential or nursing home environment, or through visits to people in their own homes
Day Care	A non-residential facility that supports the health, nutritional, social support, and daily living needs of adults in professionally staffed, group settings
Respite Care	Short-term accommodation in a facility outside the home, often to provide carers with a break from caring
Extra Care	Extra Care Housing in an extension of traditional supported housing and allows adults to live as independently as possible, with the reassurance of onsite care support when they need it.
Enhanced Health in Care Homes	A model of care developed in partnership with the NHS that moves away from traditional reactive models of care delivery and towards proactive care that is centred on the needs of individual residents, their families and care home staff.
Dynamic Purchasing System (DPS)	An approach of purchasing residential and nursing care, developed with the NHS, that aims to improve understanding of capacity in the care home market in Surrey, support quicker action and facilitate choice.
Discharge to Recover and Assess (D2RA) (more commonly referred to as D2A)	A joint council and NHS approach that aims to support patients to be discharged from hospital according to the different discharge pathways set out in Government operational guidance.

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Care home resident and staffing information

Care Home	Location	Total No. Beds in Care Home *	No. Beds Occupied 31/01/22	No. Interim Beds**	Day Care Provided ***	No. Ensuite rooms	Full Cost Payers 01/01/2022	Staff FTE 22/12/2021	Staff Headcount 22/12/2021
Abbeywood	Ash Vale	51	27	9	No	0	5	57	92
Barnfield	Horley	63	26	5	Yes	12	2	64	66
Birchlands	Englefield Green	52	17	0	No	0	5	64	47
Chalkmead	Merstham	50	22	0	No	0	2	59	57
Heathside	Woking	51	16	0	No	0	4	62	50
Keswick	Bookham	52	17	0	Yes	0	1	67	46
Meadowside	Staines-upon-Thames	51	10	0	No	0	0	63	72
Orchard Court	Lingfield	63	12	0	No	13	2	65	57

* Includes respite care (short breaks) - provided at all care homes

** Beds available to support hospital discharge – short term arrangement pending care needs assessment and new care package put in place

*** Day care provided but has been closed since the start of the pandemic

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The Future of In-house Residential Care Homes Run by Surrey County Council

Adult Social Care Commissioning Information

The Adult Social Care (ASC) Commissioning Team developed its Older People's Commissioning Strategy 2021 – 2030 in 2021 (Annex A). It was codesigned with different groups of Surrey residents of all ages, unpaid carers, providers, partners, and colleagues over a period of seven months, and was approved by Cabinet in November 2021. Through surveys and workshops, the strategy development focused on what works well, what doesn't work well, what could be improved and what is important to Surrey residents, in particular engaging about the future of care homes services for older people.

The feedback received highlighted some key outcomes that the future shape of residential and nursing care provision and the commissioning strategy for this would need to achieve:

1. Work jointly with Surrey Heartlands CCG Continuing Healthcare to develop services to ensure there is enough capacity across the county to meet the increasing demands to support complex, high needs packages within care homes.
2. Work more closely with Surrey's care home market to achieve better relationships and improve partnerships so that we can identify partners who can help us innovate and shape the social care market and improve services for residents.
3. Work alongside the Accommodation with Care and Support Strategy to work with providers, residents, and their families to what older people, and people approaching older age, want their residential and nursing care provision be in the future.
4. Work in partnership with NHS colleagues to achieve the Enhanced Health in Care Homes (EHCH) model. This moves away from traditional reactive models of care delivery and towards proactive care that is centred on the needs of individual residents, their families and care home staff.
5. Work with NHS colleagues to improve our offer of support, training, and information exchange with care home providers to improve quality and outcomes for residents receiving care whether health and social care funded or privately funded.

As the Government take forward its intention to reform social care, to meet the increasing complex needs of the ageing population, the council will continue to adapt and review its plans and priorities set out in this strategy to ensure ASC deliver these reforms in a way that works for Surrey residents.

In Surrey, the older people's care home market consists of 226 care homes, with a total of 10,762 registered beds. Currently ASC spot purchase 80% of the required older people's nursing and residential care home provision from the independent sector care home market in Surrey, this equates to around 15% total registered beds available. In a new approach to purchasing care home provision, the ASC Older People's Commissioning Team launched the first joint approach for purchasing residential and nursing care with Continuing Health Care (CHC) in December 2021. This Dynamic Purchasing System (DPS) will enable ASC to better manage its spend and understand the existing capacity to be able to place clients quickly whilst still facilitating choice to Surrey residents.

New placements made between April to September 2021 (Annex B) for older people into either a home care or care home placement, show that 55% of older people are supported with a new package of care to remain within their own home. This has increased significantly since the pandemic and through feedback from codesigning the older people's strategy, residents said they want to remain at home for as long as possible. Consequently, 45% of packages that require a higher need of care and support are supported within care homes. 26% of new placements are made into nursing homes that can meet higher and more complex care needs, and 13% into

residential dementia with only 6% into low level residential. This small number of placements into residential care homes supports the increase in demand for home-based care packages, where historically people would have moved into a care home sooner. These residents are now remaining at home for longer and then access more formal care settings when their needs are more complex and challenging to be supported in their own home.

All new care home placements referred from the community and to facilitate a hospital discharge are arranged through the ASC Joint Brokerage Team (JBT). Rejected referrals, where the in-house homes are unable to meet the needs are recorded, as well as the alternative home used for the rejected referral that is able to meet the resident's needs. Key findings from that data (Annex C) are:

1. Rejection data from April 2019 (when the homes came back to ASC) to date recorded a total of 170 individual rejections. FY19/20 details 83 rejections, FY20/21 19 rejections and FY21/22 (as of mid-November 21) 68 rejections. To note that between 2020 and 2021, the in-house homes were closed individually and at separate times to admissions due to Covid-19 and were therefore not accepting new referrals. Additionally, since the homes have come back in house, some homes were also closed to admissions at different times since April 2019 due to provider support intervention.
2. The main reasons that referrals are rejected by the in-house homes are because of the following recorded reasons:

Reason for rejection	Total number of rejected referrals
Physical needs are too high, i.e. they are at high risk of falls or they require nursing care which the residential care home staff are not trained to support.	64
Behavioural needs are too high, i.e. verbal, physical or antisocial needs are too high to be managed, the service user wanders which is unsafe due to the environment of the care home and they require specialist mental health which the residential care staff are not train to support to such a high level.	42
In-house homes are specifically declined by the service user and/or family/NOK is because of their own personal compatibility issues with the home, the environment not suitable or liked or the home location is not preferred.	26

3. Other reasons referrals were rejected fall under Covid-19 outbreak as the home couldn't take new admissions, care assessment issues where the home were not able to accurately assess the potential new resident and no capacity available in the home due to staffing levels or rooms being available.
4. Alternative care home provision that is sourced to support the rejected referrals from the in-house homes is mainly into another residential dementia care home. These alternative residential dementia homes are typically smaller homes (approx. 29 beds) that take no more than 1-2 complex referrals at a time and are specialist providers that are able to manage more complex and challenging residents. 34 alternative placements were made into another residential dementia care home, as well as 22 into a nursing home and 15 into a home-based care package.

Additionally, ASC has a highly utilised contract with Care UK, which offers 293 beds for residential dementia permanent and respite placements across seven care home sites across Surrey. This

contract ends in March 2027. Occupancy levels within these Care UK homes as of September 2021, averaged at approx. 87% which equates to 38 beds available.

Gaps in care home capacity have been reported from locality teams and supported by data collated from ASC systems. Surrey has plenty of care home bed capacity, but specifically locality teams struggle to place packages where people's needs are challenging and complex. This can sometimes result in people being placed in incorrect provision for their assessed needs, i.e. that a resident is placed into a nursing home when they do not have nursing needs but has needs too high for a residential setting. Also, from the in-house homes referrals that are rejected, people are sometimes alternatively placed in other smaller residential dementia settings (approx. 26 beds) vs the average 54 beds in larger in-house homes. Across the county there is an increased requirement for more provision to support more specialist needs in care homes, both nursing and residential.

During the time where the in-house were closed to admissions, because of Covid-19 or provider support intervention, the occupancy levels within the in-house homes decreased significantly. At the start of the pandemic in February 2020, occupancy levels were averaging 79%, and as of November 2021 occupancy was recorded as 37%. During this time when the in-house provision of 413 beds was unavailable, this resulted placements being made into the Care UK contract homes and the private care home market.

Finally, SCC are also currently working with partners to develop an approach to Discharge to Recover and Assess (D2RA) service and funding arrangements. These services will, in high level summary, focus on discharging patients according to the different discharge pathways set out in the government operational guidance in 'Hospital discharge and community support: policy and operating model'. This will happen within 2 hrs or 'as soon as possible on the same day', focus on recovery and reablement with therapeutic and community services input where required and focus on patients returning home. Going forward, it will be important to ensure we have sufficient capacity for D2RA provision, which remains separate from our overall capacity for long- and short-term residential and nursing care placements in the market.

Annex A: Older People's Commissioning Strategy 2021 – 2030

Annex B: New placement trends Apr – Sept 21

Annex C: Rejection data per home April 2019 – November 2021

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Surrey County Council Commissioning Strategy for Older People 2021-2030

Cabinet Approved: November 2021



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1. Foreword

Surrey County Council (SCC) recognises that getting older and living longer is a privilege for many however it is not something we should take for granted. We understand that to live healthy and well, with dignity and independence and to remain in your own home can prove more challenging for some than others but we want this to be the aspiration for all residents living in Surrey.

*“Ageing presents a wide variety of issues and from the whole cohort of ‘Older People’.
Navigating the route to a fully supported set of needs is truly challenging.” – Older Person
lived experience volunteer*

This strategy for Older People and unpaid carers (those 65 and above) living in Surrey provides an overview of work that the Council, and its partners commit to in order to make Surrey a place where people can maximise their own life opportunities, whether eligible for social care services, or not. It has been informed through collaboration and consultation with older people living in Surrey and their networks of support. Responses and experiences of people using social care and support services have driven the content of this strategy. Individuals’ preferences and priorities have been captured including what we will do to respond to these and have become *‘our priorities’*.

*“You can rest assured that engagement was well designed and delivered” - Unpaid older
carer living in Surrey*

Surrey is a unique place to live and work. We will respond differently to the needs of Surrey’s vibrant and diverse population, which is to be celebrated, but also to recognise that Surrey has significant health inequalities with some people still feeling excluded or disadvantaged which we must address. We will therefore continue our work consistently across Surrey and work closely with health colleagues to ensure we align our efforts. This is to ensure no-one is left behind and to ensure there is fair and equal access to services and support regardless of who you are, where you live and whether you can fund your care package or not. Additionally, we have a duty under the Care Act to ensure that people who lack capacity to make decisions themselves are supported to access and use these services.

This document is how we plan to champion greater choice, quality, and control for older people as it sets out changes in our approach to commissioning care and support and our work with stakeholders. By outlining improvements for existing services and sharing our ambition and commitment to innovation and collaborative working with partners we will enable Surrey residents to thrive in later life.

Our key areas of focus:

- ❖ Supporting residents, unpaid carers, and their families to **have access to the right services and information, advice, and guidance** to make informed decisions about the care and support they need.
- ❖ Work with partners such as the NHS in Surrey, the eleven district and borough councils and local community and volunteer run organisations to **provide services that work together seamlessly and help provide a sense of community**
- ❖ Continue to **work closely with providers of social care services and develop good working relationships** with them to learn from best practice and their expertise within the sector to innovate, improve quality and increase choice available to residents.
- ❖ Continue to **listen, engage, and collaborate** with Surrey residents, unpaid carers, partners, and stakeholders to ensure they are **visible and valued** to enable SCC to continually improve and learn.

When drafting this strategy, it was made clear that we cannot simply define old age by a number. Many residents and unpaid carers we engaged with are living independently, working, and volunteering well into their 70s, 80s and beyond. This strategy aims to ensure that residents and unpaid carers like these and others, can continue to champion the active lives they want.

The strategy been produced in the most uncertain of times for the public, NHS and social care sectors and responding to the pandemic has taught us some valuable lessons and enabled some positive change to take place in the way we work together with all partners. Local communities and support services have demonstrated resilience and an ability to adapt and innovate to respond to the needs of new challenges to communities which we want to build upon for the future.

The most significant positive has undoubtedly been relationships. In the face of adversity and uncertainty providers of social care, social work teams and NHS colleagues have relied heavily upon each other and we will continue to improve this joint working. We must also acknowledge the devastating impact on social care, affecting unpaid carers, the provider market, and their workforce during the COVID pandemic. Over the coming months and years, we will ensure that COVID recovery is utmost in our minds as we deliver the outcomes detailed within this strategy.

At the time of finalising this strategy we have also seen the Governments initial proposals for the health and social care sectors contained within their Build Back Better plans. The key messages contained within that document align with the ambitions set out within this strategy. Surrey is committed to greater integration and collaboration between NHS and social care to improve outcomes for residents by accessing services and support in the most appropriate place to meet their needs. We will ensure our services and plans account for future proposed changes to personal budgets and caps on care by continuing to work closely with providers and residents. We understand that it can be an often complex, confusing, and uncertain time when individuals require health and social care services whether funding them directly or not. As the Government take forward its intention to reform social care in order to meet the increasing complex needs of the ageing population, Surrey will continue to adapt and review its plans and priorities set out in this strategy to ensure we deliver these reforms in a way that works for Surrey residents.

We will ensure that our aims and objectives link clearly with key strategies for [Dementia](#), [All Age Autism](#) and [Surrey Health and Well Being](#) (to name a few) as well as our [Surrey County Council Community Vision 2030](#). The detail for achieving these outcomes will then be clearly defined in a series of Market Position Statements (MPS) – the main aim of these documents is to encourage commissioners, people who use services, unpaid carers, and provider organisations to work together to detail what care services and support is needed in the area and why.

This strategy is **your** strategy. If you are one of Surrey's older people, an unpaid carer, family member or provider this strategy outlines and responds to the feedback and views you have shared through our comprehensive coproduction approach conducted over the last 12-24 months. This includes your responses given at engagement sessions and survey findings relating to specific services and support provided by SCC.

Thank you for taking the time to help shape this strategy. Please take the time to read this strategy, and we look forward to continuing to work with you to deliver the strategy and creating a brighter and better future for all of us living and working in Surrey.

Jonathan Lillistone, Assistant Director Commissioning

Health, Wellbeing and Adult Social Care - Surrey County Council

2. Introduction to Adult Social Care (ASC) in Surrey

The provision of services and support for older people is significant part the Adult Social Care (ASC) Directorate of SCC, accounting for over 32% of its annual budget of £506m (21/22). Through this budget SCC not only provides funded support to over 5,600 older people, their unpaid carers and voluntary organisations that support too, but also gives guidance and advice to older people, their relatives, and unpaid carers to understand their future care options and help them make informed care-related decisions.

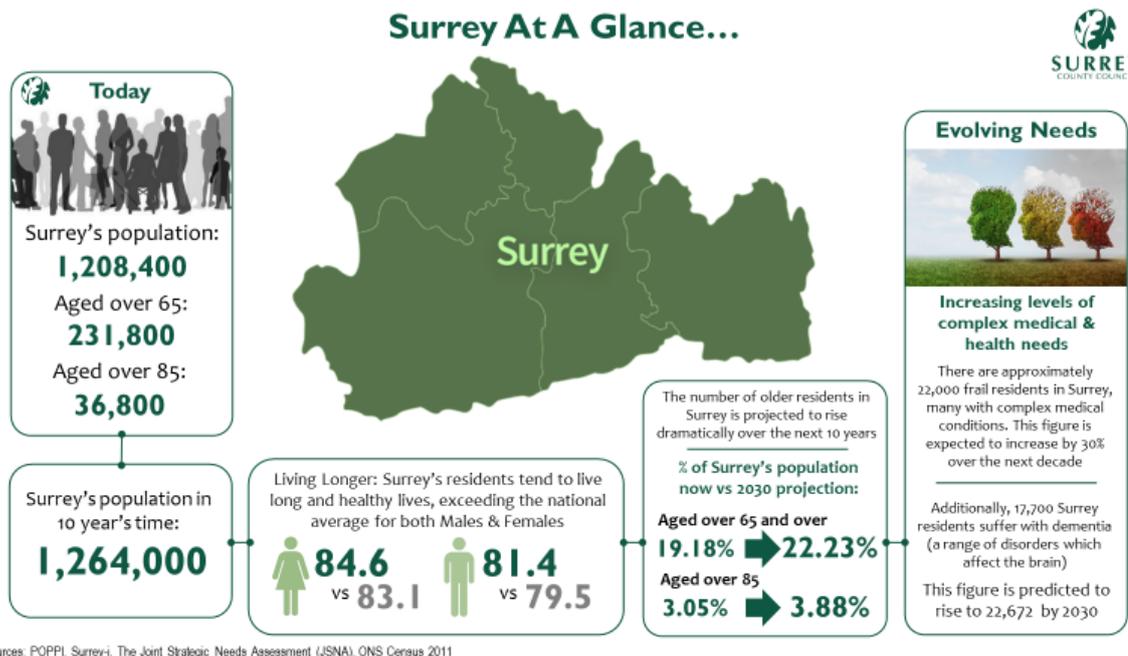
The purpose of this strategy is to set out how the ASC Directorate will, from 2021 to 2030, support people to age well and live as independently as possible in Surrey. Acknowledging the growth in demand and recognising that this strategy is about supporting SCC to manage within its resources, this document will show through **“We will”** statements what commissioning will do to deliver the strategy and with whom:

- ✓ Ensure older people and their unpaid carers get the care and support they need at the **right time and place**, with an emphasis on promoting choice, dignity, and independence
- ✓ Work with our strategic partners to move to an **early intervention** approach in supporting people, focused on older people’s strengths and reablement to avoid a crisis happening, where possible
- ✓ Engage fully with voluntary and private sector providers to shape and **diversify the market** of care and support
- ✓ Understand and act on the direct experience of people receiving care, alongside people expecting to receive care in the future, when deciding **how to commission** services and support
- ✓ Focus on the achievement of individual and community outcomes through **good quality**, value for money services

In 2018, SCC engaged with residents, communities, and partners across the county to understand what Surrey should look like by 2030. After being informed by these conversations SCC created a **Community Vision for Surrey in 2030**, which included the following commitment for health and social care:

Surrey 2030 Vision

“By 2030 we want Surrey to be a uniquely special place where everyone has a great start to life, people live healthy and fulfilling lives, are enabled to achieve their full potential and contribute to their community, and no one is left behind”



The [Joint Strategic Needs Analysis \(JSNA\)](#), which looks at the health needs of Surrey's population, confirms that the county has an increasingly ageing population with a life expectancy above the national average. Rising life expectancy is a cause for celebration, though with more people living longer potentially more Surrey residents will need some form of care and support at some point in their life. **Our aim with this strategy is to increase the years of healthy life for our residents and measure this over time as a key indicator of success.** There are also changes in the structure of our society which mean that increasingly older people are living alone with less family support. **By 2030, the number of people aged 75+ predicted to be living alone will have increased by 27%.**

Information taken from the 2011 Census and Office for National Statistics (ONS) population projections, predicted the number of unpaid carers 65 and over would increase by 17% from 2016 to 2025, and for unpaid carers aged 85 and over this was 31%. Additionally, recognising the number of unpaid carers that care for someone with Dementia which influences the health and well-being of those older (and younger) carers, and the impact that then has on their own health and future ability to be financially self-supporting. This is not to demonstrate the reliance on unpaid carers but to acknowledge the importance of the huge part they pay in supporting people, whilst many being an older person themselves. More information on unpaid carers is available in [Surrey-Carers-Strategy-Consultation-Document-NApp.pdf \(actionforcarers.org.uk\)](#)

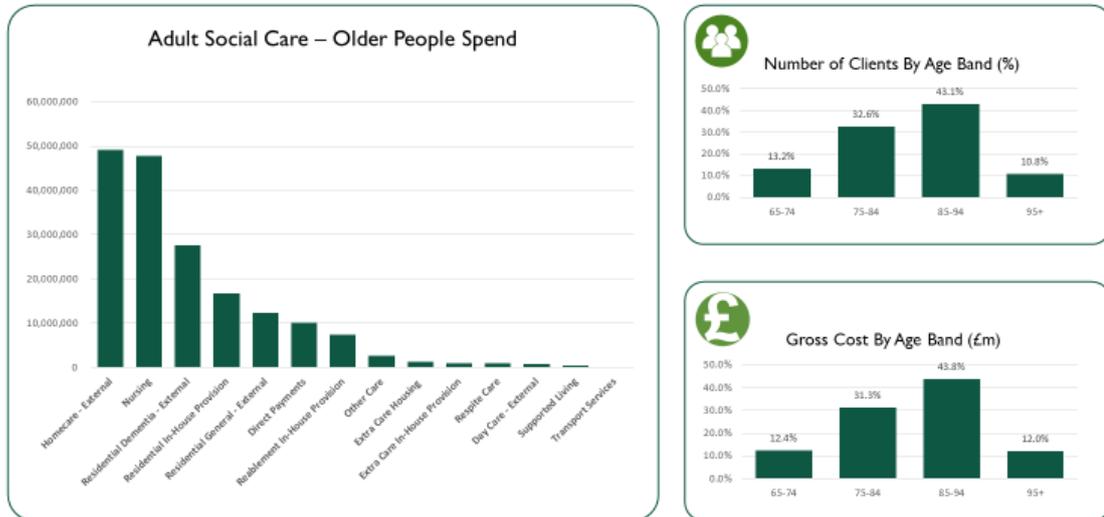
Multimorbidity (defined as the co-occurrence of two or more chronic conditions) and frailty (which commonly coexist) contribute to more complex care needs for residents. In addition, there is an increasing number of children and younger adults with high complex needs surviving into older age. One of the health conditions closely linked to the provision of care and support is dementia, associated with an ongoing decline of brain function. Dementia is most common amongst older people and in Surrey and **it is estimated that between 2020 and 2030 the overall number of people with dementia is forecast to increase by 28%, from 17,700 to 22,672.**

In 2019, a significant amount of the social care budget for older people (as the primary need) was spent on residential and nursing care. However, to support people to maintain their independence and wellbeing for as long as possible, we need to review how we use our resources

so that we can focus more on preventative services and not wait until an emergency develops before action is taken to support people.



SCC spend on older people's Social Care



ASC Commissioners are working jointly with a wide range of stakeholders: Our NHS partners, community, public health, operational and hospital teams across Surrey, as well as the voluntary and community sector. Our focus is to improve the way we work and how people access our services. We are committed to integrating services where it is sensible to do so to achieve improved outcomes.

“More often than not an individual’s social care journey starts with a health conversation. We need to ensure people receive the right information and are given time to make decisions about their own long-term health and social care needs.” – NHS colleague

What does this mean when considering Older People’s expectations and gaps in provision?

Adult social care and NHS services can be quite complex and bewildering to navigate. This is even more challenging when people are accessing services for the first time, usually during or following a personal crisis. Between January and March 2021, Adult Social Care received over 8,000 enquiries into the contact centre. These were from residents, unpaid carers and families requesting information and advice about future care and support needs, as well as looking for immediate help. Surrey also has a strong self-funder market which means individuals and families will often arrange and pay for their own care, and many Surrey resident typically do not consider contacting Adult Social Care. For example, as of January 2020, SCC commissioned a total of 2,133 residential and nursing placements in the county out of the 10,762 beds available in local services with the remainder being used by people who fund their own care. The placements SCC funds equates to around 20% of the Surrey care home market but SCC will work to ensure the sustainability of the whole market to ensure that the council has sufficient partners from which it can purchase care at value for money, that meets the needs of the growing ageing population with complex needs.

A focus for us is to ensure people are making informed decisions about their own care and support, this is to prevent common issues such as individuals entering care arrangements that aren't right for them. And with many individuals living longer with some care arrangements that cannot be sustained financially in the longer term.

“Key themes recorded around the public’s attitudes towards social care expose a lack of awareness about social care, confusion about how services are funded and a widespread lack of preparation or planning for future care needs.” – SCC employee

It is therefore essential that we strengthen our relationships with not only our partners in the NHS, community and faith sector but also develop closer relationships with providers of health and social care services. This will be through raising awareness of information, advice and guidance for providers and residents but also through more formal contract, relationship, and market management arrangements.

Due to the scale of self-funding within the Surrey market, there are challenges for statutory health and social care services when agreeing prices for care services with the market for care provision. Whilst health and social care are significant purchasers of care from providers, purchasing the right care at rates that are fair and affordable for Health and Social Care budgets remains an ongoing challenge. Despite people’s needs changing, **there remains a lack of available capacity for people with complex needs, who are at high risk of falls and that have physical and behaviours that challenge care givers as examples.** Within this strategy and associated Market Position Statements, we will set out clearly how we intend to address these market issues.

A further challenge for health and social care is to **invest in services that provide greater opportunities for residents to be assessed and supported before entering longer term care arrangements.** These services are often referred to as intermediate care services and ensure that a crisis or often a health emergency doesn't lead to an inappropriate care placement. Often residents, when afforded the right time and support, can return home independently, or receive a service within their home as opposed to moving into residential or nursing care arrangements. This strategy will talk about these types of services, in particular **Discharge to Recover and Assess (D2A) and Collaborative Reablement Service (CRS)** referenced in more detail on page 15 which will further this ambition.

3. The Vision – Commissioning Intentions

Our plan and approach to commissioning Older People’s services sits alongside a broader **Adult Social Care Commissioning Intentions** document. These have been produced as one-page documents and are available on the SCC website. These documents are reviewed annually and set out our plans publicly. This year we have highlighted 8 key areas of focus for 2021-22 and beyond. Key elements of the current document are as follows:

Transforming commissioning

In January 2020, SCC re-introduced strategic county wide commissioning teams to ensure that through a more strategic commissioning approach it could deliver better outcomes for Surrey residents. With a strong focus on commissioning services across the county to meet the assessed care needs for Surrey residents we are working increasingly closely and in partnership with the NHS and other partners. For example, collaborating with our Integrated Care Systems (ICS) and

placed based partnerships to shape services from a county wide perspective through to working with district and borough councils, and Primary Care Networks (PCN) when providing services to a smaller group of residents and in defined geographic areas. The Council needs to ensure equitable good quality services for all residents, ensure fair access for all, oversee, and manage large provider markets while working at pace and scale

Consistency is essential in providing support to health and social care teams as well as providers, and this includes key commissioning functions such as contract management, relationship management, good service design and delivery. Building on the good and learning from the not so good, starts with effective commissioning and understanding the needs of both residents and our teams. Commissioning must enable good practice, strong financial management and better outcomes for all.

Market Management

We want to change the nature of the council's relationships with providers. We want to demonstrate true partnership, trust and respect that will lead to greater transparency, shared endeavour, and innovation. We are also committed to building better management IT systems to become more business-like in our operation which will benefit our colleagues and stakeholders as much as it will our providers and residents. Market management will also extend to better communication with the social care sector and tackling common issues together such as workforce and changes to Government policies and legislation. With a market of around 200 Home Based Care Providers and 238 Residential and Nursing providers the scale of this task is huge. Essential to this is working closely with the Surrey Care Association who represent a proportion of the market and provide good oversight and support to Surrey's care sector.

Partnership working with NHS Integration and District and Borough

We are committed to identifying and developing opportunities to collaborate with NHS colleagues and District and Borough's. We will ensure we play a central part in local and countywide conversations to share learning and information to enhance our collective work. For example, we will commit to attending the Health and Wellbeing Board, Dementia Board, Home Adaptation Steering groups, community meetings and local planning forums. Through this approach we will use our resources together more effectively to codesign services for the benefit of residents that recognises all aspect of health and social care services that are important to Older People, for example Dementia, Carers, Learning Disability and Mental Health services. We will work with our partners at Surrey and Borders Partnership NHS Foundation Trust (SABP) to draw on their expertise to ensure therapeutic advances in the support for people with dementia become an embedded part of Surrey's approach. This may involve, for example, early identification and assessment of mild cognitive impairment, timely access to sophisticated scanning for amyloid disease and access to lumbar puncture.

Delivering value for money and improved outcomes for Surrey residents

The delivery of the Commissioning Strategy for Older People is likely to take place during a continued period of constrained public finances. A key principle running across the whole of the commissioning strategy is therefore ensuring services are commissioned as cost effectively as possible and within the resources available while still delivering improved outcomes for Surrey's residents.

"The council cannot deliver the Vision for Surrey alone; we will need the support and involvement of partners and residents" – SCC employee

4. Introduction to our strategy

Coproduction of this strategy

'Co-production is an approach where people, family members, carers, organisations and commissioners work together in an equal way, sharing influence, skills and experience to design, deliver and monitor services and projects. Co-production acknowledges that people who use social care and health services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need them, which could be any one of us at some time in our lives. Real co-production means that people are truly involved in planning and designing services from the very beginning'. Co-Production Network, Think Local Act Personal

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We are committed to engaging with and collaborating with older people who can share their own lived experience of living and ageing within Surrey to the table. Whether they have received support through social care services, their families, unpaid carers or the agencies and organisations who offer a range of health and social care support service in Surrey getting feedback from a wide a range of people as possible has been an integral part of developing this strategy. Through a number of working groups, we have sought incorporate the feedback and comments provided and commit to ongoing coproduction as we deliver our commitments. The list of those involved can be found in appendix 7.2 and 7.3.

What did we do?

Due to the national Covid restrictions, we were only able to hold virtual meetings and asked the core project group to engage with their contacts virtually as well. Even with these restrictions in place we managed to obtain 750 separate responses during the coproduction process and some prior months before Covid.

During coproduction we worked mainly online with different groups of Surrey residents of all ages, unpaid carers, providers, partners, and colleagues over a period of 7 months. This online approach enabled people to connect and input across Surrey flexibly. We conducted surveys and workshops focused on what works well, what doesn't work well, what could be improved and what is important to our residents. We also connected and had conversations with residents via the phone and sought feedback regarding providers and their services from their service users and families.

"Thank you for all the work you are doing to pull the strategy together and have a full and meaningful engagement with older people." Chief Executive – Age UK Surrey

5. Our priorities

Our priorities are your priorities and these focus on key services delivered by social care and jointly delivered services and support with colleagues from NHS, the community and voluntary sector. The following diagram illustrates the key aspects of Older Peoples services and support. You will they cover low level services and interventions that focus on enabling individuals to be independent and prevent the need for statutory services, through to more dependent forms of care such as residential and nursing care.



We will be focusing firmly on supporting people to remain at home or return home where possible. There are two key aspects to this, firstly maximising people's ability to remain at home following a crisis or hospital admission including providing services within the home. Secondly, we want to provide alternative homes for residents in the form of Extra Care Housing that will provide the opportunity to have options to choose from that allow residents to continue to live more independently for longer – a positive life choice.

Through focussing on enabling people to live well and as independently as possible for a long as possible we will ensure our approach recognises every individual's situation is different. The process of ageing and the support a person may need at any point in time in their journey is not linear and therefore our aim is to enable their independence at every opportunity.



Prevention: Supporting people to stay healthy, happy, and independent for as long as possible

You said:

Organised community groups, specific support groups such as memory lane and carers support, and **day services with activities** such as walking, gardening & accessing nature were highly valued.

“I rely on the assistance of several services within my community, they have always been excellent and reliable” – Surrey resident

Emphasis on the importance of mental health through community services that support people to remain independent within their local community. These services are mainly provided by local district and borough Councils and community providers.

It was important for residents and unpaid carers to feel connected within their own local community, to be offered a range of services to choose from and for those services to be affordable to everyone that has a need.

Services need to be accessible in all areas of the County and importantly need to offer support for people, families and unpaid carers living with dementia. This was highlighted as essential and was a common thread through the whole engagement process.

Services need to be improved when residents and unpaid carers are discharged from hospital and there needs to be better communication and information available. Residents want to return home and need support to do so.

An improvement to the overall **information and advice** services within Surrey was also a key theme. These services need to provide better pathways for people accessing information on services both locally and countywide to prevent the need for formalised care. They need to map pathways for residents moving from local community services to statutory services at the right times.

There is a need to recognise that people accessing **day services** have much higher and complex needs now, therefore the day centres and the staff need to be better equipped and trained to support this.

The push for online services isn't welcomed by all, some preferring face to face and others feeling unable or lacking confidence with **technology**.

“as you get older it's harder to learn new technology and skills may wane, which will see more older people become excluded.” – Surrey unpaid Carer

More funding and financial sustainability is required to support the increase in demand across NHS, social care, and voluntary and community sector partners as a whole system for preventative services.

We will...

Information, advice, and guidance

- ✓ Within the Information and Engagement Team, work closely with our Communities and Prevention team and local system partners such as Primary Care Networks, Integrated Care Pathways, District & Borough Councils', and Public Health, as well as the community, voluntary and faith sector, to promote better community support services and opportunities to remain healthy, well and active for longer.
- ✓ Ensure residents know about the different options available to them locally in the community and how to get support to live independently. A 'whole family approach' will consider how the needs of the person being assessed impacts on other family members, or anyone in their support network such as unpaid carers.
- ✓ Focus on [our] information, advice and guidance offer to ensure everyone accessing care and support for themselves or for someone else, can have the right information at the right time to make informed decisions and choices about the care and support required.
- ✓ Help people to remain independent, safe, and well, or to maintain their current health and wellbeing for longer, by making informed choices and preventing or delaying the need for social care support.
- ✓ Promote better information to residents when considering care, enabling informed decisions to be made about the appropriate time to consider care and how to find the most suitable choice for an individual when considering funding their own care.
- ✓ Have a key focus on local social prescribing services which allow GPs, nurses, and other healthcare workers to signpost patients to support outside of health services, through community organisations, local support groups and dedicated support hubs.
- ✓ Launch a Considering Care Campaign focused on individuals being able to make good and timely choices for care and the funding implications of these decisions.
- ✓ Work to remove age discrimination and support initiatives to make ageing a positive not negative process

'Being part of your community' – Day Services and Community Support

- ✓ Move towards a model of 'Being part of your community' across Adult Social Care. Through coproduction with Surrey residents develop services with older people, unpaid carers, families, and the community to maintain their health, wellbeing, and independence.
- ✓ Stimulate a vibrant market for self-funders and generate viable opportunities for the use of direct payments. See an increase in Surrey residents accessing day services and activities to engage with their communities and stay independent for longer.
- ✓ Develop and coproduce a Market Position statement for this work with District and Borough and NHS colleagues to ensure community and voluntary sector partners can focus their activity and resources on services and support that residents want and need.
- ✓ Work with existing services that are valued by local communities to understand what's available and how to help sustain these services learning from their experiences in order to provide similar services across the County where right to do so to stop a 'post code lottery' of services
- ✓ Continue to improve and enhance other commissioned services such as Advocacy and Stroke recovery support to ensure people continue to be enabled to participate in, and make choices about, their own care and support needs.
- ✓ Ensure transport services and support provided from public, private and community services are accessible for everyone. For example, considering the accessibility of services when

making placements and when developing new accommodation with care and support within local communities.

Digital and Technology

- ✓ Maximise opportunities for innovation and more efficient models of care as people become more dependent on technology. With recent internet use in the 65 to 74 years age group increasing from 52% in 2011 to 83% in 2019, we need to ensure residents feel comfortable with this change and have the right skills
- ✓ Use technology to complement the face-to-face care people receive, provide greater opportunities to monitor risks, deterioration in needs and access to care and support and we will ensure technology is considered as part of an individual's care needs both at home and when receiving social care funded services
- ✓ Ensure our online and digital offer of information, advice, support, and services are inclusive and accessible
- ✓ Actively promote the use of readily available technology and how this can enable residents to live independently for longer
- ✓ Promote and embed better use of technology to support residents, social work teams and providers as people transition from home or hospital to social care placement
- ✓ Recognise that technology isn't a key preference for all residents and will ensure that other options need to be available to support too to ensure no one is digitally excluded



Living Independently: Facilitating and enabling people to continue living at home for as long as possible through timely care and support that works around their priorities and outcomes

You said:

People in Surrey want to live independently in their own home for as long as possible, that was a strong view voiced by many. **Home Based Care** and **Live In Care** are valued services.

People living in **extra care and supported living accommodation** told us that these settings helped them to maintain social interactions, keep in touch with local communities and reduce loneliness. They feel they have support all around them and that the care is accessible as and when it's needed. Surrey needs more of these.

"I have my own freedom but help if I need it, support around me living in a small community with coffee mornings, bingo nights and people to talk to" – Surrey resident

It was strongly agreed that the care delivered by providers through our **Collaborative Reablement** service was kind, considerate and provided by compassionate people. The individuals assessed in the service said they were involved in planning for the support they received, and they agreed the goals to help them become independent. This was important to people.

Reablement and **Discharge to Recover and Assess (D2A)** out of hospital support giving people more time to 'get well/recover before being assessed or longer-term decisions being made [*intermediate care services*] were seen as essential in giving people confidence to return home or access the right care.

Areas that were reported to not work as well for some people were not being able to make informed choices, some areas in the county people are unable to access extra care and when there was capacity choice wasn't always given as an option.

Transport options to ensure people could access services across the county as well as within their local community need to be improved.

There was feedback given that the process of accessing the NHS and ASC system is confusing and that people had experienced paperwork, communication and equipment issues when being discharged from hospital back into the community. Communication [*health and social care*] could be greatly improved to support people at often difficult and confusing times of their lives.

Improvement suggestions were made for our **Home-Based Care** services. Surrey needs to ensure consistency of schedules [*planning of visits*], that better trained staff are available especially for specific needs such as people with dementia and continuity of staff delivering care and support. Some individuals with lived experience felt that often an increase in availability of hours needs to be reviewed in order to keep some safe at home for longer.

Definitions of the services highlighted in **bold are below*

We will....

Collaborative Reablement: SCC working collaboratively with local home-based care providers to deliver short term interventions to increase and promoting independence in the community.

- ✓ Ensure our in house reablement teams will grow to support more individuals who could benefit from reablement. This will not simply be limited to Older People but will focus on people with mental health and learning disabilities. This service will work with more community referrals as well as those being discharged from hospital and NHS services.
- ✓ Commission a Collaborative Reablement services with providers of Home Care to increase our capacity and ability to ensure more people can return home with little or no care where possible or with reduced needs for ongoing and higher care and support services
- ✓ Ensure the availability, quality and the standard of the care and support provided is the best it can be; person centred, responsive, inclusive and maximises strength and skills gain for residents

Discharge to Recover and Assess (D2A): Funding and support given to people to leave hospital, when it's safe and appropriate to do so, of being ready for discharge or as soon as possible in the same day. This will enable individuals to receive care and support out of hospital before being assessed for long-term needs ensuring they are assessed over a period of time, at the right time and in the right place.

- ✓ Ensure that more people leave hospital with a package of care in their own home rather than entering more formalised care arrangements such as residential and nursing care.
- ✓ Work alongside Collaborative Reablement, Rapid Response services, District and Borough Home from Hospital services and Intermediate Care and Community services to ensure residents that are discharged from hospital can develop skills, regain independence, and reduce the need for ongoing and higher care and support services.
- ✓ Ensure high needs packages of care, for example temporary Live in Care, and/or placements into residential and nursing care homes where necessary, are commissioned with specific service providers to deliver D2A and communicate clearly to providers and residents what to expect from these services.

- ✓ Ensure services will be available to all residents and allow for recovery, reablement and enablement during which time they will be assessed for their ongoing care requirements and an individual financial assessment will be undertaken.
- ✓ Through a discharge pathway, ensure individuals will receive therapeutic and community services where appropriate to provide the comprehensive support required to achieve better outcomes.
- ✓ Integrate the approach between NHS and ASC to ensure a seamless service for residents and unpaid carers with clear communication for the benefit of providers and residents.
- ✓ Ensure residents, unpaid carers and families are well informed of the discharge process, given access to all personal assessment paperwork and information required, and have a carers assessment completed in a timely manner before leaving the hospital
- ✓ Work with NHS colleagues to provide a robust offer of intermediate health care services and Home first services

Home Based Care and Live in Care: In 2021, SCC recommissioned Home-Based Care services with NHS Surrey Heartlands Clinical Commissioning Group (CCG) who hosts Continuing Healthcare (CHC) on behalf of the two Surrey CCGs. The services fall into the following categories:

- Home Based Care – domiciliary care
 - Live In Care – where someone lives in an individual’s home
 - Sleep in and Waking night support
- ✓ Develop the home-based care offer with providers that deliver care in specialisms (Dementia care, learning disabilities and mental health support as examples) to share their experience and training with us in order to support residents with the most suitable provider to meet their needs
 - ✓ Maximise the use of End of Life and Unpaid Carer break contracts to ensure we can support residents better
 - ✓ Respond to the requirement for consistent carers, ensuring planned visits take place and monitoring care delivery we have requested that all providers use, and provide access to information from, Electronic Care Management (ECM) systems which will ensure commissioners can manage these contracts more closely
 - ✓ Ensure that residents have valued interactions with carers during all visits by removing 15-minute visits in assessment planning
 - ✓ Ensure that all residents who receive homecare commissioned by SCC and the NHS CHC team have a regular review of care needs and SCC will work with providers to ensure that individual strengths and abilities are fully recognised in the care review process
 - ✓ Have a clear focus on the quality of providers, Surrey’s Quality Assurance team and commissioners will support providers to deliver good quality services so that residents and their family can be confident in the care commissioned
 - ✓ Enable providers to join the joint SCC and NHS dynamic purchasing system contract for homecare services at any time, and commissioners will manage the provider market to help good providers consolidate and grow their business to support social workers with the availability of care required to meet future demand

Accommodation with Care and Support: Extra Care Housing (age criteria is 55+) enables people to remain independent in their own flat which is specifically designed with their future in mind that is accessible and includes technological infrastructure and provides a level of on-site support and care by staff which can scale to changing needs.

- ✓ Actively work to enable people to access the right health and social care, at the right time and in the right place through the delivery of the most suitable accommodation with care and

support for residents. Through our **Accommodation with Care and Support Strategy** we want to develop and grow our Extra Care Housing provision with 725 affordable units within Surrey.

- ✓ Provide new accommodation that will not resemble institutional environments, it will clearly be housing with care and support that offers a level of on-site support and care by staff which can scale to meet changing needs
- ✓ Be ambitious in providing an equitable coverage of Extra Care Housing for residents across Surrey
- ✓ Develop accommodation that will be modern and built in the heart of communities near shops, transport, and GP's and provide on-site communal facilities to make them part of the wider community
- ✓ Deliver care and support to Extra Care residents from CQC registered home based care provider – both for emergency response and to meet anticipated care needs
- ✓ Work collaboratively and involve the communities within which homes will be built and the individuals and residents who will live there to design and deliver this ambition
- ✓ Enable people to remain in place, promote independent living and help people to self-care. It will also provide a base for daytime activities and community-based therapy



Residential and Nursing Care Homes: Maintaining a strong emphasis on strength-based, personalised care for older people who require intensive support in a specialist care environment

You said:

There was positive feedback about staff within care homes. Some individuals stated that staff have a good understanding of dementia and that it was a good place for people to recover when they needed help.

However, this area also received feedback that was contradictory. Through our engagement sessions and online surveys, unpaid carers and families that had received services within a care home felt the staff were not person-centred enough. It felt like many care homes treated all residents 'the same', regardless of their background or interests.

When looking at how the council made placements, some people felt they were not being offered choice and others said they were being placed away from their family which resulted in them feeling lonely. Some felt that the placement sourcing approach demonstrated a "postcode lottery" and that they would like to better understand how decisions were made about placements.

"The level of care is always getting better, but some care homes aren't great, and you would not wish to send your family members to those" – Surrey resident

Ensuring the right home is selected in the first place, one that offers the right training for staff and support for residents, was regularly raised along with other suggested improvements for the sector. These included the need for more specialist care homes, dedicated to those with higher needs or advanced dementia.

Feedback focused on the need for a person-centred approach for everyone, with better communication and more activities to offer a better continuity of care for residents. When accessing services, residents felt they lacked a clear understanding of the whole process.

Residents felt that both care home providers and social care teams needed to help individuals and families with decisions not only about the right care, but also about how to manage the cost of care to prevent people running out of money too soon.

“Enable people to have a better understanding of the process of assessment for care and financial implications, especially for self-funders” – Surrey resident

People want to have a choice of care home and highlighted the importance of key factors such as affordability, closeness to family and friends, a good activity offer and a high quality of care.

There was still a “nervousness from Covid”, as well as concerns over repeat admissions from care homes into hospitals that could be avoided if the system was better equipped to support care homes. The links between care homes, community and mental health partners and social care needed to be strengthened

Overall, the feedback was that people want to remain in their own home for as long as possible.

We will...

- ✓ Ensure there is the right provision available for the changing needs of Surrey’s population through the private market
- ✓ Work jointly with Surrey Heartlands CCG Continuing Healthcare to commission and procure services to ensure there is enough capacity across the county to meet the increasing demands to support complex, high needs packages.
- ✓ Work more closely with the market to achieve better relationships and improve partnerships so that we can identify strategic partners who can help us innovate and shape the social care market.
- ✓ Work with Surrey District and Borough Councils, and SCC Land and Property team to encourage the development of the right services and support for Surrey residents.
- ✓ Work alongside the **Accommodation with Care and Support Strategy** to work with providers, residents, and their families to gain a comprehensive and up to date picture of what older people, and people approaching older age, want their residential and nursing care provision be in the future.
- ✓ Complete a comprehensive review of the current care home offer within Surrey. This will include considering the outcome of the in-house consultation when looking at the contract arrangements we have in place with providers to deliver social care capacity.
- ✓ We will make sure we identify and understand how services can be improved or repurposed to meet the increasing needs of residents, ensuring that services are fit for the future as we seek to address current known service gaps and anticipated future needs.
- ✓ This comprehensive care home portfolio review will be completed with colleagues across health and social care and include systematic engagement with stakeholders and residents to ensure we are looking at future needs from all perspectives.

- ✓ Work in partnership with NHS colleagues to achieve the Enhanced Health in Care Homes (EHCH) model. This moves away from traditional reactive models of care delivery and towards proactive care that is centred on the needs of individual residents, their families and care home staff. This can only be achieved through a whole-system, collaborative approach.
- ✓ Work with NHS colleagues to improve our offer of support, training, and information exchange with providers to improve quality and outcomes for residents receiving care whether health and social care funded or privately funded.
- ✓ Continue to work with homes to ensure Care Market Authority and Care Act Duties and Guidance are being adhered to especially around an individual's financial circumstances and choices.

6. Way forward

There is no doubt that our ageing population will have an impact on the way our providers, partners, stakeholders, and colleagues will deliver services for older people for the foreseeable future. We may not know what these services will look like in 10 or 20 years, but we must start planning for this now. SCC cannot address these issues alone; this strategy and the delivery of this work will need us to work closely with partners who will often be better placed to deliver some aspects of our vision. Partnerships and relationships are therefore essential.

We have outlined straightforward, practical responses to the challenges described within this strategy and with the full involvement of our residents, we will regularly monitor and evaluate our "We will" statements. This will allow us to continue to develop our understanding of what works, and does not work, learning from our failures and building on our successes collaboratively.

The challenge we face is bigger than just the provision of quality services. It is a challenge that we face both as providers and individuals. Our society is ageing, and we need to take positive steps now to review the way we think about ageing, looking at how best we can provide the services and opportunities not only that residents, unpaid carers and families want now but that the ageing population will want in later life too.

This is reflected in changes in expectations we hold for later life. The next generation of Older People will arguably be more informed, more empowered to access information and advice and utilise technology to support their own independence and stay connected to loved ones and friends. Equally many older people will remain in employment until later life and will be living longer with more complex needs such as learning disabilities, dementia, physical disabilities, and mental health needs. This provides often unique challenges that we as a wider health and social care system must be prepared for.

It is here that the real challenges to success lie, we need to act, but to succeed we must work differently. Our three key principles are:

1. **Joint approach:** across health and social care we are often working towards the same objectives but do not work together as often as we should to achieve them; if we work together to align our goals and outcomes we can work more efficiently and deliver more effective services.
2. **Innovation:** we must not be afraid to innovate, to take risks, and be prepared to invest in innovation as a source of learning as well as a source of better outcomes.
3. **Prevention:** to truly change how we provide older people's services and to make a lasting impact we need to increase investment in preventative services. This is a huge challenge in

the current economic climate, but the long-term impact and value of these services is indisputable.

“Older People in Surrey will have a voice, choice and control over the care and support they receive whether eligible for social care or not” – SCC employee

This strategy will remain a live working document over the next 9 years till 2030. The outcomes and objectives listed below will be reviewed by the core project group that helped to coproduce the strategy and with other stakeholders. This is to ensure that we are delivering on our strategic commitments and measuring the delivery of the stated outcomes at a strategic, service and individual level across all Older Peoples services.

<p>Prevention: Supporting people to stay healthy, happy, and independent for as long as possible</p>	<ul style="list-style-type: none"> ✓ By June 2021, undertake a day opportunities survey to understand what people value and use this information to shape a community and voluntary sector Market Position statement in 2022 ✓ By November 2021, develop and share a provider communication and engagement plan that ensures better support for residents through bridging the gap between social care services and Surrey ✓ By December 2021 act on the findings from the Information and Advice strategy surveys and workshops to review existing service offer for Older People and plan an improved information and advice offer for Older People and their families and unpaid carers ✓ By December 2021, review and implement changes to Surrey County Council webpages to ensure residents, providers and stakeholders can maximise the use of information provided ✓ By January 2022 – launch considering care campaign, highlighting choice and informed decision-making support, online and over the phone through better marketing
<p>Living Independently: Facilitating people to continue living at home for as long as possible through timely care and support that works around their priorities and outcomes</p>	<ul style="list-style-type: none"> ✓ By October 2021 launch recommissioned Home-Based Care and Live In Care arrangements, in partnership with NHS colleagues, to deliver better options for care provided within the home. ✓ By October 2021 launch recommissioned ‘Collaborative Reablement’ service, a vital service supporting people to return home and reduce their dependency on social care through promoting independence and strengths ✓ In 2021/2022 successfully tender for and award our first three (3) Extra Care Housing developments for Surrey ✓ By October 2021 begin piloting and developing our Discharge to Recover and Assess services with greater clarity over central Government funding ✓ In 2021/2022 contribute to the audit of the Better Care Fund (a joint fund between health and social care) in order to maximise the impact of this funding for better services and support to residents
<p>Residential and Nursing Care Homes: Maintaining a strong emphasis on strength-</p>	<ul style="list-style-type: none"> ✓ By October 2022 we will have a Brokerage Team in place to provide consistency in placements being made and money being spent. The brokerage team will ensure contracts are in place and providers are supported with making decisions about who they can and cannot support. ✓ By January 2022 have a regular calendar of events and communication strategy to work more closely with the social care sector managed jointly between social care and NHS colleagues

<p>based, personalised care for older people who require intensive support in a specialist care environment</p>	<ul style="list-style-type: none"> ✓ By April 2022 implement a new approach to purchasing Residential and Nursing Care, in partnership with NHS colleagues, to promote choice and fairness and better provider management and oversight of quality ✓ By April 2022 have a strategy in place to address any gaps in the provision of care available from the private market, including a full review of existing contracts and arrangements across Surrey
<p>Supporting work</p>	<ul style="list-style-type: none"> ✓ By December 2021 have in place robust systems for managing our provider market – this will include systems to manage spend, placements and the quality of the provider market

8. Appendices

7.1 Linked Strategies

- [Surrey County Council Community Vision 2030](#)
- [Surrey Health and Wellbeing Strategy \(healthysurrey.org.uk\)](http://healthysurrey.org.uk)
- [Dementia Strategy Dec 2017.pdf \(cshsurrey.co.uk\)](http://cshsurrey.co.uk)
- [Surrey-Carers-Strategy-Consultation-Document-NApp.pdf \(actionforcarers.org.uk\)](http://actionforcarers.org.uk)
- [Palliative & End of Life Care Strategy 2020-2025 \(surreycc.gov.uk\)](http://surreycc.gov.uk)
- [Information and Advice Strategy 2016-20 \(surreycc.gov.uk\)](http://surreycc.gov.uk) (New strategy to be publish for 21-26)
- [Accomodation-with-Care-and-Support-Strategy-.pdf \(surreycc.gov.uk\)](http://surreycc.gov.uk)
- [Surrey All Age Autism Strategy Framework 2021-2026 \(surreycc.gov.uk\)](http://surreycc.gov.uk)
- NW Surrey, Adult Frailty Strategy/Framework – In draft
- Physical Sensory Impairment – Still working though engagement
- Carers Strategy – Signed off but not published yet

7.2 Coproduction Core Project Group members

- Surrey County Council (SCC) – Lead
- Surrey Heartlands Clinical Commissioning Group (CCG)
- Elmbridge Borough Council (EBC)
- Surrey and Borders Partnership (SABP) NHS Foundation Trust
- Action for Carers
- Healthwatch
- Age UK Surrey
- Surrey Minority Ethnic Forum (SMEF)
- Alzheimer’s Society
- Surrey Coalition of Disabled People
- Lived experience volunteer
- Unpaid carer and older person living in

7.3 Surrey Organisations and groups included in developing the strategy

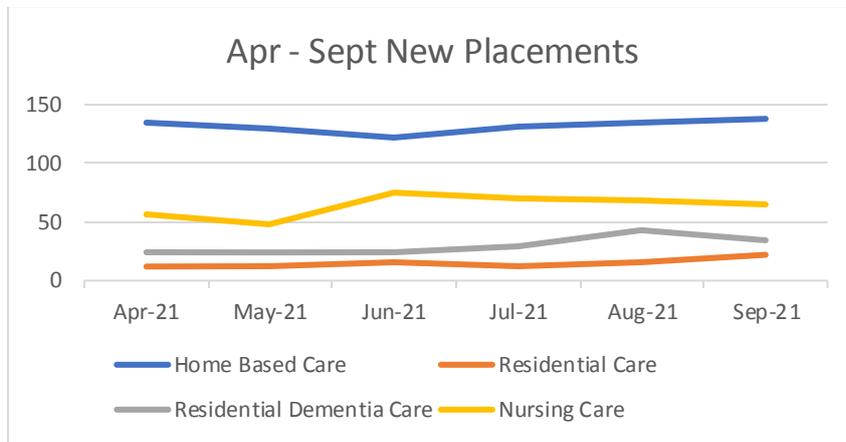
- Surrey Care Association
- Home based care providers
- Care home providers
- District and borough community partnership leads
- NHS colleagues

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Adult Social Care: New Placement Trends

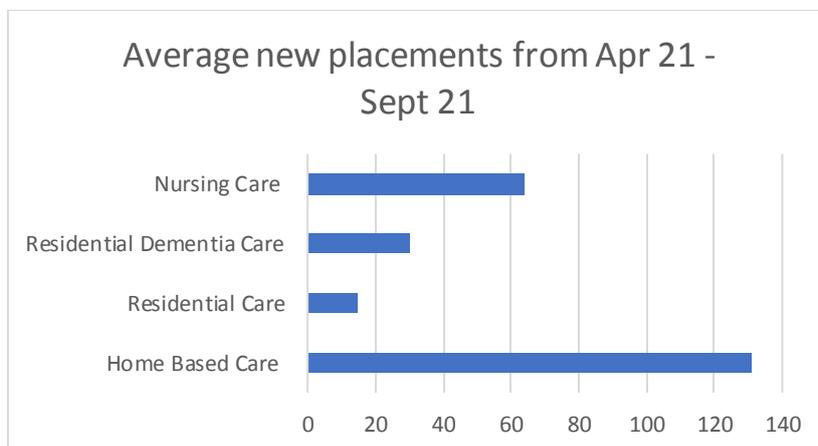
1) New placements trends for home-based care, residential, residential dementia and nursing home placements between April 21 – Sept 21

	Home Based Care	Residential Care	Residential Dementia Care	Nursing Care
Apr-21	134	12	25	57
May-21	130	13	24	48
Jun-21	122	15	25	75
Jul-21	131	13	30	70
Aug-21	134	16	43	69
Sep-21	138	22	35	65



2) Average number of placements for home-based care, residential, residential dementia and nursing home placements between April 21 – Sept 21

	Home Based Care	Residential Care	Residential Dementia Care	Nursing Care
Average	131	15	30	64
	55%	6%	13%	26%



3) Alternative Placement Data

Alternative placement

1

	Count of Client LAS	Distinct count of Alterna..
Home		
Abbeywood	10	7
Barnfield	19	15
Birchlands	1	1
Chalkmead	22	17
Heathside	21	19
Keswick	3	3
Meadowside	21	12
Orchard Court	4	3
Grand Total	101	62

Alternative placement 2

Home	Nursing		Residential Dementia		Residential General		Grand Total	
	Count o..	Distinct..	Count o..	Distinct..	Count o..	Distinct..	Count o..	Distinct..
Abbeywood	2	2	1	1	4	4	7	7
Barnfield	5	5	7	7	2	2	14	14
Birchlands					1	1	1	1
Chalkmead	4	4	10	9	7	6	21	17
Heathside	4	4	9	7	8	8	21	19
Keswick	1	1	1	1	1	1	3	3
Meadowside	6	4	5	4	5	4	16	12
Orchard Court			2	2	1	1	3	3
Grand Total	22	19	35	23	29	24	86	61

Data showing reason why a person chose not to move into a council run home or why, at the time of referral, the council run home could not support the person

Table 1

Surrey rejections for All

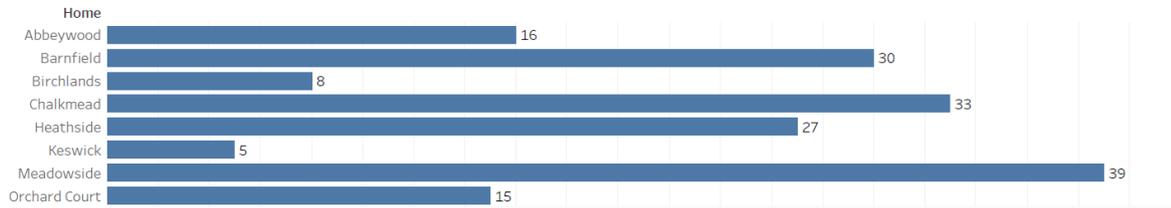


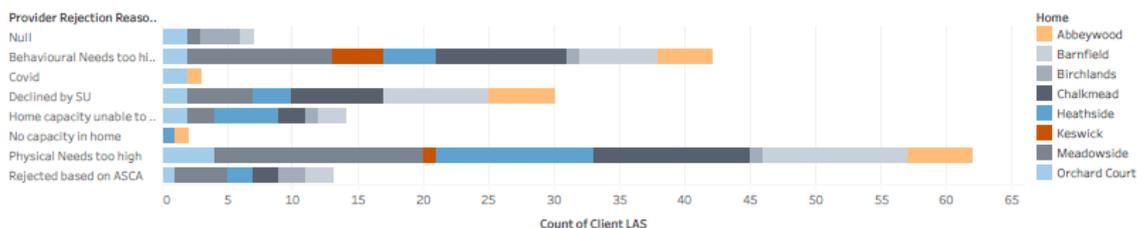
Table 2

Rejections WHY for Surrey

Provider Rejection Reaso..	Rejection Reason Details	Count	
Null	Null	7	
	Behavioural Needs too high	Null	2
		Anti-social behaviour	7
		Need specialist mental he..	8
		Physical	14
		Requires nursing care	3
		Sexual	1
		Verbal	3
		Wandering	4
Covid	Null	1	
	Family cancelled due to re..	2	
Declined by SU	Null	3	
	Admission delay	1	
	Compatibility	14	
	Environment	5	
	Location	7	
Home capacity unable to ..	Null	14	
No capacity in home	Null	2	
Physical Needs too high	Assessment taken too long	4	
	Mobility (falls)	29	
	No suitable equipment av..	1	
	Require nursing care	8	
	Requires nursing care	4	
	Staffing levels	12	
	Staffing skills/training	4	
Rejected based on ASCA	Null	13	
Grand Total		173	

Table 3

Rejections WHY total for Surrey



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Record of people who were consulted regarding the public consultation on The Future of Residential Care Homes for Older People Run by Surrey County Council

Communications informing people of the consultation were sent to all parties listed below together with details of how to complete an accompanying survey on Surrey Says. A paper copy of the survey was provided where requested:

Internal:

Care home managers, deputy managers and staff (in person or virtually) employed at the care homes subject to consultation
 Adult Social Care Service Delivery Management Team
 Executive Director Adult Social Care
 Adults Social Care Leadership Team
 All other staff in the Adult Social Care directorate
 Council Leadership Team (information cascaded to staff all directorates)
 Lead Member for Adult Social Care and Public Health
 Leader of the Council
 Cabinet members
 Divisional Members with a care home subject to consultation located in the division they represent
 Surrey County Councillors

External:

Care Home Residents, their families and known key contacts
 Residents of Surrey via Surrey Says
 Surrey MP's
 Surrey District and Borough CEO's
 Surrey Clinical Commissioning Group CEO's
 Surrey Heartlands ICS Executive
 Surrey and Borders NHS Partnership Trust
 Care Quality Commission
 Healthwatch Surrey
 Surrey Care Association
 Surrey Coalition of Disabled People
 Surrey Minority Ethnic Forum
 Alzheimer's Society
 Surrey Disabled People's Partnership
 Virgin Care Surrey
 Action for Carers
 Catalyst Support
 Church of England (Guildford)
 Dementia Strategy Action Board
 Sight for Surrey
 South East Coast Ambulance Service
 Surrey Independent Living Council (SILC)
 Surrey Choices
 Age UK
 First Community Health
 CEOs of Ashford St Peter's Hospital, Surrey and Sussex Hospital Trust, Epsom and St Hellier Hospital Trust, Frimley Park Hospital, Royal Surrey County Hospital.
 GMB and UNISON

Additional Meetings (virtual or in person) and Attendance and Additional Communications

Service Name	No. of individual discussions with residents	No. of additional meetings requested by residents	No. of attendees	No. of meetings with residents' families	No. of attendees	No. of meetings with staff	No. of attendees	No. of additional communications sent to INTERNAL Stakeholders	No. of additional communications sent to EXTERNAL Stakeholders
Frequently Asked Questions Documents								8*	181**
ALL Homes								3	9
Abbeywood, Ash Vale	18			5	8	2	24	1	33
Barnfield, Horley	12	1 (jointly with staff)	3	5	11	2	19	1	17
Birchlands, Englefield Green	16			4	9	3	18	1	23
Chalkmead, Merstham	28			3	7	2	12	1	11
Heathside, Woking	16			6	10	2	20		39
Keswick, Bookham	18			2	7	2	24		10
Meadowside, Staines-upon-Thames	10	1	8	3	6	2	23		8
Orchard Court, Lingfield	15			4	6	2	38	2	8
Totals:	133	2	11	32	64	17	178	17	339

* Frequently Asked Questions (FAQs) sent to e-mail groups such as the Adult Leadership Team counted as one recipient

** Four issues of FAQs sent out at monthly intervals throughout the consultation. Number relates to the number of people who received each document e.g. 181 people received 4 issues of FAQs.

Future of the eight residential care homes for older people run by Surrey County Council

Consultation Response – February 2022

Summary of Consultation Feedback and Responses

1. Background to the consultation

A consultation was launched to capture people's views on the future of eight residential care homes for older people owned and operated by Surrey County Council:

- Abbeywood in Ash Vale
- Barnfield in Horley
- Birchlands in Englefield Green
- Chalkmead in Merstham
- Heathside in Woking
- Keswick in Great Bookham
- Meadowside in Staines
- Orchard Court in Lingfield

The three options presented for comment were:

Option 1: Maintain and sustain some or all eight residential care homes and continue to meet building compliance standards

Option 2: Modernise and refurbish some or all eight residential care homes for older people owned and operated by the council

Option 3: Support residents to move to an alternative care home and close one or more of the residential care homes.

Suggestions for other options / scenarios were also welcomed.

2. Methodology

The public consultation ran from 11th October 2021 to 5th January 2022. Residents, relatives, care home staff, other Surrey County Council staff, volunteers, politicians, service providers, organisations and Surrey residents gave their views.

The methods of collecting views included:

- An on-line questionnaire on Surrey Says invited respondents to select from tick boxes as well as having the opportunity to complete free text boxes.
- Paper questionnaires in the same format as the Surrey Says questionnaire were also available to anyone requesting it.
- One-to-one conversations with residents conducted by staff in the homes where residents had capacity to do so. Residents were also invited to complete an on-line or paper questionnaires.
- A group of residents at Meadowside requested a meeting and some residents attended a meeting with staff at Barnfield.
- Meetings with relatives by phone, on-line and in person – group and individual meetings took place. The on-line meetings allowed relatives living too far away to attend in person (including several in other countries) to engage in the consultation. 50 relatives attended 11 group briefings. A further 3 follow up meetings were held and attended by 5 individuals. 9 one-to-one meetings were held with relatives / advocates.
- Meetings with staff groups – 2 meetings were held in each of the homes. In one home one of these was a virtual meeting. The first 8 meetings were attended by 138 staff. In addition, 5 staff attended virtual briefings. In 6 of the 8 homes a second

meeting was held. In 2 homes, Abbeywood and Chalkmead, the second meeting took the form of staff drop-in sessions.

- Meetings with other stakeholders including Healthwatch Surrey, Union representatives, Dementia Strategy Action Board and the Care Quality Commission was also informed that the consultation would be taking place.
- Other stakeholders were sent letters about the consultation including health partners, local district and borough councils, local Members of Parliament and key contacts identified by each care home.
- The council also received letter and email correspondence relating to the consultation. These were all read and responded to and issues raised included in this document.

The meetings and responses generated questions, on a range of topics, related to the consultation. Responses to these questions were published in the form of a “Frequently Asked Questions” document. This was updated on a regular basis and was shared with all stakeholder groups. A separate “Frequently Asked Questions” was also produced answering questions from staff regarding employment issues.

All comments from individuals have been anonymised to protect the identity of individuals and relatives.

3. Summary of responses to the consultation

Note: It was possible to respond on more than one occasion and by using different methods of communication. Members of organisations were also able to respond as individuals. The data presented reflects the number of responses, not the number of individuals responding.

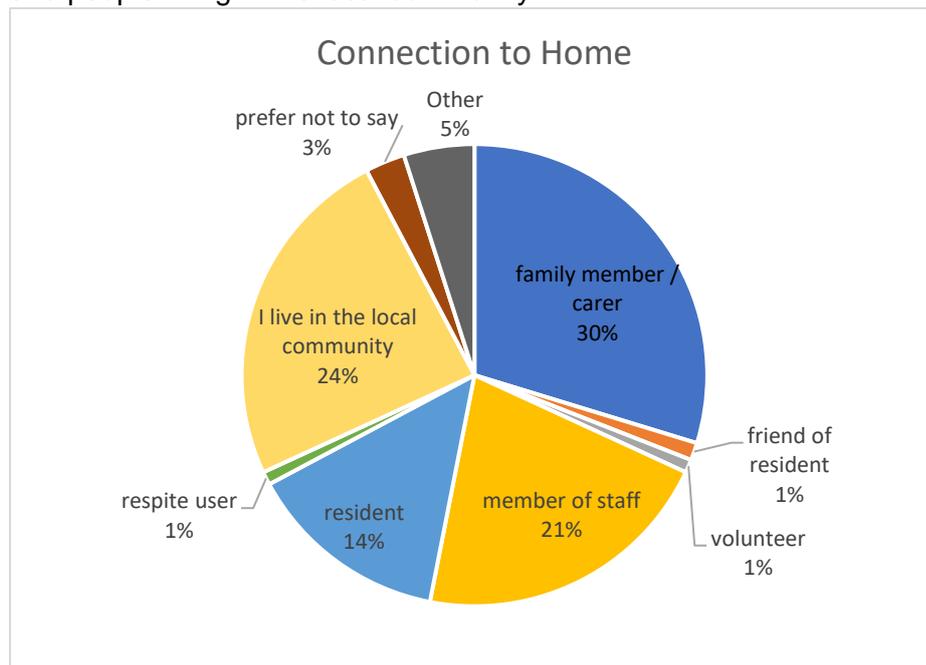
3.1 Surrey Says / Paper questionnaires

A total of 325 responses to the questionnaire were received. 267 were received through the “Surrey Says” online questionnaire and 58 paper questionnaires were received.

Some respondents commented on all the homes as a group, whilst most respondents commented on individual homes.

3.1.1 About the respondents

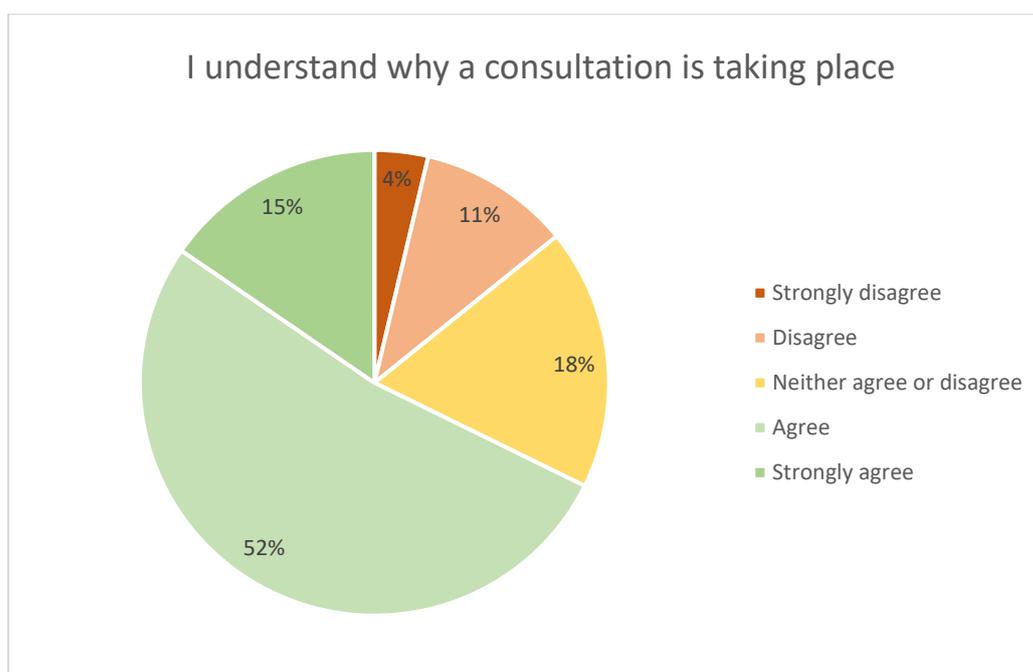
The largest groups of respondents were relatives / carers of those living in the homes, staff and people living in the local community.



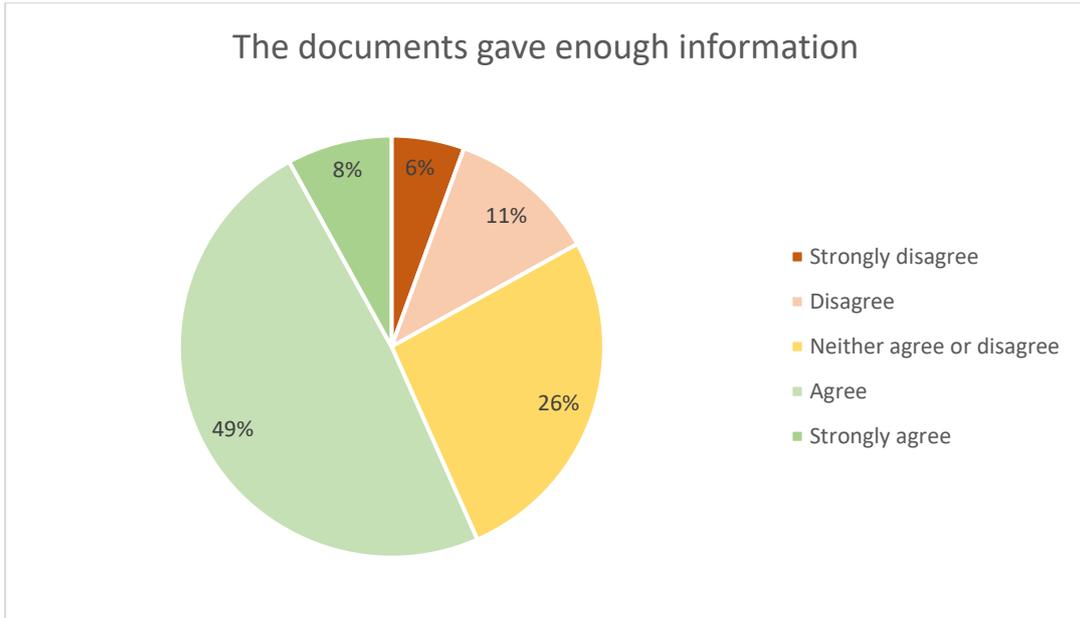
Further information relating to the demographics of the respondents is included at **Annex A**.

3.1.2 Respondents' understanding of the issues presented

67% of respondents agreed that they understood the reasons why the consultation was taking place, however comments received indicated that although some respondents agreed with the consultation, they did not necessarily agree with the need for it.

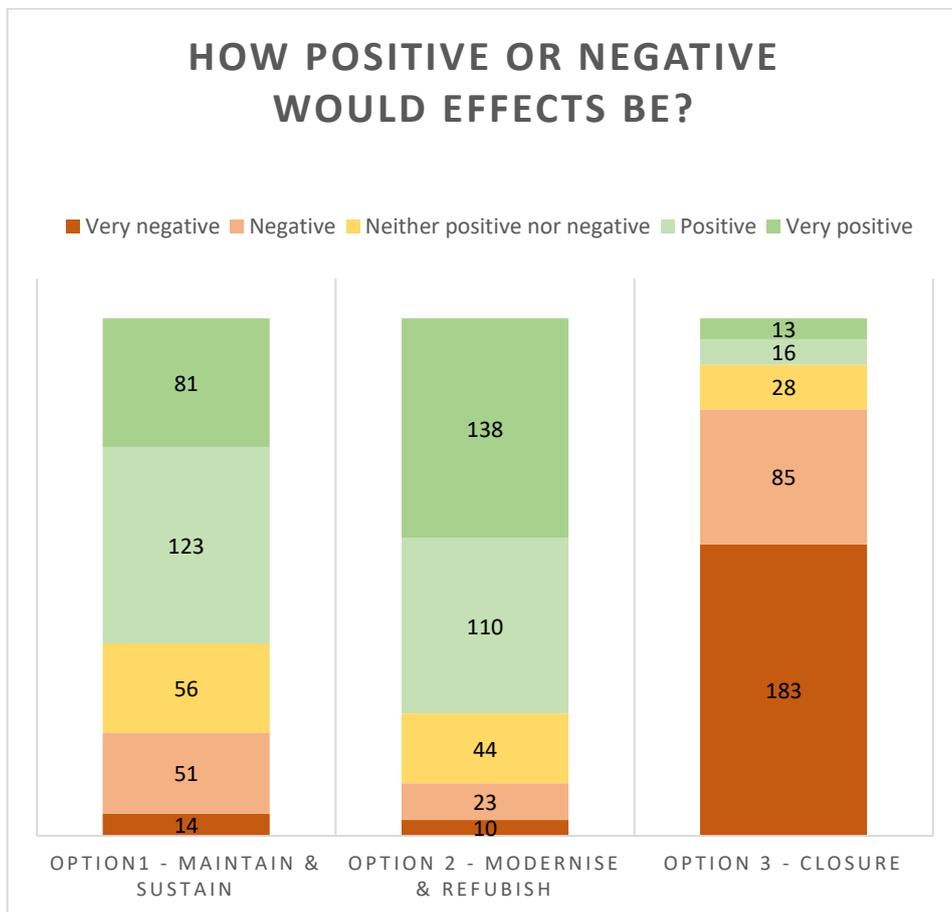


57% of respondents felt there was sufficient information given about the proposals. Comments received indicated a range of views which are presented below.



3.1.3 Respondents' views of effects of the three options

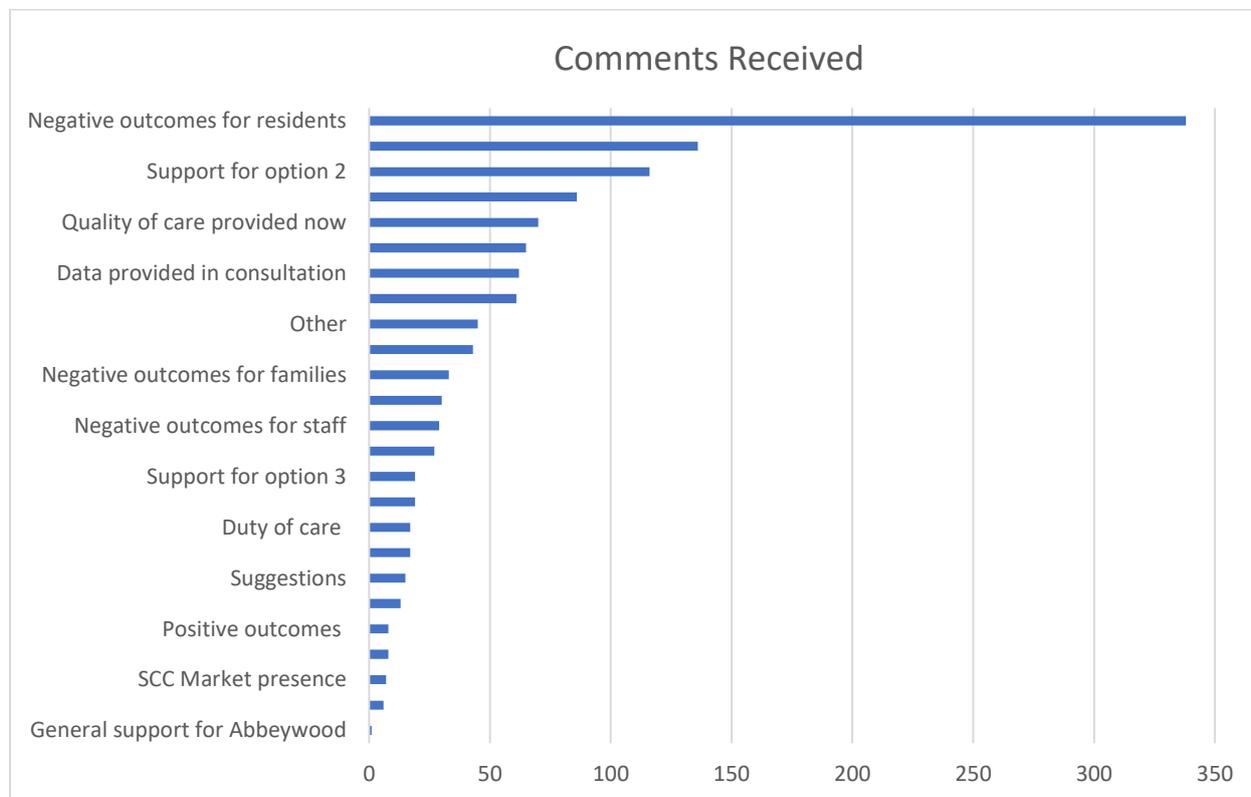
Respondents were asked to indicate how positive or negative the effects of each option would be. They were also given the opportunity to add free comments in response to each option. The graph below shows the responses.



The most positive response was for Option 2 – modernise and refurbish, whilst the most negative responses were received regarding Option 3 – closure of some or all the homes.

3.1.4 Comments received

The comments submitted have been reviewed and have been categorised based on the topic being discussed. Many of the comments received covered multiple points so have multiple categories assigned. All responses received are included in **Annex B**.



NB Bold text below relates to the categories of comments reflected in the above graph.

The largest category of comments received related to the perceived **negative outcomes for residents** in the homes (338 comments). Respondents highlighted the potential increased risk of mortality when moving older people as well as the increased risk of negative impacts on both physical health and mental health, especially for those suffering from dementia. In addition to increased risks to health, respondents highlighted the fact that residents face losing their home, losing established friendship groups / support networks and moving further away from family and friends, potentially resulting in fewer visits. Several respondents highlighted the fact that the Council has a duty of care to the current residents and the most vulnerable in society.

The second largest category of comments (136 comments) related to **future demand for residential care** and the fact that **care at home is not a viable option** for many people. References were made to increased risk of isolation and risk of injury for older people remaining in their own homes. Respondents highlighted the fact that the number of older people in the population is projected to increase in the future, so demand for residential care will also increase, and challenged that the council should not be considering closing provision but rather that the council should be **investing in services for the future**. Reference was made to the fact that, with people staying in their own homes for longer, needs would be higher when they needed residential care. This category of responses also included comments on the importance of affordable / council funded provision and good quality options being available for residents who may not be able to afford more expensive private provision. Respondents also highlighted the importance on maintaining local services, which not only allow residents to stay close to relatives but also support the local

economy in terms of providing jobs and supporting local business who provide services to the homes.

A significant number of comments **acknowledged that the buildings / facilities in the 8 homes require improvements** (86 comments) and that improvements would be a **positive outcome**. However, **support was highest for Option 2** – to modernise and refurbish the buildings. Many respondents commented that this would be their preferred option if existing residents could remain in or return to the home and that with current occupancy being low, modernisation without having to move residents would be more viable. Several comments were made regarding the improvement works that have already taken place and how this would be wasted if Option 3 was the outcome.

Conversely, 30 comments were received expressing the view that the **buildings are acceptable** as they stand or with minor improvements. Respondents also **challenged the assumptions** that have been made concerning residents wishes for en-suite bathrooms and some highlighted the fact that en-suite bathrooms are not appropriate for individuals who require assistance with bathing / toileting, as there would not be sufficient room for carers to assist.

70 comments highlighted the **high quality of care that is currently being delivered** in the 8 homes. There were a further 19 comments expressing concern about residents being moved to the private sector. **Concerns were raised over the state of the private market**, especially around additional costs, the quality of care, quality of facilities (especially in older homes) and the sustainability of private providers given the number of home closures recently. Other comments suggested that the Council should maintain a market presence to help drive quality in the local market.

The **Data presented as part of the consultation** was the subject of 62 comments. Comments included the data being too technical to understand, that the information was copy and pasted for each home, that the data was insufficient to inform decisions or did not take account of the care market post pandemic. Some comments challenged whether Savills had sufficient subject matter expertise, challenged the data presented as well as questioning the timing of the consultation considering the ongoing pandemic.

43 comments related to **Surrey Council's agenda and management of the homes**. Several respondents believed that a decision has already been made regarding the future of the homes or that the consultation was a financially driven exercise, and that residents' needs and wishes are not being taken into consideration. Others referenced the fact that assurances had been given when Surrey County Council took over the homes that the homes would not be shut down. Further comments questioned why control of the homes had been taken back from Anchor with the homes in such a bad state of repair or why Surrey County Council had not monitored the buildings more closely as part of leasing them to Anchor. Some respondents were concerned that, if closed, the 8 homes would sit empty as the previous 6 homes closed by the council have done.

Comments relating to **the impact of closure of homes on relatives and staff**. Relatives expressed the importance of residents being in local homes and are concerned about the possibility of relatives being moved further away from them and if this will impact the ability to visit as frequently as they do currently. There are also concerns over increased time and cost involved. Concerns were also expressed about the impact on staff of job losses, of the ability to find work close to where staff live and the loss of a well-trained workforce.

Other comments related to support or opposition for specific options, support for individual homes, the environmental impact of demolition or improvement works or making suggestions regarding the future of the homes. Suggestions have been collated and included at section 5.

3.2 Other responses

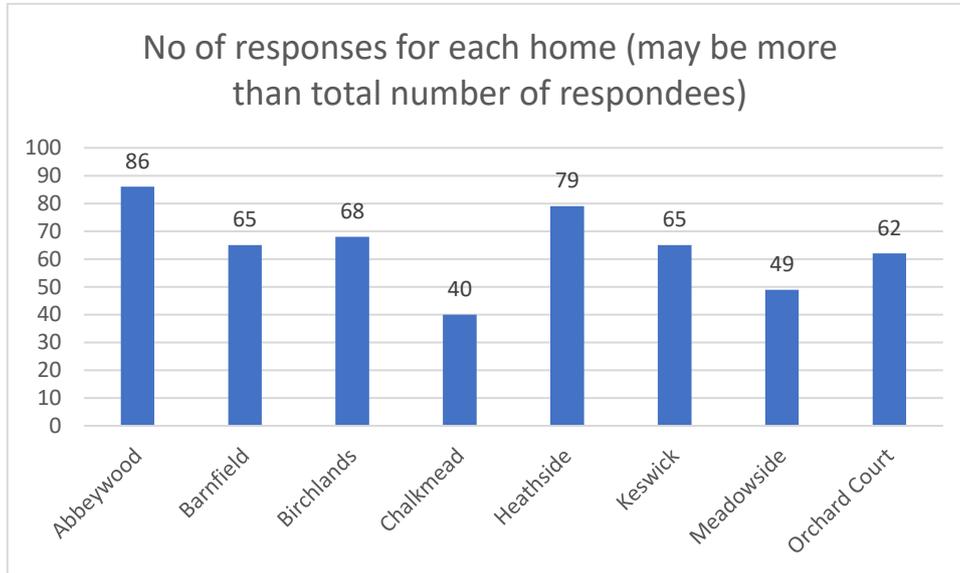
29 contacts were made containing queries regarding the consultation. These have been responded to, either via the Frequently Asked Questions documents or through direct contact with the individual.

A further 12 written responses were received in addition to the Surrey Says responses and paper questionnaires. These were received from an MP, councillors, health partners, local parish and borough councils, Union representatives, home managers and family members of residents in the homes. The main points raised in these responses are summarised below.

