

Notice of Meeting

Adults and Health Select Committee



Date & time
Tuesday, 6
December 2022 at
10.00 am

Place
Council Chamber,
Woodhatch Place

Contact
Omid Nouri, Scrutiny
Officer

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Chief Executive
Joanna Killian

We're on Twitter:
@SCCdemocracy



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This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Omid Nouri, Scrutiny Officer on 07977 595 687.

Elected Members

Nick Darby, Robert Evans, Chris Farr, Angela Goodwin (Vice-Chairman), Trefor Hogg, Rebecca Jennings-Evans, Frank Kelly, Riasat Khan (Vice-Chairman), David Lewis, Ernest Mallett MBE, Carla Morson, Bernie Muir (Chairman) and Buddhi Weerasinghe

Independent Representatives:

Borough Councillor Neil Houston (Elmbridge Borough Council), Borough Councillor Abby King (Runnymede Borough Council) and District Councillor Charlotte Swann (Tandridge District Council)

TERMS OF REFERENCE

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

AGENDA

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Purpose of the item: To report any apologies for absence and substitutions.

2 MINUTES OF THE PREVIOUS MEETINGS: 5 OCTOBER 2022 AND 2 NOVEMBER 2022

(Pages 5
- 82)

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

3 DECLARATIONS OF INTEREST

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

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

NOTES:

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

4 QUESTIONS AND PETITIONS

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

NOTES:

1. The deadline for Members' questions is 12:00pm four working days before the meeting (*30 November 2022*).
2. The deadline for public questions is seven days before the meeting (*29 November 2022*).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5 SCRUTINY OF 2023/24 DRAFT BUDGET AND MEDIUM-TERM FINANCIAL STRATEGY TO 2027/28 (Pages 83 - 126)

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

6 ASC COMPLAINTS APRIL - SEPTEMBER 2022 (Pages 127 - 146)

Purpose of the item: To provide a detailed summary of complaints, Ombudsman investigations and compliments in Adult Social Care for the period April - September 2022.

7 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021-22 (Pages 147 - 200)

Purpose of the item: Scrutiny of the Surrey Safeguarding Adults Board Annual Report 2021-22.

8 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME (Pages 201 - 236)

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

9 DATE OF THE NEXT MEETING

The next public meeting of the committee will be held on 16 February 2023 at 10:00am.

**Joanna Killian
Chief Executive**

Published: Friday, 25 November 2022

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

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Thank you for your co-operation

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 5 October 2022 at Woodhatch Place, 11 Cockshot Hill, Reigate, RH2 8EF.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 2 November 2022.

Elected Members:

- * Nick Darby
- * Robert Evans
- Chris Farr
- * Angela Goodwin (Vice-Chairman)
- Trefor Hogg
- * Rebecca Jennings-Evans
- * Frank Kelly
- * Riasat Khan (Vice-Chairman)
- * Borough Councillor Abby King
- * David Lewis
- * Ernest Mallett MBE
- Carla Morson
- * Bernie Muir (Chairman)
- * Buddhi Weerasinghe

(* = present at the meeting)

Co-opted Members:

- Borough Councillor Neil Houston, Elmbridge Borough Council
- District Councillor Charlotte Swann, Tandridge District Council
- * Borough Councillor Abby King, Runnymede Borough Council

28/22 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Cllr Trefor Hogg Cllr Carla Morson, and Cllr Neil Houston. Cllr Chris Farr joined the meeting remotely.

29/22 MINUTES OF THE PREVIOUS MEETING: 23 JUNE 2022 [Item 2]

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

30/22 DECLARATIONS OF INTEREST [Item 3]

Cllr Frank Kelly declared a pecuniary interest as an employee of Surrey and Borders NHS Foundation Trust.

Cllr Nick Darby declared a personal interest as Board Member for Surrey and Borders NHS Foundation Trust.

31/22 QUESTIONS AND PETITIONS [Item 4]

None received.

32/22 PREPARATION FOR WINTER PRESSURES [Item 5]

Witnesses:

Liz Bruce – Joint Executive Director for Adult Social Care and Integrated Commissioning (Surrey County Council and Surrey Heartlands ICS)

Ben Hill – Director of Urgent Care (Surrey Heartlands ICS)

Dr Charlotte Canniff – Joint Chief Medical Officer (Surrey Heartlands ICS)

Jo Hunter – Deputy Director of Recovery (Surrey Heartlands ICS)

Nikki Mallinder – Director of Primary Care (Surrey Heartlands ICS)

Dr Pramit Patel – Primary Care Network Leader (Surrey Heartlands ICS)

Dr Helen Rostill – Deputy Chief Executive and Director of Therapies (Surrey and Borders Partnership)

Daryl Gasson – Executive Place Managing Director (NHS Frimley)

Stephen Dunn – Director of System Delivery and Place (NHS Frimley)

Mark Eley – Deputy Director of Operations (South East Coast Ambulance Service NHS Foundation Trust)

Helen Wilshaw-Roberts – Strategic Partnerships Manager (South East Coast Ambulance Service NHS Foundation Trust)

Maria Millwood – Non-Executive Director (Healthwatch Surrey)

Key points raised during the discussion:

1. Witnesses from Surrey Heartlands and the South East Coast Ambulance Service (SECAMB) presented slides (Annex 1). Witnesses from NHS Frimley also presented slides (Annex 2).
2. A Member asked about the implications of the ICS restructuring on preparations for winter this year (2022). The Joint Chief Medical Officer (Heartlands) explained that there should be limited implications if all partners worked together to create the capacity required. The Director of System Delivery and Place (Frimley) added that NHS Frimley were developing a five-year strategy which involved significant stakeholder engagement during the summer regarding working together on collective priorities.
3. A Member queried the measures in place to support the mental health of staff during a period of increased pressure on the system. The Deputy Chief Executive of Surrey and Borders Partnership (SABP) explained that the system approach in place

was the wellbeing hub which all staff could access. Individual organisations were now considering the cost-of-living crisis and how to support staff through that. SABP had also been linking in with other organisations to support their employee assistance schemes.

4. In response to a question on the fragility of the workforce, the Deputy Director of Operations (SECamb) explained that they were aiming to reach 2,555 frontline staff by March 2023. SECamb currently had approximately 2,150 frontline staff, with 150 in training. There had been a small reduction in overtime and the Deputy Director explained that it was about being able to achieve balance and not exhausting staff, whilst still offering the opportunity to earn extra money. Thus, the overtime hours made available were reviewed weekly. New avenues for recruitment had been developed and there had been international recruitment events targeting trained staff.
5. A Member queried whether the countries SECamb were recruiting trained staff from were also short of staff. The Deputy Director of Operations (SECamb) explained that they were recruiting from countries where they trained more staff than they were able to recruit. The Member asked at what stage SECamb would be fully staffed. The Deputy Director responded by this time next year (October 2023), the resources were planned to reach the target number of frontline staff. One challenge was that there was a shortage of paramedics graduating from university nationally and they were competing against other ambulance services, therefore, SECamb were exploring how to make themselves a more attractive employer. The Member also asked whether there were enough ambulances to cope with demand. The Deputy Director explained that SECamb ran 140% of the number of ambulances required and he was comfortable that number could be met. There were weekly planning meetings to balance the staff required across SECamb in the local areas. There was also the ability to flex private ambulances to meet the requirements.
6. A Member questioned the early prevention measures in place to support the mental health of residents. The Deputy Chief Executive (SABP) explained that the voluntary and community sector offered services such as, group events, direct counselling and broader mental health support and residents were able to self-refer for those services. There were also a range of resources on the Healthy Surrey website. Schools received a named mental health practitioner per cluster and there was young person's safe haven based in Guildford.

7. The Chairman asked about the new electronic patient record system and whether it would work with the other systems in place. The Joint Chief Medical Officer (Heartlands) explained that the ambition was for it to work with the rest of the systems and it was a national digital model. The Chairman asked whether the system would assist in data capture of outcomes. The Joint Chief Medical Officer explained that acute hospital trusts produced good data already, but it would improve that data. The Director of Urgent Care (Heartlands) explained that they had taken time to embed the system and understand its benefits.

Cllr Angela Goodwin joined the meeting at 11:20am.

8. The Chairman queried how mutual aid worked if everyone within the system was at capacity. The Director of Urgent Care (Heartlands) shared that Surrey did not meet the number of extensive care places per population and explained that they were working closely with NHS England (NHSE) to achieve this. Mutual aid was set up during the pandemic, they hoped to continue this. This winter there was not acute illness due to covid, but the system was reliant on the vaccination programme to protect the population and there was work with regional colleagues to address any peaks.
9. The Non-Executive Director of Healthwatch Surrey asked about the reasons behind the termination of the LVI contract and about how a consistent approach for appointments would be ensured. The Director of Primary Care (Heartlands) explained that LVI was commissioned by a different provider. Once Surrey Heartlands were alerted of the termination, they worked with the provider to gain a safer exit plan. LVI was reinstated for a period of time to allow exit plans and communication plans to be formally worked through and evaluated. The reason LVI was terminated was because their pricing model doubled in the last six months and other local solutions were being deployed.
10. The Chairman raised the issue of waiting multiple days for a reply from a general practice. The Director of Primary Care (Heartlands) explained that due to the acceleration of online service during the pandemic, there was inconsistency in terms of the online services offered by different practices. The Primary Care Network Leader added that it was essential to manage user's expectations.
11. A Member questioned whether the government announced funding of £500 million for discharge to assess was enough. The Joint Executive Director (Heartlands and SCC) explained that

this was nationally announced funding and therefore, would be split throughout the country. During the pandemic £491 million funding was announced, of which Surrey received £10 million. The discharge to assess programme would cost approximately £12 to £15 million per year. It was also unknown who the funding would be allocated to. There were some patients waiting to be discharged from Surrey hospitals who were West Sussex patients. Therefore, partners were trying to work collaboratively to solve such issues.

12. In response to a question on the rollout of the GP integrated mental health service (GPimhs) programme, the Deputy Chief Executive (SABP) explained that there were eight remaining to rollout. SABP had an effective relationship with primary care and were using existing forums to work with GPs. So far there was data to suggest that the wait time for psychological therapists had reduced, there was a 26% reduction in referrals through the mental health single point of access and increasing awareness of social care issues. The Primary Care Network Leader (Heartlands) added that the programme was co-designed with GPs. There was a one-to-two-year independent evaluation underway, with the first report due in December 2022.
13. A Member asked about the expected use of agency staff during the winter period. The Primary Care Network Leader (Heartlands) informed Members that they had been engaging with Lantum agency and had recruited 55 GPs and other healthcare professionals through that bank. This created 15 additional sessions a week per practice which equalled around 240 appointments. There were plans to free up capacity by using community pharmacists. The Member also asked about access to in person appointments for those who required them. The Joint Executive Director explained that they would look into incorporating appointment preferences for those with mental health issues or autism into the Surrey Care Record. The Director of System Delivery and Place (Frimley) added that they had experienced a 13% increase in in person appointments and 56% of appointments were now in person.

Cllr Rebecca Jennings-Evans left the meeting at 11:56am.

14. Responding to a question on ensuring that primary care helped to relieve the pressure on A&E, the Joint Chief Medical Officer (Heartlands) explained that it was about making it less complicated for residents so that they understood what services to access in certain circumstances. The communications team were doing a targeted piece of work on this and SECamb had developed a directory of services which highlighted alternative

options to A&E. The Deputy Chief Executive (SABP) added that safe havens were a useful alternative to A&E for those with mental health issues. The Primary Care Network Leader (Heartlands) added that there were about 624 'very high health users' in east Surrey and in a 12-month period those patients accessed A&E departments 1,900 times. This was a system issue, and it was crucial to support each other.

15. A Member enquired as to whether there were sufficient vaccines for both influenza and covid. The Non-Executive Director of Healthwatch Surrey also raised issues regarding dosette boxes, opening hours, and picking up prescriptions. The Joint Chief Medical Officer (Heartlands) clarified that there would be enough vaccines available and the communications and order of vaccinations were set nationally. The Chairman asked for data on the staff uptake of the influenza vaccine and the Joint Chief Medical Officer explained that all NHS staff were encouraged to take the influenza vaccine, but they had a choice. Data could be shared on the uptake. The Director of Primary Care (Heartlands) added that Surrey Heartlands had taken on responsibility for pharmacy, podiatry, and dentistry. It had been noted since taking these on that there had been more unplanned closures within community pharmacy than in previous years. Therefore, there was work to bring together the whole workforce to prevent that from happening in future.

Action/request for further information:

1. The Joint Chief Medical Officer to share data on the uptake of the influenza vaccine across NHS staff.

Recommendations:

1. For Surrey Heartlands ICS & Frimley ICS to work towards a swift rolling out of comprehensive Cloud Based Telephony Systems across GP Surgeries throughout Surrey, and to provide a future update in a formal Adults and Health Select Committee meeting on progress toward this.
2. For Surrey Heartlands ICS, Frimley ICS, & SECAmb, to implement and ensure there are support initiatives in place for the mental health of staff members, and to provide a future written update with qualitative and quantitative data to the Adults and Health Select Committee on progress toward this.
3. For the Joint Executive Director Adult Social Care & Integrated Commissioning, Surrey Heartlands ICS, and Frimley ICS to work on improving Discharge-to-Assess processes and to address the funding issues therewithin; and to provide a more detailed

update to the Adults and Health Select Committee in an informal meeting, on the details of Discharge-to-Assess processes & funding issues, and whether improvements have been achieved.

4. For Surrey Heartlands ICS & SECAMB, to ensure that staff utilising PaCCS and 111 services, are sufficiently trained to correctly assess patients and appropriately determine ensuing pathways; and to provide a written update to the Adults and Health Select Committee on this.
5. For SECAMB to address the concerns raised by the most recent CQC report, and to provide an update in an informal meeting to the Adults and Health Select Committee on the extent to which SECAMB is addressing these concerns.

33/22 ENABLING YOU WITH TECHNOLOGY - TRANSFORMATION PROGRAMME [Item 6]

Witnesses:

Toni Carney – Head of Resources, Adult Social Care
Stu Cole – Independent Living Manager, Mole Valley Life (Mole Valley District Council)

Key points raised during the discussion:

1. The Head of Resources presented slides to provide context and a historical understanding of the programme (Annex 3).
2. A Member asked whether there were any additional plans to involve users and their carers in any potential future design phases or technology trials. The Head of Resources and Performance explained that the plans around cascade were to expand the use of it. There were a couple of pilots such as, putting cascade in step-down facilities. The Member asked whether there was training to help those who struggled with using technology. The Head of Resources explained that they linked in with Surrey Coalition of Disabled People, as they provided tech angels and Adult Social Care (ASC) would like to do more work in this area.
3. A Member enquired about the advantages and disadvantages of District and Borough Councils (D&Bs) outsourcing their monitoring to external agencies. The Independent Living Manager explained that the ability of Mole Valley District Council to have their own alarm receiving centre provided more opportunities with the pathway and an advantage was being able to grow their own technology. The Head of Resources added

that the Council had secured agreement with all of the D&Bs who had signalled that they wanted to work with the Council using the same technology. The Member asked whether there was any resistance from any of the D&Bs. The Head of Resources shared that there was not resistance, however, hard work was required to secure agreement. Waverley Borough Council was the only Council without agreement as of yet.

4. The Chairman asked about the maintenance of the technology and whether it captured data. The Independent Living Manager explained that the two issues had been around the batteries, which had been resolved recently, and the sensors, which they had taken learnings from. Overall, the technology was reliable. There was ongoing work with cascade about how the data comes in and how it could be reported to capture the most from the technology.
5. In response to a question on privacy of the technology, the Head of Resources informed committee Members that staff explained to the users at the outset that there were no cameras or microphones in the technology. It was common for people to feel apprehensive about monitoring. There had been a couple of instances where people changed their mind and consent was crucial to the work. Occasionally, sensors had been installed as a best interest decision for that individual, but this was not the norm.
6. A Member queried whether there were any funding opportunities following March 2023. The Head of Resources explained that there was sufficient funding for the technology, and this would come out of the ASC budget for those with eligible care needs. The technology could have a positive impact on reducing costs for ASC. Regarding the responder service, ASC were putting together another bid to extend the service beyond March 2023. If no funding was secured, then the responder service would cease, however, the technology would continue. The responder service was a pilot and an evaluation still needed to be completed.
7. The Chairman queried whether there were any mechanisms in place to deal with complaints or issues of concern. The Head of Resources explained that usually these would be raised with Mole Valley District Council in the first instance. There was strong communication with ASC, therefore, if it was an issue that ASC needed to resolve they would.

8. The Chairman asked whether other counties were interested in the programme. The Head of Resources shared that they were doing a campaign on the programme in 2023. If the responder service was still in place, they would talk to residents about the service and how they could access it.

Recommendations:

1. For the Head of Resources for Adult Social Care to ensure that further and more sustainable funding is secured for the Enabling You With Technology Programme, and to provide a future informal briefing to the Adults and Health Select Committee, on any efforts to secure further Funding for the Programme in light of the timelines surrounding existing sources of funding.
2. For the Head of Resources for Adult Social Care to pursue data capture in order to analyse the implications of a variety of conditions of service users, so as to better tailor provision and gain a more detailed understanding of these conditions and the associated impacts.

34/22 MENTAL HEALTH IMPROVEMENT PROGRAMME [Item 7]

Witnesses:

Mark Nuti – Cabinet Member for Adults and Health

Liz Bruce – Joint Executive Director for Adult Social Care and Integrated Commissioning (Surrey County Council and Surrey Heartlands ICS)

Dr Helen Rostill – Deputy Chief Executive and Director of Therapies (Surrey and Borders Partnership)

Jonathan Perkins – Independent Chair of Mental Health System Delivery Board (Surrey)

Tim Beasley – Programme Director, Mental Health Improvement Programme (Surrey and Borders Partnership)

Toby Avery – Lead for the Mental Health Improvement Programme Digital and Data Workstream and Chief Digital & Information Officer (Surrey and Borders Partnership)

Liz Williams – Joint Strategic Commissioning Convener, Learning Disability and Autism and all age Mental Health

Kate Barker – Joint Strategic Commissioning Convener, Children and all age Mental Health

Clare Burgess – Chief Executive, Surrey Coalition of Disabled People

Patrick Wolter – Chief Executive, Mary Frances Trust

Key points raised during the discussion:

Cllr Frank Kelly left the meeting.

1. The Joint Executive Director (Heartlands and SCC) presented slides (Annex 4), emphasising that it was about phasing the existing plan, not making a new one. The Lead for the Mental Health Improvement Programme (MHIP) Digital and Data Workstream added that there were a number of strategic challenges regarding technology, and they were working to align technology with the service needs. The Independent Chair of the Mental Health System Delivery Board explained that there was a reset of governance in July 2022, whereby the priorities and scope of the work of the Board were set. There were now the right people on the Board to resolve issues of the plan and to move forward with clear accountability.
2. The Chairman noted that it was difficult to scrutinise the MHIP without the appropriate data or parameters of the priorities. The Joint Strategic Commissioning Convener for Learning Disability and Autism (LD&A) and all age Mental Health (SCC) explained that the Joint Strategic Needs Assessment was due to come to the Mental Health System Delivery Board in November 2022 which would provide data to support the priorities. The Joint Executive Director (Heartlands and SCC) shared that there were going to be whole system workshops looking at the financials across the system and what the operating model needed to be to stay within the financial envelope. There were also going to be quality and performance sessions to look at risks and quality, as well as understanding the pressures and finances to provide business as usual. The Joint Strategic Commissioning Convener for Children and all age Mental Health (SCC) added that there was work underway to identify activities and programmes which could have been badged as actions of the programme that could have greater benefits if done at scale and the outcomes recorded.
3. A Member asked about the system-wide cooperation that has occurred to help develop technology for mental health services. The Lead for the Mental Health Improvement Programme Digital and Data Workstream (SABP) shared that there was a disconnect between partners in relation to technology this time last year. Since then, there had been collaborative workshops to identify some of the gaps and to build relationships. A positive example had been the Technology Integrated Healthcare Management (TIHM) for the dementia programme. Inequalities remained for voluntary sector partners, as they struggled in terms of funding and capabilities to have the same level of digitisation.

4. In response to a question on the tech-to-community connect programme, the Chief Executive of Surrey Coalition of Disabled People explained that an area coordinator would spend time with an individual to help them get use to a device, and if they were ready to purchase their own device after the six months, the coordinator would support them to find a good deal. If they were not ready, they would be provided with another six month loan for a device. There was also a data support package whereby Vodafone provided six months of free data, and many were ready to purchase a Wi-Fi package after the initial period.
5. A Member asked about the lessons learnt from elsewhere with regards to technology. The Lead for the Mental Health Improvement Programme Digital and Data Workstream (SABP) explained that horizon scanning was done informally through professional connections and the wider network. Members of the team were regularly on calls with colleagues from across the country and experiences were shared. Surrey and Borders Partnership (SABP) were being broad with their recruitment opportunities to gain experience from other parts of the country and different sectors. The Deputy Chief Executive (SABP) added that they were testing a chatbot for Improving Access to Psychological Therapies (IAPT) services to support people to complete their self-referral.
6. The Chairman asked whether there was any evidence to indicate that the Section 12 app has helped to accelerate the speed of referrals to mental health services. The Lead for the Mental Health Improvement Programme Digital and Data Workstream (SABP) shared that the app was working well, but they were yet to do a formal evaluation. The Deputy Chief Executive (SABP) added that the app was used by all social workers involved in Section 12. The app did not automatically feed into the electronic patient records. The Joint Executive Director (Heartlands and SCC) shared that adult mental health professionals use the app, and it did feed into Adult Social Care (ASC) records. The Joint Executive Director would get a further update on the app.
7. A Member questioned what mitigations were in place to minimise any increased health inequalities due to digital exclusion. The Lead for the Mental Health Improvement Programme Digital and Data Workstream (SABP) explained that choice was critical and therefore, there would be in person and digital offerings of services. SABP had recently recruited a Digital Ethics and Privacy officer to consider digital inequalities and ethical implications of digital deployment. The Deputy Chief

Executive (SABP) shared that the TIHM service was co-designed with those with lived experiences, their carers and families, industry partners, and health professionals. The health tech accelerator was bringing people into the heart of designing technological solutions. The Chief Executive of Surrey Coalition of Disabled People added that there was experimentation of preventative technology and mental health services within the third sector, such as, an off the shelf loneliness box.

8. A Member asked how the Fuller Stocktake had influenced the MHIP. The Joint Strategic Commissioning Convener for LD&A and all age Mental Health (SCC) shared that, together with ASC, they were looking at where the service was against the Fuller stocktake currently and would provide an update in future.
9. In response to a question on whether improvements in practice were the outcome of the efforts of the MHIP, the Joint Strategic Commissioning Convener for LD&A and all age Mental Health (SCC) shared that in the last four to six months the Integrated Care System and Integrated Care Board have recognised a visible improvement in the response and timeliness to complaints and out of area placements directed at SABP. They were looking at data across the system and more of the advanced analytics were coming together which would support such findings.
10. A Member asked how complaints and issues of concern regarding mental health services were being fed back into the Mental Health System Delivery Board. The Joint Executive Director (Heartlands and SCC) explained that there was an upcoming meeting looking at quality and performance, and risk and data in SABP. This would uncover how the service was improving delivery, what the risks and challenges were, and what the opportunities were. These meetings would occur monthly and feed into the Executive-to-Executive Assurance Board. The Joint Executive Director also had responsibility as the Senior Responsible Officer to provide oversight to the complaints around mental health services for adults and children and ensure the partners involved were responsive to the complaints.
11. A Member queried how frontline staff fed back issues raised on the ground and the Chairman asked about data collection regarding issues of concern. The Joint Executive Director (Heartlands and SCC) explained that the system needed to pick up formal lessons learnt. Themes raised were usually regarding being offered the wrong service, long waiting times, and not knowing which service to use. The Deputy Chief Executive

added that the Co-production and Insight Group which fed into the Mental Health Service Delivery Board brought stories and experiences related to the MHIP.

12. A Member asked about the steps taken to overcome “bouncing” from one service to another. The Deputy Chief Executive (SABP) stated that it remained a challenge, but there were some positive steps. The One Team pilot in Epsom resulted in reduced waiting times and increased identification of ASC needs. The Adults Mental Health Alliance would allow for effective co-operation across the system. The Public Health team at the Council were leading on a review of the single point of access. The Programme Director (SABP) explained that bouncing was a key theme of the independent review and there were plans to introduce clear system leadership on this.
13. In response to a question on the use of safe havens as opposed to A&E, the Joint Strategic Commissioning Convener for Children and all age Mental Health (SCC) shared that there was a new member on the Mental Health System Delivery Board from the Office of the Police and Crime Commissioner, however, they still needed to consider how or if SECamb would be represented. Ambulance services were, however, represented on the Co-Production and Insight Group. The Chief Executive of Mary Frances Trust explained that attendance at safe havens had still not returned to pre-pandemic rates. There was a mental health ambulance project group which was having discussions about blue light services referring individuals to safe havens and there was a review of the specification of safe havens. The Deputy Chief Executive added that they needed to build confidence in the paramedics with safe havens, when an individual did not need medical intervention.