- Welcoming the council's commitment to improve the experiences of older people and acknowledgement of the issues with regards to the buildings.
- Concerns regarding the wider impact any decision may have on care home provision / capacity in the care system across Surrey and ensuring choice and access to affordable, quality placements, especially for those with dementia.
- Highlighting lack of suitable, sustainable placements and instability in the private sector, especially for those with complex needs.
- References to the number of homes rated inadequate by CQC and number of provider failures and highlighting the good rating of the in-house homes.
- Highlighting the projected increased in over 65s in the population in coming years and projected need for increased care workforce.
- Concerns regarding potential impacts on the wider health and social care system, particularly in respect of further increasing delays in discharge from hospital.
- Concern for the impact on current residents who may be required to move.
- Questions concerning the support to be provided to residents, should a decision be taken that requires them to move and limiting the number of potential moves for individuals.
- Questions asking whether upcoming reforms to the care sector have been considered.
- Suggestions for the redevelopment of Orchard Court and the neighbouring Doctors surgery.
- Concerns regarding the impact on council employees, on top of the challenges with COVID over the last two years and following the TUPE from Anchor in 2019.
- Highlighting quality of service and accountability that comes from in-house services.
- Highlighting the quality, commitment and importance of Abbeywood as a care home and as part of the local community.
- Questions concerning the projected costs, the costs of sourcing new placements and the costs to the council of maintaining closed buildings.
- Questioning the timing of the decision making, given the impending change in Adult Social Care leadership and ongoing COVID pandemic.
- The decisions being made are a legacy for the future of Surrey Citizens and must be about future needs and capacity.
- The figures given suggest there are not sufficient beds available in block contracts to rehome all the current residents.
- Challenging the data (future demand forecasts and costs prepared by Savills) presented with reference to a report produced by Age UK.
- Highlighting the increased risk of premature death, dementia and mental wellbeing issues that result from loneliness and social isolation for older people living in their own homes (referencing AGE UK report).
- Questioning competence of management to undertake the exercise due to lack of financial analysis, the timing of the exercise and the failure of the negotiation and management of the previous agent.

4. Consultation Responses by Home

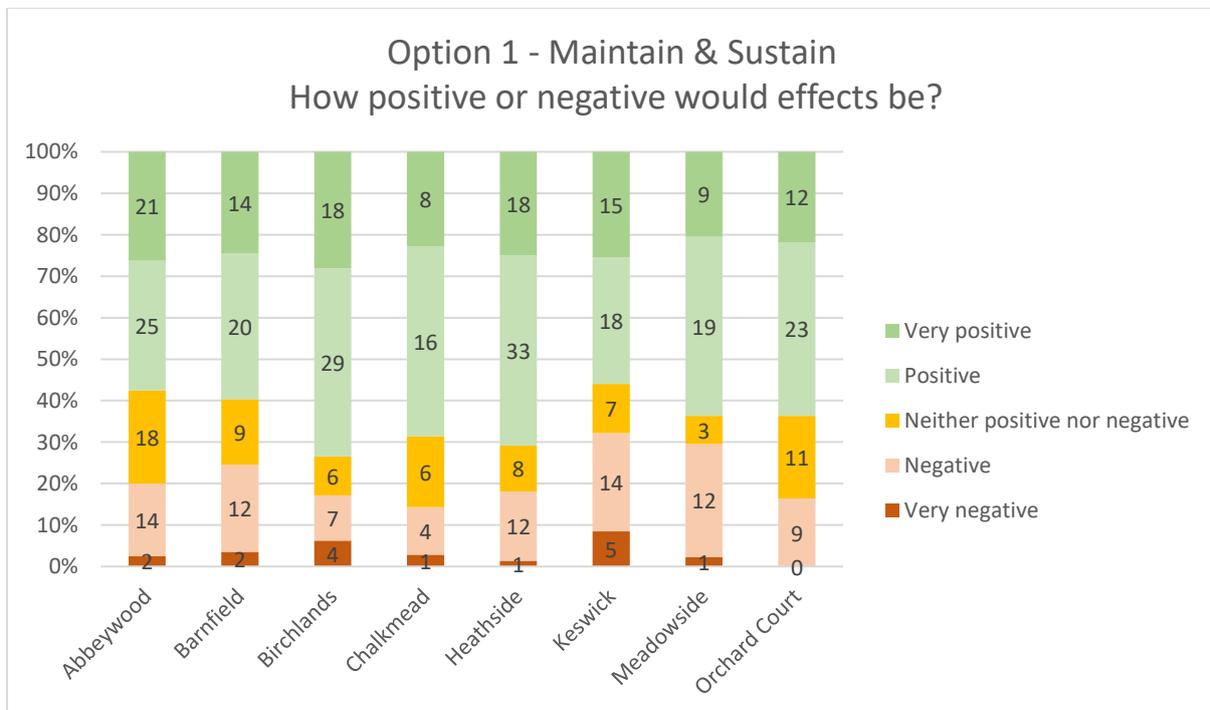
The following graph shows the number of responses received relating to each home. Some respondents commented on more than one home; thus, the number of responses is higher than the total number of respondents.

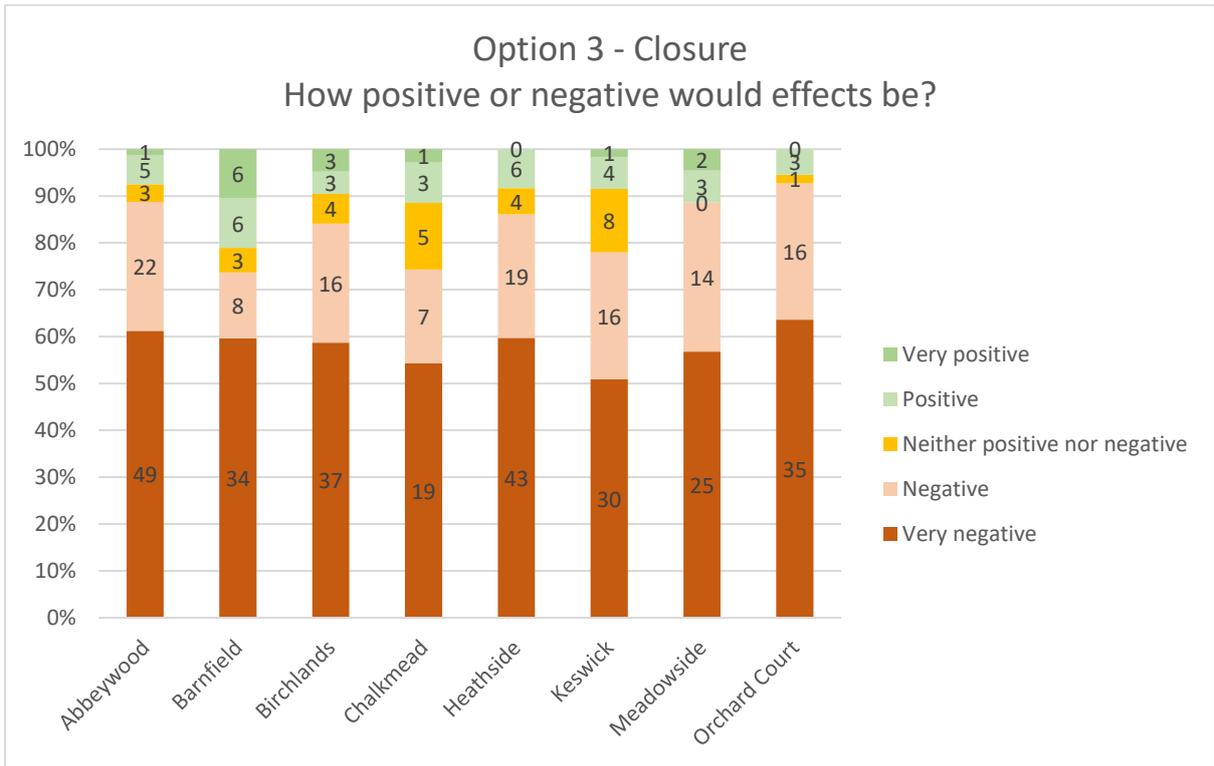
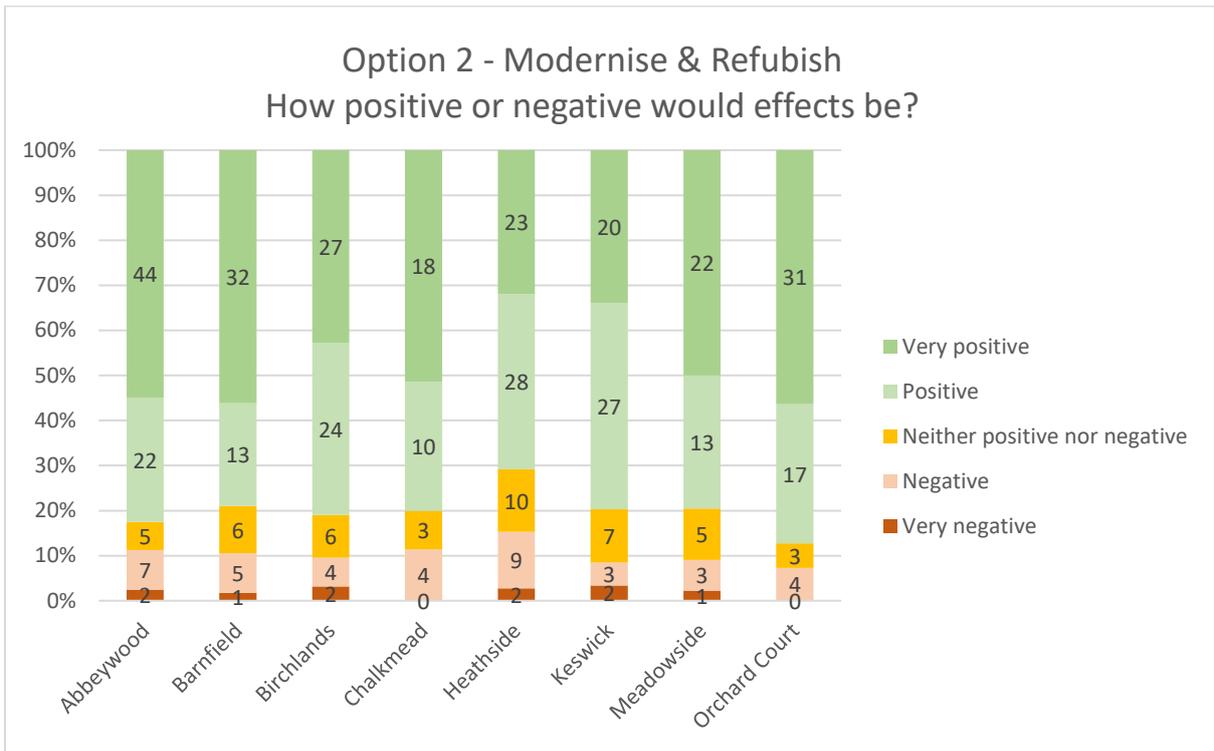


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4.1 Comparison by home

The relative responses for each home in response to how positive or negative the effects of each option would be are shown below:





5. Suggestions

As part of the written responses, several suggestions concerning the future homes were mad. *NB these comments are presented as received and have not been edited for spelling.*

<p>Have the council looked across the boarder to see how Hampshire has managed their older persons services and the building and opening of their nursing care homes - lessons learnt from this and the impact on both people living in the homes, their families and the colleagues working in the homes were especially the care communities that ended up closing</p>
<p>Can be used for social service basis</p>
<p>Currently full occupancy of the homes could be achieved by innovative thinking. Here's a couple of ideas to get you thinking of potential opportunities:</p> <ol style="list-style-type: none"> 1. Temporary placements of hospital patients who are waiting for home care measures to be put in place. This would be more cost effective than keeping patients in hospitals at the same time freeing up bed capacity. 2. Accepting residents temporarily from surrounding counties under a subcontract agreement. <p>In the future, with an ageing population the demand for affordable care home places will increase. By maintaining some of these homes while other homes are Modernised and refurbished (Option 2) to ensure provision of services are future proofed.</p> <p>Not all Surrey residents will ever be able to self fund elderly care.</p>
<p>Birchlands has had a good deal of money spent on it since its return from Anchor, and improvements have made a noticeable difference. I appreciate that more updating is required, and that a sprinkler system is needed wich would cost in the rigion of £200k, however the funds for this could be raised by selling off the land on the right-hand boundary of the property, where the derelict detached house is situated.</p> <p>The design of Birchlands is ideal for someone suffering from dementia as the the dining a lounge area on each corridor allows small groups to live together and develop intimate friendships. The care home has improved its CQC rating in recent months and the residents are thriving.</p> <p>Birchlands is situated in a quiet road and is surrounded by mature trees. My mother watches the squirrels in the trees and comments on the leaves as the seasons change. She is able to take walks in the garden and our family can visit her in a tranquil setting.</p>
<p>I'm an architect at ECD in London. We are involved in the retrofitting of residential homes with them both in residence and out. These properties are brought up to Enerphit standards for which there are often grants available to pay for this. Often an extra floor is added to also fund a refurbishment. It can be done. Meadowside is a lovely location and somewhere worthy of saving. Please get in touch if you need pointing in the right direction.</p>
<p>I would add the suggestion to create a consulting room for a doctor on site as well, since the surgery next door is completely overwhelmed.</p> <p>I would also encourage a conversation with The Chapel project next door, we would love to welcome residents to our events more often and a gate & path into our garden would help make this easier.</p>
<p>Most residents and staff would like to see the buildings modernised, even if that means reducing the bed sizes, which can also be a positive option, this can result in more person centred care being provided to service users, we could offer more specialised care, such as dementia care. I have worked at Keswick and Meadowside both are good homes with great staff providing wonderful care for the service users, both homes have good community links, Meadowside if it was modernised could run a day centre, enabling it to continue working and supporting the community. Keswick had a day centre before Covid, we still get enquiries about when we are reopening due to a waiting list for the day centre, we also have a supported living establishment round the corner, who have had their activities and kitchen closed, they have been wanting to start coming to Keswick for activities and lunch.</p>
<p>This is an excellent service. If you don't want it then sell it as a going concern.</p>
<p>Reducing the number of facilites over all would improve occupancy and release some sites for sale to help defray the modernising costs of those retained.</p> <p>Alternatively sites not being kept as carehomes could be used for social housing by Boroughs.</p>

In 2014/2015 SCC carried out what appears to have been a very similar consultation for 6 other care homes, which it subsequently closed. It's not clear what happened to these 6 sites.... have they been left derelict for the last 6 years? If they are still owned by SCC, could any of these 6 sites be used to build replacement care homes to replace any of these 8 homes and/or to further increase SCCs care home stock?

I think that SCC SHOULD have a published strategy for elderly care and this should include having at least some internally owned and managed care homes.

Residents in Lingfield have been contacting me very concerned that Orchard Court is going to be closed. There are also concerns about the Dr's surgery next door as it is too small and bursting at the seams. My suggestion would be to make Orchard Court into the Dr's surgery with a modern health centre and keeping 40 rooms as the care home.

6. Surrey County Council Response

Please see the information included in the Frequently Asked Questions documents, which provides answers to queries received during the consultation.

6.1 Impact on Residents who may be affected

Our main consideration is the residents in our homes. If residents need to move out of the homes due to major refurbishment or closure, a full, updated assessment of needs will be undertaken with social workers assisting in this process, and we will make sure any care home they move to fully meets their needs. Wellbeing is part of a person's needs so our aim would be for all residents to move somewhere where they could still maintain contact with friends and relatives. A new financial assessment may be completed if a resident were to move to a new home. In most circumstances there would not be any change unless the person's financial situation has changed, or government legislation is updated. Only homes that fully meet the residents' needs will be considered. Residents and families will be fully involved in this process. If residents must move, the process will not be rushed, and we will do everything to ensure the move goes as smoothly as possible. People move care settings for a variety of reasons and Surrey County Council staff are experienced in doing this in a professional and supportive manner. If the homes were to close, we would fully support all residents, including those that are self-funded to find another suitable placement.

6.2 Future Demand

The way in which individual care needs are met and delivered has changed considerable since the 8 homes were opened. The council is aware that it needs to plan for the future and is looking at different ways to provide care and choices for the older population. We will project future trends based on past patterns of activity, whilst bench marking data with statistics and regional Association of Directors of Adult Social Care Services data. We are also looking at planned strategic changes with our offer of care in the future. We know we will continue to see an increase in need for specialist dementia and nursing dementia provision in the future.

This consultation forms part of the Council's planning. We want to provide a range of services so that needs can be catered for on an individual basis. We acknowledge that some people will still need support in residential care homes, nursing homes and specialist services. There are currently 406 registered care and nursing home providers in Surrey, offering 11,599 beds. With these beds, the home care market, specialist services and the proposed Extra Care services, we believe there will be sufficient care services for older people in Surrey.

Care home requirements for Older people with complex mental health needs, specifically with conditions including dementia, delirium, anxiety or depression and complex behaviour that challenges are increasing in Surrey. The specialist services, to fully support Surrey residents will need to be delivered by care home providers with within the market that have the expertise to provide the right level of care and high-quality outcomes for residents.

Surrey County Council does not have the specialist care provider infrastructure, knowledge and support to develop these services.

The in-house services are higher cost and do not compare well to the rates we purchase at either via spot or block contracts with other providers.

6.3 Buildings / challenging assumptions

At the time of construction each building reflected current standards and guidance, and they continue to be compliant with these standards having regard to the date of construction. Changes in requirements for residential care and guidance mean that the configuration, layout and spatial provision is inappropriate going forward as it compromises the Council's ability to deliver dignified and appropriate care in a suitable environment.

Many residents and families tell us they would like en-suite facilities when they are considering a care home and list this as a concern when viewing our homes. However, we do realise that en-suite bathrooms are not appropriate or safe for everyone to us and considerations into upgrading shared bathrooms will also be made. We want ensure people are living in a care home live in comfort, and in a home where needs are met whilst privacy and dignity are maintained.

In response to requests for further details of the work required in the 8 buildings, the following estimates are provided:

Short term capital maintenance requirements at Abbeywood include:

- replacement of boiler and heating distribution system (£422k)
- replacement of hot and cold-water system (£312k)
- kitchens refurbishment (£155k)
- bathroom refurbishments (£191k)
- replacement of windows and doors (£320k)
- extensive electrical work (£209k)

Short term capital maintenance requirements at Barnfield include:

- replacement of boiler and heating distribution system (£510k)
- roof replacement (£600k)
- replacement of hot and cold-water system (£415k)
- kitchens refurbishment (258k)
- bathroom refurbishments (100k)
- replacement of flooring (£100k)
- replacement of windows and doors (£100k)
- extensive electrical work (£375k)

Short term capital maintenance requirements at Birchlands include:

- replacement of boiler and heating distribution system (£460k)
- replacement of roof areas (£103k)
- replacement of hot and cold-water system (£388k)
- kitchens refurbishment (£234k)
- bathroom refurbishments (£243k)
- replacement of windows and doors (£182k)
- extensive electrical work (£278k)

Short term capital maintenance requirements at Chalkmead include:

- replacement of boiler and heating distribution system (£478k)
- replacement of roof and rainwater draining system (£109k)
- replacement of hot and cold-water system (£409k)
- kitchens refurbishment (£205k)
- bathroom refurbishments (£199k)
- replacement of windows and doors (£566k)
- extensive electrical work (£309k)

Short term capital maintenance requirements at Heathside include:

- replacement of boiler and heating distribution system (£457k)
- replacement of hot and cold-water system (314k)
- bathroom refurbishments (£333k)
- replacement of windows and doors (£167k)
- extensive electrical work (£267k)

Short term capital maintenance requirements at Keswick include:

- replacement of boiler and heating distribution system (£455k)
- roof replacement (£225k)
- replacement of hot and cold-water system (£394k)
- kitchens refurbishment (£232k)
- replacement of flooring (£115k)
- replacement of windows and doors (£243k)
- extensive electrical work (£302k)

Short term capital maintenance requirements at Meadowside include:

- replacement of boiler and heating distribution system (£442k)
- replacement of hot and cold-water system (£301k)
- kitchens refurbishment (£177k)
- bathroom refurbishments (£223k)
- replacement of windows and doors (£160k)
- extensive electrical work (£351k)
- works to external paths and fencing (£129k)

Short term capital maintenance requirements at Orchard Court include:

- replacement of boiler and heating distribution system (534k)
- roof replacement (£242k)
- replacement of hot and cold-water system (£414k)
- kitchens refurbishment (£188k)
- bathroom refurbishments (£170k)
- replacement of flooring (151k)
- replacement of windows and doors (£87k)
- extensive electrical work (£360k)
- works to external paths and fencing (£139k)

Other issues affecting one or all the homes include:

- rooms cannot easily accommodate large equipment such as hoists, which may be required to support some residents in the future.
- single lift that's size, function and layout would benefit from modernisation and updating.
- asbestos presence that is "encapsulated" or in "good condition" meaning there is no current risk to residents, staff or visitors. This is reviewed routinely in accordance with legal requirements, however, if the building was significantly refurbished and/ or altered, specialist removal would be necessary.
- is of a good standard but would need redecoration over the next 10 years.
- existing bathroom facilities would benefit from modernisation and updating
- open staircase unsuitable for some residents, e.g., those with dementia.

6.4 Data provided in consultation

Timings of consultations that involve change are never perfect. The project team have planned to the best of their ability to ensure that, despite COVID restriction, as many people as possible have had the opportunity to contribute to the consultation. This has included holding on-line briefings. This has had the advantage that friends and relatives who do not live in Surrey have been able to take part in these meetings, where they may not have been able to if the meetings had taken place in person. Participants have joined the sessions from all over the UK and from Canada and Australia.

The consultation documentation has invited respondents to contact the project team with any queries about the consultation, including the data presented, and provided information on how to see advice from an independent source. Details of different contact methods were included in the consultation pack. In addition, there have been many opportunities to attend face to face or virtual sessions to ask questions and 1:1 sessions have been available on request. All queries that have been received have been addressed via the Frequently Asked Questions documents or directly with the respondents.

A full review of the care home market in Surrey will take place in early 2022, unfortunately not post pandemic with it still impacting the private market heavily. This will define the council's role in continuing to develop the residential and nursing care markets to shape future procurement practice for securing required levels of capacity to meet population needs. This will enable SCC to actively respond to gaps in provision by increasing, where necessary, the capacity for Adult Social Care placements in residential and nursing care through exploring all options available.

The information regarding the condition of the care homes has been provided by Savills, who are independent property experts.

6.5 Quality of Care / Concern regarding private market

Surrey County Council is proud of the level of care provided to the residents in our homes by our skilled and dedicated staff. However, the quality of care received by our residents could be further improved if provided in suitable buildings with improved facilities that allow for care tasks to be carried out more easily and with increased privacy and dignity e.g. personal care, moving and handling.

Surrey County Council's Quality Assurance Team works closely with the Care Quality Commission, health and safeguarding colleagues and most importantly the care home providers to ensure services are delivered to a high standard across Surrey. There is little evidence from national data that in-house provision necessarily guarantees better quality over commissioning from providers.

The council has drawn on an externally commissioned analysis of Surrey's care home market in early 2021 which has shown that Surrey has the 2nd highest level of provision of care home beds available nationally, at almost 95 beds per 1000 population. This compares to an average of 80 beds per 1000 population in England. The eight homes being considered in the consultation account for only 3.7% of the total care beds in Surrey and so, as Surrey has a healthy supply of beds, it is not envisaged that any decision to close these homes would mean issues with care home availability in the county.

6.6 Council agenda / management of the homes

No decision has been made regarding the future of the 8 homes. Decisions will be made by Surrey County Council Cabinet in 2022. The decision to consult is not about saving money or finances. It is about making sure we invest our resources in the right way so that people get the right level of care for their needs.

Surrey County Council were unable to access the buildings to conduct detailed surveys prior to the date they were handed back at the end of the contract with Anchor. Once buildings were handed back and condition surveys were completed, the true condition of the buildings became apparent.

We had concerns regarding the buildings in the first twelve months of their return to Surrey County Council and delayed the consultation as long as we could. It has been a difficult balance between delaying the consultation, the risk of a major infrastructure failure in one of more of the buildings and the COVID situation. The decision to undertake the consultation was made considering all these issues. We still do not know when the pandemic will end but we needed to continue to plan how we meet the future needs of older people in Surrey.

6.7 Impact on staff

Should a decision be made that impacts job roles then there would be a staff consultation and Surrey County Council would support employees to be redeployed to other suitable jobs within the council where possible. Consideration would be given to available roles in the council at the time and the employee's skills, experience and aspirations together with location and salary. If redeployment is not possible within the council, support would be given to staff to find employment externally by assisting with things such as writing CVs, interview skills training and time off to attend interviews.

Annex A Demographics of respondents

Sex	Number	Percentage
Female	239	73.54%
Male	73	22.46%
Prefer not to say	13	4.00%
Ethnic Group		
Arab	1	0.31%
Asian	1	0.31%
Bangladeshi	1	0.31%
Black: Caribbean	1	0.31%
Chinese	1	0.31%
Indian	3	0.92%
Mixed: White & Asian	2	0.62%
Mixed: White & Black African	2	0.62%
Mixed: White & Black Caribbean	1	0.31%
Other	7	2.15%
Prefer not to say	21	6.46%
White British	276	84.92%
White Irish	7	2.15%
White other	1	0.31%
Do you consider yourself to have a disability?		
No	237	72.92%
Prefer not to say	43	13.23%
Yes - limited a little	28	8.62%
Yes - limited a lot	17	5.23%
Age		
18 to 64 years old	185	56.92%
65 to 84 years old	75	23.08%
Over 85 years old	33	10.15%
Prefer not to say	31	9.54%
Under 18 years old	1	0.31%

Annex B Surrey Says / Paper questionnaire responses received.

NB These comments are presented as received and have not been edited for spelling.

Having considered the information, I understand why a consultation is taking place.
Can not understand why Surrey council are going though with this action other than a cost cutting scheme. With all the on going problems with limited and reduce old people care homes . You are going to make the whole situation worse. One reason I think is that the poor management and the main thing that your council paid the care staff minimum salary.
Not sure why there is an option for the homes to be shut down and people moved to another home. Just causes inconveniences for the community. Seems to be just an option to make it easier on the councils behalf.
Heathside is an amazing care home I have worked at heathside for 17 years the care and friendly atmosphere has always been to a very high standard . Some of our residents have been with us a very long time and look at the staff as family .it would break their hearts to leave the home .and would also probably affect them mentally .leave them to live their final years where they are happy
Both these homes do not live up to modern day standard. Both these homes are in desperate need of repair/upgrade
Taking care of the existing residents should be a priority. Without a commitment to their future care being part of this consultation is a disgrace.
The homes are dated but still structually in good working order. A consultation that involves moving vulnetable, elderly people, many of whom will have dementia, should never even be an option if the buildings can be updated.
GBC is already planning to close Shawfield Day centre and the Meadows dementia unit. Ash has a high number of elderly and people living with dementia. To close a local care home Would be another knife to the local community. The home should be modernised .
Council tax is rising by 5% for all residents who work. This money is stated to be used for social care
It would be nice to see Abbeywood brought up to date.
Not sure why people with complex needs are mentioned. This is a care home not a nursing home.
To consider closing this care home will cause residents and staff a serious detrimental result. The care home is an integral part of the community. Jobs will be lost and residents will be very disoriented.
The care communities do need to be modernised and enhance the positives. That support people who need more intensive support. Abbeywood is at the heart of the local community. Local homes for local people Sadly in these times it feels with this consultation and the consultation on shawfield money is more important than people. I wonder how many new commercial b for profit dwellings could be built on the land in the foot print
I understand that the home is old and is not considered a 'modern' residential home.
Jo explained extreemely well, thank you
With the current Covid situation I can see why residents should have access to personal bathroom facilities
Warm and welcoming. Recently updated , Mum is very settled . Staff are wonderful.
It is nice to be consulted on this.
Heathside. Is a well established. Care. In. Woking. With good. Collections. With the. Woking. Community. And. Gives. A high standard of care. To its. Residence. There for it should be. Not. Closed. But should be. Upgraded. To meat. People. Living. There needs.
I cannot understand why the Council is considering closing down it's care homes as the national government is talking about helping the care industry and this does not feel at all helpful. I strongly believe that the community needs the care home, I know that currently we have few residents, but once the pandemic settles down and life returns to some sort of normality I believe that we will start to fill up again. I do agree that the home is in need of some extensive renovation or rebuild.
The village needs a care home and I can't understand why the Council would even be considering closing Orchard Court, or any of the Care Homes in Surrey.
As there is a direct need for Surrey to be able to provide adult residential care for elderly people who have dementia or physical disabilities, I fail to see why a consultation is needed. I feel that Birchlands needs a little updating, but that it provides a crucial service for vulnerable people in this part of Surrey and should be safeguarded at all costs. The fact that we are consulting on its future fills me with horror. We are all aware that care homes need to be provided by the council for those who are no longer able to take care of themselves and are not able to pay the inflated fees that the private sector charge. The other crucial point is that council run homes are able to alleviate the issue of bed-blocking which occurs when elderly patients are well enough to leave hospital, but not well enough to return to their homes. The proposal to build 'extra care' apartments to help older people live independently is a lovely idea, however for people with dementia, which sadly affected both my parents, the need for 24 hour care is crucial for their wellbeing. Expecting a person with a DoLS to live independently is laughable.
More detailed proposals are needed before I am able to comment.
I think we should be keeping state run care homes.

I'm very disappointed that closing this care home is even being considered.
I am disappointed that the consultation is about closing Birchlands as opposed to how to improve it...with an aging population the need for care homes has increased...more homes are needed, not less!
Didn't use link unable to open
This is a fairly affluent area but there are lots of people who cannot afford to live in a private nursing home therefore this provides a much needed service to the local community. Also it offers employment locally. The village does not need more houses, it needs somewhere for locals to go be able to go to should they become unable to manage independent living
The consultation wouldn't open
The home could be updated without closure (temporary or permanent), some changes have already taken place. Do not understand savills figures. In 2019 it was stated that building surveys had been undertaken before taking the homes back into SCC why was this not an issue then? All these consultations are costing money that could be better spent directly on care.
I know money has recently been spent on, for example, replacement carpeting and believe Barnfield could be maintained for a few more years with additional monies being allocated.
i have a family member that has worked there for over ten years and has worked tirelessly to keep this home going especially through Covid Birchlands is a well known for its homely and safe place for the residents and has a lot of support from the local community. My friends included have wanted to work there and show their support for the home. Birchlands does need work done but i feel it's well worth it as i hear nothing but good things about the staff that work there and the support they provide to the elderly which goes far beyond the doors and the staff care even when they are not at work.
I used to work for Elderly Services at SCC covering several local homes including Abbeywood. Then Surrey CC "sold off" most of the homes to private/"not for profit" organisations which was a huge mistake. Abbeywood was one of these but now it is thankfully back in the "Surrey fold" and is a magnificent, important local resource and deserves to be kept as such, with money spent on improvements and upgrading as required.
I understand some care homes may need modernisation or adaptations but I personally feel Keswick is very well maintained and modernised and they have refurbished a lot of the wings and also spent a great deal of money on making the garden a lovely place for the residents to enjoy, I don't feel it needs that much work done and is laid out in such a nice way it feels like home from home with their individual wings and lounges where just the 5 or six in each wing sit and eat, or watch tv together and all have their own lovely rooms
i do agree that yes a consultation should take place as there is a lot to discuss, obviously these concerns have been apparent for a while as this amount of construction work did not happen overnight !!! so slightly concerning that Anchor did not involve surrey sooner so as they could work together
i feel it is quite irrelevant for surrey county council to only just start thinking about these homes. They took them back in 2019 and now only decided on this situation. There is more important things that SCC could be investing their time on rather than putting residents safety and wellbeing in jeopardy - not to mention the staff!
Its too costly.
Not enough.
Where is the easy read information?
Whilst I appreciate that Surrey County council is struggling to provide services to the community surely it makes no sense at all to close any care homes. If elderly people can no longer live in their own homes they need to at least remain in the area they have lived in.
I am sure the money could be better spent when we obviously need the facilities. They are being under used at present due to the assesment at home policy resulting from covid and the need for hospital beds.
We need local care homes within our community
My sister in law has been in the birch lands home for a couple of months now, she only took about a week to settle in, which is a sign that the staff there are doing a good job. Having had a father in a care home, also a brother that is still on a care home, I feel I can speak with conviction, that compared with other care homes, birch lands comes top of the list with me for happy caring staff, which makes such a difference when we entrust our loved ones into the care of strangers.

I am afraid that despite reassurance to the contrary, I am getting negative feelings about what has triggered this consultation.

Back in 2018/19, SCC allegedly WANTED these these homes back from Anchor. It now seems that because the homes are relatively old (40-ish years), then maybe it is time to close them? There is no information on SCCs strategy for elderly care and what demand either exists or is predicted for residential care.

Some of the SCC "Adult Social Care" employees that look after my brother, expressed both shock and surprise that SCC would even consider closing any of these homes given the huge demand for residential care that they are currently having to deal with.

It makes me wonder if there is really a "joined up strategy" within SCC for providing elderly people with residential care?

I am also concerned that back in 2014/2015 SCC closed another 6 residential care homes, all of a similar vintage following a very similar (almost identical?) sounding consultation.

I would have expected SCC to want to maintain some in-house services, so as NOT to be completely dependent of the private sector.... if for no other reason than as part of a hedging strategy against private sector cost rises (c.f. gas and electricity prices).

There is NO explanation of what sort of feedback you are looking for.

My brother has only been at Heathside for two and a half years, having to leave Hillside because of its closure. His family feels that another move in such a short time would be unsettling for him.

I understand why this consultation is necessary but I feel the timing is ill advised. Staff and residents have been through so much with the transfer from Anchor, the hardwork to improve the CQC rating and the ongoing Covid pandemic this feels like a real kick in the teeth to then be hit with this level of uncertainty, it questions whether Surrey really values the work staff in social care do.

It feels like the decision has been made already, Surrey should have insisted that Anchor let them inspect the premises before receiving them back, after all the buildings were always Surrey property, hence it feels like this has been a long term plan of Surreys.

I do not understand why the whole process is taking place not just the consultation. It seems to be a shortsighted process. My mother stayed in her own home until dementia made it unsafe even with visiting carers. She finally fell over and bleeding heavily waited for 40 minutes and no ambulance came and emergency asked us to take her in. We called a friend to help. She then moved into assisted care and very nearly died in a fire. The constant reference to assisted living in the documentation just does not work at some stage and only residential is safe. You state that before the pandemic the homes were at 90% occupancy and with the increasing life span and increasing dementia we are likely to be back to those number in the coming few years. What will you do if you have shut down these care homes and disbanded the staff ? Meadowside provides great care, the staff are friendly and helpful and its facilities are very acceptable. It must remain open.

There is very little information on exactly what is needed for the homes, yes the homes are in need of modernising, however it states throughout that there are alot of issues with the homes, but when you read through reports there is no information on what each home needs in work to correct these issues.

I believe Surrey County Council have not made "public consultation" easily available.
Appears to be no information available for visitors to these care homes.

The home is an integral part of the community and provides excellent care for the residents, it also has provided employment and opportunities for many members of the immediate and surrounding areas

I can explain but I'm not happy to

You have already made up your minds

I understand why you wish to involve me and that my main concern would be the least disruption to my mum.

I disagree why a consultation s taking place. Keswick is in a good state of repair and alterations/possible closure should not be taking place. Residents are very happy.

This is my home I have my friends here and don't want to move.

Didn't explain properly and didn't understand.

The documents provided have given me enough information regarding this consultation.

I do believe you're all fully aware of our future. You know what is financially viable and what can or can't be done. I don't think getting the opinions of people who are bias against the outcome will change anything

Is it done individually care home base

Not enough information on how this will effect residents.

You state that the residents well-being is of the up most importance I do not see that here .

the pros and cons for the three options for the two care homes appeared to be identical. - I think that there would be differences in the impact - not detailed enough. I have the impression that the preferred council option is to sell the homes.

How do the buildings not meet regulations, what exact works are required, what conversations and enquiries have taken place that rules refurbishing and upgrading the buildings out because shutting them should only be an option if the buildings are not fit for purpose to the point they need to be condemned.

It is presumed that residents wish for improvements to be made
Knowing several people who have used and are still using the homes most of them prefer to live in a small caring environment without modern conveniences rather than a super modern hotel type home

Coatings along side plans for development is needed. Would be good to see how they would manage to support people to move as research has shown moves for older people are not great and might lead to negative consequences such as ill health and mortality. Have the council looked across the boarder to see how Hampshire has managed their older persons services and the building and opening of their nursing care homes - lessons learnt from this and the impact on both people living in the homes, their families and the colleagues working in the homes were especially the care communities that ended up closing

I realise you ask for an explanation only if we disagree to some extent, but I would like to say that at this point in time, only limited information is available to us. It would be useful to have more detailed analysis of the requirements each home faces in order to bring them up to the standards required.

I believe that all this information should have been made available sooner, I was not given enough notice to arrange time off to be available for either of the proposed virtual meetings

Depending on the home.

No information on what will happen to the residents who live at the homes should they need to move out. Where will they go? Where will the money come from to fund this? I have concerns about my father being moved further away from me when he is already further than I'd like.

Not easily accessible when completing this on a mobile

For option 3 there is no indication of what the council plans to replace the care home with. This option requires further explanation.

We would like more information before any judgement can be made. We had a virtual meeting with Chris Hastings. In that meeting we were promised two pieces of information:

1) The cost that Surrey spends per person per month in private accommodation for those who cannot pay anything themselves - and how many are in this position.

2) A view of Surrey's demographic for future numbers of residents needing care.

We are especially concerned with those with dementia - and less concerned with those who can look after themselves.

We believe the key issues here are for the care of those with dementia and those who are unable to care for themselves.

The documents provided by the surveyor are generic. Whilst there are some similarities between the different homes (Birchlands and Heathside for example), there are differences in maintenance that are not adequately reflected in the documentation.

On viewing all information provided, I feel the majority of the documents are copy and pasted it does not reflect what each home needs and what major works would be needed per service.

Reading the statements I feel that the information given is the same for every home and not individual homes.

The information given was not adequate, as I feel it did not reflect on the individual homes but seemed like a bog standard report.

I agree that there needs to be a forward plan and investment into the future of Elderly Care in Surrey, but I do not believe that the approach being taken is the best one.

The report and proposals by Savills (an Estate Agent / property company) give an unbalanced view taken from a company which does not, to my knowledge, have expertise in Elderly Care.

They make sweeping statements (* see additional comments) which may not be based on reality and without the necessary qualification. They do not reveal their source (eg Age UK) so could be accused of being politically biased!

This consultation focuses on individual homes and gives no idea of the Council's overall strategy for meeting their statutory responsibility for Social Care for the Elderly. In order to understand and comment on the future of Birchlands and any or all of the homes in question, one needs to put it in context of the overall picture.

In this respect there is insufficient information and the approach taken and questions asked appear to be biased into achieving a politically desired outcome.

The documents give costs of renovating the existing homes and 30 years worth of costs for the future if they stay as they are. I would like to see a 30 year projection of the cost to the Council if they have no care homes and have to pay for residents to live in private care homes for the next 30 years, I believe these costs would be extensive and the Council would not be in any sort of control of these costs as they would have to be paying whatever the private sector demands.

I would also like to see a projection of costs for a rebuild of a home and also what it currently costs to run the care home.

There is no information on rebuild costs or the cost of care in the community. Also, if there was no care home how much would it cost to house our residents in private care homes?

Further information is needed regarding proposed use of sites if the outcome is closure.

I presume that there have been budget cuts and therefore there is a need to reduce the number of Care Home places available.

In my opinion this is wrong and more money should be found to provide the requisite level of care for all who need it.

The link above to the Proposal Information is not working

We need to keep this care home. It needs refurbishment but we owe it to the elderly in the community. Private care is beyond most people. How you can close OUR home and consider a private retirement village opposite

I have appreciated the extra information given from the video meeting on October 27 and the recent FAQs.

Unable to open link

The consultation wouldn't open

Savills table for Barnfield is misleading and confusing and I cannot see the figures for current allowances for work.

Savills documentation is too technical with regards to finances. As a result I do not understand how they arrive at their figures for current and future works. In October 2019 you stated in your document 'Transfer of Care Homes to Surrey County Council' at question 1 under Properties that building condition surveys had been undertaken before the homes were handed back to Surrey County Council. Can you explain why they were acceptable to live in then but not now? Is this because you have not invested sufficient monies since then?

The link is not working

The problem with all information documents is they are too fluid and will enable the Council to basically do as they please. Please DO NOT let Abbeywood and all other homes in this group get in to private hands.

The information provided seems to be copy and paste for all the homes. There also seems to be a lot of misinformation being given by Surrey to relatives and staff.

The documents seem to focus on the financial costs associated with options to maintain or refurbish the buildings. I haven't seen anything to compare this with financial costs of the council funding provision of care through a suitable private sector provider.

The information given is obviously all that can be given at this time

There are significant gaps in the financial information to analyse the economic benefits of the various proposals.

I think Meadowside is nice as it is.

Leave things as they are.

No need to change in my opinion.

NB no answer was given here so I put neither agree or disagree to allow the form to be accepted.

Why have the Day Care clients not been allowed back to Keswick with COVID rules in place or re located else where?

There was not a comparison with the cost of renovation and maintaining the care homes as opposed to the cost of individual carers attending the elderly at home 4 or 5 times a day.

The increase in death rates at home was included.

As above we need local care homes

The documents do provide limited information on maintenance costs. There is no information regarding benefits and no information on how these homes fit into SCCs strategy for residential care.

Only 2 options are costed: 1. Minimum Maintenance and 2. Significant Improvements.

Option 3 - closing the homes, rehoming residents and staff redeployment/redundancy has NOT been costed.

I suspect MOST homes could benefit for some enhancements including en-suites for SOME residents. Many existing residents are happy with the existing facilities.... giving my brother an en-suite would likely be VERY DANGEROUS (he has NO balance)!

I suspect that the optimal solution for most homes would be a hybrid solution including both options 1 and 2. For example if a particular care home has 5 "wings" enhance 2 wings to have en-suites and keep 3 wings unchanged for less able residents.

Another "unidentified" option could be to built a "new" home in a new site to replace the lost places for any residential care homes (also not costed even as a generalisation e.g. £2000 per bed on a 100 bed new build).

Although Savills are impartial outside contractors how much do they really understand the needs of the client group?

I don't feel we have enough information regarding costs, proposals of how you'd modernise all care homes and which ones are more expensive than others to bring to the required standards.

The documents are a copy and paste job and there is very little specific to each home

Largely seem to keep answering about care apartments in 2030 - 8 years time. There appears to be no discussion of when residential demand will return to pre-pandemic levels, what will happen if some of these homes are closed and they were at 90% occupancy, no plan for moving people to where their friends and relatives can still visit (especially those on public transport who are unlikely to change buses), no plan for moving people out or back after refurbishment if that is the options selected, no decision criteria or goals apart from a vague statement of well being which is laughable.

the consultation states throughout that there are alot of issues with the homes, but when you read through reports there is no information on what each home needs in work to correct these issues. surely if this is a listening excercise the people involved should have all the information to be able to provide a fair opinion.

Documents just seem to point out negatives, No mention of GOOD ratings by CQC.

These Care homes have operated for many years with current layout, and are far superior to many care homes that are old converted houses, having only 1 lounge/dining room.

The two homes I have visited have been happy bustling homes with lovely staff, have seen a huge decline since taken back from Anchor and now run by SCC.

The information provided is minimal and based on structural issues that have little bearing on the home as a whole, opinions on what makes a great home are going to be immeasurably varied, and although finance will always be a factor, where and how someone lives is always going to be a personal issue, not solely based on bricks and mortar or on specific facilities available , ie en suites

There is only limited information on maintenance costs. Only option 2 is costed.

There is no information concerning benefits or any detail as to how the homes fit in with the Council's strategy for residential care.

You don't know

I don't want to have to think too much myself - too traumatic.

I can explain but I'm not happy to

How will the changes affect the fees paid by the residents?

I'd like to know how much more the residents would have to pay per month.

I don't think you could have offered any more information regarding the consultation. It would appear to be as detailed as it could be.

I agree that the documents provided have given me enough information

Because I don't know any of the questions

Not really

Option 1
The impact upon the lives of the elderly and vulnerable people living in the homes would be unacceptable. I have seen buildings similar to this in the past and, as they have deteriorated, people's lives have become less pleasant and more stressful. The staff would also be imposed upon further in trying to cope with a failing infrastructure. It is absolutely certain that the material condition of the premises will deteriorate and become harder to sustain. The continued lack of en suite accommodation is unacceptable in this day and age. Following the pandemic, harsh though it may sound, there are less elderly people now seeking care. You only have to look at the low occupancy experienced by all care providers and, therefore, the likelihood of running the homes in a financially sustainable manner is reduced. The sale of the homes would raise vital income for the council
My mother would be very distressed if her surroundings were changed ie, if she was moved to another home
We have little availability for residential care We must keep them open
This home needs to be modernised in many ways
We do need a lot of work. I can't deny that.
Why not do this one. In the long term it will better for staff and the residents.
I work for Meadowside and I know that living conditions for the residents are not great and work Does need to be done on the home
Can be used for social service basis
No changes for residents.
My mother is very happy at Chalkmead and any change to her current routine would have a significant impact on her health. Her condition means she takes a while to adjust to change and at the age of 88 I am concerned that she would make those adjustments and get back to the positive position she is in now
Most homes are in good and stable conditions at the moment. Provides good care and welfare for the people that live there. If maintaining means they can stay open then so be it.
This is a better option
Neither positive or negative
No change would mean the building worsening and a lot if mony waisted in it
The money that keeps the homes going is tax payers money so have to be mindful It probably isn't financially viable to keep ploughing money into run down homes So to refurb is the better option . If Surrey had checked on THEIR properties they would have seen the scale of repairs and chased Anchor to put it right
Looking very tired and worn out. Poor interior
The pandemic has amplified the need for improvements
Because there is a need for social funded residential care , many residents need 24 hr support care even though they do not suffer with dementia.
Rat infested place.
This does not appear to be a long term sustainable option and the issues with the buildings and facilities would continue to impact
We need care homes in the community to enable residents to continue to live in their local area staying close to family and friends.
The existing patients should be prioritised. Abbeywood specialises in dementia care, moving these patients is not good for their health.
Keswick is a valued part of tye community and retaining as it is would be the status quo option
Continuing to have local care homes are ab important part of the community
Abbeywood needs extensive work doing
Nothing changes - no upheaval for resudents or staff and things stay the same.
Building standards should be met but superficial refurbishment is not as important as a homely caring environment
Keswick needs a complete overhaul and it would be easier and probably cheaper to rebuild than maintain and sustain
Rooms need to be updated to en-suites and maintain the home would not allow this
This would keep a care home within the heart of the community.

Currently full occupancy of the homes could be achieved by innovative thinking. Here's a couple of ideas to get you thinking of potential opportunities:

1. Temporary placements of hospital patients who are waiting for home care measures to be put in place. This would be more cost effective than keeping patients in hospitals at the same time freeing up bed capacity.
2. Accepting residents temporarily from surrounding counties under a subcontract agreement.

In the future, with an ageing population the demand for affordable care home places will increase. By maintaining some of these homes while other homes are Modernised and refurbished (Option 2) to ensure provision of services are future proofed.

Not all Surrey residents will ever be able to self fund elderly care.

No one needs to be evicted from their supposed forever home.

Important for our local elderly to live in an updated home.

Abbeywood appeared to be totally suitable for the residents there at the time of the CQC Inspection. Additionally I have been into Abbeywood on many occasions to assist with local events in Ash. I was a Parish Councillor for 16 years for Ash Wharf, and took it upon myself to arrange for different events that the residents would enjoy i.e. making sure that any residents who wanted to attend the Christmas Tree Lighting up ceremony, could do so by arranging with the local Estate Agents that the residents could view this from the inside of their premises, should it be considered too cold, or weather inclement. I was asked to judge the Easter Bonnet Parade (which the residents had made) in several years, also the Parish Council's Easter Card competition entries I took to Abbeywood Residents who loved this! I also heard from Parishioners whose relatives moved into Abbeywood and noted they were in a caring, happy and relaxed environment with a lot of stimulation in the autumn of their lives. I never heard one bad comment about Abbeywood from anyone.

Some care homes need to be maintained whilst others are modernised.

Local community needs this facility so do not close under any circumstance. Invest and look after the facilities it will be needed
More and more.

I appreciate both sides of the argument. The ageing building cannot be maintained forever as it is, but I strongly believe a care home needs to remain in Ash Vale.

The homes need updating

Abbeywood has always had problems with internal settings. I worked for abbeywood for 8 years and the overall standard of the building is poor. There has always been major problems with the pipes causing major smell and leak issues within the ground floor units. The communal toilets are at a poor standard and the access for wheelchairs isn't up to standard.

It would provide the care that the elderly generation need, as well as providing many jobs for people in this pandemic

It's important to bear the residents in mind they are so used to how everything is now

Homes will deteriorate over time vs cost of improvements

Abbeywood is a lovely care home, it's not just a care home it's like one big family. It would be very sad to see it go after so many years

This option maintain people jobs and no stress residents looking for a please

Surrey's population is only growing. In Ash the house building is astronomical. This together with an ageing population I think it's right to maintain care homes in the communities in which people lived before they moved in. It also allows loved ones to visit more easily without the need to travel to some faraway place. The location of this care home is also fantastic. Every time we walk past on the way to the Ash Ranges we have at the large windows and we always get many waves back. These residents are a part of our community and they always join us at our local levels, enabled by the fantastic staff who bring them along. It is a bad idea to take them outside of our community. We need every home to be here, but I would understand if the home needs to be closed whilst it's refurbished provided it does reopen and this is guaranteed.

Some need a bit of decorating or good clean

Duty of care.....

Surely the the charges to each resident contains money towards the maintenance of the building. If not why not?
I can only speak about Abbeywood, I do not know the other homes and their needs for maintenance etc.

Some of the care homes do need to be modernised

Less stress in the residents, who currently live there. Who Surrey County Council have a duty of care for.

This would enable our residents to be kept in familiar surroundings.

The staff would be able to stop worrying about having to find employment elsewhere.

When my mother needed to go into a home suddenly about 1 year ago we were very lucky that Meadowside had a room available for her. I realise the cost of running care homes is expensive but being cared for at home is not a realistic option for all older people. I would prefer to keep all rooms open, with shared bathrooms, if it means more people can be accommodated.
Meadowside needs refurbishment.
Council run care homes are needed as there are still many elderly living in Council housing that can not afford private care. However the requirements for modern living is a very important consideration.
i would like the care home to be maintain a sustain as i work in care home for 30 year it close to where i live i a happy to work there till i retire
Not only the buildings need to be considered but also the colleague training and understanding of care especially dementia for example. Our citizens deserve fit for purpose and supportive LOCAL care communities.
Positive
Needs change, buildings need upkeep and refurbishment.
All of the buildings should be kept to standard of course, but with the needs of the modern world, the buildings also need to reflect that with the functionality of things like USB plug sockets into the walls. Proper and good new lighting, fire and safety measures etc.
Dont spend money doing a half hearted job. This option is a waste of tax payers money
Do nothing is not an option, Abbeywood is currently unable to cater for complex care needs and as a result is operating far below capacity which makes no economical sense.
residents can stay where they are familiar with and staff will feel secure in knowing they will keep their job
for residents and staff it would be nice to stay as we are
residents can stay where they are happy and staff will feel secure that they have employment and they can stay with their residents
Most of the buildings are old and needs a lot of work done to be able to be meet the residents needs. It is also costing a lot of money with the up keepings, especially that most of them are not full and only has few residents.
Speaking as a visitor to Abbeywood, I can see the many positive aspects, particularly around the staff, presence of animals and the activities provided. However, the building undoubtedly limits the provision of services, especially for more incapacitated residents. Maintaining the current structure without addressing these limitations (e.g., small personal rooms and limited toilet and bathroom space, plus other issues such as the problems of drainage and upgrading to greener energies) means that problems will always be dealt with on a case-by-case basis, which can be costly in ways not always predictable.
N/a
the home is old and does not meet the needs of current or future service users.
for continued support for the residents who have been at the home for a long period of time and regard this as their home
Meadowside has been part of the community for many years. It's the home was no longer around staines would lose part of it heritage.
The home I visit doesnt seem run down at all.
I can't speak for the people who live near any other site than Abbeywood but if they feel the way I do, then I would understand if they voiced the same concerns that I do but I'm not emotionally attached to the others so that's why I gave the answer I did.
Meadowside plays a huge part in the local community
Residents would not have to move
Looking at the report,maintaining Birchlands is not an economic way forward,the building requires extensive work to the plumbing and services apart from the rooms not being of adequate size along with the lack of en-suite facilities.
All residents and resident's families would be happy with this. Some residents living at Birchlands have lived there for more than 5 years and many residents are above 90 years old. All residents love being at Birchlands and everybody I have spoken to are happy to continue using shared bathrooms as they understand that the building is quite old. Residents families are very concerned about Birchlands future, as their family members have been loved and cared for, for many years.
As mentioned above, why has all that money been spent on a home to vastly improve it, to then decide to close it. Monies should have been put to good use in bringing the home up to date, and decor to follow.
the homes fall below acceptable modern standards (no toilet or shower in resident's room) so they do need to be modernised. Option 1 isnt what is needed
These homes provide a safe place for relatives to place their loved ones in, they are a vital service and need to be maintained so as to provide the right level of care required.

<p>For someone to have to give up their home and then move to somewhere where they have to share a bathroom and toilet must be so difficult. I don't think anyone would want to share with a stranger. The rooms being so small and with no ensuite that having a good "strip down" wash (which quite a few older people like) would be impossible to have privately and with dignity. Older slightly less mobile residents might not be so tempted to walk up a corridor to find a bathroom occupied then have to walk back to their room. Might be tempting not to bother ! Also important practicalities such as lack of room for equipment for hoists and wheelchairs. Most older people will need this type equipment at some point and currently there is just not room. The issue of infection prevention in shared facilities really is an issue too.</p>
<p>The buildings are not up to today's standards. They are very archaic and in need of modernising. To maintain them would not solve the problem.</p>
<p>The residents are happy in their home, if all that happened was to maintain, it wouldn't affect them in a detrimental way.</p>
<p>Need updating</p>
<p>Maintaining keeps the residents in the home that they are already settled in. Moving residents more often than not causes more harm than good. In extreme cases the resident will die very soon after being moved. They can't cope with their health issues and being unsettled simultaneously. This will ask keep staff in work, the staff who have been invested in for training and development. Also the staff for most residents are an extension of their family and likewise for the staff. Keeping the staff working at the home helps the local community - buying lunch from the local shop etc. but this also helps the environment, staff often live very locally to these homes and/or use public transport over long car journeys.</p>
<p>All care homes should be upgraded to meet today's needs. All council facilities should be treated this way</p>
<p>This is probably the low-cost solution. Does it solve the problem? Obviously any change that does not inconvenience the residents would be seen positively by them.</p>
<p>It's very hard to consider what is best for the residents as any disruption to them, especially someone like my mother who has advanced dementia, is only going to be upsetting and confusing for them. Moving homes once is hard enough to maybe have to do it twice would cause upset.</p>
<p>I am the only family member who visits to my uncle who lives at Barnfield on a regular basis, he is currently only a 5 minute walk from my home in Horley, I don't drive either & it would be a disaster if he was moved much further away from Barnfield, he has accepted Barnfield as his home & I feel moving him would upset him dramatically as he initially found settling in hard, it seemed to make his dementia worsen he looks forward to seeing me & I am able to take him in his wheelchair into our town of Horley which is any 7 minute walk from Barnfield or to my home which is a five minute walk from Barnfield, we fought for months to get my uncle into a Horley carehome to be beside his only family member & feel it would be such a shame to close Barnfield completely! Council run carehomes are very few & far & after loosing his wife he's became reliant on my visits, I also feel other carehome residents would find moving at their time in age & illness very distressing</p>
<p>Heathside Definitely needs an upgrade, great place, great staff.</p>
<p>Doing nothing is not an option on a number of fronts. My main concern is around privacy for my Mother</p>
<p>I can only reply to Orchard Court , which recently has been refurbished</p>
<p>If the problems are not sorted they will have to be sorted one day. Better to do in a planned way.</p>
<p>Depending on the home.</p>
<p>Not enough substantive information on impact analysis</p>
<p>Duty of care to the residents</p>
<p>I don't think it's good enough that these buildings just meet compliance. I would think en suite facilities are a minimum.</p>
<p>We would love for Heathside to continue for the reasons that all the residents and staff are very settled, get on with each other very well and there is an excellent camaraderie at the home.</p>
<p>There is clearly a large financial commitment in this Option. However, there are two 'values' to be weighed up: Value to the public purse and value to those individuals who find themselves living at the Care Home.</p> <p>Is the alternative to maintaining the Care Homes to place the existing residents into a commercial Care Home run for profit - at the expense of the residents?</p> <p>Cheap, almost unregulated staff, the cheapest of nutritional foods, laundry equipment etc etc... A Council run home is likely to have adequate staff without cutting corners - with proper contracts of employment- including sick pay</p>
<p>Please do keep as many of them as possible</p>
<p>It is the easiest option for the residents concerned. More residents could remain in the building.</p>
<p>Too much money to revamp the homes and keep them open.</p>
<p>Home is run down. Would need so much money spent. No staff always run on agency. So many problems with the home.</p>

My grandparents and parents never had any issue with things such as shared bathrooms in their care homes, least of their worries. All should be maintained to required standards though. The main priority is the level of care which is entirely down to staff and training. A kind carer is always worth sacrificing a new washroom.
Would require the least amount of change and upset for current residents
Nothing changes for the resident's and staff. Building being maintained just keeps it ticking over but not upgraded internally to keep up with the future expectations of residents
buildings no longer fit for purpose. not compliant for infection control. no en suite facilities, not safe in event of fire, unsafe open plan main staircases, rooms too small, problems with roof, heating drains
Shared bathrooms impacts on privacy and not nice for those residents; Maintaining rather than refurbishing means a lack of investment in the facilities and buildings which would limit the quality of the provision and is also not sustainable.
Keeping them maintained to building reg And h&s
It is important that Residents are not moved when they are already settled in their safe and comfortable surroundings. This is especially important for those Residents with Dementia and it is well know that as soon as they become unsettled with unknown staff and surroundings they can go downhill very quickly.
This is the cheapest option although it would be preferable to modernise and refurbish it.
It would be positive because it would not disrupt those already in care which in itself can be further debilitating to any residents, particulalry those with dememtia.
The home needs modernising for the dignity of the residents but it will be a disruption to their lives whilst the work is undertaken.
Care homes are in short supply at best
It is not efficient use of budget to maintain this home, as rooms are not fit for purpose for long term to end of life care as mobility declines. They don't even have sprinkler systems, or Fire safety bedroom doors.
i feel it would not be in the best interest to move older people from their home modernising it seems the best option
My mother's lack of understanding will be an issue with our family
Increased demand on these services (absurd to say it will be less) and increased complexity of social care means a stand still approach is not an option.
i feel that that to much money would be ploughed the home to keep them as they are . and it does not provide value for money in the future.
The homes are not fit for purpose as they do not meet the government requirements .
I feel this would be a negative decision as the homes are not meet the required standards .
Building is very dated. Lack of bathrooms, small bedrooms . Most of the 8 homes are not full, so disruption during some works would not be as much as when full. Closing units is possible.
Heathside. Woking. Is a very. Well established. Care home in. Woking. With good links to the woking. . Communty. And gives high standard. Of care. It would be a great. Lose to woking. If it. Was closed. And would couse up set. To the. Residence. Living. At heathside. Woking. Who have. Every. Lived in woking. Them. Selfs. Befor going. To heathside. Or who. Have. Family. Living. In woking.
This does not improve housing conditions for elderly or staff such as personal bathrooms
Crucial and supportive care work is invaluable and everything offered to my father and my aunt has been incredible and so beneficial from all the staff at Abbeywood. Ideally I would prefer if they did not have to be moved to an alternative home while these works were carried out as it would unsettle them but I realise sometimes it is problematical where building works are involved.
Meadowside Care Home is already in a suitable location, near the town centre and local park. It seems a waste to abandon the location due to the recent pandemic, its effects of which may not last longer into 2022 and taking in of more residents may occur.
i understand your plans including the building new flats and the independence that comes with that, I feel the people with dementia would be at risk in these sorts of settings. If they were able to live independently, then surely they would remain in there own homes with care staff going in has needed. People only use care homes has there last option, some where safe, for there loved ones. if this was an option why are we on the list, when that is what your doing now. with the fact we are on the list says its needs to be brought up to date.
My mother is 95 years old, she is happy and settled at Meadowside and we don't want any undue disruption for her.
Abbeywood requires updating such as installing sprinkler systems, fire doors on bedrooms. Rooms are not fit for purpose for long term to end of life care as mobility declines.
Heathside needs much more than just maintance as it is in quite a poor state of repair

<p>Much needed to maintain. But needs to be modernised.</p>
<p>Keeping some/ all of the care Home would be a positive step as it would retain an important service to the community. This initially would allow time for MORE COMPREHENSIVE PLAN TO BE PUT IN PLACE AND IMPLEMENTED and would allow for flexibility with the option of MODERNISING AND REFURBISHING OTHERS..</p> <p>The future of Birchlands and each of the homes should not be looked at in isolation but as an overall strategy for Elderly Care in Surrey, then only to make the final decision on an individual basis.</p>
<p>This option would have least immediate impact on the residents but would commit them to living in less than adequate facilities, ie small bedrooms and no on suites.</p>
<p>Orchard Court is very old fashioned and has some fundamental problems with drainage so maintaining as it is would probably be too costly. It would definitely require some refurbishment or better still a rebuild. We sit on a large piece of land so a new home could be built in the grounds, once the new building is in situ the residents moved there and the existing building with some ground could be sold to offset the costs of the rebuild.</p>
<p>As long as the facilities continue in there localities which are necessary for the future, it should not matter which course SCC take as long as they get value for money.</p>
<p>Barnfield is a lovely home, the staff are friendly and supportive to their clients and families.</p> <p>Barnfield is looking a bit dated and dark and could do with some decoration and new windows/doors etc.</p> <p>The furniture is looking a bit dated and shabby.</p>
<p>Orchard Court needs updating, it can't carry on for too many more years without some money being spent. The laundry facilities are really old and break down regularly. As do the baths and showers etc.</p>
<p>The care homes need to be upgraded they are no longer fit for purpose. Need most of the rooms to have access to private bathroom. However, many dementia users are no longer mobile so having own bathroom is not necessary for everyone and full person care would be provided by a care assistant. So some rooms with washbasin only would be sufficient.</p> <p>There is under occupancy so retaining perhaps 50% of the homes might meet future needs.</p>
<p>This option would cause minimum disruption for residents and provide job security for staff. Standards of care are good in the homes and with some strong leadership and proper planning and investment there is no reason why some of the homes could not have a longer life and continue to provide high quality care.</p>
<p>This would just be delaying the inevitable, as time moves on the works required to maintain and sustain would increase as the premises age and this would just add to the overall cost until such time where a more long term resolution is required.</p>
<p>This would enable the residents to stay in their homes without the upset of moving out</p>
<p>Maintaining all the 8 care homes presently provided, upgrading them and ensuring at least a Co funded arrangement for residents is essential. Simple relying on the third sector or private sector would be a failure of the County to ensure a mixed offering in the care sector and harm the service received by the most vulnerable</p>
<p>SCC provide a high level of care for older persons and the SCC homes are well regulated both by SCC and by CQC. The other two options appear to provide a role for the private sector and I do not believe that the private care homes can provide the level of care required.</p> <p>My aunt lived in a private care home and the standards were awful. Even the food was carefully portioned to save money and staffing was very thin. I am worried that any significant closure of homes will result in services being driven by profit, not the needs of the older persons</p>
<p>Birchlands has had a good deal of money spent on it since its return from Anchor, and improvements have made a noticeable difference. I appreciate that more updating is required, and that a sprinkler system is needed wick would cost in the rigion of £200k, however the funds for this could be raised by selling off the land on the right-hand boundary of the property, where the derelict detached house is situated.</p> <p>The design of Birchlands is ideal for someone suffering from dementia as the the dining a lounge area on each corridor allows small groups to live together and develop intimate friendships. The care home has improved its CQC rating in recent months and the residents are thriving.</p> <p>Birchlands is situated in a quiet road and is surrounded by mature trees. My mother watches the squirrels in the trees and comments on the leaves as the seasons change. She is able to take walks in the garden and our family can visit her in a tranquil setting.</p>
<p>A community that looks after its elderly people I believe adds to the environment of the young and the old.</p> <p>Young people need to visit and talk to elderly people to give them an understanding and respect that may be lacking in their home environments. Children bring a smile and can be very stimulating to the elderly. They bring back to their memories stories and games they used to play with their young ones or grandchildren.</p>

Barnfield is such a lovely residential home. The staff are so caring and I would be devastated if it had to close as my mum has only been living here 5 months being very anxious and wanting to go home, However she has settled so well and I would be anxious if she had to move as I really do not know how she would cope.

It would only be positive if one of the homes was Chalkmead. It is imperative that XX resides in a home that enables her to continue with her current routine/ lifestyle. XX attends Age Concern 4 days a week and it is imperative that this continues while she is able to physically and mentally.

XX relocated from the Lingfield Home, which was the home that she was initially allocated when she left hospital. Lingfield provided a far more positive experience for XX, although she wanted to be in Merstham to be with her friends and attend Age Concern, which has been her 'life' for many years.

Sadly there has been little or no capital investment in Heathside Care home, in order to modernise it, while my mother has been in residence.

There has been a degree of re-decoration in the 4 years that my mother has been resident.

I think this would be a positive outcome for the residents as their lives would be largely unaffected whereas to move them elsewhere may be upsetting and detrimental to their care.

This would obviously be the cheaper option. I do think that the home is looking a little tired but that's nothing when you compare it to the upset moving all the residents will cause.

Maintaining the homes is an effective and environmental effective option.

It is neither.

Not sure.

Bring orchard up to standard

It is positive in that the present service would be available for residents in the future.
If funding is available then a refurbishment while occupancy is low would be ideal

Won't cause any distress to the residents.

Working for the nhs, I know how difficult it is for some people to find a care home, especially when people don't have the money to go private.
All efforts should be made to maintain if possible the existing care home homes

This is now my Mum's home...I would prefer her to stay there.

Short term solution that would meet immediate needs

My mother does not need the trauma of having to move at her age.

The care home provides many jobs to local residents and a service for local residents that need to stay in the community at this time.

I think the area needs care homes

My Mum is very settled at Birchlands and I have found staff to know her really well. They moved her downstairs when my Dad passed away and she is encouraged to walk around and join in all the activities on offer. The staff talk to her in a friendly, professional manner and offer a very good service.
Although she has Alzheimer's she is treated with respect and dignity.
Above all she is happy there.

The other 7 residents in her unit have in essence become her family and it is good for her to spend her days in the communal areas and NOT in her room. She can go to bed when she likes and is given plenty of choices.

I do not agree with the need for her to have an on-suite. The bathrooms are kept clean and the way the staff coped with Covid is testimony to the hygiene levels they uphold.

They have a great outlook to the local school which is a talking point for reminiscing, beautiful gardens and sensory garden produced by volunteers at the local University.

Less money spent but all probably need modernising

If this can be done without closure of any, why would this not be considered.
It would be very upsetting to local residents for Orchard Court to close.

Maintaining the current facilities

It's only the bare minimum but the residents deserve better accommodation

Homes should be kept up to standard as a matter of course

The homes need investment to endure that Surrey can provide comfortable care for those in need who don't have the finance to pay for the much more expensive private care homes.

If the rooms are not fit for purpose then this is a waste of funds.

Badly worded as would be extremely positive if it said 'all' but 'some' is not good enough

We have an increasing aging population carehomes need to be preserved not reduced and especially council run ones which are more affordable than private run care homes

At some point in our lives or a relative's life someone will need to use residential care homes. I think they should be maintained to meet building compliance standards. Unfortunately there are no further homes in the Lingfield area so I do hope it's one that is considered.

Keeping open all 8 homes is important

Any changes to Barnfield could be done around the residents using the different units to attain this. Dementia patients do not need changes to living situations advancing their demise, this option would minimise disruption to them.

The residents MUST be considered at all times. This is their home and to move them away from familiar surroundings, familiar people (staff) and their normal routine will be detrimental to their health. My relative has advanced dementia and to move them would, in my opinion, unsettle them so much that they may never adapt to their new surroundings. In other words they would deteriorate so much that they would give up living. Barnfield has the possibility of moving all residents to one side of the building whilst the other is upgraded and then transferring everyone to the updated side so that the run down areas can then be updated.

Abbeywood is an integral part of our community and is in a central location where residents can see and take part in local activities. For example, arrangements have been made for all who want to attend, to be taken to the Christmas Fantasia in the village for Carol singing around the Christmas tree. During the pandemic the community pulled together to ensure that residents of the home and also staff were as comfortable as could be, mattresses were obtained from a local furniture store so that staff could sleep there as comfortably as possible. During clap for carers there were always people outside the Home encouraging the residents to join in and listen to music played to them. Easter eggs and Christmas cards designed by children are given to the Home for the enjoyment of the residents and much, much more. Also this Home is located next to a GP surgery so access in the case of health issues is easily available.

Keep local services local, for minimum disruption to the frail and elderly in question, and to maintain of visits and community links.

All Homes should be updated.

This would be far less stressful to the residents and employees, as opposed to closing the site. Abbeywood is an integral part of the community and it would be devastating to the families if it had to close.

i feel Birchlands has a homely feeling as soon as you walk through the doors so i wouldn't want it to change too much however needs work done to maintain

Again this is a "Generalisation" statement which can enable the council to do only basic work on as many of the homes as they are prepared to keep. This could be any number between one to eight. Please keep Abbeywood!

Keswick is so well known and has a very good reputation as being an excellent care home, so many local people have links to Keswick in one way or another and it would be a huge loss to the community should they ever consider closing it,

The building are here and should be made use of. They have alot of potential

Providing they are already in good state and don't need refurbishment it should be left as it is. Otherwise refurbish and make a pleasant place for the elderly to live in as they deserve

A home such as Keswick still has at least a good six years life span left. Cllr Mooneys view of 'To go into these homes and have a long dark corridor that you cant get a standard wheelchair down and at the end of it is a shared bath and toilet, is not conducive to modern, quality, person-centred care' could not be further from the truth. Residents do not walk down dark corridors to start with and the bathroom/toilet and toilet is located in the centre of the corridor opposite the bedrooms. Residents are not queuing to use the toilet!

Keswick also provided day care for those in the wider community (it actually served a very wide area of mole valley) and locally which was the heart of our home. Our home certainly had 'hustle and bustle'. Just by the council not providing this service since covid has also had a major impact on our residents. Its like the life has been 'sucked' out of it. The council has caused this to happen as there is no reason why this centre couldn't have reopen with covid safety measures. Day centre clients received no letter about the home closures and appear not to have been 'relocated' elsewhere as we were told. With regards the lack of ensuite it is strange then that we were admitting residents from 'posher' homes with this facility, because more activities and social interacting was the requirement of the client and family nothing to do with ensuites. I think its a case of getting your priorities straight. The state of Keswick is not as bad as some of the other homes. so much money has already been spent on the maintenance including a new warden call system because the mole valley 'Telecare' equipment was not up to standard or reliable. New baths, furniture has also been added and rooms repainted

Abbeywood is an important part of the village. It is in a place where locals are made to connect with those living in there. They are not forgotten as the locals wave ir visit at the windows to make them feel part of the community. Old people should he able to stay in their community.

We are very satisfied with the care given by the staff at Meadowside and although we recognise the issues discussed in the consultation document we believe my mother's needs will be best served by staying at Meadowside and continuing to receive the excellent care from staff who know her well, understand her needs and have established good a relationship with us.

Although the building is dated without the provision of en-suite bathrooms, it has worked well up until now with adequate facilities for the residents of which all I met seem very happy. I feel the Care Home has a team of very good staff with a very good atmosphere creating a caring and warm environment for the residents that is far more important. This building has large grounds and potential to add floors above if extending was an option in the future.

It means that our lives do not have to be disrupted and our home is safe.

There is no doubt that the current facilities are in need of some updating - this was probably due some time ago prior to the council taking control again. If this work could be done without moving the residents out of their home then that would be a positive outcome.

The bathroom and toilet facilities are an obvious area where renewal and modernisation is needed. This would improve safety, hygiene and make the facilities more usable for all residents. This is much more important than en suite facilities.

Very positive

This option is quite basic and could lead to the bare minimum regulations adhered to.

People expect their own bathroom and toilet facilities these days.

It is a good idea to try to sustain and maintain the care homes as they are, but with rising costs how long will this be viable for. Some of the care homes need more work for this to happen and although the facts are given over a number of years, how long can the buildings actually be fit for modern day care homes.

For the residents this would be the most helpful option, but not necessarily the best.

In my view it is extremely important that the local community in Horley, which has a large elderly population, should continue to have Barnfield, as a Council run residential care home. So, I strongly believe that it should not close. Ideally, some refurbishment and modernisation should be undertaken, but without residents being moved. My father is 89 and has dementia. He has lived in Barnfield as a self funder since 2015. He has lived in Horley for over 40 years. He thinks of Barnfield as his home and in my view it would be detrimental to him, and I believe, the other residents, particularly those with dementia, if the home was closed. It is important for those with dementia to have familiar surroundings and continuity. Barnfield provides that. The staff, who are excellent, have built up a relationship with my father and myself, and have a knowledge of my father's personality and needs which is vital to his wellbeing. I am my father's only child, close relative and visitor. I would not want that relationship to be broken.

As a self funder I requested that my father has en suite facilities, which I would like him to keep. So, in my view keeping Barnfield open is vital and positive for Horley.

Buildings need updating the bathrooms are shared and need more regular cleaning.

Rooms too small more like cells.

Need lounge area with out a television seperate to a lounge with a television.

TV left on all day. No peace to sit quietly.

Able minded people mixed with dementia people which can be quite disturbing and my family member was attacked by one such person.

Staff were helpless.

Putting the residents first, this would cause less upset and confusion if the residents could stay in their own home.

I feel the home requires improvements but I also feel the home is good as it is

Stability for the residents is paramount. These people have had to leave their lifetime homes and the care homes are now 'home'.

I like it here

I understand this will take time and a lot of finance, and yes some of the homes are looking old and slightly worn out, this home has been in the community since the 70's and at that time was what was needed, times and needs change

Buildings are beyond standard to meet complex needs with dignity

Building layout is not suitable for today's standards of care or very complex needs

these residents have been living here in these premises for many many years and have never complained about the building itself. it is a safe place for residents and staff.

Resident s would be able to stay in the place they call home without any upheaval

My Mum has resided in Heathside for over 3 years. She is blind, not very mobile and now suffers from Dementia and Alzheimers, She requested herself to move into a care home as she was afraid of falling over in the middle of the night and lying there for several hours until someone found her.

Therefore my Mum would not be able to take full advantage of an en-suite as she would have to get a carer to help her in and out of her wheelchair. Because she is blind it takes her a long time for her to get used to her surroundings. At this stage of her life I would totally be against her moving to new premises. She has got used to the carers and they understand her, Also I feel I have a good relationship with the staff at Heathside and I have found them to be very helpful and caring. The care home is ideally situated for myself and my sister (who lives in London) to visit my Mum. She is self funded we have found Heathside to be the cheapest care home in Woking.

These residents need stability and moving them to another home is unsettling for them, especially those with dementia. They need regular faces and surroundings
Home is big enough to do work needed unit by unit .

1. This is the best outcome for the majority of residents at Barnfield causing the least distress and mental anguish.
2. It is the lowest cost option and with the weekly costs of Barnfield only marginally higher than the cost of buying the service from the private sector.
3. With building maintenance managed by the council it is unlikely the condition of the building will deteriorate significantly.

Its alright as it is.

I like the home as it is.

I want to stay here.

Because I like it here.

Continuous maintenance costs would not be viable and would be continuous disturbance to residents.

They want to make it [illegible].

This is my home I want to keep it as it is Its a good building.

I want this I don't want them to touch anything, I've already moved once I don't want to move again.

Unable to say.

Its been built for a long time.

They all need extensive refurbishing and making safe.

Nothing changes for them

This home has produced some of the best care in the area. Surrey CC must take on a responsible attitude towards the needs of the elderly in Bookham. Not all care can be provided in a clients own home. 24 hour care is needed for some.

People are living longer and their needs are becoming more complex over time. The properties need updating to reflect the need to accommodate specialised equipment. Just maintaining the status quo is not going to encourage people to want to place their loved ones in a home.

The residents deserve the privacy of their own bathroom however I don't think they should be moved away from their families

The statement should read all eight residential homes not some which implies there are going to be closures

Allows continuity of environment which is particularly important for residents with dementia. At the moment at Abbeywood the residents are all happy and comfortable as they are.

Depends which of the care homes are retained

Would not resolve any issues

Building compliance is essential.

The availability for residential care beds in Surrey is also essential as the elderly population increases and a percentage of the population will require 24 hour hands on care of an acceptable cost effective standard

To have a care home within the community is so important and

Care homes need to be kept updated for residents to have a positive quality of life

Residents deserve privacy and dignity of own bathroom but should not be removed from community

Dementia and continuity in the local area.

My preferred option - no disruption to residents - my brother is very settled at Heathside and we worry about the effects on him of having to move out even temporarily

I think the refurbishment option is the best option, this would be a 'bodge' instead of giving every room an en suite

My Uncle has only recently move to Heathside in the last couple of year after 30 years at Hillside.

The move from Hillside was fairly traumatic for him and he is now happy and settled at Heathside.

Whilst I appreciate that the home does require refurbishment, the family are worried about the effects this could have on my Uncle if he had to move again even temporarily

This option is preferable to us as it would avoid any further disruption

This would give my mother the ability to stay in Keswick.

My brother is VERY happy at Birchlands as it is.... he really does NOT want or need en-suite facilities.
He was moved to Birchlands (under Anchor) when his previous Care Home closed.
He does NOT want the upset and turmoil of being moved yet again.
Heathside is a very pleasant place to live. It is closer to the family than Hillside and so visiting is more frequent and easier. The staff are kind and considerate to clients and family alike.
Just the necessary alterations should be carried out to meet the standards required so as not to cause the residents unnecessary disruption. Generally I feel that Heathside is in very good condition and the residents seem to be very happy there
you should maintain and sustain the care home
Beacuse it can not meet the complaince standards
Because they cannot meet compliance standards
Because they can't meet the compliance standard.
This will make no difference at an operational level at the moment but are we storing up problem for later, the buildings have substantial maintenance issues.
It is vital that the homes remain in close proximity to their families.
it is good ideal of maintain this home, because Heathside is in the centre of Woking and get easy excess to train station. it is easy to recruit for the staff. also it is benefit for our residents, the resident are enjoying shopping , going to watch cinema, going to coffee shop. it is close by Woking community hospital. when the resident needs to recover from Falls , the resident can go to Woking community hospital. the home is close by to all the essential surgery as well.
Residents could stay in the homes they have known for so long, surrounded by familiar faces. This will allow them to have continuity
The second best option of the three as it enables the homes to continue although with acknowledged existing defects. It pushes the refurbishment issues down the road which is never good but at least the homes remain.
There should be somewhere local to the residence current address but to upgrade the homes
Whilst on the one hand we would prefer this as our mother is settled & has recently been allocated an ensuite room, in the long run (with the possible level of disruption due to required work to meet building standards and associated cost) this is not the most practicable or equitable.
As to what decision made by Surrey County Council, I am viewing it as to how it affects my Mother rather than as a cold business decision. My Mother is in her 90s and is practically blind with very bad hearing. She has the start of Alzheimer. What concerns me is that a change in her living accommodation in the late stages of her life will be very disorientating. She is familiar with her with the home.
The lay out of Birchlands i feel is very good with each unit having their own lounge and dining room. I feel it is very comfortable for the residents. I have worked in other care homes where they have one dining room and lounge area and it becomes overcrowded and intimidating for some residents
There are only 8 care homes in Surrey currently under your responsibility. I'm aware your policy for the future is to keep people in their own homes for as long as possible with carers but you must still require spaces for people who require 24 hour supervision/care. Over the next few years there will be higher numbers of elderly in the community, it seems so short sighted to reduce the number of rooms available. Before Covid my grandmother's care home was always full, there was always demand for spaces, conveniently to the lead up to your consultation the home has become much quieter. I don't believe Covid has prevented that many admissions.
I don't know?
building very old. needs lot of work. would only delay the problem
I'm an architect at ECD in London. We are involved in the retrofitting of residential homes with them both in residence and out. These properties are brought up to Enerphit standards for which there are often grants available to pay for this. Often an extra floor is added to also fund a refurbishment. It can be done. Meadowside is a lovely location and somewhere worthy of saving. Please get in touch if you need pointing in the right direction.
The facilities at Heathside are very good.
The home does need to be updated not closed,
Still in pandemic ! and Spring 2022 introduction of new Health and SC legislation. Prudent to pause at this time.
The residents will get to stay where they are, with staff that they know, plus the staff get to keep their jobs.
Prefer option 2
Infection control

Very Positive 'if' Meadowside remains open and is maintained and sustained. It leverages the investment made in the facilities and in the staff and reputation. Creates little to no adverse impact on the residents who are quite happy with Meadowside today. However 'if' Meadowside closes this goes to Very Negative as the disruption would cause my relative great distress. She has dementia and having familiarity of surroundings and staff is a huge part of keeping anxiety low. The upheaval of moving would be terrible, she would almost certainly lose her companions that come to visit as Egham (the closest assuming its not closed) is too far for them to travel.

I believe all the homes are in need of being at least modernised, sustaining and maintaining, will lead to later consultations or decisions made, adding further stress to staff, service users and relatives.

Trying to simply maintain what already exists, will only require more robust maintenance in the future. Amounts to constant patching and re-patching.

Prior to residing at Barnfield my uncle lived in a care home in Dorking. He was very unhappy there, he lost weight, his health deteriorated and there was a long delay in for his health assessment. He was a long distance away from his family. This made visiting difficult, It was especially difficult for his main contact, his niece, Tracy, who does not drive. He had arrived back to the UK from Spain soon after his wife died. His daughter lives in Australia and is unable to visit because of the pandemic restrictions. I live some distance away and have found it difficult due to lockdowns etc.

Since moving to Barnfield my uncle's health has improved and he is very happy there.

Tracy lives in walking distance and is able to visit regularly (within the Covid restrictions) and my uncle spent Christmas day with Tracy and her family and Tracy and her husband can walk him to the local town where they can shop and enjoy a meal together. He is visibly happier, has made friends within the home and he enjoys the contact with the staff. As Tracy cannot drive it would be extremely difficult for her to see him as often and this would have detrimental affect on my uncle's health and wellbeing.

Although the council feel that the building could be updated the residents are happy there and although improvements to the structure could possibly be made it is of no consequence when compared with the residents wellbeing and health. It is well known that moving residents from care homes where they are happy and content and have caring staff can have dire consequences

The focus of this consultation has been on the state of the buildings of 8 care homes and whether the existing care homes run by Surrey CC are fit for purpose going forward. Savills' reports indicate that all the 8 properties are beyond the optimal economic lifespan of the buildings. As all the buildings have been reported to be of a similar age and built to a similar template, it is not surprising to find the reports to be similar in assessment. Surrey CC has said that the care homes are half full because elderly people today want en-suite accommodation and larger rooms. It also makes the point that the purpose of care homes have changed since the care homes were built as people seeking care homes may have more increased needs than compared to 50 years ago and the current care homes may not be fit for purpose.

I have the following comments:

1. It appears unlikely that Surrey CC's economic/financial position will be able to facilitate all 8 care homes continuing as they are.
2. My understanding, with respect to Keswick, is that the home was not running at full capacity as a decision was made to operate it at a reduced capacity due to the difficulties in recruiting qualified staff and, subsequent to this decision, the additional problems posed by COVID as opposed to a lack of need from the community.
3. Uncertainty over job security and job prospects created by the consultation for staff would have led to loss of staff morale and may have precipitated further staff losses. Constant changes in staff prohibits continuity of care and opens up the potential for errors. If a care home is to be kept open and operated at full capacity, then staffing capacity needs to be reviewed and the manager of the home provided with adequate administration support with respect to staff, maintenance and repair needs. It is also important to ensure the manager does engage with relatives rather than be an anonymous face.
4. Improvements have already been made pre and during COVID at Keswick; for example, refurbishment of the Daffodil wing at Keswick and purchase of new crockery. This was not mentioned in the report.
5. Keswick has played an important role in the community providing day care activities to both residents and people resident in the community. The day care provided an essential lifeline to carers in the community as it offered the carers respite. The day care centre at Keswick was quite unique and added massively to Keswick's amenity to the local community. I cannot believe this is not needed. During covid, the day care team have worked tirelessly to ensure residents are engaged in a variety of activities - this is very special and makes Keswick unique.
6. Keeping a care home open would be the least disruption for existing residents.
7. Buildings are not usually knocked down after 50 -70 years but maintained and refurbished in compliance with current building standard requirements. It is not satisfactory, in answer to a query about why the homes were allowed to become run down, to say this was overlooked when the Anchor lease came to an end. This would seem to be a major oversight if this is the case. Repair and maintenance clauses would be standard for any commercial lease and is an expected requirement for any landlord of residential accommodation. It is hoped that Surrey CC did exercise due diligence to ensure the contractual terms were adhered too with respect to, for example, service maintenance contracts.
8. Relatives of residents at care homes would need to be reassured that service contracts are maintained and these costs included in annual budgets. Keswick's lift was inoperable prior to Christmas and was not repaired for some time. It is unclear why there should have been a delay if a regular service contract is in place. This would be needed in any care home

regardless of whether it had ensuite rooms or not. A care home would normally get priority if a service contract was in place.
I feel this would have the least disruptive impact on residents and their families. Staff work hard at Birchlands to create a safe and caring community where residents feel at home and among family. This may well be true of each care home and the favoured option would surely be to maintain and sustain all of them.
Limited impact on everyone associated with the home.
I write with specific reference to the Chalk Mead facility where my elderly mother is resident due to Dementia, Mobility and COPD conditions. The facility ticks many boxes in terms of her care delivery and indeed the ability for family to visit conveniently. Any moves to enhance the facility through improved building compliance standards is for the betterment of residents, staff and visitors alike.
Changes will be expensive and disruptive. En-suite etc. is not necessary. In some instances ensembles may pose a higher risk.
Each Care Home will have different facilities that will affect the option to 'Maintain & Sustain' . These will need to assessed to provide the best way to keep the some, if not all of the homes functional and in place.
Residents would still feel safe and not be as confused if things carry on as normal
Many residents have lived at these homes for many years, it is their HOME
This seems like the most logical option. The facilities are currently fit for purpose and it therefore seems most sensible to continue to sustain as many of these facilities as possible. Minimising upheaval and hassle for residents and staff is for me the determining factor here followed by cost.
I think that the work that would need doing would prove costly and only serve to patch up the building that will then likely require constant and costly maintenance.
The benefits of remaining in what has become their 'home', to elderly, and sometimes confused, residents would far outweigh the other options being considered.
Although making improvements is never going to be a bad thing, allowing a great service to continue doing what it does best , can only be a positive outcome
Whilst finances may not allow for all of the homes to be upgraded, I believe that maintaining as many of these homes as possible will be a positive move for many people. It brings jobs to local areas, allows people to remain in the a home local to family members, offers more choice to people, and would allow those who already live in those homes to see out their days there, but with better facilities than currently available.
The homes despite a difficult few years under challenging circumstances have generally preformed well.
The last CQC report was positive and staff have worked very hard to bring the home up to this standard. This indicates option 1 is a viable option for maintaining a good standard of care going forward. When SCC took the homes back off Anchor option 1 or 2 must have been the preferred option. This was only around 2 years ago, At this time Orchard Court resident numbers were high and residents and families were happy with the standard of care. Why did the Council take the homes back if they were unwilling to support them going forward? Continuity for residents, their families and the wider community. Orchard Court is a crucial part of the Lingfield community and the town requires this service provision. It is very disappointing that the community has not been engaged proactively in this consultation.
The person for whom I am a Deputy is very happy at the care home from the visits I have made over recent years. I last saw him in November 2021. He was previously moved from another care home when that closed. It is my view it is likely to adversely affect his mental health if he had to move again, severing his links with the other residents and carers whom he has known for many years and having then to form new relationships with new people in another care home.
All eight are required to remain open, therefore keeping the same number of places available.
I would like to continue living here because I am happy here
Well, I got used to it, I'm happy here, the carers are nice.
Prefer not to say
Just keeping it going isn't good enough
They are indifferent to people's dignity
I don't know
Our mother would be able to continue having care where she is happy

'some or all' seems a little vague. The home, Abbeywood, could definitely benefit from more improvements. Just staying as it is would probably be more costly, not just in financial terms.
Keep it as it is
If this wasn't a feasible possibility then the council wouldn't have this as an informed option. also, can you explain why 5.2 (Question 6, Option 2) does not mention 'meeting building compliance standards' in bold
This will not bring any of the homes into the 21st Century as they need by the sounds they need to be done correctly
It would be less disruptive for the residents. They remain in familiar safe surroundings' - their home.
The care received by residents at Keswick is top class and caring staff have been in post a long time. Nothing should be done to jeopardise this.
It's good to have a place like this
Because everyone won't agree to it
In my point of view it's great
Because you can do quite a lot with it
I like it here. It's nice open and friendly. Has nice views
It is my home, I like it
Would prefer to have en-suite
The homes are now 40 years old plus and need to keep up to date with modern way of thinking. People seem to be older and less mobile before entering into residential care.
It's my home. Why should I move I love living here
It's my home - I like it here
It's my home - I like it here.
Because I wouldn't have to move
I love living here but would be nice if the home was updated.
I enjoy living here
I like my home the way it is.

Option 2
My question is, what is the timescale for such improvements. Additionally, the disturbance to residents over an extended period would be unacceptable and, until the homes are refurbished, the residents will be forced to live as though Option 1 had been selected. Add to this all of the points raised in Option 1 above and I think the continued running of the homes is unsustainable
Modernisation would be good if this meant my mother could stay at the same care home
All care homes need to be kept open
My resident would stay in a beautiful location where I would continue to give them the life they deserve
We need a lot of work done. And this is the best option. We are basically empty now. Now is the best time to do this work. Unit by unit. It's possible.
With the present situation on the lack of care and special needs homes.
100 percent we do need to remodelise Meadowside and other Surrey homes
Depending on what u offer to help staff and residents
It would be nice to have new facilities & an ensuite, but concerns about where I would be during building works or if I would have to move, where to?
If this option meant a change in location until the work is complete, for my mother that would be the same as 2 changes. As I've said, any big change at this point in her life will have a detrimental affect on her health and to have 2 changes in quick succession would be the worse scenario
Pros and cons to either side of this. Modernising helps freshen the home and keep up to date. Also encourages the people that live there to feel more uplifting with newer refurbishments about their living situation. However this can cause disruption to some people that live there that are in end of life care.
We have some empty units .makes sense to refurbish them first .with less disruption .it makes sense to do this .
refurbished care homes would better suit older peoples" needs
You could do this in one of the homes that need less repair/upgrade to better make use if money.

<p>It would be positive for our 90+ year old residents who think of Birchlands as their home . They love living at Birchlands .It's not just a care home were a family . We do our utmost to keep residents happy and safe Respect their dignity at all costs . Why isn't it considered to keep Birchlands open refurb it then consider taking private residents as well .If we have on suites rooms a shower rooms which most of the care homes have now .It's in lovely grounds and a very nice area . Our residents deserve better than being moved to another home it will cause some of them to die which in past experience has happened .ELDERLY PEOPLE DON'T LIKE CHANGE THEY DESERVE BETTER .WE HAVE A DUTY OF CARE AND MOVING THEM ISN'T PART OF IT</p>
A local community resource for the future
Needs and the virus are changing, despite some bedridden patients not needing facilities suitable ensuite will both be better for residents and also protect staff and residents from cross infection.
The home does require some modernisation , and permanent rather than temporary repair maintenance work. But not every room requires to be en-suite more importance should be concentrated in heating system and room sizes , and also storage facilities for equipment and necessary office related records (ie archiving)
Too much money is needed for this.
I am glad that there are care homes run by the council. I feel confident that the staff are paid fairly and that they have opportunities for progression. This in turn will lead to residents being better cared for at a reasonable cost. The refurbishment and relocation of residents is a temporary difficulty for longer term better service.
It is clear the elderly have enough to cope with when moving into residential care when they can no longer live alone. To close care homes in these places means moving the already vulnerable residents from their local area, further away from their friends and family isolating them further. Much better to improve the facilities allowing people to stay in the area they know and allow them to have visits regularly from loved ones.
The existing buildings should not have been left to rot as they have been. Investment needs to be made to at least support the existing residents.
Finding a way to keep the care home to a good standard and refurbish without too much disruption would be optimal
Elderly residents deserve the best facilities and the investment will increase the value of the care homes to the community
Again Abbeywood needs extensive work
Some upheaval but staff retain jobs and residents continue to live in the place they now know as home. Facilities will be improved, which can only ever be a good thing, and family connections remain also
More care homes are needed to prevent older and frail people remaining under NHS care by closing some homes you are reducing a more affordable option
This all depends on where the money and workmen are being sourced from. Considering most councils are tight on finance, using cheap labour and cheap materials isn't going to be a long term solution
Would be more practical to remodernise the bedrooms and building rather than maintain or closing.
Should keep the home for future elderly in the village and gives carers some respite as travel not too far
See my comments in Question 5, Option 1.
<p>Option 2 is my preferred option.</p> <p>Modernisation and refurbishment of all of these 8 care homes is the best Option for Surrey residents and Rate payers both current and future. These homes are a resource which will increasingly be in demand as our elderly population and demand for residential care grows.</p> <p>The work could be planned to take place over several or many years, with those homes being toward the end of the list being 'Maintained and sustained' as Option 1.</p> <p>To guarantee provision of affordable places within the county is the responsibility of Surrey County Council. This duty must not be passed off to the Private Sector which has a role obviously, but should not be expected to fulfil the role or duties of the Council.</p> <p>Although disruptive for current home residents and more expensive initially, Option 2 would be cost effective in the long run. Existing Council owned care homes are a valuable asset and should be retained and updated for the benefit current residents and future generations.</p>
10 residents would lose their forever homes and may lose contact with close by family members if there is nowhere too close
As above
The facilities (or apparent lack of) at Abbeywood have not been of any concern to anyone I know or have heard from. Modernisation to some degree would be advantageous but not if the residents had to be moved out to allow this to happen. It is definitely not a concern ever raised with me.
Abbey wood is a good facility in the local area but it does need to be modernised/upgraded so that the rooms have en-suite facilities.
Maintain and refurbish all facilities , very much needed .

Important to keep care homes in existing communities. Residents may have existing links to the area. To move them elsewhere permanently may be detrimental to their lives. A temporary move may be manageable for the well-being, but not necessarily long term.
It would mean the residents get to live the remainder of their lives in their home and staff would keep their jobs
Abbeywood currently holds 51 beds. If this home was refurbished or modernised, it would need en-suites to ensure that it looks inviting for those potential new residents. This would mean potentially reducing the home from 51 beds to 25 beds which potentially could create a deficit of funds when the refurbishment is completed.
As it would still be keeping spaces for elderly to be kept safe, but by keeping modern and refurbished it's going to help bring in new customers and clients
I agree the home could do with modernising and not have communal bathrooms
This would feel like the council is looking towards the future
Abbeywood could do with an update & refurb but the building itself is quite old but still reasonable.
Improve the building can be beneficial for all residents and keep the future of the residential
I do not believe we have an excess in capacity. Reducing the capacity of existing care homes is a bad idea. Each community should have the opportunity to house its vulnerable people locally and keep them part of the community as they are in Ash.
Britton them all very glum for seniors to live in
Hospitals have mixed wards and shared facilities....why is this a problem in a care home? Private residential homes are very costly therefore residents would expect to pay for en-suites etc. There is a desperate need for reasonably priced care homes. Someone I know had to put his wife in a care home out of the county that was cheaper.
They will be modernised in a good way for up to date equipment to be used
This would be great, and much needed, but that would probably require the current residents to move out. They have already had to pack up their homes to move into a care home.
Some staff are very upset about the prospect of having to find alternative employment. We have all worked through Covid and our mental health has already suffered. To modernise and refurbish would be a great idea for the future of the home.
Less bedrooms available.
This is the best option.
Modernisation and refurbishment of council care homes is a very positive option particularly for communities that know and trust their local home. Keswick House in Gt Bookham has been a valuable resource in our community for many years.
I would like to see Keswick brought up to date
How would the council manage the modernisation - would people need to move out What about the stress and worry of potentially moving whilst work is done and not moving back stress of the work and moving Consultations on how to refurbish to future proof care communities. Will people living, supporting and working in the care communities have a say What will happen to the care communities that are not going to be refurbished?. Closure? Or buildings barely fit for purpose
Positive
As people are living longer their needs change and there should be careful consideration given to this.
This is the best route all around, if they are modernised now, then they will be viable options for the elderly and infirm in the future.
These homes are much needed. It is a complete fabrication to say many elderly people now live in their own homes. We have a growing elderly population, and these homes are much needed. The waiting list alone for Keswick, would tell you this. Put people first, not money and savings.
The location of Abbey Wood is fabulous, especially with it being next door to a GP surgery. From the CQC report it appears to be well managed with no dependency on agency staff - which is practically unheard of in this type of setting and really not something to be sniffed at. The building is in desperate need of modernisation to not only meet current needs but to also future proof.
By updating it would be a good idea but you have the upset for the residents being moved around and also some staff would also lose their jobs as there probably would not be enough jobs to keep all staff employed within the remaining homes if some were closed
It would be a positive thing but I would worry for the residents in what would happen to them while all this was going on and also where the staff would stand

although we know the work needs to be done it would worry me how the residents would cope and also how it will effect the staff
This will be good in a long term for both staff, residents and the care home. It will cause disruptions but it is necessary for the improvement of the service.
Abbeywood is a fabulous environment; the staff and community feel are huge pluses adding to the care offered. I would, therefore, like to see it able to continue to serve the needs of more vulnerable older residents for many years to come, long after my own mother passes. The location is very good and feels as if it is part of the community. Also, my mother has found a group of friends and acquaintances that benefit her immeasurably and I would like her to continue to have these people around her and, as I stated, for others to feel similarly in the years to come.
It should be refurbished
this would be very upsetting and disorientating to the service users to be moved during the work and then to move back.
a modern more practical surrounds can have beneficial affect on the residents
There are not many residential homes around the area, meadowside is located in an ideal place close to train stations, public transport with local doctors surgery and other amenities.
Any refurb that needs to be done is better then doing that instead of closing any home.
Ash and Tongham has an older population and it would be a crime to put those people in homes that are further away from family when the time comes. Leave that site alone for the local community!
We would not need to move residents and keep staff
Residents would not have to move and staff would remain in there roles
This would seem to me to be the best option,refurbishment could take place on one wing at time causing less disruption to existing residents,there is also an option of adding another story on top of the existing buildings and then refurbing the lower floors. Birchlands is such a good location and the care team are fantastic in what they do,it would be a great shame if this was all lost to our community.
I can understand the requirement to 'modernise' the home with en-suites, facilities for family members, etc. but I believe this could/should be done without the need for current residents to move out permanently. The residents with capacity and independence never complain about our facilities and seem happy with them.
Orchard Court has been extensively modernised inside, particularly decorative, and new furniture and flooring etc, to close it after spending what appears a lot of funds to decide to close it.
This option will cost, we understand, but: a) this is the HOME of the resident a) care and CQC standards say that the HOME of the resident is sacrosanct. Unless you are proposing the move the resident to a BETTER HOME - not just farming them out to the private sector - then the council has a moral obligation to keep the residents safe and secure in the home they know, and to modernise it where possible The council will have ongoing duty of care for elderly residents in the county, and to distribute them widely across the many (and varied standards) of the private sector will be very hard to monitor and maintain standards. Private sector homes which utilise the same spend per capita as private care homes are hugely variable in their standards and many fall below CQC standards. Unless Surrey CC undertakes to oversee standards at current or HIGHER levels, then it cannot risk the social care outcomes that this move would make
This would be positive where it is needed, but the negative side of this, is the disruption this may cause for those residents living in those homes that require the work.
The reality of "modernising and refurbishing" would inevitably mean moving individuals to an alternative room or home and possible major disruption. One move would be an upheaval physically and psychologically for any older frail person but to then move them again might be very detrimental to their health . I feel that one move would be more than enough. Having said that, the lovely courtyard garden is a great idea- can be seen , accessed and used by all and would be sorely missed if resident had to move away . Also, the residents have got to know the staff and have formed bonds. It would be such a shame for them to have to cut ANY of those bonds
To modernise or refurbish the homes would not be a good idea whilst residents are insitu as it would be too traumatic and uneasy for them. It would also would be too costly.
It would be beneficial to the residents and staff. They could have a building that would totally meet their needs. This is after all their home.
Updated needed

<p>Modernising and refurbishing could mean an en-suite wc and/or shower for each room thus providing privacy and dignity for all and improved infection control as we move into norovirus and flu season this is really something to think carefully on, not to mention the recent pandemic! While the refurbishment would carry huge costs, the cost could eventually be equalled out by the LA not having to pay the much higher rate of care and nursing in private care homes for residents in need of residential and nursing placements at a higher private rate and no option for resident or family to pay a top up.</p>
<p>Our local population is increasing in size, meaning we need our older people services more than ever and it needs to stay local.</p>
<p>If this can be achieved without moving the residents to another home it would be the preferred option.</p>
<p>Same response as above</p>
<p>Modernising & refurbish would be a brilliant idea & a much needed one, for instance my uncle who has dementia only has a wash basin & due to his Lewy body dementia finds walking down the corridor very hard & he has had many falls, at times he tries using the washbasin to pee in as he desperately needs his own toilet, & doesn't like the commode, remodernising Barnfield would mean the residents can continue to live happily in a place that has become their home & have the facilities they desperately need</p>
<p>We were told when SCC took the care home back from Anchor Homes that they would be updating and refurbishing the home but a few years on and nothing has been done, or very little pre-covid. Mum has been here a number of years and is used to the building and people, moving her would be very detrimental for her. It would be great to see Heathside get an upgrade.</p>
<p>For my Mum this would be my preferred option, given that resident numbers are currently very low this could be achieved without too much disruption to residents if it could be done a wing at a time.</p>
<p>For some residents of the the 8 homes , this has been home , I would imagine .</p>
<p>This is an excellent service that needs to continue.</p>
<p>Keep the home open throughout refurbishment.</p>
<p>It is required It is essential to do this</p>
<p>Duty of care to residents and it would improve the home slot especially having on suite bathrooms and bigger rooms to be able to use equipment needed for residents.</p>
<p>En suite facilities need to be added to all residential homes.</p>
<p>Any refurbishments and/or building works required at Heathside would be wholeheartedly welcomed for it to continue.</p>
<p>The answer here is the same - the welfare of residents should be at the heart of this decision...</p> <p>There is clearly a large financial commitment in this Option. However, there are two 'values' to be weighed up: Value to the public purse and value to those individuals who find themselves living at the Care Home.</p> <p>Is the alternative to maintaining the Care Homes to place the existing residents into a commercial Care Home run for profit - at the expense of the residents?</p> <p>Cheap, almost unregulated staff, the cheapest of nutritional foods, laundry equipment etc etc... A Council run home is likely to have adequate staff without cutting corners - with proper contracts of employment- including sick pay</p>
<p>It is very important to sustain as many care homes as possible</p>
<p>It is a cheaper option than rebuilding completely. Chalkmead is only 40 years old so I'd be surprised if it could not be refurbished adequately. Having said that, a brand new building would be more energy-efficient & cheaper to run long term.</p>
<p>Again, too much of a cost to do.</p>
<p>Don't think worth big money on</p>
<p>They should be maintained to standards but there is not much money to spare at the moment so should be spent on the most essential improvements. It should be done in a way which does not require relocation of residents. I don't see how refurbishment of bathrooms etc can't be completed stage by stage while residents are present and alternatives in place. When a bathroom breaks down in a care home it's closed off until a plumber visits so they always manage to find a way round in emergencies without residents leaving.</p>
<p>I think in the long term it would be a positive move but I don't think it would be worth the upset of residents by relocating those who took a while to settle in the care home anyway due to advanced dementia.</p>
<p>Important to improve the living conditions of current residents and for staff too</p>
<p>disruptive , disadvantages outweigh the advantages,</p>

There will be an increasing number of people requiring care homes as the population ages, and this is a good investment. Having recently had to search for a care home for my mother, I found a distinct lack of care homes that offered good quality provision, facilities and premises so there is a significant need for these homes to be refurbished to better meet residents' needs.

I appreciate this would have a short-term impact on the residents whilst work took place but it'd be worth it.

Bring them up to today's standards for the well being of staff and person living there is a good all rounder

See our comments in '5'. These homes could still be modernised but still keeping Residents in one half of the building. This especially applies to Keswick where they only have 21 residents at the moment so half of the building is not being utilised presently. An ideal time to update it.

Most of these Residents do not need an ensuite as they need help using the toilet facilities and there are plenty of bathrooms to make some available for men and some available for Women only. If they had their own ensembles it could encourage them to go to the bathroom themselves and then accidents are likely to happen.

As long as the height of the building doesn't change and the security is improved, we are happy with this option, because it will improve living conditions without forcing residents to move.

It would be extremely positive for many reasons particularly the following:

- 1) Those in care would have an improved level of accommodation with larger rooms and en-suite facilities.
- 2) It would be minimal disruption to those in care because they would remain in situ. The key point here is that of the 8 care homes only one has an occupancy above 50% and that is Abbey Wood at 59%. So there should be no reason to move residents while works are in progress as this could be accomplished by staggered renovation.
- 3) Residents would stay with the same staff (dementia patients do not react well to change in fact it is detrimental to their well being)
- 4) Staff would still retain their roles and positions.

Ultimately the work would be positive giving the residents more dignity and the staff better able to isolate viral outbreaks.

Keeping the homes is the far better option.

A short move away whilst the home is being refurbished is preferable for my Mum who is nearly 90.

Staff are well trained in dementia care and making residents feel valued and cared for. I suggest staff should be offered a temp relocation to work in respite services whilst the refurbishment takes place.

Homes should be refurbished in a phased approach so that remaining homes can be used to support the residents as a temporary stay, as not all homes are at their resident capacity. (Staff from closed homes could be used across the remaining ones as there is currently a shortage of good care staff, and these staff are of the highest quality).

Modernised facilities for care will be good for staff to work in. (So that they can carry out on-site end of life care and can assist using hoist facilities if mobility is an issue).

In the refurbishment a homely feel should still be maintained as this is beneficial for dementia clients such as my Mum.

I understand due to budget restraints not all homes would be able to be kept. Some may need to be sold to pay for the refurbishment.

As the council just took back the homes it makes sense to update them they are an integral part of the community for older people

We have always felt that the bedrooms were rather limited (especially as a hoist is needed) and private bathing facilities would be appreciated

This is clearly the best option.

- 1) it will meet the needs of the people using the service (including day care) and any future design can future proof to an extent.
- 2) it retains a valuable, publically owned community asset.
- 3) it maintains local employment.
- 4) contrary to some of the information provided - there will continue to be a significant demand for these services and likely increased demand in the future. CQC 'State of care' 2021.

To my understanding there is not any major works needed at Keswick apart from looking at making rooms en suite this will provide better value for money in the long run for the council as less work would need to be done in the future and Keswick will be able to provide better person centred care for future generations,

The residents would feel that they still living in the same place but more modern, this can only be a good thing that the residents are still in familiar surroundings.

This is a positive decision as residents who's home it is would benefit from being kept in familiar environment also in an area where they have lived and bought their families up and convenient for friends and families to come and visit .

Modernising will improve the daily lives of residents. It will keep a local feeling to people that have spent their lives in the local community to be still in a familiar area. They still like to go to local shops have the same doctors etc, at a time in their life when a feeling of loss of independence by leaving their home they still have a sense of emotional security. A lot of Bookhams residents came to Bookham during the Blitz for safety and rehousing after the end of WW2. They have given so much to the area I feel it is very important to the sense of community that they should spend their well deserved rest in familiar surroundings.

I think. Heathside. Woking. Should. Be. Modernise and. Not. Closed

Giving people personal dignity with own facilities

Again any refurbishments that can aid safer care for example making three bedrooms into two for making more room for hoist machinery or for two careers to have more space when bathing would be very beneficial. I realise some people prefer en suite bathrooms but as our loved ones get older and more dependent on their careers these are not essential and could be hazardous should someone try to climb in unattended.

Where suitable and economically viable, improvements could be made to Meadowside over a period of time so that the home can meet modern standards. This may be a long process, but would be better than not attempting to fix the issues at hand.

This is the out come i would want for the residents of this home, and i don't see why they would have to move out, we could move them around the home has needed. en suites would be great for infection control, privacy and there dignity.

Would be very nice but see comments above

A short move away whilst the home is being refurbished is preferable for my aunt who is nearly 90.

Staff are well trained in dementia care and making residents feel valued and cared for. Would be good to offer Staff a temporary relocation to work with residents whilst the refurbishment takes place.

Phased home refurbishments recommended so that remaining homes could be used to support the residents as a temporary stay, as not all homes are at their resident capacity. Staff from closed homes could be used across the remaining ones as there is a shortage of good care staff, and these staff are of the highest quality. This will provide continuity and maintain the homely feel which is important for dementia clients.

Modernised facilities for care will be good for staff to work in. They can carry out on site end of life care and can assist using hoist facilities.

It is appreciated that, due to budget constraints, not all homes would remain and some may need to be sold to pay for refurbishments.

it would be a very good thing to do but it would be difficult for the residents to put up with whilst the work is carried out

Best option

I accept that the cost of improving and refurbishing all 8 of the homes will not be viable.

However keeping some by 'Maintaining & Sustaining' would allow others to be Modernised and Refurbished.

As all the homes are of similar layout the residents along with familiar staff could be accommodated in the Maintaining & Sustaining homes while work is undertaken.

This would keep the service operational.

Maybe, two of the care homes could be closed and the land sold to invest in one new purpose built Elderly Care facility.

A phased programme of investment would mean that SCC will continue to meet with their statutory care of the elderly in a meaningful way. It will all keep faith with existing & future resident and the staff of the homes.

This is an opportunity for SCC to show all residents that Elderly Care is a priority and not just a 'paying lip service' to their responsibility and to political leadings.

Although there would be quite a lot of short term disruption the better facilities provided would be good for the residents.

This is a better solution than closing down the homes. I think the public would be upset to see it's care homes disappearing.

As Question 5

Please see above

This would be ideal as there is a definite need for a care home in the Lingfield area. Orchard Court is situated in a village setting, a prime location where the residents can visit local shops, pond and other activities.

The care homes need to be upgraded they are no longer fit for purpose. Need most of the rooms to have access to private bathroom and improve insulation and other features that would reduce greenhouse gas emissions from these buildings.

Thorough modernisation might allow for the incorporation of new forms of heating and hot water provision etc. for when gas boilers are no longer used.

The council should retain some services to maintain a presence in the market place and to be the provider of last resort. Developing specialist services where there are gaps in the current market would secure options for the future. There will always be a need for some residential care. Not all older people benefit from staying in their own homes only seeing a carer for a few minutes, several times a day. We will end up with a generation of very lonely, largely neglected, older people.

I think this would require the modernisation works to be extensive - not only bringing them up to current care home specification but also future proofing them. otherwise you are again postponing further works in the future.

If this were to be done, it would be essential that the residents return to their care home asap if they have to be moved out whilst the work is progressing. It would be better to carry out the work without having to move the residents if this were at all possible

All presently owned facilities need to be upgraded and the County ensure facilities are fit for care in the 21st century. Whilst this would need to be carefully managed where residents are decanted to temporarily facilities whilst works take place, this would ensure we have facilities can ensure long term care no matter the ability of the resident to pay.

See the answer given above. If all or most of the homes are refurbished and run by SCC then this is a good option but private sector care just doesn't work in my experience.

Whilst I can see that some people may want the properties modernised, I don't see the need for ensuite bathrooms or larger bedrooms. Birchlands is not a nursing home and hoists are rarely required for the residents. The communal bathrooms are large and contain baths with powered lifting seats which allow the residents to relax and soak their aching joints.

Keeping the residents in a happy safe and well run facilities with lots of activities to stimulate their minds I believe is the goal for every one of these homes.

Having a safe environment with proper up to date facilities not only helps the residents but a happy staff with good facilities and adequate staff levels creates a good work environment and hence the residents benefit which is what a residential home should be all about.

If Barnfield was able to be modernised and not close it would benefit so many people with dementia in the area. Barnfield has such a lovely homely feel about it and the staff are worth their weight in gold. They treat the residents as family and this has helped my mum tremendously to settle in.

My comments are noted under Point 5. This would only be positive if Chalkmead was selected as one of the homes.

Heathside is in dire need of modernisation. There is little or no privacy for residents, who have to use communal bathrooms.

Again I think this could be positive if the residents did not have to move home but I think it would have to be done carefully with the minimum of upheaval. If however they had to move out it could be very distressing and have an effect on residents health and wellbeing.

The best option. Some disruption for a short while but so much better than moving everyone permanently. I for one was very grateful when I could get to see Mum quickly after a long hard day at work. Having her local to me was a godsend.

Modernising existing care homes is an ideal option. Building new homes instead is a poor option and is very environmentally unfriendly and would increase the local carbon footprint significantly and needlessly.

I think that all state run care homes should remain open

I believe that councils running a home is more cost effective than paying to keep residents in a privately run home . I would like to see some individual assisted living units and some units for people that need more care and help .

If some refurbishment done the number of resident's will increase

It is only positive if Orchard Court is one of the homes chosen for refurbishment.
Being centrally located makes it easier for local families to visit lived ones, even without cars.
It is also conveniently located next to the GP surgery.

Positive to upkeep and maintain the homes and create positive environments for the residents to live in.

This would be the ideal solution

Improving the living conditions for my Mum would be wonderful...the addition of a new sprinkler system would enhance the safety for all residents and staff...I don't see the need for bigger rooms and en-suite bathrooms...the bedrooms are large enough to sleep in ...my Mum doesn't have to entertain in it as there are plenty of common areas, such as in Rose wing, the common room and outdoors in the warmer weather to be with others...the larger shared bathrooms already have powered lifting seats...if she had a fall someone would hear and help her sooner than if she had a toilet of her own.

Modernising the existing to provide a long term solution would be more preferable. This enables access to those who need it if council run. Better to use the existing footprint.
Stability for my mother is my main concern.
It's important to provide a high standard of care for those who require the services. The service is required by residents from low income families.
again I think the area needs care homes
Refurbishing whilst residents stay in the same care home, with the same staff and surroundings would be positive for my Mum and other residents like her.
This will keep residents within their communities while giving them comfortable & modern accommodation
If Orchard Court could remain open with some modernisation if necessary, this would be the optimum solution. Many long time Lingfield residents end up there, close to family, friends, the village.
Unsettling for residents to move out during this time
Residents deserve better conduits when en-suite and modernisation; an improved care home will remain available for those who cannot self-fund care in the future; better conditions for staff to work in
Spend some money on e elderly. We'll all be there one day
These homes need updating to a good standard. The elderly (over 85) population is growing and Surreys poorer residents need more spaces not less. The govt us pushing funds into social care and surrey charges residents an uplift on their Council tax specifically for Social Care, which should be used to prioritise delivery of an appropriate service for its growing elderly population, especially the increasing number of those with dementia.
It is only right that adaptations are made to make the rooms fit for purpose. For the sake of the comfort and privacy of residents. This would also create a better working environment for staff leading to increased morale and better retention.
Same comment as previous This would be great if it wasn't at the expense of those that are being shut
This would be ideal, just because these people are elderly doesn't mean they should have to use communal facilities especially during covid its important to keep social distance.
This option would be great but surely maintaining building compliance standards should be more important. I suspect this option is too expensive.
But only if all 8 are retained
As long as this can be done around the residents by utilising the different units to give space for this to be done and NOT moving residents out to another home and back again this would just cause more upset and possible deterioration in their lives.
As stated above, Barnfield has the possibility of moving all residents to one side of the building whilst the other is upgraded and then transferring everyone to the updated side so that the run down areas can then be updated. Residents and staff would maintain continuity which is vital for people with dementia.
See Q5
As long as it's our local one that is refurbished this could be very good. I would add the suggestion to create a consulting room for a doctor on site as well, since the surgery next door is completely overwhelmed. I would also encourage a conversation with The Chapel project next door, we would love to welcome residents to our events more often and a gate & path into our garden would help make this easier.
N/A
This would be far less stressful to the residents and employees, as opposed to closing the site. Abbeywood is an integral part of the community and it would be devastating to the families if it had to close.
like i said wouldn't want it to change too much as you have the sense of belonging when you walk through the doors however refurbish and modernise wouldn't go a miss
Thus is a preferred option to ensure the upkeep of standards within the home. But again the Council keeps their options open by using the phrase some or all!
Keswick is in very good condition and always kept clean and well maintained it doesn't need much refurbishment
This would be a positive approach rather than the buildings being left closed to stand for years empty. They have potential and they are residents homes.
You need to keep all care homes and get them to the standard that the elderly deserve
Positive, but there is still life left in Keswick and as mentioned money has already been spent.
This would be beneficial as the community could be served for years to come. You could make it run on a more energy saving way to reduce costs e.g. Solar panels etc. Tech could help to reduce the county's running costs.

Following on from the previous option, we would of course be pleased to see investment in Meadowside to improve the facilities as these will have a beneficial impact on my mother, other residents and the long serving and dedicated staff. Meadowside is in an excellent position in a quiet road but close to transport links, and next to Staines Park which provides an excellent area to take residents for gentle exercise outside the home. The staff have nurtured and looked after the garden involving residents and families, and including a vegetable patch, a quiet area and a memorial rose garden.

Staff have always worked hard to provide a range of activities and experiences often with families, and these have hugely benefited the residents and given us, as family, reassurance that the well being of my mother is the main concern of the staff at Meadowside.

I believe this is the best option. I would like to see further floors added to the existing structures to include the provision of all the modern facilities required to be incorporated into the new upper floor rooms. This would allow continued use of the existing facilities for the current residents. Once the upper floors are completed the residents can move up and the original parts of the buildings can be renovated to add en-suites if deemed necessary. This could be done by splitting every other room and plumbing them into separate linked bathroom for each of the adjoining rooms. The buildings are very well built and we must look at the environmental impact and costs if the route of demolition was taken. I believe the architectural design of the buildings were used for several other of the homes so one good design can be transferred to all identical sites.

It's good to modernise and refurbish as it shows you are investing in older people. I am I am concerned about how you are going to this, as it means some people will have to move out and lose their rooms. How will you choose this? Also if you reduce the bedroom numbers who gets to stay as I have lived and paid towards my care at Barnfield for more than 10 years.

I sold my house to pay for Barnfield, which was not fair as some people live here for free.

The need to move residents out of their home - for an unknown period - would cause disruption, anxiety and worry to many of them. Given the age of some residents you have to consider that any such move would have to be considered permanent unless it was only for a week or two, rather than the months that are more likely to be needed for a major works programme.

It needs to have lots of work done

These care homes have been essential in the local areas, and need to continue to be so. The residents are well looked after and have the important feel of home for them and needs to continue. Any modernisation needed should be adhered to and to keep the residents receiving the same care that they expect and deserve to receive.

This would give a modern, acceptable care option to people in Horley.

Some of the care homes lack the space in the rooms for the residents to have adequate furniture and the equipment their condition requires. As people live longer, there will probably be more requirement for hoists and other equipment, which at present would be difficult for carers to use in the bedrooms as they are presently.

If the homes were refurbished and modernised, the rooms could be enlarged so they would have better use in years to come. I know a number of people feel ensuite bathrooms make a care home seem better, but they are probably not necessary and in some cases could cause a hazard to the resident.

It would be nice if some care homes were all encompassing so when someone has greater needs they are not required to move home at a very difficult time for them.

Barnfield is an extremely good care home. As mentioned above my view is that it is vital to keep the home open. Any refurbishment and/or modernisation of Barnfield, without a negative impact on the residents whilst it is being undertaken, must be viewed, I believe, as a very positive outcome. Given the number of residents currently living in Barnfield I believe that there should be a way to undertake the work without the necessity of moving residents out of the home, thus minimising the impact on them.

As Barnfield is, along with Orchard Court, the only 2 homes to have ensuite facilities then it seems to follow that at least in this regard the cost of refurbishment will be lower than that of the other homes who have no such facilities.

From the documents I can see that the self funders at Barnfield are already paying more per week than the £797 figures that has been estimated it would cost to continue with the service. I feel that the Council should invest what is necessary in Barnfield in order to keep it open.

For those residents with elderly relatives who visit them it would also be unreasonable and unfair to expect them to have to travel a greater distance to visit their relatives.

Ensuite rooms and bigger private rooms a must.

Better facilities for use of gardens. Undercover areas outside needed.

Separate dining area for able minded people from the dementia people a. Big must.

Modernisation would help with the building, however we need to be reminded that this our residents home, many have lived here for a long time and consideration needs to be with the residents.

<p>I feel Birchlands would benefit from refurbishment and modernising The layout of the home is perfect and I wouldn't want to see it change too much as Birchlands has a very homely feeling as families over the years have commented</p>
<p>Apart from the disruption to residents lives, I worry that a two tier system could be a result.</p>
<p>At the online consultation meeting I attended there was an attempt to articulate this possibility and I have since become more concerned about it.</p>
<p>Im quite happy as it is</p>
<p>This is something I feel would benefit all the residents, definitely making the rooms bigger would be a great idea, the only possible issue I could envisage is the confusion that may come with moving them to another part of the home especially the residents living with dementia,</p>
<p>Building old and needs updating no private facilities especially in times of covid</p>
<p>I dont really have an opinion of this - i feel like refurbishing is always a good thing.</p>
<p>There is enough grounds at Barnfield to be able to carry out refurbishment's without having to move residents to a different home. i do agree with reducing the amount of rooms with in the home. I also feel that a home with a closed stair case would enable residents to be able to be looked after in a safe environment, this will then enable Surrey to continue to look after residents who are showing signs of needing nursing care or specialist dementia care. Staff would be able to manage the risk more efficiently.</p>
<p>As mentioned previously my Mum is not sufficiently mobile to take full advantage of an en-suite. It would be detrimental to the residents and carers' health to remain at the care home whilst the premises are being refurbished. it would be detrimental to my Mum to move her to another care home during the refurbishment, I am surprised at the astronomical cost of the refurbishment which would result in less residents residing at Heathside making it less economically viable.</p>
<p>As above</p>
<p>1. As the council's position has changed since the start of the consultation and it is no longer a requirement for all resident's rooms to have ensuite facilities the scope of the internal changes could be reduced. Smaller number of rooms converted to provide ensuite and enlarged room space. Thereby, increasing the number of residents above the 31 allowed in the plan, which will further reduce the cost per week of caring for a resident. 2. Barnfield is efficiently managed with one of the lowest cost per resident of the 8 homes, being only slightly above the private sector. By maintaining the home the council will have greater flexibility in placing residents and a better negotiating position with the private sector.</p>
<p>Its alright as it is.</p>
<p>I like the home as it is.</p>
<p>I like the home as it is.</p>
<p>I like it as it is.</p>
<p>Modernisation for longer opening and better environment for residents.</p>
<p>I like it as it is.</p>
<p>Its modernised as it is. And it will cost too much. Im very happy with the layout as it is and very happy.</p>
<p>I want a golf course.</p>
<p>Unable to say.</p>
<p>Unable to say.</p>
<p>This could be done to some of the care homes that are easily accesible i.e. train stations buses and the nearest town.</p>
<p>Upgrading facilities can only ever be positive</p>
<p>The home referred to needs updating for sure, but so do all facilities at some time.</p>
<p>This is disruptive to residents in the short term, but ultimately necessary to secure the future of any of the homes. We are all living longer and many of us will need long term care and we will want the best.</p>
<p>Keep all 8 open. I work in an acute trust and there are never enough community beds. Residents need to be near family for regular visits</p>
<p>I disagree with the wording 'some' this implies that there will be closures. It should be a given that the council provide all areas with residential homes.</p>
<p>Abbeywood is in a great location with lots of facilities nearby (opposite a GP surgery), in a quiet and pretty location with local shops. If the internal facilities need to be updated or replaced then surely this can be achieved without moving residents? The home is at low capacity anyway and the other units are all self-contained. This would enable some continuity of care and remain a familiar environment for the residents if they were temporarily moved to other units while theirs are being renovated.</p>
<p>Providing Abbeywood is one of them</p>
<p>Keeps people in the local area they know. Updates services</p>
<p>Finances managed with good management as at present and a realistic assesment of the elderly requirements. Making residential care an essential option for some elderly increasing the residents and reducing bed blocking in acute hospitals and panic discharges home for unprepared elderly with a struggling community support.</p>

The community needs these facilities
Modernisation of care homes support those who live and work there
All should be kept open. I work in primary care and there are never enough community beds
Improvements obviously would be good but negated by relocation and disruption plus difficult visiting!
It would be very positive to refurbish but we are worried about the implications of having to move out temporarily
The rooms could be refurbished as there are quite a lot of empty rooms in birch lands, it could be very easy to enable every room to have an en suite which would comply with all health and safety regs.
We understand the need for modernisation and that this would potentially avoid any closures in the future and we would fully support this if it could be done in a way to avoid my Uncle having to move out of the home
This is the preferred option for myself and my mother. Mum calls Keswick her home and a modernisation project would have a positive impact on mum.
As question 5... I would lean towards partial refurbishment of the homes as I do NOT feel that providing en-suite facilities for ALL residents is either cost effective or even desirable.
Upgrading would mean all the clients would have to temporarily move out and then move back in again - very unsettling for clients, staff and families.
If necessary work could be carried out without too much disruption to residents then this option would be acceptable.
you should do it up and modernise it up as some work needs to be not to bring up to standard
These homes need to be modernised to meet standards.
These homes need modernisation and refurbishment to meet the current standards like ensuite
Because all those homes need to modernisation and refurbishment.
This while causing disruption in the short term would better prepare for the future and give a better environment for residents to live in, and make services more desirable to new residents. As there are currently so many old Surrey Homes empty such as the previous 6 OP homes and Hillside perhaps they could be sold to developers to fund the considerable outlay needed.
Modernisation should be an important consideration to provide a high standard of care that is expected of Surrey County Council. Birchlands is ideally situated for expansion and modernisation.
if the home does not need to modernise and refurbish. the residents does not need to move from home. at the moment, there are not a lot residents in the building . so it is easy to modernise and refurbish as well
This would also be a great and possibly the best option. Residents could remain in their homes and these homes could be upgraded to acceptable standards and modernised
The best option. The outlook for care homes throughout the country is not good, with the privatisation of them under successive governments having proved less than effective. Good care homes are becoming few and far between with many private homes being shut through lack of funds or lack of staff. Surrey County Council has the chance here to create a gold standard service for some of the most vulnerable members of our community.
This would be the best outcome of all options
From our mother's point of view a single change of home would be least disruptive.
I do agree that perhaps to attract new residents it would be better to have an ensuite bedroom. However my Mother moved into the home without these facilities and because of her lack of mobility, it did not matter to her.
To some people what is more important is the level of care rather than nice surroundings.
Although i like the layout of Birchlands it could do with some work and modernising but not too much as you will lose the homely feeling
It's a positive option if you decide to modernise/refurbish all but not if you only refurbish some and close others. Abbeywood is in very good condition and although the rooms don't have ensuite facilities, many of the residents require assistance to use these anyway so a bathroom next door isn't a major concern.
I don't know?
a lot of money for an old building with layout and design old fashioned
Its important to keep council run facilities to a high standard. A council should set a benchmark to be proud of.
The facilities at Heathside could be modernised.
Updating the home is what is needed and residents would benefit from all have there own en suite, but not because of covid , orchard court residents have been kept free of covid and we have not lost any residents to covid , the staff have done an amazing job keeping all the residents safe from this !!!
As above reasons . Dependent on the extent of redevelopment, The Cost benefits of improvement v temp disruption.
The residents will get to stay where they are, in even more comfortable surroundings, with staff that they know, plus the staff get to keep their jobs.
Prefer option 2
Individual washing facilities

Modernise and refurbish I assume would mean moving the residents out judging by the FAQ answers. The upheaval of moving would be terrible, she would almost certainly lose her companions that come to visit as Egham (the closest assuming its not closed) is too far for them to travel. There is also the cost of this to the council which is detrimental to the good name of the current council.

Most residents and staff would like to see the buildings modernised, even if that means reducing the bed sizes, which can also be a positive option, this can result in more person centred care being provided to service users, we could offer more specialised care, such as dementia care. I have worked at Keswick and Meadowside both are good homes with great staff providing wonderful care for the service users, both homes have good community links, Meadowside if it was modernised could run a day centre, enabling it to continue working and supporting the community. Keswick had a day centre before Covid, we still get enquiries about when we are reopening due to a waiting list for the day centre, we also have a supported living establishment round the corner, who have had their activities and kitchen closed, they have been wanting to start coming to Keswick for activities and lunch.

Better to bite the bullet, refurbish thoroughly (en suites, disability-friendly bathrooms, conservatory/sunlounge etc). It may be more expensive, but will repay in the long-run.

Moving residents, even temporarily, (refurbishment will probably take many months, probably over a year) can have an extremely detrimental affect upon their health and has sometimes been known to be fatal. In my uncle's case it would mean less contact with his family which would certainly add to his mental stress and probably physical health. Although en suite rooms would be an improvement, as far as I am aware he has not complained about the bathroom facilities and is not a considerations when compared with the care, friendships and happiness he experiences at present.

It is unclear what refurbishments Surrey CC have in mind.

If this means adding extensions which have en suite facilities or knocking down a wing and building en-suite facilities and larger rooms, then I think this type of refurbishment/modernisation would be disruptive for the residents and residents would most likely need to be moved out while refurbishments were made or great care taken to ensure residents do not go missing as workers come and go.

However, if modernisation meant

1. New bathroom operating equipment was installed or one of the bathrooms turned into a large sitting shower facility with hand showers
2. Improved laundry facilities to manage washing loads
3. Improved tea making area
4. Improved garden amenities - e.g. shade trees; plants, garden trail
5. Improved staff rest area
6. Air conditioning and improved heating

then these changes would be less disruptive and thus welcomed

I fear that the cost of the decision to modernise and refurbish some at least of the 8 residential care homes would mean that a greater number would need to be closed. I feel that closure would have such a detrimental effect on the residents, families, staff and wider community. Moving such vulnerable residents and putting at risk the jobs of a significant number of staff is distressing in its potential.

Facilities for residents and staff are improved which is a positive outcome although the process of modernisation and refurbishment will be disruptive but the long term outcome ensures that the premises can continue to offer facilities of a high standard for everyone.

My comments in 5 above apply here also.

Again, with specific reference to the Chalk Mead facility, modernising and refurbishing would improve the ongoing environment of the facility as a whole.

The current ownership, management and operation of the home is of a very good standard and would no doubt continue to remain so with an appropriate ongoing refurbishment scheme.

Money for modernisation and changes could be spent on more staff and staff training, arguably more important than superficial things.

The Care homes need to be kept in place across Surrey. There needs to be a blend between Options 1 & 2 to provide the best ongoing places that need to be available for residents. Not all residents can afford private care homes.

The rise in weekly costs would be a concern, but if it is right for the residents and can help them with more space and better facilities then in the long term it's a good thing.

some of these homes do have some ensuite facilities, they also sit in nice grounds with lovely gardens for residents to enjoy.

Residents of care homes have had their lives turned upside down by the pandemic, and suffered more than other members of society, they deserve to be allowed to remain in a home they know.

This is still positive but is some of the proposed work necessary? How will it be paid for? Birchlands seems fit for purpose as it is and I'd question whether modernising the facility is actually required. Some refurbishment might be useful but only by a small amount. Maintaining cleanliness over modernising core facilities would be preferable.

Minimising upheaval and hassle for residents and staff is for me the determining factor here followed by cost.

for the same reasons as Q.5

In the long run, this option would be positive but only if it could be completed without major disruption to residents, ie without them having to move.

As above, as long as any disruption to residents is kept to a minimum, then improvements would be welcomed.

As above

Given the difficult circumstances the homes have found themselves and the good levels of care provided over the past few years, it would seem sensible to invest in the homes now while occupancy is low to future proof the service. Having a viable inhouse option helps protect the council from external market problems. There is a good level of trained staff which could form the basis of an excellent expanded service.

Provide a better service for residents. Could be done without residents moving out if it was done on a stage building-by-building basis. Updated facilities to meet changing needs.

When SCC took the homes back off Anchor option 1 or 2 must have been the preferred option. This was only around 2 years ago, At this time Orchard Court resident numbers were high and residents and families were happy with the standard of care. Why did the Council take the homes back if they were unwilling to support them going forward?

Continuity for residents, their families and the wider community. Orchard Court is a crucial part of the Lingfield community and the town requires this service provision. It is very disappointing that the community has not been engaged proactively in this consultation.

Modernising and refurbishment is likely to be appropriate but not all residents however will need the same facilities. It may be appropriate for some facilities to be provided for some residents and not others e.g. ensuite bathroom facilities.

This is my preferred option, that all eight care homes remain open but with updated refurbishments

I don't know

Don't know

Would feel better to have more privacy in a private (bathroom) than in a commode in the bedroom

The place would be more 'with it'. I would have some more dignity. I could have my music on when having a bath. Not so dramatic an effect on me. I want no hurting drama.

I don't know

An improvement in the rooms etc. would be an added bonus

'some or all'? Yes I think improvements would be a better way to proceed. Better for both residents and staff. It would have to be all the homes or residents were moved to an improved home.

Council run care homes should be improved but not closed down as private care homes are sub-standard and would treat council funded residents as 2nd class citizens

If the reason for concern is nothing to do with the health and service given to the residents, but more about the fabric of the buildings, could it be that the state of the buildings is due to the council not receiving the necessary government funding for each year you had been promised.

I feel that this is what is the correct way to go as with upgrades would give a better feeling for everyone.

In the long run this could be more beneficial but in the interim cause disruption. It could mean that some residents never return to the familiar care home they originally lived in. Younger residents may benefit more from the modernisation and be able to cope with the disruption/relocation due to the process.

It would only benefit future residents and not those who are currently there. Surrey CC have a duty to current residents.

Because a place like this is needed

cos the stuff's good

I like it as it is - I've had no problems

No-one seems to understand what's going on

I can't see how they can

I like the idea - this will be good for us

It's progress and beneficial to us. I think heating needs modernising

Option two seems a good plan particularly as times change and people's needs also change, making it hard to plan for future needs of residents.
To make it a bit more modern but it's my home
Because I wouldn't have to move
Because I don't want to move
Our home is quite outdated so would be good to have a more modern home
To brighten up that home would be nice and make it a bit more modern.
To make some of the facilities better

Option 3
Currently our care homes are operating at unsustainable occupancy levels. With the low occupancy a move to alternative care would, currently, involve disruption to the minimum number of residents. If occupancy were to increase this would be come more difficult as numbers increased Other care providers are crying out for occupants and there would be little or no problem sourcing alternative residential care. The sale of the homes or land would realise significant financial gain for the council which, in the light of central government reductions in council funding, would be beneficial.
I think this might distress my mother, but after a settling in period I expect she would adjust. I would hope this was a last resort
Old people do not like change staff and home are their family
I'd lose a job I love with residents who are like family to me I've been so happy with the level of care given at meadowside and the great team we are
We have such an amazing team of staff at this home. I wouldn't choose to work in care if it was elsewhere or with another team. I truly believe in our dedication to do the best for our residents. And that makes us a very unique team
Not good for the residents.it's a easy way out for you the council. Put more pressure on the remaining specialist care home.
I really don't think it would be wise to close down any of the Surrey homes, meadowside is in a lovely location and has a Fantastic team that work brilliantly together and Every resident that comes through the doors get treated with respect and dignity and equally, it would be devastating to be closed
Depend on the home
This would be positive if I would be able to move closer to my daughter in Horley, but negative if I would have to move a long way away.
My concern would be the distance from her family and the ability for us to visit frequently
There really isn't a point to this unless the homes aren't providing good enough care.
Good care makes people feel happy not closing down a good care home that provides support.
I personally don't think it's a good idea .espically with age if some of our residents heathside is there home they are settled there and happy .
Negative
I believe these home are not investable long term. Residents deserve modern day standards in a well maintained building. Not a building where we have to wait for home water for a lengthy time, lift breaking down so residents are trapped upstairs . I have worked between these homes for 5yrs. The buildings are both very run down. It's definitely not somewhere I would want my parents to go.
Our residents deserve better than to be moved .Why didn't Surrey do checks on the homes to see they were being kept up to scratch If you rent privately you have either 6mnths or a year check Why didn't Surrey check the homes instead of letting Anchor run them into the ground . We all have a duty of care to our residents wether your a house keeper to Home manager to social care directors To the county council cabinet who have probably never been in the homes
Eliminates a local facility
For the potential for option three to be effective we would need a clear understanding of the current supply of homes in the areas affected. It would be a serious concern if option three is chosen due to potential savings but it meant uprooting residents outside of the existing towns. This may require a mix of option two or three depending on the supply of local homes for these residents.
Many if the residents at heathside say that this is our home! Some residents have lived there for more than 5 years moving them to another care facility would be very upsetting a disruptive for them and have adverse s effects in their well-being and mental health . Social activity with each other and friendship and bonds have been firmmed not only with each other but with the staff and activities coordinators

It's virtually empty anyway. Less impact on residents.
although the council will make the short term financial gain of selling the land, it will have the long term cost of ongoing increasing fees for residents care.
Why would anyone want to move away from the area they are used to living in, in many cases further away from those they love. Moving is hard enough, accepting you need extra care is hard enough. Why on earth would anyone think this was the sensible option to encourage people to move when the time is right?
Abbeywood specialises in dementia care, moving these patients is not good for their health. The added confusion of new premises and staff will have a negative impact on their health.
This is obviously the option the council prefers due to wording of the impacts, no thought given to where they would go and the effect on those living there
This would be very disruptive to the residents and there will still be a need for care homes in the communities they are already in.
I feel Abbeywood residents would be much happier moved to more suitable accommodations with hopefully more space and better facilities
This option should be a non starter. The buildings are not at the point they need to be condemned so shutting them should not even be considered. Negative impact on staff. Massively negative for residents as moving at the age they are with the health issues they have has huge detrimental consequences, including it being fatal, loss of community for staff, residents and families. No way should this be considered at all.
The existing homes I have visited are enjoyed by people who do not want a hotel type home In my experience supporting people to move is not a helpful option
Positive if alternative good homes are available....and not sure if these actually exist under council control
Keswick has been part of the community for a long time, not many day centres available. Keswick is the go to home in the area.
You are talking about people's home and cannot be a positive action
This is the worst Option. Please do not pass the buck to the Private Sector. This would be a dereliction of duty by Surrey County Council and a waste these resources, and will be letting down future generations. It is not in the best interest of our communities.
They probably didn't want to move out of their own homes. Now you're trying to evict them from what they thought would be their forever home.
Not good to be moving the elderly from where they know.
Abbeywood is extremely well known to be of great advantage to people in Ash & Ash Vale, as it suits all to be able to have their elderly relatives in the same area that they are in. It helps with visiting times, being so local and everyone (relatives & residents) all living in the same close community. Many residents of Ash & Ash Vale have a great affinity with Abbeywood, the Cubs and Brownies regularly visit (particularly at Christmas) to put on some entertainment for the residents. Also daffodils have been gifted and planted in the garden areas, as everyone considers residents of Abbeywood to be a full and active part of our community.
Local people do need to have care homes available in the local area where they used to reside. This enables previous neighbours/friends to easily visit rather than having a long journey across county.
Very negative to residents and as no other facilities are being built down right awful. With an ageing population these facilities are needed
A forced move to another home would be detrimental to their life and wellbeing. I would only support this if a new care home was being built on the same site as the closed down care home.
It would be very unsettling for the residents, they are happy and settled where they are, family's are happy with their care, and local to where they live, Staff would lose their jobs of Whitchurch some have given many many years of their time and love into their place of work
As we know, Abbeywood is not fit for purpose or at a standard that competes with other companies in what can be offered. There are many care homes accepting new residents which offer more with regards to bigger bedrooms, en-suites and competitive prices. This would be a positive. If the home was closed these residents could potentially deteriorate in a new setting as it is an environment they are not used to. This would be a negative.
It could potentially move families ever further apart, as well as unsettling patients within these care homes who may be suffering from illnesses.

The reason why is because some of the residents have very advanced dementia and if you move any of the residents it will unsettle and confuse them where they are so used to a set routine, familiar faces of staff and used to the layout and things of the home
Removing services from the local community
I think some of our residents that have dementia and other health problems moving them to a different home would completely unsettle them and be very confusing for them
We should keep council carehomes no everyone can pay a private is no faré and give plenty of job to the community.
It would be a great loss to the community to lose the Abbeywood care home.
Not enough homes for seniors to enjoy there now
This would be awful for the residents who consider these places their homes. They would be mentally affected, even traumatized. Presumably this is down to costs....
A lot of the residents suffer from dementia this will add to the illness in new surroundings and new staff
The current residents again, would be moved out. I very much doubt a new care home would be built, as the land is worth a lot
Some staff are very upset about the prospect of having to find alternative employment. we have all worked through Covid and our mental health has already suffered.
Moving older people, some of whom may have dementia, when they are settled in a care home is not acceptable.
We lose a place for the elderly people living in this area.
By closing care homes residents will be forced to move away from their local area, in many instances they may have lived most of their lives within the same community. This would also mean that family members may find it harder to visit causing unnecessary stress and upset to residents.
i fill that the residents to stay in keswick as it near there famiy and some of them lived in bookham there whole life be a shame to move them away from family and they like going for walk in bookham
Look at the research regarding moves for older and frail people. Talk to Hampshire county council regarding their nursing homes and closures Cost of providing good care as homes start to close with safe numbers. Impact on people living and working there LOCAL HOMES FOR LOCAL PEOPLE ! Look at where AsCC homes are positioned. Right at the heart of communities and then look where private providers are and have built How would you like to be forced to move. The people living in the care communities not have a choice about moving How will the new homes be found and how will the inevitable cost increase be funded
Will t he people, have a say where they are Moved to. They might be too unwell to go and look / choose How would you feel if it was your loved one I could go in as there are so many negatives Will SCC have block deal,with private provider. Will they be the best reviser for that individual or will the moves come under the block contracts. There are some great private providers out there - find the right ones and SCC cover the increased costs How are SCC going to support family and friends to visit if not local and have no transport How support staff with redundancy etc Has the pandemic nit taught SCC anything with regards to keeping families local den supporting the to visit
Negative
Very careful consideration must be given to the staff, residents and their families to see if any of these options can be carried out successfully and still keep the residents happy and healthy and the staff's welfare considered.
It can be very frustrating and confusing for residents and family members to be moved about.
As above. This should not be an option. Do not save money at the expense of the elderly. It is unfair and not morally right.
Whilst more people are choosing to stay at home rather than enter one of these facilities, with an aging population the need will still inevitably increase. It would be rather foolish to base this decision on the situation now, especially with Covid. Of course many would have been extremely reluctant to enter care homes for fear of having to be isolated from loved ones and it ultimately being a potential death sentence, due to how quickly the virus was spreading in these settings. I believe this option should not be decided on now but instead be revisited in the future, to get a more accurate representation of the need of these services. To proceed now would be using a global pandemic to warp the facts and figures to the advantage of a cash strapped council and not those who will be using or needing these services.

because again moving residents to strange new homes is very upsetting it can also in my past experience lead to residents passing away also from a staff point of view if all homes were to close there would be no jobs in care within surrey to offer alternative employment to existing staff to me it would be a worry what if any alternative employment would be offered what would it be
because of negative impact on residents being moved and also the worry of loosing my job
would worry about health of our residents having to move to strange new homes and also how it will effect the staff if there will be any alternative employment for them
This causes a lot of uncertainty for all and can be a very stressful process.
Local care homes for people needing more care than can be provided in their own homes or in sheltered accommodation with care providers are essential for the continued dignity of older people. It can take some residents time to become familiar with their surroundings and to make friends; moving them to alternative homes is upsetting for them.
I think this will be a good idea & move residents while the work is being done
if the service users are going to be moved out for refurbishment, then they are probably best to stay where they have moved to, and settled down in. this is already a very unsettling and unsure time and moving them around just to refurbish would cause a lot of distress for them and their loved ones.
the affect on moving residents who are settled can have a negative response on the residents and affect their wellbeing
Meadowside is a big part of the community in the area. Schools and church volunteers often visit the home as well as other members of the public.
Moving some residents, in particular ones with dementia doesn't seem right, confusing them and I dont feel my nan would settle in to a new surrounding
Leave Abbeywood alone but if you absolutely have to make cuts, choose another site.
It may have the bad effect on the residents being moved to different homes.
Moving residents may have a detrimental effect on mental well being .
It would be tragic if Birchlands was to close,it's a big part of Englefield Green, I hope this consultation looks at the publics concern about closing Birchlands and the effect on staff and residents and it's decision is not based purely on what the potential profit is to be made on selling off a highly priced plot of land in a desirable location. Once Birchlands is allowed to go there will never be an option to replace it in the same area
This would be detrimental to our residents - as some of them have lived at Birchlands for many years and have loved staying here. Staff are very much used to the residents and vice versa. For the residents to have to get used to a new building, bedroom, residents and staff would not, at all, be in their best interest and would significantly impact their mental health. We all have a duty of care and this decision would be negative and negatively impact on all involved. The idea of Birchlands closing has created anxiety all round and family members are devastated that this is an option.
I have been lucky in that Orchard Court is on my doorstep and she has been resident for 9 years now. Surrey is a large area, to try and get to her in emergencies would impact all of that for her and me.
There would need to be a cast iron guarantee that the care home they were sent to would be a was a Surrey CC care home which was under the jurisdiction of the Surrey CC management and standards - NOT a private sector care home.
I think the provision is already stretched as it is, if any homes were to be closed this would have a negative impact on the level and amount of care spaces available.
Although, in the short term , the move would be an upheaval for a resident, the benefits for them to have their own ensuite facilities would give them far better dignity and privacy. Some would feel more tempted to use their own facilities than have to plan, time and share with others who might not have similar standards ! More room for carers to make beds, mobilise around residents, move equipment in whenever they need to. Four key principles addressed straight away. Safety. Dignity. Independence. Privacy
Supporting residents to move to an alternative care home would be the best decision. A lot of care homes have availability due to losing people with Covid, so I would suspect there are enough buildings which lack residents.
You will be asking a lot of older people most of whom have dementia. It could be very detrimental to their health and well-being.
Why move residents very unsettling for them and caters, whe would they go and what would happen to properties, if sold for development who is best served the developers or the clients ? We need care homes fir for purpose.

<p>The upheaval and resettling required for this will cause more harm than good. The detrimental effects to residents mental health can have very negative effects on their overall physical health and often it is seen that residents will pass away very soon after the move. I would not support or recommend this option. These homes are a massive part of the local communities and for some residents of the communities have known them to be there for as long as they could remember, visiting, attending day care, the GPs, pharmacies, other external providers such as physiotherapists, chiropodists, hairdressers, pet therapy companies and entertainers would all feel the negative effects of these homes closing, small business doesn't just thrive on money for surviving it's the relationships they build with the individuals, just the same as your care home staff will do</p>
<p>There are not enough facilities for older people as it is. You will be impacting the problem further causing issues for the NHS, and longer journeys for local families to see their loved ones at a time where we are being told to reduce our travel times to save the planet.....doesn't make sense.</p>
<p>Moving the residents to another facility would be fairly traumatic to the residents. I know that my sister reacts negatively to any change at first, though she eventually comes round to accepting it. I don't think this is a good option.</p>
<p>If you are going to refurbish or close then you need to decide the guest option and settle the residents in the best and most suitable home for them. You have not told anyone how this process is going to happen</p>
<p>I think this is an awful idea, to close down a much needed council run carehome would be a complete shame not only for the residents their families & the care workers, but also for the community, council run carehomes are a rare find & I feel it would be in the interest of all the above to keep the home open & not to completely shut Barnfield down</p>
<p>Would not be easy to move mum.</p>
<p>Disruptive for residents but they would get used to this in most cases given time</p>
<p>I can only speak for Mum , to move her away from her surroundings especially the wonderful staff , they are her family and ours . They know Mums moods , triggers . To take that away from her and her family would just be so sad .</p>
<p>This is an excellent service. If you don't want it then sell it as a going concern.</p>
<p>It's their HOME!!</p>
<p>We need this care home in this specific community Out of area placements negatively affects the care and well being of the residents, carers and families and the workforce</p>
<p>We have a duty of care to the residents. Even now we have residents worried about home closing and where they would go. They call Barnfield their home.</p>
<p>People shouldn't be moved out of the areas they are familiar and comfortable with.</p>
<p>We would prefer our family member to continue residing at Heathside as she is happy, settled and loves the staff and the activities. There is such a good and warm feeling when you visit the home.</p>
<p>Moving residents to a like-for-like care home would be acceptable - possibly a better option - but moving to a home in the private sector, charging a lower fee to local authority residents and a premium price to private residents in the pursuit of profit should never be an option</p>
<p>Surrey County Council has a duty of care to those in its care. Practises such refering residents to hospital when their needs increase as a way of shutting the door on them is inhumane.</p>
<p>Local Authority facilities should exist for the benefit of elderly residents not shareholders</p>
<p>I cannot imagine for old local residents to be moving away</p>
<p>A brand new energy-efficient building would save money long term.</p>
<p>This is more efficient option as it saves a lot of money and make sense to make full use of the other homes in the surrounding area.</p>
<p>Need to get rid of these old fashionedhomes.</p>
<p>It was extremely detrimental and complex to navigate when my grandmother with Alzheimer's moved to a new room at the other side of a building and she became non communicative, to remove them entirely from the home and the bonds they have built with other residents could have major health impacts. We have a growing need for care places not a decline so closure is not a suitable option from that perspective either.</p>
<p>For the same reasons as my answer above.</p>
<p>If if the council is in the position of needing to save money they will have to decide whether it is viable to spend on the refurbishment or not. Negative for the employees unless they are all relocated to jobs in the other homes, same for the resident's. Positive is money made by selling the property and land.</p>
<p>better facilities, ensuite with better infection control, room sizes more compliant</p>

Detrimental to the residents who will have disruption moving homes and having to permanently relocate;
This is not a good proposal because Surrey needs to increase and improve care home provision, not reduce it.

This cause them upset and family problem

These Residents are already settled and moving them from the enviroment they feel safe in could have adverse health effects.

Re: Heathside

This is very disrupting for the care home residents and their families. It also provides no insight into what the land will be used for and whether it will be in keeping with the residential neighbourhood.

This would completely destabilise those who need full time care and those suffering with dementia. New is NEVER good for a dementia patient and the disruption would be devastating for those residents. Further, all residents tend to live in a home that is close for relatives and visitors, to move them away would severely disturb the process of being able to visit residents.

Further, can the County absolutely without failure assure and confirm that private homes have the level of facilities that the County is considering here.

EG, My mother was in a private care home some years ago and that home certainly didn't have anything like the lever of accommodation that Barnfield already offers. The particluar care home in this case is still in operation.

I know from experience within my own family how frightening change can be for residents - especially when the residents or the family members feel they are being coerced into an unwanted move.

Moving residents is very disruptive and upsetting. These ARE their homes

Residents should only be moved whilst the refurbishment takes place, although I do agree that Surrey may not be able to keep all homes due to budget constraints.

I think it is a mistake for Surrey to move away from all in-house residential community care as the private market dominates Surrey and this makes affordability a problem for service users with lesser self funds like my Mum and thus less places available for care in our ageing population.

Surrey should continue to be the flagship of providing good quality in house residential care.....the CQC inspection for Abbeywood backs this statement up. The Manager Jamila goes above and beyond for her residents, staff and support to relatives. (Other Councils have made the mistake of walking away from providing in house care, please don't).

Another thought is why have you not considered partnership working? With the Council and a Housing Provider where the Council still have the option of monitoring the contract so that care, affordability to clients and modern facilities are kept.

If someone is settled in a home with staff they know and friendship groups

what good would it do to move people out

this is more likely to hastened the end for some residents

it would have been a big discussion moving in to 24 hour care in the first place let alone moving them again

Obviously the location of any alternative would be of paramount importance to us with regard to visiting

This is a dreadful suggestion.

Arguments against are essentially the direct opposite of comments to question 5 above.

There is clearly an appeal for some to main quick, short term money by divesting of one or more of these care homes.

Presumably the 1997/ 8 consultation that resulted in the Anchor contract failed given that one of the purposes of that contract was to deliver significant improvements to the buildings and facilities. One wonders the motivation for bringing these services back 'in house'.

Fundamentally, these are an important community/ public asset that provide an important service for many people. It is laughable to conflate an increased demand for home care to a future decline in demand for residential care and services. Quite obviously a mixed economy is required and the number of service users represented by the homes here is already tiny compared to the increased demand that will continue over the next 20 to 30 years. You will know about the significant reduction in nursing and social care residential provision across the country and within Surrey. To lose more, highly valued services in the hope some other provider will fill the gap is fanciful.

The majority of residents have lived in Keswick for many years and are comfortable in the location .Impervious experience residents who move from a location to another seem to deteriorate due to taken along time to readjust to new surroundings .

The residents would support the changes of environment and staff and would more than likely deteriorate more quickly .

I feel this would be a very negative decision as the upheaval of moving resident that have lived in the home for a long or even short time would be upsetting for them not only that but the chance of them deteriorating would increase . Also leaving family and friends that live in the community might not be able to travel to visit .

Resident have settled here after what they thought was the final move. The familiar surroundings are quite important to them . A move to another home will be quite upsetting for most .

This. Would. Have a. Very. Negative. And. Could. Kill some of the. Residence. Living. At. Heathside. Woking. As there bwould not. Be able. To cope. With. The. Move. To. A. Neq. Care. Home.

Insufficient housing for elderly who need care at an affordable cost and within the area and family

I can only speak from my own experience at Abbeywood where my father, who is 98 next week, has been since June of this year. On coming into Abbeywood he was very wobbly on his legs and could not cope with stairs at all. His muscles had almost given up and he was an accident waiting to happen.

Since he has been cared for at Abbeywood he has been encouraged onto his Zimmer frame and can now walk around the corridors on his own and enjoy the garden, he has lost a stone in weight through the extra exercise and feels like a younger man. This however has upset the equilibrium as he thinks he could leave and get a job to pay his own way, cannot understand why he has to stay and be cared for! The team gave him the 'job' of watering plants with the hosepipe giving him a purpose and lifting his mood.

The incredible support that my mother and I have received in coping with his mood swings, is as important to us as a family as it is that dad gets such loving care, understanding and help. Consequently the team asked the doctor to assess him and has now been prescribed a mild anti- depressant.

If he were to loose this 'new loving, welcoming, supportive family at Abbeywood' I don't know where his mental health would be.

My aunt Alfreda who is also living at Abbeywood with a much poorer state of health with lack of sight and hearing. However her constant demands are met with compassion and a sunny disposition from staff. She delights in her meals and her privacy and dignity are maintained. When she is concerned about anything there is always a compassionate listener even an invaluable Polish member of the team, who has been a translator for me on numerous occasions.

It would be utterly devastating to move my family members away from the excellent team, led by the amazing Jamila who puts her residents above all else.

Please save Abbeywood!

See above answers.

i feel its there home where they feel safe. family's choose the care home for there loved ones because they can still remain close to them and remain has part of the community. we have one lady who comes every Sunday and supports her mum to eat because she lives local. This home provides work for the local people.

Very unsettling for residents.

Residents should only be moved during refurbishment, although it is agreed that Surrey may not be able to keep all homes due to budget constraints.

It would be a mistake for Surrey to move away from all in-house residential community care as the private market dominates Surrey and makes affordability a problem for those with lesser self funds (like my aunt) and thus less places available for care in our ageing population.

Surrey should continue to be the Flagship of providing good quality residential care. The CQC Inspection supports this. The Manager, Jamila Towfiq-Faerber, goes above and beyond for her residents and staff, and supports relatives. Other Councils have walked away from providing in-house care - please do not do this).

Have you considered partnership working with the Council and a housing provider? The Council could ensure they still have the option of monitoring the contract so that care, affordability to clients and modern facilities are maintained.

Mum would find it very difficult to cope with being in a new home with new faces to get used to

We need to have a council run care home in the area.

This suggestion gives limited information! It does not state whether the residents would be moved in private sector homes or in the remaining (if any remaining) SCC homes! Moving residents on an individual basis, away from their established friendship groups and familiar carers can only be detrimental to their mental and physical health. However, If they were moved to an existing home with a small friendship group and familiar carers, this would be so much better .

This open ended question suggests an easy way to close the SCC homes with SCC buying beds in the private sector and handing over the main roll of Elderly care to the private (with profit) sector which favours the rich and will create a two/three tier system.

This sounds like a quick fix short/ medium term solution regarding what is a complex area of care .

In the 1990s SCC out sourced its elderly care to the Anchor Housing group in a similar exercise to save money and and opt out of direct responsibility for its elderly population. Adult Social Care team did have some oversight and had reserved beds in all the homes and they with CQC had to monitor the level of care with limited resources . This situation was better than the now proposed situation BUT it led to the demise of the building infrastructure as Anchor refused to invest in the buildings which has brought us to todays scenario of poorly maintained and inadequate properties.

This scenario does not answer the questions regarding staff, their employment with SCC , and future employment. The uncertainty that this exercise will inevitable lead us to loosing some very good and genuine caring people who will of necessity have to look for more secure employment.

This would cause disruption and stress to the lives of the residents due to moving to a new home. However it might be less disruption than option two which could have two moves for residents involved.

Also this option 3 might cause problems for relatives on access for visiting depending on where the new home would be located.

Which alternative care homes are being considered and presumably they would have more up to date facilities.

I don't think that closing the publicly owned care homes should be an option. Care in the community isn't always possible. If you rely on the private sector entirely for care home places, this could be very costly to the Council and costs would be out of your control. It would be very upsetting for people who need to go into care but haven't got the means to pay for private care, it would take the Council some time to find suitable and affordable accommodation. There is already plenty of red tape and hoops to jump through before people are placed, I think this would only get worse.

If the Government and Council are committed to improving the care sector then we should be showing this by investing in our care homes, their staff and residents.

I believe that Government / Local Authority should take the lead in Care in the community in the future with higher standards for staff and subsequent pay similar to NHS.

A high percentage of privately run Care homes are not really fit for purpose having been converted from large residential properties.

It can be very traumatic for residents and families when residents have to move to a new home, especially during the restrictions at the moment due to COVID

This goes against current Governments ideas, as they are saying that they want to invest in our old people - this would not be investing!!

Reducing the number of facilities over all would improve occupancy and release some sites for sale to help defray the modernising costs of those retained.

Alternatively sites not being kept as carehomes could be used for social housing by Boroughs.

Of couses the residents who are moved will find changing where they live and the other people (residents and carers) they know will be problematic and possibly traumatic..

The impact on frail older people, many of who have dementia could be devastating. Potential impacts of moving frail individuals are well know. This option could also lead to individuals being moved further away from families and support networks, as well as friendship groups established in their current homes. The knock on impact on staffing, not only in the homes, but in the wider service and wider council also needs to be considered. It is not just the livelihoods of the staff working in the homes that could be impacted. Unfortunately these homes have been the victims of chronic underfunding and lack of strong leadership or desire to improve the homes and the residents and staff are the ones who will now bear the consequences of this mismanagement if the decision is taken to close. Unfortunately, despite assurances that this is a listening exercise, indications from interviews in the press suggest that the council has already decided what will happen.

This would work for myself as I live out of the area so if support was offered to move to a care home nearer to my family it would be beneficial.

The care homes provide a community for the residents and splitting up those communities would impact greatly on the well-being of the residents

The private and third sector provides a different offering for a different price bracket. This would abandon many of those presently in Surrey's homes who do not have the ability to pay for the same or improved level of care outside public sector provision. Surrey must not pursue such a policy which would abandon a significant segment of the vulnerable population

Not enough safeguards built into this option. Alternative care home is a euphemism for less expensive care home.

My mother, and her entire family, consider Birchlands to be her home. I have a sister who lives in Canada and another who lives in Norfolk, so I was her main carer and continue to be her only visitor for the majority of the year. She is currently 5.9 miles away from my home and I would not want her to be any further away. Our family is extremely close and it would be heart-breaking if she was moved away.

I would be sad to see Orchard Court Close. I have been a volunteer at the home for the past six to seven years. When it was part of the Anchor Homes it was a very happy home. The staff knew each other and worked well together. The home was part of the community and the church ran various activities and residents were taken to church by the carers. Remembrance Day the residents that were able attended the memorial service at the pond and be taken for mulled wine at the Catholic Church Hall. When the church had its summer bazaar residents were taken along and people from the community became involved with those that lived at Orchard Court. The residents enjoyed the outdoor contacts and were stimulated by not being within the confines of the home all the time. At Christmas the local primary school students came and sang carols to the residents and performed a nativity play which they loved and so enjoyed.

Since the Surrey County Council took over the activities at Orchard Court being part of the community has suffered. Due to lack of staff there were no carers available to take the residents into the community. Rules and regulations prevented me from taking individuals out without a carer in attendance. All to the detriment of the home and the residents.

It is a smaller home and I know many of the larger facilities end up being run like institutions out of necessity. Lingfield is a small enough village that it would be possible again if staff levels were kept up for the home to be run as being part of the community again as well as being a safe environment for elderly residents.

I don't know about the other residential homes but Orchard Court could again be run in this way. They have a lovely garden which looks out onto a children's play ground. The residents love to sit outside in the summer and watch the children play. A lot of waving takes place and sometimes the children and their parents come over and talk to the residents.

The home is not too large or too small and even though money is need on the upkeep of the building and to modernise the interior there is too much going for this home for it to be closed. I do hope you will take my comments into consideration.

Please do not close Barnfield it is a truly outstanding care home and alot of residents, family and staff would be devastated, if it was to close. It has so much potential it truly is a fantastic care home, I cannot praise Sue and her wonderful team enough for their care and kindness.

The focus is to keep XX in Merstham.

If Chalkmead is closed, but she is able to relocate to another home in Merstham I would see this as neither positive/negative. However, if no other homes were available in Merstham, this would be very negative.

The solution is dependent on how many people need residential care and whether there sufficient space if homes are closed.

You also need to be mindful of the distance family have to travel to visit, if people are relocated.

If residents were amenable to the move and it is handled in a caring and sympathetic way it could have a very positive outcome for both staff and residents.

I can't see what the point of closing the home only to sell off the land to make a private care home that few can afford. With the crisis in care at the moment we need to keep all the council owned care homes not close them.

Building new homes instead is a poor option and is very environmentally unfriendly and would increase the local carbon footprint significantly and needlessly. It could also lead to the destruction of natural habitats for wildlife and encroach on protected areas.

This would cost the council more money in the long term

If residents that have resided at these homes for a long time moving them to a strange home can have really negative effects.

Definardlt mot

There isn't a comparable alternative, it would be a great loss to the area. Before SCC took over Orchard Court was fully occupied with waiting lists. I don't know what happened but the culture changed rapidly for the worse when SCC took over management and it's reputation has suffered locally and the occupancy rate is significantly lower, this may be partly due to the pandemic.

It would cause a lot of distress to the residents which would be detrimental to their physical and mental health. It can affect many other aspects of their lives, such as not seeing family as much, financial costs, and isolation.
You can't simply close this care home as it will leave the local community with a suitable alternative
My Mum considers Birchlands to be her home...I live in Canada and only get to visit once a year, but my younger sister lives less than 6 miles away which was why we chose Englefield Green..it is so important to us that Mum continues to have the frequent visits from her that the close proximity allows.
This moves people potentially away from their community. Impact on residents well being of family/friends are unable to visit if too far away.
This will have a very bad effect on my mothers health and wellbeing as she has been at Barn field for over 5 years and is very settled at this excellent home, she is 95 years old.
Moving residents would cut them off from their community and local links. This is the route of the service you provide. This would have a huge impact on the family's that rely on the care home for work.
I am worried where my family member would go and how they would cope with the move. Would it be close by so to easy to visit.
Moving would upset my Mum and other residents. She would feel lost but wouldn't remember why.
Residents would face the possibility of moving away from the community, friends & family. Very stressful for people in the later stages of life
Some residents of Orchard Court have lived in Lingfield and the surrounding area all their lives, to then have to be moved when the don't want to be is awful. They have a real connection with the village. Orchard Court is open to everyone no matter their financial situation.
Orchard court is essential with families living near their relatives
Upheaval for residents; no future provision
I would imagine that would cause stress to the residents
There are not enough care homes at a reasonable cost. I would strongly object to any being closed.
To close any of the homes diminishes the provision of these beds which are a necessary resource for the community. I agree it's about allocating funds in the most appropriate way but to reduce the number of facilities is not the answer.
It's not easy for an elderly person to just move to a new home. It can be upsetting and the stress can adversely affect health . Closing orchard court would mean there are no other council run homes locally. This means those who have lived locally (maybe all their lives) would have to leave their familiar surroundings, friends and families to go elsewhere. Not good for health or happiness
It cause great upheaval and distress to elderly people who may also have underlying health conditions or dementia any changes to their routines can really set them back. Closing the homes is also not a good idea with an increasing aging population we need more affordable care homes not less
Sadly I know of no other council operated homes in the area. Lingfield is a very large village and should have at least one council operated home. Moving residents will have such a detrimental effect on their health and well being.
Unless they are within walking distance of the one you close and are also council owned
Detrimental to health of residents and partners of residents, continuity is essential for dementia patients. Where are these other homes?
Detrimental to the health of the residents who need continuity of care. How do you explain to someone with dementia that they have to move? Think about it, it's the equivalent to you getting up one morning and having your home taken away from you without any forewarning. Is this fair? Also, Care UK do not have any homes close enough to Barnfield for relatives and friends to visit.
This would be very negative for our community and not demonstrate any commitment to the needs of our elderly vulnerable residents
Lots of upheaval
Community links broken
Only 8 Homes in the county is not enough, some should not be closed due to the number of elder people who cannot afford private residential homes.
First and foremost, I think it would be incredibly upsetting for the residents to move out of a place where they call home. They have established relationships with fellow residents and care workers, which would no longer continue as they could be separated depending on other care home availability. As a community, it would be great if we could help with fundraising activities to keep Abbeywood open and I would be more than happy to help with this.

<p>a lot of the residents are over the age of 90 and would not be physically capable to move to one place to another they are at an age where they are settled and happy and it wouldn't be fair to see them move to another home. i wouldn't want that for my parents</p>
<p>No this is what happened before (but on a much largr scale), residents died because of the stress etc when they were moved to another facility.They were settled and this caused huge disruption to them. Keeping homes within the Surrey CC fold is so much better for the residents and the community. Home care too was involved in this huge upheaval but thats another story. I understand that this could have a huge cost implication to Surrey but keeping at least some homes for the Elderly (Abbeywood) is an incredibly important step for the future.</p>
<p>This would be so traumatic for any of the residents there including my Mum , she loves it there and after being diagnosed with mixed dementia and was no longer safe living alone at home we moved her to Keswick , because of its reputation and also the locality and ease to get to for a family member who does not drive, My Mum settled straight in as she felt safe and so well cared for and in two and a half years of being there has never asked to go home, to move her out of Keswick would be so traumatic for her and for us a family.</p>
<p>The buildings would be a waste to close when there is opportunity for them to be utilised and made better. The buildings would just be left to stand closed when there is a lot of potential for them. Instead of paying for residents in private care sector which have higher costs long term. It would be detrimental to some of the residents to have to move. Building back up the services and promoting them would be great for long term as things go in circles and within the next 10 years there will be a higher demand for residential care services again and not enough options available.</p>
<p>Ridiculous not having one in the area. Every town or village needs a decent council run care home that is close enough for relatives and friends to visit the elderly in them. This is imperative for the well being and happiness of the patients in them but also will help the staff.</p>
<p>Beyond negative. A move of any kind if stressful enough for any of us moving home let alone people in their nineties.</p>
<p>This is a good care home and removing people will remove the connection the community has with the elderly. It would also mean standards would drop.</p>
<p>My mother has been a resident at Meadowside for several years and because retention of staff there is so good we have got to know and trust the staff and the way the home is run, and depend on them for my mother's care. Any move away from Meadowside would cause my mother distress and anxiety and she would find it difficult to settle in new surroundings. Most important would be the break in personal relationships with her carers and from familiar and welcoming surroundings.</p>
<p>Speaking in relation to Birchlands. It would be a step backwards to loose such a wonderful and long standing Care Home. There is very limited land locally to create a similar facility and the costs to the tax payers and environment to move and build would be excessive and unnecessary let alone the proposed development of existing plot into more housing. In moving the Home we would also loose the skilled teams of staff to other industries. Due to current skill shortages in care this is also a big issue and staff retention should be treated with more importance. More investment is required in care homes as we all know we are heading for a catastrophic crisis with an increasing ageing population and a decreasing amount of care homes and staff to look after them. More investment is required by local authorities to enhance, grow and protect the resources we currently have and manage the financial side better. The money is there, available and forever growing due to all the revenue generated from care home residents ever increasing property sales.</p>
<p>I do not want to move to another Care Home. Barnfield has been my home for ten and half years and I have paid fully for this privilege.</p>
<p>This is my mum's home and has been for over 5 years. ideally it would be good for her to stay in the place that she has grown comfortable with, and with staff that know her and she knows. I suppose, if the alternative care home was at least as comfortable and well staffed as Chalkmead, and would also be financed by SCC, then this may be a more positive outcome than option 2, where the residents may need to be moved twice over a period of months, disrupting their routines and moving them away from staff and fellow residents that they know - and then repeating all this when the refurb is completed.</p>
<p>It is difficult to comment on the 'alternative accommodation' when we don't know how the facilities will compare with the existing homes - why should we believe that these will be any better than these 8 homes? Where are these private sector homes located?</p>
<p>The residents needs to live in a safe environment</p>
<p>Any person of any age moving home is listed to be one of the most stressful events in one's life, and I appreciate that the staff will make sure this is as smooth as it could possibly be, but I feel that it will be too traumatic for many of the elderly residents ,and it the most un necessary option to choose. Newer properties do not have the same environment that the old homes have, the look extremely modern but for a lot of older people the care homes in existence now , relate to a more relaxed homely feel than the new modern homes.</p>

Closing facilities in Horley. Why is it always Horley facilities that suffer in Surrey - never Reigate or the more affluent areas. All large areas of new housing are also dumped in Horley - never Reigate or affluent parts of Surrey.

When a relative has been in care for a while, it will be traumatic for them to leave their familiar surroundings and the staff they have become used to. I know this may be the only option in some cases but the council will have to provide plenty of support both in a physical capacity and financially.

For the reasons I have explained above my view is that Barnfield should not close. It would be very negative for the residents, their families and for the local Horley community. The Council should continue to provide a residential care home in Horley, ie. Barnfield.

Just not good enough.

Our residents see this as their home, many have lived here a long time and our comfortable in their surroundings, to move them would cause considerable upset and confusion. They say that one of the most stressful things to do in life is to move home!

Our residents are at a time in their lives where they are settled and comfortable and moving them now would cause undue distress to them and to their families and that would be so wrong
They deserve to live out the rest of their lives in a place where they have grown to love

This would mean larger homes feeling more like an institution.

Also less options for residents to be near family.

My mother is 100 years old, she needs stability more than anything, she has been in Chalkmead 6 months and gradually has come to see it as home, she is settled and happy. If she was now moved it would set her back and the panic attacks, which she suffered when she was unsure of where she would be placed, would surely resume.

Im happy here

This I feel is not an option, as this is their home, the stress and uncertainty of another move will be unbeneficial to the residents, The stress they have already under gone by leaving their family homes and moving into care was traumatic enough and the trauma still lives with some that are living with dementia, all their life time memories and little belongings collected through their lives put into bags and either stored or minimal amount brought with them, A lot of our residents moved to Barnfield to be cared for in the last stages of their lives, with no worries or concerns, We are their family that is with them 24 hours a day 7 days a week, we wipe their tears and laugh with them, they are our family, and assisting them in their home is a feeling like no other

Better facilities suited to their needs

Better hoisting facilities

Buildings warmer and better adapted

More comfortable in room with en-suite facilities

Negative effects would be moving residents who are happy in their current home and not seeing familiar faces when moved

This will have such a negative impact on all residents and staff. Residents that live here have come here to live their last bit of their lives in a safe and comfortable place. Why would you want to disturb that? there are residents who live with cognitive impairments and have adjusted to living here and now you will unsettle them for your own personal opinions on how the home looks?

surreys homes would be full this would give surrey the opportunity to use there money wisely. and where it is needed.