Actions/requests for further information:

1. The Joint Strategic Commissioning Convener, Children and all age Mental Health to provide data on the uptake of the peri-natal mental health course.
2. The Joint Executive Director for Adult Social Care and Integrated Commissioning to provide a further update on the Section 12 app.
3. The Joint Strategic Commissioning Convener for Learning Disability and Autism and all age Mental Health to provide a written update on how the Fuller Stocktake has influenced the Delivery of the Mental Health Improvement Plan.

Recommendations:

1. For the Mental Health Improvement Plan Digital and Data Workstream Lead to ensure to increase awareness of the Kooth system, and to ensure that it is increasingly enabling Children and Young People to access appropriate online support for their mental health; and to provide the Adults and Health Select Committee with a future written update on this.
2. For the Joint Executive Director for Adult Social Care & Integrated Commissioning and Surrey and Borders Partnership, to develop a robust process to deal with complaints as well as Issues of Concern regarding mental health services, and to provide a written update to the Adults and Health Select Committee on progress toward this.
3. For the Mental Health System Delivery Board-to use quantitative and qualitative data to direct the decision making process of the Mental Health Improvement Programme; and to update the Adults and Health Select Committee in a future formal meeting, on imminent/ensuing Mental Health System Delivery Board decisions on how to plan the delivery of the Mental Health Improvement Plan, and on what data was utilised to direct these decisions.

35/22 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 8]**Key points raised during the discussion:**

None.

36/22 DATE OF THE NEXT MEETING [Item 9]

The Select Committee noted that its next meeting would be held on Wednesday, 2 November 2022.

Meeting ended at: 2.36 pm

Chairman

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Surrey Heartlands ICS - *Managing UEC Surge*



The Fuller Stocktake – *the future of primary and urgent care*

National review based on the engagement of over 1000 people, roundtables & face-to-face meetings (incl. 12,000 + visits to an engagement platform).

From this consensus emerged what the NHS and Partners can do differently.

Neighbourhood 'teams of teams'

- Integrated teams (to evolve from PCNs) work collaboratively together as Neighbourhoods to improve the health and wellbeing of the local population.

Urgent & same-day care

- Provision of care and advice from an expanded multi-disciplinary team
- Utilising data and digital technology to quickly find the right support.

Long term conditions

- Access to more proactive, personalised support from a named clinician.

Healthy communities

- Creating healthy communities and prevention by working with communities
- Greater and more effective use of data
- Closer working relationships with the Local Authorities and the voluntary sector.

Surrey Heartlands and partners will re shape our focus' to meet the Fuller Stocktake.





Primary Care

- better health for everyone, better care for all patients and efficient use of NHS resources

Primary Care have delivered under the continuing pressure of increasing demand.

We have successfully delivered (through primary care) one of the highest COVID vaccination rates in the country.

We have increased the number of face to face appointments.



7.7 M appointments and online contacts this year. 18% increase from 20/21.



2.5m online contacts/requests made during 2021/22.



Planned winter includes practice level additional appointment capacity, an 'at scale' back office function and cloud based telephony which will increase the number of telephone lines available for incoming / outgoing calls.



Opportunity to grow and integrate our services, which now includes Pharmacy, Optometry & Dentistry (POD).



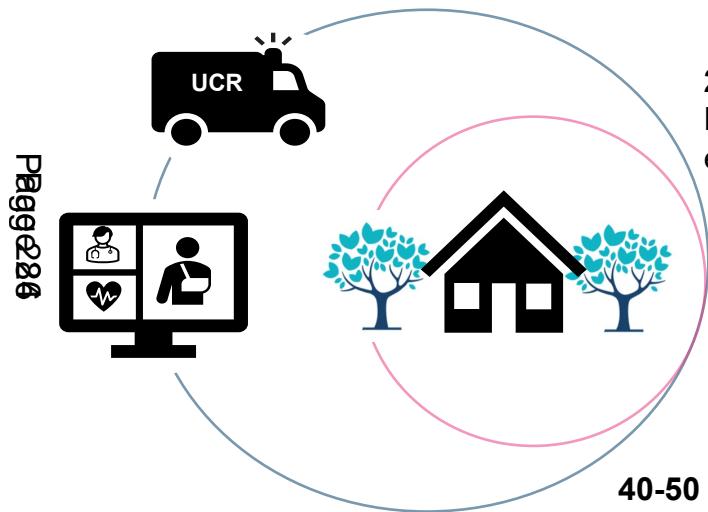
Joined up care, increased focus on prevention, early intervention.





Community services – *moving healthcare closer to home*

Single access point to support joint clinical decision for Frailty pathways - Right Care, Right Place, First Time



2-hour Urgent Community Response services 8am to 8pm every day.

172 “virtual” beds mobilised by December.

40-50 “virtual” beds per 100k population by March 2024.

Community transformation to offer fully co-ordinated community care to our patients.

A “virtual ward” allows clinicians to provide acute monitoring and care in a patients own home using available technology.

Virtual wards coupled with Urgent Community Response aims to have one access point into community healthcare.

In advance of winter this will support more of our patients to remain in their own homes, proven to reduce deterioration & increase recovery.





Ambulance Handover – a challenged position

Ambulance handover delays have increased from the previous year, this leaves our patients in acutes and waiting in the community at greater risk.

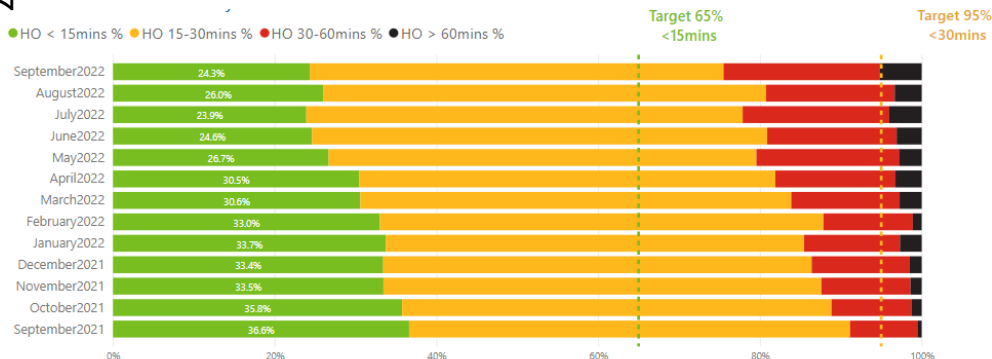
Surrey Heartlands recognises how essential swift ambulance handover is and has conducted a deep dive to understand the challenges and have identified long and short term actions to rectify this challenge.

Support initiatives include enhanced acute and community appropriate pathways to reduce emergency conveyances.

Delays in ambulance handover is a system issue.

Causal factors include inappropriate community activity, increased emergency department walkin activity, and higher acuity presentation, alongside high acute occupancy and challenged acute flow.

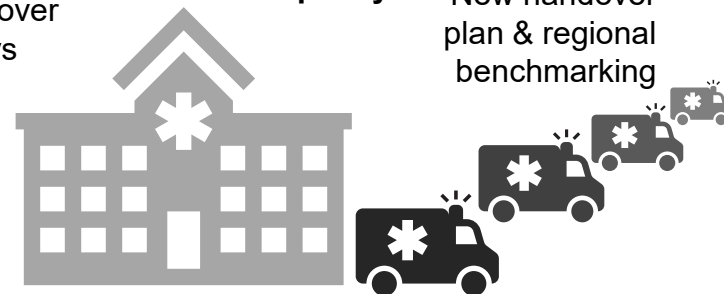
Page 207



Increasing ambulance handover delays

Acutes 95-100% occupancy

New handover plan & regional benchmarking



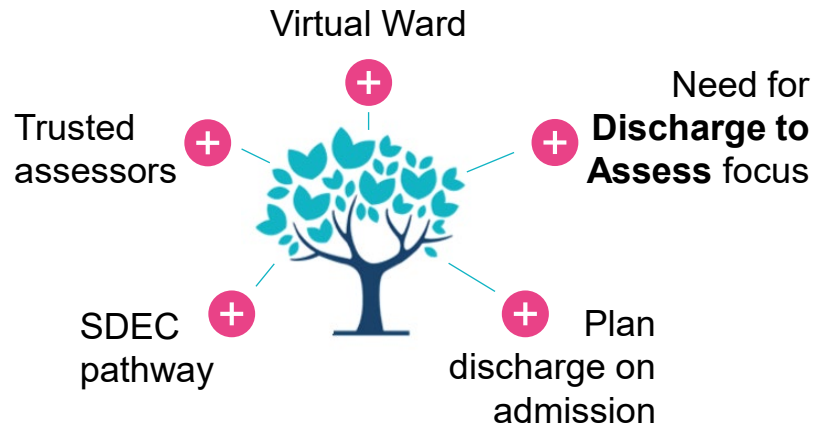


Hospital Flow – aiming to receive timely care and be discharge home as soon as possible

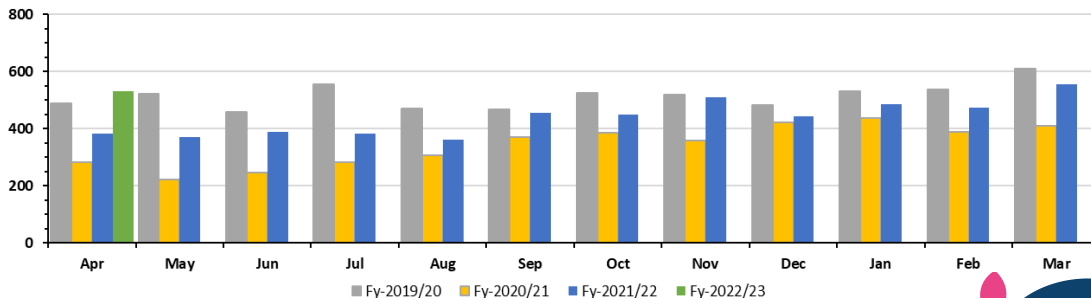
Through forward planning and active management of the NHS discharge pathways capacity, the primary aim is to support our patients in returning home as soon as possible.

Page 28

Patients with a Length of Stay of 21 days + decreased during the first year of the pandemic, this number has risen recently as the ability to discharge patients home is impacted by shortages and challenges within the wider care services.



Non Elective 21+ LOS Spells: Surrey Heartlands ICB





Discharge

- 100 day discharge and flow challenge: a call to action

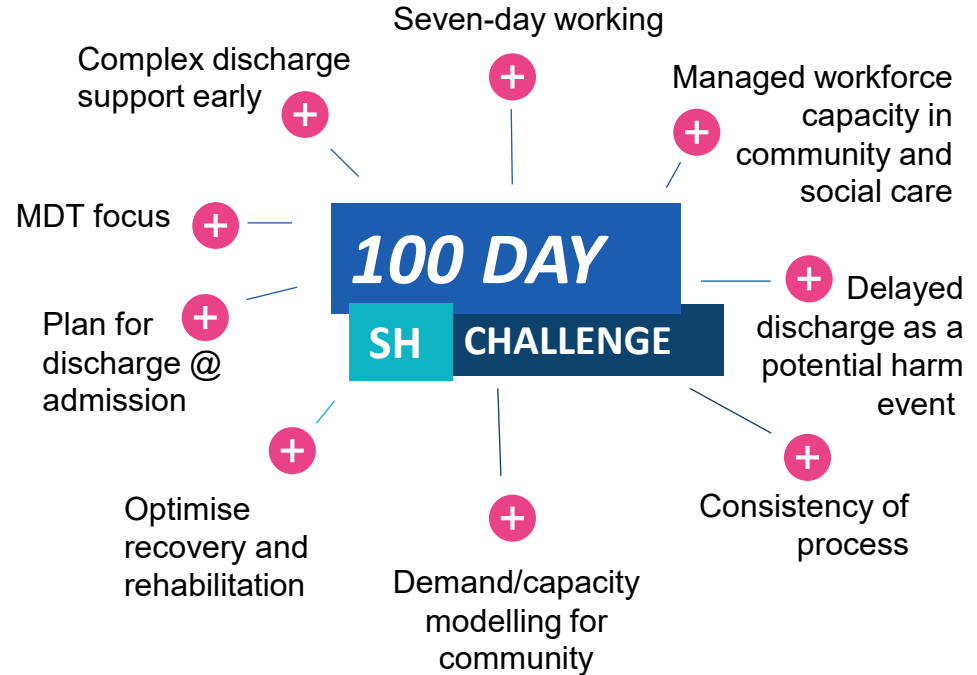


Building on the discharge process from hospitals during COVID-19 & D2A processes; a new 100 - Day Discharge and Flow Challenge was launched in June 2022.

Aimed at ensuring bed availability for patients needing to be admitted into hospital.