If the residents move out for the refurbishment it is unlikely they would return to Heathside. The move itself would have a detrimental effect on my Mum. The upheaval I believe would be too much for her, I prefer if my Mum resides in a care home which is run by Woking Council rather than by a private company, I feel that there this provides her with extra security as the Council will not be running it for a profit.

Upset for residents and families as well as staff

The home has been chosen for a reason by family members, some staff have worked here for a long time and will find it difficult getting a job elsewhere, due to age or location.

This would have a serious effect on the mental health of the majority of the residents and certainly in the case of my father.

The home is alright.

I like it where I am now.

I dont want to move.

I like being here.

Save on all costs i.e. electricity, water, rates, maintenance etc., Reduce use of agency staff. Residents like to know staff around them.

Because I can fit through the doors all the other places I've been to I couldn't fit through.

I dont want this home to close. If this home close, where can I go? I dont want to go to another home. But I want this home to modernist, room are small. No space.
For me personally I see a lovely garden from my window and can see my favourite people and neighbours go to and through. This is my home I dont want to move. My bedroom size is good for me and there is a lounge where people can meet each other. And the meals are very good. I like English food.
Because I've already moved once I don't want to move again.
Where is the money coming from?
I like this home.
I don't want to go anywhere.
Fay doesn't want to move another care home.
Because this is my home.
This is my home.
Because this is my home.
I think its nice here and a good area, just needs to make it modern.
As long as the resident and family agreed.
The residents would not like to move away and the locals don't want to see it go
Of course it might need to be done temporarily.
These building are people's homes. You can't just move them all out. Where would they go? Care homes are closing all over the country as the cost of care become prohibitive. Relatives have already placed their love ones into homes that are convenient for visiting.
Moving some elderly residents will be so upsetting it will almost certainly contribute to early death
This would be an awful outcome to those elderly residents who are effectively losing there homes for a second time.
I can't think of any positive outcomes as a result of closing Abbeywood. My mother and other residents are very settled and happy, Abbeywood has a great atmosphere and a very homely feeling about it. I think it would be a great shame to destroy that.
On a personal note, Abbeywood's location is particularly convenient for me as I live directly opposite and am lucky enough to be able to drop in to see mum whenever I want to (Covid regulations being observed!). I worry that mum will be shipped off to another care home somewhere else in Surrey that could be many miles away which would limit my ability to see her. I know she would be very distressed to be moved to a different environment, she is suffering from advanced Alzheimer's disease and would probably not survive a move. I'm sure the same applies to many other existing residents in the same situation.
Very upsetting and may be fatal for residents
Means people moving away from the area they know. Disruption for residents
This may lead to premature deaths of residents as some have seen these accomodations as their home fro over 10 years Elderly suffering with dementia are known to deteriorate when they have a sudden change of environment causing additional confusion. The available accomodation available may not be of adequate standard and more expensive?
Continuity of care within the community is far more important than moving elderly people when they are happy where they are house already
There are very few care homes in the local area and this one is in a central village location, next to the doctors and near to green spaces. Closure would be disorientating and upsetting for residents who have to be moved.
Residents should not be moved away from community. Elderly relatives and friends would not be able to visit. Moving a resident may be too much and kill them
Demementia complications and no local location!
My brother is very settled, he has learning difficulties and the staff at Heathside understand his needs very well. We are very concerned that he would have to move again after a previous move from Hillside 2-3 years ago which greatly upset him at the time
This would be the worst outcome for my sister in law, as she is very settled in birchlands and to move her would not help her mental state, as most of the residents do not like change of routine etc

Bearing in mind how traumatic the last move was for my Uncle, this would cause the family, in particular my Mother and Auntie a lot of distress.

My Uncle has learning difficulties, the last move was very difficult for him.

He relies heavily on visits from his sisters but they are now elderly themselves so it is important that he remains local
We are all worried and anxious that he may have to move again so soon

This option would not be the best decision for mum or myself. I believe moving mum would be a big upheaval for her and would be worried about her anxiety.

My brother was moved to Birchlands (under Anchor) when his previous Care Home was closed.

He has made friends with the other residents and the staff.

He has been at Birchlands for over SEVEN years, all the staff know him and greet him by name.

He is getting old and does NOT want the upset and turmoil of being moved yet again.

As stated before, my brother has only been at Heathside for two and a half years. It would be very unsettling for him to move yet again to a new home which would not be as easy for his family to visit.

This would result in much upheaval for my relative and, I imagine, most of the other Residents. As they have suffered more than most people during the pandemic, and they are just about getting back to being able to go out occasionally and have visitors again (hopefully) I feel this consultation is unnecessary at this time.

keep residents where they are as moving them will make them ill or they die of shock

Residents are used to their current homes and will find it hard to cope and settle in the new homes. This will have a negative impact on them. This will affect them mentally, physically and emotionally.

Moving residents to other homes will have negative impact on them mentally, emotionally and physically, as it will be difficult for them to cope and settle in new environment.

It will be not good idea to moving residences to others home and it can be put negative impact to them. As It will be difficult for them to settle in new environment.

This would lead to considerable disruption for residents and they may find the change too much, they would lose their familiar staff. Also finding places could be a challenge, the placements team cannot find places for residents who need to move on now how will they find places for a considerable number of residents? It would also cause considerable anxiety and stress for residents families. Staff would lose their jobs which would not only cause them considerable anxiety and distress but would also lead to all the skills Surrey has paid for through training would be lost to Surrey.

Also it would be a waste of the considerable amount of taxpayers money that has already been invested in this home. We have had new water heaters, kitchen refurbishment and a substantial amount spent on the interior with new furniture, curtains throughout and redecoration of many areas.

Having a number of different care homes provides a more personal relationship with the residents which is important and this can be lost in a larger establishment.

consider good location and easy for getting resident and care staff. it is not good ideal to close the home

I feel that this would have a detrimental effect on the residents. Some of them have formed close friendships with other residents so they would lose their homes and their 'loved ones' as well as familiar staff faces

Upheaval of care home residents should be avoided wherever possible. The disruption to vulnerable people's lives cause major issues for both the residents and their visiting families. After the ravages of Covid, residents and their relatives require both stability and to remain in familiar surroundings and be with those that they know.

This is not the best option as residents want relatives to be able to visit regularly, not having to travel a long distance

The reason, as stated for Option 2, is that a single move would be required. However, an appropriate home with a comparable social environment & atmosphere to that created by the staff at Barnfield, would be essential. Facilities are not everything!

Moving older people is very disrupting.

Alot of our residents are over the age of 90 and we have some residents that are now on End Of Life Care. Moving them now i feel is wrong as this is their home and they deserve to live the rest of their lives in a place they have called home and they are familiar with and around staff that know them and they know them

I can't even imagine my 105 year old grandmother having to leave Abbeywood after the years she's lived there. The confusion and anxiety she'd experience is extremely upsetting for my family let alone how she would feel. We're all incredibly anxious about this consultation and the outcome.

I don't know?

with support could be a better option to more modern home with bigger and ensuite rooms

<p>Why is this needed with an aging population? Surely the demand goes up not down? Unless of course you can enlarge and enhance one and find it by telling another.</p>
<p>Not needed. Very traumatic for residents, many of whom were already traumatised moving out of their own home. The staff at Heathside are excellent and I wouldn't want my Nan living anywhere else.</p>
<p>This would have a major impacted on the residents , there families and the staff , some of them have worked there for over 20 years and giving a lot of there spare time and love , especially with raising funds for the residents, including funds to purchase another mini bus when the first mini bus was to old to repair , (the first one was also brought by staff raising funds for it)</p> <p>Orchard court has a lot of support from Lingfield village and many of the local people have and still do work there ,</p> <p>There is a staffing problem , across many of the Surrey homes ,</p> <p>Surrey need to look into there hourly rate of pay for carers , comparing it to other job roles in the care home it is very under paid, as are most job roles within the care homes</p> <p>I think it should be kept</p>
<p>No financial cost projections given to close and re provision option.</p> <p>Middle still of pandemic and time of still uncertainty. Not a sensible time to embark on major closure process. Stress for people who live in the homes, family ,and staff.</p>
<p>All the residents at this home are vulnerable and any change, especially moving to new surroundings with unfamiliar staff will have severely detrimental effects on them all. A move like this could be enough to kill at least half of them.</p>
<p>Prefer option 2⁸</p>
<p>Need care homes rather than to close them</p>
<p>This is frankly unacceptable and needs to be fought. There is no way this will not cause considerable anxiety to the residents. Just imagine if someone came to you and said you need to move out of your home and someone else will select where you are going. It is also an anxious time for staff. Meadowside's team do a great job, very friendly and upbeat, organized, caring and experienced and disbanding this team I believe reflects badly on the council.</p>
<p>With experience in working in care homes, this will have a detrimental effect on the service users, moving service users who have grown to call the homes their home, adds unnecessary stress, moving the service users to another home can cause them depression, isolation, and a feeling of defeat, as they will need to get accustomed to new surroundings, new people, staff and other service users and staff in the new home will need to learn the service users likes and dislikes. Service users also create friendships with other service users that they live with, moving them will stop this friendship. Service users who have moved from location generally deteriorate rapidly after a move.</p>
<p>Many older folk, especially bordering on dementia, do not like change. These care homes are their "home" which should not be taken away from them just because it's inconvenient to keep them.</p>
<p>My uncle has already experienced one move, a positive move as he was very unhappy at the previous home which as stated, affected his physical and mental health. He is now very happy and settled into Barnfield, sees his family on a regular basis and has trips out with his niece and her family, which would be impossible if he were to move as his niece cannot drive and it isn't always possible for her to get anyone to drive her to visit. I feel this would have a very detrimental affect on my uncle.</p>
<p>This would be disruptive to long-term residents of existing care homes and staff at other homes would not know what a person used to be like.</p> <p>If residents have to be moved due to financial constraints, it is requested that they be placed in well-run care homes with CQC ratings of excellent or outstanding as this would give peace of mind to relatives as it would indicate great management and a stable staff pool.</p>
<p>I realise that the Council is in a hard place and that tough decisions may well need to be made. But I think that to do this would have a negative impact not only on residents, staff and carers but on the reputation of Surrey itself in terms of its perceived willingness to provide safe and compassionate accommodation for those among us who are most vulnerable and who have themselves contributed to the life of the locality over many years. Any move for these residents would be disruptive and painful and risks demonstrating a lack of support and appreciation of the vital work of care offered each day by staff.</p>
<p>Re-locating residents and staff is likely to have a negative impact. Closing care homes should only be done as a last resort.</p>

Again comments in 5 & 6 above also apply.

Again my comments are based on experience of the Chalk Mead facility in particular.

I was heartened when my Mother was given the opportunity of being a resident at Chalk Mead primarily from the point of view that the facility presented itself as being as ideal a care home as could be found.

My experience of the service delivery to date has not detracted from my original assessment and as such I would view a relocation elsewhere as being an extremely negative step.

There is also additional & potentially awkward traveling arrangements for family to undertake - Chalk Mead is an extremely convenient location for family to visit in this respect.

Disruption will occur and the possibility to diminish quality of life during residents last weeks or month could be high.

SCC should and need to provide care homes for Surrey residents.
This should not be an exercise of closing the eight care homes and selling off the lucrative development sites that that occupy.

I believe this would severely impact on the health of residents and staff alike, the residents are probably accustomed to where they are living and the staff that assist them, splitting these up would not help the welfare of the residents and then there is the mental health aspect of the employee being redistributed to somewhere new.

This is people you are talking about NOT pieces of furniture.

Most residents and their families choose a care home partly based on location so they can be near loved ones.

Uprooting residents, especially with dementia, will have a devastating impact on their wellbeing.

I don't see why you would change from Options 1 or 2. Residents seem very happy, healthy and safe. The approach during Covid seems very sensible, manageable and well-run.

Minimising upheaval and hassle for residents and staff is for me the determining factor here followed by cost.

Why moving elderly residents who are currently settled for no reason and unable to look after themselves to another care home? This seems like a pointless and costly exercise. What's the benefit to them?

Equally, what about the staff on site? What happens to them during this process?

Given the potential failure of infrastructure and equipment risk I believe that although it could cause some distress to individuals to move; done sensitively it should result in a safer environment for those living in these homes.

I believe that considering moving elderly people from what has become their home is a dreadful proposition.

However carefully orchestrated, inflicting forced move outs onto elderly residents who may have lived there for a number of years, could only have a negative impact on those residents affected and their families.

The impact of such change at this stage in the lives of frail and vulnerable elderly people may prove to be something they never recover from, however well intentioned potential motives for this change may be. The additional impact to long serving and loyal staff members, who have slogged their way relentlessly through the recent and on going pandemic, having only been working for SCC for a short period previous to this, is somewhat of a slap in the face for all of their considerable efforts before and during this time. Being "helped" to find other employment is no compensation for having to give up on a home and service that you have dedicated (in some cases) many many years of hard work and great service, at times during great adversity. The worry, anxiety and emotional stress this may cause to them through no fault of their own, is not something to be taken lightly in any way. Working in the care sector takes a special type of person, and as a workforce they should be cherished and valued, to enable those in our society who need it the most, to continue to receive the high quality care they so sorely need and will continue to do so for many years to come as the nation as a whole ages. A swanky bathroom and access to a therapy pool will never replace that.

I feel this is the most negative option. The local areas concerned would lose a valuable resource.

This is disruptive to both the staff but especially the residents to whom are being moved from their home.

Very disappointing that this is being given consideration after the team has worked so hard through Covid and now feel are jobs are under threat amidst a period of cost of living rises etc, A lot of us go above and beyond our caring roles and are passionate about our jobs despite amongst the lowest paid staff within the Council. This has proposal has had an impact on the mental health of the team. This proposal shows a disregard for prioritising and valuing care and care workers and how social care is prioritised as a council priority. This has been underlined by the fact our local Council representatives has not visited the home or interacted with staff despite being invited to (and agreeing to) do so.

No care provision for Lingfield. Families would have to travel further to maintain relationships with loved ones.

Upheaval for residents being asked to move from their home.

My client has previously been moved when his care home closed. For the reasons previously explained another move would have a detrimental effect on his mental health. He has been at his current care home, Birchlands for over seven years and has made friends and has good relationships with the other residents, carers and staff. He is elderly and a further move at this stage would not be good for him and should be avoided.

All places and buildings need to be retained. If this can take place around the residents in phased work, this prevent the need to disrupt and disturb the many residents who struggle with any sort of change.
If it is required to move some, as this is not possible, then it should be only where no other option is available.

I want to live here

Because I'm happy here

Prefer not to say

May move you about for poor reasons

Very unhappy. I know people and carers and love more comfortable

I feel I have a home. The bible says I have a home. Should be more sensitive to older people. More loving care, less dramatic, more sympathetic.

It would be traumatic especially at my age. Too much shock. I feel ashamed of my age - I do not want drama. I would not be able to look after myself, I will suffer. I am 91, will put pressure on my heart.

Wrong to close down care homes - too traumatic. Hurting people, upsetting them at my age.

I can explain but I'm not happy to

As she is 101 years old it would be very difficult for her to deal with a move

only if this provided the same kind of improvement as option 2 and the staff moved with the residents. I want their jobs to be guaranteed.

Keep them open but improve

My mum is well taken care of at her resident home and as she has dementia my belief is that it would do more harm than good to move her away from the staff that she trusts.

I believe this is not the right option. Upsets people and relatives and family members may not be able to visit their loved ones.

This would have to be considered and organised on a phased and individual basis assessing the needs and health of each resident. It would have a negative impact on older more vulnerable residents particularly those with dementia or Alzheimer's disease, as well as those suffering mental health issues where continuity and stability are key to maintaining a quality of life. It would be essential that the selected care home is convenient for family members and friends to visit and if a resident involved in community activities (eg: member of a choir) this could continue without disruption.

It would kill Keswick residents if they had to move out.

Because this place is nice in this area and has been here for years.

Cos won't know anyone

I don't want to move

I don't know really

I like it here

This is my home. I like here. I move here not that long ago.

Yes I would need to talk to people and would have to have local shops etc.

People seem to be at a later stage in their lives before entering care homes, making their needs greater than previously known.

If moving people around is thought to be a good options it may be more difficult to settle people comfortably in new surroundings.

This is my home. Why should I have to move I'd miss my friends

I'd miss my friends I call ***** I live home
This has been my home for a number of years and I don't want to move.
I do not want to leave my home. I do not have any family so the staff and family are my family.
I love where I live and don't want to move. I'm settled here.
I love where I live and don't want to move

Any other comments
Has consideration been given to selling the homes to private owners and leasing them back, thus handing the the responsibility for maintenance and improvement to the landlord?
Please keep us all up to date on what will be happening
The staff and home gave my mum a reason to live when she had given up It was her second family
I think by not allowing us to accept new permanent residents. Considering we are basically empty as it is. That is signing our P45s for us already. It's obvious. There's not enough shifts for all the staff to continue as we are. And it's truly unfair to expect that of us. After starting the meeting by thanking us for the last 18 months. This is like thanks but no thanks. Here now worry about having no job in a pandemic. Kick to the teeth. Our home has been run down for so many years. When a lot of work could have taken place. Updates. Upgrades. Modernising. But instead we spend money on air conditioning for just the manager. Thousands on a new shed. Doing the garden up. What about inside ?
What about the funding coming from central government! Would that help?
Please don't close these lovely homes especially meadowside
It depends on each home surely
The fact that option 3 is even there is our right ridiculous. Some of these people are in end of life care and closing good care homes isn't and shouldn't be practical. Anyone who thinks it is the right thing to do obviously isn't thinking straight.
I can understand a lot of work would need to be done in some of these homes .think of how we would feel someone telling we need to move .our residents are already vunerable what happened about our residents having choice .
Our residents deserve better than to be moved THEIR family as are the families as well . I understand the need to renovate the building but not to close it .No matter what people say there's always going to be a need for residential homes .We have good links with the local community .Why not renovate and invite private residents as well
Consideration for the residents the recent turmoil of covid and the security they residents have felt they have with their home must be if the utmost of importance . Although there is a need for specialist dementia care as SCC have said there is also still a very strong need for residential care closing a well known and long standing home would be a great loss to the community
I accept there are savings which need to be made however, this is a false economy and will only make life more challenging and difficult for the elderly who have a right to have options close to their places of current residence. This population has paid their whole lives to be able to relax in their old age, not be forced to live away from their families and friends.
More affordable quality care homes are needed not less.
In the points made in the document it has mentioned bathing facilities there are nowhere near the necessary working facilities in the home for the number of residents currently let alone when it is full, the on unit kitchens have been damaged purposely by management in the hopes of getting new ones fitted, the downstairs unit kitchens have sinks and their under cupboards (where crockery are kept) that stink and have done for years, all but 2 of the bedrooms are absolutely tiny and if a resident needs a wheelchair and a commode or chair you have to rearrange furniture just to provide adequate care. I think all our lovely residents would benefit from being moved into more suitable accommodations which better suit their needs as the construction needed would affect they lives more badly than being moved on altogether.

9

The thought process behind this consultation is, unsurprisingly, how to save money. The thought process should be how to maintain the health and wellbeing of the residents using/living in the services being provided. Extra care schemes can never replace a care home environment - all of the people living within a care home are there because they were not safe enough to remain at home and having extra care schemes would not prevent this from being the case. If someone is unsafe to remain in their own home, extra care schemes would not be able to minimise the risks any more than an external care agencies. Care homes are vital and the consequences of closing any down because the buildings need work is hugely detrimental to those living in them. Surrey County Council should never have taken these homes back over if they could not afford to do so - making our most vulnerable, elderly residents pay for SCC's mistakes is unconscionable.

More homes being run on not for profit basis should be maintained rather than homes which are making lots of money for the owners
Care staff should be well paid and trained for the important work they carry out

Quality care has to be consistent and can only be achieved if clients and staff are well looked after and listened too. Make that your number one priority and everything else will cascade from there.

There will always be a need for high quality affordable care home places, Not all residents can self fund their care needs. With an quickly ageing population demand will increase in the coming years. Councils are the best placed to provide these services. The private sector is struggling to remain profitable now, we cannot and should not rely on them as the main or only option for our residents. There will never be a situation where the number of private places can be 100% guaranteed. Surrey county council needs to take a long term view on these matters

Much as I understand consultations do need to be conducted when dealing with the Finance of Surrey, I do not believe it would be in anyone's interest to close Abbeywood, and I would urge SCC to reconsider especially with regard to this property. In Ash & Ash Vale we are considered to be the furthest point in GBC and SCC's areas, and as such our community is extremely important to all. This can be seen with particularity with regard to the Consultation taking place about the Shawfield Day Centre, another central part of our whole community.

Government needs to continue to invest not close . Ash and ash vale feel like we are losing everything that's good . Not all elderly can be cared for in their own home.

I wish there was a 4th option:

To close care home down with an assurance a new care home would be rebuilt on the same site. Therefore the community would only be without a care home for a temporary period until new one is built.

Orchard court is in the heart of the village , everyone in the village knows the home , and lots of people from the village have worked here and still do, we have support from local shops when we have events , we are in walking distance of the village shops, pubs and pond , the residents enjoy feeding the ducks ,
Orchard court is one of the bigger homes out of the eight and would still be even if you modernised to make en suite rooms ,
There is enough garden to even explained , unlike some of the other homes

Abbeywood has played a big part in the community for many years. The children of the community have befriended the residents and have participated in events happening there. Gradually over time, this has become less apparent and there is a big divide in the community at how the home integrates with the local area. This became even more apparent when Covid-19 hit and it was observed from the ground floor lounges that PPE was not being worn and relatives were being told they could not have contact with their loved ones even unprotected staff were able to hug them. The home suffered numerous outbreaks and a decision was made to close all curtains so that relatives could not see their loved ones which as part of a tight knit community was very hard to cope with. Standards of this home are falling behind of other homes in the area and this shows from the latest CQC inspection where they lost their outstanding rating and moved back down to good. I believe these residents deserve better and Abbeywood unfortunately cannot provide this anymore in the current climate.

Please don't remove essential services from the local community, the care home residents are part of our community.

Care homes will always be needed, Abbeywood is a part of the community and will be sadly missed if it does get shut down.

I working on the sector of care homes abbeywood have amazing reputation probably is one of my options to work one day and help a lot of elder people in the community. Having council care homes can guarantee a safe and good option for our future when we will be older

the site of Abbeywood care home is quite a substantial. It is located next door to the doctor's surgery, which is an exceptional benefit. The location of the plot could be substantially developed to produce a much larger and more modern facility.

Hopefully someone is speaking to the care home residents and getting their views.
They are not hotels.

They should not be closed only modernised. There is not enough council residential places around

The residents have to be first and foremost. They have already had to give up everything to move into a care home. Over the past 18 months, they have hardly seen their families, some have no visitors at all. The residents and staff are so closely bonded, residents often say "we are like one big family".

By moving the residents on, separating them from their new families, is going to be detrimental to the mental and physical well-being.

Surrey has a duty of care to the people in these care homes. Most of whom, we're living there prior to Surrey taking them back over.

I appreciate that the buildings may not be fit for purpose, but I truly believe, you could modernise, a section at a time.

We are not going to be referred any new residents, whilst the consultation is carried out.

I fear this will have an impact on the final decision. I understand that it is so we don't have to move on new people, if the care home is closed, but I really want to reiterate that Surrey still has a duty of care for the other residents already residing in the home THEY chose to move into, most of whom, believe they will pass away, when their time comes, In their home, in their beds, surrounded by staff who have cared for them for years. Not in a new home surrounded by new people.

The pay for care staff is far too low. It doesn't equate to the responsibilities of the job. It does not encourage people to apply for positions.

The recruitment process takes far too long. One staff member waited 5 months for the paperwork to be completed.

The proposals say one or more care homes. I am extremely worried about how many are actually being considered.

I do not agree with any care homes being closed.

Care at home is not appropriate for all older people. The social contact of living in a care home must be considered.

It is not always possible for the elderly to be cared for in their own homes, it can be isolating and upsetting, particularly when they have different carers visiting each day. My late mother was cared for in her council flat during the Covid period she became isolated and confused by different cares visiting 4 times a day. Not everyone owns their own homes and can afford to pay for their own care. Council care homes are a very valuable resource and should not be closed.

i live in leatherhead dorking ashtead im now in fetcham witch i love because it near work i had mental health depression and keswick has helped me with that i would love for keswick to stay open for the future i love working for keswick love working with older people staff are ralley friend it like home from home for me keswick has been a part of me for so long been good to me and i good for keswick at my age i dont have to find another job as i too old now i only know keswick great team work they .

I have included in the above

What research has been carried out by SCC to support care community residents Have SCC looked at best way to assist people to have their say in this

Especially people living in the care communities toy who are living with dementia - use a specialist company / individual to support people to have their say Like Innovations in dementia

Has SCC looked at the potential increase in mortality of people who are older having to move and the timeframes this happens in

It can be a positive having refurb but lots of intensive support for all and expectation management

How much is all this costing and will the costs ensure people living in the care communities are receiving the best possible care and choices

I've been involved with closures, refurb and moves of care communities. There is so much I would like to ask and see being published by SCC to provide reassurance etc

I can only comment on Chalkmead as I know it very well. It is a lovely care home with great staff and the residents well cared for. As a visiting relative I cannot speak too highly of the well organised system they have in place.

The housing situation for the elderly is in crisis. Do not make it worse.

A decision to potentially cut services like this cannot, and morally should not, be made off of the back of the figures during a global pandemic. It is far easier to lose and cut services than it is to regain them if that initial decision was in fact the wrong one.

I strongly feel we shouldn't be constantly losing services, especially those for the elderly, instead services should be much more fluid and able to adapt to changing needs and demand. However for this to happen substantial investment need to be made.

<p>Obviously, care costs and care homes are expensive to run and these are issues we have to deal with as a society, both at the local and national levels. Yet they provide both community and continuity for older residents who are losing their mental and physical strength.</p> <p>It would be very useful to know in more detail about the work needed to the homes, and Abbeywood in particular, to be in a position to make appropriate judgements. As such, all I can comment on is what I see and what I know: Abbeywood's building clearly needs updating; Abbeywood's staff do amazing work to provide a home-from-home environment despite the structural limitations.</p>
<p>Meadowside could really use a lot of work to it.</p>
<p>Always remember that each person who is in a care home most likely has family near them and they need their family at that time in their life. Please keep Abbeywood open for the Ash area for this reason.</p>
<p>I worked in meadowside for long time. I have been here during covid period and I have seen many residents passed away in this home it would be really sad to see the home close.</p>
<p>Meadowside has played a huge part of the local community . It would be a shame to see the home close. We have been through the worst 18 months losing residents and have spent months on transforming the gardens so as residents can benefit from there surroundings</p> <p>This will be the third time I have been through closures of homes what does that say for surrey county counsel</p>
<p>Although my wife has been in Birchlands for a comparatively short time,I have been overwhelmed by the caring and concerned staff that I have encountered there,the place itself is always welcoming bright and very well presented, As you can imagine the decision was huge for myself and our children to place my wife in Birchlands and it now seems everything is to change again,</p> <p>I hope that the decision that is made reflects the residents,families and carers of Birchlands actual needs and not just Surrey County Councils finances</p>
<p>Birchlands has been a pillar of the community for many years. During the COVID-19 pandemic members of the community rallied round to ensure we had enough PPE and support. Charities in the surrounding areas have offered Birchlands support for many years and have considered Birchlands a home close to their hearts. Birchlands last 3 visits from CQC have shown dramatic improvement to the service and all systems are currently working to ensure our residents are best supported. Residents anxieties have worsened since the beginning of the consultation and I believe having to move out and for Birchlands to close would cause irreversible mental decline.</p>
<p>As mentioned above, why has all that money been spent on a home to vastly improve it, to then decide to close it. Monies should have been put to good use in bringing the home up to date, and decor to follow.</p>
<p>Please keep my mum in her current home she has had a dreadful 18 months - as have they all we havent been able to see her for most of that time - unless through a glass window we still arent allowed into her room - HER HOME she is sad and lonely and depressed and although the staff have been amazing - really amazing - the bottom line is that she has been locked up in one house for 18 months. "I have been sent to prison for a crime i didnt commit" she says</p> <p>PLEASE PLEASE dont just think you can move her again to the private sector without further turmoil and upset.</p> <p>Make sure that ANY decision you make is not primarily budget driven, but is made as if it was YOUR MUM in the home you are considering</p> <p>Thank you for trying to do the right thing by consulting us, but do listen carefully and think three times before you make any decision. YOU SHOULD HAVE A FEW RESIDENT REPRESENTATIVES ON YOUR COUNCIL. PLEASE DO THAT, THEN WE WILL FEEL REASSURED</p>
<p>The seven care homes mentioned in Surrey are not fit for modern age. Most of them are very archaic and the rooms are too small and do not have an ensuite bathrooms. The corridors are too narrow and unsuitable for wheelchairs and most of the homes lack space and are very claustrophobic. They should all be demolished!</p>
<p>I would like to know why Surrey County Council as landlords to Anchor actually allowed the care homes they retained ownership of to fall into such disrepair. Surely they had a duty of care to the residents throughout this time to maintain the buildings rather than now turn around and say this is what we found when they came to our care! The care homes never left the ownership of Surrey County Council. They were being paid rent, so, in effect Anchor as a private care home was subletting to be the residents, who they failed also because they were paying for something that wasn't being upheld... Good buildings, drainage, etc.</p>
<p>Urgently needed</p>

I think you should very carefully consider your next move but in the best interest of all involved and connected to these care homes, please modernise them and keep them as homes for the vulnerable and second homes with extended families for your staff. The family members of the residents will also rely so heavily on the home not just for the care provided to their loved ones but the rapport they have with the staff. Often it'll be one of the only times they leave their home and the laughs and social interaction from staff, their loved ones, other residents and family members will be what they have to look forward to in their week or likely month. Please do not cause such damage to the local communities in Surrey but moving residents on.

How is this going to work ... will we be consulted and given options of where our mum may have to move to

Please do your best to keep this carehome open, the care for our elderly relatives to be able to stay in a surrey council run carehome & continue to live in their home & as much disruption as possible to what they have left of their lives & for them to be happy & to be able to see my dear uncle is a must, I'm just hoping a resolution will be made

Orchard Court I can only mention. Staff are wonderful, warm and welcoming and have become such strength for us . They maybe areas of the building that are tired but as a family the heart is within the building ??

I can understand why this is being consulted on but Abbeywood is a fantastic service and should not be considered for closure.

As said in past it is dependent on the home.

Have you already made up your mind to choose the short-term cheapest option?

I would like to see the impact statement forecast for 5 years 10 years and 20 years if you shut these homes

Impact to include :

Quality of Life

Wellbeing of residents, carers and families and staff

Economic and social impact of removing the employment and services from the local area

Barnfield is situated in a lovely location, close to amenities. It has lovely grounds which residents enjoy. It's a lovely home to work in. Lead by a good manager who supports everyone. It would be nice to be modernised and brought up to date and kept open.

The facility's should be reviewed but people requiring residential care deserve to live in an area they/their visitors are familiar with.

Only to repeat the foregoing

In my opinion, it is very important to maintain as many of these houses as possible

Information is needed on where the residents will live if they have to move on. Would they be expected to move some distance away, even out of the county, seeing as all the local homes are potentially being closed?

all residents should have ensuite facilities. buildings should be for for purpose and safe

Work a ppm into the yearly budgets and have a team that staff and resident get to know

It was mentioned in the consultation that sharing bathrooms could lead to covid infections. We would like to point out that during the pandemic there were no recordings of Covid 19 cased in Residents or staff at Keswick Care home.

There was one case of two members of care staff who tested positive but were not present at the home.

The staff at Keswick do a tremendous job, work very well as a team and give 100% care to the Residents for which we are very grateful.

The proposals are too vague on Option 3 and this is concerning for us as neighbours.

We would like to offer much more and we will by seperate email.

We don't think the financial model and result in the consultation documents and those supplied by Saville's is complete and goes far enough to enable a more robust analysis and conclusion.

The cost of private care homes and the numbers currently involved is woefully missing and there is no indication of what the future numbers are expected to be in need of care. This is material and data that County must have access to or otherwise this whole exercise is nothing more than a wistful gamble.

At this point in the pandemic, many care homes across the country have a reduced number of residents so this is not an problem specific to Surrey. I believe the numbers requiring a place in a care home will increase but the needs may be more complex.

My mother in law lives in Scotland & is in need of some support. She receives support to keep her in her own home rather than take a place in a care home. I appreciate this would not work for everyone but putting in structures to support people in their own homes as long as possible would be better all round.

We are being told we are in an ageing society and we are the next generations that maybe in need of being care for later in life. I feel that the council would be short sighted to close any of them. And if they did would they invest the monies into building new ones?

As for Orchard Court, reading the first few lines of the overview, it says it is built in sections so can it not be that each section be cordoned off for work to take place for up dating without too much impacted on the few residents already there, therefore keeping a very good home running with a services very much needed.

I would like to keep being involved in this consultation as a relative . Thankyou

Whilst understanding the need to modernise some of the facilities at Barnfield it will possibly be disturbing for residents and families to have relocation of any kind.

We know that the bottom line will have a great deal of influence in the final decision but we are hoping that the excellent care that Barnfield provides will not be compromised by the County Councillors when they are considering this issue.

I have lived in Bookham all my life and Keswick is a big part of our community .I have worked in Keswick for 11 years and in that time i have seen many residents that have lived in Bookham come in to live at Keswick . I feel that this is comforting for residents families that were born and bred in bookham that their parents are still in the community that they have lived in all their lives in a well respected care home as i mentioned before that is a big part of bookhams community. In previous years Keswick has always had a waiting list also the day centre played a big part in this as when individuals could no longer stay at home they felt comfortable to come and live at keswick .

I have worked at keswick for 7 years and i find the home to be very friendly and welcoming .Speaking with families i have come to realise what a big part of Bookham that keswick is .

I have lived in bookham all my life and keswick has always been a part of the community .My nan lived in keswick until she was taken to hospital were unfortunately she was unable to return . My nan loved being at keswick .We all lived in bookham so could visit on a regular basis . In Bookham there is large community of elderly people that feel if they requires a home they would be near to their loved ones and be in familiar surroundings.

To keep affordable elderly care in Horley

Abbeywood is situated opposite the doctor's surgery which is a huge peace of mind factor for us as a family. It is not on a housing estate but at the end of the bustling little row of shops where locals always wave their support as they walk past the home.

It is a fundamental part of the Ash Vale community - open for all to see, light and airy, with our happy family members delighting in seeing what's happening outside.

Everyone who has a relation that is faced with not being able to stay at home independently anymore is faced with a massive dilemma.

I can honestly say we are able to sleep easily knowing that the Abbeywood team are doing their utmost in looking after ours.

i feel that loneliness can be fatal. some would need some one there all of the time, there not used to looking after there self's, that's why they live here in the first place. flats have there place but not for these residents.

Please keep us advised

We need to have a council run care home in the area.

* Regarding the sweeping comments of Savills I would make the following points.

*'Fewer people are choosing not to move into care home'

NOT SO - the intake into care homes is down at the moment due to Covid deaths and media generated fear! This is short term and this time rightly should be taken to evaluate and improve the service. Statistics show that there will be an increase in the number of elderly who will eventually need care.

A large number of retired people would love to move into a care home to receive company and support and minimal care (before, and often warding off) the need for nursing care! The barrier to this is cost. The up and coming elderly villages have shown there is a need for this but is restricted to the wealthy! SCC must offer a comprehensive service to the less financially able.

**

'Most elderly people prefer care in the community'

Not so! many elderly do not wish to stay in their own homes where they feel lonely, isolated and forgotten. Carers coming in (however good) for 3x half hour visits a day, who have no time to talk or often care in a meaningful way are not the 'whole' answer. Care in the community so often leads to self neglect, depression and hospitalisation. This leads to bed blocking and so often more expensive nursing care.

**New people prefer On-Suit facilities.

Not so, shared facilities are not a problem for the majority of residents or for staff to manage. They are easier to monitor for cleanliness, are larger in size and should have shower and hoist facility.

It has long been my experience that a large room with TV, arm chair and personal facilities is more detrimental to the health and well being of the resident. They become insular and reluctant to move out of their space and isolated. It is harder for staff to monitor them and to keep them motivated.

Shared facilities encourage movement out of the individual rooms and more social interaction. There however should be some on suit rooms for those who specifically require it or have special need.

The design of Birchlands and all 8 homes is based on family units, each unit having its own lounge and dining area and kitchenette. This is a great concept and promotes normal living and results in a healthy and longevity of life.

We should be looking at the sector as a whole, improving the career prospects of those that work in the sector, with proper training and qualifications and a career path. This would help to make people proud to work in care and enable there to be a correct salary structure and pay care staff a decent salary that is worthy of their hard work. The care staff have a difficult job and are not recognised for this in their pay structure in any way, shape or form which I find disgusting. The Council have a great opportunity here to put some things right and improve the whole sector and set a good example for our national Government to follow, as I believe that there is money available to invest. Please don't waste it by closing the homes and lining the pockets of the private sector with tax payers money.

My mother has been at Keswick for three years.

She had care in the community from the age of 99 for eighteen months and ended in Epsom Hospital in July 2018 with Malnutrition due to lack of care by private care, with thirty / forty five minute visits.

For two years previously I battled with Social Services to get her into a care home.

Since entering Keswick she has been looked after in a caring way which for people with dementia will be essential in the future.

Unfortunately not every person can afford to pay for private care, and there is no guarantee that you would receive improved treatment in private homes.

Orchard Court has a lovely family feel with many of the staff having worked here for 20 years plus, so would be devastating to close the home, not only for the residents but the whole community.

Care homes are needed as some people are not able to have care at home, and some people enjoy being in a care home for the company.

As the % of the population gets older and Surrey will have more people with dementia it is important to continue to provide sufficient care homes - private and SCC owned.

The six older peoples homes that were previously closed are still sitting empty and boarded up, years after they were closed. This is a huge waste of valuable land and assets (public funds) at a time when the council's financial position is precarious and likely to get worse over the coming years. It would be negligent if these 8 homes are closed and added to the other 6 sites with no decisions being taken about how these sites should be used in the future.

This should be seen as a consultation not simple to cut costs but as an opportunity to expand the State owned facilities Surrey presently offers, improves the market offering for more affordable care and genuinely seek to invest in facilities resident across Surrey deserve.

The survey doesn't mention quality of care. It feels like a survey developed by estates and management. I'd like to see a survey that started from how can we best provide a service for older persons and the worked back to the homes themselves. A detailed analysis of need may find you need more care homes as the population gets older or it may find more care at home services are needed.

This seems like the wrong starting point for a ASC survey.

My parents were hard-working, kind, thoughtful people who prepared for older age by moving into sheltered housing when my mother was in her late sixties and my father his mid-seventies. They were completely independent and helped the older residents with their shopping, volunteered at the Shooting Starts Hospice shop in Shepperton and my father drove a minibus weekly for a local old people's day centre.

After many happy years in their flat my mother developed Alzheimer's and, following a number of TIAs, my father developed vascular dementia. I supported them to remain as independent as possible, for as long as possible; I did their washing, cleaning and weekly shopping and labelled each item in their fridge so that they could understand how to cook it properly. As things worsened, I needed to talk them through the steps involved in taking an item from the fridge, placing it in the microwave, selecting the time and listening for the alarm, but very quickly this became too difficult for them to understand and I visited them each evening to prepare their meals. My father became incontinent and washing, cleaning and basic hygiene became an issue.

Social services assessed that my parents each needed 45 minutes of care every morning to help them get dressed and eat their breakfast, and 30 minutes of care each at teatime, five nights a week, to ensure that they ate their tea and received their medication, with me going in each Saturday and Sunday evening. Surrey County Council began to contribute £313.94 as a joint weekly contribution, (minus my parents' assessed charges,) with us topping this up to buy in care from Home Instead. I researched day centres for my parents to join and they started going to Orchard Day Centre in Chertsey, which specialises in looking after people with dementia. This was wonderful as I knew that they were safe all day, however the cost of this was £60.68 per day, so one day a week for the pair of them was costing an additional £485.44 a month.

We limped along for a while like this, but there were instances of them wandering at different times of the day and night, and a number of times when the police found them and brought them back to their flat. It was at this point that I realised how difficult it was to find a care home that was local and also reasonably priced, as my parents' flat had depreciated in price since they bought it. My parents married in 1956 and they were inseparable. I was made to feel that I was being obstructive wanting them to stay together and local. We were fortunate that two places became available at Birchlands; the home is designed with corridors of eight rooms and a kitchen/lounge on each wing which creates small, intimate groups which is perfect for those suffering from dementia.

I attended a meeting on 27 October, run by Chris Hasting, regarding the fate of Birchlands care home and he inferred that it is a choice for older people to go into care homes. I can assure you that my parents had No choice. They were a danger to themselves and 24-hour care was the only option available to them. He also said that Surrey County Council intends to provide 725 'extra care' apartments by 2030 to help older people live independently and stop the need for them to go into hospital or move to a care home. I would ask how this is any different to the sheltered housing my parents were unable to stay in when their dementia became too severe?

One of the reasons that Surrey County Council took back Birchlands from Anchor was to alleviate the problem of bed blocking in hospitals. We have an aging population that will require more and more care as the years progress, and for those suffering from dementia, residential care homes are the only option. If the number of care homes in Surrey is reduced the impact on hospitals will be immense.

Since its return to Surrey, there have been a number of improvements at Birchlands. The residents are able to enjoy a sensory garden, which was created in conjunction with Royal Holloway University of London, and improvements have been made to the heating and windows. While the omission of en-suite facilities has been cited as an issue, the size of the current shared bathrooms are large and are able to accommodate baths with powered lifting seats. It has been said that these shared facilities have spread infections, however Birchlands was able to successfully manage the current pandemic. The layout of the six wings enables each to operate independently if the need arises and this allowed any residents who become sick at the start of the pandemic, or new residents who arrived from hospital before testing was commonplace to remain isolated, thus protecting the other residents.

Numbers are generally low in care homes across the country at present as a direct result of Covid 19. To use the current figures to make an informed decision about the fate of the 8 care homes in Surrey would be a huge mistake; Without enough care homes, a greater strain would fall on Surrey's NHS.

The Savills survey's largest finding was that Birchlands was in need of sprinklers, which may cost around £220k. I would suggest that the council look to sell off the dilapidated detached house in the grounds of Birchlands to a developer, and use the funds to recondition the care home. The home is within easy reach of the M25, to enable family and friends to visit easily, and is located in a tranquil setting surrounded by trees and gardens and is a perfect environment for those living with dementia. With only 20 residents currently living at Birchlands, the redevelopment could be carried out without the need for them to move into alternative accommodation, and I would strongly use the council to take this course of action.

Please see above

Care in the community is sadly becoming a thing of the past please do not let Barnfield become another statistic of another closed care home - it is far too precious to go!

The home and staff are valued and need to stay in our community.

I was so worried about my mum going into a care home, but they made not only my mum but myself feel at ease and they are so caring and always tell me what is happening and how my mum is doing.

I understand the reasons for the consultation and support whatever the outcome maybe, as long as XX can remain in Merstham and continue with her current lifestyle/ routine.

It may also be beneficial to consider the standard of care provided in the homes as part of the decision.

Please also note, if Chalkmead was to be closed and there be no other home in Merstham/ very local, I would ask for support to potentially relocate Betty to South Oxfordshire, where she could be with her family. However, this is by no means something that would be considered lightly, as Betty's life is with Age Concern in Merstham.

Petition the government to provide an adequate level of funding. The elderly have made their contribution to the country's economy and should be treated with the respect and support that they need.

I hope that you find my comments helpful. I have tried not to be negative and understand that change is required.

However, funding this is by far the biggest issue and those needing care and their families should not be made to suffer as a consequence of any changes.

We all accept that change has to happen and that nothing can last forever but these are "Care" Homes and any action that is taken must have "Care" at the heart of it.

Update to modern standards but don't close any of them.

I feel that people need to stay in the community near to places they lived so that relatives , friends and neighbours still feel connected .They say it takes a village to raise a child I think it also takes a village to care for our elderly. What I don't want to see is the land sold off for private companies to build none affordable houses ,if the land is sold I want to see it used to build a very much needed medical centre.

Many residents have a family member in orchard Court

. The home has an excellent reputation please leave it be

I hope these care homes do not close

My parents moved into sheltered housing from our family home, thinking it would be their last move.... with the onset of Alzheimer's and vascular dementia, daily support from my sister and her family and increased daily home care was not enough to keep them safe 24 hours a day, hence the decision to enter a care home. Even if SCC fund home-based care, there will always be a need for care homes as my parents case illustrates. I just hope that your main consideration in reviewing the future of the care homes is for the wellbeing of the residents and their families, and that this consultation process is truly going to make a difference in keeping them open as opposed to being an excuse to close them...I hope the decision has not already been made, that SCC is just going through the motions to placate the residents and their families!

This is taking away a service for those with no money and disconnecting them from the community. Not everyone in this community is wealthy and this action is creating a bigger divide between rich and poor. Giving a message to those on lower income that they are not supported.

I hope this is a consultation that counts and is not just a "tick box" exercise and a done deal.

Orchard Court in Lingfield has been there a long time servicing local people. I'm sure you could ask almost anyone in Lingfield village and they could tell you the name of a resident current or former, or the name of someone that works there.

Orchard court is at the heart of our community. As a local teacher, regular visits (before COVID) and at Christmas by our nursery children were definitely beneficial to our children and the residents to gain skills in communication, relationships and confidence.

Surrey have a duty of care for its more vulnerable residents.

There needs to be day and full time care for dementia suffers, where they will be happy and be and feel secure, Dementia is hitting more 50+ and at all ages this "health issue" is expanding. There also needs to be comfortable care for those leaving hospital to keep freeing up beds. many people are forced into becoming Carers and putting their own lives on hold to deal with situations the care industry should deal with. Those pushed into being Carers need help to regain their mental balance. It's obvious that with the increases of over 85s there needs to be an increase both in existing places in residential homes and domestic care at a cost that sustains providers and which is at a price (subsidised or not) that residents can afford.

What is very important is that home residents should not be subjected to multiple moves to save the Council funds - that can be fatal in certain circumstances!

There are times when this type of care home is necessary for individuals who are unable to live by themselves. Providing care in people's homes is not always the answer for many reasons:

Safety- for those inclined to wander or fall. Being in your own home with different Carers coming in can feel frightening for a vulnerable individual, different faces all the time.

Sociability- being cared for in your own home could be very isolating. In a care home the staff and fellow residents get to know one another and there is a sense of belonging and community. This is important for staff as well.

Resources- for example having to put a hoist in each individual home as opposed the the sharing of resources in a care home.

Community- Orchard court used to be very much included as part of the community with close links with the primary school for example. These links have been affected by covid but one would hope that as soon as is possible this should be encouraged again.

The ideal solution is to build a new purpose built facility in its place but funding and space apparently don't allow this. So a refurb seems like the most appropriate option.

Don't close them down in favour of private homes that's completely unacceptable and money grabbing

Please keep them all

Partners visiting will be difficult if homes are not nearby but they will be the only continuity that residents will have if they are moved. The stress of this at the moment for relatives is greater than the residents, but the residents will to them (if they have dementia) just be taken from the home, staff and all that is familiar without understanding as they cannot always take on this information if told. I would not like to be there when my relative is moved as I predict she would not react well. I feel very let down by SCC after the consultation two years ago, and you do not have my trust that you will do the best for residents.

In my opinion now is not the right time to be considering such a review as Zoom meetings are not necessarily the best form of communication for older relatives and sending out reams of paper with information on is not the answer either. I think you need one on one meetings with families so that they can give honest answers to your questions and also ask their own questions. So many people feel intimidated when there are others listening and come away unhappy because they have not been able to voice their own opinion.

I also believe that the residents needs are not being considered rather that this is a cost cutting exercise for Surrey County Council. May I remind you please that residents of the Borough do contribute to your costs and if you close the homes then your need for money from the Borough residents must go down.

Ultimately if my relative is moved out of Barnfield and passes away soon after and it can be proven that the move contributed to their death then I will hold you responsible.

Councillor Mooney is only looking to the future and NOT the current needs of those already in a home. Her idea of self contained assisted flats whilst being a good idea is not necessarily appropriate for everyone. She seems to think that all elderly people can be treated the same. Sorry, but this is not the case and everyone has to be treated as an individual. In my opinion she has already made up her mind that these homes are to close and will not therefore give an unbiased report. I would prefer someone else to represent all those involved - residents, staff and relatives.

Whilst care at home is important, there are those who are unable for a variety of reasons to be able to stay in their own homes. Abbeywood is needed and very importantly a welcome and important part of our community. There is nobody that passes by and doesn't at least wave to residents looking out of the windows. To lose this facility would be devastating and entirely the wrong message for our community. Outside of Guildford we have the largest population in the Borough and it is important that we retain facilities such as this to ensure that should people find they need residential care then it is available locally.

local people and the church community love to be friends with residents at Abbeywood. Moving people further away will have a detrimental effect.

within the care industry there is a big turn over of staff but with Birchlands they have many staff that have been there for over a decade
it is more like a family than a work place to the staff that work there

Surrey CC used to own 30plus Homes for the Elderly across the county although selling off the majority to private and "not for profit organisations" was a down to finances this was a retrograde step. Some have thankfully come back in to the fold - please dont lose them again! Save Abbeywood!

Keswick house is an Excellent care home , it has a lovely garden area which the new manager and staff have worked so hard on to make it a relaxing place for the residents, the interior of the home is always kept clean and furniture in great condition so the residents are comfortable, each and every staff member there work so hard and their level of care and support to not only the residents but to their families is five star, if they should ever consider closing Keswick I think it would be huge loss to the community and a disaster for the families of their residents; but also to the staff who always go that extra mile in their jobs and love being part of such a great home

As quoted in no. 7.

We need MORE decent care homes not less!

I would ask that the cabinet think very long and hard about this massive decision and the impact this will have even on the community as Keswick has served it for decades. Please do not generalise that every elderly person will be safe at home. Most of our residents are here for a very good reason. They are most definitely unable to be safe at home even with the aid of cameras and a call button. I could give you far to many examples of the type of client that has passed through these doors i.e be it their background or mental state. Keswick has always picked up the 'slack' when MV have been unable to find any placement for their client. I would ask the cabinet to please do not destroy what is a happy and lovely home that has consistently provided a good service and one that cares.

When Surrey took over the running of Meadowside from Anchor we were assured that the service provided would be protected and we had nothing to fear for the future.

We realise that the building and facilities need to be updated and modernised and would be prepared to put up with temporary inconvenience while work was carried out.

To close Meadowside and move my mother to a different residential home would seem to be a betrayal of the promises made a couple of years ago by the representative from Surrey Council.

More radical investment is required within the existing care homes to save and enhance the facilities we have. In turn creating security for the skilled staff who give so much to the care system.

Please do not close Barnfield, it is my home.

It will be so much better for the residents to live in a better environment.

I think that at one time or another everyone in every town will look for a care home for a relative, spouse, close friend or even for the self, and everyone has a responsibility to make sure that the care homes in our areas exist and that they replicate a homely feel.

The sooner a decision is reached the more settling it will be for the staff, residents and families of anyone this consultation affects.

It is very important that Horley receives a fair level of investment in services to the community. The elderly population has unique needs and, therefore, I hope that the Council will reach the conclusion that keeping Barnfield open with the appropriate investment is the right thing to do.

More cleaning staff.
Bathroom and bedroom especially.
Need to use more disinfectant.

There has been no thought for the residents and how they would feel moving. Birchlands is a good home, staff care about their residents, it's not about us losing our jobs, it is about the unknown future of our home and residents.

Working in health and social care I have seen plenty of staff come and go in the 11 years I have worked at Birchlands but I have also had the pleasure of working alongside colleague that have been there as long as I have and even longer. We are not just home we are a family it's like a home from home and the staff and residents are our family

Was this on the agenda when surrey took the care homes back from anchor ??,

I feel very disappointed in SCC for putting these 8 homes at risk of closure. We are adults that live here and work here, we all know that at the end of the day we will close because SCC don't agree on how the home looks or the fact that it is an old building for potential health and safety concerns. I feel like its pointless getting people's hopes up thinking we have a chance it will stay open when we all know it wont be because if there was just any concern, it would have been picked up when SCC took the homes back in 2019. I personally think it doesn't come down to the building structure, it is about the service users feeling comfortable, safe and happy. There have been residents living in these buildings more many years. They CHOSE this home regardless of the structure to live the end of their lives safely and comfortably. We have residents who are living with dementia and have adjusted their lives to live in this home and your going to take them out of their comfort place because SCC feel the homes aren't good enough. Well as a employee, I feel that SCC aren't thinking of the residents well-being at all. After reading an article from Sinead, statements in that article were quite hurtful. 'Having to walk down a gloomy corridor to be greeted with a communal bathroom' - sounds to be like there's a big lack of confidence with keeping these homes open and seems like she wants all residents to be in their own homes - the homes they had to SELL to live here? I feel like you are putting staff and residents under pressure as they feel they have to do better in order for the home to remain open, they feel anxious because they have dedicated so much of their time, money, compassion, energy into this job and what do we get in return? possible closure. Residents who have served our country who wish to live their last bit of life here, and all SCC can do in return is put their homes in a situation of uncertainty. As for the staff, the morale is down. Staff no longer feel excited to come to work and also feel like they have no excitement or joy. They feel like SCC have stabbed them in the back, us staff give our absolute everything to this home and residents and its all been taken away because SCC are looking at this in a way to gain profits. There has been a lack of thoughts for these residents and staff members and it is quite disappointing.

i think there is a need in the market for elderly people to be able to be looked after in 24 hour care. Yes some residents may be more suited in assisted living however there is still a large proportion of people who need more support. Families are not able to take this responsibility on to be able to continue a relationship with those living with dementia. i think that Surrey need to put more funds into giving the existing homes9 Barnfield) specialist training to enable them to continue to provide the services they do and enhance there knowledge around this subject. Some residents living with dementia do not always need to be in a nursing home. With the support and specialist training they could easily be catered for in a residential home if they were to keep us running.

We have been very fortunate in being taken back from Surrey. they have ploughed a lot of finances into the running of the home and ensuring that residents have what they need. it would be a such a waste of money if the home was to close. i am sure tax payers would rather pay to keep the residential homes open than to close them.

I believe the Council's preferred option is to demolish Heathside and replace it with Extra Care apartments. This option will go towards enabling the Council to reach its target by 2030.

I understand that the majority of the residents in Woking are self funded and there appears to be a surplus of empty places in care homes in Surrey. However this contradicts the rest of the country where there are waiting lists and elderly people cannot be discharged from hospital as there are not sufficient places in care homes for them. Half of local authorities in England had to respond to a care home closure or bankruptcy in the last 6 months.

Ideally it would be great if the elderly could stay in their home for as long as they were happy to do so. However with people living longer it is not always feasible for them to remain in their home due to lack of carers or they may require more care or it is not safe. Surely it is cheaper in a care home rather than have carers looking after you 24 hours a day in your own home. Everyone in Heathside are there because presumably because it was not feasible for them to live at home. Closing care homes should be avoided. The care system is in crisis.

Elderly are always going to need care, maybe us included. This home is set in a village away from large noisy towns..
 Staf here are passionate about what they do.

1. The premise of this consultation is that it would be more cost effective to close the homes managed by the council and pay the private sector to provide residential social care, This approach has a number of significant flaws. The private sector can only absorb a limited number of council paid beds, the consequence of a major increase in numbers would be an inevitable increase in the cost to the council. In the case of Barnfield this increase could be higher than the council's cost of operating the home.
2. At the present time the council have available around 60 beds in the private sector homes, but if all the 8 homes were to close the council would have to find places for around 400 residents. This would immediately put pressure on the private sector accelerating the cost increases identified above.
3. The owning and managing of care homes gives the council flexibility. Bed blocking in hospitals is a major problem, the ability to quickly move people into residential care without protracted negotiations with the private sector is a significant benefit to the whole community.
4. In the long term it must be more cost effective for the council to own and manage care homes.

I like it as it is, Meadowside has a lovely homely touch. It is not clinical.

Please see previous question

Where is the money coming from?

I like this home.

This is my home!

I like this home and also would like it to remain as it is [... illegible]. This is my home I also have many memories and I would and memories are part of my life.

One again I ask the owners spend time thinking about us. Thank you.

Fay said she didn't know!

I don't want to close this home because I love this home and would like to stay.

Heathside has been my home for 8 years. There have been many changes in the management but the caring staff have always been kind and helpful and shown me respect. I love to get out into the garden and in any care home a garden is essential. Also good activity personnel are needed.

Abbey wood has a good reputation locally and I often pass it. The residents wave from the windows and look happy and well cared for. With the number of new houses being built in this area and coupled with lengthening life spans, a good, local care home is going to be needed. Closing a home is extremely short sighted. Improving it now, whilst expensive and disruptive in the short term, is probably going to be more cost effective in the long run.

Provides jobs for local community that people can walk to. Community support residents. Residents can still see local elderly friends who could not travel to another home.

I understand that care and living conditions need to be maintained to an acceptable standard and if Abbeywood was falling down I would be more supportive of any decision to close it. My mother has been a resident for 6 years and during that time I have seen kitchens be replaced, redecoration and refurbishing of all the units to a very high standard.

On a separate note; the location of Abbeywood, being in the village, is greatly loved by the local community. Different local organizations and businesses support Abbeywood and the local people are always seen walking past and waving in the windows to the residents who love to wave back. It would be a great shame for Abbeywood to close.

Have u asked them?

This appears to be very short sighted and knee jerk reaction to covid.

Residential needs to have a long term plan to enable success and reducing bed availability should not be one of them.

At present we have approx 1.2 million residents in Surrey with 450 council owned and managed beds. The loss of them would be a huge expensive mistake for the future.

My Sister and I are also very old and if he were to be moved further away it would not be possible to visit as frequently as we do at the moment.

He depends on our regular visits for his mental well being and support.

After being moved out of Hillside where he had been for 30 years it took him a long time to settle into new surroundings and we are anxious that he would have to do so again

We are in favour of refurbishing if this can be done with minimum disruption i.e. closing one corridor at a time so the residents would not have to move out whilst this was completed

We appreciate the opportunity to be involved in this consultation and really hope Heathside is not closed, it is a wonderful home where my Uncle and Grandmother before him were very well looked after

While I appreciate the reasoning behind this consultation, I think option two would be the best solution to keep the residents together and not cause upset.

I am very worried that SCC has a track record of closing it's Care Homes once they become around 40 - 50 years old.

In 2014/2015 SCC carried out what appears to have been a very similar consultation for 6 other care homes, which it subsequently closed. It's not clear what happened to these 6 sites.... have they been left derelict for the last 6 years? If they are still owned by SCC, could any of these 6 sites be used to build replacement care homes to replace any of these 8 homes and/or to further increase SCCs care home stock?

I think that SCC SHOULD have a published strategy for elderly care and this should include having at least some internally owned and managed care homes.

I appreciate that many/most elderly people (myself included) would prefer to stay in their own homes for as long as possible. But, there comes a point where this is no longer a practical option. My bother has very limited short term memory and virtually no balance. He cannot look after his own finances, cook his own meals, etc... So really does need an assisted living environment.

I and my family are very concerned that any movement in living arrangements would be upsetting for my brother. As we too are getting older, visiting him at a new home would not be as easy or frequent as it is at the moment and we all wish to keep in touch with each other often.

keswick has a great daycentre with lovely people that run it and we get great entertainment and get residents to join in . and the school come over and sing to then and do plays and it good that the doctors are next door .

Because of convience interms of distance , transport and connection to get to work on time and having worked for a long time in meadowside. So as you Modernise and referbrish this home, keep our service ongoing as we have family to look after and take care off.

We are dependent on this Job only.

Because of our conviences in terms of distance, transport links and connection to get to work on time and also having worked for a long time in Meadowside we feel very comfortable and secure. Our opinion is to Modernise and refurbish this home and keep our service on going as we have small children and family to look after and also we are dependent on this job only.

Because of convenience interms of distance, transport and connection to get to work on time. And having worked for long time in Meadowside.

As you modernise and refurbish this home, keep our services ongoing as we leave around the homes. Also we dependant on this job only, we have family and little children to look after.

Care at home and in sheltered type accommodation is suitable for some older people until their needs increase as conditions such as dementia progress and these types of care packages put significant burdens on families who have to pick up the slack when there are many tasks that cannot be done by homecarers such as ordering medication, arranging food shopping, supporting to health appointments, etc Older People who do not have family close by will not receive the support they need, residential homes will always be needed by some residents of Surrey and with an ageing population the demand for these places is likely to increase. Some residents cannot afford private homes and so the burden of their care will fall on taxpayers and these residents are likely to receive a lower standard of care as Surrey pays less for places in private homes. The provision of inhouse services helps prevent this 3 tier system developing. The council seems to have the view that paying more for a place in a private home ensures good care, this is not the case, Surrey in house services all give a very good standard of care and Surrey staff are well trained. Surrey CC has a much better level of control over the standards of these homes and is able to set a standard for the whole industry to work to, by closing their in house homes they lose this control and their monitoring and control over private homes is limited especially if private home owners know there is a shortage of places needed, which could happen if we lose these in house beds.

Heathside has been in Woking quite long period of time and always got food feedback. never have problem with recruiting the staff.

due to the good location, the home can choose suitable staff to look after our residents, who can provide quality care to our residents and meet their needs.

less usage of agency, good quality care can be provided , as result of minimal safeguarding issues and staff issues.

this is main reason the home can always run smoothly.

retaining the staff is vital for the business, can save money.

<p>I agree that the homes need modernising and en-suite facilities would be great for any new residents but to be honest, in 7 years, i have never heard a resident complaining about having to share bathroom facilities. Losing a care home like Chalkmead would be devastating to residents and the community as it has been a feature for so long. Chalkmead also has a fantastic garden around most of the home that I have drawn up plans to create a Dementia Village in. I would love to be given the chance to make this a reality. In my opinion, a dementia village would be far more beneficial than an en-suite.</p>
<p>We would want a minimum of 2 care homes to be proposed for consideration, in order to make an informed decision.</p>
<p>In an ideal world these homes are not fit for purpose and should be knocked down and re-built. Where would the Council get the funding to do this? However I am not sure that to make them into independent units is the right thing to do. I think that when people reluctantly move out of their homes, independent units, are usually a stepping stone to full residential care. The government says that in future there will be a shortage of residential care so I am unsure why the Council has gone down this path. I do believe that the decision has already been made and their preferred option is to have independent units because it is less maintenance and less staff. Is the long-term plan to sell some of the residential homes? Perhaps that will have to be done in order to fund the independent units.</p>
<p>I have been here for many years and i cant think of another home that provides the care and support that Birchlands provide to their residents and to their staff. We have all worked incredibly hard throughout the pandemic and we have come out the other side as a family. You wont find that in most places. We have lost staff to the new Vaccine protocols but ultimately we are all still here and would like to be able to provide a service to Birchlands as it has done for us</p>
<p>Modernise and refurbish some or all of the eight residential care homes for older people owned and operated by the council.</p>
<p>would be a much better option to build a new modern home on the land as plenty of land and could be a 45 bed modern home with large ensuite rooms and no dangerous staircase and proper roof and wider corridors</p>
<p>Please, please, please don't just look at the financials. These are our family members, our loved ones, and their happiness is paramount. They've looked after us throughout our lives and deserve a happy and comfortable end of their lives. Also, please take firmly into account the quality of the care home staff. Again, this doesn't show in the financials. They do a very difficult job (one I couldn't do day in day out) for a low salary. Any staff that do a fantastic job under these conditions, like they do at Heathside, should be very highly valued.</p>
<p>As above</p>
<p>Technology would not enable any of the care home residents that reside at Keswick, to stay in their own homes. There needs to be provision for dementia care as well as other care in a care home environment. When elderly people are left at home they do not receive interaction like they do in a care home. A care home environment provides, stimulation, fun, activities and so on, that is just not available at home. So there is more to the decision than just a financial one. I urge you to consider the 'soft' and intangible benefits of Keswick Care home.</p>
<p>Increase pay for the workers and healthcare assistants.</p>
<p>Why were the eight residential care homes built ? I can only assume it was the projected capacity needs for this type of care. Its true that people want to stay in their homes or assisted care as long as possible but since they were built the life expectancy and dementia rates have soared and all statistics point to that rise massively increasing as the baby boomers hit old age. Just because the occupancy rates have dropped due to you closing off new residents during the pandemic is going to create a vacuum of capacity when this returns to normal (just like we have seen in every other market place causing all the shortages). The care apartments available in 8 years will not address residential requirements. You have done a good job building the care teams at these residences - particularly Meadowside, the facilities are quite acceptable and safe, keeping them maintained and sustained will retain the capacity, remove the anxiety to residents, families and staff, remove the expense of the transitions. This is by far the best option maintain and sustain Meadowside and the other 7 homes - at the same time it will maintain and sustain the councils reputation.</p>
<p>I personally feel modernising is the best option to go, i also feel the consultation should have been delayed due to covid, staff have been working hard in all locations, service users have had restrictions on visitors, entertainment and trips, i feel the consultation has put staff at unease and unappreciated and service users worried they will lose everything.</p>
<p>The 1947 "bulge year" is still alive and kicking. These homes will be essential for at least the next 20 years, after that, the "bulge year" will be gone - and that's when they can be reduced in number. I know care in the home is a "thing" but many living alone with this facility are lonely. Care homes provide company and personal security. Please don't take that option away.</p>

I would like the council to prioritise, consider and be motivated very strongly by the effect it would have on moving residents from their environment and relationships that they have built up with other residents and staff.

Care homes are so much more than bricks and mortar. Their functionality and heartbeat depend on great managers and wonderful staff that work within its walls and who come up with innovative ways of keeping the residents active and engaged and who, at times, go above and beyond the job description. Chris Hastings(in the zoom meeting) discussed some of the problems of the current care homes such as open stairwells; the lack of en-suites (which means potential new residents with monetary resources may not choose to live in a Surrey CC run home leading to under-capacity and thus add extra strain on the budget); the small size of the rooms etc. I have the following comments:

Lack of en-suites

- Needs of residents do change with time in a care home. It is to be expected that anyone that has full mental and physical capacity would prefer a room en-suite. However, if a resident has dementia, there is the potential for various non-flushable objects to be thrown into the toilet and it is far easier for staff to have oversight of a fewer large communal toilets than a large number of smaller en-suite toilets. As people become increasingly frail, larger toilet and bathing facilities are needed with chair lifts and hold supports which require a large amount of space which would not be provided for in rooms with en-suite facilities.
- The absence of en-suites was cited as an infection control hazard. However, Keswick (no en-suites) did not have a single case of covid. I am aware of a “new built” care home with en-suites that, prior to covid, was closed to visitors on more than one occasion due to outbreaks of sarcoptic mange and diarrhoea.
- Residents without means, who are supported by social services to be in non-Surrey CC operated care homes which have both en-suites and non-en-suite rooms are generally given rooms without an en-suite. More wealthy residents are given en-suite rooms. It is of note that this does not pose a problem. Its not clear to me why there there seems to be such a high focus in this review on the need for en-suites.

Open stairwells

Concern are expressed in relation to potential falls. However, one of the loveliest things about Keswick is its open stairwell that allows residents to make their own way down if they want to. The stairwell is monitored as it opens right in front of the reception desk. Some people may have dementia but they are mobile. Lots of people with dementia walk endlessly. Being able to go freely down the stairs and have free access to the lovely garden without the need to be formally taken is very special if the resident is capable to do this and removes another burden from staff. Newer facility care homes keep people with dementia confined to the top floor with the doors to stairwells operated by a key code. The only way residents can access the garden is if a carer or visitor takes them. As there is a lot to do in a care home, this is not often. Residents with dementia are then left to stay in their room or lounge or pace the corridors. This type of environment has more of a “hospital” or institution feel to it.

If the stairs are to go, the resident must be enabled to visit the garden of their own accord without assistance or supervision (if they can). Could patients needing assistance down stairs be moved to the ground floor for instance.

Layout

The central daycare lounge at Keswick is a wonderful meeting point for residents and the easy access to the garden is a great feature. Each unit has a central kitchen and lounge combined. This creates a wonderful atmosphere and allows staff to keep an eye on all the residents. It does feel more like a home rather than an institution.

I recognise that adult social care in Surrey is facing a crisis. I am also conscious that I am largely pleading for the future of Birchlands, because it is the care home that I know. But I would far rather see these homes remain open even if it is only possible to continue essential maintenance at this time.

Your staff invest so much in the care that they give to their residents. They are patient, creative, compassionate, committed and have remained loyal throughout all the challenges they have faced, not least in the last 2 years since the start of the pandemic. The result has been to sustain a residential home of which I feel they, and you, can justifiably be proud. On my visits there I always sense it to be a happy and integrated community. The staff ensure that the appearance of the home is always welcoming. I sense that families too feel part of the community and equally that residents who are isolated with no family support have still found there a happy and settled home - a family in its own right.

It is clearly necessary to carry out this review and the outcome is unlikely to please everyone. Ideally changes should be kept to a minimum whilst allowing premises to continue to function in a way that complies with current regulations. We would like to offer our support to residents and staff whatever the outcome

Whilst acknowledging and understanding the need for an overall survey such as this, I hope that I have managed to cover the many if not all of the positives associated with retaining Chalk Mead facility as part of the longer term Surrey CC care home portfolio.

Pay staff more to reduce turnover and raise the level of care.

The issue of not having en-suite facilities at some locations has been a concern for some residents and family members. It would be nice to have an en-suite for all bedrooms, this is not essential. For staff dealing with a resident that needs say two carers to assist them getting into a bath, a large communal bath room would be better. Likewise an en-suite with someone with dementia would just be used a cupboard or commode store.

I think it is an absolute disgrace that closure is even being considered.

But I feel the writing is in the wall, and has been since being taken over by Surrey.

Surrey County Council seem to have no regard for these peoples welfare and seem to be using the age of the buildings as an excuse to close.

Dormers in Caterham was a more modern building, but still closed by SCC, which was devastating to local community.

Surrey seems to be no place for an ageing population, I will be relocating to a county that supports its elderly residents more before I reach this age.

I am going to tick NO for the question below regarding being contacted, as I fear I already know the outcome. I sincerely hope I'm wrong.

I think the current facilities are great - apart from perhaps a little decorating or refurbishment I don't see a viable reason to overhaul anything as it seems to be working as is.

Maintaining and sustain the current set up seems the most cost-effective (Option 1) followed by Option 2.

Minimising upheaval and hassle for residents and staff is for me the determining factor here followed by cost.

The residents well-being should be the determining factor and I would assume most are settled and healthy, so undertaking a large amount of work or moving them could cause unnecessary upheaval.

Would have liked to see another option to consider a knock down and rebuild of smaller specialist provisions that would be in-line with commissioning future plans e.g specialist dementia and nursing.

Should the homes close - i would like to see an increase in commissioning quality insurance to ensure a proactive approach to quality; not a reactive

My family member, and myself, consider him to be fortunate and blessed to have become a resident at Barnfield. The staff are extremely caring and considerate, nothing is ever too much trouble for them. Communication with the staff is excellent. I am constantly amazed by how much effort the staff put in to ensure their residents are stimulated and happy. The activities available are bountiful, well thought out and entertaining. I firmly believe that the social aspect of this larger home, with a day-care facility attached, is positive and beneficial to helping keep their residents alert and healthy.

Although I can sympathise with the Council's position, it fills me with horror at the thought of elderly residents being made to move home at a time in their life when familiarity, stability and relationships are essential. It wouldn't be only their home they would lose but also their friends and carers.

Only that if the homes are to close, what will the alternative be ?

Although being cared for at home may be considered the best option for many, there is still always going to be a large proportion that this will not be suitable for, or for those that over time may come to a crisis point where 24 hour care is the only option, and what will happen to those people if all the services are closed ? Yes, the private sectors are available , but the concern with that will always be that profit and loss is the driving force for them, as opposed to publicly funded care where this is not an issue.

I came across this survey accidentally, so I am not sure how much feedback you will be receiving.

To reiterate the below:

Very disappointing that this is being given consideration after the team has worked so hard through Covid and now feel are jobs are under threat amidst a period of cost of living rises etc, A lot of us go above and beyond our caring roles and are passionate about our jobs despite amongst the lowest paid staff within the Council. This proposal has had an impact on the mental health of the team. This proposal shows a disregard for prioritising and valuing care and care workers and how social care is prioritised as a council priority. This has been underlined by the fact our local Council representatives has not visited the home or interacted with staff despite being invited to (and agreeing to) do so.

I am unclear what resulted from the previous review some six or seven years ago. Consideration needs to be given to any sites that were previously closed which could be refurbished, updated or buildings demolished and new facilities built, as an alternative to closing any one or more of the homes being considered within the current consultation.

A detailed published strategy for elderly care in the County is required. Care homes are obviously required for those people who through their age, or medical conditions cannot live on their own.

The care and support given to my mother at Abbeywood has been/is exemplary. She is always treated with the greatest respect and shown true care by the manager and staff. When my mother was able to participate in all the activities, she enjoyed everything that was offered and kept as active as her diagnosis would allow. Every effort was made by the staff to make each individual feel valued at all times.

A diagnosis for Dementia is devastating for the person, it is also devastating for the family. I tried to support my mother to live in the community until she became a danger to herself and the other residents by her unintentional behaviour. Without the provision of Abbeywood I could not cope with my mother & heartbreaking as it was, residential care was the only option. A place at Abbeywood was the best thing that happened for both my mother and myself. I knew that she would be cared for and kept safe, whilst also trying to keep her engaged for as long as was possible.

As her dementia has deteriorated her behaviour has become erratic and at times she can become very difficult, yet at all times the staff show her such compassion and care and are so patient with her. I have also seen this first hand to other residents.

I cannot complement the care home or staff enough. Their kindness to me goes over and beyond anything I could wish for & I am only a visitor! The home may not be up to present standards but that pales into insignificance compared to the professional way the care home is run and all that is offered. The care home is often decorated depending on the celebrations Christmas etc and activities are based around this. This just enhances the positive atmosphere within the care home.

As a member of the local community also I have grave concerns as to what will happen to the Senior Citizens who live locally but also around Surrey. Many of our relations become unmanageable and are unable to live by themselves in the community, especially those with Special Needs. I understand some of the care homes have spaces but this has happened during a pandemic! I realise care homes were unable to accept new residents during the pandemic but why does Surrey think this need has disappeared. More and more are being diagnosed with dementia, what will happen to them in the future? I could not have cared for my mother, at home, on my own, without considerable danger to myself and my mother. What would have happened to her without this provision? There are many adults that require a place of care, which will ease the bed blocking in hospitals and this will continue as the population continues to age. We cannot afford to lose these places at any cost.

I agree that Abbeywood requires some updating and I ask the question why Surrey CC has not kept this updated?

All the properties need to be updated and all the places made available. There should be no reduction of places. If any of the care homes are not managed in the same way as Abbeywood then I suggest an extensive training programme to rectify this. As a Surrey CC resident I need to have confidence that these decisions are made with the care of our Senior Adults at the forefront of the council members minds. I do not believe that they can make these decisions without personally visiting each of these care homes and holding individual discussions with relatives, like myself! I am offering to meet with members of the council to discuss this.

I also want to be assured that should I, as a Surrey resident, require care in the future that this will be available.

Surrey cannot afford to reduce the number of care homes or places available.

Feel review is good as it could allow all aspects of care to be reviewed, improved and made more individual

It needs to make sure that in needs to make sure they deliver the best option. I just wonder how much this will be affected with the lack of care staff?

Keswick provides top class care which is the important thing.

I find it good - it suits me

I like here.

I like people (staff)

I like where I am

I am happy

I think a home with fewer residents would be better

There will always be a need for care homes for elderly infirm people who can no longer manage in their own home despite the level of care and support available from other sources.
Some form of communal living will always be needed for the more vulnerable members of society.
How to solve this problem is a huge task which will always be with the people trying to provide suitable care and may benefit from occasional reviews as time and needs tend to change over time to ensure finances are spent in the best possible way.

I would like all 8 care homes to stay open so everyone can stay in their homes

I call this my home and enjoy living here with my friends

I love where I live and the people I live with and don't want to move

Frequently Asked Questions

1. **What is a consultation?** Consultation is technically any activity that gives people a voice and an opportunity to influence important decisions. It involves listening to and learning from people before decisions are made or priorities are set.
2. **Why are we consulting?** We are consulting because an important decision needs to be made about the future of the care homes.
3. **What is the aim of the consultation?** It is a listening exercise and the aim of this consultation is to ensure anyone who could be affected by a change to these services can give their views.
4. **When will a decision be made?** No decision will be made until February 2022 at the earliest. Feedback from the consultation will be used by the council's Cabinet to help them make decisions about the future of each home.
5. **Who will make the decision?** The council's Cabinet will make the decision about the future of each care home after reviewing the feedback from the public consultation.
6. **What is meant by SCC Cabinet?** Surrey County Council has a Cabinet comprising of elected county councillors. The Cabinet is formed by the Leader, the Deputy leader and eight Cabinet members. Each member is responsible for an agreed range of services that the council delivers, such as adult social care, libraries, children's services, the environment, highways etc. Decisions about these services can be taken by individual members or collectively by the full Cabinet. The Cabinet leads the preparation of the council's policies, budget and makes recommendations to the county council on the major policy plans, budget and council tax. The Cabinet is held to account by the full council for its performance.
7. **What does it mean for people living in the care homes?** There will be no changes to the level of care and support that is currently provided. Our priority is to support all residents and enable them to take part in the consultation process. No decision about the future of the care homes has been made, and no decision will be made until February 2022 at the earliest. The feedback from the consultation will be used by the council's Cabinet to help them make a decision about the future of each home.
8. **What does it mean for families?** We want families to be able to support their relatives to take part in the consultation and to participate themselves so we can hear their views too. No decision about the future of the care homes has been made, and no decision will be made until February 2022 at the

earliest. The feedback from the consultation will be used by the council's Cabinet to help them make a decision about the future of each home.

9. **What does this mean for staff?** There will be no changes to how staff work currently. Staff are also encouraged to take part in the consultation and give their feedback. Staff will be supported throughout the consultation process.
10. **What is the process?** The consultation will open on 11 October 2021 and close on 5 January 2022. The consultation will be available online via www.surreysays.co.uk under the consultation title 'The Future of the Eight Older People's Residential Care Homes Run by Surrey County Council'. Printed versions will be available in each care home for staff, residents and visitors to complete if they prefer. Paper copies can be sent out on request and easy read and large print versions will be made available for anyone who needs this format.
11. **What is the likely time frame?** Once the consultation closes, all feedback will be collated and we aim to present a report to the council's Cabinet in February 2022. Cabinet will consider the report and make a decision for each of the eight care homes.
12. **Will my comments be listened to?** Yes, it is really important you contribute to the consultation. The decision about the future of the care homes will only be made by the council's Cabinet after all feedback from the consultation has been presented in a report for their consideration.
13. **Where can I find out more?** Information about this consultation can be found on www.surreysays.co.uk under the consultation title 'The Future of the Eight Older People's Residential Care Homes Run by Surrey County Council'. Paper versions can be made available upon request. We will also be arranging meetings for staff, residents and families and for any other interested parties.

Frequently Asked Questions - General

1. **Surrey has an ageing population and the number of older people is set to grow in the coming years. Will there be enough care home places for older people if Surrey County Council closes these eight homes?** The council is aware that it needs to plan for the future and is looking at different ways to provide care and choices for the older population. The consultation into the future of these older people's care homes forms part of that plan. We want to provide a range of services so that needs can be catered for on an individual basis. As an example, Surrey County Council is already committed to providing 725 Extra Care apartments by 2030. With Extra Care, a resident has their own apartment whilst having the support of carers on site who can help with personal care and support if required. Some people will still need support in residential care homes, nursing homes and specialist services. There are currently 406 registered care and nursing home beds in Surrey, offering a total of 11,599 registered beds^{*(1)}. As of 10 November 2021, Surrey County Council commissioned a total of 2268 residential and nursing beds in the county which equates to just under 20%^{*(2)}. There is a lot more capacity available in the Surrey care home market so, in addition to the Extra Care and specialist services, we believe there will be sufficient care choices for older people in Surrey.

*Source: (1) Care Quality Commission
(2) Surrey County Council Internal Finance Reports

2. **The majority of residents at my relative's care home have dementia. Will there be sufficient care home places in Surrey to care for people with dementia if these eight care homes close?** The council will be looking at the provision for dementia as part of its overall plan for adult social care. We are currently unable to accept into our homes everyone who is referred to us as things like open staircases may not be safe for people with advanced dementia, so these people are already cared for elsewhere in Surrey. Surrey County Council has a block contract of 293 beds for residential dementia care across seven homes with a private sector provider^{*(1)}. There is capacity available in these homes, so we do not envisage there being a shortage of places across the county.

*Source (1) Care UK

3. **How will Surrey County Council calculate the numbers of care home places they will need in the future and does the council know what older people's specific needs are likely to be so that the correct services can be commissioned?** Surrey will project future trends based on past patterns of activity, whilst bench marking data with statistic and regional Association of Directors of Adult Social Services data. We are also looking at planned strategic changes with our offer of care in the future. We know we will

continue to see an increase in need for more specialist dementia and nursing dementia provision in the future.

4. **Surrey County Council has said it is investing in extra care apartments as part of its future plans for adult social care. Where are these extra care apartments, how many are there, and will they be run by Surrey County Council or contracted out?** Surrey County Council is committed to delivering 725 units of affordable Extra Care Housing by 2030. The programme is making good progress and a number of Surrey County Council owned sites will be developed by a strategic development and housing management partner/s that will be identified via a tender to the market. The sites that will be delivered via this route are as follows:

- Pond Meadow, Guildford
- Pinehurst, Surrey Heath
- Brockhurst, Runnymede
- Lakeside, Surrey Heath
- Salisbury Road, Epsom and Ewell

In total these sites will deliver circa 300 units of affordable Extra Care Housing. Work continues to prepare the business cases and agree the delivery models for further sites that have been allocated in-principle for Extra Care Housing that will enable Surrey County Council to achieve its ambition of delivering 725 units of affordable Extra Care Housing by 2030.

5. **My relatives would not be able to live independently in Extra Care Housing, I am concerned that Surrey County Council is trying to push people into residential settings that are not safe for them.** Extra Care Housing is just one option that the council wants to have available for older people in Surrey. People supported by the council are assessed and only care settings that fully meet their needs are considered. This could be care in their own home, residential or nursing care or an extra care setting.
6. **Surrey County Council has said it wants to care more for people in their own homes. I am concerned there will be a lot of people who are unsafe and stuck at home.** The council does want to support people to remain at home for as long as possible. Many people have told us this is what they would like. However, we recognise that this is not appropriate for everyone and social workers will continue to assess the needs of older people so that we can provide a service according to individual needs.
7. **Surrey County Council says it wants to provide more home-based care to enable people to stay at home as long as possible. How can the council provide that service when there is a national shortage of carers? Isn't it more efficient to care for people in residential care homes?** It is important that Surrey County Council supports people's wishes to remain independent for as long as possible by supporting them with their care needs at home. The availability and recruitment of care staff is a national issue and will be part of the ongoing discussion into the future of adult social care.

8. **Your letter said that residents would also be spoken to regarding the consultation. My relative is over 90 and I worry that this will cause them undue worry and anxiety.** It is right that residents are informed about the consultation and given the opportunity to express their views. We are encouraging everyone who will be affected by this consultation to participate so their voice can be heard. We understand that some residents may not be able to understand or participate and may become anxious so we will work with families to do this as sensitively as possible.
9. **We are concerned about the residents; this is their home and if they need to move out it may negatively affect them.** Our main consideration is the residents at our homes. If residents need to move out of the homes because of major refurbishment or closure, a full, updated assessment of need will be undertaken with social workers to assist in this process, and we will make sure any care home they move to fully meets their needs. Residents and families will be fully involved in this process.
10. **Many residents are over 90 and very frail. How will you ensure that any moves do not have a negative impact on their wellbeing?** If somebody has to move this will not be rushed and we will do everything we can to ensure that the move goes as smoothly as possible. People move care settings ordinarily for a variety of reasons and Surrey County Council staff are experienced in doing this in a professional and supportive manner.
11. **Are you still admitting people into the care homes whilst the consultation is happening?** There will be no new permanent placements accepted until a decision about the homes is taken. However, we will be accepting people for respite and short-term placements, individuals coming out of hospital through discharge to assess or in an emergency, but in these cases, we will be notifying residents and relatives that the consultation is happening.
12. **The day-care facilities at Keswick and Barnfield were fantastic. Is there a plan to re-open these again?** These facilities closed as a result of the COVID-19 pandemic and have not yet reopened. A decision was made not to reopen whilst the consultation is taking place. This will be reviewed once the decision has been made. There are other providers of day-care within Surrey that people can attend.
13. **If you were to close any of the homes, would you reassess residents to see if they could return home with carers supporting them?** This is highly unlikely. People already in a care home have already been assessed and deemed to require 24-hour care. If any of the care homes were to close a further assessment would be conducted to ensure that any future care provision met the individual's needs.