Through winter our focus is;

- Discharge to recover and assess
- Improving patients independence
- Plan discharges early
- Links with virtual wards





Adult Social Care – Joint Discharge to Assess Arrangements

- New operating model successfully implemented from 1 July 2022. Key aspect is to have services ring fenced for hospital discharge to enable people to return home as soon as safe to do so. People assessed for any on going support needs whilst recovering, ideally in their own homes, or as close to home as possible.
- Early indications are this is leading to a significant reduction in D2A spend compared to the previous model baseline
- Local ICPs have taken considerable steps to source dedicated D2A services to secure capacity to meet the demand for residents leaving hospital and returning home
- CHC D2A pathway in place
- Clear consistent support for people able to fund their own care arrangements

Next Steps

- Progress commissioning activity to secure D2A services at best value to meet more complex needs – will involve purchasing more block services in some areas and greater price consistency across the county
- Confirm enhanced discharge offer to respond when Acute Hospitals under intense pressure
- Menu of services with associated costs for NHS to purchase to increase flow as required
- Produce monthly D2A finance and activity report for ICB Exec to complement the helpful and more detailed dashboard already produced by ICB Finance
- Continue work to identify sufficient funding for 2023/24 and sustainability thereafter
- Wait confirmation of national announcement of £500m for D2A funding





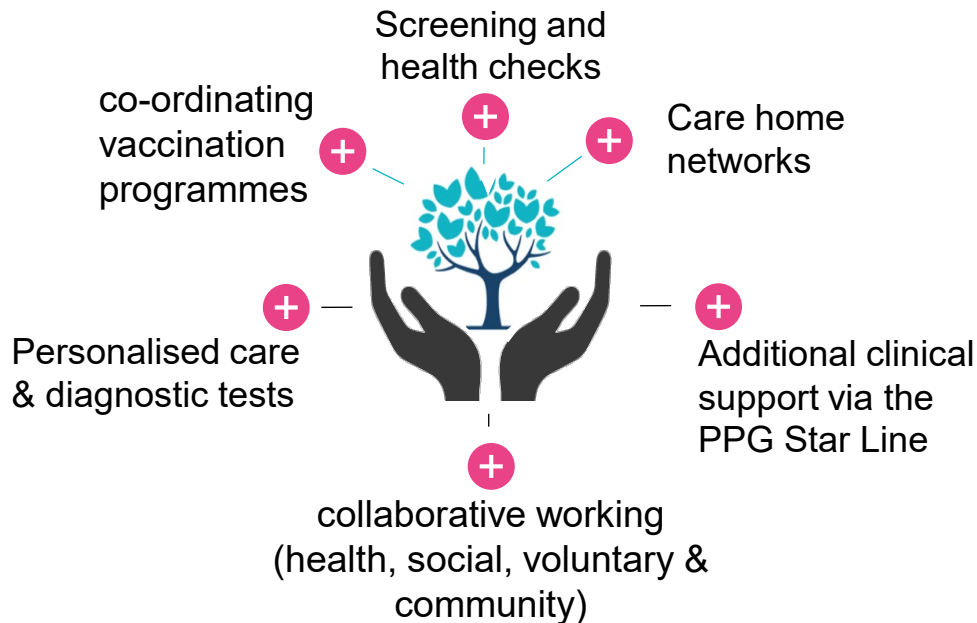
Care home – *supporting our care partners*



Surrey Heartlands are committed to collaborative working to enhance the health and well-being of residents.

Surrey Heartlands has a shared work programme across all Surrey Heartlands Places and Surrey County Council to ensure people maintain their independence as far as possible by reducing, delaying or preventing the need for additional health and social care service.

Provision of support and training to care homes in identifying mental health related problems in their resident population and managing people with complex mental health needs.





Mental Health –

Providing wrap around care to all our patients



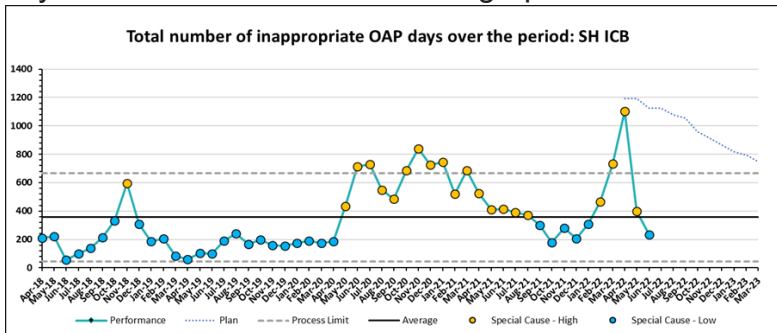
Supporting acute hospital flow - 24/7 Hospital Psychiatric Liaison Services, responding to approximately 900 referrals per month.

Integrated with Primary Care - The GP Integrated Mental Health service (GPimhs) provides an integrated mental health team working within Primary Care. Currently live in 15 PCNs, with roll out across all sites by December 2022

Helping People to Find or Remain in Employment - Richmond Fellowship employment advisors are already embedded within CMHRSSs.

Finding Crisis Support Closer to Home - Reduction of Out of Area placements following system flow events as shown in graph below.

Page 2/30



Tackling patients waiting time to be discharged by an early focus on MFFDs

System recovery workshops planned for October / November

Additional beds will be available this winter from a number of other local Mental Health hospitals to support flow.

Piloting a 'Recovery & Connect' service over winter

'One Team' approach delivering collaborative & innovative working

Mental Health services digital support tools



Creation of a Crisis House (in partnership with Home Treatment Team services)



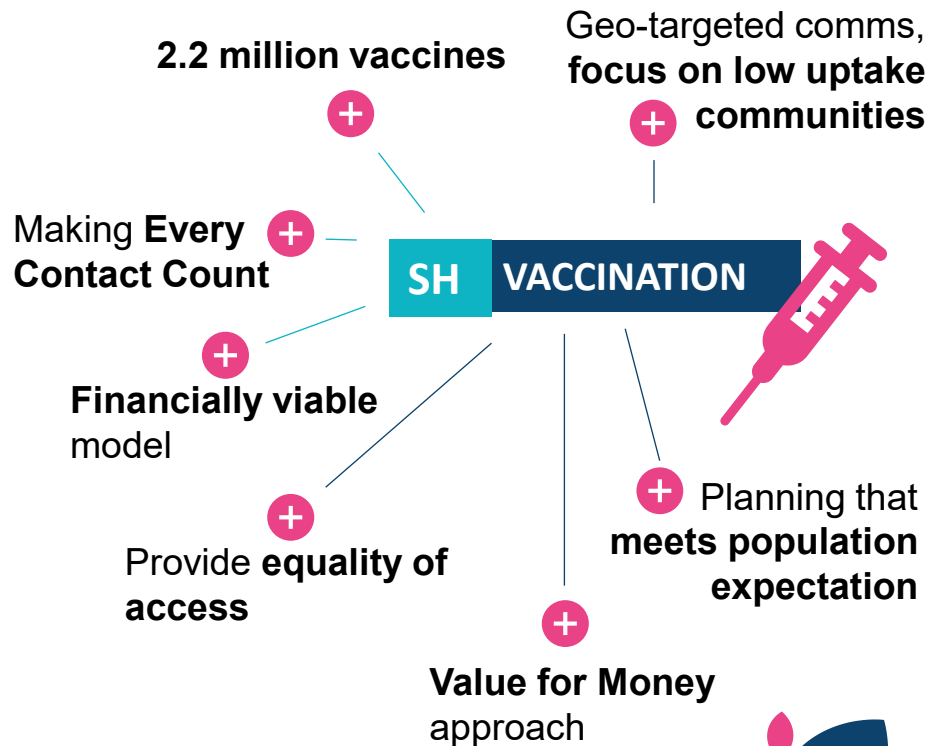


COVID Vaccinations – *a story of success*

Surrey Heartlands have, and continue to run a successful COVID vaccination programme that is being refined and further developed as we know more.

We have delivered over 2.2 million vaccines working with all our system partners in the successful delivery.

We are focused on ensuring all communities have access to the vaccine in order to protect themselves, our services and our population.





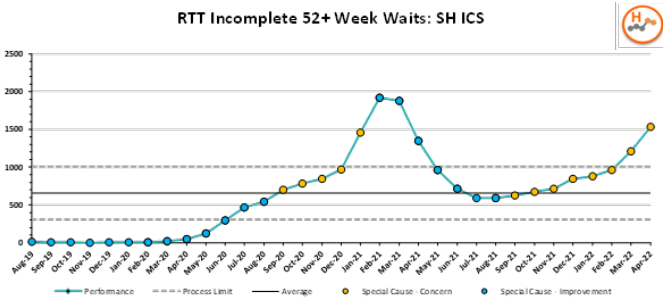
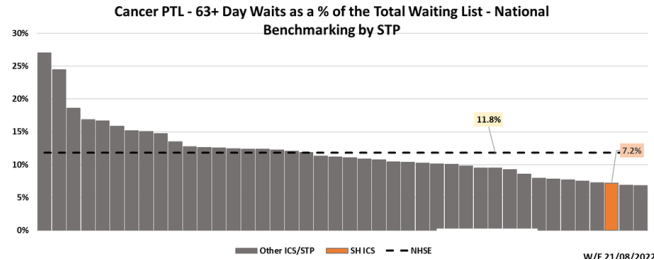
Elective – a challenged recovery with critical commitments

Surrey Heartlands continues to maintain a very strong emphasis on wait times for our patients; however recovery of elective procedures has slowed from the end of 2021. This is due to the high levels of emergency activity, high hospital occupancy and workforce challenges.

Surrey Heartlands has a programme of work in place to redesign pathways across the system, reduce inefficiencies and direct patients to services based on their waiting time within the system rather than their specific local hospital.

Surrey Heartlands is performing better in cancer waits than the England average & ranks 2nd out of the 6 ICS's in the South East region for the lowest number of 63+ day waits.

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ELECTIVE CARE

COMMITMENTS

Patients are **allocated a clinical priority** based on past medical history and procedure.

Surrey Heartlands currently has no-one waiting over 2 years (104 week) and that we are committed to reducing our long waits down to no one waiting over 78 weeks by the end of March 23.

Prioritise longer waits which can lead to higher clinical risk or poorer outcomes



Thank You

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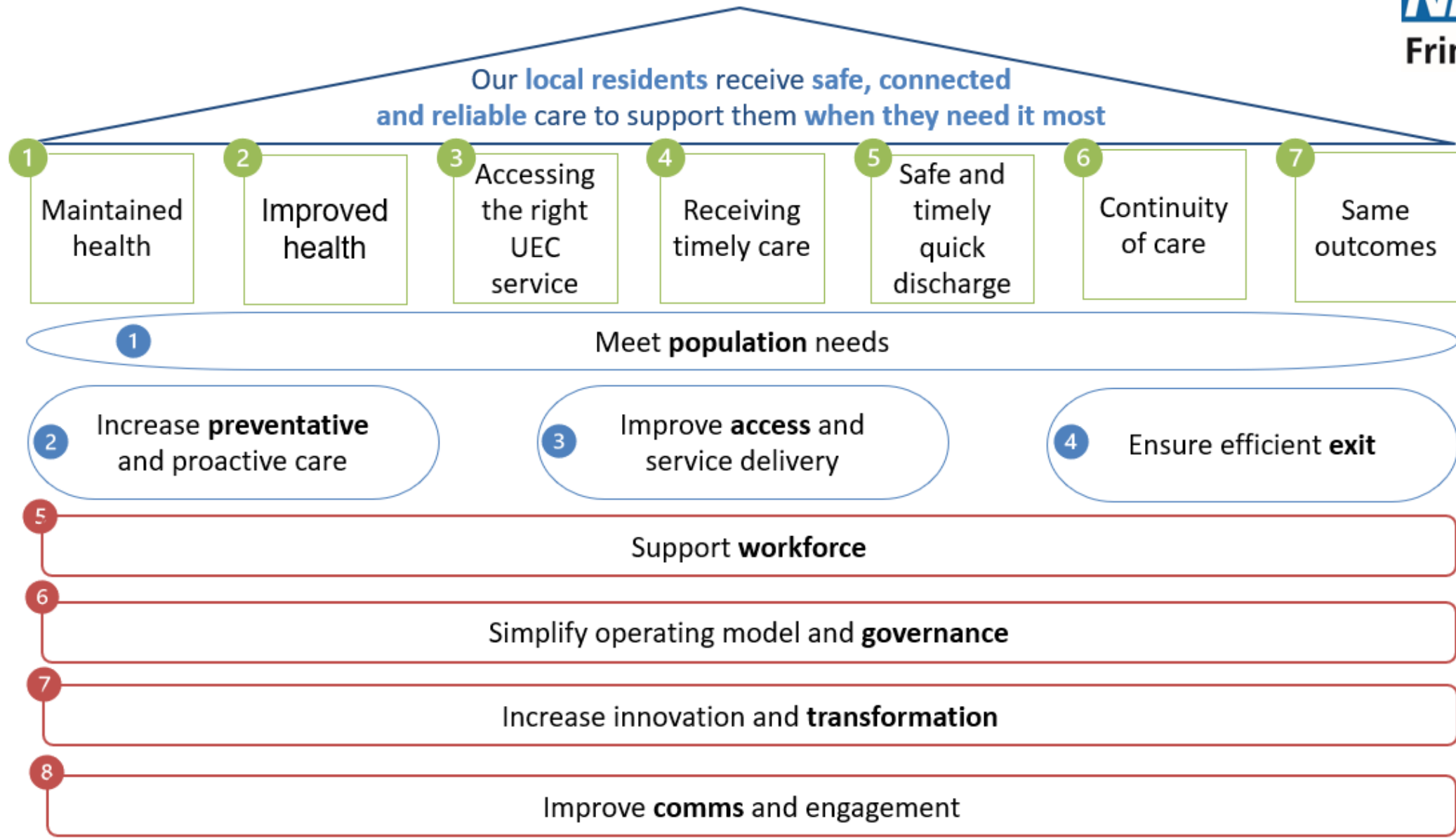
Frimley Health and Care ICS

Winter Planning 2022/23



Winter Planning 2022/23

- Urgent & Emergency Care Strategy
- Urgent & Emergency Care Priorities
- National Winter Planning Process





UEC Priorities – Phase 1 - Organising ourselves for improvement:

September 2022



	STRATEGY	LEAD	SUPPORT	CLINICAL LEAD	STATUS	
1	UEC Escalation Arrangements (BCI)	6	DG	GK	n/a	Complete
2	ICB On-Call Arrangements	6	DG	GK	n/a	Complete (starts 1/10)
3	UEC Governance	6	SD	SB	n/a	Due 30/09
4	UEC Resources (Staffing)	6	SD	PK	n/a	Due 30/09
5	Winter Planning (NHSE returns)	6	NA	NW	n/a	Due 30/09
6	Demand & Capacity Bids (additional capacity) - FHFT - Out of Hospital	4	DB DG	RW RW	n/a n/a	£2.7m bid complete 1,000 Beds ongoing
7	SCAS (Working arrangements and delivery of Winter Plan)	3	RW	ShB	n/a	Ongoing
8	Performance Reporting - EPIC reporting issues - Weekly report - Board reports - "SHREWD"	6	SD	OW	n/a	Due 30/09
9	UEC Contracts - WPH GP Streaming - Out of Hospital Services	3	PK RW	JMc JMc		Due 30/09 Due 30/09
10	Minor Injuries Pilot (Pathway Proposal)	3	CF	JMc		Due 30/09



UEC Priorities – Phase 2 – Service transformation focus:

Winter 2022

		STRATEGY	LEAD	SUPPORT	CLINICAL LEAD	STATUS
1	Community Transformation Initiatives - Virtual ward roll-out - UCR (including Frailty) optimisation - Call Before Convey - Enhanced Care Homes Support	2	NA	YM	tba	
2	Proactive Management of High Risk Patients - Population segmentation approach - Remote monitoring & other pro-active interventions	2	SBu	NA MS SB	LI	
3	111 Pathways - DOS management - CAS - High Intensity Users	3	RW	<u>ShB</u>	JMc	
4	Same Day Demand - Primary Care - Minor Injuries Pathway	3	CF	PK	JMc	
5	Respiratory Hubs (Hampshire model)	2	tbc		GR/LI	
6	D&C Bid Additional capacity - Heathlands - Ward 18 @ WPH	4	DG	RW	JMc	
7	FHFT Length of Stay Improvements	4	DB		JS	
8	Local Authority Discharge Capacity	4	DG	DM	JMc	
9	Pan-ICS (Discharge Community, Rehab Beds)	4	DG	DM	JMc	
10	Mental Health Pathways	1	NB		KS	
11	Seven Day Services	2	SD	CC	JMc	

Urgent & Emergency Care Performance Briefing

25 September 2022

UEC Board Assurance Framework national measures	Avg Previous 6 Weeks	Latest Week	Difference	
<u>Locally focused metrics:</u>				
Average hours lost to ambulance handover delays per day	N/A	N/A	N/A	N/A
Adult G&A type 1 bed occupancy	96.1%	97.7%	1.7%	1.8%
21+ Day LOS (daily average) - Holding metric in place of Criteria to Reside	319	332	12	4%
<u>Local Regional Escalation measures:</u>				
60+ minute Ambulance handover delays	16	1	15	-94%
60+ minute Ambulance handover regional escalation triggers (daily by site)	1	0		
Proportion of A&E Attendances waiting over 12hrs	10.9%	5.7%	-5.2%	-47.7%
12hrs from Arrival - regional escalations triggers (daily by site)	12	8		

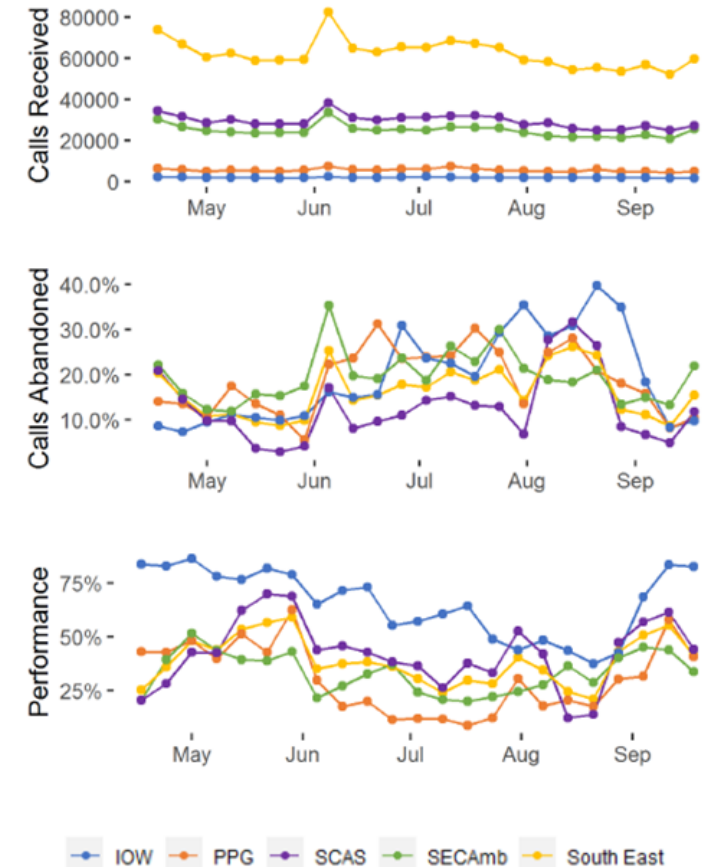
NOTE: DRAFT REPORT DEVELOPED IN 1 WORKING DAY. Further validation & refinement will be completed over the next few weeks.

Key headlines:

Patients attending FHFT A&E increased by 6% compared to the average of the previous 6 weeks, although this follows a sustained reduction in attendances. 60+ minute handover delays have also reduced, although there were still 5 in the last week. **Patients waiting in the department remains a challenge with 238 patients waiting over 12hrs.** This position did improve compared to previous weeks but was impacted by the bank holiday Monday. Performance would have triggered regional escalation 8 times in the week.

Bed occupancy remains a challenge with an average of 81 escalation beds open over the last week, and bed occupancy at 97.7%. **Within this around 1/3rd of all patients in the Trust have a LOS over 21days, with 472 patients with a LOS over 14 days**

Calls Received, Perf and Abandonment



**Adults and Health Select Committee-Enabling
You with Technology Transformation
Programme update – 5th October 2022**

Background

- Summer 2020 discovery phase with consultancy
- Telecare landscape in Surrey is varied but – build on existing arrangements
- “learning by doing”
- Surrey County Council and Mole Valley Life– one team approach
 - rapid discharge from hospital
 - Focus on frailty and reablement
 - Pilot a responder service