14. **If the care homes close or are refurbished and the residents are moved to another independent care home, will you ensure that any new home provides the facilities you would want Surrey's care homes to offer, e.g., en-suites and larger rooms?** We would ensure that any new care home could fully meet the needs of each resident. That would not necessarily mean en-suites and larger rooms as the priority is the welfare and wellbeing of each person.
15. **If my relative had to move because the care home was closing or being extensively refurbished, would they be transferred to a care home that was local?** Surrey County Council would work with families to ensure that a suitable care provision that met the individual's needs was found. Wellbeing is part of a person's needs so our aim would be for all our residents to move somewhere where they could still maintain contact with friends and relatives.
16. **If some of the care homes closed and residents were moved to another Surrey County Council run home, would some of the staff also move with my relative? I would feel better knowing there were familiar faces in the new setting.** If any of the care homes were to close, the council would work with the staff to try and find them alternative employment within Surrey County Council which could include in any homes that remained open. However, the location of the homes and individual staff members' circumstances may mean that staff may not wish to transfer to another care home.
17. **If a decision to modernise and refurbish was taken and residents had to move out whilst building work took place, would they have to move back once the works were completed?** We would look at every situation individually and take into consideration the residents' and relatives' wishes.
18. **Is this just about lack of finances?** No, Surrey County Council wants to invest in services for older people and this consultation will help members decide where and how those investments are made.
19. **If the care homes were to close, how can I be assured that my relative will move to a suitable care home rather than the cheapest on offer?** The council would work with families to discuss the options available to them, but only homes that could fully meet your relative's needs would be considered.
20. **My relative's placement is being subsidised by Surrey County Council. If the care homes close and they have to move to an independently run home, would they be worse off financially?** A new financial assessment may be completed if residents were to move to a new home. In most circumstances there would not be any change unless the person's financial situation has changed, or government legislation is updated.
21. **My relative is self-funded. Does he have less protection than those that are subsidised by Surrey County Council if the homes were to close?** If the homes were to close, we would fully support all residents, including those that are self-funded, to find another suitable placement.

22. Won't buying care from the private sector be more expensive for Surrey County Council than running its own homes? Buying care from the independent sector is not always more expensive. The council commissions care in a variety of ways including block contract beds and spot purchasing from the independent sector to ensure good value for public funds.

23. My relative lives in a care home in Surrey but I and the rest of their family live in Hampshire. If their care home were to close, would it be possible for them to move to a care home more local to me and the rest of their family? If a home was to close, the council would consider all options when reassessing care needs, including helping people to live closer to relatives.

24. Having half empty homes is not economical. We are also told there are older people 'bed blocking' in hospital as they cannot go home. Why is Surrey County Council not taking steps to fill these empty places and relieve pressure on the NHS? The low numbers in the homes currently are due to a number of factors which includes the homes being closed to admissions most of last year due to COVID-19, a reluctance by some people to move into residential care and more people going home from hospital through the Discharge to Assess process. This has meant that more older people have been discharged from hospital to their own homes with the support of care staff whereas they may previously have been discharged to a care home. It is also important to note that we have not been able to accept all people referred to us as we have been unable to meet the needs of some people with complex needs which is partly due to the limitations of the buildings. Going forward there will be no new permanent placements accepted until a decision about the homes is taken. However, we will still be accepting people for respite and short-term placements, individuals coming out of hospital through discharge to assess or in an emergency situation.

25. Numbers of residents in the homes are very low at the moment. Have numbers been purposely 'run down' to make them easier to close? No, the numbers have not purposely been run down. The COVID-19 pandemic has had an impact on occupancy, and we have also received fewer referrals as a result of the government's new initiative called 'Discharge to Assess'. This has meant that more older people have been discharged from hospital to their own homes with the support of care staff whereas they may previously have been discharged to a care home. It is also important to note that we have not been able to accept all people referred to us as we have been unable to meet the needs of some people with complex needs.

26. There are low numbers of people in all the homes. Was this the same situation prior to the COVID-19 pandemic? Prior to the pandemic the homes were running at approximately 90% occupancy^{*(1)}. The low numbers in the homes currently are due to a number of factors including the homes being closed to admissions most of last year due to COVID-19, a reluctance by some people to move into residential care at this time and more people going home from hospital through the Discharge to Assess process.

*Source (1) Surrey County Council Internal Older People's Home Occupancy Summary Report

27. Would the homes have more chance of staying open if we were at full occupancy? The number of residents in each home will not be a factor in the decision-making process.

28. If the decision is made to close one or more of the homes in February 2022, how long would it take to close the homes? It is difficult to say how long any planned closure would take. No decisions will be made until February 2022. If the decision was to close any of the homes further discussions would take place and an implementation plan would be developed. Our prime concern is the welfare of our residents and staff. Surrey County Council would work closely with residents and their families to ensure that suitable, appropriate care in another home is secured for all residents should the decision to close be made. If a decision was taken to close a home, the closure process would not be rushed.

29. I have viewed all the information published online and the information provided on each home seems almost identical. Why is this and does that mean that the decisions for each home will be the same? The information on each of the care homes is very similar as the buildings were built in the same period and are of identical or similar design. Each care home will be considered individually so a separate decision for each home will be made.

30. Which of the care homes are in the best condition and would be best placed to stay open and possibly accept residents from any homes that may close? It is difficult to say as we are aware of issues with all the homes which include problems with drains, boilers, pipe systems, lifts and flat roofs. The independent surveyor's reports for each home which outlines the issues will be considered by the cabinet as part of their decision-making process. These reports are available on our website at surreysays.co.uk.

31. What's the criteria for keeping homes open? There are no criteria. Each home will be assessed individually on its own merits as each is different. It is therefore important to have your say by completing the survey on surreysays.co.uk as all opinions will be considered.

- 32. Will the fact that our home’s CQC rating has improved have a bearing on the decision or is it just the state of the buildings that will be considered?** Surrey County Council recognises the hard work and dedication of all staff in the eight homes being considered and is proud that the CQC has rated all our older people’s care homes as ‘Good’. All aspects of the services will be considered when Cabinet make their decision.
- 33. How many of the eight homes are you thinking about selling or closing down?** No decisions have been made yet. This is a listening exercise, and our overriding priority is the wellbeing of the residents and staff at the homes - we want to involve them fully and sensitively. Surrey County Council’s cabinet will make a decision about each care home in February 2022.
- 34. Will it be one decision for all homes?** No, each home will be considered individually.
- 35. Why have you placed so much emphasis on the provision of en-suite facilities when many residents would either be unable or unsafe to use them?** Many residents and families tell us they would like en-suite facilities when they are considering a care home and list this as a concern when viewing our homes. However, we do realise that en-suite bathrooms are not appropriate or safe for everyone to use and considerations into upgrading shared bathrooms will also be made.
- 36. It does not appear that en-suites were needed to control infections prior to COVID-19, is this just a knee jerk reaction to the pandemic?** En-suites are not essential to infection control and each home already has stringent systems in place to manage infections if they occur. However, whilst not essential, en-suites may make infection control easier as it reduces the use of shared facilities.
- 37. How viable is Option 1, ‘Maintain and Sustain’?** Surrey County Council would continue to maintain the buildings for as long as possible until there was a major failure of the infrastructure. This could mean that residents may need to be moved out of the homes at short notice so that any such failures could be dealt with. The council would always prefer to plan for such remedial work rather than have to react in a crisis.
- 38. With Option 2, ‘Modernise and Refurbish’, what would the extent of the renovations be and how long would it take?** Various refurbishment options would need to be looked at as each home has its own issues such as lifts, water pipes and flat roofs. Modernisation options could include converting every third bedroom into an en-suite for the neighbouring rooms or knocking together two rooms to make a larger room. If this option was chosen, then further discussions would need to take place to plan how this would be implemented. We would not know the timescale for the works until we know what exactly the plans are.

39. **As there are so few residents could you not just move the residents to another wing whilst any building work was done?** This would depend on the extent and nature of the building work to be done. If the work was extensive and involved all areas of the building it would not be pleasant for residents to live amongst the noise and disruption.
40. **What are the care homes not currently providing that you would like them to offer?** The level of care that the staff in all eight homes are providing is of a high standard. However, issues like open staircases and small rooms mean that we are sometimes unable to accept referrals for people with complex needs such as advanced dementia and mobility issues where a hoist or other equipment may be required.
41. **As there are so few residents in each of the care homes, would Surrey County Council consider combining two or more of the care homes?** If people felt like they were living in an empty building, consideration could be given to combining two or more of the homes.
42. **The documentation provided on the website says that knocking down and rebuilding the care homes would not be an option as the sites are too small. Given that any modernisation would probably result in a reduced number of beds being available, is this really a feasible option?** Providing better facilities such as en-suite bathrooms and larger rooms for the same number of residents would not be possible under the modernise and refurbish option. A decision therefore needs to be made as to how viable the homes would be with reduced capacity. The sites may be suitable for building other specialist services such as dementia care which are more suited to smaller services.
43. **The documents supplied do not say what the benefits of modernising or closing these homes would be, please clarify.** The benefit of modernising and refurbishing the homes is that facilities can be provided that better meet expectations of a modern care home and can cater for more people with complex needs. As part of modernising the building major failures of the infrastructure could also be avoided. In the event of any closure current and future residents would have their needs met in an alternative care homes whilst the sites could be used for other facilities to which they may be more suited.
44. **There is an unused three bed roomed house in the grounds of Birchlands, could this be converted and used for older people's care or sold to pay for renovation costs?** We have been advised by Surrey County Council's Land and Property Service that it is not always appropriate to sell off parts of land holdings at a time of consultation and uncertainty as this may compromise best use and layout of the site in the future. It may also have implications regarding shared rights across entrances and access roads.

45. **There appears to be room on the site to build a new care home alongside the existing one. Could residents remain in the old home and be moved to the new home once it was completed, thereby minimising disruption?** This could be another option to be considered subject to planning and feasibility. It is therefore important to include any suggestions such as this in the survey on surreysays.co.uk.
46. **I have heard there is a plan to knock down Meadowside so that the land can be used for either a leisure centre or flats; is that true?** No, there is no plan to build a leisure centre or flats on the site. The consultation is a listening exercise and no decisions on the future of any of the care homes will be made until February 2022. A decision to close any of the homes would mean that Surrey County Council would conduct a review of the affected properties to determine whether the sites would be used by another service within the council. Adult Social Care would seek to ensure where at all possible, that there is a preference towards the future use of the vacated asset being used to provide services, or facilities, or support for older people and meet corporate objectives.
47. **If a care home is knocked down and rebuilt what would happen to the staff?** Every effort would be made to find alternative roles in another service whilst the building works took place.
48. **Why were the care homes allowed to come back from Anchor Hanover Trust in such a poor state?** Surrey County Council were unable to access the buildings to conduct detailed surveys prior to the date they were handed back at the end of the contract. Once the buildings were handed back and condition surveys were completed, the true condition of the buildings became apparent.
49. **Why did you bring the homes back from Anchor Hanover Trust if you were planning to close them all along?** The homes came back to Surrey County Council as it was the end of Anchor Hanover Trust's contract. There was no plan to close the homes and any decisions on the future of the homes will be considered by Cabinet in 2022.
50. **The surveyor's reports mention that there are no sprinkler systems in the homes. Is there anything else from a Health and Safety point of view that is lacking?** Whilst there are no sprinkler systems in place, Surrey County Council ensures it meets all fire regulations. We also ensure that all other regulatory health and safety requirements are met.
51. **An estimate of £220,000 has been cited in the surveyor's reports to install a sprinkler and alarm system in one home. Would the council get quotes before going ahead with installation?** The estimates are based on Savills' experience as property experts. Surrey County Council follows the rules for public sector procurement before any work is undertaken.

52. Will the decision on the future of the homes be a purely financial one meaning the lowest cost option will be chosen? No. This isn't about saving money or finances; it's about making sure we invest our resources in the right way so that people get the right level of care for their needs.

53. How many people are Surrey County Council supporting financially in older people's care homes? As at 10 November 2021, the council financially supported 2,268 older people in residential or nursing care homes in Surrey out of a total of 11,599 registered residential and nursing beds* (1).

*Source (1) Surrey County Council Internal Finance Reports

54. How much does it cost Surrey County Council to place residents in an independent care home? I need this information to compare options.

Surrey County Council Council's average guide price for older people's residential and residential dementia care is £689 per week when purchasing care from independent providers. Within this average figure of £689 per week, the guide price is £663 per week for older people's residential care and £714 per week for residential care for people with dementia*(1). However, the actual cost will vary based on the individual needs of each person and local circumstances.

*Source (1) Figures from Surrey County Council's placement's information.

55. Does the council want a mix of council and independent care home places as part of a hedging strategy and does the council's provision of places act as a brake on prices in the independent sector? The council's focus is on ensuring we can access the right provision based on people's assessed needs regardless of the provider. Our 'in-house' homes account for 3.7% of the total care beds in Surrey and the council purchases 20% of provision within the care home market*(1). These factors may influence local market conditions.

*Source: (1) Externally commissioned analytics company

56. Is there a goal to purchase a certain percentage of older people's care home places from the independent sector and if so, what is the figure?

No. Surrey County Council currently purchase approximately 20% of provision within the care home market* (1). Surrey County Council purchases care dependent on the needs of the individual, ensuring all avenues are explored to meet their best interests. The strategic aim is to support people to remain as independent for as long as possible at home and in their community. This includes supporting people at home, Extra Care facilities, residential and nursing homes and specialist services.

*Source: (1) Externally Commissioned Analytics Company

57. Will Surrey County Council have a say in how any of the independent care homes are operated if they are paying for residents' care? No.

These homes will be registered with the Care Quality Commission who will regulate their operation. However, Surrey County Council does have a Quality Assurance team who audit homes where we support individuals or where there are concerns raised about the service.

58. What proportion of residents in the homes have dementia? We consider that 117 individuals out of a total of 166 residents within the eight older people's care homes run by Surrey County Council are currently living with dementia* (1). This is 70% of all residents. However, this is an estimate as a formal diagnosis has not been made in all cases.

*Source: (1) Estimated by In-House Care Home Managers

59. What is the total number of registered care home beds for older people in Surrey, and what proportion of those are provided by the council? As of 10 November 2021, there were 4,485 registered beds in residential care homes in Surrey. There were 7,114 registered nursing beds in nursing homes in Surrey*(1). Of these 11,599 beds, 433 are provided by the council in the eight homes that are the subject of this consultation*(2). This is 3.7% of the total care beds in Surrey*(3). NB: by registered care beds we mean beds registered with the Care Quality Commission.

*Source (1) Care Quality Commission
(2) Surrey County Council Internal Figures
(3) Externally Commissioned Analytics Company

60. What are Surrey County Council's obligations with regards to looking after residents? The council has duties under the Care Act with regards to looking after residents to meet an individual's eligible needs when they are unable to pay for those care needs themselves. Under the Care Act 2014, local authorities must also:

- carry out an assessment of anyone who appears to require care and support, regardless of their likely eligibility for state-funded care
- focus the assessment on the person's needs and how they impact on their wellbeing, and the outcomes they want to achieve
- involve the person in the assessment and, where appropriate, their carer or someone else they nominate
- provide access to an independent advocate to support the person's involvement in the assessment if required
- consider other things besides care services that can contribute to the desired outcomes (e.g. preventive services, community support)
- use the new national minimum threshold to judge eligibility for publicly funded care and support.

- 61. How do the eight homes fit into the overall strategy for adult social care?** Surrey county Council's overall strategy is to support people as long as possible at home and it is looking at different ways to provide care and choices for the older population. We want to provide a range of services so that needs can be catered for on an individual basis. As an example, Surrey County Council is already committed to providing 725 Extra Care apartments by 2030. With Extra Care, a resident has their own apartment whilst having the support of carers on site who can help with personal care and support if required. Other services would be residential care homes, nursing homes and specialist services. Our strategy is based on the government's [National Service Framework for Older People](#). The consultation into the future of the eight older people's care homes run by Surrey County Council forms part of the overall strategy and will help cabinet members decide on how to invest in services for older people. The updated strategy will be considered by the council's cabinet at the end of November 2021. A link to the strategy will be added to the next edition of our FAQs.
- 62. Will the Care Quality Commission (CQC) get involved in the process or influence the decision on the care homes?** No. The CQC is a regulatory body and monitors and inspects services that are registered with it.
- 63. This consultation is a PR exercise. The people at the top know what they will do anyway so why bother responding?** It is important to stress that no decision has yet been made on the future of the care homes. This is a listening exercise, and our overriding priority is the wellbeing of the residents and staff at the homes - we want to involve them fully and sensitively. We believe it is right for us to be asking for people's views on options for the homes to support Surrey County Council's cabinet to make decisions about their future. It is therefore important that you take time to complete the survey with your views and opinions by visiting surreysays.co.uk.
- 64. Does the general public know about the consultation?** We have informed interested parties and local contacts and have shared details of the consultation with a range of organisations. The consultation is published on the public surreysays.co.uk and there have also been articles in the local press.
- 65. Thirteen weeks does not seem long enough for the consultation to me, why is the time frame not longer?** We were advised by our legal department on the duration of the consultation. Our view is that thirteen weeks is sufficient time for people to read the documents, consider their views and contribute to the survey.

66. **Why are you holding the consultation now whilst we are still in the COVID-19 pandemic? Wouldn't it be better to wait until it is over?** Whilst it may not be ideal to hold the consultation at this time, it is important that Surrey County Council considers the future of the homes now because of the condition of the buildings. We need to make sure that we plan for any work to be done rather than wait for parts of the buildings to fail and have to react in a crisis. It is important to reiterate that no decisions have yet been made and the consultation is a listening exercise. It is therefore important that as many people as possible put forward their views by taking part in the survey on surreysays.co.uk.
67. **Can I attend the cabinet meeting when they decide on the future of the care homes?** Yes. All cabinet meetings are open to the public, but spaces need to be pre-booked. This can be done by e-mailing huma.younis@surreycc.gov.uk although we cannot guarantee that there will not be COVID-19 restrictions in place that may prevent attendance. Cabinet meetings are also live streamed so can be viewed online by visiting our [website](#), choosing the meeting date and then the media tab where a link to the webcast will appear.
[Surrey County Council - Browse meetings - Cabinet \(surreycc.gov.uk\)](#)
68. **Can I complete the survey any other way than online?** Yes. Although the quickest and easiest way to have your say is to complete the survey online via surreysays.co.uk, paper copies are available from the care home manager, by requesting them via e-mail from servicedelivery.info@surreycc.gov.uk or by calling 01372 832257 (Monday to Friday, between 9am and 5pm) if you prefer. Once you have completed your paper survey please scan and e-mail it to servicedelivery.info@surreycc.gov.uk, post it to Mr C Hastings, Area Director, Service Delivery Management Team, Fairmount House, Bull Hill, Leatherhead, Surrey KT22 7AH or hand it to your care home manager. Your answers and comments will then be entered onto the electronic survey.

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Frequently Asked Questions

- 1. We are concerned about the residents; this is their home and if they need to move out it may negatively affect them.** Our main consideration is the residents at our homes. If residents need to move out of the homes because of major refurbishment or closure, a full, updated assessment of need will be undertaken with social workers to assist in this process, and we will make sure any care home they move to fully meets their needs. Residents and families will be fully involved in this process.
- 2. Many residents are over 90 and very frail. How will you ensure that any moves do not have a negative impact on their wellbeing?** If somebody has to move this will not be rushed and we will do everything we can to ensure that the move goes as smoothly as possible. People move care settings ordinarily for a variety of reasons and Surrey County Council staff are experienced in doing this in a professional and supportive manner.
- 3. Are we still admitting people into the care homes whilst the consultation is happening?** There will be no new permanent placements accepted until a decision about the homes is taken. However, we will be accepting people for respite and short-term placements, individuals coming out of hospital through discharge to assess or in an emergency situation, but in these cases, we will be notifying residents and relatives that the consultation is happening. The Placements Team are aware of this position.
- 4. Could someone admitted to one of the care homes under 'Discharge to Assess' (D2A) be given a permanent placement at the end of the D2A period?** There should be no new permanent admissions during the consultation period, and it should be explained to people on the D2A pathway that they will be required to move to a different care home at the end of the assessment period.
- 5. If a decision is made to close the care homes, how will Surrey's older people be cared for?** Surrey County Council has an obligation to assess the care and support needs of all older people if requested and will continue to commission care for those who do not have the resources to fund their own care. The council will purchase appropriate care to meet an individual's needs from the independent sector and will continue to meet its obligations under the Care Act 2014. In addition, the council aims to provide 725 Extra Care apartments by 2030.
- 6. Surrey County Council says it wants to provide more home-based care to enable people to stay at home as long as possible. How can the council provide that service when there is a national shortage of carers? Isn't it**

more efficient to care for people in residential care homes? It is important that Surrey County Council supports people's wishes to remain independent for as long as possible by supporting them with their care needs at home. The availability and recruitment of care staff is a national issue and will be part of the ongoing discussion into the future of adult social care.

7. **Is this just about lack of finances?** No, Surrey County Council has money to invest in the future of adult social care and this consultation will help members consider how that money will be best spent.
8. **Won't buying care from the independent sector be more expensive for Surrey County Council than running its own homes?** Buying care from the independent sector is not always more expensive. The council commissions care in a variety of ways including block contract beds and spot purchasing from the independent sector to ensure good value for public funds.
9. **Numbers of residents in the homes are very low at the moment. Have numbers been purposely 'run down' to make them easier to close?** No, the numbers have not purposely been run down. The COVID-19 pandemic has had an impact on occupancy, and we have also received fewer referrals as a result of the government's new initiative called 'Discharge to Assess'. This has meant that more older people have been discharged from hospital to their own homes with the support of care staff whereas they may previously have been discharged to a care home. It is also important to note that we have not been able to accept all people referred to us as we have been unable to meet the needs of some people with complex needs.
10. **Would the homes have more chance of staying open if we were at full occupancy?** The low numbers in the homes currently are due to a number of factors including the homes being closed to admissions most of last year due to COVID-19, a reluctance by some people to move into residential care and more people going home from hospital through the Discharge to Assess process. The number of residents in each home will not be a factor in the decision-making process.
11. **How many of the eight homes are you thinking about selling or closing down?** No decisions have been made yet. This is a listening exercise, and our overriding priority is the wellbeing of the residents and staff at the homes - we want to involve them fully and sensitively. Surrey County Council's cabinet will make a decision about each care home in February 2022.
12. **What's the criteria for keeping homes open?** There are no criteria. Each home will be assessed individually on its own merits as each is different. It is therefore important to have your say by completing the survey on [Surrey Says](#) as all opinions will be considered.
13. **Will it be one decision for all homes?** No, each home will be considered individually.

- 14. If the decision is made to close one or more of the homes in February 2022, how long would it take to close the homes?** It is difficult to say how long any planned closure would take. No decisions will be made until February 2022. If the decision was to close any of the homes further discussions would take place and an implementation plan would be developed. Our prime concern is the welfare of our residents and staff. Surrey County Council would work closely with residents, social workers and families to ensure that suitable, appropriate care in another home is secured for all residents should the decision to close be made. If a decision was taken to close a home, the closure process would not be rushed.
- 15. Will the fact that our home's CQC rating has improved have a bearing on the decision or is it just the state of the buildings that will be considered?** Surrey County Council recognises the hard work and dedication of all staff in the eight homes being considered and is proud that the CQC has rated all our older people's care homes as 'Good'. All aspects of the services will be considered when Cabinet make their decision.
- 16. This consultation is a PR exercise. The people at the top know what they will do anyway so why bother responding?** It is important to stress that no decision has yet been made on the future of the care homes. This is a listening exercise, and our overriding priority is the wellbeing of the residents and staff at the homes - we want to involve them fully and sensitively. We believe it is right for us to be asking for people's views on options for the homes to support Surrey County Council's cabinet to make decisions about their future. It is therefore important that you take time to complete the survey with your views and opinions by visiting [Surrey Says](#).
- 17. Why were the care homes allowed to come back from Anchor Hanover Trust in such a poor state?** Surrey County Council were unable to access the buildings to conduct detailed surveys prior to the date they were handed back at the end of the contract. Once the buildings were handed back and condition surveys were completed, the true condition of the buildings became apparent.
- 18. Why did you bring the homes back from Anchor Hanover Trust if you were planning to close them all along?** The homes came back to Surrey County Council as it was the end of Anchor Hanover Trust's contract. There was no plan to close the homes and any decisions on the future of the homes will be considered by Cabinet in 2022.
- 19. The documentation provided on the website says that knocking down and rebuilding the care homes would not be an option as the sites are too small. Given that any modernisation would probably result in a reduced number of beds being available, is this really a feasible option?** Providing better facilities such as en-suite bathrooms and larger rooms for the same number of residents would not be possible under the modernise and refurbish option. A decision therefore needs to be made as to how viable the homes would be with reduced capacity. The sites may be suitable for building other

specialist services such as dementia care which are more suited to smaller services.

20. **There appears to be room on the site to build a new care home alongside the existing one. Could residents remain in the old home and be moved to the new home once it was completed, thereby minimising disruption?** This could be another option to be considered subject to planning and feasibility. It is therefore important to include any suggestions such as this in the survey on [Surrey Says](#).

21. **If the decision is made to modernise and refurbish one or more of the homes, would staff be involved in making the decisions on the new layout and facilities? Often 'professionals' make decisions that do not translate well into reality for day to day running.** Professionals would advise on the building structure, and staff engagement would be crucial to ensure any new design or facilities would work practically.

22. **I have heard there is a plan to knock down Meadowside so that the land can be used for either a leisure centre or flats; is that true?**

No, there is no plan to build a leisure centre or flats on the site. The consultation is a listening exercise and no decisions on the future of any of the care homes will be made until February 2022. A decision to close any of the homes would mean that Surrey County Council would conduct a review of the affected properties to determine whether the sites would be used by another service within the council. Adult Social Care would seek to ensure where at all possible, that there is a preference towards the future use of the vacated asset being used to provide services, or facilities, or support for older people and meet corporate objectives.

23. **If a decision is made to close the homes with the loss of jobs, what will Surrey County Council do to help staff find new employment?** At this stage no decision has been made on the future of the homes. However, should a decision be made that impacts job roles then there would be a staff consultation and Surrey County Council would support employees to be redeployed to other suitable jobs within the council where possible. Consideration would be given to available roles in the council at the time and the employee's skills, experience and aspirations together with location and salary. If redeployment is not possible within the council, support would be given to staff to find employment externally by assisting with things such as writing CVs, interview skills training and time off to attend interviews.

24. **If a care home is knocked down and rebuilt what would happen to the staff?** Every effort would be made to find alternative roles in another service whilst the building works took place.

25. **When do we know if our jobs are safe?** Surrey County Council's cabinet will make a decision on 22 February 2022 on each care home. When decisions have been made about each of the care homes further discussions will take place on what these decisions mean for each service.

- 26. if a number of staff decided to leave while the consultation is taking place leaving the homes short staffed?** We hope that staff will remain in their roles and continue to provide excellent care for residents. We will continue to carefully monitor staffing levels to ensure we can meet the needs of the residents. If necessary, we would use more agency staff and deploy staff from other services or from other areas of Adult Social Care. Unfortunately, if we had insufficient staff to meet the needs of the residents in accordance with CQC regulations, an operational decision may have to be made to move some residents to another in-house care home or as a last resort move all the residents and consider closing the home. However, it is hoped that staff will continue in their posts until a decision on the future of the homes is made.
- 27. What length of contract can we offer new staff?** We are now offering new staff 12-month fixed term contracts until we know the outcome of the cabinet decision in February 2022.
- 28. Why are you holding the consultation now when the staff have been under so much pressure and worked so hard throughout the COVID 19 pandemic?** We value and appreciate the hard work, professionalism and dedication of all our staff, but it is important that Surrey County Council considers the future of the homes because of the poor condition of the buildings. We need to make sure that we plan for any work to be done rather than wait for parts of the buildings to fail and have to react in a crisis. It is important to reiterate that no decisions have yet been made and the consultation is a listening exercise. It is therefore important that as many people as possible put forward their views by taking part in the survey on [Surrey Says](#).
- 29. I am undertaking an NVQ/Apprenticeship will I be able to continue if the home closes?** Anyone who is currently undertaking a qualification should continue as planned. No decisions have yet been made about the future of the care homes and the earliest a decision will be made is in February 2022. If a decision is made which will impact job roles, then a staff consultation will follow. Redeployment opportunities would be explored and if a role was secured elsewhere in the council then it could be possible to complete your qualification in your new role, if you had not already completed it by that time, provided the new role was relevant. If you secured a role outside of the council, we would advise you to discuss with your new employer about the possibility of them supporting you to complete your qualification.
- 30. If only some of the eight homes were kept open, would the people in the open homes keep their jobs whilst staff in the closed homes were made redundant, or would all staff be able to apply for the jobs in the homes that were to remain open?** It is important to reiterate that no decisions have been made at this stage and that the public consultation is a listening exercise. If a decision was made to close some but not all of the care homes, we would need to consider the impact on the workforce and undertake a staff consultation. This would include seeking opportunities to identify redeployment where this is needed.

- 31. If the decision is made to close one or more of the homes in February, what would happen to staff and how much notice would staff get if they were to be made redundant?** It is important to reiterate that no decisions have been made at this stage and that the public consultation is a listening exercise. If a decision was made to close some or all of the care homes, we would need to consider the impact on the workforce and undertake a staff consultation. The period of consultation would be a minimum of 30 days or a maximum of 45 days depending on the number of employees in scope. Staff consultation gives employees and trade unions the opportunity to understand in detail what is being proposed and why, as well as how employees might be individually impacted. They can offer their views and put forward any alternative proposals for their managers to think about before any changes take place as a result of the Cabinet decision. In situations where employees are to be made redundant there is a process which is followed, and employees would receive notice of redundancy in accordance with the notice period in their contract. Managers would support employees to identify redeployment during the notice period.
- 32. I have remained on Anchor terms and conditions, if a decision is made that impacts job roles would the process be different?** A decision has not yet been made about the future of the eight in-house care homes for older people in Surrey. This is a period of public consultation and is a listening exercise to seek the views of residents, families, employees and other stakeholders. If a decision is made that impacts job roles the staff consultation process will be the same for those on Surrey terms and conditions and those on Anchor terms and conditions.
- 33. I have remained on Anchor terms and conditions, if a decision was made that impacted on my job role and I was redeployed to an alternative role what terms and conditions would I be on?** If a decision was made that impacts your job role there would be a staff consultation and redeployment opportunities would be explored where needed. If you were successful in securing a new role at Surrey County Council, this would be offered to you on Surrey terms and conditions.
- 34. You have referred to the 'Project Team'. Do they have any practical knowledge of the care homes or are they just making decisions based on 'paper' facts and figures?** The team includes Chris Hastings (Area Director of Service Delivery, Adult Social Care), Jo Victor-Smith (Senior Manager-OP Services), Chris Whitty (Lead Project Manager, Service Delivery) from the Service Delivery Central Team, Hannah Dwight and Chloe Stokes from HR together with colleagues from the Property, Legal, Media, Finance and Commissioning teams. The Service Delivery central team have practical experience of the homes as do colleagues from HR and Property. The project team is responsible for collating all the information received as part of this consultation, together with other information such as the independent surveyors reports and preparing a report for consideration by the council's cabinet.

35. **I recently saw something on Facebook about a consultation on a care service by another provider; is it ok to post something similar?** A factual post is acceptable, for example: 'A consultation is being held about the care home, here's the link, if you'd like to participate or know more'. You should not however give any opinions and it is important that as an employee of the council you do not bring Surrey County Council into disrepute or seriously affect public confidence in its ability to deliver effective services. For more information, please refer to Surrey County Council's social media guidance which can be obtained from your care home manager.
36. **Can staff pass out surveys into the community for people to complete?** Staff must remain impartial so whilst they may bring the consultation to the attention of people in the community, it is important that they do not undertake canvassing and try to persuade people to respond to the survey in a particular way.
37. **Can I complete the survey any other way than online?** Yes. Although the quickest and easiest way to have your say is to complete the survey online via [Surrey Says](#), paper copies are available from the care home manager, by requesting them via e-mail from servicedelivery.info@surreycc.gov.uk or by calling 01372 832257 (Monday to Friday, between 9am and 5pm) if you prefer. Once you have completed your paper survey please scan and e-mail it to servicedelivery.info@surreycc.gov.uk, post it to Mr C Hastings, Area Director, Service Delivery Management Team, Fairmount House, Bull Hill, Leatherhead, Surrey KT22 7AH or hand it to your care home manager. Your answers and comments will then be entered onto the electronic survey.

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Frequently Asked Questions – General

- 1. What is the forecast demographic of those expecting to need residential care in the next three years?** Forecast information for the next three years is not available but the Office for National Statistics (ONS) states that the care home resident population for those aged 65 and over has remained almost stable since 2001, despite growth of 11.0% in the overall population at this age⁽¹⁾. Plans for services are developed on future projections of population. The ONS estimated that the resident population of Surrey at Mid 2017 was 1,185,300. The Joint Strategic Needs Assessment (JSNA) estimates that the proportion of the population of Surrey aged over 65 will increase from 18.6% (220,413) in 2016 to 25.4% (332,613) in 2041 ⁽²⁾.

*Source (1): [Changes in the Older Resident Care Home Population between 2001 and 2011 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/bulletins/articlesandreports/changesintheolderresidentcarehomepopulationbetween2001and2011)

*Source (2): [The Surrey Context – People & Places – Surrey-i \(surreyi.gov.uk\)](https://www.surrey.gov.uk/consultation-and-information-services/the-surrey-context-people-and-places)

- 2. My relative pays the full costs of care. If the home they live in is refurbished and costs increase or if the home closes and they move to an independent care home that is more expensive, will they have to pay more?** The law prevents the council from paying for residential/nursing care where people have savings in excess of the capital threshold of £23,250. Anyone who is paying in full for their own care because of capital, will therefore have to pay the full cost of any increased charge because of refurbishment or will have to pay the higher cost if they moved to an alternative, more expensive home. If this were to happen then reasonable notice of at least four weeks would be given.
- 3. My relative contributes to their care costs from their income. If they moved to an independent care home that was more expensive or if the costs at their current home increased as a result of refurbishment, would they be expected to contribute more?** Residents who pay a contribution towards the full cost of the home, will not see a change in their contributions regardless of any increases in care costs. The contribution is based on their means to pay rather than the cost of the placement.
- 4. How many councils run their own residential care services for older people?** There were a total number of 109 councils in England recorded as providing residential care services for older people as of 1 December 2021* ⁽¹⁾. This is out of a total number of 333 councils which include 24 county councils, 181 district councils and 128 unitary councils.

*Source: Care Quality Commission [Using CQC data | Care Quality Commission](https://www.cqc.gov.uk/using-cqc-data)

5. How many vacancies are there in the older people's residential care homes that Surrey County Council has block contracts with? As at 14 November 2021, there were 29 contracted bed vacancies and 31 non-contracted bed vacancies in the homes that the council has block contracts with.

6. Is there any way of challenging the decision once it has been made? Once the decision on the future of the homes has been made by the council's cabinet, there is a period of five working days in which county councillors can 'call-in' or challenge the decision. This can only be done by the Chairman or Vice-Chairman of the relevant Select Committee or by three or more councillors from more than one political party, and only for the following reasons:

- If there is evidence to show the decision was not made correctly
- If the members are aware of other matters the cabinet did not look at when they made the decision

7. Will there be a choice of care homes should my relative be required to move because of refurbishment or closure? Yes. The council is obliged to follow the Department of Health's Care and Support Statutory Guidance which is issued under the Care Act 2014 ⁽¹⁾. Should residents need to move, an individual's needs will be assessed to identify the care that will meet assessed needs. Surrey County Council will then offer at least two options to the individual that meets the individual's needs (unless there is only one option available that can meet a person's specialist or complex needs).

(1) Department of Health's Care and Support Statutory Guidance Annex A: Choice of accommodation and additional payments [40573_2902364_DH Care Guidance accessible pdf \(publishing.service.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/40573/2902364_DH_Care_Guidance_accessible_pdf_publishing.service.gov.uk)

The Consultation on The Future of the Eight Older People's Residential Care Homes Run by Surrey County Council

Issue 3 STAFF

17 December 2021

Frequently Asked Questions

- 1. What is meant by 'complex needs' as stated in the consultation documentation? This is not clear to members of the public and is misleading.** Think Local Act Personal (TLAP^{*(1)}) define complex needs as those that mean a person may require a 'high level of support with many aspects of daily life and may rely on a range of health and social care services. This may be because of illness, disability or loss of sight or hearing - or a combination of these. Complex needs may be present from birth or may develop following illness or injury or as people get older'.

*Source:(1) [TLAP Care and Support Jargon Buster \(thinklocalactpersonal.org.uk\)](http://thinklocalactpersonal.org.uk)
- 2. Is there still a need for residential care homes, as the consultation documents state that fewer people are choosing to move into them. Where is the evidence to support this?** The ONS^{*(1)} states that the care home resident population for those aged 65 and over has remained almost stable since 2001, despite growth of 11.0% in the overall population at this age. Residential care homes will still be needed in the future alongside a range of other services for older people such as home-based care and extra care apartments.

*Source (1): [Changes in the Older Resident Care Home Population between 2001 and 2011 - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandcare/articles/changes-in-the-older-resident-care-home-population-between-2001-and-2011)
- 3. Does everyone moving into a residential care home want an en-suite bathroom? The consultation documentation is heavily weighted to lack of en-suite facilities being an issue, where is the evidence to demonstrate this point?** Whilst not everybody moving to a care home wants an en-suite bathroom, many people viewing the council's care homes have told us this is important to them. Staff work hard to protect residents' privacy and dignity in our current buildings, but this would be easier if residents had their own bathroom.
- 4. Can you explain why shared facilities such as toilets and bathrooms present a greater risk to infection control? Prior to COVID-19 there were no concerns raised about managing infection control by bodies such as the CQC, Safeguarding or Quality Assurance and neither were the homes riddled with infections. Where is the evidence to back up this statement?** Infections like COVID-19 and norovirus can effectively be controlled in homes with shared facilities by following strict guidelines and cleaning regimes, as has been demonstrated in the care homes run by Surrey County Council. The consultation documents do not say there is greater risk of infection spreading with shared bathrooms but acknowledges it is more of a challenge than if residents had their own en-suite facilities.

5. **Where can the homes present their case? Why is there a bias in the information put out by Surrey County Council? We understand that as officers of the council we are to be impartial, but the consultation documentation provided to the general public heavily leans one way that the homes are all falling apart, not fit for purpose, are dangerous and should be shut down. The general public should be given both sides of the information so they can make an informed opinion and present this to the cabinet, so in turn they can make an informed decision.** The information regarding the condition of the care homes has been provided by Savill's who are independent property experts and is therefore factual and unbiased. The consultation documents do not say that the homes should be closed but propose three options for consideration to include modernisation and refurbishment and to maintain as they are. The consultation is a listening exercise and the council wants to hear the views and opinions of all interested parties. It is therefore important that staff, relatives, residents and members of the public complete the survey on the [council's website](#) so that all opinions can be considered. Whilst staff must remain impartial, they may draw attention to the survey and encourage people to complete it. If people prefer, paper copies of the survey can be obtained by e-mailing servicedelivery.info@surreycc.gov.uk or are available from care home managers.
6. **If any of the homes were to close would staff have to accept redeployment to another role if it were offered? If they did not accept the role would they still get a redundancy payment?** If an employee whose role is being made redundant is offered a suitable alternative role, then there is an expectation they will accept it. If they choose not to then they may forgo their right to a redundancy payment. A role is considered suitable based on a number of different factors specific to an individual but in essence it would need to be similar in terms of grade, hours, location, skills and expertise etc. However, some degree of flexibility on both sides would be expected for example, the employee might need to be provided with some additional training or they might need to travel a bit further for the new role. Employees would be able to challenge the offer of any new role they felt was unsuitable and would also have a four week statutory trial period of the new role. During this trial both the employee and the manager could challenge the suitability of the role and if appropriate a process would be followed to determine whether the employee could then leave and take the redundancy payment.
7. **If a home was closed and residents moved elsewhere because there were too few staff to provide care, would staff be made redundant immediately?** No. The homes are all part of the consultation on the future of the eight care homes for older people and a decision would still need to be made by the council's cabinet regarding the future of the home.

The Consultation on The Future of the Eight Older People's Residential Care Homes Run by Surrey County Council

Issue 4

17 January 2022

Frequently Asked Questions – General

- 1. Is there an option to increase nursing beds under social care funding?** The local authority cannot provide health services such as nursing care unless in partnership with other agencies. There is currently no intention within Surrey County Council to operate nursing homes.
- 2. Could a home be re-registered as a nursing home to meet some of the changing needs of the residents within the refurbishment project?** Re-registering one or more of the homes as nursing homes could potentially be looked at in partnership with others. However, Surrey County Council does not have any plans to operate nursing services.
- 3. Do any of the homes have "priority" as no longer fit for purpose?** None of the homes are currently unfit for purpose but we do have concerns about the buildings and the infrastructure and that is why we have held the consultation. If the decision was made to close one or more of the homes, then we would use a variety of factors to decide in which order homes would be closed. These factors would include building issues, number of residents and the availability of alternative provision.

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28 January 2022

High Risk Ratings between 16 - 25 (high): Major risks that require immediate attention.
Medium Risk Ratings between 12 - 15 (medium): Significant risks to be monitored.
Low Risk Ratings below 12 (low): To be monitored.

Area Director ASC Service Delivery: Chris Hastings

Risk Ref	Date logged	Risk Description and Impact	Risk Owner	Action Owners	Impact (1-9)	Probability (1-9)	Score (I x P)	Inherent risk level (no controls)	Countermeasures Consider risk response Mitigate/Reduce/Transfer/Accept/Contingency (Date and update as appropriate)	Impact (1-9)	Probability (1-9)	Score (I x P)	Residual risk level (after existing controls)	Review Date	Changes made during last review
1	Jan-22	Building infrastructure breaks down requiring whole or part building closure that in turn requires immediate/fairly prompt evacuation of some or all residents.	Simon White	Chris Hastings	5	3	15	Med	ACCEPT: Building infrastructure is being monitored. The council's Provider Support Policy would be invoked if needed.	5	3	15	Med		
2	Jan-22	All care home buildings do not comply with current building standards for new builds expected by some service regulators e.g. fire service	Simon White	Chris Hastings	3	5	15	Med	ACCEPT: Buildings will not meet expectations of new builds without redesign. This limits the support that can be provided at the care home and the council's care offer will become less attractive to potential residents.	3	5	15	Med		
3	Jan-22	The design of buildings does not enable support to be provided to people assessed to have complex care and support needs e.g. small size of bedrooms and open stairways. Constraints of building footprints will not enable the council to be seen as a market leader and deliver on its own commissioning strategy for older people.	Simon White	Chris Hastings	4	5	20	High	ACCEPT: The council continues to provide residential care to people who do not have complex care and support needs and may run with vacancies where people chose to live in services run by independent sector providers.	4	5	20	High		
4	Jan-22	Privacy and dignity may not always be provided as residents are required to use non sex specific shared bathroom and toilet facilities.	Simon White	Chris Hastings	3	3	9	Low	MITIGATE: Non sex specific facilities will continue to be shared. Staff are trained and well practiced in maintaining residents' privacy and dignity.	3	3	9	Low		
5	Jan-22	The control of infectious viruses and diseases is more challenging to manage where residents share facilities	Simon White	Chris Hastings	5	3	15	Med	MITIGATE: Regular review of practice to ensure guidelines are being followed to minimise the risk of infections spreading. Staff have thorough training in relation to infection control.	5	3	15	Med		
6	Jan-22	As the rooms in the current homes are fairly small there is a risk that it would be a challenge to support some people with high level needs as space would be limited to accommodate some larger pieces of equipment	Simon White	Chris Hastings	5	4	20	High	MITIGATE: 'Moving and Handling' training is provided to staff to encourage good practice. If care and support needs can not safely be met, residents would be assessed and transferred to a care setting that is more appropriate to meet their assessed needs.	5	4	20	High		
7	Jan-22	Residents of Surrey decline the offer of living in an in-house residential care home resulting in a higher vacancy rate than planned.	Simon White	Chris Hastings	3	3	9	Low	MITIGATE: It is possible that an increasing number of people decline in-house services resulting in increased operating costs. Living and working in a care home with increasing vacancies will negatively impact on the health and wellbeing of all.	2	2	4	Low		
8	Jan-22	New or revised regulations may require the council to make improvements to buildings	Simon White	Land and Property	5	2	10	Low	MITIGATE: Early warnings from Property Maintenance Team to support planning for upcoming changes to regulations.	4	2	8	Low		
9	Jan-22	Our ability to recruit and retain staff becomes more difficult as a result of a highly challenging labour market that could lead to insufficient staffing to deliver safe levels of care. Since the start of the consultation the care homes have been advertising for staff on a fixed term basis, this may change after Cabinet decisions.	Simon White	Chris Hastings	5	3	15	Med	MITIGATE: Monitor workforce data and ensure business continuity plans are up to date. Work with recruitment staff to ensure adverts are seen by as many potential staff as possible and that delays in the recruitment process are minimised.	4	3	12	Med		
10	Jan-22	There would be financial pressure on the Adult Social Care budget if the care homes were not able to return to a normal level of occupancy e.g. due to the homes not accepting new long term admissions, unable to meet care needs or people choose to move to alternative homes.	Simon White	Chris Hastings	4	4	16	High	MITIGATE: Clear communications between locality teams and commissioning by the service on the admissions status for each care home. Increased admissions of both long term and respite service users. Identify budget pressures and plan alternative action(s) to offset pressures.	3	3	9	Low		

28 January 2022

High Risk Ratings between 16 - 25 (high): Major risks that require immediate attention.
Medium Risk Ratings between 12 - 15 (medium): Significant risks to be monitored.
Low Risk Ratings below 12 (low): To be monitored.

Area Director ASC Service Delivery; Chris Hastings

Risk Ref	Date logged	Risk Description and Impact	Risk Owner	Action Owners	Impact (1-9)	Probability (1-9)	Score (I x P)	Inherent risk level (no controls)	Countermeasures Consider risk response Mitigate/Reduce/Transfer/Accept/Contingency (Date and update as appropriate)	Impact (1-9)	Probability (1-9)	Score (I x P)	Residual risk level (after existing controls)	Review Date	Changes made during last review
1	Jan-22	It is estimated that any significant redesign of buildings will take some time to be completed (tendering, design, sign off and build). All risks listed for Option 1 will apply in planning phase.	Simon White	Chris Hastings	5	5	25	High	ACCEPT: continue to provide care as now	5	5	25	High		
2	Jan-22	Investment in buildings will improve some internal facilities and not address the issues linked to the ageing infrastructure of the building.	Simon White	Chris Hastings	5	5	25	High	MITIGATE: regular building inspections identify issues that are addressed through the planned maintenance programme and will ensure all health and safety issues are addressed.	4	4	16	High		
3	Jan-22	Disruption caused by refurbishment may require residents to move to a different part of the care home while work is undertaken which may raise anxieties for residents and impact on service provision.	Chris Hastings	Senior Manager's OP	5	5	25	High	MITIGATE: consider impacts and plan alternatives when extent of refurbishment required is known, involve residents and families in the discussions, supporting residents to have the same room layout in new room if this is what they wish.	5	4	20	High		
4	Jan-22	Disruption caused by refurbishment may require residents to move out of the care home while work is undertaken, causing residents and relatives anxiety	Chris Hastings	Senior Manager's OP	5	5	25	High	MITIGATE: Residents, their families and the workforce are at the heart of service considerations. The council is experienced in supporting people to move between care settings and will follow the Provider Support Protocol that is in place to ensure moves are handled sensitively and follow good practice. Residents, their families and carers will be involved in planning moves. Issues that are important to each resident will be considered e.g. maintaining friendship groups, links to local communities, faith groups and location of their new home. Resident's will be offered the opportunity to return to the home when works have been completed.	4	5	20	High		
6	Jan-22	If part of a care home or the whole home closes, redeployment and/or redundancy may be required for the workforce. It may then be difficult to recruit a new workforce in a challenging labour market when required to support the re-opening of the care home.	Chris Hastings	Senior Manager's OP	5	5	25	High	MITIGATE: Provide workforce support to aid internal redeployment and consider alternatives to redundancy to enable staff to move to different roles with a commitment to return when the home reopens.	4	4	16	High		
7	Jan-22	Refurbishment may not result in people choosing to live in one of the refurbished services over other options.	Chris Hastings	Senior Manager's OP	4	5	20	High	MITIGATE: plan for potential scenarios and encourage new referrals, refurbishment will result in more comfortable environments. Choice Guidance has been developed by Adult Social Care.	3	4	12	Med		
8	Jan-22	The potential impact on the environment should a care home require remodelling	Director, Land and Property	Land and Property	2	2	4	Low	MITIGATE: An Environmental Impact Assessment would be completed for any remodelling/redevelopment of the site.	1	1	1	Low		

Risk Ref	Date logged	Risk Description and Impact	Risk Owner	Action Owners	Impact (1-5)	Probability (1-5)	Score (F x G)	Inherent risk level (no controls)	Countermeasures Consider risk response Mitigate/Reduce/Transfer/Accept/Contingency (Date and update as appropriate)	Impact (1-5)	Probability (1-5)	Score (KxL)	Residual risk level (after existing controls)	Review Date	Changes made during last review
1	Jan-22	Consultation feedback has highlighted concerns regarding impact home closures will have on residents' physical and mental wellbeing.	Chris Hastings	Senior Manager's OP	5	5	25	High	MITIGATE: Residents, their families and the workforce are at the heart of service considerations. The council is experienced in supporting people to move between care settings and will follow the Provider Support Protocol that is in place to ensure moves are handled sensitively and follow good practice. Residents, their families and carers will be involved in planning moves. Issues that are important to each resident will be considered e.g. maintaining friendship groups, links to local communities, faith groups and location of their new home.	4	5	20	High		
2	Jan-22	A decision to close a care home causes uncertainty and anxiety for staff.	Chris Hastings	Senior Manager's OP	5	5	25	High	MITIGATE: The service will work closely with HR to ensure the staff are kept briefed and supported. This will include opportunities for shadowing in other roles and redeployment within SCC. Staff will have access to the Employee Assistance Programme at all times.	4	5	20	High		
3	Jan-22	Closure of services causes anxiety for external parties who support the care homes (volunteers, entertainers, chiropodist, hairdressers etc)	Chris Hastings	Senior Manager's OP	4	4	16	High	ACCEPT: The service will work closely to ensure those impacted by decisions are informed and supported.	4	4	16	High		
4	Jan-22	Building infrastructure breaks down requiring whole or part building closure before the care home is planned to close	Chris Hastings	Senior Manager's OP	5	3	15	Med	ACCEPT: Building infrastructure is currently monitored to ensure legislative requirements are met.	5	3	15	Med		
5	Jan-22	Impact of COVID-19 and changing guidance requires a change to planned approach, delaying planned activity	Chris Hastings	Senior Manager's OP	5	3	15	Med	ACCEPT: Service plans are reviewed and updated each time Government guidance is updated.	5	3	15	Med		
6	Jan-22	Decision to close either of the two services that provided day care (Barnfield and Keswick) will mean people who have been waiting for the day carer services to reopen may need alternative arrangements.	Chris Hastings	Senior Manager's OP	5	5	25	High	MITIGATE: Day care services have not been provided since March 2020. Alternative services have been provided where requested.	5	3	15	Med		
8	Jan-22	New or revised regulations may require the council to make improvements to buildings prior to closure	Chris Hastings	Land and Property	4	1	4	Low	ACCEPT: The service works closely with the council's compliance team to understand and plan for changes in legislative requirements.	4	1	4	Low		
9	Jan-22	There may not be sufficient capacity in Adult Social Care or other council services to support closure related activity resulting from cabinet decisions	Chris Hastings	Workstream leads	5	2	10	Low	MITIGATE: Any closures will be done on a phased approach. Regularly brief and involve other services who support activity so that they can plan appropriately.	1	2	2	Low		
10	Jan-22	The council no longer is a care provider and can not act as a provider in an emergency or have the capacity to directly support NHS initiatives e.g. hospital discharge	Simon White	Commissioning	2	5	10	Low	MITIGATE: The council has robust commissioning arrangements in place to secure the best deal for Surrey residents. There are currently a high number of independent care providers providing services purchased by SCC.	2	3	6	Low		
11	Jan-22	Existing market capacity within care homes sector may be reduced due to other factors in Surrey.	Chris Hastings	Commissioning	2	2	4	Low	ACCEPT: Provider engagement and gap analysis undertaken. Signs of increasing demand within market during November 2021 but not a cause of concern.	2	2	4	Low		
12	Jan-22	The council may have to fund alternative care at costs above the market rate due to a higher than usual number of people looking for alternative care arrangements at the same time	Simon White	Commissioning	3	5	15	Med	MITIGATE: The council has robust commissioning arrangements in place to secure the best deal for Surrey residents. There are currently a high number of independent care providers providing services purchased by SCC.	3	4	12	Med		
13	Jan-22	A resident paying the full costs of care incurs increased care charges should the new care provider have higher costs.	Simon White	ALT	4	4	16	High	MITIGATE: The council would support residents to find alternative homes that charge the same or similar rates.	4	3	12	Med		
14	Jan-22	Staff employed in corporate services will be impacted by service closures should part or all of their role be focussed on supporting services that are closed	Chris Hastings	Workstream leads	3	5	15	Med	MITIGATE: Work with services who may be impacted and plan to minimise any potential impact	3	3	9	Low		
15	Jan-22	Local communities where care homes are currently located may be impacted by the loss of employment opportunities	Chris Hastings	Workstream leads	3	5	15	Med	MITIGATE: Inform those impacted by decisions taken to enable them to plan and make informed choices. SCC will look at each site to decide its future use which may include care work that may provide new opportunities	2	5	10	Low		

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The Future of the Eight Residential Care Homes for Older People Run by Surrey County Council

Question	Answer
Did you use the EIA Screening Tool? (Delete as applicable)	No

1. Explaining the matter being assessed

Question	Answer
What policy, function or service change are you assessing?	<p>Simon White, the Executive Director for Adult Social Care, has taken the decision under delegated authority to consult on the future of the eight residential care homes for older people owned and run by Surrey County Council.</p> <p>The eight homes are:</p> <ul style="list-style-type: none"> • Abbeywood, Ash Vale • Barnfield, Horley • Birchlands, Englefield Green • Chalkmead, Merstham • Heathside, Woking • Keswick, Great Bookham • Meadowside, Staines-upon-Thames • Orchard Court, Lingfield <p>The homes offer residential care for older adults, both on a permanent basis and for short term respite, and discharge to assess purposes. Short term respite care is provided both on a one off and regular basis. Day care facilities were also provided at both Keswick and Barnfield although these ceased at the start of the COVID-19 pandemic and have not reopened.</p> <p>The consultation ran between 11 October 2021 and 5 January 2022. Following the closure of the consultation a report will be developed with recommendations for each home prior to the cabinet meeting on 22 February 2022 when the cabinet will be asked to make a decision about the future of each of the care homes. The report will take into account the feedback received during the consultation and other evidence.</p>

9

Equality Impact Assessment

Question	Answer
Why does this EIA need to be completed?	<p>Assessing the impact of any of the options that are being considered for the eight older people's residential care homes on different 'protected characteristic' groups is an important part of our compliance with duties under the Equality Act 2010.</p> <p>It provides insight into the impact on those people affected who have one or more of the protected characteristics and supports the identification of how best to mitigate any potential negative impacts and enhance the positive impacts.</p>

<p>Who is affected by the proposals outlined above?</p>	<p>The following groups could be affected:</p> <ul style="list-style-type: none">• People who use services• Families and carers• Staff working in and supporting the homes• Wider Surrey CC Staff• Local stakeholders• Partners• Volunteers• The local community <p><u>People, who use services, families and carers</u></p> <ul style="list-style-type: none">• Permanent residents• People who use respite services/short term placements including 'Discharge to Assess'• Day-care users at Barnfield and Keswick only• Respite uses (regular and one-off)• Relatives and carers of people using services
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Table 1: People who use services

Name of Home	Number of residents as at 20/12/2021	Average number of regular respite users per annum as at 28/02/2020	Number of day-care users
Abbeywood	28	2	No facility
Barnfield	30	3	5
Birchlands	20	0	No facility
Chalkmead	25	0	No facility
Heathside	17	5	No facility
Keswick	19	0	7
Meadowside	13	6	No facility
Orchard Court	13	0	No facility

*Data provided by each care home

*Day care users relate to the number of people attending prior to the cessation of facilities in March 2020 due to COVID-19

*Day care was used on average three times per week by each person

Staff

- Care home staff and managers
- Trade union representatives
- Other Adult Social Care staff, in particular locality teams
- Wider SCC staff (Service Delivery staff and management team, central support teams including HR, Property, Pensions, contracts)

Table 2: Staff Numbers

Home	Head-count	Full-time	Part-time (under 36 hours)	Bank
Abbeywood	76	27	42	18
Barnfield	64	34	28	6
Birchlands	52	22	21	11
Chalkmead	64	23	29	15
Heathside	50	31	11	9
Keswick	43	24	16	6
Meadowside	64	24	29	15
Orchard Court	40	17	19	6
Total	453	202	195	86

There are 483 employments and 453 headcount - some staff have more than one employment. Data as at 23/12/2021.

Equality Impact Assessment

Question	Answer
	<p>NB: Homes also employ agency staff on a regular and ad-hoc basis who will also be affected by any decision. GRI who source and manage agency staff for Surrey CC will be advised of any decisions and how staff may be impacted.</p> <p>Individual care home stakeholders</p> <ul style="list-style-type: none"> • volunteers • neighbours • community groups • local suppliers <p><u>Partners</u></p> <ul style="list-style-type: none"> • faith, community and voluntary sector organisations • Clinical Commissioning Groups, health and social care organisations and providers • other local authorities (e.g. placing authorities) • acute hospitals • independent care home providers
<p>How does your service proposal support the outcomes in the Community Vision for Surrey 2030?</p>	<p>Having high quality residential care for older people is essential to achieve Surrey County Council's Community Vision for 2030.</p> <p>Decisions on the future of the homes will ensure that residential care can be provided for older people that fully meets the needs of each individual and that provides residents with privacy and dignity.</p> <p>This will help achieve the following ambitions that form part of our Community Vision for 2030:</p> <ul style="list-style-type: none"> ▪ Everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing. ▪ Everyone gets the health and social care support and information they need at the right time and place. ▪ Everyone has a place they can call home, with appropriate housing for all.
<p>Are there any specific geographies in Surrey where this will make an impact?</p>	<p>Impacts on all district and borough councils across the county of Surrey.</p>

Equality Impact Assessment

Question	Answer
Briefly list what evidence you have gathered on the impact of your proposals	Survey feedback, Frequently Asked Questions (FAQs) from staff, residents, relatives and stakeholders. Feedback from meetings and e-mails from concerned parties. Academic studies, experience from other local authorities and local knowledge and experience.

2. Service Users / Residents

There are 10 protected characteristics to consider in your proposal. These are:

1. Age including younger and older people
2. Disability
3. Gender reassignment
4. Pregnancy and maternity
5. Race including ethnic or national origins, colour or nationality
6. Religion or belief including lack of belief
7. Sex
8. Sexual orientation
9. Marriage/civil partnerships
10. Carers protected by association

Though not included in the Equality Act 2010, Surrey County Council recognises that socio-economic disadvantage is a significant contributor to inequality across the County and therefore regards this as an additional factor.

PLEASE NOTE:

- a) Where there is no impact on a protected characteristic, no evaluation has been included.
- b) A breakdown of characteristics by home has not been included because of the small numbers and the potential identification of individuals. Most impacts are applicable to all homes, but reference to day care facilities refer only to Barnfield and Keswick. Both Barnfield and Keswick provided Day Care Facilities prior to the COVID-19 pandemic. This service was withdrawn temporarily in March 2020 due to national restrictions and the decision was made not to reinstate it until a decision is made on the future of the homes.

- c) Three options for the future of the homes were proposed and are referred to in this document as Options 1, 2 and 3.

These three options are:

Option 1: Maintain and sustain some or all of the eight residential care homes and continue to meet building compliance standards.

Option 2: Modernise and refurbish some or all of the eight residential care homes.

Option 3: Support residents to move to an alternative care home and close one or more of the eight residential care homes.

Equality Impact Assessment

1. Age

Question	Answer										
What information (data) do you have on affected service users/residents with this characteristic?	<p><u>Age Breakdown of Residents – All Eight Care Homes</u></p> <table border="1"> <thead> <tr> <th>Age Bands</th> <th>Residents</th> </tr> </thead> <tbody> <tr> <td>65 to 74</td> <td>9%</td> </tr> <tr> <td>75 to 84</td> <td>26%</td> </tr> <tr> <td>85 to 94</td> <td>46%</td> </tr> <tr> <td>95 +</td> <td>19%</td> </tr> </tbody> </table> <p>*Figures from Care Home managers @ 11/01/2022</p>	Age Bands	Residents	65 to 74	9%	75 to 84	26%	85 to 94	46%	95 +	19%
Age Bands	Residents										
65 to 74	9%										
75 to 84	26%										
85 to 94	46%										
95 +	19%										
Impacts (Delete as applicable)	Both positive and negative										

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Impacts identified for Age	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	<i>Who is responsible for this?</i>
Positive Impact (Option 1) No change to environment or routines for residents creates stability for older people.	Survey feedback	n/a	Ongoing	Area Director Service Delivery

Impacts identified for Age	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Positive Impact (Option 1) If day-care facilities reopen at the homes, older people will benefit from stimulation and social interaction which will also help prevent isolation and loneliness.</p>	<p>Locality team information</p>	<p>Ensure all relevant locality and placement team workers are aware that the facilities have reopened.</p>	<p>Once a decision has been made to reopen the facilities.</p>	<p>Area Director of Service Delivery.</p>
<p>Negative Impact (Option 1) In the event of infrastructure failure in the ageing buildings, residents may need to move to a different home in an emergency. Concern about the impact any move would have on the health and wellbeing of older people.</p>	<p>Moving elderly residents can be stressful and cause anxiety (NHS 2015). Experience of moving older people in many circumstances, including home closures.</p>	<p>Business continuity plans in place. Reviewed annually. Provider support protocol would be invoked. Property services regularly survey properties to ensure regulatory requirements met.</p>	<p>Ongoing</p>	<p>Area Director of Service delivery</p>
<p>Negative Impact (Option 1) Residents may have to move to a different home as the homes may not be able to meet their changing needs because of the layout and facilities of the buildings. Older people may therefore need to be moved when they are more frail.</p>	<p>Experience and knowledge of being unable to meet residents' changing needs at the homes.</p>	<p>Residents are regularly assessed so that changing needs can be identified. Social workers with experience in moving residents would be involved in any change of home required.</p>	<p>Ongoing</p>	<p>Area Director Service Delivery</p>

Equality Impact Assessment

Impacts identified for Age	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 1) It will continue to be difficult to provide privacy and dignity as non-gender specific shared bathroom and toilet facilities will remain for older people.</p>	<p>Feedback from prospective residents and relatives visiting the homes indicates that having en-suite facilities is important to them.</p>	<p>Continue to treat residents with respect and dignity.</p>	<p>Ongoing</p>	<p>Area Director Service Delivery</p>
<p>Negative Impact (Option 1) The control of infectious viruses and diseases will continue to be a challenge to manage as residents share bathroom facilities.</p>	<p>Practical experience of managing infections in the homes such as norovirus, flu and COVID-19.</p>	<p>Regular review of practice to ensure guidelines are being followed to minimise the risk of infections spreading.</p>	<p>Ongoing</p>	<p>Area director Service Delivery</p>

Impacts identified for Age	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 2)</p> <p>Disruption to routines, activities and visiting for elderly residents of prolonged building work conducted whilst they are still living at the home.</p> <p>Worry and distress of living with noise, dust and workmen in their home.</p>	<p>Survey feedback cites this as the most popular option amongst residents and relatives. NB: the extent of any proposed building work was not known at the time of the survey.</p> <p>79% of respondents thought option 2, modernise and refurbish, was either 'positive or extremely positive' (data @ 02/12/21)</p>	<p>Work with property experts to formulate a phased plan of building work. Consider moving residents to one or more units of the home whilst work is conducted in other units.</p> <p>Consider moving residents to an alternative home if the work is likely to last several months or if the work identifies additional unforeseen issues that require a longer timeframe to remedy.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director of Service Delivery</p>

Equality Impact Assessment

Impacts identified for Age	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Positive Impact (Option 2, 3) Potential to improve outcomes for people through an alternative service. Some older people could benefit from moving nearer family outside Surrey. Some older people could benefit from services such as specialist dementia care.</p>	<p>Previous experience of managing home closures, steering group feedback, consultation survey feedback.</p>	<p>Full assessments will be completed and relatives/advocates will be consulted to ensure location and facilities of any new home fully meet residents' needs.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director of Service Delivery.</p>
<p>Positive Impact (Option 2, 3) Alternative services may provide more suitable environments for residents such as larger rooms, en-suite facilities and closed staircases. New care home buildings may be able to better cater for residents' needs as they age.</p>	<p>Consultation survey feedback. Local commissioning knowledge</p>	<p>Full assessments will be completed and relatives/advocates will be consulted to ensure location and facilities of any new home fully meet residents' needs.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director of Service Delivery.</p>

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Impacts identified for Age	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative impact (Option 2, 3) Residents may be unable to find suitable alternative day care facilities. This may lead to isolation, loneliness and loss of social interaction.</p>	<p>Evidence provided from locality teams on issues previous day care users have had.</p>	<p>Locality teams/placements team to work with people to source alternative day care.</p>	<p>Ongoing</p>	<p>Area Director Service Delivery</p>

Equality Impact Assessment

Impacts identified for Age	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 2, 3) Disruption of moving residents. Concern about the impact any move would have on the health and wellbeing of older people.</p>	<p>Survey responses from both residents and relatives indicate a high level of concern and anxiety around having to move from a care home.</p> <p>83% of all respondents thought that Option 3, Support residents to move to an alternative care home and close one or more of the homes, was either 'negative or extremely negative.' (Data @ 02.12.21)</p> <p>Moving elderly residents can be stressful and cause anxiety.(NHS 2015)</p> <p>Experience of moving older people in many circumstances, including home closures.</p>	<p>Use previous experience of managing home closures.</p> <p>Learn from research and best practice from other home closures. Robust person-centred assessment for all, involving carers and relatives, and the development of transitional plans.</p> <p>Implement a phased approach to closure so the service can focus and ensure specific needs are met.</p> <p>Draw up an implementation timeline and be ready to respond to early requests.</p> <p>Residents would be supported to move by people they know eg staff in the care homes and families</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director of Service Delivery.</p>

<p>Negative Impact (Option 3) Demand for services will increase with the ageing population. More provision is needed and there may be challenges in identifying a suitable alternative placement.</p>	<p>Closure of the homes may have an impact on the availability of care home beds in Surrey for older people as Surrey’s population is ageing.</p> <p>Office for National Statistics (2014)</p> <p>The Surrey Context – People & Places (2019)</p>	<p>The eight care homes account for 3% of the care home beds for older people in Surrey so any impact would be minimal.</p> <p>Any closure of homes would be done on a phased basis so the additional demand on the market would be incremental. This would enable suitable placements to be identified.</p> <p>Surrey CC has a block contract of older people’s residential care beds with Care UK that has 8% capacity (as at 15/12/2021).</p> <p>In 2022 Surrey CC is introducing a Dynamic Purchasing System (DPS) which is integrated with NHS Clinical Commissioning Groups. This will allow better market analysis and the easier identification of any gaps in provision.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director of Service Delivery</p>
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Equality Impact Assessment

Question	Answer
What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decisions makers need to be aware of	None identified.

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None.

2. Disability

Question	Answer												
What information (data) do you have on affected service users/residents with this characteristic?	<p>Residents in the homes are older people with a range of support needs including health issues, physical and sensory impairments and learning difficulties. A significant percentage of residents have dementia both diagnosed and undiagnosed.</p> <p>NB: Many residents have more than one support reason, so figures below exceed 100%.</p> <p><u>Support Reasons for Residents in All Eight Care Homes</u></p> <table> <thead> <tr> <th>Support Reason Identified</th> <th>% of Residents</th> </tr> </thead> <tbody> <tr> <td>Physical Support - Personal Care Access and Mobility</td> <td>100%</td> </tr> <tr> <td>Support with Memory and Cognition</td> <td>82%</td> </tr> <tr> <td>Mental Health Support</td> <td>2.6%</td> </tr> <tr> <td>Support for Social Isolation / Other</td> <td>6.4%</td> </tr> <tr> <td>Sensory Support - Support for Visual Impairment</td> <td>1.9%</td> </tr> </tbody> </table> <p>*Data from care home managers @ 11/01/2022.</p>	Support Reason Identified	% of Residents	Physical Support - Personal Care Access and Mobility	100%	Support with Memory and Cognition	82%	Mental Health Support	2.6%	Support for Social Isolation / Other	6.4%	Sensory Support - Support for Visual Impairment	1.9%
Support Reason Identified	% of Residents												
Physical Support - Personal Care Access and Mobility	100%												
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Support for Social Isolation / Other	6.4%												
Sensory Support - Support for Visual Impairment	1.9%												

Question	Answer
Impacts (Delete as applicable)	Both positive and negative impacts.

Impacts identified for Disability	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	<i>Who is responsible for this?</i>
Positive Impact (Option 1) No change to environment or routines for residents with disabilities creates stability.	Survey feedback	n/a	Ongoing	Area Director Service Delivery

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Equality Impact Assessment

Impacts identified for Disability	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 1) In the event of infrastructure failure, residents with impairments or dementia may become agitated if they needed to move to a different home in an emergency. Concern about the impact any move would have on the health and wellbeing of an individual.</p>	<p>Alzheimer's Association, Changing Care Providers (Accessed 17 December 2021).</p>	<p>Business continuity plans in place. Reviewed annually.</p> <p>Provider support protocol would be invoked.</p> <p>Property services regularly survey properties to ensure regulatory requirements met.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director Service Delivery</p>

Impacts identified for Disability	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 1) Some residents with disabilities may need to move out of the homes if their changing needs mean they need equipment such as hoists which cannot be accommodated because of the small room sizes.</p> <p>Would remain challenging to accommodate and use specialist equipment in small rooms.</p>	<p>Experience of dealing with residents with complex and increasing needs.</p>	<p>Training is provided to staff to encourage good practice when moving or handling residents. If care and support needs cannot safely be met, residents should be assessed and transferred to a care setting that can meet their assessed needs.</p>	<p>Ongoing</p>	<p>Area Director Service Delivery</p>
<p>Negative Impact (Option 1) Residents with dementia and visual and physical impairments may be at risk of injury due to open staircases in 6 out of the 8 homes.</p>	<p>Experience of dealing with residents with dementia and complex needs.</p>	<p>Ensure all new residents are assessed and only offered a place in the home if there is considered no risk from the staircases.</p> <p>Reassess residents whose increasing needs give cause for concern and move to a more suitable home if required.</p>	<p>Ongoing</p>	<p>Area Director Service Delivery</p>

Equality Impact Assessment

Impacts identified for Disability	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Positive Impact (Option 2) Residents with a disability may be able to remain in the home whilst the building work was completed causing less disruption.</p>	<p>Dependent on the type of works commissioned.</p>	<p>Work with Surrey CC Land and Property to investigate building works.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director Service Delivery</p>
<p>Positive Impact (Option 2) Improved environment for residents with a disability.</p>	<p>Survey feedback.</p>	<p>Ongoing engagement with residents and their families as refurbishment is undertaken.</p>	<p>n/a</p>	<p>Area Director Service Delivery</p>

Impacts identified for Disability	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 2) Residents with physical or cognitive impairments may struggle to cope with the noise and potential changes to routine that living with prolonged building work may cause.</p>	<p>‘The importance of routine and familiarity to persons with dementia is profound! Daily structure can help decrease undesired behaviours such as aggression, restlessness and agitation.’ (2020) The Important of Routine and Familiarity to Persons with Dementia (alzheimersproject.org)</p>	<p>Work with property experts to formulate a phased plan of building work. Consider moving residents to one or more units of the home whilst work is conducted in other units.</p> <p>Consider moving residents to an alternative home if the work is likely to last several months or if the work identifies additional unforeseen issues that require a longer timeframe to remedy.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director Service Delivery</p>

Equality Impact Assessment

Impacts identified for Disability	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Positive Impact (Option 2, 3)</p> <p>Potential to improve outcomes for older people with disabilities through an alternative service.</p> <p>Some people could benefit from moving nearer family.</p> <p>Some people could benefit from services such as specialist dementia care.</p>	<p>Consultation and workshop feedback.</p> <p>Experience of moving older people in many circumstances, including home closures.</p>	<p>Ensure full assessments are completed and relatives are consulted to ensure location and facilities of any new home fully meet residents' needs.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director Service Delivery.</p>
<p>Positive Impact (Option 2, 3)</p> <p>Some disability related needs may be better met in different environments.</p> <p>Larger rooms, en-suite facilities and closed staircases in new care homes may mean buildings can better cater for residents' needs.</p>	<p>Rejection of places at assessment.</p> <p>Alternative placements that have been used by Surrey CC for specific needs.</p> <p>Local knowledge.</p>	<p>Ensure full assessments are completed and facilities of any new home fully meet residents' needs.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director Service Delivery.</p>

Impacts identified for Disability	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Positive Impact (Option 2, 3) A more specialist environment may be beneficial to those with dementia.</p>	<p>Research has shown that ‘special care units can make a difference to the quality of life of residents and improve conditions for relatives and staff’. (2007) Cioffi, J., Fleming, A., Wilkes, L., Sinfield, M., & Miere, J. (2007). The effect of environmental change on residents with dementia. The perceptions of relatives and staff.</p>	<p>Full assessments will be completed to ensure facilities of any new home fully meet residents’ needs.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director Service Delivery.</p>

Equality Impact Assessment

Impacts identified for Disability	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 2, 3) Residents with acute impairments or dementia may struggle to adjust to their new environment.</p>	<p>Alzheimer's Association, Changing Care Providers (Accessed 17 December 2021).</p> <p>'Achieving closure: good practice in supporting older people during residential care closures' Glasby, Jon; Robinson, Suzanne; Allen, Kerry (2011) Achieving closure: good practice in supporting older people during residential care closures — University of Birmingham</p>	<p>Follow best practice guidance.</p> <p>Involvement and engagement with families / carers.</p> <p>Development of transitional plans.</p> <p>Staff from current homes to help with the transition.</p> <p>Adult Social Care team locality staff would plan to review new placements after 6 weeks.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director Service Delivery.</p>

<p>Negative Impact (Option 2, 3) Concern raised during consultation about the lack of alternative affordable provision including respite and day care provision for residents with a disability.</p>	<p>Survey feedback and feedback from relatives' meetings indicate concern over lack of local provision if homes were to close.</p> <p>Consultation and workshop feedback.</p>	<p>The eight care homes account for 3% of the care home beds for older people in Surrey so any impact would be minimal.</p> <p>Any closure of homes would be done on a phased basis so the additional demand on the market would be incremental.</p> <p>Surrey CC has a block contract of 293 older people's residential care beds with Care UK that has 8% capacity.</p> <p>(Data correct at 01/10/2021).</p> <p>In 2022 Surrey CC is introducing a Dynamic Purchasing System (DPS) which is integrated with NHS Clinical Commissioning Groups. This will allow better market analysis and the easier identification of any gaps in provision.</p> <p>Locality teams to source alternative day care facilities.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director of Service Delivery</p>
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Equality Impact Assessment

Question	Answer
What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decisions makers need to be aware of	None identified.

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None.

3. Race

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Question	Answer														
What information (data) do you have on affected service users/residents with this characteristic?	<p><u>Ethnicity of Residents in All Eight Care Homes</u></p> <table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Percentage of Residents</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>92.14%</td> </tr> <tr> <td>Undeclared/Not Known</td> <td>5.05%</td> </tr> <tr> <td>Black / African / Caribbean / Black British</td> <td>1.69%</td> </tr> <tr> <td>Asian/Asian British Pakistani</td> <td>0.56%</td> </tr> <tr> <td>Other</td> <td>0.56%</td> </tr> <tr> <td>TOTAL</td> <td>100.00%</td> </tr> </tbody> </table> <p>*Data from LAS @ 03/12/2021</p>	Ethnicity	Percentage of Residents	White	92.14%	Undeclared/Not Known	5.05%	Black / African / Caribbean / Black British	1.69%	Asian/Asian British Pakistani	0.56%	Other	0.56%	TOTAL	100.00%
Ethnicity	Percentage of Residents														
White	92.14%														
Undeclared/Not Known	5.05%														
Black / African / Caribbean / Black British	1.69%														
Asian/Asian British Pakistani	0.56%														
Other	0.56%														
TOTAL	100.00%														
Impacts (Delete as applicable)	Both positive and negative impacts.														

Impacts identified for Race	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	<i>Who is responsible for this?</i>
<p>Negative Impact (Option 1) In the event of infrastructure failure, residents with English as a second language may find it harder to cope if they need to move to a different home in an emergency. Concern about the impact any move would have on the health and wellbeing of an individual.</p>	<p>No impact identified for this cohort of residents</p>	<p>Business continuity plans in place. Reviewed annually.</p> <p>Provider support protocol would be invoked.</p> <p>Property services regularly survey properties to ensure regulatory requirements met.</p>	<p>Ongoing.</p>	<p>Area director Service Delivery.</p>

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Equality Impact Assessment

Impacts identified for Race	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 2, 3) Current care homes may be based or nearby to an individual's particular ethnic community. If the new home is not in the same vicinity it may have a negative impact on their general wellbeing.</p> <p>Negative Impact (Option 2, 3) Residents with English as a second language may find it more difficult to form relationships with staff and other residents in a new home.</p>	<p>No supporting evidence for this cohort of residents</p>	<p>Individual communication needs must be taken into account.</p> <p>Capture what is important to the individual through the assessment process and ensure that this is considered when choosing an alternative service.</p>	<p>n/a</p>	<p>Area Director Service Delivery</p>

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Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decisions makers need to be aware of</p>	<p>None identified.</p>

Question	Answer
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why</p>	<p>None identified.</p>

4. Religion or Belief

Question	Answer																		
<p>What information (data) do you have on affected service users/residents with this characteristic?</p>	<p><u>Residents' Declared Religion or Beliefs for All Eight Care Homes</u></p> <table border="0"> <thead> <tr> <th data-bbox="553 384 696 419">Religion</th> <th data-bbox="931 384 1162 419">% of Residents</th> </tr> </thead> <tbody> <tr> <td data-bbox="553 424 685 456">Christian</td> <td data-bbox="1055 424 1164 456">53.37%</td> </tr> <tr> <td data-bbox="553 461 696 493">Unknown</td> <td data-bbox="1055 461 1164 493">23.04%</td> </tr> <tr> <td data-bbox="553 497 853 529">No Religion or Belief</td> <td data-bbox="1055 497 1164 529">13.48%</td> </tr> <tr> <td data-bbox="553 534 824 566">Declined to Advise</td> <td data-bbox="1055 534 1164 566">6.74%</td> </tr> <tr> <td data-bbox="553 571 640 603">Other</td> <td data-bbox="1055 571 1164 603">2.25%</td> </tr> <tr> <td data-bbox="553 608 658 639">Jewish</td> <td data-bbox="1055 608 1164 639">0.56%</td> </tr> <tr> <td data-bbox="553 644 663 676">Muslim</td> <td data-bbox="1055 644 1164 676">0.56%</td> </tr> <tr> <td data-bbox="553 719 663 751">TOTAL</td> <td data-bbox="752 719 880 751">100.00%</td> </tr> </tbody> </table> <p>*Data from LAS @ 03/12/2021.</p> <p>Care home managers have identified that 1.9% of residents have a religious leader visit them in the home for a religious service. (Data @ 11/01/2022)</p>	Religion	% of Residents	Christian	53.37%	Unknown	23.04%	No Religion or Belief	13.48%	Declined to Advise	6.74%	Other	2.25%	Jewish	0.56%	Muslim	0.56%	TOTAL	100.00%
Religion	% of Residents																		
Christian	53.37%																		
Unknown	23.04%																		
No Religion or Belief	13.48%																		
Declined to Advise	6.74%																		
Other	2.25%																		
Jewish	0.56%																		
Muslim	0.56%																		
TOTAL	100.00%																		
<p>Impacts (Delete as applicable)</p>	<p>Both positive and negative impacts.</p>																		

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Equality Impact Assessment

Impacts identified for Religion or Beliefs	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	<i>Who is responsible for this?</i>
Positive Impact (Option 1) Residents are able to maintain contact with their local faith community.	Survey feedback.	n/a	Ongoing	Area Director Service delivery
Positive Impact (Option 2, 3) Potential to link with new faith community close to alternative service, particularly if this was not available previously.	n/a	Capture what is important to the individual through the assessment process and ensure this is considered when choosing an alternative service.	In accordance with the implementation plan that will be developed following the cabinet decision if required.	Area Director Service Delivery

Impacts identified for Religion or Beliefs	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 2, 3) Loss of contact with local faith community if new provider is not in the same vicinity.</p> <p>Potential change to the person delivering religious services if there is a move outside the current catchment area of the place of worship.</p> <p>Loss of contact with schools and local community groups who engage with the homes to celebrate religious festivals.</p>	<p>‘research conducted among long term care residents has linked good social connection to better mental health outcomes’. (2021) Social Connection in Long-Term Care Homes: A Scoping Review of Published Research on the Mental Health Impacts and Potential Strategies During COVID-19 - ScienceDirect</p>	<p>Capture what is important to the individual through the assessment process and ensure that this is considered when choosing an alternative service.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director Service Delivery</p>

Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decisions makers need to be aware of</p>	<p>None identified.</p>

Question	Answer
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why</p>	<p>None.</p>

Equality Impact Assessment

5. Sex

Question	Answer								
What information (data) do you have on affected service users/residents with this characteristic?	<p><u>Number of residents by Gender at all Eight OP Homes</u></p> <table border="1"> <thead> <tr> <th>Gender</th> <th>% of Residents</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>73%</td> </tr> <tr> <td>Male</td> <td>27%</td> </tr> <tr> <td>TOTAL</td> <td>100%</td> </tr> </tbody> </table> <p>*Data from LAS 03/12/2021</p>	Gender	% of Residents	Female	73%	Male	27%	TOTAL	100%
Gender	% of Residents								
Female	73%								
Male	27%								
TOTAL	100%								
Impacts (Delete as applicable)	Both positive and negative impacts.								

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Impacts identified for Sex	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	<i>Who is responsible for this?</i>
<p>Negative Impact (Option 1) It will continue to be a challenge to ensure privacy and dignity as non-gender specific shared bathroom and toilet facilities will remain.</p>	Feedback from prospective residents and relatives visiting the homes indicates that having en-suite facilities is important to them.	Continue to treat residents with respect and dignity.	Ongoing	Area Director Service Delivery

Impacts identified for Sex	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
Negative impact (Option 1) Some residents may feel uncomfortable on mixed gender units.	Feedback from prospective residents and relatives.	Accommodate residents wishes where possible by placing them on units with other residents of the same sex.	Ongoing	Area Director Service Delivery
Positive Impact (Option 2, 3) Gender specific units and/or bathroom facilities may be available in alternative care homes and could be considered in any modernisation.	Local commissioning knowledge.	Ensure the residents' wishes are captured as part of the assessment process.	In accordance with the implementation plan that will be developed following the cabinet decision if required.	Area Director Service Delivery

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Question	Answer
What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decisions makers need to be aware of	None identified.

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None.

6. Marriage and Civil Partnerships

Equality Impact Assessment

Question	Answer																
What information (data) do you have on affected service users/residents with this characteristic?	<p><u>Residents' Marital Status for All Eight Care Homes</u></p> <table border="1"> <thead> <tr> <th>Marital Status</th> <th>% of Residents</th> </tr> </thead> <tbody> <tr> <td>Unknown</td> <td>39%</td> </tr> <tr> <td>Widowed</td> <td>27%</td> </tr> <tr> <td>Married</td> <td>16%</td> </tr> <tr> <td>Single</td> <td>13%</td> </tr> <tr> <td>Divorced</td> <td>4%</td> </tr> <tr> <td>Separated</td> <td>1%</td> </tr> <tr> <td>TOTAL</td> <td>100%</td> </tr> </tbody> </table> <p>*Data from LAS @ 03/12/21</p>	Marital Status	% of Residents	Unknown	39%	Widowed	27%	Married	16%	Single	13%	Divorced	4%	Separated	1%	TOTAL	100%
	Marital Status	% of Residents															
Unknown	39%																
Widowed	27%																
Married	16%																
Single	13%																
Divorced	4%																
Separated	1%																
TOTAL	100%																
	<p>No residents live as couples in any of the homes (Data from care home managers @ 11/01/2022)</p>																
Impacts (Delete as applicable)	Both positive and negative																

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Impacts identified for Marriage and Civil Partnerships	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	<i>Who is responsible for this?</i>

Impacts identified for Marriage and Civil Partnerships	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 1) Unable to accept couples who want to share a room into the home.</p>	<p>Experience of referrals.</p>	<p>Offer couples rooms that are adjoining where possible.</p>	<p>Ongoing</p>	<p>Area Director Service delivery</p>
<p>Positive Impact (Option 2) Some double rooms for couples could be incorporated into new layouts.</p>	<p>Some people want to live with their partners in care homes.</p>	<p>Ensure consideration is given to double rooms at the planning stage.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director of Service Delivery.</p>
<p>Negative Impact (Option 2, 3) The journey to any new home may be more difficult and costly making it harder for partners to maintain regular contact.</p>	<p>'Achieving closure: good practice in supporting older people during residential care closures' Glasby, Jon; Robinson, Suzanne; Allen, Kerry (2011) Achieving closure: good practice in supporting older people during residential care closures — University of Birmingham</p>	<p>Closeness to family and friends to be considered as part of the assessment process, including accessibility of new home for partners.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director Service Delivery</p>

Equality Impact Assessment

Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decisions makers need to be aware of</p>	None identified.

Question	Answer
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why</p>	None.

7. Carers Protected by Association

Question	Answer
<p>What information (data) do you have on affected service users/residents with this characteristic?</p>	<p>This section has been used to identify impacts for families / carers of people using services.</p> <p>There are no data on numbers, but the majority of residents have relatives recorded as next of kin and receive regular visitors.</p>
<p>Impacts (Delete as applicable)</p>	Both positive and negative impacts.