Recommendations



Clear information
about what helps



Simple monitoring
and reporting



Sharing
information



Kit Dispensary
service



Communities of
practice



Changing staffing
approach



Data &
Dashboards

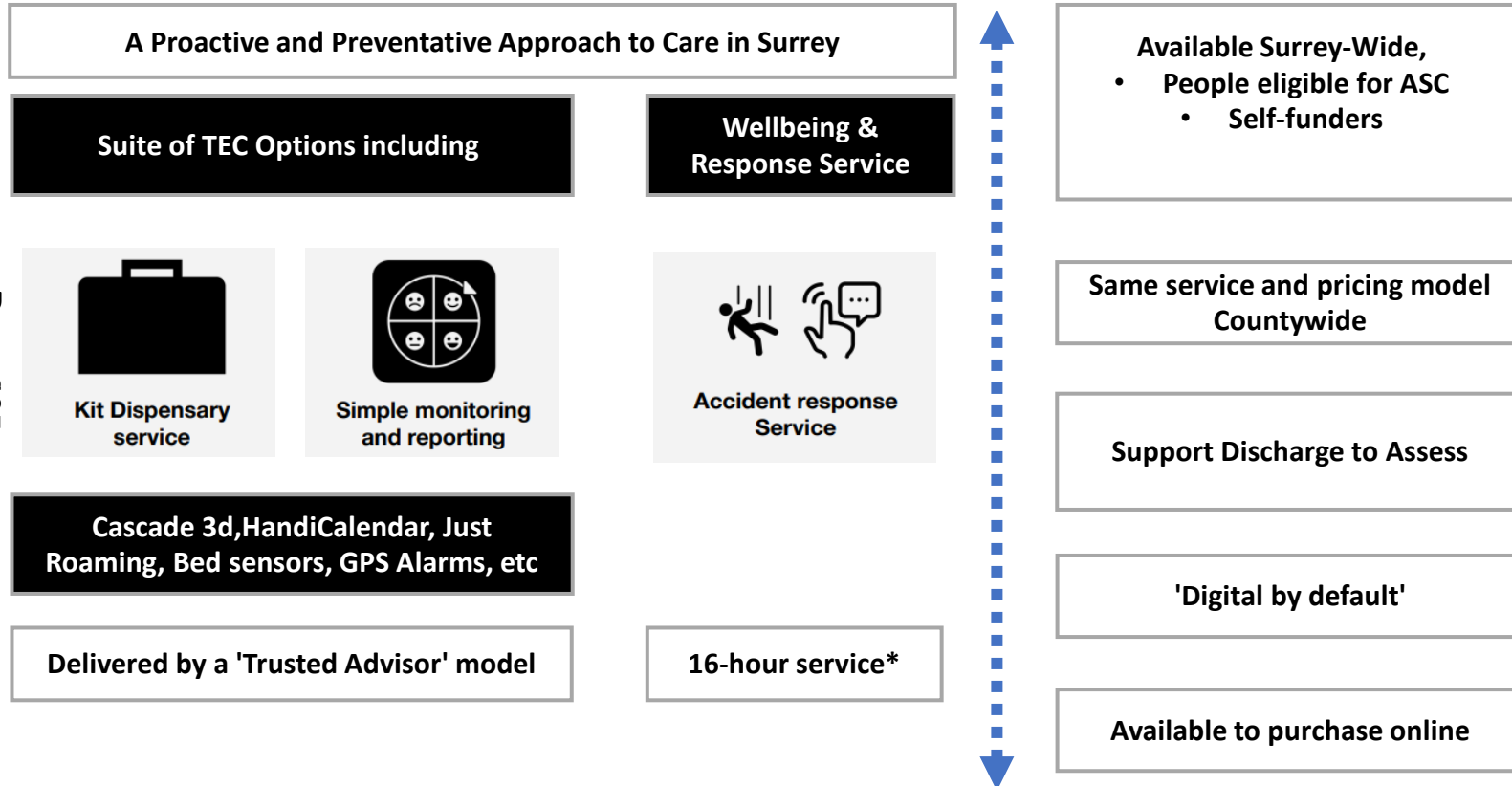


Accident
response Service

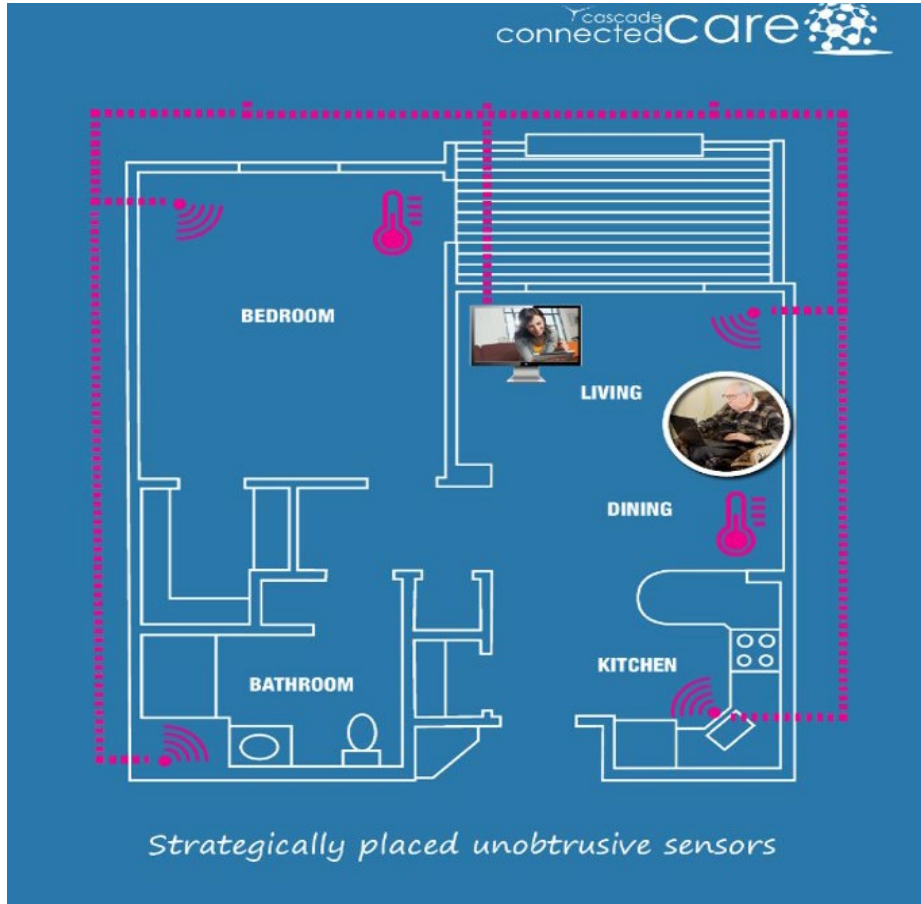


Digital-by-Default
Processes




Vision- where do we want to get to?



* initial trial



Area	Today	Average
 Bathroom	3 last visit 08:13	6
 Bathroom	8mins avg time	10mins
 Bedroom	3 last visit 09:12	4

Area	Today	Average
 Fridge	1 last opened 09:15	0
 Kettle	1 last use 09:16	2
 Microwave	1 last use 09:19	1

* initial trial

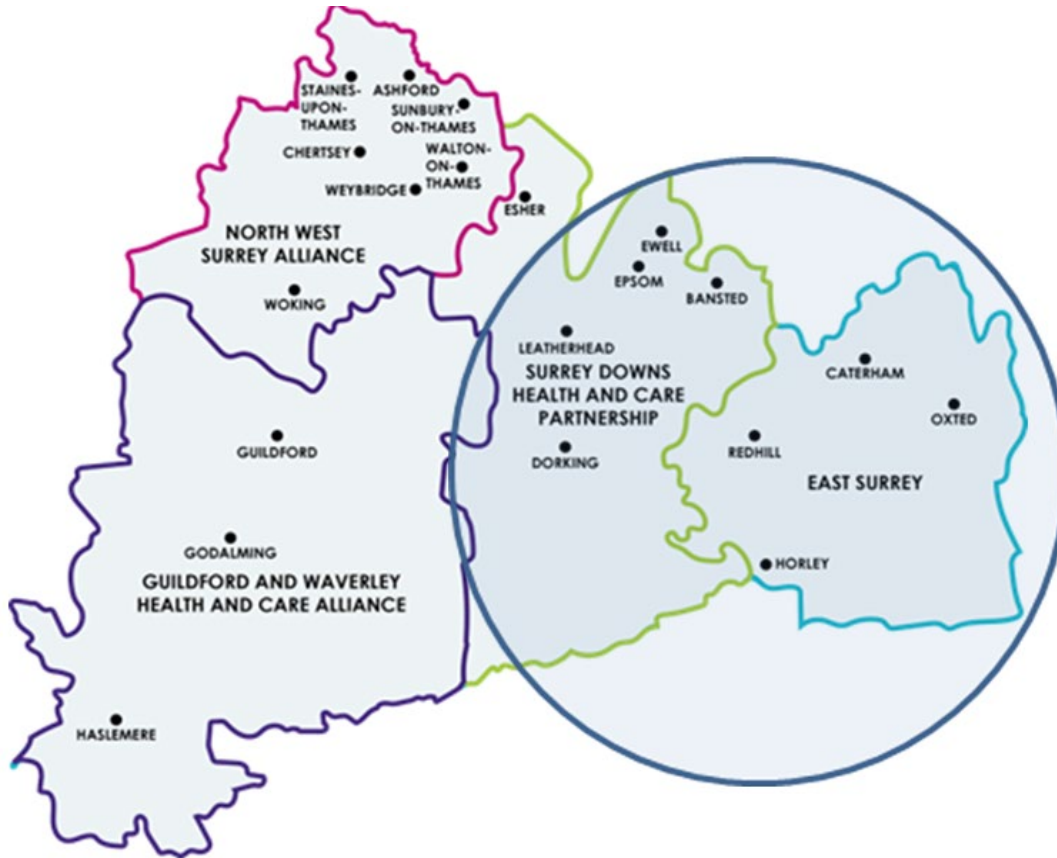
Benefits

- Residents more independent and remain in own home for longer
- Early intervention for declining physical, mental health and wellbeing
- Reduced chance of deterioration and hospital visits from prolonged periods without intervention from a low priority ambulance call e.g. non injury fall
- Care practitioners make evidence based decisions
- Cost reduction across the health and care system through
 - Right-sizing adult social care support
 - Reduced ambulance call outs
 - Likely reduced admission and readmission to A&E

Responder service

- March 2022, launched a responder service monitoring circa 4,500 telecare users (Circa 16,000 telecare users in Surrey using District and Borough Council TEC services)
- Worked closely with SECamb on the service model
- 16 hours from 6am -10 pm
 - Reduced ambulance call outs
 - Reduced admission and readmission to A&E
 - Currently operating in Mole Valley, Epsom & Ewell, Reigate and Banstead and Tandridge
 - Average response time 25 mins
- Funded to March 2023 through Surrey County Council Transformation funding
- Developing pathways with Urgent Community Responders
- Potential to upscale – dependent on existing technology/key safe access

Responder service coverage for existing telecare users



Responder service data – March to August 2022

Response Times

Number of incidents attended within 45 minutes & 60 minutes (rural)	Number of incidents where attendance exceeded 60 minutes	Average time from time of call to attendance to an incident
336	0	00:25

Initial Call Reason

Number of incidents attended broken down by reason code	
No Response	51
Fall - Non Injury	227
Fall - Minor injury	6
Fall - Injured	41
Re-Evaluation	1
Other	8
Medical - Ambulance	2
Total	336

Call Outcome

Number of incidents broken down by incident outcome codes	
A - Accidental Use	28
B - Fall - Non injury	170
C - Fall, Ambulance	53
D - Fall, Injury Treated	10
E - Medical-Contacts/Relatives	1
F - Medical - Doctor/111	0
G - Medical - Ambulance	19
H - Personal Care	5
I - Stood Down	29
J - Ambulance Attending	5
K - Other Reason	16
Total	336

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Update on the Mental Health Improvement Plan

Adults and Health Select Committee on 5 October 2022

Delivering the Mental Health Improvement Plan in partnership

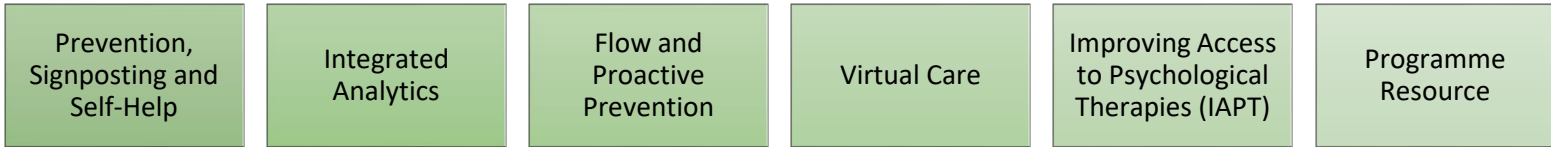
- The Mental Health Improvement Plan (MHIP) is being delivered by a partnership of health and care organisations across Surrey, to respond to the 19 recommendations of the independent peer review which concluded in May 2021. Our purpose is to improve and promote the mental health and emotional wellbeing of Surrey residents.
- In June we provided an update on the MHIP to the Adults and Health Select Committee. The ‘stocktake’ we presented described a significant amount of work which has been undertaken to improve the mental health support and services, but also highlighted some key challenges which have held back delivery, and our plan to address them.

Updating the AHSC on progress since June

- We have submitted two reports to update the Committee on two of the recommendations from the June meeting:
 - Technology – describing how digital tools and technology are helping us to deliver the MHIP.
 - Updating the Committee of progress in addressing two of the key challenges discussed on 23 June:
 1. Resetting our governance
 2. Phasing the priority work we are doing on mental health improvement and transformation across Surrey
- Since submitting our final report, our new Mental Health System Delivery Board met for the second time. On 28 September we also had the opportunity to update the Health and Wellbeing Board on progress to date.

Technology is a key part of delivering improvements for users, residents and staff

- Our report describes some of the practical ways in which technology and digital tools are helping us to improve the services and support we provide to those who need them.
- Six delivery and outcome areas underpin this work. These align with wider objectives in Surrey and nationally, and support delivery across the MHIP.



- Working in partnership creates opportunities to deliver better support to our residents and also presents challenges in terms of data sharing, pathways, relationships, funding and digital approaches. Effective use of digital tools can depend on relationships as much as the technology itself.

Delivering an ambitious digital and data strategy is inherently challenging

- There are a number of strategic challenges, many of which are not specific to mental health, including resource.
- Fragmentation, digital literacy (for both users and our workforce), lack of system interoperability, digital exclusion and the risk of increased health inequalities are all significant challenges for us to overcome.
- Funding arrangements are yet to be confirmed, but we know that national funding streams have been reduced.

Our new Mental Health System Delivery Board met in August and September

- The Board has a remit covering the improvement and transformation of mental health and emotional wellbeing services in Surrey. This includes activity under the MHIP, 'Priority 2' of the Health and Wellbeing Strategy, the NHS Long Term Plan, and other work.
- The Board has a clear mandate to set priorities on behalf of the system and oversee their delivery. A key element of this is the 'phasing' exercise currently underway.
- This is a genuinely 'system' Board with representatives from across our partnership.

This Board is the right forum to provide a grip on MH improvement and to give us the conditions to succeed

- Our new governance structure gives us the basis to address the issues which have previously held back delivery.
- We have clear decision-making and accountability to the Health and Wellbeing Board and the Integrated Care Board. Through the Co-Production and Insight Group, we also have a forum for a wide range of stakeholders, partners and users to bring their diverse perspectives and influence the direction of our work.

This exercise is a work in progress

- Mental health improvement in Surrey is a broad agenda. Work has been progressing in line with our workplan (Annex 1 to our report) but we do not yet have conclusions to present.
- A range of local and national drivers are behind our current activity. This exercise requires us to bring information about this activity together in a consistent and coherent way to enable informed decision-making.

Most activity falls into one of four high-level areas

- Improvement work continues to happen across each of these, although there is variability in how well and how consistently we can articulate the impact and reach of our interventions. This is a focus of the next stage of our phasing work.

Early Intervention &
Prevention

Bouncing & Access

Crisis & Flow

Enablers

- Next steps include:
 - Further session with user voice/lived experience representatives
 - Remaining interviews, particularly with enabling functions (e.g. digital, comms and engagement, workforce)
 - Detail on specific projects within the high-level areas, including on funding
 - Furthering links to the ICS response to the Fuller stocktake and to Place-based health & care partnerships

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MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 2 November 2022 at Woodhatch Place, 11 Cockshot Hill, Reigate, RH2 8EF.

These minutes are subject to confirmation by the Committee at its meeting on Tuesday, 6 December 2022.

Elected Members:

- Nick Darby
- * Robert Evans
- Chris Farr
- * Angela Goodwin (Vice-Chairman)
- * Trefor Hogg
- * Rebecca Jennings-Evans
- Frank Kelly
- * Riasat Khan (Vice-Chairman)
- * David Lewis
- * Ernest Mallett MBE
- * Carla Morson
- * Bernie Muir (Chairman)
- * Buddhi Weerasinghe

(* = present at the meeting)

Co-opted Members:

Borough Councillor Neil Houston, Elmbridge Borough Council
Borough Councillor Abby King, Runnymede Borough Council
District Councillor Charlotte Swann, Tandridge District Council

37/22 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Cllr Chris Farr, Cllr Neil Houston, Cllr Abby King, and Cllr Charlotte Swann.