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Impacts identified Carers Protected by Association	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	<i>Who is responsible for this?</i>
Positive Impact (Option 1) No change to location. Carers can maintain usual visiting arrangements.	n/a	n/a	n/a	n/a
Positive Impact (Option 1) If day-care facilities reopen at the homes carers will be able to benefit from the respite this provides.	Locality team information.	Ensure all relevant locality and placement team workers are aware that the facilities have reopened.	Once a decision has been made to reopen the facilities.	Area Director Service Delivery.
Negative Impact (Option 1) In the event of infrastructure failure, residents may need to move to a different home in an emergency. Carers may not have the opportunity to be involved in decisions around any new home.	n/a	Business continuity plans in place. Reviewed annually. Provider support protocol would be invoked. Property services regularly survey properties to ensure regulatory requirements met.	Ongoing.	Area Director Service Delivery.

Equality Impact Assessment

Impacts identified Carers Protected by Association	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Positive Impact (Option 2, 3) Potential for new care home to be nearer to carers/families, including out of county.</p>	<p>Consultation survey feedback.</p>	<p>Involve relatives and carers fully in the assessment process and decision on any future homes.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Locality teams, care home managers, service delivery managers.</p>
<p>Positive Impact (Option 2, 3) Ability to engage in and influence where family members move to.</p>	<p>Experience with locality teams.</p>	<p>Involve relatives and carers fully in the assessment process and decision on any future homes.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Locality teams, care home managers, service delivery managers.</p>

Impacts identified Carers Protected by Association	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 2, 3) The journey to any new home may be more difficult and costly to visit making it harder for carers and family to maintain regular contact.</p>	<p>‘Achieving closure: good practice in supporting older people during residential care closures’ Glasby, Jon; Robinson, Suzanne; Allen, Kerry (2011) Achieving closure: good practice in supporting older people during residential care closures — University of Birmingham</p>	<p>Closeness to family and friends to be considered as part of the assessment process, including accessibility of new home for partners.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director Service Delivery.</p>
<p>Negative Impact (Option 2, 3) Relatives/Carers will not be able to benefit from the respite they get whilst their family members are at the day care facilities. This may lead to a breakdown in the relatives being able to provide permanent care and/or mental health issues for carers.</p>	<p>Evidence provided from locality teams on issues previous day care users and carers have experienced.</p>	<p>Locality teams to work with people to source alternative day care.</p>	<p>Ongoing</p>	<p>Area Director Service Delivery</p>

Equality Impact Assessment

Impacts identified Carers Protected by Association	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 2, 3) Concern of carers and relatives about losing a valued care home and having to rely on alternative homes. Concerns around the quality of alternative homes and whether needs can be fully met by them.</p>	<p>Survey feedback.</p>	<p>Involve relatives and carers fully in the assessment process and decision on any future homes. Ensure residents and relatives' wishes are captured as part of the assessment process.</p> <p>Provide current CQC rating data on homes being considered, set up viewings of new homes where possible.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director Service Delivery.</p>
<p>Negative Impact (Option 2, 3) Adequate flexible options may not be available to support carers with short term, respite or emergency care.</p> <p>Health and wellbeing of carers that rely on these facilities may be adversely impacted.</p>	<p>Local Commissioning knowledge.</p>	<p>Maximise use of Care UK contract beds and spot purchase where necessary.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director Service Delivery.</p>

Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decisions makers need to be aware of</p>	None identified.

Question	Answer
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why</p>	None

Though not included in the Equality Act 2010, Surrey County Council recognises that socio-economic disadvantage is a significant contributor to inequality across the County and therefore regards this as an additional factor.

8. Socio Economic Disadvantage

Question	Answer
<p>What information (data) do you have on affected service users/residents with this characteristic?</p>	As at 07/01/2022 there were 21 residents who were self-funding. These residents were at the homes when they were under Anchor Hanover Trust management and their contract was continued when the homes reverted to Surrey CC management in 2019.
<p>Impacts (Delete as applicable)</p>	Negative impact.

Equality Impact Assessment

Impacts identified for Socio Economic Disadvantage	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?
Positive Impact (Option 1) Self-funding residents will continue paying existing rates.	n/a	n/a	n/a	n/a
Negative impact (Option 2) Potential for an increase in operating costs and an increase charge to self-funders living in the home.	Savills' property survey reports.	n/a	n/a	n/a
Negative Impact (Option 3) Residents that are self-funding may have an increase in the cost of care as care may be more expensive in alternative non-Surrey CC homes.	Survey responses. Commissioning knowledge of local market rates.	n/a	n/a	n/a

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Question	Answer
What other changes is the council planning/already in place that may affect the same groups of residents?	None.

Question	Answer
Are there any dependencies decisions makers need to be aware of	

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	<p>Residents that are self-funding may have an increase in the cost of care as care may be more expensive in alternative non-Surrey CC homes. Surrey CC has no influence over the cost of care in independent care homes for those purchasing care themselves.</p> <p>Residents that are self-funding may have an increase in the cost of care due to increased operating costs if homes are modernised and refurbished. Increased costs must be passed onto self-funding residents.</p>

3. Staff

1. Age

Question	Answer
What information (data) do you have on affected staff with this characteristic?	<p><u>Breakdown of staff in all eight care homes by age group</u> (Data from SAP October 2021):</p> <ul style="list-style-type: none"> • Under 30 17.45% • 30 – 39 21.28% • 40 – 49 18.94% • 50 – 59 28.09% • 60 – 69 12.55% • 70+ 1.70%
Impacts (Delete as applicable)	Both positive and negative impacts.

Equality Impact Assessment

Impacts identified for Age	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?
<p>Positive Impact (Option 2, 3) The Council will seek to offer redeployment wherever possible. This could provide wider work experiences for staff of all ages and positive opportunities for career changes.</p>	<p>Surrey CC Redeployment Policy.</p> <p>Surrey CC Change Management Policy</p>	<p>Fully support staff to explore alternative roles within the council. Fully engage staff in Staff Consultation, provide staff training where applicable, obtain input from staff.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Guidance provided by HR. Area Director Service Delivery.</p>
<p>Negative Impact (Option 2, 3) Older staff may find it harder to gain new employment.</p>	<p>42% of care home staff are over 50.</p> <p>Workers over 50 are more likely to suffer long-term unemployment than other age groups. (2021 ONS for Restless)</p>	<p>Seek input from staff about what they would find helpful, what their aspirations are and how they wish to be supported.</p> <p>Try to redeploy staff wherever possible. Assist with training and skills such as CV writing, job applications and interviews.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Guidance provided by HR. Area Director Service Delivery.</p>

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Impacts identified for Age	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 2, 3) Older staff may not have worked elsewhere so do not have experience of applying for roles.</p>	<p>Internal Surrey CC staff records.</p>	<p>Assist staff with writing CVs and provide interview training.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Guidance provided by HR. Area Director Service Delivery.</p>
<p>Negative Impact (Option 2, 3) Experienced staff of all ages may find it difficult to obtain comparable terms and conditions in the independent sector.</p>	<p>Surrey CC Pensions, annual leave and enhancements policies.</p>	<p>Try to redeploy staff wherever possible. Assist with training and skills such as CV writing, job applications and interviews.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Guidance provided by HR. Area Director Service Delivery.</p>
<p>Negative Impact (Option 2, 3) Impact on pension benefits for older staff who may be nearing retirement.</p>	<p>Local government pension scheme recognised as extremely good.</p>	<p>Try to redeploy staff wherever possible. Signpost staff on how to access independent pension, financial and planning advice and assist with applying for other roles if required.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Guidance provided by HR. Area Director Service Delivery.</p>

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Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of staff?</p>	<p>New unsocial hours payment scheme due to be implemented in April 2022. May make the council's terms and conditions even more</p>

Equality Impact Assessment

Question	Answer
Are there any dependencies decisions makers need to be aware of	attractive and therefore harder for staff to match in other employment.

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None.

2. Disability

Question	Answer
What information (data) do you have on affected staff with this characteristic?	0.43% of the work force have declared a disability. (Data from SAP October 2021). Care home managers have advised that 9.6% of staff have a disability that they are aware of. Some adjustments are in place to assist these employees. (Data @ 11.01.2022).
Impacts (Delete as applicable)	Negative impacts.

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Impacts identified for Disability.	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?
<p>Positive Impact (Option 2) Staff with a disability may be able to continue with their roles whilst the building work was completed.</p>	<p>Dependant on the type of works commissioned.</p>	<p>Work with Surrey CC Land and Property to investigate building works.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Area Director Service Delivery.</p>
<p>Positive Impact (Option 2) A modernised and refurbished home may make the working environment better for staff with a disability and easier to attend to residents' needs.</p>	<p>Survey feedback.</p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>

Equality Impact Assessment

Impacts identified for Disability.	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 2, 3) Impact of closeness to home if seeking alternative employment if there is a reliance on public transport for staff with a disability.</p>	<p>Information from care home managers. Many staff work close to home and do not drive.</p>	<p>Support staff to redeploy within Surrey CC at accessible locations where possible. People with a disability have priority in redeployment. Support staff with application process, make reasonable adjustments to interviews. Assist people to apply for 'Access to Work' for new employment.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Guidance provided by HR. Area Director Service Delivery.</p>
<p>Negative Impact (Option 2, 3) Alternative employment opportunities may be affected by communication difficulties and the need for strong supervisory support. Some people may not want to disclose they have a disability.</p>		<p>Support to redeploy within Surrey CC where possible.</p> <p>Ensure individuals have the opportunity to state what support they need.</p> <p>Offer confidential one to one support sessions so that all staff can be assisted on an individual basis.</p> <p>Assist with training and skills such as CV writing, job applications and interviews.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Guidance provided by HR. Area Director Service Delivery.</p>

Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of staff? Are there any dependencies decisions makers need to be aware of</p>	None identified.

Question	Answer
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why</p>	SCC has good Terms and Conditions so there may be an impact on pensions and benefits for any staff, who are not redeployed.

3. Pregnancy and Maternity

Question	Answer
<p>What information (data) do you have on affected staff with this characteristic?</p>	2.34% of the affected workforce are on maternity or paternity leave. (Data from SAP October 2021).
<p>Impacts (Delete as applicable)</p>	Both positive and negative impacts.

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Impacts identified for Pregnancy and Maternity	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?

Equality Impact Assessment

Impacts identified for Pregnancy and Maternity	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Positive Impact (Option 1) No change to working patterns, terms and conditions or location of work creates stability for staff during pregnancy.</p>	Survey feedback	n/a	Ongoing	Area Director Service Delivery
<p>Positive Impact (Option 2, 3) Staff on maternity leave have priority status in the redeployment process.</p>	Surrey CC Redeployment policy.	Ensure staff on maternity or paternity leave are kept informed at each stage of the process and they are aware of their rights under the redeployment programme.	In accordance with the implementation plan that will be developed following the cabinet decision if required.	Guidance provided by HR. Area Director Service Delivery.
<p>Negative Impact (Option 2, 3) The impact of stress and anxiety during pregnancy.</p>	Too much stress for the mother affects the baby through amniotic fluid (2017)	<p>Keep in regular contact with pregnant staff and ensure they know what is happening and when.</p> <p>Make adjustments to enable staff to participate to the extent they wish to.</p> <p>Arrange 'Keeping in Touch' days where appropriate.</p>	In accordance with the implementation plan that will be developed following the cabinet decision if required.	Guidance provided by HR. Area Director Service Delivery.
<p>Negative Impact (Option 2, 3) Maternity benefits in the independent sector may not be as favourable for staff as in local authorities.</p>	UK Government Maternity pay and leave (Accessed 17 December 2021).	Ensure redeployment is managed in accordance with the change management policy. Ensure staff are aware of their statutory rights with regards to maternity pay.	In accordance with the implementation plan that will be developed following the cabinet decision if required.	Guidance provided by HR. Area Director Service Delivery.

Impacts identified for Pregnancy and Maternity	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 2, 3) Staff on maternity/paternity leave may feel isolated or uninformed about the process.</p>	<p>n/a</p>	<p>Ensure staff on maternity or paternity leave are kept informed at each stage of the process. Provide the same level of support and training as staff at work. Be flexible in offering this support.</p> <p>Make adjustments to enable staff to participate to the extent they wish to.</p> <p>Arrange 'Keeping in Touch' days where appropriate.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Guidance provided by HR. Area Director Service Delivery.</p>

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Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of staff? Are there any dependencies decisions makers need to be aware of</p>	<p>None identified.</p>

Question	Answer
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why</p>	<p>None identified.</p>

4. Race

Equality Impact Assessment

Question	Answer
What information (data) do you have on affected staff with this characteristic?	14.89 % of staff are recorded as being from an ethnic minority group. (Data from SAP October 2021). Care home managers advised that there are no special considerations currently in place for staff because of race. (Data @ 11/1/2022)
Impacts (Delete as applicable)	Negative impacts.

Impacts identified for Race	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?
Negative Impact (Option 2, 3) Where English is not a first language or where staff have a lower level of language and literacy skills, future employment may be restricted.		Support to redeploy within Surrey CC where possible. Offer confidential one to one support sessions so that all staff can be assisted on an individual basis. Assist with training and skills such as CV writing, job applications and interviews.	In accordance with the implementation plan that will be developed following the cabinet decision if required.	Guidance provided by HR. Area Director Service Delivery.

Question	Answer
What other changes is the council planning/already in place that may affect the same groups of staff?	None identified.

Question	Answer
Are there any dependencies decisions makers need to be aware of	

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None identified.

5. Religion and Belief

Question	Answer
What information (data) do you have on affected staff with this characteristic?	<p><u>Declared Religion and Belief of Staff in all Eight Care Homes</u></p> <p>0.21% Any other faith/religion 0.43% Atheist 0.43% Buddhist 10.00% Christian 2.34% Hindu 1.70% Muslim 4.68% No faith/religion 62.98% Not stated 17.02% Prefer not to say 0.21% Sikh *Data from SAP October 2021.</p> <p>Care home managers have advised that special considerations are in place for some staff members because of religion such as dress, shift patterns and time off for religious festivals.</p> <p>*Data @ 11/01/2022</p>
Impacts (Delete as applicable)	Negative

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Equality Impact Assessment

Impacts identified for Religion and Belief	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?
<p>Negative Impact (Option 2, 3) Potential impact on routines and practices with a new employer - work pattern, holidays/days of worship, food, wearing a faith symbol and dress.</p>	Information from SAP and from care home managers regarding current issues or adjustments already in place for staff.	<p>Support to redeploy within Surrey CC where possible.</p> <p>Being sensitive in the offer of redeployment around any adjustments in place.</p> <p>Offer confidential one to one support sessions so that all staff can be assisted on an individual basis.</p> <p>Assist with training and skills such as CV writing, job applications and interviews.</p>	In accordance with the implementation plan that will be developed following the cabinet decision if required.	<p>Guidance provided by HR.</p> <p>Area Director Service Delivery.</p>

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Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of staff? Are there any dependencies decisions makers need to be aware of</p>	None identified.

Question	Answer
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why</p>	None

6. Sex

Question	Answer
What information (data) do you have on affected staff with this characteristic?	<p><u>Breakdown of Staff by Gender in all Eight Care Homes</u></p> <p>85.96% of staff are female</p> <p>14.04% of staff are male</p> <p>*Data from SAP October 2021.</p>
Impacts (Delete as applicable)	Both positive and negative impacts.

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Impacts identified for Sex	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?
<p>Positive Impact (Option 1) No change to working patterns or locations means no impact on family life for staff</p>	Staff meeting feedback.	n/a	n/a	n/a

Equality Impact Assessment

Impacts identified for Sex	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 2, 6) The majority of the workforce is female, many of whom work part time. The loss of flexible working could affect the whole family (also see 'carer' characteristic below)</p>	<p>Surrey CC SAP system.</p>	<p>Try to redeploy staff wherever possible.</p> <p>Encourage hiring managers within SCC to be flexible with redeployment.</p> <p>Help staff investigate flexibility of other employers and assist with applying for other roles if required.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Guidance provided by HR. Area Director Service Delivery.</p>

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Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of staff? Are there any dependencies decisions makers need to be aware of</p>	<p>None identified.</p>

Question	Answer
<p>Any negative impacts that cannot be mitigated? Please identify impact and explain why</p>	<p>None.</p>

7. Marriage and Civil Partnerships

Question	Answer
What information (data) do you have on affected staff with this characteristic?	Care home managers have identified that 3% of staff at the same homes are related to each other.
Impacts (Delete as applicable)	Negative impacts.

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Impacts identified for Marriage and Civil Partnerships	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?
Negative Impact (Option 2, 3) Where couples / family members are employed in the same home, there may be an impact on income and re-employment may impact on care responsibilities.	Information from care home managers.	Try to redeploy staff wherever possible. Assist with applying for other roles if required.	In accordance with the implementation plan that will be developed following the cabinet decision if required.	Guidance provided by HR. Area Director Service Delivery.

Question	Answer
What other changes is the council planning/already in place that may affect the same groups of staff? Are there any dependencies decisions makers need to be aware of	None identified.

Equality Impact Assessment

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None identified.

8. Carers

Question	Answer
What information (data) do you have on affected staff with this characteristic?	<p><u>Breakdown of Staff in all Eight Care Homes by Gender</u></p> <p>85.96% of staff are female</p> <p>14.04% of staff are male</p> <p>*Data from SAP October 2021.</p> <p>Care home managers have advised that 1.2% of staff have reasonable adjustments in place because of caring responsibilities.</p> <p>*Data from care home managers @ 11/01/2022.</p>
Impacts (Delete as applicable)	Negative

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Impacts identified for Carers	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?

Impacts identified for Carers	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Positive Impact (Option 1) No change to location and flexibility of hours mean staff can continue to work around caring responsibilities.</p>	n/a	n/a	n/a	n/a
<p>Negative Impact (Option 2, 3) There will be members of the workforce that have caring responsibilities which may restrict alternative employment opportunities due to availability and restricted locations.</p>	Knowledge of staff cohort.	<p>Ensure all roles within the redeployment pool are explored with staff members even if the role is dissimilar to their existing role.</p> <p>Assist staff with CV writing workshops and interview preparation skills.</p>	In accordance with the implementation plan that will be developed following the cabinet decision if required.	<p>Guidance provided by HR.</p> <p>Area Director Service Delivery.</p>
<p>Negative Impact (Option 2, 3) Redeployment opportunities are less if staff are restricted to where they work because of caring responsibilities.</p>	Most of the social care workforce live near to their place of work and over 40% work part time.	Ensure all roles within the redeployment pool are explored with staff members even if the role is significantly different to their existing job.	In accordance with the implementation plan that will be developed following the cabinet decision if required.	<p>Guidance provided by HR.</p> <p>Area Director Service Delivery.</p>

Equality Impact Assessment

Impacts identified for Carers	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
Negative Impact (Option 2, 3) Other employers may not offer the flexibility with working patterns for carers that Surrey CC offers.	Knowledge of local job market.	n/a	In accordance with the implementation plan that will be developed following the cabinet decision if required.	Commissioning and Area Director Service Delivery.

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Question	Answer
What other changes is the council planning/already in place that may affect the same groups of staff? Are there any dependencies decisions makers need to be aware of	None identified.

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	Other employers may not offer the flexibility with working patterns that Surrey CC offers. Surrey CC has no influence on other employers' terms and conditions.

9. Socio Economic Disadvantage

Question	Answer
What information (data) do you have on affected staff with this characteristic?	All front-line staff within the care homes. Some staff from wider supporting teams such as Service Delivery.
Impacts (Delete as applicable)	Negative impacts.

Impacts identified for Socio Economic Disadvantage	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
What impacts have you identified?	What are you basing this on?	Actions to mitigate or enhance impacts	Due date	Who is responsible for this?
Positive Impact (Option 1) Staff will have the security of continuation of employment with existing terms, conditions and rates of pay.	No change to existing arrangements.	n/a	n/a	n/a

Equality Impact Assessment

Impacts identified for Socio Economic Disadvantage	Supporting evidence	How will you maximise positive/minimise negative impacts?	When will this be implemented by?	Owner
<p>Negative Impact (Option 2, 3) Care work is not highly paid and the cost of living in Surrey is high. Some staff may need to apply for benefits dependent on their personal circumstances if they are unable to secure alternative employment quickly.</p>	<p>Some frontline care staff get paid at a slightly higher rate than the National Minimum Wage or the National Living Wage.</p> <p>UK Government National Minimum Wage and National Living Wage rates (Accessed 17 December 2021).</p>	<p>Support to redeploy within Surrey CC where possible.</p> <p>Assist with training and skills such as CV writing, job applications and interviews.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Guidance provided by HR. Area Director Service Delivery.</p>
<p>Negative Impact (Option 2, 3) Staff may find it difficult to find comparable terms, benefits and rates of pay in the independent sector</p>	<p>Knowledge of local job market.</p>	<p>Try to redeploy staff wherever possible. Assist with training and skills such as CV writing, job applications and interviews.</p>	<p>In accordance with the implementation plan that will be developed following the cabinet decision if required.</p>	<p>Guidance provided by HR. Area Director Service Delivery.</p>

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Question	Answer
<p>What other changes is the council planning/already in place that may affect the same groups of staff? Are there any dependencies decisions makers need to be aware of</p>	<p>New unsocial hours payment scheme due to be implemented in April 2022. May make the council's terms and conditions even more attractive and therefor harder for staff to match in other employment.</p>

Question	Answer
Any negative impacts that cannot be mitigated? Please identify impact and explain why	None.

4. Amendments to the proposals

CHANGE	REASON FOR CHANGE
What changes have you made as a result of this EIA?	Why have these changes been made?
No changes	No changes

5. Recommendation

Based your assessment, please indicate which course of action you are recommending to decision makers. You should explain your recommendation below.

9

Outcome Number	Description	Tick
Outcome One	No major change to the policy/service/function required. This EIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken	✓
Outcome Two	Adjust the policy/service/function to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?	
Outcome Three	Continue the policy/service/function despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are: <ul style="list-style-type: none"> • Sufficient plans to stop or minimise the negative impact • Mitigating actions for any remaining negative impacts plans to monitor the actual impact. 	
Outcome Four	Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination (For guidance on what is unlawful discrimination, refer to the Equality and Human Rights Commission's guidance and Codes of Practice on the Equality Act concerning employment, goods and services and equal pay).	

Question	Answer
Confirmation and explanation of recommended outcome	Any potential negative impacts can be mitigated. This is currently a proposal which is subject to future Cabinet decisions.

6a. Version control

Version Number	Purpose/Change	Author	Date
0.2	Format change to include separate sections for the 3 options.	Caroline Raper	15 December 2021
0.3	Amendments following EIA workshop feedback. (HR/Project team)	Caroline Raper	21 December 2021
0.5	Inclusion of resident data from care home managers.	Caroline Raper	24 December 2021
0.8	Changes following feedback from DEG	Caroline Raper	26 January 2022

The above provides historical data about each update made to the Equality Impact Assessment. Please do include the name of the author, date and notes about changes made – so that you are able to refer back to what changes have been made throughout this iterative process. For further information, please see the EIA Guidance document on version control.

6b. Approval

Approved by*	Date approved
Head of Service	03 February 2022
Executive Director	03 February 2022
Cabinet Member	09 February 2022
Directorate Equality Group	21 January 2022

EIA Author	Caroline Raper
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*Secure approval from the appropriate level of management based on nature of issue and scale of change being assessed.

6c. EIA Team

Equality Impact Assessment

Name	Job Title	Organisation	Team Role
Kathryn Pyper	Senior Programme Manager	Surrey CC	DEG chair
Deborah Chantler	Assistant Director Legal Services	Surrey CC	Legal input
Charlotte Langridge	Business Intelligence Lead	Surrey CC	Business Intelligence
Hannah Dwight	HR Business Partner	Surrey CC	HR
Chris Hastings	Area Director, Service Delivery	Surrey CC	Head of Service
Jo Victor-Smith	Senior Manager, Service Delivery	Surrey CC	Project Management
Julie Shamis	Care Home Manager	Surrey CC	Home Manager
Karen McCormick	Care Home Manager	Surrey CC	Home Manager
Alan Clyne	Unison Representative	UNISON	Trade Union

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Care Provider Support and Intervention Protocol

Responding to **business failure** and **urgent service delivery issues** in the adult social care market in Surrey

Surrey County Council, Adult Social Care



SURREY

INDEX

Introduction

1. Chapter One The Care Act 2014 and best practice principles
2. Chapter Two Monitoring the care and support market in Surrey
3. Chapter Three Provider Support and Intervention process
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5. Chapter Five Enforced Closure of a Care Home Provider
6. Chapter Six Home Based Care and Supported Living Provider Failure
7. Chapter Seven Emergency Closure of a Care Home Provider

Introduction

This protocol sets out the roles and responsibilities of Surrey County Council in the event of serious concerns arising about the quality or sustainability of a care service or care provider. It outlines how to manage an operational response to meet the needs of residents and mitigate risks.

The protocol sets out how Surrey County Council will work with key stakeholders including the Care Quality Commission (CQC); Clinical Commissioning Groups (CCGs) and providers of services.

The protocol does not replace duties under the adult safeguarding policy and procedures. Where there are adult safeguarding risks, those policy and procedures must be followed.

The legislation underpinning this protocol is set out in The Care Act 2014 and the Care and Support (Business Failure) Regulations 2014.

9

Key duties and powers of stakeholders under the Care Act 2014

Market shaping

Local authorities have a duty to promote an efficient and effective market in a sustainable and diverse range of service provision that meets people's care and support needs and deliver outcomes that promote people's wellbeing (section 5). The local authority must take into account the current and future demand for services and provide information for people to choose and use the types of services available

Duty of mutual co-operation

Mutual co-operation of relevant partners and local authority in exercising functions relating to adults with care and support needs (section 6)

"Relevant partners" includes (section 6(7)):

- District councils, where the authority is a county council for an area for which there are district councils
- Any local authority or district council for an area in England for which there is a county council where the authority agrees it would be appropriate to co-operate under this section
- Each NHS body in the authority's area

Co-operation is not absolute (section 7) where doing so:

- Would be incompatible with an organisation's own duties
- Would otherwise have an adverse effect on the exercise of the organisation's functions

Duty to determine care and support needs

- Local authority general duty to carry out a needs assessment in order to determine whether an adult has needs for care and support (section 13).

Temporary duty where business fails

Where a business fails and the provider is unable to carry on relevant activity, the local authority has a temporary duty (section 48) in respect of people receiving care and support services to meet the needs they were receiving immediately before the provider failed. The temporary duty continues until the local authority is satisfied that the each person's needs will be met by a new provider or in a different way. The local authority may make a charge for arranging care and support in these situations.

9

Power to meet care and support needs

Local authority discretionary power (not a duty) to act to meet a person's care and support needs (section 19). This applies where no duty is invoked by section 18 (person's entitlement to have needs met). This may be used when care provision is interrupted by circumstances other than business failure, such as where there is a quality failure. The power can be used where people's needs are deemed to be urgent and without a needs assessment, financial assessment or eligibility criteria determination. It is up to the local authority to decide whether or not to act,

1. The Care Act and best practice principles

1.0 Definitions

1.0.1 "Business failure" is defined in The Care and Support (Business Failure) Regulations 2014. These Regulations define what is meant by "business failure" and explain the circumstances in which a person is to be treated as being unable to do something because of business failure. Business failure is defined by a list of different events such as the appointment of an administrator, the appointment of a receiver or an administrative receiver (the full list appears in the Regulations). Service interruption because of "business failure" relates to the whole of the regulated activity and not to parts of it.

1.0.2 Business failure (as defined) will usually involve an official being appointed e.g. an Administrator to oversee the insolvency proceedings. An Administrator represents the interests of the creditors of the provider that has failed and will try to rescue the company as a going concern. In these circumstances, the service will usually continue to be provided, and the exercise of Surrey County Council's temporary duties may not be called for. It is not for Surrey County Council to become involved in the commercial aspects of the insolvency, but they should cooperate with the Administrator if requested. Surrey County Council should, insofar as it does not adversely affect people's safety and wellbeing, support

efforts to maintain service provision by, for example, not prematurely withdrawing people from the service that is affected, or ceasing to commission that service.

1.0.3 There are variety of situations that may give rise to business failure or disruption to care and support services, for example:

- The provider deciding to close a service.
- Quality or safety concerns that lead to CQC enforcement action or ceasing of commissioning.
- Multiple safeguarding concerns.
- Financial failure or strategic exit.
- The provider closing the service for redevelopment.
- The provider not being able to provide the expected service.
- 'Force Majeure', such as flood, fire or illness.

9

1.1 Roles and responsibilities

1.1.1 Surrey County Council (SCC) has a proactive and reactive role when working with providers. SCC will be proactive to help anticipate and if appropriate work with a provider to prevent or delay failure, this should be the first consideration balanced against a thorough risk and/or business viability assessment.

1.1.2 SCC will gather intelligence and information on providers and will share this with relevant stakeholders as appropriate. Information held by Surrey County Council regarding the quality of services delivered by regulated providers will be regularly shared with the Care Quality Commission and key partners. Particular attention will be paid to those rated by CQC as *Inadequate* and those that are repeatedly rated as *Requires Improvement*, to look at how we can support them to improve or to exit the market. This information sharing will be done through day to day information sharing and regular local information sharing meetings, in line with the 'Joint Working Protocol between CQC and ADASS', 2019.

1.1.3 Information may be shared where necessary with: The Care Quality Commission, Clinical Commissioning Groups; other local authorities; Surrey Fire and Rescue Service, the Police Service; the Health and Safety Executive; council environmental health services; other council services including children's services; housing; public health; environmental health; other NHS bodies (e.g. regional NHS England) as deemed necessary.

1.1.4 Expectations: Surrey County Council should:

- Seek to minimise disruption for people receiving care, in line with the wellbeing principle and, although SCC has discretion about how to meet needs, the aim should be to provide a good quality service that meets individual needs and wishes.
- Ensure the needs are met based upon an up to date assessment of the

person's needs and aspirations.

- Involve the carer and anyone the carer asks SCC to involve where a carer's service is involved.
- Maintain continuity of care and relationships with staff wherever possible.
- Provide access to independent advocacy where it is adjudged that service users may have difficulty in understanding all, or any part, of the process. See 1.8.
- Ensure that any moves between services happen during working day hours and not during night time hours unless not to do so would place individuals at even more risk.
- Ensure views of individuals and their families are taken into account to minimise disruption and act in line with their preferences wherever possible, making a best interest decision where this is relevant.
- Have good relationships with all providers serving their local population and through market intelligence be aware of any company financial distress.
- Have plans in place agreed with other relevant commissioning bodies such as the Clinical Commissioning Groups (CCGs), NHS providers and other local authorities to cope with business failure or disruption to the service of a provider and to be clear about roles and responsibilities where the care people receive is commissioned by the CCGs. (See Chapter 7)
- Receive information regarding enforcement action by CQC in accordance with the Health and Social Care Act 2008.

1.1.5 Providers of a service are expected to:

- Cooperate with SCC and other key stakeholders throughout the process.
- Provide full and accurate information to SCC in relation to the people they are providing a service to if this protocol is invoked by SCC. SCC has a responsibility and duty to all people receiving care services covered by this protocol irrespective of who is paying for the care.

1.2 Working with and supporting care providers

1.2.1 SCC ASC will work with Clinical Commissioning Groups and other key agencies such as Skills for Care to support providers of services with improving the quality of services.

1.2.2 SCC ASC will support the above through, amongst other measures:

- Publishing strategies, commissioning plans and market position statements in order to inform the provider market.
- Publishing and maintaining on the Surrey County Council website the 'Surrey Support Offer - Information and support for care providers'. This details the networks and resources available to providers in each CCG area, including:
 - Care home teams at the clinical commissioning groups (CCGs) and Continuing Health Care (CHC)
 - Community nurse advisors / matrons
 - Training and e-learning packages from Skills for Care
 - Quality Assurance visits from Surrey County Council and CCGs
 - Networks and forums to share ideas and good practice, listen to speakers on key issues affecting providers, run by organisations like the Surrey Care Association and Skills for Care.
 - Advice from SCC adult social care safeguarding advisors

1.2.3 Provider owners, managers and staff will need to be fully involved with the provider Support and Intervention process.

1.2.4 Provider care staff can play an important role in allaying anxieties of service users, families, carers and advocates.

1.3 Contracts with Providers

1.3.1 Under the 'Obligation of Termination' clause in existing contracts providers are required to supply SCC with all individuals' information in the event of a planned or emergency disruption to a service.

1.3.3 Under existing contracts SCCs strategic suppliers are required to have a business continuity plan in place and if they do not have one when signing the contract they must have one in place within 60 days of having signed the contract.

1.3.4 Under the 'Restructuring' clause in existing contracts providers have a responsibility to inform SCC if they are facing a cessation or disruption of service provision for a range of reasons.

1.4 Continuity of Care

1.4.1 The provision of continuity of care and support to service users throughout a Support and Intervention process must be of prime importance for all

organisations involved. The welfare and wishes of the people that use the service is paramount throughout the process.

- 1.4.2 SCC and other key stakeholders e.g. CCGs have a range of options they will consider to help prevent a provider from closing. These include: working collaboratively with the provider to improve quality of care; providing staff to ensure that a provider does not close with little warning. Business Continuity arrangements should be in place to mitigate this risk.
- 1.4.3 SCC has the power, where it considers this necessary to discharge the temporary duty, to request that the provider, or anyone involved in the provider's business as it thinks appropriate, supply it with information that it needs.
- 1.4.4 Where possible residents should not be separated from long term friends and or staff.
- 1.4.5 To appropriately manage the transition of an individual from one provider to another it is important to provide as much reassurance as possible. This could be in the form of visiting the new provider and staff.
- 1.4.6 Families, carers and advocates will require reassurance about the continuity of care .This will be the responsibility of the named SCC Social Worker or ASC locality member of staff for each individual.

1.5 Assessment and Choice

- 1.5.1 SCC has a duty to assess the needs of Surrey individuals irrespective of the arrangements for paying for their care, with an emphasis on strength based practice.
- 1.5.2 However, an authority may charge the person for the costs of meeting their needs, and it may also charge another local authority which was previously meeting those needs, if it temporarily meets the needs of a person who is not ordinarily resident in its area. The charge must cover only the actual cost incurred by the authority in meeting the needs.
- 1.5.3 A robust and documented defensible allocation process should be in place to manage the allocation of placements to new providers, particularly if more people are requesting a specific provider than number of places available.
- 1.5.4 In fulfilling this function, local authorities must follow the general duties to cooperate. Where a person is not ordinarily resident in SCC's area, SCC must cooperate with the local authority which was arranging for the needs to be met

previously (i.e. before the provider became unable to carry on because of business failure). The duty of cooperation applies equally where the needs being met previously were paid for (in full or in part) by another local authority through a direct payment to the person concerned.

1.5.5 The needs of groups with protected characteristics as defined in The Equality Act 2010 must be actively respected. These are age, disability, gender reassignment, pregnancy and maternity, race, sex, sexual orientation, marriage and civil partnerships.

1.5.6 As part of the assessment the person conducting the assessment must take into account the original reasons that a particular provider was selected. This will have more significance in the case of a residential home closure. Some of the wider aspects that must be considered when assessing a person's needs and assisting them to choose a new provider are:

- **Spiritual wellbeing** – e.g. does the person attend a specific place of worship in the local area and are similar places of worship available in other locations.
- **Community** – does the person have particular ties to that area, for instance because the ethnic group they belong to has a strong presence and an active community locally.
- **Family and friends** – was that particular provider selected originally due to the proximity of friends and family.
- **Continuity of healthcare** – take into consideration ongoing hospital treatment.

However, where an urgent need for alternative care arises, the capacity for the new care provider to safely and appropriately meet the needs of the individual will take priority.

1.5.7 After a transfer to a new provider, people's needs must be regularly reviewed to ensure that the new provider is meeting their needs and their wellbeing is maintained and any additional need as a consequence of the move.

1.5.8 The extent that family, friends or carers need to be involved in deciding the best outcome for the person should be agreed with the person wherever possible.

1.5.9 Obtain the residents or relevant advocates consent to transfer information and records to the new provider. (See 4.2.3)

1.6 Deprivation of Liberty Safeguards (DoLS) considerations *

1.6.1 The current home (Managing Authority for DoLS) and practitioner will need to give special consideration to any residents that are currently subject to a DoLS authorisation who need to be moved.

- 1.6.2 The supervisory body (Surrey County Council) will need to be advised of the move so the DoLS can be ceased. If SCC is moving someone to a home where SCC know that they will be deprived of their Liberty, then SCC must ensure that the new home put in an standard request for a DoLS authorisation prior to the move if possible.
- 1.6.3 The SCC DoLS team will try to prioritise this assessment accordingly, but the transfer should not wait for the assessment to take place.
- 1.6.4. If somebody without capacity to consent to the move is objecting you should seek timely legal advice in relation to facilitating a move. Under the Mental Capacity Act 2005, decisions and removal must be lawful and a formal Best Interests decision[s] will need to be made. It may also be that urgent applications to the Court of Protection may need to be made if the individual won't voluntarily move, to seek orders for restraint and removal. A Court order may be required to lawfully manage the transfer. Legal Services at Surrey County Council will provide advice and assistance.

* This section will be updated once the new Liberty Protection Safeguards come into force.

1.7 Communications – overarching principles

- 1.7.1 Good communication is the key to avoiding misunderstandings and establishing trust with people, family members, providers and the wider sector.

Communications with residents, families, carers and staff should take place from the outset and throughout. In closure situations, a communications strategy should be quickly developed and shared with partners. This will enable them to issue a single, clear, joined-up message. This messaging will need to be co-ordinated and may become public.

- 1.7.2 All communication related to the protocol use must be coordinated, planned and remain the responsibility of the relevant Surrey County Council locality senior management team. See Chapter 7 in the case of emergencies.
- 1.7.3 An email briefing regarding a home closure must be sent promptly to the Portfolio holder (Lead Member), Director for ASC, Area Director, Head of Adult Safeguarding, Senior Media and Public Affairs Officer, and Quality Assurance Lead Manager. The Area Director will arrange for the relevant local councillor(s) to be informed at the appropriate time. If the closure is due to serious failings that have, are or will need to be considered under safeguarding then the Chair of Surrey Safeguarding Adults Board should be added to the list at the discretion of the Area Director.
- 1.7.4 There may be resistance from individuals, families and care staff to actions taken

or planned by the Council in the context of provider failure. They may not feel that the care or building are deficient or be aware of the full extent of the risks or failings of the provider. It is important to be clear as to the reasons for actions taken or planned.

1.7.5 A balance needs to be struck between providing information that is essential at the time and not raising anxieties.

1.7.6 Communication must be done in a timely way to minimise the incidence of rumour and speculation.

1.7.7 Communication with existing staff is vital to ensure continuity of care. Existing staff will also be the main source of information for people and their families and it is important that they give out the right messages which do not raise peoples stress and anxieties.

1.7.8 Methods of communication and people's particular needs must be taken into account. Listed below are some of the needs that may need to be taken into account:

- Does the person have sensory impairments? Therefore is a signer or Braille required?
- Is the person's first language English? Is an interpreter required?
- Does the person have a learning disability? Are easy read versions of documents or alternative methods of communication or media required?
- Does the person have mental capacity to consenting to a change in accommodation, and do they not have any family members or friends who can be consulted with? If not an IMCA (Independent Mental Capacity Advocate) may be required.

This list is not exhaustive.

1.7.9 Home closure may attract negative press attention. All staff involved with a home/agency under this protocol must make themselves aware of the media protocols for their own agency. Staff should not speak to the press and always ensure that they:

- Check the identity of anyone requesting information.
- Use a "call back" or other identity confirming process before divulging information.
- Do not comment on social media.

1.8 Independent Advocacy

- 1.8.1 The Care Act 2014 requires that if someone has substantial difficulty in understanding the assessment, review and care planning process and they do not have carer support they should be offered the opportunity to receive services from an independent advocate. This is someone who is trained, independent of the Council and able to communicate with an individual to ensure that their voice is heard and that they have access to the services to which they are entitled. In order for this to happen they must be able to instruct the advocate as to the course of action they wish to take and to be able to express their views.
- 1.8.2 Advocacy is provided by independent organisation and is accessed via the Locality teams in Adult Social Care.

2: Monitoring the care and support market in Surrey

Surrey County Council will share information on the care market in Surrey with all key stakeholders. This will be done through day to day information sharing and regular local information sharing meetings, in line with the 'Joint Working Protocol between CQC and ADASS', 2019.

This chapter describes key processes and stakeholders involved in monitoring the care and support market in Surrey.

2.1. Surrey County Council Quality Assurance

- 2.1.1. The Surrey County Council Adult Social Care Quality Assurance (QA) Team consists of four Area Quality Assurance Managers and a Lead Manager. The QA Team work closely with locality teams and partners such as CCG and CHC colleagues and undertake monitoring visits to services. These visits focus on outcomes for people using the services but also support and offer guidance to services. Following a QA Manager's visit a QA report is produced and agreed with the provider. These reports are accessible to SCC staff and are shared with CCG colleagues and the Care Quality Commission (CQC).
- 2.1.2. The relevant Area QA Manager or their manager should be invited to all meetings held under the provider Support and Intervention protocol.
- 2.1.3. The CQC sends out a weekly spreadsheet of reports that it has published for the services that it regulates. If a service is rated as Inadequate or Requires Improvement, a copy of their action plan produced for CQC is requested by the QA Team. This action plan is reviewed by the relevant QA Manager, who then decides if further action or support is needed.

2.1.4. Surrey County Council runs Quality Assurance Awareness workshops for locality staff in adult social care. These aim to ensure all staff understand what good care looks like and are confident to identify poor practice observed in care settings and address issues in a constructive and supportive way. Workshops are bookable on Olive.

2.2 The Care Quality Commission (CQC):

- 2.2.1. The CQC register and regulate a range of health and social care providers across England. This includes residential and nursing homes, domiciliary care agencies, private and NHS hospitals, GP practices, dentists. The CQC also has duties to look after the rights of people who need extra support to stay safe and this includes people who are kept in care under the Mental Health Act.
- 2.2.2. The CQC rate regulated providers they inspect and publish inspection reports on their website. Providers are rated as either Outstanding, Good, Requires Improvement or Inadequate.
- 2.2.3 An officer of the CQC should be invited to all meetings held under the provider Support and Intervention protocol.

2.3 Clinical Commissioning Groups / Continuing Healthcare

- 2.3.1. The six clinical commissioning groups in Surrey (Surrey Downs CCG, Surrey Heath CCG, East Surrey CCG, North West Surrey CCG, Guildford and Waverley CCG, North East Hampshire and Farnham CCG) provide or commission a variety of clinical support to care homes, including from community nurse advisors, pharmacists and care home support teams.
- 2.3.2. Guildford and Waverley Clinical Commissioning Group hosts Safeguarding on behalf of the six CCGs in Surrey. A Designated Nurse for Safeguarding Adults works with care homes and home based care services and providers. They work with Surrey County Council in the context of safeguarding and arrangements as set out in this protocol.
- 2.3.3. Surrey Downs Clinical Commissioning Group hosts Continuing Healthcare on behalf of the six CCGs in Surrey. NHS Continuing Health Care have contracts with care homes to provide funded nursing care and continuing health care and are have a joint framework agreement with Surrey County Council for home based care provision. These arrangements are subject to contract monitoring, overseen by a CHC Contracts Manager and officers. They work with Surrey County Council in the context of safeguarding and arrangements as set out in this protocol.

2.4 SCC Procurement – Commercial Insight Reports

- 2.4.1 The Procurement Department may report on any commercially impacting changes within (a) the overall care market, and/or (b) individual key Surrey providers. These will generally be instigated on an ad hoc basis through publication of annual accounts, changes in credit ratings or directorships, or published news/articles. Concerns raised by complementary bodies or in the national/local press may also give rise to particular reports, as well as potential/actual mergers and acquisitions or significant changes in ownership.
- 2.4.2. In addition commissioners may request production of a confidential Supplier Insight Report; these reports include an overview (both nationally and within Surrey) of the provider and their ownership structure, directors and staff, their financial status, CQC ratings, news/publications, and any other relevant information. These will typically be used in annual supplier review meetings, which form part of the overall Contract Management/Supplier Relationship Management activity with these providers. They may also be requested on an ad hoc basis in the event of any notable occurrence or potential question over market or provider sustainability.

2.5. Surrey Fire and Rescue Service (SFRS)

- 2.5.1. SFRS carry out periodic visits to care homes in Surrey to evaluate fire safety. They will liaise with SCC ASC, Continuing Health Care and CQC regarding any fire safety non-compliance by a registered service that pose a serious risk to people using a service.

2.6 Healthwatch

- 2.6.1. Healthwatch Surrey is an independent organisation that gives the people of Surrey a voice to improve and shape services and help them get the best out of health and social care services. Its mission is to improve health and social care services and outcomes for people in Surrey. They do this by being an independent consumer champion ensuring that the voices of people in Surrey reach the ears of the decision makers.
- 2.6.2. Healthwatch Surrey enables people to share views and concerns about local health and social care services, provide evidence-based feedback to commissioners and providers to influence, inform and, if necessary, challenge decisions and plans and provides or signposts people to, information about local services and how to access them. They have the power to enter and view health and social care services across Surrey as well as produce reports and recommendations to influence the way services are designed and delivered.
- 2.6.3 They can report concerns about the quality of health and social care to Healthwatch England, which can then recommend that the Care Quality Commission take action.

2.6.4. Healthwatch Surrey can be contacted by telephone on 0303 303 0023, Text: 07592 787533 and email: enquiries@healthwatchesurrey.co.uk

2.7 Association of Directors of Social Services (ADASS) South East: Memorandum of Co-operation for sharing information and support to strengthen market oversight

2.7.1. A Memorandum of Co-operation has been agreed in the South East ADASS region. The aim of the MoC is to ensure local authorities share information and support each other to strengthen care market oversight in the region in the event of provider failure and service disruption concerns and to:

- Safeguard people using the services affected.
- Retain the workforce in the care sector.
- Minimise the reputational impact for all concerned.
- Minimise the financial impact for all concerned.
- Help move towards and restore a 'Business as Usual' situation as soon as possible.

2.7.2. The MoC includes criteria for when councils should share information about possible provider failure. The escalation of reporting to share information between councils should only be by exception and triggered by a provider meeting at least one of the following criteria:

Criteria	Further explanation
In Administration/For Sale	Criteria to be met when another council has placements with the service or the parent company covers more than one council
Financial Difficulty	Concerns about on-going business viability. This could include non-payment of staff wages, rent not paid to landlords
CQC – Notice of Proposal	Any Notice of Proposal to close where service users from another council also receive the service and are affected by the Proposal (care home company, domiciliary service or Learning Disability service covering two councils or more)
CQC - Warning Notice	Where a service is given an Inadequate rating and service users from another council also receive the service at that location
Contract Closedown	Any situation where a council exits/terminates a contract due to performance issues and service users from another council are affected by this decision. In such situations councils should ensure early and confidential contact with one another

Major Incident	Where the home council's business continuity processes declare a Major Incident, the scope of which involves a service location where service users from another council are affected by the declaration/response, for example, severe weather conditions, flooding, protracted utility outage, industrial incident etc.
Other concerns the council has that maybe of a serious nature	This provision recognises that there may be situations where a council's assessment is of escalating risk rather than an immediate/actual concern, but performance indicators are suggesting further escalation to trigger levels if a response is not forthcoming. This could include a major increase in safeguarding concerns or alerts, an increase in complaints, a request by the supplier to cease referrals due to staff changes/shortages or some other event.

2.7.3. In all situations early contact by telephone between key contacts at affected councils should take place.

2.7.4. Only share information when a provider operates in other areas in the region and closure may affect neighbouring councils.

2.7.5. A discussion with the DASS chair of the Commissioning and Market Development Network must take place before the Notification Proforma is used.

2.7.6. Participating councils:

1. Bracknell Forest Council
2. Brighton and Hove City Council
3. Buckinghamshire County Council
4. East Sussex County Council
5. Hampshire County Council
6. Isle of Wight Council
7. Kent County Council
8. Medway Council
9. Oxfordshire County Council
10. Portsmouth City Council
11. Reading Council
12. Southampton City Council
13. Surrey County Council
14. Slough Council
15. West Berkshire Council
16. West Sussex County Council
17. The Royal Borough of Windsor and Maidenhead
18. Wokingham Borough Council

2.7.7. Each council has agreed to provide a single point of contact for sharing information and intelligence in line with the criteria, as well as for discussing and

agreeing solutions when issues occur. In Surrey County Council ASC this is the Quality Assurance Lead.

3 Provider Support and Intervention process

3.1 Care Quality Commission: enforcement powers

3.1.1. Where the CQC consider that a service provider has breached regulations, they have a range of enforcement options, including:

- Issuing Warning Notices.
- Using Special Measures.
- Cancelling registration.
- Imposing a restrictive or non-restrictive condition on their registration (such as not allowing new admissions without their approval).
- Suspend the provider's registration.
- Take criminal action including a fixed penalty notice, simple caution or prosecution for certain breaches of regulations.

3.1.2. Warning Notices may be issued where the quality of the care at a location falls below what is legally required. It will outline the relevant regulation, section of the relevant Act or condition that the registered person is not complying with. It will also detail how the registered person did not comply with the requirements. It will include a time scale by when improvements must be achieved. Warning Notices will be followed up, including by way of an unannounced inspection within three months of the date set in the Notice.

3.1.3. Special measures will usually be triggered by ratings of inadequate care as opposed to individual breaches of Regulations. Special measures allow the CQC to manage providers who are failing to comply with their legal requirements and require a higher than usual level of regulatory supervision.

3.1.4. To cancel a registration, the CQC must issue a Notice of Proposal (N.O.P.) setting out the legal requirements which they consider the provider to have breached together with their reasons for arriving at this view.

3.1.5. A provider has the right to make representations within 28 days which the CQC is required to consider before making a decision as to whether or not to uphold the terms of the original Notice or to accept the representations, either wholly or in part. If the original Notice is upheld then a Notice of Decision is issued (NoD). The provider then has a further 28 days to submit an appeal to the First Tier Tribunal (Care Standards).

3.1.6. CQC may alternatively vary, suspend or remove conditions of registration.

3.1.7. If CQC consider it necessary to act quickly to protect people using a registered service, then they can use urgent procedures contained in the Health and Social Care Act 2008. If the provider has more than one location, then urgent action can be taken under section 31 of the 2008 Act by way of serving urgent notices that take immediate effect. It is important to note that CQC may only use urgent procedures to remove the registration of a location where they believe that:

- Unless there is an urgent use or amendment of conditions, or urgent suspension of registration, a person will or may be exposed to harm.
- Unless they apply to a Justice of the Peace for the urgent cancellation of registration, a person will be exposed to serious risk to their life, health or wellbeing.

3.2 SCC ASC response to quality concerns including Inadequate CQC ratings, CQC warning notices or advice from the CQC.

3.2.1 Surrey County Council will not make new placements with any care service that is rated as Inadequate.

3.2.2. It is not possible or helpful to make a universal statement about the procedure for managing homes/providers who may have been rated as inadequate. Each case should be considered according to the concerns that have been identified.

3.2.3. The response should be proportionate to the assessed level of existing and ongoing risk, to people using the relevant service and wider stakeholders in the system such as commissioners.

3.2.4. In some instances the decision maker may consider that the provider has been able to evidence a robust and timely response to concerns raised, sufficient to avoid the need for a coordinated multi-agency response. This may for example be evidenced by the timely production of a detailed and SMART CQC action plan and proactive cooperation by the provider, alongside existing involvement by the Quality Assurance team and or locality team reviews.

3.2.5. Where a coordinated multi-agency response is deemed to be required, the Provider Support and Intervention process set out below should be used. Triggers may include, but are not limited to:

- CQC issuing a rating of 'Inadequate' with enforcement actions.
- Multiple adult safeguarding issues at the same care setting.
- Business failure.

3.3. Charing and calling Provider Support Meetings

3.3.1. The Senior Manager or Area Director for the locality where the service is registered, will request a provider support meeting. And where appropriate, escalate the matter to the relevant Area Director for them to consider chairing the meeting. If the service is a nursing home, the Surrey Wide CCG Designated Nurse for Safeguarding Adults must always be invited the meeting. The meeting should include:

- Adult Social Care senior manager and or team manager.
- Surrey Wide CCG Designated Nurse for Safeguarding Adults
- Representative of the ASC Quality Assurance team.
- The Care Quality Commission lead inspector for the service.
- The home or provider owner or senior manager of the organisation that owns the home/provider.
- The Registered Manager of the home/provider unless this is not appropriate.
- Senior Commissioning Manager from the Locality team for that area.
- For learning disability services, a senior or team manager from the Learning Disability and Autism Team.
- Adult Social Care locality team manager.
- A representative from the Commissioning Support Service if a strategic or large provider.
- Safeguarding Adults Advisor, if the issues relate to adult safeguarding matters.
- A representative from the local CCG quality and safeguarding team.
- A representative from Continuing Health Care – for nursing homes and home based care.
- Any other staff/agencies who are deemed to have an interest and/or be able to contribute to the meeting, e.g. Surrey County Council Legal Services, Surrey Fire and Rescue Service, Public Health.

3.3.2. The purpose of the meeting will be to consider the issues of concern, how these may impact on residents and:

- Assess risk level and quality of life for current residents and what action needs to be taken to ensure their safety.
- Assess risk level for prospective placements and consider suspending placements. (See 3.5)
- Consider how a suspension / voluntary embargo and would be applied. (See 3.5)
- Offer support and advice to the provider and ensure their service improvement plan is robust.

- Consider who else needs to be aware that the meeting has taken place, e.g. other local authorities supporting individuals in the service etc.
- Agree monitoring and review arrangements until next CQC inspection.
- Ensure that the home has complied with its duty to display its rating and advice that they inform relatives about the rating and the actions being taken to comply with the CQC requirements.

3.4. The relationship between adult safeguarding concerns and enquiries and the Provider Support process

Some adult safeguarding concerns and enquiries will relate to abuse or neglect where a service provider is the source of risk. Situations may include:

- Where one or more adult safeguarding enquiries have established evidence that one or more people have experienced or were at risk of abuse or neglect, and there are current risks of further incidents. This might be where staff members employed by the service were the source of risk, or there is the risk of organisational abuse.
- Enquiries into adult safeguarding concerns regarding a service provider are still underway but there are potential risks that require coordination or oversight to ensure they are managed effectively.
- There is more than one adult safeguarding enquiry underway in relation to the same service provider, and some coordination of those enquiries will help ensure the efficiency and effectiveness of the work being done.

Some situations might span two or all three of these areas. The best response to each situation will need to be found case-by-case, as no two situations are alike, but the aim here is to set out some general principles to aid that decision making.

Any work done to find efficient ways to align related processes, or to manage the totality of risks, must not compromise the effective response to the circumstances of each individual. In particular:

- We must be clear if and when s42 Care Act duties apply to an individual.
- We must ensure our usual good practice applies to any adult safeguarding enquiries, in that we are clear about what the concern is and we take account of the outcomes the person wants when planning the work.
- We approach the work in an open-minded and fair way, and we make rational, defensible and proportionate decisions based on the evidence.

3.4.1 Where adult safeguarding enquiries have established people have experienced, or been at risk, of abuse or neglect and the provider is the source of risk

In these circumstances, the Provider Support process may be of use. In addition to what is set out above, attention may also need to be given to those outcomes of an adult safeguarding enquiry, set out in paragraph 14.94 of the Care and Support statutory guidance, that may be of particular relevance at this stage.

- Protecting adults using the service who may be at risk from the abuse and neglect. There may be some common risks they face, which may benefit from a response that balances meeting those common risks with doing so in accordance with the wishes of the individual adults.
- Identifying any needs for redress and how they might be met.
- Supporting adults with care and support needs to achieve resolution and recovery.
- Making decisions as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect.

Actions that can help support this can include:

- Safeguarding Adults Enquiry Decision Maker (SAD) / Safeguarding Adults Enquiry Manager (SAM) and Lead Enquiry Officers (LEOs) for each relevant adult safeguarding enquiry ensuring:
 - Those enquiries set out clearly what the concern is, and that the enquiry sees through the task of addressing that concern.
 - In doing so, that root causes have been identified.
 - That where it is inappropriate or unsafe for the service provider to carry out the adult safeguarding enquiry, as per paragraphs 14.169 and 14.170 of the Care and Support statutory guidance, that the SAD/SAM has ensured that someone appropriate has done this. Where necessary, this may be done by the local authority, as per paragraph 14.168 of the Care and Support statutory guidance.
- Aligning the Provider Support process and the adult safeguarding enquiry or enquiries by:
 - The Senior Manager or who chairs the Provider Support also been the SAD/SAM for the adult safeguarding enquiry or enquiries; or
 - The Senior Manager who chairs the Provider Support ensuring the involvement of the SAD/SAM and / or LEOs for the adult safeguarding enquiry or enquiries in that process.

3.4.2 Where adult safeguarding concerns indicate risks requiring management before the adult safeguarding enquiry has been concluded

Decision making about actions planned before an adult safeguarding enquiry has been completed will need to be done. Actions taken need to be proportionate, legal, accountable, necessary and ethical in the circumstances.

Again, using the Provider Support process may be of value. If that is done, additional issues for consideration are

- Ensuring all parties have timely information about what the concerns are and what the process will be for decision making about how to respond to those concerns.
- Being clear on what the risks are, including estimating the likelihood and impact of the risk coming to pass, and what the options for mitigation are.
- Planning how the views of the adult or their representative will inform the decision making.
- Planning how the views of the service provider will inform the decision making.
- Planning how the adult safeguarding enquiry or enquiries and the process under section 3.3 will be aligned. This may be aided by the SAD/SAM for the adult safeguarding enquiry or enquiries also being the person chairing the Provider Support.
- Where these are not the same person, close working between those people will be of benefit, particularly around:
 - Being clear on the identification and assessment of the risks.
 - A shared understanding of the options for how those risks may be mitigated and how the decision making about which options will be taken, and clarity on who makes what decision.
 - Contingency planning, including what would be the indicators of risks increasing or decreasing that would require decisions to be revisited.

3.4.3 Where there is more than one adult safeguarding enquiry underway in relation to the same service provider

In these circumstances, the aims are:

- Ensuring each individual enquiry is completed and is effective in meeting its aims.
- Maximising the use of opportunities for bringing work together, and using other existing processes as a vehicle for undertaking the enquiry, in so far as that is not incompatible with the first aim.

Ways to achieve this might include:

- Having the same person(s) in the SAD/SAM roles for each of the related

- enquiries; or
- For the SAD/SAMs to coordinate, with the service provider or relevant others, how the activity to carry out the enquiries can be brought together to best meet the aims above.

3.5 Decision making regarding suspending placements by commissioners

3.5.1. Careful consideration should be given in relation to decisions to suspend placements or place embargos or manage the flow of new referrals to the service. Decisions will normally take place in the context of a Provider Support meeting. The decision to place a suspension on commissioning placements or managing a flow of new referrals must be lawful, proportionate and reasonable. Surrey County Council, as a public body, must act lawfully and take into account the registered providers rights as well as its duties to service users and safeguarding under the Care Act 2014. This includes Article 8 Rights to property/business. An insufficiently evidenced decision could potentially lead to a claim for losses caused to the business. **If you are unsure on these issues, please seek timely advice from Surrey County Council Legal Services.**

3.5.2. There are a range of options that considered when making the decision. These include:

- No new referrals to service / admissions at all to any area of the service or Care Home: a suspension.
- No new referrals / admissions to a specific unit or geographical patch of the care home or service.
- To manage the flow of new referrals and admissions to the service.

3.5.3. The factors to consider include:

- How decisions get reviewed - in terms of the length and duration of any suspensions/embargos and the evidential basis upon which the decision is based.
- The need to give clear information to the registered provider about what actions they need to take before Surrey County Council can review its decision in relation to the suspension, with a view to whether Surrey County Council will lift it. This should be set out in a clear, time bund action plan.
- Checks and balances for ensuring lawful, proportionate and reasonable decision making.
- When would and would not a suspension apply to all sites managed by the provider, even if not all sites have had the particular issue.
- What, if anything, will be put in to the public domain?

4: Guidance for overseeing the closure of a residential or nursing home

- Please refer to '**Managing Care Home Closures – Management Checklist**' (ADASS, DoH, LGA, CPA, CQC, NHSE 2016) – Appendix 16 in the suite of appendices supporting this protocol.
- Chapters 5 and 7 may also be relevant.

4.0.1 A detailed options appraisal will need to be conducted on the residential or nursing home that is being considered for closure or re-provision. This would apply to any care service directly provided by Surrey County Council

4.0.2. People and place appraisal: the following are some of the factors that should be taken into account when considering closing a residential or nursing home:

People:

- Residents' needs – new assessments of residents must be undertaken to understand their current needs. This should include if a person has a protected characteristic.
- Choice, dignity, compassion and respect - people using services should have their choices supported, and they should be placed at the centre of the process and kept safe throughout. They, their families, carers and representatives, should be treated with dignity and compassion at all times and have their rights respected.
- The safety and the best interests of residents should be at the forefront of all decisions taken and where possible residents should be supported to choose where they move to.
- Data about people should be handled in line with Caldicott principles.

Place:

- Accessibility – transport, town centre.
- Position – local environment, proximity to hospitals.
- Links to community – spiritual, faith and ethnic groups, voluntary organisations, community matrons, GP.
- Workforce availability – other employers, vacancy rate.

4.0.3 Health colleagues must be involved throughout the process where there are health care funding resident and or residents have health needs that need to be considered and met.

4.1 Communication Prior to a Planned Closure

- 4.1.1 Closing services can feel like bereavement for staff, families, individuals and carers.
- 4.1.2 Consultation on the proposed closure and potential options is crucial to ensuring a successful closure with good outcomes for service users.
- 4.1.3 Once closure has been proposed a detailed consultation plan will be developed.
- 4.1.4 All individuals will be reassessed to ensure that their levels of needs have not changed.
- 4.1.5 Depending on the circumstances of the closure the consultation there will be three potential stages to the consultation process:



4.2 Process Once Closure Has Been Confirmed

4.2.1 Roles and Responsibilities

- In the event where a home is due to close the SCC ASC Area Director will nominate a lead SCC ASC Senior Manager to oversee and coordinate the closure process with the proprietor and responsible manager.
- The SCC ASC Area Director will ensure that there is sufficient resource both in terms of staff and finance available to safely and appropriately support individuals and to coordinate the response.
- Adult Social Care and health will coordinative activity to ensure the welfare and wellbeing needs of all residents are met.

Adult Social Care

- Obtain comprehensive details of residents
- Liaise with family and carers of individuals
- Reassess and review the needs of all individuals
- Obtain medication records
- Work with individuals to identify suitable alternative provider/s
- Assess transport needs for service users and provide transport in liaison with other partners e.g. the Ambulance Service
- Update LAS with new provider information
- Notify Procurement and Finance of new provider
- Reach agreement with home owner regarding the sharing of existing records

Commissioning & Procurement

- A lead commissioner will be identified to liaise with relevant stakeholders
- Lead on sourcing new providers
- Lead on putting in place new contracts with providers where appropriate
- Work with finance to put new providers on the system

4.2.2 Action on Notification of Closure

- The provider will be responsible for ensuring SCC receives a full and comprehensive list of all individuals receiving care, including self-funders, containing key information about each individual. If the provider refuses to cooperate and provide individuals' information, then Surrey County Council must inform the CQC that the provider is not cooperating.
- The provider should ensure that each resident has a list of their property in preparation for the move to another provider. Where appropriate, family or carers should also have a copy of the property list.
- Arrange for assessments to be conducted of all individuals. As part of the assessment process individual's carers/ families or representatives (a solicitor may be appointed to manage affairs in the absence of family members) should be contacted and involved if appropriate.

4.2.3 Identifying Alternative Provision

- Consent from each resident for the transfer of key information required for the safe and appropriate delivery of their care should be obtained and recorded. If consent is **not** given:

- If the resident does not have the capacity for this decision, a best interest decision should take place.
- If the resident does have capacity and refuses for the transfer of information, this should be respected. Although it would be appropriate to give reasons why provision of information to the new provider can be helpful in ensuring a smooth transition.
- In consultation with the individual, health and welfare deputy or attorney, relatives, friends and carers and any professionals involved, the preferred choice of alternative provision that can appropriately meet an individual's needs should be identified and supported wherever possible.
- Alternative provision will be affected by the availability of alternative capacity in the local market at a cost that is affordable to Surrey County Council and partners. In some circumstances there may be unavoidable restrictions.
- SCC Procurement and Adult Social Care will establish if there is a vacancy at the preferred provider.

4.2.4 Arrangements for Transfer

- The date and time that the transfer will be made will be agreed between the new home, the resident, family, friends, carers and the closing home. These arrangements should be confirmed in writing to the individual, relatives, friends, carers and to staff.
- In planning transfers consideration must be given to the needs of individuals and physical layout of the building e.g. multi-storey buildings and residents who are nursed in bed or have restricted mobility. Impact with regard to parking and traffic flow should be appraised.
- Once the arrangements for the move have been confirmed the SCC ASC practitioner who conducted the assessment in liaison with the home, should make a list of the individuals' needs pertaining to the move, for example if they need to change their GP, transport arrangements for the individual, pharmacy and medication arrangements, equipment, aids, arrangements for dealing with the persons finances, arrangements for packing and moving personal possessions, arrangements for leaving the home (e.g. opportunity to say goodbye) and greeting at the new home (by someone familiar).

4.2.5 Transfer and Follow Up

- On the day of the transfer communication should be maintained between the Surrey County Council care practitioner, the closing home and the new home, to co-ordinate and confirm departures/ arrivals and handover of property.

- Following a transfer, a formal review should be held within one month of the transfer, or earlier, involving the SCC care practitioner and resident to identify if the care plan is meeting existing or new needs.

5: Enforced Closure of a Residential Home

The closure may require an emergency response. If so, please also refer to Chapter 7: Emergency Closure of a Care Home provider.

Surrey County Council do not have the legal powers to enforce a closure of a care home. The CQC may however use powers as set out in section 3.1 to close a care home or home care service that they regulate.

9

5.1 Interface with the Care Quality Commission

- Where CQC have urgent concerns in relation to a registered care service located in Surrey a referral must be made to the relevant SCC Area Director who will arrange for a Provider Support meeting (see section 3.2).
- The Head of Adult Safeguarding and SCC Legal Services must also be informed.
- Within the Provider Support process, all relevant information, published and non-published will be shared by CQC with the Local Authority to enable an initial risk assessment, investigation and management plan to be agreed.
- Under these circumstances a Senior CQC representative and SCC ASC Area Director or delegated senior manager must attend the Provider Support meeting.
- Details of the relevant CQC Legal Officer must be shared with the Chair of the Provider Support Meeting.
- CQC aims to co-ordinate any regulatory action with partner agencies, but will give primary consideration to their own statutory responsibilities under the Health and Social Care Act 2008. This does not supersede however the Local Authority's own duty to consider and make any immediate decision regarding the welfare, safety and health of any individual involved, based on the information presented.
- Where CQC state their intention to proceed to take enforcement action that will lead to the service ceasing to operate on a permanent or temporary basis a Contingency Plan, (see appendix 4) on behalf of SCC, will be drawn up by the relevant SCC ASC Senior Manager and maybe presented by CQC to the magistrate as appropriate.
- The Contingency Plan, (see appendix 4) will consist of the proposed plan following the cessation of the service should the proprietor agree to a managed

transfer and an alternative plan should the proprietor refuse to agree to a managed transfer.

- The outcome of the enforcement action by CQC will be relayed to SCCs relevant ASC senior manager; Head of Safeguarding and the Quality Assurance Lead by the CQC Lead Inspector/ CQC Legal Officer.

5.2 Adult Social Care Managed Transfer of Responsibility

There are 2 distinct scenarios where Surrey County Council may take temporarily take over the running of a care home through a Managed Transfer of Responsibility.

Scenario 1: Business Failure

Section 48 of the Care Act 2014 places a duty on local authorities in England to ensure that adults' needs for care and support (or needs for support in the case of an adult who is a carer) continue to be met when there is a business failure of a provider of care and support who is registered with the Care Quality Commission and the provider becomes unable to carry on the regulated care activity in question as a result.

Subsection 48(2) Care Act 2014 requires that the local authority in whose area the failed care provider was meeting needs by carrying on the regulated activity must meet the needs which the provider was meeting immediately before becoming unable to carry on that activity for so long as the authority considers necessary

The Temporary Duty to Meet Needs – Section 48 HSCA 2008

The duty to temporarily meet needs only applies when the business has failed and is not able to continue providing the service. It does not apply when there is an alternative arrangement in place to continue the provision of services (e.g. where the business is taken over by an administrator).

This duty applies from the time that the Local Authority becomes aware that the provider's business has failed. A full list of all the reasons that a regulated business can be deemed to be subject to business failure can be found in The Care and Support (Business Failure) Regulations 2015.

This temporary duty to meet needs applies regardless of whether:

- a. The person or carer is ordinarily resident in its area (or even the same country of the UK);
- b. The person or carer is known to the Local Authority;
- c. The provider is known to or has a contractual arrangement with the Local Authority;
- d. The person makes their own Care and Support arrangements (either through a Direct Payment or is self-funding);
- e. The services were arranged by a different Local Authority;
- f. The Local Authority has carried out a needs or carers assessment;
- g. The Local Authority has carried out a financial assessment; or

- h. The needs apparent are eligible under the National Eligibility Criteria.

The duty to meet needs temporarily in the case of business failure does not apply when the person was receiving Care and Support services through NHS Continuing Healthcare funding where the NHS would be responsible for ensuring the person's needs continue to be met.

Carrying out the Duty

The Care Act permits the Local Authority to decide how best to meet the needs of a person or carer under its section 48 duty. The only stipulations are that;

- a. The needs the Local Authority arranges to meet must be those that were being met immediately prior to the provider failure;
- b. The person or carer is involved in decisions about how to meet needs;
- c. Anyone else deemed relevant is involved in decisions about how to meet needs (for example a health professional where there are complex health needs or an advocate); and
- d. Disruption to the person or carer must be minimised.

When meeting needs temporarily under section 48 the Local Authority is not required to complete a needs, carers or financial assessment but it is required to make a determination on ordinary residence. If the person or carer is not found to be ordinary resident in the Local Authority area:

- a. The Local Authority discharging the temporary duty must inform the Authority in the area in which the person is ordinarily resident;
- b. The 2 local authorities must co-operate with each other in respect of information sharing to determine the best way to meet needs (although the final decision about how to meet needs rests with the Local Authority discharging the duty);
- c. The Local Authority discharging the temporary duty may seek reimbursement for costs from the Authority in the area in which the person is ordinarily resident. Guidance on the determination of ordinary residence and process to manage disputes about ordinary residence can be found in the Ordinary Residence section of this guidance.

In order to discharge the duty the Local Authority has the power to request information from the provider whose business has failed and this should be provided.

Charging for services

The Local Authority is permitted to make a charge for the services it provides to meet needs under section 48. However, the charge must only cover the actual cost to the Local Authority in meeting needs and charges must not be made for non-chargeable services, such as the provision of information and advice.

Scenario 2: Cancellation of Registration

This would take place way of Section 30 [cancellation of registration] or Section 31 removal of location by CQC under the HSCA 2008.

We would expect to work with the provider, residents, relatives and colleagues to ensure suitable alternative accommodation is found for all individuals, using the processes set out in 5.7.

If it is not possible to secure alternative accommodation for residents in a timely way in the event of a cancellation of registration, a managed transfer of responsibility may be required. The relevant powers for this are set out in The Local Government Act 2000 S.2 – Promotion of Wellbeing.

5.2.1 Where a Provider Support meeting is convened in the context of a proposed ASC managed transfer of responsibility, the following people should be invited

- ASC Area Director
- ASC Area Director for Service Delivery
- ASC Senior Manager for Service Delivery (for Older People or Learning Disabilities.)
- ASC Senior Manager
- ASC Area Safeguarding Adults Advisor
- ASC Quality Assurance Lead
- ASC Area Quality Assurance Manager
- Detective Inspector/Senior Police Officer (where appropriate)
- Representatives from the appropriate funding authorities where appropriate
- Representative from Surrey Legal Services
- Designated Safeguarding Lead for the respective CCGs
- Lead Inspector for CQC
- Surrey Procurement Manager
- Other Senior Managers (as appropriate)
- Trained note taker
- Emergency Management Duty Officer/Manager

5.2.2 When CQC make a decision that the test under Section 30 of the HSCA 2008 is met [i.e. to make an urgent application to the Magistrates Court], seeking to cancel the registered providers location or if the provider has multiple locations and CQC seek to urgently remove one of the locations under Section 31 of the HSCA 2008, by issuing an Urgent Notice of Decision, that takes immediate effect [or other urgent enforcement action is taken] resulting in services ceasing, the Chair of the Provider Support Meeting must inform the relevant ASC Director.

5.2.3 The relevant ASC Area Director must ensure that the following are informed:

- Director of ASC who will advise the appropriate SCC Elected Member (this includes the portfolio holder for Adult Social Care, the Associate Cabinet Member for safeguarding and the local Member).
- The chair of the Surrey Safeguarding Adults Board.

5.2.4 In preparation for and to support the action of CQC, the relevant Senior Manager of the Local Authority must complete the Contingency Plan (appendix 4) together with the Action Plan for Court (appendix 5).

5.2.5 An agreement must be made by the ASC Area Director for the provision of a funding stream to be made available during the managed period.

5.2.6 The funding stream will be used to provide funding for food, utilities and services, staffing costs and to provide Petty Cash during the managed period.

5.2.7. SCC will endeavour to recoup from the proprietor, any monies spent.

5.2.8. Fees to the proprietor during the managed period must **not** be paid by SCC.

5.2.9. The SCC ASC Senior Manager must send a draft copy of the contingency plan (appendix 4) and Action Plan for Court (appendix 5) to the SCCs Legal Services representative and to the ASC Area Director for agreement **prior** to being sent to the CQC

5.2.10. Following advice from Legal Services and approval from the ASC Area Directors in relation to the Contingency Plan and Action Plan for Court, both documents must then be sent to the Lead Inspector, CQC, prior to the Court hearing where that is the enforcement route that is being taken.

5.2.11. The final agreed copy of both the Contingency Plan and Action Plan for Court should also be sent to the CQC Legal Officer and the relevant Area Director.

5.2.12. The outcome of the Court application in relation to the cancellation, of the registration, will be relayed to the relevant SCC Senior Manager by the CQC Lead Inspector/CQC Legal Officer. They will then immediately inform the ASC Director, Area Director, Senior Manager, Quality Assurance, Procurement, the CCG, the Safeguarding Adults Senior Manager of this decision, the SAB independent Chair, Member with ASC portfolio, Associated Cabinet Member with safeguarding responsibilities and Local, and District Councillor

5.2.13. It is the responsibility of the ASC Senior Manager to ensure that other funding authorities, that have an interest, are immediately informed of the decision made by the Magistrates Court.

5.3 Following Permanent or Temporary Cessation of the Service by CQC

5.3.1 Upon the cancellation of registration or other relevant enforcement action the appropriate ASC Senior Manager and ASC Quality Assurance Manager must meet with the proprietor of the home immediately to discuss the 'managed

period’.

- 5.3.2 The ASC Senior Manager and ASC Quality Assurance Manager must complete the Home Closure Agreement (appendix 6) using this as the basis of the discussions with the Proprietor in relation to the managed period.
- 5.3.3 Where the Proprietor is in agreement for SCC to take over the management of the Home, the Home Closure Agreement must be completed and signed by the proprietor and the ASC Senior Manager and the ASC Quality Assurance Manager as the SCC’s representative.
- 5.3.4 Without such an agreement between SCC and the proprietor, SCC is unable to embark on the management of the home and instead will inform CQC that no agreement has been made with the proprietor. SCC will at this time refer to the Emergency Contingency Plan set out in appendix 4.

5.4. Managed Period – Following Agreement by the Proprietor

- 5.4.1 The ASC Senior Manager must identify a registered ‘Responsible Manager’ to manage the home during the ‘managed period’ in discussion with Area Director for Service Delivery.
- 5.4.2 The SCC Senior Manager must discuss with the proprietor whether the financial obligations that have to be met might affect the managed period. Where there are concerns in relation to information shared by the Proprietor the SCC ASC Senior Manager must share those concerns with the CQC.
- 5.4.3 In addition to the ASC Responsible Manager, ASC Senior Manager must also identify a transfer co-ordinator to be responsible for the co-ordination and liaison in relation to all transfers of all residents from the home, including those funded by other Local Authorities and residents who are self-funding.
- 5.4.4 Out of hours/on call ASC Senior Management cover must be identified by the ASC Responsible Manager and ASC Senior Manager.
- 5.4.5 SCC ASC Senior Manager and SCC ASC Quality Assurance Lead and the Responsible Manager must complete and agree the Post Court Action Plan (appendix 7).
- 5.4.6 Following the completion of the Post Court Action plan the Responsible Manager must then immediately undertake an inventory with the proprietor of the home in relation to the home’s contents and service user’s personal effects. This must be recorded.
- 5.4.7 The Responsible Manager must immediately assess and undertake risk assessments in relation to:
 - Maintaining the existing service
 - Staffing needs/risk
 - Individuals needs/risk
- 5.4.8 The nominated SCC ASC Manager with the responsibility for the management

of the running of the Home within the managed period must begin an Activity Log (Appendix 8) and a Finance Log (appendix 10).

- 5.4.9 It must be noted that following the cancellation of the registration or other relevant enforcement action it is illegal for the proprietor to undertake any financial management in relation to the home e.g. receive fees, purchase food, pay for repairs to equipment, supplies, staff costs etc. All financial activity must be undertaken by the SCC and recorded on the Finance Log.
- 5.4.10 The Activity Log will relate to the day to day running of the home in relation to individuals (cross referring to care notes where appropriate).
- 5.4.11 The Finance Log will relate to daily expenses incurred and other general financial transactions undertaken. All financial transactions in relation to the Home must be recorded on the financial log together with receipts where appropriate.
- 5.4.12 a specific SAP cost centre must be set up to record all transactions.
- 5.4.13 All financial transactions in relation to individuals must be recorded on the financial log and in addition on any records held by the Home in relation to service user finances.
- 5.4.14 The SCC ASC Responsible Manager must complete and maintain the Post Court Action Plan (Appendix 7) in relation to the identification of new placements.

5.5 Maintaining Existing Services

- 5.5.1 Current Risk assessments that exist within the Home in relation to the Environment of the Home must be discussed with CQC by the Responsible Manager at the start of the managed period and any additional assessments then undertaken, as agreed within this discussion. Following any additional assessment any issues/newly identified risks must be shared immediately with the CQC, SCC ASC Senior Manager and CCG where appropriate.
- 5.5.2 A risk assessment in relation to each service user in the home must be completed and any issues/risks identified shared immediately with the CQC, SCC ASC Senior Manager, CCG where appropriate, and any other relevant funding authority.
- 5.5.3 The handover by the proprietor of all relevant information in relation to the home and to residents must be undertaken as identified within the home closure protocol agreement (appendix 6). The proprietor must also ensure that a copy of the insurance cover and contact details for brokers/agents is made available to the SCC ASC Responsible Manager.
- 5.5.4 Communication with individuals, relatives and other Local Authorities must be made in relation to the need for reassessment and resettlement of service users.
- 5.5.5 Communication must be made with all relevant health professionals e.g. District Nurse (D/N) Community Psychiatric Nurse (CPN), General Practitioner (GP) and where appropriate an assessment must be undertaken in relation to

individuals health needs.

- 5.5.6 The Responsible Manager must ensure that home related information is made available to include staff records/rotas; suppliers of goods and services; insurance details; planned facilities maintenance during the managed period.
- 5.5.7 The Responsible Manager must ensure that resident related information is made available for all residents to include care plans; risk assessments, medication; health records; next of kin details, inventory information.

5.6 Staffing/risk

- 5.5.1 Exact requirements of the number of hours required and the number of care workers/staff required for the home must be made in relation to the number of existing staff from the home who have agreed to remain working during the managed period.
- 5.6.2 This information must be passed to the lead commissioning manager together with written confirmation from the SCC ASC Senior Manager that funding will be released to staff the home within the managed period.
- 5.6.3 The SCC ASC Social Care and Development Coordinators in conjunction with SCC Procurement will source the care workers from the approved agencies or strategic providers and as per the agreed rates annexed to the pre-placement contract.
- 5.6.4 The information will be communicated back to the Responsible Manager by the SCC ASC Senior Manager.
- 5.6.5 The Responsible Manager shall arrange for a requisition to be raised on SAP to cover the requirement. If more than one agency is used more than one requisition will be required.
- 5.6.6 The SCC ASC Senior Manager will approve the requisition(s) and a purchase order(s) will be issued. This order will be sent directly to the agency via the Shared Service Centre.
- 5.6.7 The agency will invoice SCCs Shared Service Centre directly, quoting the purchase order number.
- 5.6.8 The Responsible Manager will review the ongoing staffing needs within the home during the managed period and commission, as required to cover shortfalls.
- 5.6.9 SCC will endeavour to recoup from the proprietor, any monies spent.

5.7 Individuals needs/risk

- 5.7.1 The Responsible Manager will ensure that records in relation to individuals are available as identified within the Home Closure protocol Agreement (appendix

6).

- 5.7.2 A reassessment of the needs of individuals must be undertaken where appropriate, together with discussions with appropriate family members in relation to the proposed resettlement of the service user.
- 5.7.3 This information must be passed to the SCC ASC Social Care Development Coordinators by the SCC ASC Responsible Manager.
- 5.7.4 The SCC ASC Social Care Development Coordinators will provide the SCC ASC Responsible Manager with the identified vacancies.
- 5.7.5 Non SCC Local Authority funded individuals will be reassessed where appropriate and resettled by their relevant funding authority
- 5.7.6 Self - funding individuals must be allocated a practitioner to undertake a Self-Supported Assessment where appropriate. If they lack capacity to make decisions on this issue, or if they have capacity and consent to it, discussions should take place with appropriate family members in relation to the proposed resettlement of the service user.
- 5.7.7 Service Users who are self-funding or, when appropriate the family of a self-funding service user, must be given advice and information in relation to identified vacancies with support from the SCC ASC Social Care Development Coordinators .
- 5.7.8 Where a service user lacks mental capacity to make a decision in relation to a move of accommodation and there is no appropriate member of the family involved, an Independent Mental Capacity Advocate (IMCA) must be commissioned.
- 5.7.9 All transfers to alternative accommodation must be recorded by the SCC ASC Responsible Manager on the Activity Log (appendix 8) and cross referenced within the relevant care notes.
- 5.7.10 On the day of the transfer of a service user an inventory of the service user's property or held finances must be completed and cross-checked with any existing documentation, together with the inventory undertaken at the start of the managed period.
- 5.7.11 Medication must be checked and a record kept of the medication and quantity and returned either to the individual, their relative or member of staff from the new registered provider at the point of transfer.

5.8 Closure of Home (End of Managed Period)

- 5.8.1 The SCC ASC Responsible Manager must keep the lead inspector for CQC informed in relation to the work in progress to meet the date of closure.
- 5.8.2 The SCC ASC Responsible Manager must inform the lead inspector for the CQC of the expected time of closure on the given date.

- 5.8.3 On the day of closure of the Home the SCC ASC Manager and the SCC ASC Responsible Manager must hold an on-site meeting with the proprietor to complete a closing inventory of the home. This should then be cross checked with the Inventory undertaken at the start of the managed period. Any discrepancies must be noted and where possible remedied including missing items and reduced stocks.
- 5.8.4 The SCC ASC Responsible Manager must discuss and arrange with the relevant health or social care colleagues in relation to the removal of any records or equipment provided by either health or social care.
- 5.8.5 The SCC ASC Responsible Manager must arrange for any medication remaining within the Home to be safely disposed of.
- 5.8.6 The SCC ASC Responsible Manager must arrange for all Social Care records kept during the managed period to be removed from the Home and transferred to the relevant ASC Locality Team
- 5.8.7 The SCC ASC Responsible Manager must handover the keys to the Proprietor and inform the Lead Inspector, CQC by telephone of the time of completion of the managed period.

5.9 Recovery of Expenses

- 5.9.1 The SCC ASC Senior Manager must identify an appropriate person to establish whether SCC have paid fees to the home in advance of the date of the cancellation of registration, thereby covering fees for the managed period. If this is the case, arrangements must be made to seek reimbursement from the Proprietor.
- 5.9.2 It is the responsibility of any other Local Authority involved to undertake their own process in relation to recovering any monies owed to them for care fees from the Proprietor.
- 5.9.3 SCC must invoice the proprietor for any expenses incurred within the managed period, giving the details for each transaction and relating to a service user including service users from other Local Authorities and those whom are self-funding where appropriate.

6: Home Based Care and Supported Living Provider Failure

This chapter describes the processes and procedures that will be followed in the eventuality of a home based care or supported living provider fails.

The closure may require an emergency response. If so, please also refer to Chapter 6 Emergency Closure of a Care Home provider.

6.0 Initial Response to Notification of a home based care or Supported Living Provider Closure

- 6.0.1 In the event where a home based care or supported living provider fails or the business appears to be no longer viable SCC will be responsible for the welfare and care for all individuals to whom the provider has been providing care.
- 6.0.2 SCC will be responsible for all individuals within its geographical boundaries which includes individuals funded by other local authorities. The ADASS South East Memorandum of Co-operation for sharing (See 2.6) must be followed.
- 6.0.3 SCC is responsible for managing the market as a whole and therefore will have a general market oversight of the Home Based Care and Supporting Living markets and specifically the providers that it places with. SCC will be able to identify providers that are indicating early warning signs that providers maybe experiencing difficulties. Some early warning signs that a provider is experiencing difficulties are: handing back packages of care to SCC; a lack of capacity; missed and late calls; manager and staff leaving; increased number of complaints and safeguarding concerns; adverse CQC, SCC quality assurance and Continuing Health Care reports and in general requiring assistance from SCC.
- 6.0.4 SCC maintains a Home Based Care risk log which provides a strategic overview of the Home Based Care market. It lists all Home Based Care providers (excluding Learning Disabilities) that SCC place packages of care with. The document enables SCC and Health to assess the level of risk a Home Based Care provider maybe placing on an individual, an organisation and the market as a whole. The risk log contains historic analysis on providers' performance enabling trends to be identified. The risk log is reviewed on a monthly basis enabling SCC and Health to prioritise and identify providers that may require particular assistance (see appendix 9).
- 6.0.5 SCC could be notified that a provider has closed or has the potential to close via a wide variety of methods and access routes. The SCC ASC Strategic, Service Director and Area Director must be alerted that a provider has the potential to close must be briefed on the situation and the potential impact and risks. The Area Director will oversee and coordinate the response to the closure.
- 6.0.6 The Area Director will be responsible for notifying the following:

Internal Stakeholders

- All ASC Area Directors
- ASC Head of Adult Safeguarding
- Cabinet Member – the portfolio holder for Adult Social Care
- SCC local divisional Member
- ASC Legal Services
- Emergency Management – Duty Officer/Manager
- Procurement – Adults Category Manager

- Appropriate Senior Manager (Commissioning)
- Finance – Head of Adults Finance
- HR – HR Relationship Manager Adult Social Care
- Surrey Fire & Rescue Service - Chief of Staff
- Adult Social Care Communications
- ASC Quality Assurance Manager

External Stakeholders

- Care Quality Commission (if registered)
- Continuing Health Care
- Clinical Commissioning Groups – Designated Nurse for Safeguarding Manager
- Police – Surrey Investigation Unit
- Where appropriate South East Coast Ambulance Service (if transport required)
- Independent Chair of SAB

6.0.7 The nominated SCC ASC Area Director will undertake an assessment of seriousness in order to make a decision whether a Provider Support meeting should be initiated. If the concerns raised indicate that a Provider Support Meeting is required, then the meeting must be must be convened under these procedures.

6.0.8 A flow chart has been developed which shows the decisions and processes that must be followed in the event of a community or supported living provider closing at short notice, this is attached as appendix 13.

6.0.9 Under the 'restructuring' term within the contract and in line with outcome 6 of the [CQC standards](#) the provider must provide SCC with as much information as possible regarding the individuals to enable SCC to ensure continuity of care for all individuals. Consent must be gained from the individual for the following information to be shared about them:

- Address
- Contact details
- Family details
- Carer details
- Level of support (the providers assessment, identified mobility and equipment required)
- Number of visits (the length of the visit and how many care workers attend each visit)
- Medication (including prescribed creams)
- Relevant medical diagnosis
- Special requirements
- Means of communication or access to the property and any other services

6.0.10 Any safeguarding issues that have been/are arising will be dealt with in tandem with the Provider Support process, as described in Chapter 3. Once it has been established that the provider is at risk of failing then an initial risk

assessment meeting must be convened by the nominated SCC ASC Area Director. The initial risk assessment meeting must involve the following people:

- ASC Senior Manager
- ASC Locality Team Manager
- Procurement representative
- ASC Quality Assurance representative
- Legal service representative
- HR
- Finance
- Continuing Health Care representative
- Relevant CCG
- Emergency Management Duty Officer/Manager

The meeting must take place on the same day (this can be a virtual meeting) that SCC becomes aware of the provider failing.

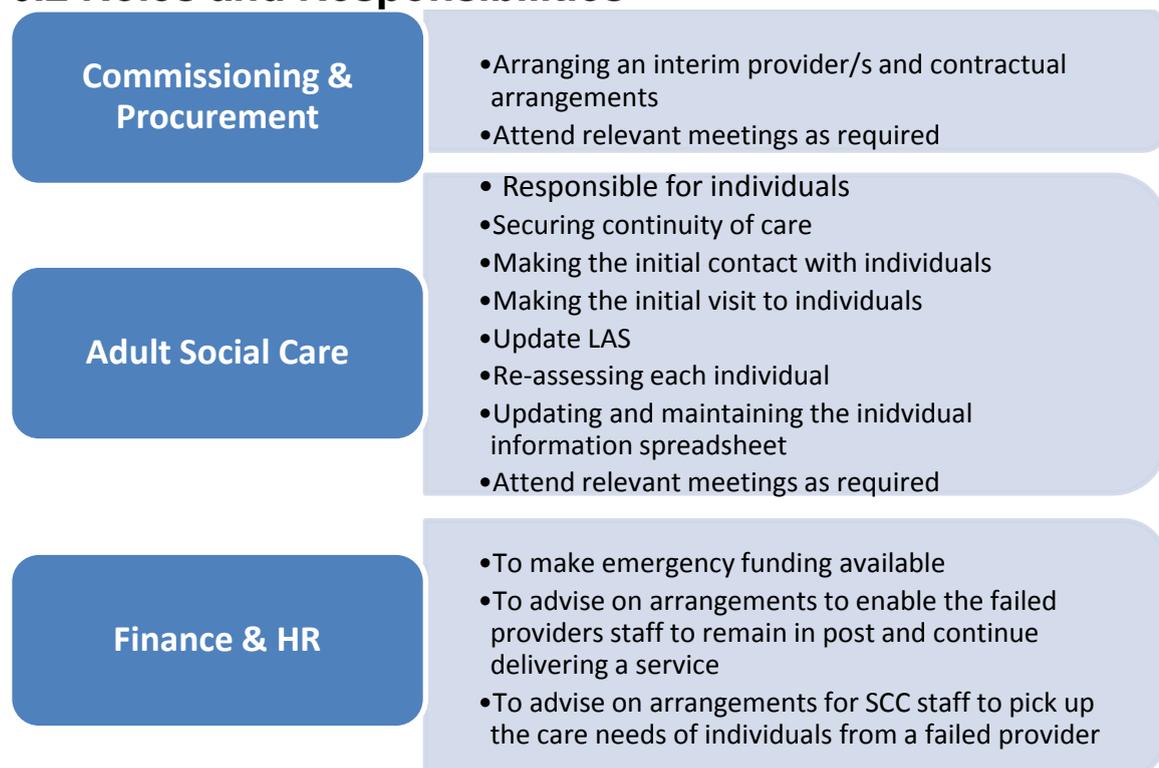
- 6.0.11. At this meeting the group will determine what the response to the potential failure or service disruption should be. A log of all decisions and actions must be started at this meeting (appendix 11). At this meeting the group will assign staff resource to respond to the provider closure and to make available if appropriate additional funds to ensure that all individuals continue to receive a service.
- 6.0.12 A response checklist has been developed. The checklist states the timeframes in which certain tasks should be completed. The checklist is attached as appendix 14 and should be followed throughout this process.
- 6.0.13. The nominated SCC ASC Area Director will assign a group of staff to contact and visit all individuals and complete the information spreadsheet (appendix 12).
Senior Managers must ensure that the practitioner reads the case notes for all service users including any closed cases before making contact with them. The spreadsheet must be completed on the same day of the notification. If contact with the individual cannot be made at the first attempt of phoning then the carer and or family member/s must be contacted immediately. A visit must be arranged and undertaken within the first 24 hours of notification of closure if it has not been possible to contact a particular individual.
- 6.0.14. If an individual's property has been accessed by the provider's staff via a key safe or the member of staff held a key for an individual's property then the access method must be logged on the spreadsheet. This includes logging key safe numbers. The key safe numbers and locks must be changed regardless of whether the provider's staff had access to individual's property or not.
- 6.0.15 Information on provider staff must also be collected; the information collated should include address and contact details. This will ensure that staff can be contacted if required particularly if they had access via a key safe or key to an individual's property.

- 6.0.16. A review meeting must be held at the end of day one to ascertain how much information has been captured on individuals and progress made to ensure continuity of care for service users.
- 6.0.17. Interim providers must be established as soon as possible to ensure that there is continuity of care. The interim provider(s) should be sourced using appropriate providers and secured following business processes.
- 6.0.18. The service user spreadsheet must be continually reviewed by the Nominated SCC ASC Senior Manager.

6.1 Other Local Authorities

- 6.1.1 If SCC is notified by another local authority that a provider in their area is closing and that SCC has individuals placed with that provider either funded by SCC or a self-funder then the appropriate SCC member of staff must be involved in that closure process.
- 6.1.2 The SCC member of staff must attend all relevant meetings in relation to the closure.
- 6.1.3 If the provider closing is within SCC geographical boundaries but there are individuals placed with that provider that are funded by other local authorities, health provider or are self funders from other areas outside of Surrey. SCC must inform the other funding authorities or the individual that the provider is closing.

6.2 Roles and Responsibilities



6.3 Conducting Assessments

- 6.3.1 Once SCC ASC has ensured that an interim care provider is in place, each service user must be visited by an appropriate professional within the first 24 hours of the notification of the provider failing. The service user spreadsheet (appendix 12) will be used to record the date of the visit and the outcome of the visit.
- 6.3.2 Once all visits to service users have been made the senior manager will convene to oversee for the safe transition to new providers.

6.4 Follow up once a new provider is in place

- 6.4.1 All service users should be reassessed by Adult Social Care or Continuing Health Care within four weeks.
- 6.4.2 Outcome of reassessment should be recorded on the individuals information spreadsheet, LAS or Continuing Health Care database updated.
- 6.4.3 The nominated senior manager will ensure that all the records are kept up to date and complete and arrange safe storage of all logs and records.
- 6.4.4 The nominated Area Director should arrange a de-brief/ lessons learnt meeting.

7: Emergency Closure of a Care Home Provider

- 7.1 Surrey's Local Resilience Forum (LRF) is a multi-agency partnership made up of representatives from local public services, including the Emergency Services, Local Authorities, NHS England and the Environment Agency, which are all Category One Responders under the Civil Contingencies Act 2004. The LRF is also supported by Category Two Responders, such as Highways England and utility companies.
- 7.2 The Surrey LRF brings together all agencies with a significant role to play in responding to and recovery from the effects of emergencies, and was formed to meet the requirements of the Civil Contingencies Act 2004. The LRF aims to plan and prepare for local incidents and large scale emergencies
- 7.3 The evacuation of a care home is likely to need a specialist response from multi-agency partners to ensure that there is appropriate support provided to vulnerable residents.
- 7.4 The **Surrey LRF Emergency Home Closure Protocol** (LRF EHCP) is the lead document to use in the event of an emergency closure of a care home provider.

The current version is here:

<https://collaborate.resilience.gov.uk/RDService/home/130057/Emergency-Home-Closure-Protocol>

NB: This link can only be accessed if you have the relevant permissions on Resilience Direct.

7.5 The protocol addresses the situation where a care home may be closed on a temporary basis during an emergency if it is affected by a flood, fire, or another event which may require the evacuation of the care or nursing home. This may trigger a partial or full evacuation and could result in residents being made homeless for a temporary or prolonged period of time.

The protocol:

- Outlines how the protocol will be activated and partners notified
- Explains how the process of a care home evacuation will be managed between responding organisations
- Clarifies the roles and responsibilities of agencies in providing care support

7.6 **Surrey County Council (SCC) Emergency Management and Resilience Team**

As set out in the LRF EHCP, the SCC Emergency Management and Resilience Team is responsible for:

- Activating the initial teleconference to discuss how resident's welfare needs will be supported, when and if informed by emergency services.
 - Note: If a member of Adult Social Care is made aware of the incident initially, then they should contact the Emergency Management and Resilience Team Duty Officer
 - Keeping a record of all actions and decisions made
 - Activating the SLRF Identifying & Supporting Vulnerable People in an Emergency Plan (Part One)
 - Sending an Incident Liaison Officer (ILO) to the scene, if appropriate and required
 - Assisting in providing transport to take affected residents to new homes, or emergency assistance centres, as required
 - Activating voluntary agency support as required
 - Maintain a close liaison with all partners as required
- Ensuring that a formal de-brief takes place following an incident of this nature
Surrey County Council (SCC) Adult Social Care

➤ **SCC Adult Social Care is responsible for:**

- Informing the Emergency Management and Resilience Team Duty Officer of an

emergency incident which directly affects a care or nursing home

- Keeping a record of all actions and decisions made
- Activating the SCC Identifying Vulnerable People in an Emergency Plan (Part Two)
- Sending a locality team member to the scene to act as an Incident Liaison Officer (ILO) to ensure welfare needs are being met if possible and to coordinate the response at the scene. The ILO is to maintain a close liaison with the Area Director, or Senior on Call Manager for the duration of the incident
- For a care or dual registered home; identify and source bed spaces in other facilities for affected residents along with the relevant CCG(s), NHS community and mental health service providers, where needed
- For a care or dual registered home; identify and source staff to assist in caring for affected residents at new identified homes, or emergency assistance centres, along with the relevant CCG(s), NHS community and mental health service providers, where needed
- Update case notes as appropriate following an incident
- Amended care plans as appropriate following an incident

7.7 The LRF EHCP should be read in conjunction with the following documents and aims to compliment command and control arrangements, as well as outline the roles and responsibilities of responders listed within them. The current version of these plans can be found on Resilience Direct.

- SLRF Emergency Assistance Centre Plan
- SLRF Identifying & Supporting Vulnerable People in an Emergency Plan (Part One)
- Individual Organisations Identifying Vulnerable People in an Emergency (Part Two) Plans
- SLRF Major Incident Communications Plan
- SLRF Emergency Response Plan
- SLRF Mass Evacuation Plan
- SLRF Voluntary Capabilities Document
- Surrey 4x4 Vehicle Protocol
- Provider Business Continuity Plans (Held by Providers, not available on Resilience Direct)

7.8 The following guidance should also be used: **Appendix 15 Emergency Closure of a Provider – Response Checklist**

References

Ingrid Koehler (2015), Local Government Information Unit: 'Care and Continuity: Contingency planning for provider failure - A guide for local authorities.'

Managing Care Home Closures - A Good Practice Guide For Local Authorities, Clinical Commissioning Groups, NHS England, CQC, Providers And Partners – ADASS, DoH, CQC, LGA, Care Provider Alliance, NHSE.

Social Care Institute for Excellence – Short Notice Care Home Closures (SCIE website)

Surrey County Council - Business Continuity Policy & Guidance (2018)

Welfare Emergency Response Plan (2019) - Adult Social Care & Corporate Parenting and Family Resilience and Safeguarding

Association of Directors of Social Services Commissioning and Market Development Network South East (2019) - Memorandum of Co-operation for sharing information and support to strengthen market oversight.

ADASS and CQC – Joint Working Protocol 2019

Jon Glasby, Suzanne Robinson, Kerry Allan (2012), 'Achieving Closure – good practice in supporting older people during residential care closures.'

Jon Glasby, Suzanne Robinson, Kerry Allen (2011), 'An Evaluation of the Modernisation of Older People's Services in Birmingham - final report.'

Surrey Local Resilience Forum: Emergency Home Closure Protocol - Version 1.8
May 2019

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SURREY COUNTY COUNCIL**CABINET****DATE: 22 FEBRUARY 2022**

REPORT OF CABINET MEMBER: **CLARE CURRAN, CABINET MEMBER FOR CHILDREN AND FAMILIES**

LEAD OFFICER: **RACHAEL WARDELL, EXECUTIVE DIRECTOR – CHILDREN, FAMILIES & LIFELONG LEARNING**

SUBJECT: **WORKING WITH THE BIG FOSTERING PARTNERSHIP**

ORGANISATION STRATEGY PRIORITY AREA: **EMPOWERING COMMUNITIES**

Purpose of the Report:

The purpose of this report is to:

- provide a short overview of Surrey County Council’s ambitions to further increase the sufficiency of provision for looked after children in the county, including a clear priority to enable more children to live in family settings;
- set-out the rationale for enabling more children who have been placed in residential children’s homes to move to foster families over time (often called “stepping-down”);
- make clear recommendations how to increase the number of “step-downs” in Surrey, including the time-limited opportunity to work with the Big Fostering Partnership; and
- seek a Cabinet decision with regards to those recommendations.

Cabinet is asked to note that this proposal is one part of Surrey County Council’s comprehensive and strategic response to the priorities identified in our “Looked After Children and Care Leavers Sufficiency Strategy 2020-25”: Surrey homes for Surrey children; living in a family setting; a wide range of placements for diverse needs; homes of the highest quality; and support to move to independence. This work also directly aligns to Surrey’s Corporate Parenting Strategy.

This report supports the ‘Empowering Communities’ priority objective of the refreshed Organisation Strategy. It does this by enabling more looked after children to live in family settings in or close to Surrey, where this is appropriate to their individual needs and circumstances. This enriches our local communities and enables better lifelong outcomes for young people as they develop their resilience and independence.

Recommendations:

It is recommended that Cabinet:

1. Endorses Surrey County Council joining the Big Fostering Partnership from 1 April 2022, to work in collaboration with other Local Authorities to enable more looked after children who are living in residential children’s homes to move to living with foster families.

2. Authorises spend of up to £4 million via this partnership for the period from 1 April 2022 through to September 2024. This is a repurposing of budgeted funds within the existing Children's Services Placement budget envelope for placements.

Reason for Recommendations:

These recommendations will: enable better outcomes for looked after children; support more looked after children to live in or closer to Surrey; and improve value for money. Firstly, evidence shows that when looked after children live in families rather than children's homes this leads to better long-term outcomes, where this is done at an appropriate point in their care journey. Secondly, foster placements are more likely to be made in or closer to Surrey than residential placements, supporting Surrey County Council's ambitious Sufficiency Strategy and statutory duties as corporate parents. Thirdly, successful step-down placements offer improved value for money to Surrey residents - for comparison, Surrey's average weekly cost of children's residential provision is more than 3 times the price of a supportive and high-quality step-down foster placement. Our modelling suggests that this approach could reduce the spend from our Children's Services placement budget by some £5 million between 2022/23 and 2025/26.

Executive Summary:

Delivering our Looked After Children and Care Leaver Sufficiency Strategy 2020-25

1. As a local authority who are corporate parents to over 1,000 looked after children at any point in time, we want to enable them to achieve the best possible outcomes in their lives. We also have a clear statutory duty to secure (as far as reasonably practicable) enough accommodation that meets their needs within the local area. We have continued to make progress on this measure during 2021/22, reaching 54.0% of children in Surrey and 66.6% placed within 20 miles of the county as of December 2021.
2. As we look to sustain this progress, we continue to focus on the five high-level ambitions set out in Surrey County Council's Looked After Children and Care Leaver Sufficiency Strategy 2020-25: Surrey homes for Surrey children; living in a family setting; a wide range of placements for diverse needs; homes of the highest quality; and support to move to independence. Living in a family setting includes both increasing the proportion of looked after children who are placed in fostering provision and enabling more children who are in residential to step-down to fostering. This report focusses on the latter.
3. Our joint approach to achieving these ambitions, which is being supported by resources and oversight provided by the Placement Value and Outcomes (PVO) Transformation Programme, includes a comprehensive range of projects and initiatives that are focussed on further improving the number of looked after children and care leavers who live in and contribute to Surrey's communities. This includes developing placements that are run by Surrey County Council and externally commissioned from other organisations, across residential children's homes, supported accommodation and fostering, alongside efforts to further improve our social work practice and develop processes that support improved sufficiency and value for money.

Why do we want to enable more children to access foster placements?

4. As mentioned above, a key ambition in our Sufficiency Strategy is "living in a family setting". This is supported by published research, which suggests that looked after children achieve the best outcomes if they can be supported in a family (for example,

The Place of Residential Care in English Child Welfare System, Hart et al 2015).

Alongside this, we are currently implementing the No Wrong Door practice model in Surrey, which aims to enable better outcomes by preventing young people from entering care or access higher support than is required. This includes the principle of seeing residential provision as an intervention not a permanent destination. With these things in mind, enabling more children in Children's Homes to "step-down" to family settings, at an appropriate point in their journey, supports our overall strategy and results in better outcomes for children.

5. Through the PVO Transformation Programme, we have been exploring different opportunities that would enable more of Surrey's Looked After Children to step-down, including best practice examples from other local authorities and independent providers. The common characteristics of effective models are; appropriate assessment to determine a child's readiness to move into a family; comprehensive and proactive pre-planning to ensure the child is well matched with their foster carers and that appropriate training and support is provided; and enhanced, flexible support that is available during the initial months of a foster placement to support the child to settle in the foster family.
6. Whilst SCC is keen to explore the development of step-down practice within Surrey County Council teams, this is not a viable option in the short-term for the following reasons: other current competing service development priorities; the level of up-front investment that would be needed to establish a comprehensive, wrap-around step-down model; and the level of time it would take to establish the infrastructure and specialist roles required. With this in mind, we have identified the preferred option of working with an external partner to embed strong step-down practice in Surrey and scale up our capacity quickly, whilst also providing an opportunity to learn about what works and prepare the way for future development of in-house options.
7. In terms of the level of need, SCC had 1,080 children looked after as of the 31st of December 2021, with 140 children and young people in regulated residential placements including residential children's homes, residential schools, care homes, parenting assessment units and secure units. The challenge of enabling children to successfully step down from residential to fostering is well established, but we initially estimate, informed by our needs analysis, that we will be able to step-down around 10 additional children each year. This reflects a shift from reactive step-down practice, where step-downs happen in response to events that unfold in a child's placement, to a pro-active, systematic, and planned approach to step-downs over time.

Recommended approach and why – Working with Big Fostering Partnership Ltd (BFP)

8. Through work to explore options to enable more step-downs in Surrey, we have identified a strong, time-limited opportunity to begin working with Big Fostering Partnership from 1 April 2022. This is our recommended approach as it will enable better outcomes for looked after children, strengthen the Council's response to the statutory sufficiency duty, enable our internal teams to learn about what works to improve step-down practice for the long-term, and deliver improved value for money for residents and communities. We estimate that this innovative approach will enable us to step-down around 22 children through to January 2024 – with the last of any two-year placements made running until January 2026.
9. Big Fostering Partnership (which is a limited company) is an innovative "Special Purpose Vehicle" that has been established by Big Issue Invest (a large social investor), in collaboration with Staffordshire County Council, with the clear purpose of enabling looked after children to move from residential provision to foster placements and sustain

those for two years. Staffordshire and other local authorities with a shared desire to enable more step-downs, commissioned BFP to achieve this outcome for their looked after children. The BFP model is also being supported by the Department for Digital, Culture, Media, and Sport, through the national Life Chances Fund, which provides local authorities with a significant 16.9% subsidy on the cost of step-down placements made through BFP. The Life Chances Fund (LCF) is committed by central government to help people in society who face the most significant barriers to leading happy and productive lives. It provides top-up contributions to outcomes-based contracts involving social investment, referred to as Social Impact Bonds (SIB). These contracts must be locally commissioned and aim to tackle complex social problems. This fund is no longer open for new applications, so Surrey County Council has a unique opportunity to access this by working with BFP.

10. The interventions that support children within BFP are delivered by the National Fostering Group, who represent a large number of Independent Fostering Agencies across the country. They provide a well-established model of holistic support to enable successful step-downs. This begins with a readiness assessment to identify the children for whom stepping down to fostering is an appropriate option. Detailed and careful preparations are then made ahead of any step-downs taking place, including identifying and skilling up appropriate foster carers to meet the needs of the child. This work is done in partnership with Local Authority colleagues, so there is the best chance of success and a strong opportunity for SCC colleagues to strengthen their practice in this area. Once a child does move into a foster family, both the child and their carers are provided with intensive, holistic support during the initial months to stabilise the placement. Over time the level of support reduces, as the child and the family settle – hopefully reaching the point where the placement can continue with only minimal support. Each child's journey will be individual, with changes along the way, so BFP provides flexible support alongside local authorities for two years – to sustain the placement throughout this period and give the maximum chance of a lasting success. Two short case studies of children who have been supported to successfully live in a family through BFP have been appended to this report.
11. From a financial perspective, step-down placements delivered through BFP offer impressive value for money, when compared to placements made in residential provision. Whilst the evidence indicates that these placements enable better outcomes, each placement costs less than one third of the average weekly price of residential placements for Surrey's looked after children. An estimation of the likely total financial benefits associated with SCC working with the BFP is provided in paragraph 22.
12. BFP involves an outcomes-based payment model, with phased payments made over time as children are successfully enabled to remain in families. This model reduces financial risk to Surrey County Council - particularly in terms of up-front work done to prepare for step-downs. The social investment provided by Big Issue Invest funds this initial work, meaning there is no cost to local authorities until children are successfully supported to step-down. This transfer of risk to the social investor is a real, unique benefit to SCC of working with BFP. If we were to go it alone and establish our own step-down programme, either run by SCC in the longer-term or commissioned from a different external provider, not only would establishing the arrangement take additional time and resources, but SCC would need to provide up-front funding for delivery at its own risk.
13. In December 2021, Cabinet gave approval to the development of longer-term block contract arrangements for Independent Fostering Agency provision, as part of the Annual Procurement Forward Plan for 2022/23. This immediate opportunity to work with

BFP represents a first phase of that pre-approved work, enabling us to test at limited financial risk to SCC the potential of working with an independent provider to deliver step-downs to fostering. The learning gained from this initial opportunity will be invaluable in planning our longer-term next steps to develop the way we work with Independent Fostering Agencies in the future.

14. Alongside the approval secured above to develop longer-term options, the decision by SCC to work with BFP from 1 April 2022 does require Cabinet approval to ensure compliance with our Procurement Standing Orders, due to the level of expenditure that we potentially envisage will take place through the new arrangement – up to £4 million through to January 2026 (please note – this timescale is due to the two-year duration of step-down placements, which can be initiated through BFP up to January 2024). It is important to note that this does not represent new money, with placements funded from the existing children service’s placement budget.

15. From a legal perspective, SCC will be making a direct award to BFP under Regulation 32(2)(b)(ii) of The Public Contracts Regulations 2015 which states:

“where the works, supplies or services can be supplied only by a particular economic operator for any of the following reasons:—

(i) the aim of the procurement is the creation or acquisition of a unique work of art or artistic performance,

(ii) competition is absent for technical reasons,

(iii) the protection of exclusive rights, including intellectual property rights,

but only, in the case of paragraphs (ii) and (iii), where no reasonable alternative or substitute exists, and the absence of competition is not the result of an artificial narrowing down of the parameters of the procurement.”

16. In summary and in addition to the central benefit of improved outcomes for Surrey’s looked after children, by taking the time-limited opportunity to work with BFP Surrey County Council is able to access:

- a. funding via the Life Chances Fund to secure a 16.9% subsidy on the cost of step-down placements.
- b. additional capacity and expertise from 1 April 2022 to proactively plan for step-downs and offer holistic support to children and their carers, delivered by a leading national provider.
- c. the opportunity to learn from the BFP model to inform the development of our step-down practice and provision; and
- d. pump-priming funding for this enhanced model through social finance, transferring the financial risk that would be involved were SCC to mobilise its own enhanced step-down programme to an established social investor.

Consultation:

17. This proposal has strong internal support from SCC Directors for Corporate Parenting and Commissioning, as well as the relevant Assistant Directors.

18. SCC joining Big Fostering Partnership has been endorsed at the Placement Value and Outcomes (PVO) Transformation Programme Board on 6 January 2022, who see this as a key project under the ongoing transformation programme in support of SCC's Looked After Children and Care Leaver Sufficiency Strategy 2021-25.
19. Engagement has taken place with the following external agencies to test the viability of the Big Fostering Partnership model for Surrey County Council, including: National Fostering Group; Big Issue Invest; Staffordshire County Council; and The National Lottery Community Fund (representing the Life Chances Fund run by the Department for Digital, Culture Media and Sport).

Risk Management and Implications:

<ul style="list-style-type: none"> • Step-down placements made are not sustained and lead to additional placement moves for looked after children, negatively affecting their outcomes. 	<ul style="list-style-type: none"> • As a result of social investment available to Big Fostering Partnership, enhanced capacity is available for pro-active work over typically 3-6 months to assess children's readiness to step-down, match children with appropriate foster carers and plan the transition – all of which help to maximise the chance of a sustainable move, prior to placement changes being made and any SCC funding being committed. • Working with an established provider of step-down placements, who have a tried and tested model of wrap-around support for children and their foster carers, including the ability to increase or decrease support levels as needs change, means there are a range of options available to support placement stability should issues arise. • The model will involve close joint working between Surrey County Council staff and the third-party provider, so that challenges to the stability of a child's placement can be responded to quickly and collectively, but also, in the event a child does need to leave their step-down placement, this can be done in the most supportive way possible.
<ul style="list-style-type: none"> • Step-down placements made are not sustained, resulting in intended financial benefits not being realised. 	<ul style="list-style-type: none"> • The first two mitigations from the risk above also apply here, reducing the risk of financial benefits not being sustained. • In addition, the outcomes-based payment structure (whereby certain elements of the placement cost are only paid quarterly if the child remains with the family) means that the financial risk to SCC of children's placements not being sustained is shared with both the social investor and the Life Chances Fund. This makes a significant difference to potential financial risk taken on by SCC, compared to SCC undertaking step-downs outside of this arrangement. • The outcomes-based payment structure, alongside the child-centred value-based approach of all the organisations involved, means there are strong incentives for collaboration between all parties to enable children to stay in their foster placements, where these continue to enable good outcomes.
<ul style="list-style-type: none"> • The quantity of change happening across the children's 	<ul style="list-style-type: none"> • Whilst the level of change happening is significant, there is strong, shared buy-in from senior leaders across Children's Services and Commissioning to work together to ensure this

<p>services operation leads to reduced performance in relation to this new step-down service.</p>	<p>new initiative is appropriately prioritised, as an important aspect of our Sufficiency Strategy response.</p> <ul style="list-style-type: none"> • This model, as a result of social investment, brings with it dedicated additional capacity to deliver the planning and preparatory stages of the work, alongside Surrey County Council colleagues. This reduces the impact of the new initiative on existing teams and enhances likelihood of a successful implementation.
<ul style="list-style-type: none"> • The partnership with an independent provider of fostering services adversely impacts Surrey County Council's ability to recruit and retain foster carers within council run services. 	<ul style="list-style-type: none"> • Whilst there is likely to be some recruitment of foster carers by Independent Fostering Agencies (IFA) in and around Surrey to secure appropriate step-down options for children, the ambition is to focus on increasing Surrey County Council's usage of the current IFA foster carers in Surrey. The latest available data (31 March 2021) shows that only 22% of IFA placements in Surrey were used by Surrey County Council. • The total number of step-down foster placements that Surrey County Council is looking to make through this arrangement (around 10 a year) is relatively small – reflecting the fact that the model is carefully planned and focussed on children for whom this is genuinely the most appropriate pathway. Any additional foster carer recruitment in or around Surrey by IFA providers is likely to be minimal, particularly when considered alongside the previous point.

Financial and Value for Money Implications:

20. No new budget is being requested to fund this service, as this represents a repurposing of funds already within the Children's Services Placement budget. A step-down placement through the BFP offers improved value for money compared to an external residential placement, whilst also aligning with our strategies to support children as per paras 4-7.
21. The BFP financial model operates on the basis of a standard weekly fee, payable from the point a child successfully "steps-down" to a foster placement, along with an initial outcome payment at the start of the placement. There are then quarterly outcome payments made, should the child be supported to remain in their placement for the duration of each period. In the unfortunate situation that a placement does breakdown, noting that all parties will be working together to prevent this, SCC will not be required to pay any of the outcome payment for the quarter in which the placement ends. Lastly, there is a small weekly fee to contribute to the evaluation of the BFP model by the Life Chances Fund, to establish the effectiveness of this innovative approach. This model runs for up to two years from the placement start date, when the child's placement will revert to a standard foster placement with a weekly fee.
22. Our financial modelling suggests that this proposal could reduce costs by around £5.1 million from the placement budget, during the period from April 2022 through to January 2026, which is the theoretical last point a step-down placement could come to an end. The cost reductions are based on the difference (c.£3,200) in weekly cost for an external residential placement and the average weekly cost of a BFP step-down placement.

Table 1: Estimated efficiencies over time

Year	Estimated cost reduction (£'m)
22/23	0.76
23/24	2.16
24/25	1.75
25/26	0.39
Total	5.06

23. The estimated efficiencies shown above have conservatively been reduced to take account of the uncertainty involved in predicting the rate at which positive step-downs will be achieved for children. This reflects that fact this is a child-centred model, which responds to the complexity of children's individual circumstances, needs and aspirations.
24. The current MTFS for 22/23 includes an efficiency to increase in-house fostering capacity generating £334k of cost reductions. As per the estimated use of BFP, this target could be exceeded if the intended level of step-downs is achieved. The figures in table 1 represent the cost reduction in-year. Any adjustment to budgets to reflect these reductions would need to take account of the fact that the partnership is, currently, time limited.

Section 151 Officer Commentary:

25. Although significant progress has been made over the last twelve months to improve the Council's financial position, the medium-term financial outlook beyond 2021/22 remains uncertain. The public health crisis has resulted in increased costs which may not be fully funded. With uncertainty about the ongoing impact of this and no clarity on the extent to which both central and local funding sources might be affected in the medium term, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the Council to continue to consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term.
26. As such, the Section 151 Officer supports the recommendations of this report as the projected approach will enable Surrey children to be supported in a way which generates good outcomes for children and is also cost effective for the Council.

Legal Implications – Monitoring Officer:

27. Contracts for services of this value need to be competitively tendered for under The Public Contracts Regulations 2015, as amended (PCRs). However, Regulation 32(2)(b) of the PCRs says that the Council can make a direct award of a contract to a provider where services can be supplied only by a particular provider, where competition is absent for technical reasons and where no reasonable alternative or substitute exists.
28. Legal will assist and advise, where required, on the various contracts and will arrange to have the same executed by the parties.

Equalities and Diversity:

29. There are no direct equalities implications arising from this report, but any actions taken will be consistent with the council's policies and procedures.

Other Implications:

30. The potential implications for the following council priorities and policy areas have been considered. Where the impact is potentially significant a summary of the issues is set out in detail below.

Area assessed:	Direct Implications:
Corporate Parenting/Looked After Children	<p>Joining the BFP supports the five priorities in our Looked After Children and Care Leavers Sufficiency Strategy 2020-25. It also supports the priorities set out in SCC's Corporate Parenting Strategy, including:</p> <p>Assessment and planning – Supporting children to live in family settings to provide stability and long-term care.</p> <p>Placements – Consider foster care as a first option of choice for all our children and young people; seeking to extend our placement options by implementing a robust placement sufficiency strategy; and maintaining a constant focus on increasing the numbers of our looked after children who are able to live within the county and close to their communities.</p> <p>Success measures – Placement stability; and children in care placed out of area or at a distance.</p>
Safeguarding responsibilities for vulnerable children and adults	<p>The Corporate Parenting Strategy makes clear the importance of helping children and young people be safe, feel safe and have stability - an essential role of all parents, especially the corporate parent. SCC needs to do everything to keep children safe and help them recover from trauma they may have experienced and protect from further harm. Through the procedures followed by the BFP in collaboration with SCC, careful planning and preparation with carers (training) and children (readiness assessment), alongside the additional therapeutic support offered throughout the placement, we will ensure children are kept safe and well-supported through any placement changes.</p>
Environmental sustainability	No significant impacts identified.
Compliance against net-zero emissions target and future climate compatibility/resilience	No significant impacts identified.
Public Health	No significant impacts identified

What Happens Next:

31. Subject to Cabinet approval of the recommendations set out in this report, we will make the necessary arrangements during March with our Legal and Procurement Teams to ensure Surrey is signed up to collaborate with the BFP from 1 April 2022 onwards.

32. We will also work with colleagues at BFP and National Fostering Group to ensure that on the ground preparations are made to start working with Surrey Children's Services to mobilise the new pathway from 1 April and begin realising benefits for Surrey children.
 33. Oversight of the implementation of the Big Fostering Partnership will be carried out through the Placement Value and Outcomes Transformation Programme Board.
-

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Consulted:

- Clare Curran, Cabinet Member for Children and Families
- Placement Value and Outcomes Transformation Programme Board

Annexes:

- Annex 1 – [Equality Impact Assessment](#) – Big Fostering Partnership
- Annex 2 – Case studies from the Big Fostering Partnership

Sources/background papers:

- [National Foster Group](#) website
- [Big Fostering Partnership](#) website

Annex 2 – Big Fostering Partnership Case Studies



Big Fostering Partnership Case Study



M is a 9-year-old boy from Staffordshire and whilst residing in the care of his birth parents he suffered neglectful parenting, which was contributed to by their substance misuse. Unfortunately, this led to M being accommodated by the Local Authority and he was placed in a residential setting and subsequently placed with a foster family, sadly they were unable to meet his needs, and this led to M being placed back in a residential setting for a period of time. M has complex additional needs and is diagnosed with Cerebral Palsy, Ventriculomegaly, Hydrocephalous with VP shunt and Epilepsy. M is also diagnosed with a visual impairment (Bilateral Optic nerve hypoplasia) and a mild to moderate hearing loss in his left ear. He is wheelchair dependent when out in the community but when at home he likes to be down on the floor where he can crawl around independently.

The Big Fostering Partnership, through its delivery partner National Fostering Group searched for a family who would be able to not only give M a nurturing family but also provide the home environment and skills needed to care for his physical and medical needs.

M was matched to a National Fostering Agency fostering household in May 2020; an in-depth introduction period was arranged, which included the foster family, M, and professionals. However, as the process started in the middle of the Covid-19 pandemic the introduction visits had to start virtually and increase to visits to the residential home and in the community. The introduction period was well planned and highly successful, and M appeared to enjoy the time he spent with the foster family. M eventually moved in with his new foster family at the end of July 2020. There was an intensive level of support provided; including an NFA support worker, tailored short breaks service, additional training, therapeutic intervention via a psychologist and increased visiting frequency from the Supervising Social Worker to promote stability and support for the whole family.

Initially M did not understand the concept of a foster family and was institutionalised to some degree by wanting to know who was going to be on shift when he arrived. He struggled to manage a full conversation but his communication skills have now developed significantly and M has been able to build positive relationships with the other members of the household, identifying them as brother and sister. M has settled quickly and now views himself as part of a family. M loves spending time singing karaoke and as the foster family enjoy singing as well this is a perfect match for M.

M continues to be a sociable character who enjoys adult interaction but requires detailed routines to ensure he feels safe and secure. M's appointments with specialist services have successfully moved to the local area to avoid the need for him to travel significant distances and services are working in partnership with the foster family to meet M's emotional and physical needs.

The foster family are so dedicated to M and caring for him in the future, they are wanting to be permanently matched long term with M and this is currently in process. The foster family are very attuned to M's complex needs and advocate for him daily to ensure M continues to thrive and succeed within their care. M's favourite saying currently is 'I know you're not staff, it's family'.



If you want to know more about The Big Fostering Partnership please contact the Registered Manager of your National Fostering Group agency details of which can be found at:

www.NFA.co.uk

Or our Business Development Team on:

E: BFP@nfa.co.uk

T: 01204 522667



Big Fostering Partnership Case Study



J is a 14-year-old boy from Staffordshire and moved into the care of the Local Authority due to significant concerns that he had suffered emotionally and physically when in the care of his parents. When he was in foster care J could display violence towards others such as pinching, throwing things and pushing, sometimes presented spiteful and could upset people and deliberately cause arguments. This resulted in two foster placements breaking down and, in turn, J being placed into a residential setting.

J was more settled in a residential setting, engagement in school improved, and overall, he made good progress, responding well to the structure this setting provided. The Local Authority felt J would benefit from having the experience of living in a family setting with the right support and firm boundaries in order for him to continue thrive and do well.

The Big Fostering Partnership, through its delivery partner National Fostering Group completed a family finding search, identifying a foster carer locally to J's current residential setting, allowing J to continue to attend his current school giving him consistency in an educational environment where he was progressing well. J was matched with his carer for several reasons, although she has parented five of her own children she now lived alone and was able to focus all her attention on J creating the nurture and structure he needed. She is also an experienced carer who has previously cared for a teenage boy who would not engage in education or with other professionals but would communicate with and confide in her. This carer has a calm, laid back approach and remains like this even when those around are seeming to be experiencing chaos in their lives. This approach has certainly given J the grounding and stability that he needs.

The foster carer received regular clinical consultations from a psychologist to support her to deliver the care and support that J needed as well as additional input from a Family Support Worker and the Supervising Social Worker providing wraparound support for her and J adjusting flexibly as required.

J engaged with his new carer from when he first moved in, he quickly became a firm favourite with her extended family who he met at family BBQs and other social engagements. From speaking to J it was clear that he enjoyed becoming part of this family and being included in activities. J has spoken about feeling 'at home' and enjoying living with his carer and seeing their relationship as being, 'like a mother and son'. He described feeling that he has more freedom to do 'normal things' now that he is living with her.

J has faced some challenges in exploring his identity and recent issues at school due to the ongoing court case around his permanence, but his relationship with his carer has remained positive and stable. J is building a strong bond with her and learning that even when days are not so good, his carer is there to listen, give advice and will not give up on him.



If you want to know more about The Big Fostering Partnership please contact the Registered Manager of your National Fostering Group agency details of which can be found at:

www.NFA.co.uk

Or our Business Development Team on:

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SURREY COUNTY COUNCIL**CABINET****DATE: 22 FEBRUARY 2022****REPORT OF CABINET MEMBER: MATT FURNISS, CABINET MEMBER FOR TRANSPORT AND INFRASTRUCTURE****LEAD OFFICER: KATIE STEWART, EXECUTIVE DIRECTOR, ENVIRONMENT, TRANSPORT & INFRASTRUCTURE****SUBJECT: ACCELERATING THE INTRODUCTION OF ULTRALOW / ZERO EMISSIONS BUSES VEHICLES INTO SURREY - APPROVAL TO PROCURE 34 HYDROGEN FUEL CELL BUSES**

ORGANISATION STRATEGY PRIORITY AREA: GROWING A SUSTAINABLE ECONOMY SO EVERYONE CAN BENEFIT/ TACKLING HEALTH INEQUALITY/ENABLING A GREENER FUTURE/JOURNEYS ACROSS THE COUNTY ARE EASIER, MORE PREDICTABLE AND SAFER/WELL-CONNECTED COMMUNITIES WITH EFFECTIVE INFRASTRUCTURE THAT GROW SUSTAINABLY

Purpose of the Report:

To request an Approval to Procure for 34 Hydrogen Fuel Cell buses enabling us to proceed with the previously agreed introduction of ultra-low and zero emission vehicles. Following a change to the procurement strategy, there is a need to return to Cabinet, as this requirement was not previously reflected on the Annual Procurement Forward Plan approved by Cabinet on 21 December 2021. It is planned to place an order for the Hydrogen Fuel Cell buses in quarter one of 2022/23, with the buses coming into service during the fourth quarter of 2022/23 and the first quarter of 2023/24. Procurement costs are forecast at £16.4m, subject to further negotiation with the supplier.

Recommendations:

It is recommended that Cabinet:

1. Grants Approval to Procure 34 hydrogen fuel cell buses as the next step in accelerating the introduction of ultra-low and zero emission vehicles into Surrey;
2. Supports the drafting of an agreement to be entered into by the Council and bus operator Metrobus that confirms the ownership, leasing arrangements, use and maintenance of the 34 hydrogen fuel cell buses; and
3. Agree decision(s) to procure any additional zero or ultra-low emission buses through new partnership schemes with the bus industry be delegated to the Executive Director for Environment, Transport & Infrastructure and the Executive Director of Resources in consultation with the Cabinet Member for Transport and Infrastructure, once approved by the Capital Programme Panel.

Reason for Recommendations:

Procuring the 34 hydrogen fuel cell buses enables the Council to accelerate the introduction of ultra-low and zero emission buses into Surrey, whilst retaining ownership of the capital asset, i.e. the buses. This will help create more carbon neutral transport options and assist in achieving climate change targets by providing residents with greener and more sustainable travel choices.

Executive Summary:

1. On 24 November 2020 Cabinet supported the establishment of a Surrey Ultra-Low and Zero Emission Scheme to accelerate the introduction of ultra-low and zero emission vehicles onto a range of bus and community transport services. At their meeting, Cabinet agreed that the scheme detail and implementation, once agreed by the Capital Programme Panel (CPP), would be delegated to the Executive Director, Environment, Transport & Infrastructure, the Executive Director of Resources and the Director of Law & Governance in consultation with the Cabinet Member for Transport for final approval.
2. On 11 January 2022, CPP agreed the first zero emission bus scheme, developed with bus operator Metrobus. This scheme is for the Council's procurement of 34 hydrogen fuel cell buses at a cost of £16.4m in total, supported by investment in bus priority measures and more real time information. The Council investment complements a £10m investment being made by Metrobus, UK Government and the EU Jive 2 Project that combined is purchasing a further 20 hydrogen fuel cell buses, plus fuelling infrastructure for use on the Fastway network of services operating in Surrey and Sussex. The order for these 20 buses was recently placed by Metrobus.
3. Following CPP, the required delegated approval was secured. The funding for this project, which is included within the Medium-Term Financial Strategy, has now been moved from capital pipeline to budget. The Council can now advance the project by procuring the 34 hydrogen fuel cell buses, working alongside our partner Metrobus.
4. Originally, it was envisaged that the council would grant fund Metrobus to procure the 34 hydrogen fuel cell buses. However, the Council will now be procuring the buses, ensuring the assets remain in the Council's ownership. This approach requires Cabinet to agree an Approval to Procure as this has not specifically been included in the current Annual Procurement Forward Plan.
5. The Council is working closely with Metrobus on this project. Through a legal agreement with Metrobus, the Council will lease the 34 hydrogen fuel cell buses to Metrobus. This will confirm the Council's ownership of the buses, annual lease costs, maintenance schedule and maintenance costs, with maintenance costs borne solely by Metrobus. The legal agreement will also include a process for vehicle sale or disposal/recycling, inclusive of the return of any and all capital receipts to the Council.

Consultation:

6. There is no consultation requirement required in relation to this project.

Risk Management and Implications:

7. The following key risks associated with the proposed procurement route set out in this report have been identified, along with mitigation activities:

Category	Risk Description	Mitigation Activity
Financial	Cost of the Hydrogen Fuel Cell Buses	Prices will be fixed at the point of ordering and the invoices paid upon vehicle delivery. The council will procure the 34 hydrogen fuel cell buses on at least as good financial terms as Metrobus's purchase of 'their' 20 hydrogen fuel cell buses.
Supplier Performance	Delivery timescales and product quality	The specification of the buses will be agreed jointly between SCC and Metrobus.
Asset and Maintenance	Asset ownership and appropriate maintenance to maintain value	A legal agreement with Metrobus will set out asset ownership, coupled with a maintenance schedule so that the long-term value of the asset is appropriately protected.

Financial and Value for Money Implications:

8. Metrobus is part of the Go-Ahead Group, one of the UK's leading public transport companies, connecting people to their communities across a wide range of bus and rail networks. The procurement will be supported by market testing / benchmarking of supplier costs and a demonstration of overall value for money.

9. The anticipated working life of each hydrogen fuel cell bus is 15 years. An outright purchase of the 34 hydrogen fuel cell buses is proposed as opposed to a leasing arrangement. Bus manufacturers do not offer leasing arrangements themselves. However, a lease could be created with an intermediary finance company, with ownership of the buses effectively passing to them with a lease back arrangement put in place. This 'charging of interest on a loan' arrangement has a greater overall cost and would only be worthy of consideration for short term contracts of five years or less. However, that is not the case here, noting that the entire fleet of Metrobus / Brighton & Hove bus company is fully owned and the company has not sought to lease any of their buses because of the additional costs involved. The advice from the bus industry is for the council to purchase rather than lease the buses to minimise total expenditure over a forecast long working life for the capital assets.

10. Through a legal agreement, to be in place prior to procurement of the buses, the Council will lease the 34 hydrogen fuel cell buses to Metrobus. This will confirm the Council's ownership of the buses, annual lease costs, maintenance schedule and maintenance costs, with maintenance costs borne solely by Metrobus ensuring that no commercial advantage is obtained by Metrobus. The legal agreement will also

include a process for vehicle sale or disposal/recycling, inclusive of the return of any and all capital receipts to the council.

Section 151 Officer Commentary:

11. Although significant progress has been made over the last twelve months to improve the Council's financial position, the medium term financial outlook beyond 2021/22 remains uncertain. The public health crisis has resulted in increased costs which may not be fully funded. With uncertainty about the ongoing impact of this and no clarity on the extent to which both central and local funding sources might be affected in the medium term, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the Council to continue to consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term. The low emission bus scheme has previously been reviewed by the Capital Programme Panel and approved by Cabinet.
12. A decision is now required to enable procurement to proceed. The expected costs are included within the Council's Medium Term Financial Strategy, and as such the Section 151 Officer supports the proposal.

Legal Implications – Monitoring Officer:

13. This report seeks approval to procure 34 hydrogen fuel cell buses; Cabinet is asked to delegate the award of the contract to the Executive Director of Environment, Transport & Infrastructure and the Executive Director of Resources, this is permitted under Article 6 of Part 2 of the Constitution.
14. As the potential value of the new contract is over £500,000 Cabinet approval is required to procure the new contract. Full application of the Public Contract Regulations (PCR) 2015 is applicable, and the procurement process shall need to be in accordance with its requirements as well as the Council Standing Orders and meet the Council's duty to secure best value as provided under the Local Government Act 1999.
15. Legal will review, draft and prepare documentation where required before entering into any contractual obligations.

Equalities and Diversity:

16. The recommendations of this report have no material impact on existing equalities policy and no Equality Impact Assessment is required for this procurement.
17. It is anticipated that there will be no negative consequences as a result of this work programme. The acceleration of the introduction of ultra-low and zero emission buses onto a range of bus services will have many positive consequences, for example, increasing accessibility of services to all protected characteristics.
18. Focusing on implementing more sustainable transport options and assisting in achieving climate change targets will also provide all residents with a greener, more sustainable Surrey, increasing choice and future modal shift. The additional

investment in real time passenger information and bus priority measures will also ensure that greater accessibility to services is achieved for all protected characteristics.

Other Implications:

19. The potential implications for the following Council priorities and policy areas have been considered. Where the impact is potentially significant, a summary of the issues is set out in detail below.

Area assessed:	Direct Implications:
Environmental sustainability	<p>This procurement and the introduction of zero emission buses will support the council's objectives of:</p> <ul style="list-style-type: none"> • Growing a sustainable economy so everyone can benefit. • Tackling health inequality. • Enabling a greener future. • Residents live in clean, safe and green communities where people and organisations embrace their environmental responsibilities. • Journeys across the county are easier, more predictable and safer. • Well-connected communities with effective infrastructure that grow sustainably.
Compliance against net-zero emissions target and future climate compatibility/resilience	<p>This joint project total of 54 hydrogen fuel cell buses will provide clear benefits to the air quality for Surrey residents where the buses operate, including Horley, Redhill, Reigate and Epsom. The council investment enables de-carbonisation on routes that otherwise would have no business case for zero emission buses.</p> <p>In addition to the areas benefitting from hydrogen fuel cell buses, other areas of Mole Valley, Reigate & Banstead and Tandridge will benefit from reduced transport emissions. This is because Metrobus has committed to cascading the existing low emission Euro 6 diesel buses on to other routes in Surrey when they are replaced by the 34 hydrogen fuel cell buses. These other routes are currently operated using much older buses with far higher polluting Euro 3, 4 & 5 emission standards. The cascaded Euro 6 vehicles are significantly cleaner than the buses they will replace and can be cascaded as soon as the hydrogen fuel cell vehicles are in service. This means the previous Metrobus investment in Euro 6 vehicles will remain in Surrey, even though the cascaded routes have no commercial business case for such vehicles. This is a significant additional benefit that will last until these routes can also benefit from zero emission buses in the future.</p> <p>The average carbon emissions from the Metrobus fleet amounts to 1.61kg per mile. Once in service, the scheduled route mileage for the 34 hydrogen fuel cell buses is 1,867,008 miles per annum. Applying the average of 1.61kg per mile, the Council's investment will deliver a carbon saving of 3,005,883kg per annum.</p>

	<p>In addition, once in service, the scheduled route mileage for the additional 20 hydrogen fuel cell buses being purchased by Metrobus as part of this partnership is 1,276,763 miles per annum. Applying the average of 1.61kg per mile, this partnership investment will deliver an additional carbon saving of 2,005,588kg per annum across Surrey and West Sussex.</p> <p>The cascade of less polluting Euro 6 buses onto routes currently operated by more polluting Euro 3, 4 and 5 buses will deliver an additional carbon saving. This calculation can be made once the buses to be phased out of Surrey and their associated route mileage is confirmed.</p>
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What Happens Next:

20. Following acceptance of the recommendations in this report:
- a. Vehicle specification will be agreed with Metrobus, with supplier negotiations continuing to determine the full pricing and payment schedule.
 - b. Legal agreement between the council and Metrobus to be drafted and signed.
 - c. Procurement of 34 Hydrogen Fuel Cell busses, with vehicle delivery dates anticipated across Q4 2022/23 and Q1 2023/24.

Report Author: Paul Millin, Group Manager, Strategic Transport,
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Sources/background papers:

Cabinet paper of 24 November 2020: Accelerating the Introduction of Ultra-Low / Zero Emission Buses and Community Transport Vehicles into Surrey

Record of decision taken under delegated powers by a council officer: Greener Futures - Accelerating the Introduction of a Zero Emission Bus Fleet, decision taken on 17 January to be implemented on 28 January 2022

SURREY COUNTY COUNCIL**CABINET**

DATE:	22 FEBRUARY 2022
REPORT OF CABINET MEMBER:	MATT FURNISS, CABINET MEMBER FOR TRANSPORT AND INFRASTRUCTURE
LEAD OFFICER:	KATIE STEWART, EXECUTIVE DIRECTOR FOR ENVIRONMENT, TRANSPORT AND INFRASTRUCTURE
SUBJECT:	LOCAL AND JOINT COMMITTEE HIGHWAY FUNCTIONS
ORGANISATION STRATEGY PRIORITY AREA:	GROWING A SUSTAINABLE ECONOMY SO EVERYONE CAN BENEFIT/TACKLING HEALTH INEQUALITY/ENABLING A GREENER FUTURE/EMPOWERING COMMUNITIES

Purpose of the Report:

This report seeks Cabinet approval to a change in the way that executive highway functions are taken, transferring them from Local and Joint Committees (LC/JCs) to enable officers to take such decisions in more direct consultation with the relevant members. These changes will take effect from April 2022. This change will sit alongside the development of new engagement methods and tools to enable members and officers to reach out more effectively to residents than is possible through the current model.

This proposal directly supports the commitment the Council made in 2020 to Empowering Communities as one of its core priorities and will contribute toward wider organisation priorities of Enabling a Greener Future, Tackling Health Inequalities, and Growing a Sustainable Economy.

The report sets out the process and timescale for the transfer of these functions and the alternative decision-making processes which are to be put in place.

Recommendations:

It is recommended that Cabinet:

1. Agree to the transfer of all executive highway functions from Local and Joint Committees with effect from the 1st of April 2022.
2. Agree that all executive functions previously delegated to Local and Joint Committees relating to highways are delegated to Officers in consultation with the relevant Divisional Member with effect from the 1st of April 2022.
3. Agree the proposed changes to the Integrated Transport Scheme (ITS) within the Local Highway Schemes budget and the Individual Member Highways Allocations (Capital and Revenue budgets) from April 2022 as set out in this report.
4. Note the proposed involvement of the Communities, Environment & Highways Select Committee in the development of the criteria that will be used to assess projects coming forward for funding from the countywide ITS budget, ahead of the Cabinet Member agreeing such criteria.
5. Agree to delegate authority to the Executive Director of Environment, Transport and Infrastructure and the Director for Highways and Transport in consultation with the Cabinet Member for Transport and Infrastructure to make all necessary changes to

existing highway budgets, criteria, and relevant policies to support the effective transition to these new arrangements.

6. Agree that the Director of Legal and Governance works in conjunction with democratic service officers from Guildford, Runnymede, Woking, and Spelthorne Borough Councils to update their respective Joint Committee constitutions which are in place with the County Council.
7. Agree the Director of Legal and Governance in consultation with the Leader of the Council makes the relevant changes to the Council's Executive and Officer Scheme of delegation as set out within this report.

Reason for Recommendations:

The recommendations within this report will support more efficient local decision making, whilst ensuring that there is transparency and proper scrutiny. These proposals will enable more people to be heard and participate in decision making, leading to better outcomes for our residents.

This is a joint initiative coming from Communities and ETI Directorates consistent with residents' expressed desires to be more involved in what the Council is doing but through events and conversations and not through boards and meetings. This proposal directly supports the commitment the Council made in 2020 to Empowering Communities:

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

Research in the past year has shown that far more residents have been able to communicate with the Council through a wider range of mechanisms than has been the case historically using traditional local and joint committee processes. For instance, in 2021/22, 11 online engagement sessions reached over 50,000 members of the public, whilst in comparison only 650 residents attended LC/JCs between 2019 and 2021 which included councillors from Parish, Districts and Boroughs if they attended to hear proceedings.

Executive Summary:

1. This report recommends and outlines proposals to empower divisional councillors by changing the delegation of executive highway functions currently under the remit of LC/JCs. It sets out the process and timescale for the transfer of these functions, which will come into effect from April 2022.
2. The proposal is designed to respond to the expectation of communities and members of greater engagement and more efficient decision making on several highway activities, which has evolved since the LC/JCs were initially setup. It also aligns with the ambition of the Council to engage in a more constructive way with residents and members to deliver improved outcomes and provide a better customer experience of highways activities.
3. This report relates only to the current highway functions of the LC/JCs, outlining how these functions will be addressed in a different way. The LC/JCs will continue to operate beyond April 2022 and will continue to address libraries decisions, non-executive functions in relation to Public Rights of Way (PROW) and non-decision functions as set out in their terms of reference.

Details

4. The majority of highways functions are delegated to officers to deliver works based on the priorities of Surrey County Council (SCC). However, since 2002, Local Committees (and more recently Joint Committees) have held certain delegated highways functions in order to promote and fund some highway works in their respective areas. LC/JCs also hold responsibility for a number of delegated highway decisions including Traffic Regulation Orders, agreeing local speed limit changes and Stopping Up orders. The full list of current highway functions delegated to LC/JCs is set out in **Annex 1**.
5. The proposals in this report refer to both the executive highway decision functions for LC/JCs, and related highway advisory functions as listed and detailed in **Annex 1**.
6. Under these proposals, executive highway functions will be delegated to officers in consultation with the relevant Divisional Member. As part of this process, Members will be able to draw on an increasing range of engagement methods and tools, to reach out to more of their residents to better understand their priorities, before requesting an officer to make a decision.
7. Divisional Members will continue to be able to consult with District and Borough Councillors and neighbouring County Councillors, particularly for consideration of local integrated transport and wider infrastructure schemes.
8. Critically, the changes will provide Divisional Members with greater individual discretion over a higher value of highway funds to address local issues than is currently the case under LC/JCs. The recent creation of the Highways Engagement Team has created officer capacity which can more constructively support members on their highway priorities and be a dedicated resource to maintain a focus on delivery for residents and other customers in relation to this proposal.

Summary of Key Changes

9. Outlined by key area, the main changes to highway functions proposed are summarised below. All changes detailed in this proposal are contained within the Annex.

Delegated Highway capital budget and revenue budgets

10. It is proposed that a budget allocation will be made directly available to all Members. For 22/23 this will be:

Revenue £7,500 (County total £0.6075m)
Capital £50,000 (County total £4.05m)

Historically, some Committees choose to allocate each individual Member a capital sum, but these amounts are less than what is proposed above.

11. The Member will be able to use this funding to support maintenance on the highway and will also have some flexibility to use it for “minor” Integrated Transport Scheme (ITS) works (such as pedestrian islands, speed limit reviews, new footway links etc) up to a maximum value of £15,000. Members have previously been given guidance and this will be updated to reflect current costs.
12. The actual decisions on how the funding would be spent would be delegated to officers (in the scheme of delegation) but would be taken in consultation with the Divisional Member. Records will be kept for all of these decisions. If any Members choose not to promote the use of all of their allocations, any remaining funds will be used by Officers to support general highway maintenance activities.

13. As part of the allocation process, Highway Officers will arrange an informal meeting of all County Councillors within a district on at least an annual basis, providing the opportunity for Members to consider pooling part of their allocations, toward enabling a more efficient procurement of works gangs and programmes. Officers will also make recommendations to Members on projects and areas they may wish to spend their allocation on in their division.

Integrated Transport Schemes (ITS)

14. In addition to the provision of a proportion of revenue and capital funding for individual Member highway decisions, a countywide ITS budget will be created. This will be £2.95m in line with the approved budget for 22/23 by Council on 8th February 2022.
15. Under these new proposals, Members would have the ability to prioritise and promote one scheme per year for consideration in their division. Each Divisional Member would be expected to engage with the community in developing their proposal to determine which schemes they should put forward for consideration.
16. All proposed schemes will then be assessed and prioritised by officers for funding from the countywide ITS budget under criteria to be agreed by the Cabinet Member. The criteria will likely include assessing how any proposal contributes to road safety or accessibility and wider county priorities such as greener futures and the Surrey Transport Plan.
17. It is proposed that the Communities, Environment and Highways Select Committee (CEHSC) are involved in developing the updated criteria. The Cabinet Member will approve the annual programme. Where developer contributions are available, these will supplement the ITS programme for the area in which they are received, in line with any planning conditions.

Review of On-street parking management

18. It is proposed that on-street parking reviews would be taken by officers in consultation with the Divisional Member in line with the County parking strategy. For any changes to on-street parking arising from such reviews, the established community consultation process set out in the parking review process will continue. Separate arrangements exist within Guildford Borough and County officers will work with their borough colleagues to ensure these principles are adopted.
19. A new budget will be created to support feasibility studies and technical appraisals for Member ideas and schemes as described above, including Community Infrastructure Levy (CIL) bids. This will be supplemented by the on-street parking surplus. The three existing commitments for this funding (Guildford Park & Ride, Woking Town Centre Agreement, and supplementary support for Elmbridge parking reviews) will be reviewed to ensure they offer good value and are aligned to current County Council priorities. The current agency agreements with the District & Boroughs for on-street enforcement expire at the end of March 2023.

Transitional arrangements

20. Committees are determining their programmes for 22/23, but the revised funding arrangements will start from 22/23 with each Member having a capital allocation of £50k. As a result, not all the existing Committee programmes agreed by LC/JCs for 22/23 will be affordable. Therefore, the proposed Countywide ITS allocation of £2.95m will be split between the 11 committee areas, based on existing methodology and the top prioritised Committee schemes in those areas will be progressed for construction. On this basis as recommended by the CEHSC each District / Borough will be allocated £100k (making a total of £1.1m), and the remaining £1.85m will be distributed in line with the number of County Councillors for each District / Borough. This is shown in **Table 1** below. Those schemes not prioritised for the transitional year budget will not be

funded in 22/23, and it will be for the relevant Member to prioritise them for consideration in future years if they remain a priority.

Table 1. Countywide Integrated Transport Scheme (ITS) 22/23 £2.95M Allocations

	No. Divisional Members	ITS 22/23 Apportioned using same methodology as previously (£100k+)
Elmbridge	9	305,551
Epsom & Ewell	5	214,195
Guildford	10	328,390
Mole Valley	6	237,034
Reigate & Banstead	10	328,390
Runneymede	6	237,034
Spelthorne	7	259,873
Surrey Heath	6	237,034
Tandridge	6	237,034
Waverley	9	305,551
Woking	7	259,873

Petitions

21. As a result of these changes, the public will still be able to submit petitions on highway matters, via the Council's existing petition schemeⁱⁱ with petitions continuing to be heard by the most appropriate committee or person, but from April 2022 one of the routes for consideration will be removed as petitions on this subject will be dealt with outside of Local and Joint Committees.
22. However, this proposed change reflects the fact that a majority of petitions received through LC/JCs could have been handled in a faster and more efficient way had they not gone through this route. Since 2018, 87% of those received were considered service requests, which from April 2022 would receive a response within 28 days rather than waiting several months for the next committee cycle. Further, in total, there has been a reduction in the number of petitions taken at LC/JCs (a 37% decrease over the last 3 years).
23. SCC Highways has invested to enhance online highway reporting mechanisms to best serve residents and members. It is expected that between these mechanisms and trends in petitions more generally, that the proposed approach will enable residents to resolve their concerns more efficiently, whilst preserving the ability for residents who genuinely do need to pursue a petition through the other established channels.

Public questions

24. For LC/JC public questions, 81% currently relate to highway matters including parking. It is proposed that highway questions will be addressed via the County Council's digital reporting functions, although the option will remain for questions to be submitted to the Divisional Member, Cabinet Member for Transport and Infrastructure, or to Cabinet.

25. In addition, as set out above, the service has improved the online reporting functions which make it clearer to residents of our service standards. There is an ongoing programme of making more information accessible online; for example, our capital maintenance work (known as Project Horizon) is available in a map-based format and all planned road works can be viewed via our website. These tools will enable improved self-service for those residents that can resolve their questions in this way, whilst the option will remain for those that cannot to address their questions through the channels set out above.

Scrutiny and overview

26. As is the case with all current highway processes, all decisions will continue to comply with existing County Council policies (i.e. financial, speed limit, parking). If a situation arises where there are conflicting views between an officer and Divisional Member in relation to the taking of a decision which falls within the scope of these proposals, then this would be formally escalated to the Cabinet Member for decision in line with the existing process.
27. Where decisions impact the entire county, the Cabinet Member and/or Cabinet will continue to make these decisions formally at public meetings, such as minimum cost of parking permits etc.
28. On at least an annual basis, the CEHSC would be presented with a report of all the highway decisions covered specifically by these proposals that have been made by officers in consultation with the Divisional Members as well as those made by the Cabinet Member. This will give an opportunity for the CEHSC to provide regular oversight to the decision making set out in these proposals.
29. The CEHSC would be able to make recommendations to Cabinet in respect of its findings through this scrutiny process, as well as in respect of any improvements it might recommend to the process.

Benefits

30. The transfer of Highway decision making from LC/JCs will contribute directly to the Council's Empowering Communities priority, yielding a number of benefits for the organisation and key stakeholders.

Benefits for Residents

31. These proposals will contribute to residents feeling better able to connect with members on their own terms. Local and Joint Committees have to date provided a relatively formalised and rigid form of engagement for residents on highway matters. The Council can now call upon a far wider range of engagement tools. This offers greater flexibility to adapt an approach to best fit the topic or issue under consideration.
32. Throughout 2022, the use of an increasing range of engagement methods and tools will help encourage and empower more residents to participate in and influence the area in which they live, particularly those from whom the Council does not usually hear. For example, localised issues can be worked through in discussion with Councillors and residents (e.g. a Councillor hosting a Facebook Live "surgery" or poll to hear directly from their residents). Wider topics could be outlined in a public stakeholder engagement event or presented digitally using Commonplace, either through a survey or interactive map, to reach a greater number of people and gauge public opinion, as successfully illustrated for the recent tranche of active travel schemes.

Benefits for Members

33. This approach will give elected Members more direct influence over local highway matters, whilst delivering for their residents in a shorter timeframe by being able to make decisions outside of the committee process and timetable.
34. Members will have greater individual discretion over a higher value of highway funds to be able to seek resolution to local issues raised by residents than is currently the case under LC/JCs.
35. Members will be able to reach out to more of their residents to better understand their priorities, by drawing on a range of informal engagement methods and tools.

Benefits for Partners

36. This is a collaborative and open approach, and there is a commitment from the County Council to work closely with partners and to enter into collaborative discussions for the benefit of residents to continue to deliver shared highway infrastructure proposals. District and Boroughs (D&Bs) have been engaged in the preparation of this Cabinet report.

Consultation

37. The Leader and Cabinet Member for Communities have been consulted in relation to the proposed changes.
38. This report has been prepared in collaboration with the Executive Director for Communities, in conjunction with the Director for Highways and Transport, and the Head of Community Partnerships and Engagement. The Director of Law and Governance has also been directly consulted throughout the development of these proposals.
39. Specific briefing sessions were held with opposition group leaders on the contents of the proposals in this report. In addition, a wider briefing document has been prepared and circulated to all County Councillors ahead of Cabinet consideration of the report.
40. In view of wider District and Borough (D&Bs) engagement within LC/JCs, briefings ahead of this Cabinet report have been provided via Surrey Leaders and Chief Executives (CEX) meetings. A briefing has also been provided to the Chairman and Vice-Chairman of the Surrey Association of Local Councils (SALC).
41. A draft of this Cabinet report was shared with CEHSC at a special public session held on Monday 7th February. Feedback from this session has been incorporated into this final report.
42. The CEHSC, in principle, were supportive of the recommendations outlined in this report, subject to a number of areas being addressed. The response from Cabinet to the CEHSC recommendations will be delivered outside of this report.

Risk Management and Implications:

43. A summary of risks arising from these proposals along with mitigations is set out in the table below.

Summary Table of Risks and Key Mitigations

Risk description	Mitigation action/strategy
Implementation of the new changes to highway funding streams and decision processes causes delays to schemes	Proposed changes to highway decisions and budgets are being taken forward in parallel with the SCC budget setting process through Cabinet.

Lack of overview of funding streams expenditure	Decisions will be recorded and available in an accessible audit log. Information on decisions is to be provided in a format that could be shared with the community.
Ensuring highway funds allocated under these proposals align with SCC Policies and Standards	The funding of projects would need to be consistent with SCC countywide policies and standards. ITS schemes will be assessed by officers against updated assessment criteria. Changes to on-street parking and speed limits will follow established community consultation processes.
Ensuring that there is no reduction in opportunities for resident engagement in highway priorities.	The utilisation of a greater variety of engagement tools will make it easier for residents to play an active role in decisions and priority setting.

Financial and Value for Money Implications:

44. The 2022/23 budget for Highways & Transport includes a revenue local scheme allocation of £0.6m, and capital of £7m. The recommended approach will lead to changes in the way that budget is managed; however, it is not proposed that the overall amount changes. Money will continue to be allocated and spent in line with the Council's agreed policies and processes, thus securing value for money.

Section 151 Officer Commentary:

45. Although significant progress has been made over the last twelve months to improve the Council's financial position, the medium-term financial outlook beyond 2021/22 remains uncertain. The public health crisis has resulted in increased costs which may not be fully funded. With uncertainty about the ongoing impact of this and no clarity on the extent to which both central and local funding sources might be affected in the medium term, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the Council to continue to consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term. The recommendations in this report concern how decisions are made, including decisions to spend. Those decisions will continue to be made in accordance with appropriate Council policies and regulations, and within the Council's Medium-Term Financial Strategy. As such, the Section 151 Officer supports the proposals.

Legal Implications – Monitoring Officer:

46. The Leader has responsibility to determine the Scheme of Delegation for executive decisions further to the Local Government Act 2000 and may delegate these to the Cabinet, a Cabinet member, an officer, or a local committee. The Executive Scheme of Delegation is reported to the Council for information and incorporated into the Council's constitution.
47. A number of the highway functions referred to must be subject of notice and statutory consultation prior to any final decision being taken as currently.
48. The terms of reference of Local and Joint Committees incorporate the discharge of executive functions as allocated in the Scheme of Delegation from time to time. These are set out in the terms of reference of the Committees and will require amendment.
49. Any decisions made by the Cabinet Member under the proposed arrangements are subject to scrutiny and call-in in the usual way.

Equalities and Diversity:

50. It was determined, in consultation with the Director for Law and Governance, that an Equalities Impact Assessment was not required for changes to the governance processes of the County Council as set out in the constitution.
51. By widening engagement access to the Council's decision-making processes, the proposals as set out in this Cabinet report are considered to have a positive impact for Surrey residents.

Other Implications:

52. The potential implications for the following council priorities and policy areas have been considered. Where the impact is potentially significant a summary of the issues is set out in detail below.

Area assessed:	Direct Implications:
Corporate Parenting/Looked After Children	No direct implications
Safeguarding responsibilities for vulnerable children and adults	No direct implications
Environmental sustainability	Updated assessment criteria will be consistent with and where possible contribute toward SCC sustainability and climate change commitments
Public Health	No direct implications

What Happens Next:

53. The changes to the Council's constitution will be reported to Council on 22 March 2022. The Director of Legal and Governance will work alongside the four joint committee democratic service officers to update the respective Joint Committee constitutions to keep these aligned with the County Council's constitution. The County Council currently has Joint Committee arrangements with four D&Bs (Woking, Guildford, Runnymede, and Spelthorne). Under recommendation six Cabinet agreement is sought for the Director of Legal and Governance to work in conjunction with democratic service officers to update the respective Joint Committee constitutions to keep these aligned.
54. The finance team will work with highway officers to make required changes to highway budgets and operating procedures.
55. Highway officers will work with the CEHSC to develop an updated ITS assessment criteria, which will be recommended to the Cabinet Member for approval.

Report Author:

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Consulted:

The Leader, Portfolio Holders for Transport, and Infrastructure and for Communities
 Communities, Environment and Highway Select Committee
 Chairman of Surrey Association of Local Councils
 Group Leaders
 D&B Leaders and Chief Executives
 Executive Directors for Environment Transport & Infrastructure and for Communities
 Corporate Leadership Team

Annexes:

Annex 1: Proposed revisions to the local and joint committee delegations

Sources/background papers:

25/01/2022 Cabinet Report Item 9: 2022/23 Final Budget and Medium-Term Financial Strategy to 2026/27 [Final Budget Cabinet Template Cover Report.pdf \(surreycc.gov.uk\)](https://www.surreycc.gov.uk/~/media/2022/01/25/2022-23-Final-Budget-and-Medium-Term-Financial-Strategy-to-2026-27-Final-Budget-Cabinet-Template-Cover-Report.pdf)

Annex 1

Proposed revisions to the Local and Joint committee highway delegations

Local and Joint Committee highway executive functions	Proposed decision-making route	Officer delegation
<p>The allocation of the highway capital budget and highway revenue budget which are devolved to the Local / Joint Committee for minor highway improvements, and highway maintenance, within the committee's area including the scope to use a proportion of either budget to facilitate local initiatives.</p>	<p>Local Budget:</p> <p>i) For Capital and Revenue Maintenance - Retained by service and:</p> <p>a. Individual budget allocated to Members in same way as currently and decision delegated to officers in consultation with local Member.</p> <p>ii) For Integrated Transport Scheme, Members propose one scheme for assessment and consideration before Officer and/ or Cabinet Member decision</p>	<p>Highways Engagement & Commissioning Manager</p> <p>Group Manager Highway Operations & Infrastructure</p> <p>Director Highways & Transport</p>
<p>b. To allocate funds to review on-street parking management, including local parking charges where appropriate and to approve the statutory advertisement of Traffic Regulation Orders relating to on-street parking controls.</p>	<p>On-street restrictions:</p> <p>i) Officers consult local Members on requests received – no change. Then officer takes final decision in consultation with local Member. On the few issues that require senior political agreement, Cabinet Member decision.</p> <p>Local charges:</p> <p>ii) Decision taken by Cabinet Member in consultation with local Members. Supplemented by engagement with residents and future parking strategies</p>	<p>Parking & Traffic Enforcement Manager</p> <p>Highways Engagement & Commissioning Manager</p> <p>Group Manager Highway Operations & Infrastructure</p> <p>Director Highways & Transport</p>
<p>To agree local speed limits on County Council roads within their area and to approve the statutory advertisement of speed limit orders, taking into account the advice of the</p>	<p>Speed Limits</p> <p>Officer assesses and consults Divisional Member. Officer takes decision. However, if Divisional Member disagrees, would refer to Cabinet Member.</p>	<p>Highways Engagement & Commissioning Manager</p> <p>Group Manager Highways Operations & Infrastructure</p>

Surrey Police road safety and traffic management team and with regard to the County Council Speed Limit Policy.		Director Highways & Transport
To approve the statutory advertisement of all legal orders or appropriate notifications relating to highway schemes within the delegated powers of the Local / Joint Committee.	Statutory advertisement of all legal Orders Officer assesses need to introduce a scheme and consults Divisional Member. Officer takes decision. However, if Divisional Member disagrees, would refer to Cabinet Member.	Highways Engagement & Commissioning Manager Group Manager Highways Operations & Infrastructure Director Highways & Transport
Where, under delegated powers, the Parking Strategy and Implementation Team Manager or Area Team Manager has chosen to refer the decision on whether a Traffic Regulation Order should be made to the Local / Joint Committee, the committee will make that decision.	Not needed	N/A
To consider applications for stopping up a highway under section 116 of the Highways Act 1980 when, following consent of any relevant borough/district/parish council, unresolved objections have been received during the period of statutory public advertisement, and to decide whether the application should proceed to the Magistrates' Court.	Stopping Up Orders Amendment and addition to Removal of Public Rights over Roads and Highways Land policy agreed 2010 for Cabinet Member decision.	Highways Engagement & Commissioning Manager Highways Technical Support & Communication Manager Group Manager Highway Operations & Infrastructure Director Highways & Transport
The County Council members of Local / Joint Committees may take decisions in response to local needs, within the County Council's general power of competence and in accordance with the financial framework and policies of the County Council.	Not required	

Local and Joint Committee Highway Executive Functions - Service Monitoring, Scrutiny & Issues of Local Concern	Proposed route for consideration
ii) In relation to Community Highway Enhancement allocations, receive a report on all projects approved by Individual Members of the authority under delegated authority, or by the Area Team Manager where Members have requested that their allocations be combined to be spent in one or more divisions.	N/A
ix) Be informed of and receive appropriate reports on highway initiatives and/or improvements either wholly or partly in their area.	Divisional Members will be kept abreast of updates in their local areas.
x) Monitor local initiatives agreed and funded by Local / Joint Committees.	N/A
xi) Oversee and monitor on-street parking enforcement including financials in its area subject to terms of reference, agreed by the committee, which best suit its particular local circumstances.	This will be reviewed as part of the new agency agreements post-2023.

ⁱ Surrey County Council Community Vision for 2030

ⁱⁱ Petition Scheme - https://www.surreycc.gov.uk/__data/assets/pdf_file/0007/253195/SCC-Petition-Scheme-amended-Feb-21.pdf

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SURREY COUNTY COUNCIL**CABINET****DATE: 22 FEBRUARY 2022**

13

REPORT OF CABINET MEMBER: TIM OLIVER, LEADER OF THE COUNCIL**LEAD OFFICER: RACHEL CROSSLEY, JOINT EXECUTIVE DIRECTOR FOR PUBLIC SERVICE REFORM****SUBJECT: HARNESSING THE POWER OF DATA****ORGANISATION STRATEGY PRIORITY AREA: GROWING A SUSTAINABLE ECONOMY SO EVERYONE CAN BENEFIT/ TACKLING HEALTH INEQUALITY/ENABLING A GREENER FUTURE/ EMPOWERING COMMUNITIES****Purpose of the Report:**

This report provides an overview of the Surrey County Council (SCC) Data Strategy, its ambition and purpose, and the progress made to date. It will also provide an update on the work of the Surrey Office of Data Analytics and the Surrey-wide Data Strategy. These initiatives are bringing partners together from across the county to look at how data sharing can be improved and what a collaborative analytics ecosystem might look like, to deliver better services to Surrey residents.

The SCC Data Strategy, and the activities required to deliver it, complements and enables other key strategies, namely the Surrey County Council Organisation Strategy and the Surrey County Council Digital Strategy. It also closely aligns with and will empower the Council to fully contribute to the Surrey-wide Data Strategy, which is currently in development. In addition, delivery of the strategy will support each of the organisation's four strategic priority areas which have a dependency on good quality, accessible data to achieve the desired outcomes.

Recommendations:

It is recommended that Cabinet:

1. Support the overall ambition outlined within the Surrey County Council (SCC) Data Strategy.
2. Support the recommended activities outlined in the strategy.
3. Agree to encourage the services within their portfolios to support and engage with the SCC Data Strategy.
4. Note the work with partners to develop a Surrey-wide strategy which improves data sharing to deliver better services to Surrey residents.
5. Note that the Data Strategy is currently funded through SCC's Transformation Fund and funding for the ongoing permanent costs of the strategy still need to be identified.

Reason for Recommendations:

Data is recognised in the Government's National Data Strategy as a strategic asset and the 'great opportunity of our time, offering the possibility of a more informed and better-connected future.' Surrey County Council also fully recognise the potential data brings and have big ambitions for how data is managed, governed, and used in the future. The Council aspires to be truly data-enabled; using data to not just understand the performance of

services and monitor what has happened, but also to help plan and prepare for the future, predicting issues before they arise.

To meet this ambition and harness the power of data for the Council, its partners and residents, the organisation needs to address the 'gap' in capabilities, skills and behaviours highlighted by a data review undertaken last year.

Delivering the SCC Data Strategy and building a sustainable data capability will enable the Council to fill the gap and tackle the root causes of the issues highlighted by the data review. It will build a data literate and data empowered workforce. Focusing on this work will be essential to enabling the Council to contribute fully to a wider partnership data and insight ecosystem, that the Surrey-wide Data Strategy is aiming to define and establish.

Executive Summary:

1. Data has been a lifeline during the global coronavirus pandemic. The fact that government, businesses, organisations, and public services have been able to share vital information quickly, effectively, and ethically during the pandemic has not only saved countless lives, but has kept the economy running, and enabled the Council to deliver services to residents during a period of unprecedented disruption. More than ever before, the Council understands the potential of data as a key enabler to delivering better outcomes for Surrey residents.
2. The Council's ambition therefore is to become a data enabled organisation, using data to underpin policy, decisions, and actions in its effort to improve services and outcomes for residents, businesses, and the county.

Missing capabilities

3. To become truly data-enabled, the Council need to have data that is high quality and fit for purpose, as well as an organisational culture that understands and values data and actively seeks to use it.
4. A data review, conducted last year with officers at different levels of the Council, assessed the data maturity of the organisation and highlighted some missing capabilities, skills and behaviours that currently stop the Council from getting the most from its data. Analysis of the review findings highlighted some possible root causes for these problems.
 - I. There is a lack of common understanding about why data is important which leads the Council not to value it enough. As a result, the governance and management of data is not always prioritised in the same way that it is for other vital assets and resources such as finance or employees.
 - II. There is a lack of understanding about how to get the most from Council data and skills to use it in a way that is effective and leads to action, are not available across the breath of the organisation.
 - III. There isn't a consistent, inclusive culture and way of working across the Council and with partners, which leads to fragmentation of data, lack of visibility, lack of access and a culture of overprotection. It results in a situation where the organisation doesn't have a full picture of the data that exists in

different services, how to access the data that each service holds, and teams have different interpretations and ways of describing their data.

5. The barriers to achieving the Council's ambition therefore can be considered from two perspectives, first in terms of the foundations that need to be in place to improve its data, and second the skills and behaviours that support its effective use.
6. A lack of maturity across both these areas currently means that the intelligence and insight that the Council produces from its data isn't as impactful as it could be.

Purpose of the SCC Data Strategy

7. The SCC Data Strategy has been developed in response to the findings from the data review and with extensive engagement with leaders and officers. It articulates a common vision for data and describes the outcomes that the Council needs to deliver to realise it.
8. The scope of the strategy covers data in a broad sense, from how the Council manages and governs it, to how it is used to create actionable insights. The strategy has been designed to be ambitious, as well as actionable and pragmatic and will demand a focus on people, culture, and governance, as well as data and technology.
9. The actions within the SCC Data Strategy are organised into three focus areas:
 - I. Building the foundations and putting in place those basic fundamentals (governance, policies, processes, and systems) so that the Council can use its data more effectively for the benefit of residents.
 - II. Developing innovative approaches to insight to show how data analytics can be used to deliver the outcomes that the organisation wants to see.
 - III. Building the skills and knowledge of its workforce at all levels of the organisation, so that staff are confident in managing, analysing, and interpreting data.
10. Within these three areas there are several key projects which include:
 - developing an organisation-wide data governance framework,
 - building an organisation-wide data catalogue,
 - mastering the Council's business-critical data,
 - reviewing the organisation's data architecture,
 - delivering initial analytics pilots adopting tried and tested methodologies
 - establishing a data academy
 - embedding data ethics in data practices and processes across the Council.
11. To ensure the solutions in this data strategy effectively target underlying issues rather than just treating the symptoms short-term, the findings were analysed through a root cause analysis (RCA). Each of these projects will therefore build towards the outcomes the Council need to deliver.
12. It will be essential that once the projects have been delivered that the Council is left with a sustainable data capability, not only in the tools and processes that have been embedded but also through the establishment of several new roles to drive, co-ordinate and champion the activities described in this strategy. If data is to be treated as an asset within the Council, it will need to have a similar parity to other assets, e.g. finance and property.

13. The SCC Data Strategy is internally focused on transforming the Council's capabilities, skills and behaviours related to managing, governing, and using data. This work is not only essential for the Council, but it will also enable it to participate fully, effectively, and confidently within the wider system and place-based data work. It will also ensure the Council has better control and decision-making structures in place to drive and support this Surrey-wide work. Building strong links between both the SCC and the Surrey-wide data programmes is already underway to ensure we don't duplicate but can leverage and amplify activity, capability and learning across all workstreams.

Progress on SCC Data Strategy

14. Transformation funding from both the Digital and Data Insight programmes has been used to kick-start work on the three SCC Data Strategy workstreams. Work to date includes (with the focus area it relates to identified in brackets):
- The procurement of two new data governance tools which will be completed before the end of the financial year. These tools will enable the Council to better understand what data is held, where it is, how to get access to it and how it needs to be protected as well then being able to assess the quality of that data (Building the foundations)
 - Testing a more outcome-led approach through the Surrey Office of Data Analytics (SODA). SODA is a coalition of partners across Surrey collaborating on data analytics to deliver insights. By working together SODA has focused on tackling common barriers to data sharing and collaboration and developed products that directly improve public services. Projects completed to date include:
 - [A multi-agency understanding of Domestic Abuse in Surrey](#) that gives a more granular picture of what is known by each organisation about the population currently affected by domestic abuse.
 - An analysis of [Digital Inclusion](#) in Surrey, that includes a 'persona' bank showing the different needs, experiences and barriers of people who are experiencing digital exclusion, an estimate of the size of each group, and a digital exclusion map to show the geographical spread of digital exclusion indicators. (New approaches to insight)
 - The first training offer for staff was launched in the autumn. This analytics-focused apprenticeship, delivered by the Data Analytics Centre of Excellence within IT and Digital saw 33 officers graduate from the Data Visualisation with Tableau course, at the end of last year. (Engagement and skills)
15. Recruitment of additional expert capacity to support the delivery of the strategy is also underway. New roles include data stewards, a data architect, and a new head of data as well as some programme roles.
16. Most roles will be recruited on a fixed term contract, but the ambition will be to mainstream some, where capabilities do not currently exist, to ensure the long-term sustainability and focus for the organisation is realised.