38/22 MINUTES OF THE PREVIOUS MEETING: 5 OCTOBER 2022 [Item 2]

The minutes to be agreed at the next public meeting on 6 December 2022.

39/22 DECLARATIONS OF INTEREST [Item 3]

Trefor Hogg declared a personal interest as a community representative for Frimley Health and Care Integrated Care System.

40/22 QUESTIONS AND PETITIONS [Item 4]

None received.

41/22 THE ACCOMMODATION WITH CARE AND SUPPORT STRATEGY PROGRESS UPDATE [Item 5]

Witnesses:

Liz Uliasz – Deputy Director for Adult Social Care

Adrian Watson – Programme Director, Adult Social Care (Land & Property)

Simon Montgomery – Senior Programme Manager for Accommodation with Care and Support Strategy

Kirsty Gannon-Holmes – Senior Commissioning Manager for Mental Health

Anna Waterman – Head of Commissioning for Disabilities

Maria Millwood, Board Director – Healthwatch Surrey

Dan Stoneman – Head of Commissioning Older People)

Key points raised during the discussion:

1. The Senior Programme Manager presented slides which provided context to the item (Annex 1) and highlighted the importance of the Accommodation with Care and Support Strategy (AwCSS) in integrating residents into the community and having fulfilled lives.
2. The Chairman asked whether the views received in the consultation about sharing with others were expected. The Senior Programme Manager explained that the views varied dependent on the client group. For those with learning disabilities, it was emphasised that they wanted the choice of living alone or living with others. The shared occupancy option would have facilities for social workers to be present for those with higher needs. In terms of those with mental health issues, single occupancy accommodation would be prioritised as per the views of the consultation.
3. A Member queried whether the pandemic had an impact on the progress of the AwCSS and asked about any measures taken to overcome such challenges. The Programme Director explained that the pandemic had minimal effect on the early-stage planning of the programme, as they were still in the preparation stage and conducting due diligence. The greatest impact was on the Pond Meadow site, as procurement of the project was delayed. Acceleration and identification of pipeline sites had continued to take place and the programme was on track to achieve agreed targets. Additional resources to enable this had been secured. In terms of Adult Social Care (ASC) support, the pandemic limited the ability to fully support residents in their new accommodation.

4. A Member enquired about the impact of the cost-of-living crisis on the programme. The Programme Director shared that the rising inflation and increased costs had impacted the cost of construction. Although, financial planning and pre-market testing had included appropriate provision for construction-related inflation. The impact on extra care housing was not known yet. The Senior Programme Manager added that supported independent living was for those with eligible care needs and extra care housing was trying to increase the availability of affordable housing in the sector.
5. In response to a question on the AwCSS's contribution to the delivery of Surrey Community Vision for 2030, the Senior Programme Manager explained that currently there was too much reliance on residential care which limited independence, especially for those with learning disabilities and autism (LD&A). Therefore, the Strategy linked to empowering communities and tackling health inequalities, as well ensuring no one was left behind. The Deputy Director added that for those with mental health needs, the Strategy involved helping them back into employment and independent living.
6. A Member asked about the affordability of the accommodation. The Programme Director explained that the accommodation would be fully funded through housing benefits, however, each setting would be subject to the local rates. Measures had been taken to make settings as cheap to run as possible, through adopting the Council's sustainability ambitions. The Chairman asked whether there would be a requirement for external providers to comply with the level of housing benefits. The Senior Programme Manager explained that the providers were already working with housing benefits organisations and the Programme Director added that the market lease arrangements would stipulate it was based on housing benefit levels. If the operating costs of the building were not met through the housing benefits, that burden would be on the Council or the provider to meet. The Head of Commissioning explained that there had been extensive work with providers, social landlords, and District and Borough officers to look at housing benefit levels in respect of the cost of living. Utility costs were built into the arrangements and the work was linked in with the wider housing strategy across Surrey.
7. Responding to a question on meeting a variety of accessibility needs, the Senior Programme Manager explained that in the design process they worked closely with residents and

occupational therapists to ensure that settings would be designed to meet a range of accessibility needs. The Member also asked whether there were plans to utilise any of the former anchor care home sites. The Programme Director informed Members that all available Council assets would be explored and proposals utilising a number of existing assets would be brought to Cabinet. At this stage, the specific sites could not be named due to confidentiality.

8. A Member highlighted the benefits of utilising Council-owned sites when receiving planning permission and raised potential issues of going through local planning committees. The Programme Director explained that for extra care sites, they were de-risking by seeking outline planning permission first. A Regulation 3 Surrey County Council planning-led approach was being taken for extra care and supported independent living sites; however, it may not be suitable for every setting. Thus far, there had been a supportive approach from District and Borough councils.
9. A Member asked about the Surrey-wide Support and Care Commissioning Strategy and how this would help to reduce health inequalities. The Senior Programme Manager explained that the Strategy would look at creating a consistent approach across the County to the commissioning of future extra care housing settings. It would cover all aspects involved in the delivery of dedicated Care Quality Commission (CQC) regulated services which provided a 24/7 on-site presence to respond to emergencies and meet the assessed needs of residents. The Strategy would reflect the fundamental purpose of extra care housing of providing support and security to residents to continue to live in a home of their own in a community which was responsive to their needs.
10. The Chairman asked about how it would be ensured that residents could afford the charged, communal facilities. The Senior Programme Manager shared that there were examples of best practice regarding communal facilities and they were working closely to the HAPPI principles. Accommodation would be located in areas with good transport links and in a community, as well as ensuring privacy and space. The Deputy Director explained that the ambition was for residents to be able to access opportunities such as, work and volunteering. The Programme Director added that the housing management function would be provided as part of the service charge. Some additional services would cost extra, such as, the hairdressers. The services which would be included or excluded would be

defined in the development stage, following resident focus groups.

11. In response to a question on the collaboration with District and Borough Councils, the Senior Programme Manager explained that the Council worked well with District and Borough colleagues and a Housing Partnership Management role had recently been recruited to. The programme prioritised care needs over housing needs, however, the housing partnership work was critical. The Programme Director explained that structures were in place to deliver the programme. There were some challenges due to levels of resourcing at different Councils, but there had not been blocking. There were healthy and challenging debates at partnership meetings.
12. The Chairman asked about the progress of the procurement process for the support and care provision. The Senior Programme Manager explained that it was on track and the procurement process would be completed within a suitable window. The Programme Director shared that the first phase development was with Pond Meadow Limited, and they were helping to shape the timings and processes to ensure that there was a suitable model in place, and there were no settings without the appropriate care in place. The Chairman queried whether there had been any considerations to build accommodation into the units for workers in Surrey. The Senior Programme Manager explained that at the current stage it was focused on adults with eligible care needs, with the ability for carers to stay but not as a form of permanent accommodation. However, they would look into the possibility of this in the future.
13. Responding to a question on the outcome of the planning application for Pond Meadow site, the Programme Director explained that Guildford Borough Council validated the planning permission on 23 September 2022 and there was a 13-week determination period. Thus, it was expected that planning determination would be received prior to Christmas. The Chairman asked about the time allocated to receiving planning permission in programme timelines. The Programme Director shared that there were short timescales included in the programme because of the outline planning approach. The next stage was based on reserve matters, but this would be known upfront.
14. A Member asked about the decision and impacts of using shorthold tenancies. The Programme Director shared that the decision was based on industry standards. It offered flexibility to

the landlord and the tenant, which allowed the settings to feel like a real home. Legal advice was sought for each setting and alternative arrangements would be considered if necessary.

15. A Member asked about the confidence that the delivery of the remaining 50% extra care units would be on target. The Programme Director explained that there were four phases of the extra care programme. During phase 1a and 1b, there were six sites which would deliver circa 368 units. Work was currently underway on phase 2 which involved four to five sites and officers were confident they were suitable and that the number of units in the sites could deliver against the Strategy. 100 to 125 units were required in phase 3 to achieve the target and sites were being identified and engagement had started with District and Borough colleagues. The Programme Director was confident that phase 3 would be achieved. The Member and Chairman noted the importance of proximity to transport links and the geographical spread of sites across the county. The Programme Director reassured Members that settings would not be developed in locations where there were not suitable transport links. The aim was for best geographical spread that could be achieved, relative to site availability.

16. In response to a question on the criteria for eligibility for supported independent living for individuals with LD&A, the Senior Programme Manager explained that the primary cohort was those with eligible care needs. The Programme was intended to reduce the reliance on residential care, thus, individuals in those settings would be prioritised. The Deputy Director added that individuals would receive a Care Act Assessment to understand their needs prior to allocation to a setting. The Head of Commissioning for Disabilities added that following an assessment, a detailed care package would be put out to brokerage. The Deputy Director shared that there would be a review shortly after an individual moved into their accommodation to assess whether the level of need was suitable. There would be constant monitoring through the provider and reviews would occur as and when needs changed.

17. The Board Director of Healthwatch Surrey queried whether there would be differentiation between autism specific needs and learning difficulty needs. The Head of Commissioning explained that they would be considering potential sensory overload and understanding that some autistic individuals would benefit from being around their peers, whereas others would prefer to be alone. The geographical location would be taken into account,

such as, being next to a church that produces loud noise may not be suitable.

18. A Member asked about gaining data of the cohort of those with LD&A who were currently supported by their family. The Head of Commissioning for Disabilities explained that the LD&A Joint Strategic Needs Assessment (JSNA) would provide a better understanding of the data available. There had been an increase in need and numbers post-pandemic. There was a separate JSNA on neurodiversity to learn more about the needs of that cohort. Surrey Carers Partnership Board has been refreshed and there was a sub-committee to look at neurodiversity.
19. In response to a question on the challenges with repurposing residential care settings, the Senior Programme Manager explained that officers worked closely with existing providers of residential care and the challenges were regarding the structure of existing buildings and whether they were suitable to be reconfigured. There was also work with providers around the behavioural piece of adjusting from residential care to supported independent living.
20. A Member asked about whether the increase in the mental health need due to the pandemic had created greater demand for supported independent living accommodation, and what kind of support could be expected for those residents. The Deputy Director explained that there had been an increase in referrals to teams which included increased complexity of needs and new cohorts. This had translated to an increase in requests for supported independent living. In terms of support, this would focus on helping people back towards independence, through finding employment and reintegrating into the community. It would also include teaching individuals to recognise when they were in crisis. There would be collaboration with Surrey and Borders Partnership and the voluntary sector for early identification and preventative work.
21. The Chairman asked about the criteria for providers to be involved in the programme, such as, prior performance records. The Deputy Director explained that there would be contract monitoring and there would be key performance indicators and criteria that they would need to meet. Previously, the Council had supported a provider to close due to poor quality of work. The Senior Commissioning Manager added that it was difficult to get good data on providers, especially if they were new to supported independent living provision. Therefore, officers would visit new providers prior to bringing them onto the framework.

Once established, information would be received from frontline staff and there would be quarterly performance monitoring meetings with providers. They were in the process of developing a more detailed quality assurance framework and have visited providers to meet service users and receive their feedback. The Board Director of Healthwatch Surrey explained that it can be difficult for vulnerable clients to know how to report issues. The Senior Commissioning Manager explained that in order for a provider to get onto the framework, they would need to have mechanisms in place to allow users to voice their concerns.

22. A Member asked about how the effectiveness of the partnership working would be determined and whether it would be successful in delivering a patient led approach. The Senior Programme Manager explained that it was about co-designing and co-producing with residents and routinely capturing feedback and outcomes from services. If the programme was delivering outcomes, then that would evidence that partnership working was successful. The Head of Commissioning for Disabilities added that there were meetings every other month with the Learning Disabilities and Autism Partnership Board. There were also mechanisms in place to ensure the work was patient-led, such as, commissioning being linked to Care Act Assessments.

23. A Member asked about the mitigating actions taken to minimise challenges to delivery. The Programme Director explained that an assessment had shown that they needed to improve officer resources to deliver the capital strategy, and this was a key risk area. A mitigating action taken was recruiting the Programme Director. High amount of supplier and provider engagement was crucial for effective delivery. In terms of de-risking the Council assets, they were seeking and achieving outline planning permission.

Actions/requests for further information:

For Accommodation with Care and Support Strategy Leads at Surrey County Council:

1. To organise site visits for Members of the Adults and Health Select Committee to Extra Care and Supported independent Living Sites.
2. To Hold a meeting with the Chair and Vice-Chairmen of the Adults and Health Select Committee and the Chairman of the Surrey Carers Partnership Board.