17. Collaborative data sharing and analytics presents a unique opportunity to harness the breadth and depth of data held in partner organisations across Surrey, to ensure all organisations do the best for residents, patients, and communities. The achievements of SODA, the collective response to the COVID-19 pandemic and the work on Population Health Management (PHM), has shown that by working and learning together it is possible to identify what great practice looks like and work to develop the necessary capabilities to achieve collective outcomes.
18. Collaboration can address issues that transcend organisational and geographical boundaries by strengthening cross-department and organisational sharing and collaboration with data. If partners improve the way they collaborate across the system, they can also provide better skills development opportunities for staff, and shape the technology market by speaking with a collective voice.
19. The Health and Wellbeing Board and Surrey Heartlands Integrated Care System Executive have therefore commissioned a Surrey-wide Data Strategy to underpin models of service delivery and care in Surrey. Part of this work is exploring how partners can make appropriate information sharing and collaborative data analytics frictionless across organisations.
20. The steering group for this work is being chaired by Gavin Stephens, Surrey Police Chief Constable. The ambition is to develop a strategy to benefit Surrey residents and support informed decision making and evidence-based recommendations to:
 - Improve population health and health care
 - Reduce health inequalities
 - Enhance productivity and value for money
 - Improve commissioning and operational decision making at a county level.
21. There are four active workstreams driving the development of the strategy:
 - stakeholder engagement – which is working with partners at a system and placed based level, to define the high-level vision and opportunities for appropriate data sharing and collaboration
 - data and technical infrastructure – which is using the outputs of the stakeholder engagement to design high-level options/recommendations for an infrastructure that supports the vision
 - data/analytics operating model – which is mapping the analytics capability across partners before looking at operating model recommendations.
 - communications and engagement – which is focussed on ensuring partners, workforce, patients, and residents are involved and kept up to date on progress and plans.
22. The stakeholder workshops held in December 2021 and January 2022 have been well attended and have shown that there is a real desire to work together at scale. High-level principles to guide a common approach in areas such as data architecture, ways of working and information governance have had broad agreement within workshops, signalling that this work is moving in the right direction and is beginning to establish a common ambition and clear focus.

23. Practically, the workshops have highlighted many areas, including population and emergency planning, or tackling complex problems such as poverty or improving mental health support, which would benefit from a collaborative approach, and these provide an opportunity to develop solutions that could be scaled.
24. The workshops have also been useful at highlighting the inherent complexity of working at a system and place-based level and the challenges that will need to be addressed. Some of the emerging themes coming out of the workshops include:
- The various levels of data maturity across the organisations in Surrey which impact on things like availability and quality of data, mechanisms for sharing and levels of risk tolerated.
 - The different ways of describing things between different sectors (e.g., vulnerabilities, risks, addresses) and the use of acronyms and specialist terminology
 - A lack of understanding of the capabilities, roles, responsibilities, and data that is collected/available for use
 - Unclear processes around the retention of data after sharing and the link to ethics.
25. Key to the success of this work is ensuring there are agreed principles supporting the culture and mindset to work collaboratively as well as frameworks for decision making and implementation. Partners will need to focus on specific and measurable areas for improvement to create a future blueprint for ways of working, that can be scaled once established.
26. The Surrey-wide Data Strategy was presented at the Surrey Forum on 18 January and endorsed by those in attendance, with enthusiasm to align this work with the collective priorities of the Forum. The Surrey Local Resilience Forum and a number of the organisations represented on the Surrey Forum are also embedded in the data strategy workstreams.

Consultation:

27. The development of the Council's data strategy was the result of input from over 250 officers that took part in the data maturity survey, over 120 officers from across all directorates that attended eight different workshop and every member of the Council Leadership Team (CLT).
28. In support of the Surrey-wide Data Strategy, four place-based and three system level workshops were held in December 2021 and January 2022. These have included more than 80 attendees from partners across the county including District and Boroughs, Surrey Heartlands, Surrey Police, Surrey County Council, and members of the third sector. Further workshops are also taking place this month (February). In addition, a feedback mechanism and surveys have also been developed to ensure the capture input from colleagues and partners across the system, including District and Borough councils and the Voluntary and Community sector.
29. At the end of January, residents were consulted about their expectations on the use of their data by partners within the county via the citizen's panel. The purpose was to understand more about residents' trust in organisations to look after and share their

data appropriately. The findings will be used to inform and support work around data sharing and ethics both for the SCC Data Strategy and the wider Surrey data work.

30. In June 2021 the Health and Wellbeing Board endorsed the need to renew the ambition around data and intelligence, to inform and monitor the ambitions of the refreshed Health and Wellbeing Strategy and agreed that Chief Constable Gavin Stephens (Surrey Police), leads on behalf of the wider system.

Risk Management and Implications:

31. There are reputational, productivity and resident experience risks associated with not managing and governing the Council's data. These risks include but are not limited to: duplication of work and resources, making decisions and developing policies based on poor quality data, asking residents to continually repeat core information about themselves and being unable to contribute to Surrey-wide data work confidently and effectively. The implementation of the Data Strategy is the mitigation for these risks.
32. There is a risk that the Council treats the SCC Data Strategy as a project that needs to be completed, rather than a capability that needs to be built and embedded long term. To mitigate this risk focus will be given to building data thinking into existing processes and establishing the long-term operating model and funding.
33. There is a risk that the organisation gets impatient and loses faith in the direction of travel. It needs to be acknowledged that this work will be incremental, complex, and unglamorous but is essential for the Council if it is to harness the power and value of data for future benefit. To mitigate this risk, benefits will be tracked and communicated. A change manager will also be recruited to help ensure good quality, regular communication and change activities support all projects.
34. There is a risk that services won't want to engage with this work, through fears about data privacy, additional workload, or an assertion that their service data needs to be handled differently. The mitigations for this risk are to:
- continue engagement at all levels within the Council, ensuring that services and directorates can input into the delivery of the strategy and feel ownership of it,
 - build the data governance framework for the organisation to create space to have collaborative conversations about data and make organisational focused decisions,
 - maintain CLT sponsorship and involvement with this work,
 - ensure the principle of privacy by design is at the heart of all projects.
35. In recent years there have been several examples, including the Covid-19 pandemic, that have highlighted the need for a joined-up public service response in which urgent or timely data sharing can make a huge difference to public health and safety. There is therefore a risk that not sharing data (or not doing it quickly), in certain circumstances, can lead to more harmful consequences. The delivery of both the SCC and the Surrey-wide Data Strategies are the mitigation for this risk.

Financial and Value for Money Implications:

36. The Council aims to create a strategic capability within the organisation to drive the work required to govern and manage its data in the same way that it does for other vital assets and resources. To do this the Council will need additional expert capacity and will need to invest in some additional data governance tools.
37. The process of building this capability, and essentially initiating a shift in mindset, culture, behaviours, and ways of working requires a range of staffing and non-staffing expenditure on data tools, sharing platforms and external specialist expertise. These costs have initially been financed by transformation funding, which is currently secured up to 2022/23. A further request for transformation funding has been prepared for 2023/24, although this will need to be refreshed as part of the formal bidding process for the 2023/24 budget. Some of this additional capacity will be needed long term and will therefore need to be mainstreamed over the next few years, resulting in c. £468,000 of ongoing permanent costs for which Council funding is yet to be identified and confirmed.
38. The table below summaries the actual and planned expenditure on SCC's Data Strategy.

Type of expenditure	Transformation funding approved		Transformation funding requested	SCC funding to be identified
	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 onwards £000
Strategy staff costs	114	618	437	338
Metadata and data Quality tools	120	120	120	120
Data sharing agreement tool and technical capability (supporting Surrey-wide work)	0	80	80	10
Information Governance specialist support	0	28	28	0
Change management	0	20	20	0
Total	234	866	685	468

39. The requirement for c. £468,000 of ongoing permanent expenditure on staffing, tools and resources will need to be factored into future years planning as part of the Medium Term Financial Strategy process (MTFS). As part of this, work will be undertaken to identify potential efficiencies derived from the strategy. This will be taken forwards through Track 2 of the Council's Twin Track MTFS which focuses on the longer term cross organisational benefits derived from initiatives such as SCC's Data Strategy in 2023/24 and beyond.
40. Key expected benefits will include reduction in corporate and reputation risk, reductions in the time and cost of finding and cleaning data and better accessibility to good quality data for insight purposes, policy and commissioning decision making as well as supporting the Council's wider partnership ambitions and collaborative analytics ecosystem. Whilst it will be challenging to pinpoint specific cashable efficiencies, there will certainly be financial benefits through reducing time taken to access data and improving decision-making based on enhanced data insight.

Section 151 Officer Commentary:

- 41. Although significant progress has been made over the last twelve months to improve the Council’s financial position, the medium term financial outlook beyond 2021/22 remains uncertain. The public health crisis has resulted in increased costs which may not be fully funded. With uncertainty about the ongoing impact of this and no clarity on the extent to which both central and local funding sources might be affected in the medium term, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the Council to continue to consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term.
- 42. In this context the Section 151 Officer recognises the importance of SCC’s Data Strategy in improving the Council’s access to and ability to gain the most insight from data, but also cautions that a permanent sustainable funding solution for this strategy has not yet been identified. This will need to be identified through agreeing SCC’s Medium Term Financial Strategy for 2023/24 and beyond, to enable the objectives of the Data Strategy to be embedded.

Legal Implications – Monitoring Officer:

- 43. There are no significant legal implications arising at this stage, although as the report indicates, the Council operates within a significant legal framework under which data and information must be managed including its governance, transparency and security which the strategy will incorporate.

Equalities and Diversity:

- 44. Equality impact assessments will be undertaken, where relevant, as policies and projects are designed, to ensure they do not present barriers to participation or disadvantage any protected groups from participation.

Other Implications:

- 45. The potential implications for the following Council priorities and policy areas have been considered.

Area assessed:	Direct Implications:
Corporate Parenting/Looked After Children	Not applicable, but delivery of the SCC Data Strategy will support better management, governance and use of data for the benefit of children and their families
Safeguarding responsibilities for vulnerable children and adults	Not applicable, but delivery of the SCC Data Strategy will support better management, governance and use of data for the benefit of children and their families
Environmental sustainability	Not applicable, but delivery of the SCC Data Strategy will support better management, governance and use of data to help support environmental decision making

Compliance against net-zero emissions target and future climate compatibility/resilience	Not applicable, but delivery of the SCC Data Strategy will support better management, governance and use of data to help understand and monitor compliance against net-zero targets
Public Health	Not applicable, but delivery of the SCC Data Strategy will support better management, governance and use of data to support the work of Public Health.

What Happens Next:

46. In total there are 22 proposed projects within the SCC Data Strategy which will take place over the next three years to build, establish and embed data as a sustainable capability within the organisation.
47. Recruitment of the additional capacity and expertise to drive the delivery of the SCC Data Strategy is planned for completion by March 2022.
48. Procurement of the new data governance tools will be completed by March 2022
49. The Surrey-wide data strategy will be drafted by March 2022.

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Annexes:

Annex 1 – Surrey County Council Data Strategy

Sources/background papers:

- National Data Strategy
 - Surrey-wide data strategy highlight reports
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This Data Strategy aims to create a common vision and purpose for data across Surrey County Council. It articulates our ambitions for how we want to use data in the council and the practical actions that we will take to achieve these ambitions over the next few years.

Data Strategy

2021-2024

Surrey County Council

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Executive summary

Data is a key enabler to delivering our organisational objectives. We aspire to use data to power our processes and support our digital transformation, facilitate better and more robust decision making, and to build trust with our residents. This strategy sets out our ambitions for how we will use data in the council and the practical actions that we will take to achieve these ambitions over the next few years. These actions are organised into three areas of focus:

1. **Building the foundations**, putting in place the foundations (governance, policies, processes, and systems) so that we can fully exploit all our data.
2. **Developing new approaches to insight**, to show how insight can be used to deliver the outcomes that the organisation wants to see.
3. **Building the skills and knowledge of our workforce**, to build skills and understanding at all levels of the organisation, so that staff are confident in managing, analysing, and interpreting data. To drive cultural changes in how we collaborate and share data across council services and with partners

To achieve our bold ambitions the implementation of the strategy will demand a focus on people, culture, and governance, as well as data and technology. Extensive engagement, particularly as part of our data review, has been essential to the development of this data strategy. Thank you to all our stakeholders within directorates and services who have fed into this work.

We recognize the importance of continuing engagement at all levels within the council, ensuring that services and directorates can input into the strategy and feel ownership of it. If we can get this right and build engagement and buy-in from services across the council and our partners, the potential for using data to enable our organisational ambitions is vast.

About the data strategy

The data strategy complements and enables other key strategies, namely the [Surrey County Council Organisation Strategy](#), the [Surrey County Council Digital Strategy](#) and aligns with the Surrey Wide Data Strategy that is currently in development.

The strategy has been developed through extensive engagement with leaders and officers in the council, as well as with partners. This engagement was completed as part of a data review in early 2021 to assess our organisational maturity regarding data and how we use it currently. This strategy is a response to the review and sets out how we will address these gaps to become a truly data enabled organisation. For full details about the review's findings see *Appendix 2*.

The scope of the strategy covers data in a broad sense, from how we manage and govern it, to how we use it to create actionable insights. One important distinction to understand is the difference between the terms data, information, and insight, which are related but separate concepts. This strategy is concerned with all three, though has a focus on data and insight. The term 'data' is used throughout this document as shorthand for all three concepts. A definition of these terms, and a full articulation of the scope of this strategy, is included in *Appendix 3*.

The strategy has been designed to be ambitious, as well as actionable and pragmatic. To create accountability for delivering the strategy, we will publish it and share it with our partners and residents. It will be a living document and will be updated as our data maturity evolves.

Implementation of the strategy will be taken forward jointly through the Data Insights and Digital transformation programmes. The delivery model and roadmap are described in *Appendix 6*.

Our ambition for using data in SCC

Our Organisation Strategy sets out the council's contribution to achieving the aims and ambitions of the Community Vision for Surrey in 2030 and how we will work over the next five years to make a real difference to residents' lives. The Organisation Strategy recognises that data is a critical resource to achieving our objectives and that good use of data will enable us to transform our services and deliver better outcomes. The strategy states that:

“DATA IS A VITAL ASSET WITH THE POWER TO TRANSFORM THE WAY WE SEE THE WORLD, AND OUR ABILITY TO CHANGE IT. IT HAS A CRUCIAL ROLE IN DESIGNING, DELIVERING AND TRANSFORMING OUR SERVICES TO IMPROVE OUTCOMES, DRIVE EFFICIENCIES, AND ACHIEVE GREATER COLLABORATION”

Specifically, there are three ways that we aspire to use our data for the benefit of the council and our residents. These are:

1. To power processes and support our digital transformation

The first way we will use data in the council is to power our processes. Ultimately data lies at the heart of all operations, from conducting a care assessment, to providing customer services, to paying an invoice and everything else in-between. All these processes rely on good quality, timely data that is available, easily accessible, of good quality, and trustworthy. Data is also essential to digital maturity, powering digital transformation, and one of the seven strategic priorities in our digital strategy.

2. To facilitate better and more robust decision making

This second way we will use data is to facilitate better and more robust decision making. Decision making happens at various levels in the organisation – the transactional level, the service level, and the strategic level. Data is used to make decisions at all these levels, though often in slightly different ways:

- At the **transactional level** data can be used to support our processes and operations, as outlined in point 1.
- At the **service level** data can be used to measure the performance and impact of our services and guide decisions around service improvements and re-design.
- At the **strategic level** data can be used for horizon scanning and policy development, to understand whole population needs, and to inform commissioning and choices around the design of new services.

3. To build trust with our residents

The third way we will use data is to build trust with our residents. Data is a powerful tool for enabling transparency, improving participation, and strengthening democracy. By being

transparent with residents about how the council operates, what we know, and what we are doing, data has the potential to help us build stronger relationships with local people and communities. It is also crucial that residents understand how we are using their data and can input into our plans. For this reason, we plan to consult with residents about their expectations on how we use and share data. We'll do this in conjunction with partners to help inform Surrey wide data activities.

Of course, data is already being used in all these ways within SCC, though our data review highlighted that we are better at using it in some areas more than others. One of the aims of this strategy is to ensure that we can use our data for multiple purposes, to support all of the council's goals and priorities.

Ultimately, our ambition is to become a data enabled organisation that uses data to underpin policy, decisions, and actions in our effort to improve services and outcomes for residents, businesses, and the county. We need to use data to not just to understand how we are performing and monitor what has happened, but also to help us plan and prepare for the future, predicting issues before they arise. Becoming a truly data enabled organisation will support our delivery of our priority objectives and benefit our residents by providing tailored and responsive public services and increased efficiencies, therefore ultimately saving taxpayers' money.

Barriers to achieving our ambition

The data review has highlighted that there are some missing capabilities, skills and behaviours within the organisation that currently stop us from getting the most from our data and that our general data maturity is low.

For the organisation to become truly data-enabled, we need to have data that is high quality and fit for purpose, as well as an organisational culture that understands and values data and actively seeks to use it. In this sense, the barriers to achieving our ambition can be considered from two perspectives, first in terms of the foundations that need to be in place to improve our data, and second the skills and behaviours that support its effective use.

Our data review indicated that there is improvement required in both areas and common themes and symptoms came up repeatedly. Examples of these are:

- We can't bring all our data together and use it for a variety of purposes
- Teams don't have a good understanding of what is out there or what others are working on
- The data we have access to is often untimely, out of date, inconsistently recorded, and generally of poor quality
- We lack confidence in using our data to make decisions.

Immaturity across both areas means that the intelligence and insight that we produce from our data aren't as impactful as they could be, affecting our ability to make evidence-based decisions and deliver effective services.

Analysis of all the findings from the review highlight some possible root causes for these problems:

1. **We lack understanding about why data is important which leads us not to value it enough. As a result, we have not prioritised the governance and management of our data in the same way that we do for other vital assets and resources such as our finances.**

We have not put in place the processes and systems to manage and fully exploit our data, for example by establishing clear accountability and responsibility for managing it, or taking the time to understand our data architecture and the potential for our systems to be more joined up.

We have also not developed sufficient capacity in data roles, whereas we have lots of capacity in insight roles. This is problematic since good insight depends on good data (see *Appendix 3 for more details about the connection between data and insight*).

2. We lack understanding about how to get the most from our data and don't have the skills across the organisation to use it in a way that is effective and leads to action.

Our all-staff survey showed that officers are confident in their ability to manage, analyse and interpret data. However, these findings are at odds with the experience of data and insight practitioners that we spoke to during interviews and workshops, who described a lack of skills and understanding across the workforce. This highlights a potential gap between the self-perception of officers and the actual skill level we have in the organisation.

Moreover, the SODA skills survey showed significant variation in analytical skills between analysts in the council, especially in capabilities that we are ambitious to improve such as predictive analytics (see *Appendix 4 for more details*).

There is also a lack of knowledge amongst officers around information governance and data sharing processes. We lack understanding about when we can or can't share data, and don't know whether we are acting ethically, or what our residents think about how we use their data. This leads to nervousness and risk aversion to sharing data with other teams and services. It also creates pressure on internal teams such as Information Governance, as this is often a last-minute thought.

There is also limited understanding of how to effectively commission and use insight, meaning that we don't use it consistently or effectively to guide our decision making. When we do use insight, we tend to take a narrow view and fixate on specific indicators and measures of activity, and don't make enough use of different tools and techniques. For example, we don't make enough use of qualitative data and human stories to measure performance, we are very limited in our use of evaluation to understand if our interventions are having impact, and we haven't explored the possibilities of predictive analytics to help us understand future demand on our services. It is also not clear what we do with our insight or how it informs action. Often, we fall into the trap of 'analysis-paralysis', and hope that by collecting all the data together in one place this will enable us to make better decisions, though this is rarely the case.

3. We have a siloed culture and way of working across the organisation and with partners.

There is a siloed culture and way of working across the organisation and with partners. This leads to fragmentation of data, lack of visibility, lack of access and a culture of overprotection. It results in a situation where we don't know what data exists in different services, we don't know how to access the data that each service holds, and we have different interpretations and ways of describing our data.

Some of the data we need access to may not be ours but is captured by partners, third sector, suppliers, or the private sector. Data is also fragmented across numerous systems,

often making it difficult and slow to access and use. We struggle to get hold of this data and often suppliers of technology systems charge fees for extracting system data that is not part of standard reports or dashboards. In some cases, we use manual effort to move data through a process and often hold information locally in spreadsheets.

Data sharing is perceived to be one of the biggest barriers to become a data-enabled organisation, both internally and with partners. Officers have reported that they find Information Governance (IG) processes to be cumbersome and slow.

Lastly, we don't have a good understanding of what insight exists and don't make this accessible and visible for staff, partners, and residents. We don't know what work has already been done, or what others are working on. This often leads to duplication of effort and analysis of the same things, in different teams, over and over.

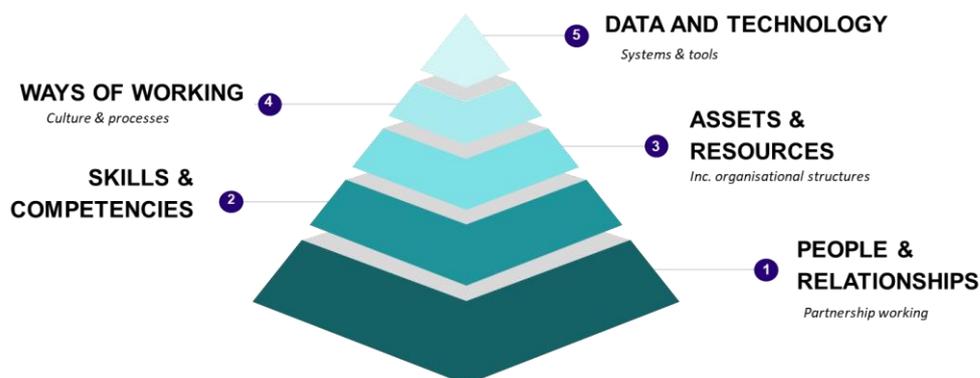
Aims and outcomes of the data strategy

There are several outcomes that this strategy hopes to deliver, which should go some way to resolving some of these root causes and helps us to achieve our ambitions. These are:

- **To improve our data** – We want to have data that is high quality, consistent and well defined, with clear ownership and accountability for managing it. This will provide us with greater confidence and trust in our data and make us more effective at using it.
- **To make our data and insight more visible and accessible** – We want officers and partners to understand what data and insights exists in the council, and to know where it is held, therefore creating opportunities to use it in multiple ways and for multiple purposes.
- **To make it easier to share data across teams and systems** – We want to make it easier to share data between internal and external teams and make it possible to bring data together from across multiple systems.
- **To build more collaborative ways of working between data teams** – We want to undo siloed ways of working and the culture of protectionism that currently exists around data. This will help to foster more collaboration and reduce duplication between teams.
- **To create insight that leads to tangible action and improvements to outcomes** – We want to adopt approaches to insight that are focused on producing tangible actions and lead to improved outcomes for residents, taking an outcome-first approach rather than a data-first approach.
- **To build a holistic understanding of our performance and impact** – We want to truly understand what impact we are having on our residents and service users and use data effectively to optimise and redesign our service offerings. This means moving beyond KPIs to a more holistic understanding of performance, for example by incorporating qualitative data and human stories.
- **To ensure residents' data is used legally and ethically** – We want to ensure that all necessary security, legal, and ethical implications are considered in a consistent, timely and proportionate way. We also want to have a clear understanding of our tolerance for using personal data and ensure that this is proportionate to the risk of using it.
- **To develop greater skills and understanding in managing, interpreting, and analysing data** – We want officers at all levels in the organisation to be data literate, and to be confident in managing and analysing data.
- **To build a greater understanding of the value of data** – We want everyone in the organisation to understand the value of data and treat it as an asset.

Conditions and principles for success

Our belief is that to be truly data enabled requires not just changes to our data, tools and technology, but also to our ways of working, skills and competencies, assets and resources, and people and relationships. This means fundamentally rethinking the way in which we work with data and with each other. Therefore, a key focus of this strategy is to put in place the right conditions for the council to become data enabled by initiating a shift in mindset, culture, behaviours, and ways of working.



Source: (2019) A Brief Introduction to Digital Transformation - Eddie Copeland link: <https://www.nesta.org.uk/report/brief-introduction-digital-transformation/>

To achieve this requires cross-functional and collaborative working, involving teams from across the council as well as partners. We believe data is everyone business – from our key workers, our back-office staff, our leaders and senior managers, our politicians, our businesses, and our residents. It will be a collective responsibility to make the changes needed to deliver on this strategy and achieve the outcomes we have set out.

To facilitate this, we have developed a set of principles with stakeholders from across the council that set out how we will deliver on the strategy. We will:

- Focus on outcome to ensure all workstreams will aim to produce effective behaviour changes to be embedded in all our processes rather than just being considered deliverables of the programme
- Deliver the programme in an engaging and collaborative way, getting input from a range of stakeholders and being open to feedback, drawing on proven project approaches such as the Digital Operating Model
- Work closely and share information with partners such as Surrey Heartlands, Surrey Police, and District and Borough Councils to ensure our transformation programmes are aligned, thereby actively working to avoid duplication
- Work in the open by being transparent about the purpose of each workstream with fellow colleagues and residents
- Be open to change and failure, and we will not be risk adverse to changing processes. By adopting an iterative approach to the programme, we will try and learn what works and what does not
- Create opportunities to share lessons and best practices across council teams, partners, and the wider sector

What we will do to meet our ambitions and outcomes

The strategy is divided up into three areas of focus which set out the activities to move the organisation forward and become data enabled, and which together will deliver the outcomes we want to achieve. These areas of focus are to: build the foundations, develop new approaches to insight, and build the skills and understanding of our workforce. These activities are a snapshot of what we need to do now – but they will also change and can be reprioritised over time.

Build the foundations

Aim: to put in place the foundations (governance, policies, processes, and systems) so that we can fully exploit all our data.

Organisation wide data governance

We plan to establish data governance as a strategic capability for the whole organisation. Doing this will help us to improve the quality of our data, understand what data is held and enable us to use it for a variety of purposes.

Key deliverables:

- **Establishing an organisation-wide data governance framework and onboarding plan** – We will use a leading Data Governance Framework to introduce key capabilities and best practice for the organisation. This will include customised knowledge transfer and training focused on different organisation levels, roles, and positions to embed the data governance awareness, understanding, and skills across all council services.
- **Building an enterprise-wide data catalogue** – We will curate a data catalogue and business glossary that map out all data held by the council, the information held with in it, where it is, who owns it and for what purposes it can be shared. This will also include an Enterprise Business Glossary to help us understand the language we use to describe data.
- **Reviewing all the data we hold and its quality** – Starting small with a prioritised list of datasets, we will work with system owners across the organisation to profile the data and understand if, and where, quality issues exist. We will also put in place clear measures and targets for data quality.
- **Consolidating data standards** – We will build a set of data standards that are trusted and agreed by business owners which allow us to capture consistent and unified data at source. This will support greater utility and interoperability of data long term. We will work with services to put in place solutions to fix the issues identified at source and eliminate the cost of correcting data later in the process.
- **Building a holistic view of our business-critical data** – We will create a master data repository and consistent definitions for residents, employees, suppliers, buildings, and locations across multiple lines of business systems (such as names and addresses) ensuring we have unified views and shared reference points for the organisation.

- **Investing in data governance tools** – We will build the data catalogues and glossaries to facilitate more effective data management, simplifying the task of data discovery, highlighting, and improving poor data quality.

Data architecture

We will create a modern data architecture (*see appendix 1 for definition*) that supports our organisational ambitions. It will do this by ensuring flexibility in the data types we ingest and the ways we deliver information, building connections between systems and enabling more seamless data and workflows, supporting better access to data and more real-time (or near real-time) availability where it is needed and making data a central consideration in how we build and buy digital services as well how we commission services.

Key deliverables:

- **Reviewing our data architecture** (including databases, applications, integration, security, workflows, information architecture design, and associated data processes) to identify gaps and opportunities to develop our capabilities, better meet our analytics needs internally and within the wider partnership, ensuring a focus on privacy by design and reuse. This will require a new Data Architect role to be created.
- **Strengthening system requirements and data standards for all new systems procured or developed** to ensure they support our approach and configuration needs, ensuring that we are only working with suppliers who support open data access.
- **Reviewing contracts** to ensure we work with suppliers who understand and support our need for data access. We will review all new contracts to ensure that data requirements are built in, enabling better access to data held by third party suppliers.

Data sharing and information governance

We will build processes and establish ways of working between internal and external data teams and services that enables easier legal and ethical data sharing across the organisation and with partners.

- **Streamlining data sharing across the system** – we will work with colleagues in Information Governance to develop an approach to data sharing that starts from a ‘duty to share’ stance and enables us to use our data to its full potential, whilst also safeguarding the privacy of residents. This will involve a range of activities, for example identifying and investing in common tools for data sharing, e.g. the Information Sharing Gateway ([ISG](#)), as well as exploring approaches to data minimisation and anonymisation. The existing IG Risk board and networks which represents IG leads from across the partnership will support this. We suggest these become the primary forums for creating and formally endorsing pan-Surrey data sharing agreements.
- **Develop a default platform for data sharing** – this platform will be used for publishing open data and for securely sharing closed datasets between organisations. Using one platform for collaboration projects will ensure consistent data sharing practices across partners and will make it easier to build automation into the data exchange process, reducing the time from analysis to action. It will also ensure that metadata (descriptions and limitations) is shared and improve version control (so analysts know they are using the right version of a dataset). The platform will include a system for managing our user insight, bringing together resident opinion

and voice into a searchable database. This in turn could be combined with other datasets to provide a more sophisticated understanding of our performance.

Ethics

- **Embed data ethics in data practices and processes** – we will work with business owners to create a Joint Statement of Intent on Responsible Data Collaboration, introducing and embedding common tools to support decision making (e.g. the ODI ethics canvas/DCMS ethics framework). We will also build a panel of residents who can support the council to make decisions that resident would expect and be comfortable with.

New approaches to insight

Aim: to show how insight can be used to deliver the outcomes that the organisation wants to see.

Key deliverables:

- **Developing a programme of work sponsored by CLT** to define the questions that we want to tackle using data analytics, building on existing initiatives such as the twin-track budgeting process. The purpose of this work will be to identify specific outcomes that the council wishes to achieve that can be supported through better insight, and to develop a pipeline of projects that provide this required insight.
- **Refreshing the [Surrey Office of Data Analytics \(SODA\)](#) and deliver initial pilots adopting tried and tested methodologies** – we will adopt the outcome-led approaches to data analytics used by the London Office of Technology and Innovation (LOTI) and Nesta and socialise these with insight teams across the council and with partners. We recognise that various organisations across Surrey hold different datasets about our strategic objectives and key outcomes. [We will work closely with partners](#) through SODA and other forums to develop a joint statement of Intent on Responsible Data Collaboration.
- **Introducing innovative approaches to measuring impact** – through our performance operating model we will introduce new ways of measuring our performance, including improving our ability to benchmark against peers, and increasing our use and visibility of qualitative data from residents.

Skills and understanding

Aim: to build skills and understanding at all levels of the organisation, so that staff are confident in managing, analysing and interpreting data. To drive cultural changes in how we collaborate and share data across council services and with partners.

Key deliverables:

- **Running skills audits and self-assessments** – we will enable officers to understand where they are on their data literacy journey and use this information to design training programmes that respond to the identified gaps in knowledge.

- **Creating a data competency framework** to build a common understanding of the council's data values, policies, processes and expected performance behaviour in relation to data.
- **Establishing an SCC data academy** through which we can train existing staff. This will have distinct programmes for leaders, officers (focussed on data management, using insight tools, basic data analysis skills and data literacy), and analysts (focussed on storytelling and impact measurement).
- **Building data networks and learning sets** – we will create communities of practice that come together to share data best practice or work on specific problems.
- **Socialise the changes** that are introduced through the first two key areas of focus, around building the foundations, and developing new approaches to insight. This will involve developing a communications and change management plan to ensure that all services can input into programme activities and be kept informed about how they will be impacted by any changes.
- **Implementing behavioural nudges** – we will look for opportunities to build data thinking into existing processes. These nudges will help to promote a different way of thinking and encourage data to be embedded into what we do. For example, ensuing that business case templates include a section on evidence, CLT papers include a standard slide on evidence, and governance and decision-making boards ask for the data to help inform decisions.

Capacity & Resources

In addition to the three areas of focus described above, it is recognised that the council will need additional expert capacity to deliver this strategy. This section outlines what additional resource is required to make this strategy a reality.

- **Establishing accountability for delivering the data strategy in a new Head of Data role** – our data review highlighted that staff at all levels do not know where accountability for data sits in the organisation. It is recognised that it may not be practical to have a single person accountable for data as a whole across the council given the breadth and complexity of the data we hold, and also that some roles already exist, for example to protect information risk (the Senior Information Risk Officer) and to protect the confidentiality of health and care data (Caldicott Guardians). Nevertheless, it is also important to have accountability for delivery of this data strategy, and to have a single point of the leadership in the organisation to drive our ambitions. As such, a Head of Data, (supported and empowered by a member of CLT) will be required to help drive the data agenda across the organisation.
- **Introducing other new expert roles** – to get better with data we need several new expert roles within the organisation to drive, co-ordinate and champion the activities described in this strategy. These roles should have data as the core function, rather than an add on to a day job. These will include a Data Governance Manager and a team of Data Stewards.
- **Expanding our capacity in information governance** – to support our existing information governance teams to manage the growing demand for sharing data, we must invest in new roles. This includes a new Information Sharing Officer role, as well as roles dedicated to records management.

-
- **Working with existing data teams to create space for experimentation** – in addition to adding new capacity, we will also explore opportunities to upskill existing analysts and create space for them to work on innovative and experimental projects alongside their day-to-day responsibilities.

Appendix 1 – Glossary

Analytics

This term covers the discovery, interpretation, and communication of meaningful patterns in data.

Data

Data can be just about anything, from a number inputted into an IT system, to a sentence written in a report, to the words spoken during a meeting. Data might be held within an IT system, like Liquid Logic, in emails that we write, in documents we create or recordings of meetings. Data is not only things that are recorded in digital format but also anything recorded on paper. Data is everywhere, though it tends to be meaningless when looked at in isolation or outside of its context.

Data architecture

Data architecture is a set of rules, policies, standards, and models that govern and define the type of data collected and how it is used, stored, managed and integrated within an organization and its database systems.

Data enabled

A data enabled organisation is one that has the data, skills, tools and resources able to use data as part of its wider capabilities set to meet the challenges and changes it is faced with.

Data governance

Data governance is a strategic capability that provides standards, processes, and tools to enhance the value of data in an organisation. In Surrey the implementation of data governance will be based on the DAMA (Data Management Association) as the leading and most comprehensive body of Data Management standards and practices. Importantly data governance is not about more bureaucracy, instead it is a structure approach that enables the right information to get to the right people at the right time. It supports the cultural journey and change required to become truly data enabled organisation

Information

Like data, information is all around us, but unlike data it has meaning and context and can be used to support decision making. Information includes things like emails, documents, reports, spreadsheets, and dashboards. Generally, it requires somebody to have taken lots of data and combined it together for a specific purpose.

Information governance

Information Governance is concerned with ensuring that personal information is being managed and shared legally. It is a subset of data governance, which has a broader remit to improve the quality of information, ensure clear and consistent standards and help the organisation find and use data more effectively.

Insight

Insight is information that has been tailored to the specific needs of the customer. Insight is different to information since it starts with what the customer wants, and the outcome that we want to achieve. Good insight therefore takes an outcome-first approach rather than a data-first approach. It is this nuance that means that insight can lead us to action, whereas information often does not.

Integration

Integration involves the detailed design and implementation of services (pipes) that connect systems with each other to share data. Each integration is designed to manage the specific data elements that are being shared.

Interoperability

The technical ability of services to work together as a single system, with data moving seamlessly between them. This goes beyond portability to look at access to key shared infrastructure, standardised data formats, and secure transfer mechanisms. Interoperability maximises data mobility, however it is often technically complex to achieve.

Appendix 2 – Data review findings summary

This strategy has been developed through extensive engagement with leaders and officers in the council, as well as with partners. This engagement was completed as part of a data review in early 2021. This section provides a high-level summary of the outputs of the data review.

Method

The research process for this review draws from the following sources:

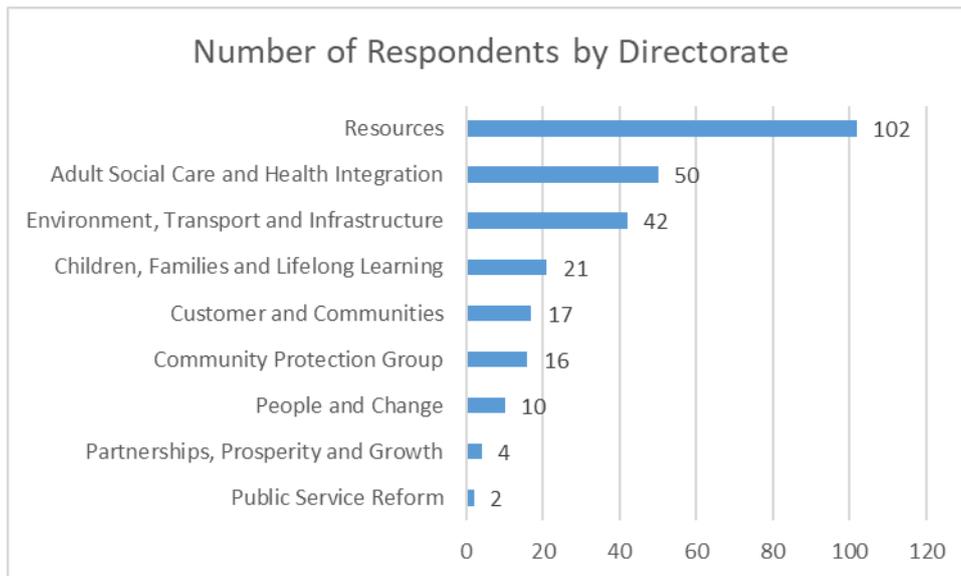
- Transcripts from interviews the team conducted with CLT members (April 2021)
- Survey responses from 264 Surrey County Council staff (March - April 2021)
- Findings from 12 workshops conducted in May 2021 with over 100 officers from across all directorates in the Council (May 2021)

Survey findings

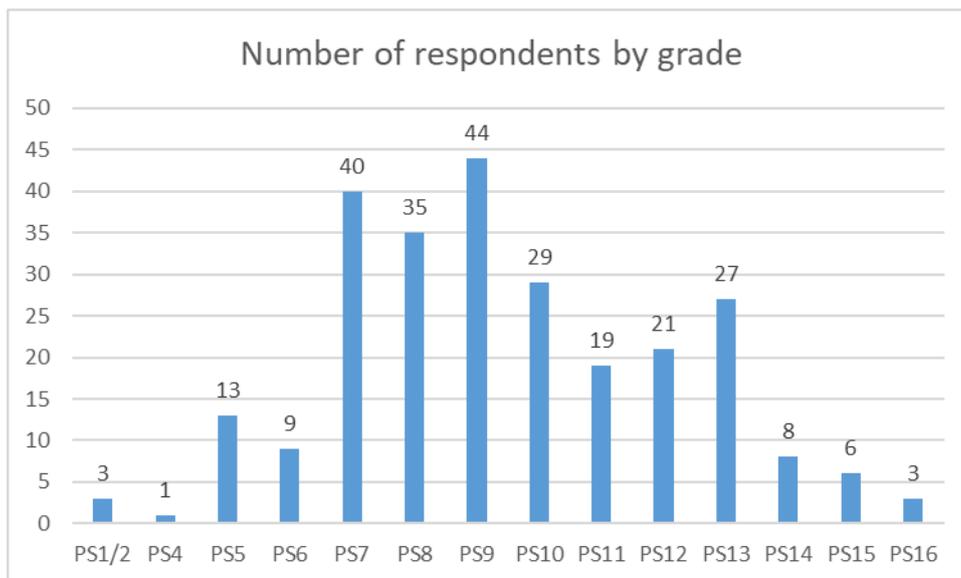
The survey was shared across the council through SCC Daily and Jive. The focus of the questions was on how data is managed and governed across the organisation, covering topics such as access, security, trust in data, data quality, data sharing, cross-team collaboration, data culture and how data is used to support decision making.

In total, the survey received 264 responses. The graphs below show how the responses break down across directorates and by grade.

Number of Respondents by Directorate



Number of respondents by grade



There were many interesting insights that emerged from the survey, which informed the questions that were asked during the CLT interviews and workshops. Some key insights are highlighted below, along with the evidence that supports them:

- For the most part officers believe they have the data they need and can use it to make robust evidence-based decisions. Nevertheless, there are mixed opinions on whether the council has a data-driven culture.**

70% of respondents Strongly Agree or Agree that they have the data they need to do their job and make robust decisions. 19% of respondents are Neutral about this statement, while 11% Disagree or Strongly Disagree.

33% of respondents Strongly Agree or Agree that the council has a data-driven culture. 44% of respondents are Neutral about this statement, while 23% Disagree or Strongly Disagree.

- 2. Just over half of respondents can easily find and access the data they need to do their job. Most respondents know what data their service holds and find it easy to share data within their own service or team. However, very few respondents understand what data is collected by other services, and only slightly over half find it easy to share data across services. There are also mixed opinions on whether the council is effective at collaborating across service siloes to share data on cross-cutting issues and problems.**

52% of respondents Strongly Agree or Agree that the data they need to do their job is easy to find and access. 28% of respondents are Neutral about this statement, while 20% Disagree or Strongly Disagree.

68% of respondents Strongly Agree or Agree that they know what data their service collects and where it is held. 17% of respondents are Neutral about this statement, while 15% Disagree or Strongly Disagree.

84% of respondents Strongly Agree or Agree that it is easy to receive and share data with people in their team. 12% of respondents are Neutral about this statement, while 4% Disagree or Strongly Disagree.

16% of respondents Strongly Agree or Agree that they know what data other services collect and where it is held. 27% of respondents are Neutral about this statement, while 57% Disagree or Strongly Disagree.

55% of respondents Strongly Agree or Agree that it is easy to receive and share data with people outside their team. 28% of respondents are Neutral about this statement, while 17% Disagree or Strongly Disagree.

25% of respondents Strongly Agree or Agree that teams across the council are effective at collaborating and sharing data on cross-cutting issues and problems. 45% of respondents are Neutral about this statement, while 30% Disagree or Strongly Disagree.

- 3. Generally, officers have trust in the data that is held in IT systems, and very few agree that the data they have access to is of poor quality. Nevertheless, just over half agree that data recording is not consistent.**

69% of respondents Strongly Agree or Agree that they trust the data held in IT systems. 18% of respondents are Neutral about this statement, while 13% Disagree or Strongly Disagree.

50% of respondents Strongly Disagree or Disagree that the data they have access to is poor quality. 36% of respondents are Neutral about this statement, while 14% Agree or Strongly Agree.

57% of respondents Strongly Agree or Agree that data is not consistently recorded across the council. 38% of respondents are Neutral about this statement, while 5% Disagree.

- 4. Officers feel very confident in their ability to read, work with, analyse and make decisions with data, and the vast majority also feel confident in handling sensitive data and keeping it secure.**

88% of respondents Strongly Agree or Agree that they feel confident in their ability to read, work with, analyse and make decisions with data. 10% of respondents are Neutral about this statement, while 2% Disagree.

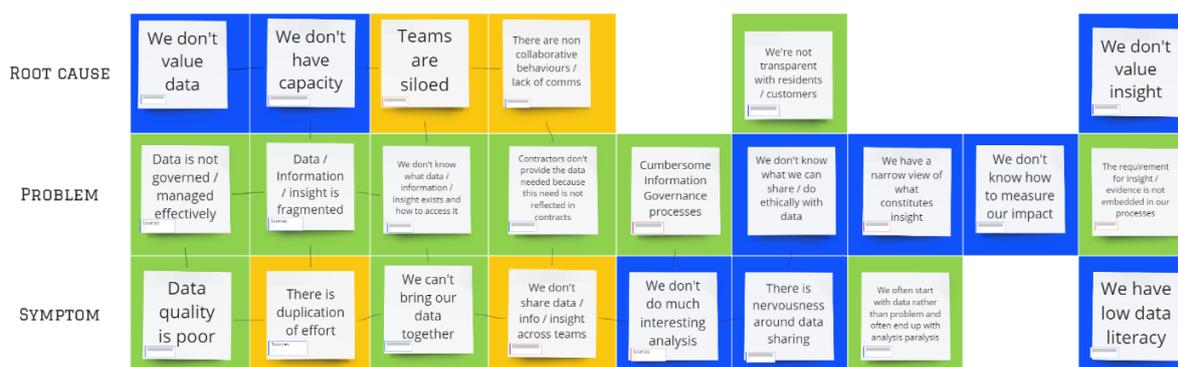
89% of respondents Strongly Agree or Agree that they feel confident in handling sensitive data and keeping it secure. 9% of respondents are Neutral about this statement, while 2% Disagree.

Forming barriers, outcomes, and deliverables

Insights from the survey, CLT interviews and staff workshops were combined and categorised into barriers, outcomes and deliverables using Miro, an online whiteboard tool. The following link provides a [complete overview of the analysis](#).

To ensure the solutions in this data strategy effectively target underlying issues rather than just treating the symptoms short-term, the findings were analysed through a root cause analysis (RCA). This is a discovery process that analyses problems and defines their root causes and symptoms. Root causes, problems and symptoms are labelled with different colours depending on whether they are attributable to lack of skills, processes / policy, or culture.

Additional information is also available in cards, with direct quotes from survey participants, interviewees, and workshop participants.

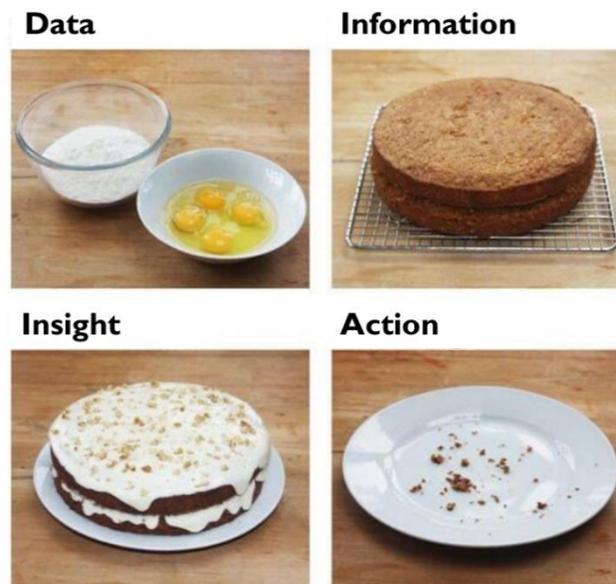


Appendix 3 – What do we mean by 'data'?

Discussions with officers from across the council highlighted the varying ways that we perceive data. Often this will depend on the officer's role. For example, in our survey many officers from front-line services indicated that they primarily use data for casework and their interaction with data is through line of business systems. Other officers perceive data more terms of quantitative reports or dashboards, while some look at it more broadly, for example in terms of service user feedback or customer complaints, which is often in the form of qualitative data.

These are all valid views, but the differences in perception highlights the need to be clear about our definition of data. This in turn has implications for the scope of this strategy.

One useful distinction to make is the difference between data, information, and insight. Each of these are slightly different, though also closely related. We can use the analogy of baking a cake to illustrate the differences and interconnectedness of these terms.



Using this analogy, we can define each of these terms as follows:

Data is the raw ingredients for our cake, such as flour eggs and sugar. These ingredients are distinct and will have some value on their own. In real terms, this could be just about anything, from a number inputted into an IT system, to a sentence written in a report, to the words spoken during a meeting. All these things are data, and do have value, however they can lack meaning when looked at in isolation or outside of their context. Like the ingredients for our cake, we want to make sure that our data is well looked after, managed, accessible and secure. It is important that we know where to find it when we need it, that we can trust in its quality, that it is not out of date, and that we don't mistakenly choose the salt when we wanted the sugar! This is why building the foundations and establishing cross-council data governance is a core component to this strategy. If we can't ensure that our raw ingredients are good quality, accessible and secure, then the cake we end up baking isn't going to taste very good. In material terms it means that any information or insight that we generate is unlikely to be valid, and therefore won't lead to robust evidence-led decisions.

Information is the cake once the raw ingredients have been combined. Like data, information is all around us, but unlike data it has meaning and context and can be used to support decision making. Information includes things like emails, documents, reports, spreadsheets, and dashboards. Generally, it requires somebody to have taken lots of data and combined it together for a specific purpose. Like data, information also requires careful governance and management. Within the council this is provided by policies and functions around Information Governance and Records Management. The main drawback is that information often does not help to move us forward. This is because it is usually assembled by taking a 'data-first' approach, whereby the focus is on bringing together lots of different data to see what it tells us, rather than focussing on a specific outcome that we want to achieve.

Insight is the cake once it has all the toppings, flavours, and decorations that the customer has requested. The important distinction here is that insight starts with what the customer wants, and the outcome that we want to achieve. Good insight therefore takes an outcome-first approach rather than a data-first approach. It is this nuance that means that insight can lead us to **action**,

whereas information often does not. After all, if you ordered a chocolate cake, but instead got a carrot cake, you might still eat it, but you probably won't be too happy about it!

We have found this distinction between data, information, and insight useful while developing this strategy and for having conversations with stakeholders who have slightly different perceptions of what we mean when we talk about data. Generally, within this document when we refer to data we use this as an encompassing term to cover data, information and insight.

From the perspective of scope, this strategy touches on elements across data, information and insight, though is primarily focussed on data (through the Build the Foundations area of focus) and insight (through the New Approaches to Insight area of focus).

As well as this key distinction, there are various other factors that it is useful to consider when talking about data. This includes where data is sourced from, its type (for example quantitative or qualitative data), and the purpose for which it is used. The diagram below from Nesta provides a useful framework for thinking about these various factors.

Audience	Sources	Types	Granularity	Periodicities	Purposes*	Types of 'data about us'
Local government Frontline social workers, data analysts, heads of service	Administrative data Collected as part of running a service, with details of a child's interaction with those services	Qualitative data Data which goes beyond numbers – e.g. in this project, case notes, where natural language processing could identify insights, and answers to surveys	Whole population High level information about (for example) total usage of a service	Snapshot Probably more useful for researchers and central government, although may come with a substantial time lag that makes the data less useful	For individual-level decisions Used to identify and target individuals who might benefit from an intervention at an operational level	Personal Relating to an identified or identifiable person, such as name, address, date of birth, digital identifiers
Central government Departments with responsibility for policy (e.g. DfE, MHCLG, DCMS) and spending decisions (HMT)	Management information Collected with a view to assessing the performance of a service, or for financial reporting	Quantitative data Numerical data. Some of this may be collected regularly, some may be one-off	Sampling More detailed information about small subsets of a whole population (these can be designed to be representative of a wider population)	Realtime More useful for those making frontline operational decisions	For spending and commissioning decisions Needed for analytical purposes at a strategic level to shape commissioning	Sensitive Relating to integral features of who we are, such as ethnicity, gender, health, education
Academics and researchers	Statistical data Quantitative data combined at a high aggregate level (e.g. whole population), often the result of modelling and other techniques (i.e. not raw data)	Longitudinal data Quantitative data which looks at the same people or things over a long time period	Tracking individuals Complete information about single individuals, joining up data from different sources		For monitoring and performance management Recording data on the quality of activities on an ongoing basis	Behavioural Websites we browse, likes and dislikes on social media, transactions, real-time location
Regulators and inspectorates	Survey data Data collected via questionnaire and other methods, which may be a mix of quantitative and qualitative data				For evaluating impact Retrospective	Societal Data that incorporates elements of personal data but does not link back to us, such as census data, demographics, school performance, waiting times
Service providers Charities and other voluntary/private sector organisations					<small>*based on a typology offered by one of our interviewees</small>	<small>**taken from ODI, RSA, Luminate report, Data About Us</small>
Other public services Including health, education and justice						

Within the council, data may be sourced directly from our residents and service users, from publicly available datasets, from partners and may increasingly be coming from digital devices such as sensors. Depending on the source and its quality we are likely to have varying degrees of trust in the data that we collect.

Data can also come in different formats, for example quantitative or qualitative data. An example of the latter is unstructured data that we collect from residents and service users through research and engagement activities.

In terms of its purpose, there are broadly three ways that data can be used by the council. These are described fully in the section 'Our ambition for using data in SCC':

1. To power processes
2. To facilitate better and more robust decision making

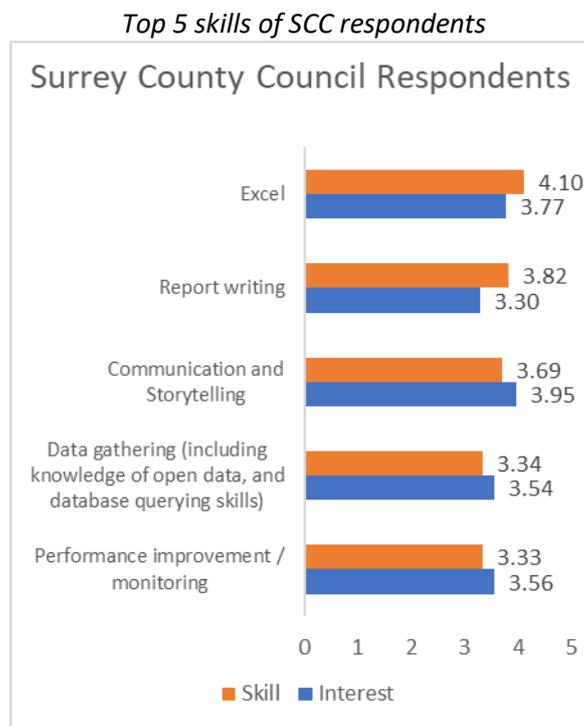
3. To build trust with our residents

Because data exists everywhere in the organisation, it is not possible for any one individual or team to have full ownership or accountability for our data, or for driving improvements in how we use our data. Therefore, a key part of our strategy is to enable all officers at all levels to be empowered to manage and use data more effectively.

Appendix 4 – SODA skills survey results

The Surrey Office of Data Analytics (SODA) ran a skills survey for its members in February 2021. The aim of the survey was to capture the skills and interests of analysts and researchers working across SODA partners to give us a collective understanding of our strengths and areas for improvement. The survey received responses from 57 analysts and researchers working in Surrey County Council.

The current skills of SCC analysts and researchers are primarily within traditional performance management. For example, skills such as Microsoft Excel, report writing, data gathering, and performance improvement / monitoring were amongst the highest rated.



In terms of subject matter knowledge, unsurprisingly the highest rated areas were around adult and children’s social care. Other areas such as mental health, poverty & inequality and public health also scored quite highly.

Subject matter knowledge of SCC respondents

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Surrey County Council Subject Matter Knowledge and Interest levels

Subject Matter	Knowledge	Interest
Children's Health, Wellbeing and Social Care	2.60	3.30
Adult's Health, Wellbeing and Social Care	2.58	3.37
Mental Health	2.47	3.70
Poverty and Inequality	2.27	3.49
Public Health and Population Management	2.13	3.48
Education	2.13	2.93
Environment and Transport	2.07	2.92
Economic Development	1.97	3.00
Policing, Crime and Safety	1.95	2.95
Community Development	1.86	3.21

Finally, we investigated the areas where there was the largest difference between skill and interest levels. This was used to ascertain which areas might be best to focus on for training. The top skills in this area were simulation modelling, predictive modelling, and Python programming. This aligns to one of our ambitions around using data to look ahead and understand issues before they arise. Upskilling our analysts with these skills should be a focus going forward.

Top 10 skills with largest difference between current skill level and interest level

Surrey County Council - Top 10 Skills with greatest difference between Skill and Interest

Skill	Difference
Simulation modelling e.g. discrete event simulation, agent based modelling, systems dynamics modelling	1.93
Python	1.73
Predictive modelling e.g. regression analysis, time series forecasting, supervised learning, unsupervised learning	1.54
Provalis	1.51
Programming / coding	1.38
R	1.35
FME	1.34
PowerBI	1.29
Tableau	1.28
SQL	1.27

Appendix 5 – Draft principles for how we govern and manage our data

These seven principles provide a quick and easy reference point from which to inform and guide our management of data. They also give us a common language that we can use to hold ourselves and our decisions to account.

Data is understood and valued

Just like other organisational assets such as buildings, people or money data must be treated like a valued asset. We must know where our data is, how much we have, who uses it and how it should be protected

Data is managed and protected according to its sensitivity

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Everyone must ensure that data is used responsibly, lawfully, securely, fairly, and ethically. Data protection law must be followed. We consider data protection issues as part of the design and implementation of systems, services, products, and business practices.

Data is published, shared and openly available wherever possible

Data that is collected by SCC must be made available to the widest range of users for the widest range of purposes, where it is lawful, ethical and commercially sensible to do so.

Data is governed (controlled) by the organisation (not directorates, services, or teams) and personal data is owned by those it is about.

If Surrey is to get the most value from its data, information must be elevated out of its silos and available for use across the organisation. Where that data includes personally identifiable data we must ensure that we have a clear obligation or function set out in law, we have consent of the data owner or it is compatible with the original purpose the data was collected

We support and encourage data re-use.

Data is even more valuable if it can be used more than once or for more than one purpose.

Business critical data about people needs to be consistent, accurate

We use consistent standards and language to record and describe data.

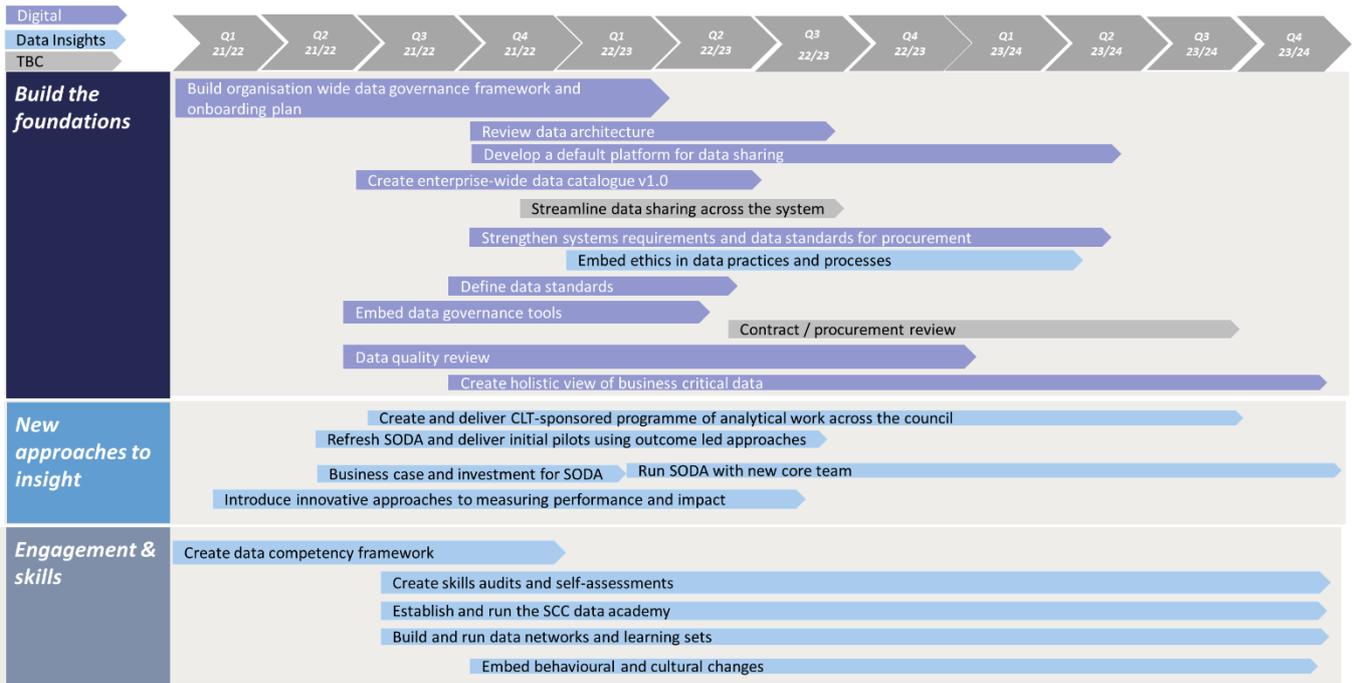
Using consistent standards, we can improve the interoperability of our data and systems, we make it easier for the organisation to reuse data and we reduce error and duplication

Staff have access to the data they need to do their jobs.

We make it easy for users to find data and understand: its quality; how it was made; and how they can use it

Appendix 6 – Delivery roadmap

The diagram below provides a high-level roadmap of activities that will take place to deliver this strategy. In total there are 22 Proposed Activities which will take place over three years. The work will be delivered jointly between the Digital and Data Insights transformation programmes.



SURREY COUNTY COUNCIL

CABINET

DATE: 22 FEBRUARY 2022



REPORT OF: MRS BECKY RUSH, DEPUTY LEADER AND CABINET MEMBER FOR FINANCE AND RESOURCES

LEAD OFFICER: LEIGH WHITEHOUSE, DEPUTY CHIEF EXECUTIVE AND EXECUTIVE DIRECTOR FOR RESOURCES (\$151 OFFICER)

SUBJECT: 2021/22 MONTH 9 (DECEMBER) FINANCIAL REPORT

ORGANISATION STRATEGY: GROWING A SUSTAINABLE ECONOMY SO EVERYONE CAN BENEFIT/TACKLING HEALTH INEQUALITY/ENABLING A PRIORITY AREA: GREENER FUTURE/EMPOWERING COMMUNITIES

Purpose of the Report:

This report provides details of the County Council's 2021/22 financial position as at 31st December 2021 (M9) for revenue and capital budgets, and the expected outlook for the remainder of the financial year.

Key Messages – Revenue

- **At M9, the Council is forecasting a full year £4m deficit** against the revenue budget, reduced by £4m from M8.
- The improvement consists of a £2.2m deterioration in the underlying position, offset by £6.2m release of centrally held Covid-19 funding. The £2.2m deterioration relates to £4.9m increases across CFL and the DSG High Needs Block offset by underspends elsewhere.

The details are shown in Annex 1 and summarised in Table 1.

- Contingencies built into the 2021/22 budget exceed the forecast deficit and so a balanced outturn is anticipated. However, it is still the expectation that Directorates make efforts to manage overspends within their budget envelopes.

Key Messages – Capital

- The M9 position shows a forecast spend of £170.6m against a budget of £202m, a variance of £31.5m.
- Details are set out in paragraphs 8 to 11 and Table 3.

Recommendations:

It is recommended that Cabinet:

1. Note the Council's forecast revenue and capital budget positions.
2. Approve the use of £6.2m Covid-19 reserve to offset the forecast impact of Covid-19 on the budget (paragraph 5 to 7).

3. Approve that M9 Capital forecasts be used as a baseline to reset the Capital Programme for 2021/22 to provide a stable and deliverable budget for the remainder of the year.

Reason for Recommendations:

This report is to comply with the agreed policy of providing a monthly budget monitoring report to Cabinet for approval of any necessary actions.

Revenue Budget:

1. At M9, the Council is forecasting a full year £4m deficit against budget.
2. Table 1 below shows the forecast revenue budget outturn for the year by service.

Table 1 - Summary revenue budget forecast variances as of 31st December 2021

Directorate	2021/22 YTD M9 £m	Outturn Forecast at M9 £m	Annual Budget £m	Forecast Variance £m	Change in forecast since last month £m
Adult Social Care	295.0	383.4	380.7	2.7	(0.5)
Public Service Reform & Public Health	22.3	34.1	34.1	0.0	0.0
Children, Families and Lifelong Learning	173.4	231.8	222.0	9.7	2.7
Comms, Public Affairs & Engagement	1.3	1.7	1.7	0.0	0.0
Community Protection Group	31.3	38.7	38.0	0.7	0.1
Customer & Communities	7.2	11.2	11.6	(0.3)	(0.2)
Environment, Transport & Infrastructure	93.9	129.4	135.0	(5.6)	(1.6)
People & Change	4.5	6.6	6.6	0.1	(0.1)
Prosperity Partnerships & Growth	0.9	1.3	1.3	0.0	(0.0)
Resources	51.7	71.5	70.8	0.7	(0.4)
Central Income & Expenditure	16.1	77.4	77.4	0.0	0.0
Total before DSG High Needs Block Offset	697.6	987.2	979.2	8.0	(0.0)
DSG High Needs Block Offset	0.0	35.0	32.8	2.2	2.2
Total Budget Envelopes	697.6	1,022.2	1,012.0	10.2	2.2
Central Funding	(719.4)	(1,018.2)	(1,012.0)	(6.2)	(6.2)
Overall after central funding	(21.8)	4.0	(0.0)	4.0	(4.0)

Note: Numbers have been rounded which might cause a difference.

The forecast figures for Central Income & Expenditure include the Covid-19 reset in paragraphs 5 to 7.

3. The forecast Directorate overspend of £10.2m predominantly consists of:
 - **Adult Social Care (ASC)** : The £2.7m forecast overspend (£0.5m improvement from M8) is due to a significant increase in care package commitments by comparison to the budget, with a small reduction in M9. Full-year commitments reduced in December for the first time in 2021/22, but remain substantially above the budgeted start point for 2022/23, so actions to continue to reduce care package spending are still required in the remainder of the year.
 - **Children, Families and Lifelong Learning (CFL) Non DSG** – The £9.7m forecast overspend (£2.7m increase from M8) includes amounts previously reported as risks: Special Educational Needs and Disabilities (SEND) home to school transport has increased by £2.3m, due to numbers of pupils and inflationary increases since September. SEND home to school transport is a non-DSG cost. A CFL Finance Action Plan has been developed and a number of actions are either underway or being investigated to mitigate, as far as possible, the pressures within CFL outside of SEND. The focus is on staffing pressures

and placement costs. Other mitigations being undertaken include the application of Troubled Families grant (£0.6m).

- Risks were previously quantified and captured within monthly monitoring to give as early warning as possible around variations. Both the DSG High Needs block overspend (below) and Transport variances declared in Month 9 were previously identified as risks.
- **Community Protection Group (CPG):** The £0.7m overspend (£0.1m increase from M8) is primarily due to an unfunded national firefighters pay award and historic costs in the Coroner's service plus increased Covid-19 related costs.
- **Environment, Transport & Infrastructure (ETI):** The £5.6m forecast underspend (£1.6m improvement from M8) is primarily due to improved recycling prices and funding for bus service support. The improvement from M8 is due to a reduction in energy prices and various smaller movements including staffing, waste costs and income.
- **Resources :** The £0.7m forecast overspend (£0.4m improvement from M8) is due mainly to the non-achievement of efficiencies in Business Operations (part of the Orbis Joint Operating Budget) and ongoing pressures in Legal Services due to high external legal fees. These are partially offset by increased income in Finance and vacancies in the Transformation & Strategic Commissioning team.
- **DSG High Needs Block (HNB) –** The £2.2m forecast overspend (£2.2m increase from M8) is mainly due to revised estimates of cost containment and in-year mitigations but also includes an additional £0.5m of costs linked to change in provision - mainly alternative provision with schools finding it difficult to settle children after absences, plus new placements likely to occur before year end.

Further details on the in-year position are set out below.

DSG update

The table below shows the projected forecast outturn for the High Needs Block. The forecast has increased by £2.2m from M8. The forecast is now in excess of the budgeted contingency so there is a variance in the Directorate.

Table 2 - DSG HNB Summary

2021/22 DSG HNB Summary	
	£'m
DSG High Needs Block Grant (exc Academies)	156.5
Forecast outturn	191.5
Deficit/(surplus)	35.0
Budgeted overspend	(23.8)
Deficit/(surplus)	11.2
High Needs Block contingency budget	9.0
Overspend after release of contingency budget	2.2

4. The £191.5m forecast outturn has increased by £2.4m (from £189.2 since M8) is a result of:

- Further £1.6m of cost containment (£0.4m) and in year mitigations (£1.2m) not delivered. Challenging in year targets to contain growth were set, whilst work is underway to contain these increases, they will not impact this year.
- £0.5m increased change in provision, mainly alternative provision with schools finding it difficult to settle children after absences.
- Provision of £0.3m for new placement changes until the end of the year. Work continues to try and mitigate this to within budget.

Covid-19 update

5. For M9 the Directorates forecast a gross impact from Covid-19 of £107.2m (which is a £6.3m increase from M8). This is offset by £79.3m of specific grants (a £5.9m increase from M8). There were two new grants in M9 (ASC Workforce Recruitment & Retention Round 2 grant and the ASC Omicron Support Fund).
6. Directorates can absorb £21.8m within existing budgets (increased by £0.5m from M8). A balance of £6.2m is therefore currently flagged as the net impact of Covid-19 on the budget (no change from M8). The M9 overall position assumes that the £6.2m Covid-19 impact on the budget will be reset from the Covid-19 reserve into Central Income and Expenditure. The Covid-19 funding released from reserve will be held centrally to avoid changing Directorate budget envelopes in the closing stages of the year, whilst the final Covid-19 outturn position is determined.
7. The reset will leave £4.9m in reserve for future Covid-19 risks. Individual decisions to approve use of the reserve may be taken in specific or urgent circumstances.

Capital Budget

8. The forecast of £170.6m at M9, £31.5m less than the budget of £202m, (£14.3m decrease from M8). The variance relates to slippage and reprofiling of £30.2m and an underspend of £1.2m.
9. The M9 forecasts of 170.6m will be used as a baseline to reset the Capital Programme for 2021/22 to provide a stable and deliverable budget for the remainder of the year, with discussions at CPP providing assurance that services are committed to full delivery. The majority of the slippage from significant schemes has been re-profiled as part of the 2022/23 Final Budget MTFs into 2022/23 and future years, in anticipation of the reset based on the M9 forecasts.
10. Table 3 below provides a summary of the forecast full-year outturn at M9.

Table 3 - Summary Capital Budget

Strategic Capital Groups	Annual Budget £m	M9 Outturn Forecast £m	M9 Forecast Variance £m	Change from M8 to M9 £m
Property				
Property Schemes	77.6	54.9	(22.7)	(11.8)
ASC Schemes	1.7	1.5	(0.2)	0.0
CFLC Schemes	1.2	0.5	(0.7)	(0.4)
Property Total	80.5	57.0	(23.6)	(12.2)
Infrastructure				
Highways and Transport	91.7	86.9	(4.9)	(2.7)
Infrastructure and Major Projects	6.5	5.7	(0.8)	0.4
Environment	4.4	5.4	1.0	(1.3)
Community Protection	3.1	1.9	(1.1)	(0.3)
Infrastructure Total	105.7	99.9	(5.8)	(3.9)
IT				
IT Service Schemes	15.8	13.7	(2.1)	1.8
IT Total	15.8	13.7	(2.1)	1.8
Total	202.0	170.6	(31.5)	(14.3)

11. The change of £14.3m from M8 to M9 mainly relates to:

- **Property – £11.8m slippage** – mainly due to slippage in Schools Basic Needs (SBN) of £3.1m, SEND of £3.2m, Looked After Children (LAC) schemes £2.8m, Salt Barns £0.8m, Bookham Youth Centre £0.8m, Woodhatch Master Planning £0.7m and Agile Office £0.9m. All have been re-profiled into 2022/23. At present the slippage in Property schemes for the Children, Families and Lifelong Learning Directorate is not expected to impact on the delivery of associated efficiencies. However, there is as a result, less capacity to absorb significant further delays in the timetable without impacting on the timing of efficiencies.
- **Highways and Transport - £2.7m slippage**, of which £1.6m reflects a forecast slippage on Active Travel funded by grant, £0.3m Ultra Low Emission Vehicles (ULEV), and £0.7m reduced acceleration of Bridge Maintenance. All slippage has been reprofiled into 2022/23 / MTFs.
- **Environment - £1.3m slippage**, due to slippage in Greener Homes of £1.1m – funded by grant. The remaining £0.2m is due to a minor reduction in forecast across several schemes. Re-profiled into 2022/23.
- **CFLC – £0.4m slippage** – due to Foster Carer Grants and Adaptations slippage / delay due to Covid-19 - £100k and £270k respectively. Reprofiled into 2023/24
- **Community Protection - £0.3m slippage**, further delays in Vehicle & Equipment Replacement, to be re-profiled into 2022/23.
- **Infrastructure & Major Projects - £0.4 increase**, due to increased forecast spend from M8 in Housing Infrastructure Fund (A320) and Farnham schemes.
- **IT - £1.8m increase** – due to DB&I project with increased costs from the delay of the scheme, following the approval for use of the contingency at M8.

To establish a stable and deliverable baseline for assessment at full year outturn, the capital budget for the year will be reset based on M9 forecasts.

Consultation:

12. Executive Directors and Cabinet Members have confirmed the forecast outturns for their revenue and capital budgets.

Risk Management and Implications:

13. Risk implications are stated throughout the report and each relevant director or head of service has updated their strategic and or service risk registers accordingly. In addition, the Corporate Risk Register continues to reflect the increasing uncertainty of future funding likely to be allocated to the Council and the sustainability of the Medium-Term Financial Strategy. In the light of the financial risks faced by the Council, the Leadership Risk Register will be reviewed to increase confidence in Directorate plans to mitigate the risks and issues.

Financial and Value for Money Implications:

14. The report considers financial and value for money implications throughout and future budget monitoring reports will continue this focus.

Section 151 Officer Commentary:

15. Although significant progress has been made over the last twelve months to improve the Council's financial position, the medium-term financial outlook beyond 2021/22 remains uncertain. The public health crisis has resulted in increased costs which may not be fully funded. With uncertainty about the ongoing impact of this and no clarity on the extent to which both central and local funding sources might be affected in the medium term, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the Council to continue to consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term.
16. The Council has a duty to ensure its expenditure does not exceed the resources available. The Section 151 Officer confirms the financial information presented in this report is consistent with the Council's general accounting ledger and that forecasts have been based on reasonable assumptions, taking into account all material, financial and business issues and risks.

Legal Implications – Monitoring Officer:

17. The Council is under a duty to set a balanced and sustainable budget. The Local Government Finance Act requires the Council to take steps to ensure that the Council's expenditure (that is expenditure incurred already in year and anticipated to be incurred) does not exceed the resources available whilst continuing to meet its statutory duties.
18. Cabinet should be aware that if the Section 151 Officer, at any time, is not satisfied that appropriate strategies and controls are in place to manage expenditure within the in-year budget they must formally draw this to the attention of the Cabinet and Council and they must take immediate steps to ensure a balanced in-year budget, whilst complying with its statutory and common law duties.

Equalities and Diversity:

19. Any impacts of the budget monitoring actions will be evaluated by the individual services as they implement the management actions necessary. In implementing individual management actions, the Council must comply with the Public Sector Equality Duty in section 149 of the Equality Act 2010 which requires it to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
20. Services will continue to monitor the impact of these actions and will take appropriate action to mitigate additional negative impacts that may emerge as part of this ongoing analysis.

What Happens Next:

The relevant adjustments from the recommendations will be made to the Council's accounts.

Report Author:

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Consulted:

Cabinet, Executive Directors, Heads of Service

Annex:

Annex 1 – Forecast revenue budget as at 31st December 2021

Annex 2 – Q3 Balance Sheet Indicators

Forecast revenue budget as of 31st December 2021

Service	Cabinet Member	Year to date Budget £m	Year to date Actual £m	Year to date variance £m	Full Year Gross budget £m	Full year net budget £m	Full Year net forecast £m	Full year net forecast variance £m
Education and Lifelong Learning	D Turner-Stewart	36.6	31.4	(5.2)	199.7	24.2	24.3	0.0
Family Resilience	C Curran	25.9	22.7	(3.2)	36.3	33.3	35.9	2.6
Corporate Parenting	C Curran	76.5	75.0	(1.6)	116.5	103.7	108.1	4.4
Quality and Performance	C Curran	6.8	6.4	(0.4)	11.1	9.0	9.2	0.2
Commissioning	C Curran / D Turner-Stewart	37.0	38.2	1.2	130.3	51.9	54.6	2.7
CFLC Exec Director	C Curran	(0.1)	(0.3)	(0.2)	(0.2)	(0.2)	(0.3)	(0.1)
Children, Families and Lifelong Learning		182.7	173.4	(9.2)	493.8	222.0	231.8	9.7
Public Health	S Mooney	22.1	21.8	(0.3)	33.4	33.4	33.4	0.0
Insight & Analytics	S Mooney	0.5	0.4	(0.1)	0.8	0.7	0.7	0.0
Public Health and PSR		22.6	22.3	(0.4)	34.2	34.1	34.1	0.0
Adult Social Care	S Mooney	286.3	295.0	8.7	516.6	380.7	383.4	2.7
Highways & Transport	M Furniss	43.7	39.1	(4.7)	71.3	58.3	55.5	(2.9)
Environment	M Heath/ N Bramhall	55.1	51.9	(3.3)	75.9	73.5	70.3	(3.2)
Infrastructure, Planning & Major Projects	M Furniss	2.1	2.5	0.4	5.2	2.8	2.8	(0.0)
Leadership Team	M Furniss	0.3	0.5	0.3	0.4	0.4	0.8	0.4
Environment, Transport & Infrastructure		101.2	93.9	(7.3)	152.8	135.0	129.4	(5.6)
Fire and Rescue	K Deanus	23.8	26.1	2.2	36.1	31.7	32.1	0.4
Trading Standards	K Deanus	1.6	1.5	(0.1)	3.9	2.0	1.9	(0.1)
Emergency Management	K Deanus	0.4	0.4	0.0	0.5	0.5	0.5	(0.0)
Health & Safety	K Deanus	0.4	0.3	(0.1)	0.7	0.5	0.5	(0.0)
Armed Forces & Resilience	K Deanus	0.1	0.1	0.0	0.1	0.1	0.1	0.0
Coroners	K Deanus	2.3	3.0	0.7	3.4	3.1	3.6	0.5
Community Protection		28.5	31.3	2.8	44.6	38.0	38.7	0.7
People & Change	T Oliver	4.9	4.5	(0.4)	6.7	6.6	6.6	0.1
Communications, Public Affairs and Engag	T Oliver	1.3	1.3	0.0	1.7	1.7	1.7	0.0
PPG Leadership	T Oliver	0.2	0.2	0.0	0.3	0.3	0.3	0.0
Economic Growth	T Oliver	0.8	0.7	(0.1)	1.1	1.1	1.1	(0.0)
Prosperity, Partnerships and Growth		1.0	0.9	(0.1)	1.3	1.3	1.3	0.0
Community Partnerships	M Nuti	1.1	0.9	(0.1)	1.5	1.5	1.4	(0.1)
Customer Services	M Nuti	2.1	1.9	(0.2)	2.9	2.7	2.6	(0.2)
AD Culture & Active Surrey	M Nuti	5.5	4.3	(1.2)	17.2	7.2	7.1	(0.1)
C&C Leadership	M Nuti	0.1	0.1	0.0	0.1	0.1	0.1	0.0
Customers and Communities		8.7	7.2	(1.5)	21.7	11.6	11.2	(0.3)
Land and Property	N Bramhall	17.9	18.0	0.1	34.4	24.4	24.4	(0.0)
Information Technology & Digital	B Rush	8.0	8.0	0.0	11.4	10.7	10.6	(0.1)
Business Operations	B Rush	(0.1)	(0.4)	(0.3)	(0.1)	(0.1)	(0.2)	(0.1)
Joint Orbis	B Rush	12.7	0.0	(12.7)	16.9	16.9	17.6	0.8
Finance	B Rush	4.5	3.2	(1.3)	11.7	5.9	5.8	(0.1)
Legal Services	B Rush	3.6	4.0	0.3	5.3	4.9	5.3	0.5
Democratic Services	B Rush	2.7	3.7	1.0	3.8	3.6	3.6	(0.0)
Executive Director Resources	B Rush	1.5	3.4	1.9	2.6	2.5	2.6	0.0
Twelve15	B Rush	(1.3)	(1.5)	(0.3)	19.6	(1.9)	(2.0)	(0.1)
Corporate Strategy and Policy	B Rush	1.6	1.6	(0.1)	2.4	1.9	1.9	(0.0)
Transformation and Strategic Commissioning	B Rush	1.1	11.5	10.5	1.4	1.4	1.3	(0.1)
Performance Management	B Rush	0.1	0.1	(0.0)	0.2	0.2	0.2	(0.0)
PPE	B Rush	0.0	0.0	0.0	0.0	0.4	0.4	0.0
Resources		52.4	51.7	(0.7)	109.6	70.8	71.5	0.7
Corporate Expenditure	B Rush	24.8	16.1	(8.7)	113.5	77.4	77.4	0.0
Total before DSG High Needs Block Offset		714.4	697.6	(16.8)	1,496.5	979.2	987.2	8.0
DSG High Needs Block Offset		0.0	0.0	0.0	32.7	32.8	35.0	2.2
Total Budget Envelopes		714.4	697.6	(16.8)	1,529.2	1,012.0	1,022.2	10.2
Central funding		(714.9)	(719.4)	(4.5)		(1,012.0)	(1,018.2)	(6.2)
Total Net revenue expenditure including DSG HNB		(0.5)	(21.8)	(21.3)	1,529.2	0.0	4.0	4.0

Balance Sheet Indicators Quarter 3 update

Debt

1. During the three months to 31 December 2021, the Council raised invoices totalling £134m. Overdue debt is the total debt less those balances not immediately due (i.e. less than 30 days old). There was a total £30.1m of overdue debt at the end of December, a decrease of £0.9m since the last quarter.
2. Overdue care debt – unsecured care debt has decreased by £0.9m over the quarter. CCG's have increased by £0.6m since the last quarter but offset by the same amount in OLA's and general debt, leaving the overall Non-Care Debt with no change. Table 1 below shows the age profile of the debts at 31st December 2021. Most of the CCG overdue debt relates to Adult Social Care services. The Adult Social Care service together with Corporate Finance is working closing with CCGs regarding the outstanding invoices and is confident most of the overdue debt will be resolved by the end of the current financial year.

Table 1: Age profile of the Council's debt as at 31st December 2021

Account group	<1 month £m	1-12 months £m	1 to 2 years £m	over 2 years £m	Total debt £m	Overdue debt £m
Care debt - unsecured	6.2	7.4	3.7	3.8	21.1	14.9
Care debt - secured	0.6	2.4	2.3	3.6	9.0	N/A*
Total care debt	6.8	9.9	6.0	7.4	30.1	14.9
Schools, colleges & nurseries	0.9	0.1	0.3	0.1	1.3	0.4
Clinical commissioning groups	4.5	8.0	0.2	0.6	13.4	8.8
Other local authorities	1.0	-0.3	0.0	0.0	0.8	-0.2
General debt	3.6	5.2	0.3	0.6	9.7	6.1
Total non-care debt	10.0	13.0	0.8	1.3	25.2	15.1
Total debt	16.8	22.9	6.8	8.7	55.3	30.1
Q2 2012/22	13.1	24.3	6.5	8.8	52.6	31.0
Change	3.7	-1.4	0.4	-0.1	2.6	-0.9

* Secured care debt does not become due until either the property is sold or after 90 days following the death of the resident, whichever is earlier.

Note: All numbers have been rounded - which might cause a casting difference

Treasury Management

3. The Council borrows to finance its capital spending that exceeds receipts from: grants, third party contributions, capital receipts and reserves. The Council's long-term debt stands at £431.9m and has not increased this year.
4. As at 31 December 2021, the weighted average interest rate of the Council's long term debt portfolio is 3.89%. The Treasury Strategy, approved by County Council in February 2021, continued the policy of internal borrowing and where necessary, to borrow short-term to meet cash flow liquidity requirements. Table 2 below shows a net £93m increase in the Council's short-term borrowing activity since 30 September 2021.

Table 2: Short term borrowing as at 31 December 2021

	£m
Debt outstanding as at 30 September 2021	150
Loans raised	158
Loans repaid	(65)
Current Balance as at 31 December 2021	243

Figures are for Surrey Council only and do not include Surrey Police

- The weighted average interest rate of the Council's short term external debt is 0.085% at 31 December 2021.

Investments

- The Council's average daily level of investments has been £54.7m during 2021/22 (Q3), compared to an average of £61.6m during 2020/21(Q3). This reflects the Council's strategic policy to maintain sufficient liquidity during this time and continue to borrow over shorter periods when appropriate. The Bank of England (BoE) base rate was increased in December to 0.25% with no significant increases forecasted in the next 2 years. The Council invests temporary cash surplus exclusively through the use of money market funds (MMF). Other investment facilities are available, including: brokers, direct dealing with counterparties through the use of call accounts or direct deal facilities, or with the government's Debt Management Office (DMO). No new fixed term deposits have been agreed during 2021/22 due to the lower cash balances held and the need to maintain high liquidity.
- Table 3 shows the weighted average return on all investments the Council received in the quarter to 31 December 2021 is 0.02%. This compares to a 0.13% average Bank of England (BoE) base rate for the same period.

Table 3: Weighted average return on investments compared to Bank of England (BoE) base rate.	Average BoE Base Rate	Weighted return on investments
22 quarter 3	0.13%	0.02%
22 quarter 2	0.10%	0.02%
22 quarter 1	0.10%	0.01%
21 quarter 4	0.10%	0.01%
21 quarter 3	0.10%	0.03%
21 quarter 2	0.10%	0.14%
21 quarter 1	0.10%	0.31%
20 quarter 4	0.61%	0.63%
20 quarter 3	0.75%	0.68%
20 quarter 2	0.75%	0.70%
20 quarter 1	0.75%	0.75%

Note: All numbers in all tables have been rounded - which may cause a casting difference

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