Recommendations:

For Accommodation with Care and Support Strategy Leads at Surrey County Council:

1. To ensure that Extra Care and Supported Independent Living Accommodation is genuinely affordable in line with welfare benefits for individuals who qualify for such accommodation, and to provide a **future written update** to the Adults and Health Select Committee on this.
2. To develop explicit plans on the specific and specialised facilities that will be available within the context of the Extra Care and Supported Independent Living Facilities/sites, and to provide a **future written update** to the Adults and Health Select Committee on this, including on what is included in the rent and what is chargeable.

42/22 SURREY ALL AGE MENTAL HEALTH INVESTMENT FUND PROGRAMME: UPDATE ON PHASING OF IMPLEMENTATION PLANNING [Item 6]

Witnesses:

Rachel Crossley, Joint Executive Director for Public Service Reform (Surrey County Council and Surrey Heartlands ICS)

Lucy Clements, Health Integration Policy Lead (Surrey County Council and Surrey Heartlands ICS)

Kate Barker, Joint Strategic Commissioning Convenor – Children

Liz Williams, Joint Strategic Commissioning Convenor – Learning Disability and Autism and all age Mental Health

Clare Burgess, Chief Executive of Surrey Coalition of Disabled People

Key points raised during the discussion:

1. The Joint Executive Director explained that the Mental Health Investment Fund (MHIF) was all age and there was delegated authority for both health and the Council, and therefore, it was run as a joint fund. The MHIF did not need to be spent completely in the current financial year (2022-23); some larger procurements may be supported. The first round of the grant process was expected to take place prior to Christmas (2022) and to then run every two to three months. Opportunities could include early help projects for winter pressures. The work would also be linked in with the key neighbourhoods of the Health and Wellbeing Strategy (HWB Strategy).
2. The Chairman asked about other organisations that were approached to be involved in the MHIF and their responses. The

Joint Executive Director explained that the Council approached Surrey Heartlands ICS (Heartlands) and Frimley Health and Care Integrated Care System (Frimley). Frimley were supportive but did not have the finances to invest in the fund at the time and the conversation remained open for future opportunities. Heartlands had funding available and contributed £4 million to the fund. District and Borough Councils did not formally want to pursue the opportunity. Community Foundation Surrey was able to raise a substantial amount of funding. Private sector funding was not explored and the Police and Crime Commissioner nor the Chief Constable did not indicate interest.

3. The Chairman asked how the priorities of the MHIF synergised across the organisations involved. The Joint Executive Director explained that the fund was separate to allow focus on the Mental Health Improvement Plan (MHIP), however, prioritises would be assessed against priority two of the HWB Strategy.
4. The Chairman queried whether there were plans to increase the funding available in the MHIF and asked about the length of funding. The Joint Executive Director explained that they were looking at seed funding, where they would get a project off the ground which would enable them to access longer term funding elsewhere. The Council could look to agree a different approach to the ring-fencing of the funding, which would enable more opportunities. The Joint Strategic Commissioning Convenor for Children added that there were two parallel work programmes, one on prevention and one on intervention, but a collaborative decision was taken to merge the work programmes, and this has resulted in improvements.
5. In response to a question on the amount of money available for investment at a time of increasing demand, the Joint Executive Director responded that officers shared the concerns. In terms of prevention work, this money increased the capacity and opportunity. They needed to think about maintaining some funding going forward, whilst recognising the other pressures on the Council's budget.
6. A Member asked about the criteria used to reach out to individuals to identify projects that are suitable for funding. The Health Integration Policy Lead explained that it was early stages of reaching out and there would be various different channels of communication when it goes out to public. Officers had linked in with the Mental Health Service Delivery Board (MHSDB) and asked them to identify areas for early support, as well as speaking to place leaders at ICS level who would liaise with their Alliance Partnerships to identify areas of need. The Joint

Strategic Needs Assessment (JSNA) would also inform this process.

7. A Member questioned how often the Allocation Panel would meet. The Health Integration Policy Lead shared that they had taken advice from other fund programmes, and they would take place on a quarterly basis. They would work with the Cabinet Member for Adults and Health to ensure that the Panel was representative and there would be those with lived experience on it. The Joint Executive Director added that they would work with the Voluntary, Community, and Social Enterprise (VCSE) sector to ensure they were represented on the Panel, whilst recognising when conflicts of interest could occur. The Select Committee could be advocates of the Panel.
8. The Chairman asked how the MHIF would not impinge on the priorities of the MHIP. The Joint Strategic Commissioning Convenor for Children explained that the MHIF was linked to the priorities and were looking for projects which could be scaled up to bring significant benefit to the population. The Joint Strategic Commissioning Convenor for Learning Disability and Autism (LD&A) and all age Mental Health added that the JNSA would provide a source of evidence and priority setting would be based on evidence and impact. Programme one of the MHIP would set the priorities of the fund.

Cllr Robert Evans left the meeting at 1pm.

9. A Member asked about the potential innovative forms of mental health support the MHIF could support. The Joint Executive Director explained that these could be digital solutions, such as the use of artificial intelligence or predictive analytics. In terms of the workforce, it could explore what healthy work looks like post-pandemic. The Joint Strategic Commissioning Convenor added that there had already been school-based group work around transition points which was a 6-to-12-week course that allowed young people to have a trusted safe space to discuss with peers. The early indications had been positive, and this was an example of a low-cost scheme which produced a high impact.
10. Responding to a question on demographics that could be overlooked, the Joint Executive Director explained that there were six key neighbourhoods identified in the Health and Wellbeing Strategy, as well as full insight packs on 21 neighbourhoods. There would be work with District and Borough colleagues to balance the services which already existed. The

JSNA would provide information on some of the priority population groups as well.

11. A Member asked about plans to increase awareness amongst partner organisations of services funded through the MHIF. The Health Integration Policy Lead explained that there would be significant public facing communication through their website, an engagement event, and they would be working with community organisations, such as libraries. Information for Members to share with their residents to promote the MHIF would also be provided.
12. In response to a question on parameters of the allocation of the direct award to Community Foundation Surrey, the Joint Executive Director explained this was because they match funded. Their award would be focused on 0- to 30-year-olds and it was a scale-up fund which was identifying programmes that were working well in communities and could be scaled up across the county.
13. A Member asked about how the MHIF would help to reduce health inequalities through early access to support. The Joint Executive Director explained that there were immediate capacity gaps and unmet need, with communities not currently being supported. The MHIF aimed to resource the voluntary sector appropriately. Employees were being supported through welfare hubs and through the cost-of-living crisis work. The Joint Strategic Commissioning Convenor for LD&A and all age Mental Health explained that there was a Centre for Mental Health evidence base which did not include social isolation within the support. The Chief Executive for Surrey Coalition of Disabled People added that there was evidence to show that public living rooms reduced loneliness and social isolation. A meeting was taking place with Camerados to discuss bringing it to Surrey.
14. The Chairman asked whether initiatives would be IT based and link to patient health records, as well as capture data. The Joint Executive Director shared that patient health records were being improved and anything new should fit and if not, would be conscious of alternatives.
15. The Chief Executive of Surrey Coalition of Disabled People queried whether there was a potential risk of the MHIF having to prop up the system during the winter, due to reduced mental health funding for winter pressures. The Joint Executive Director explained that there were a number of risk areas, but they had not been tasked with reimagining the MHIF.

Actions/requests for further information:

1. The Joint Executive Director for Public Service Reform to provide a full list of organisations approached for collaboration on the Mental Health Investment Fund and their responses.
2. To have a discussion with the Chairman & Vice-Chairmen of the Adults and Health Select Committee to agree a future role of the committee in the Allocation Panel of the Mental Health Investment Fund. The Chairman expressed concerns for any potential to redirect the funds towards winter pressures and should this potentially occur, the Committee should be kept informed.

Recommendations:

For the Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors:

1. To continue to work closely with Frimley Health and Care Integrated Care System and other relevant organisations to participate in funding contributions for the Mental Health Investment Fund in the future.
2. To ensure that the decision-making parameters and priorities of the Mental Health Investment Fund, are closely aligned with priorities determined by the Mental Health Improvement Plan.
3. To formulate a focused list of criteria to determine the priorities and geographical spread involved in making parameters for the Mental Health Investment Fund.
4. To recognise that tackling social isolation is amongst the key priorities of the Mental Health Investment Fund, and that measures are taken to tackle such isolation.
5. To provide a **report and future update** to the Adults and Health Select Committee on progress made on all the above in a **formal** select committee meeting.

43/22 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 7]

Key points raised during the discussion:

None.

44/22 DATE OF THE NEXT MEETING [Item 8]

The Select Committee noted that its next meeting would be held on Tuesday, 6 December 2022.

Meeting ended at: 1.39 pm

Chairman

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Accommodation with Care and Support

Adults and Health Select Committee

Simon Montgomery, Senior Programme Manager

Wednesday 2 November 2022

What is our ambition for Surrey residents?

In 2018 Surrey County Council embarked on a large scale engagement activity with residents, staff, members, partners and businesses to shape our vision for Surrey in 2030. Together we agreed that:

'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.'

It is essential that the care and support provided by Adult Social Care enables us to deliver our Community Vision for 2030 and promotes the independence for our residents in all we do and offer. Through our Accommodation with Care and Support Strategy we will work to enable people to access the right health and social care at the right time in the right place through the provision of the most suitable accommodation with care and support for Surrey residents.

There are three distinct Programmes within the Accommodation with Care and Support Strategy

- 1. Extra Care Housing** for older people
- 2. Supported Independent Living** for working age adults with learning disabilities and/or autism
- 3. Supported Independent Living** for working age adults with mental health needs

Accommodation options for Older People

MAINSTREAM HOUSING

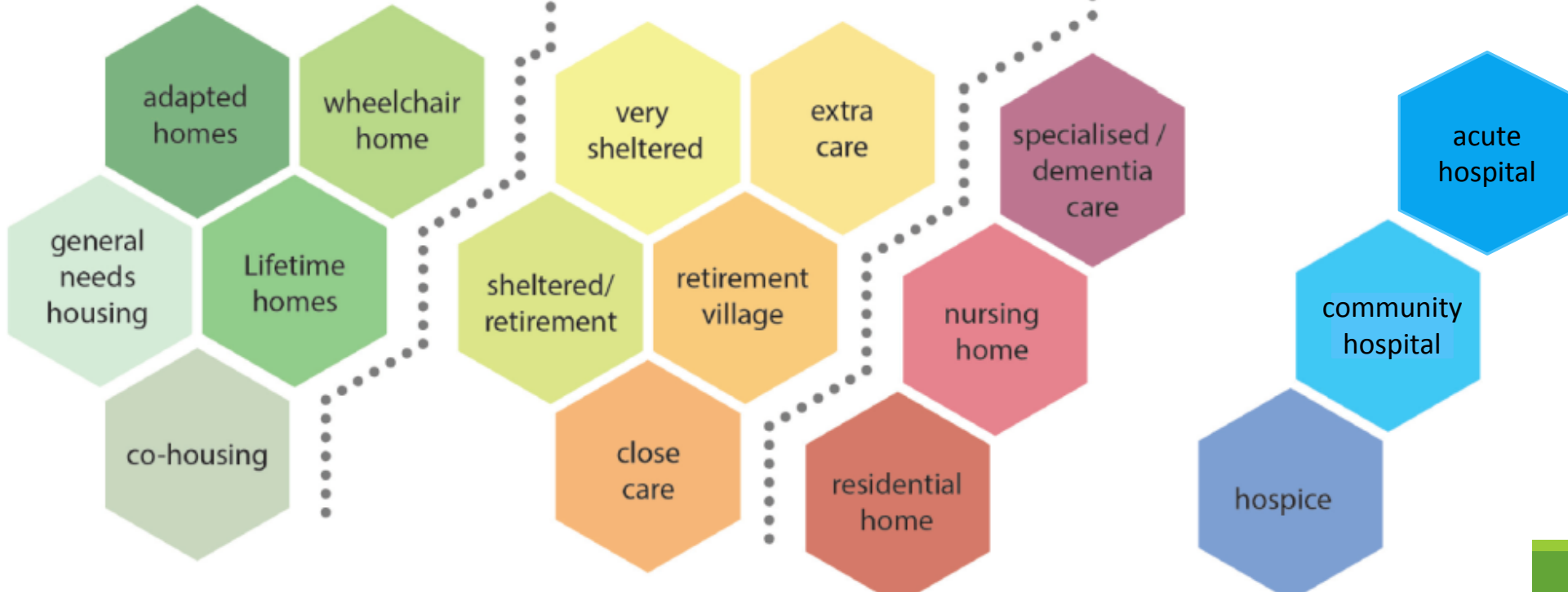
Individual homes to buy or rent – not designated for any specific user group (though Lifetime Homes includes age-friendly features and wheelchair housing is specially designed). Personal care, support, other services and amenities available within the community.

SPECIALISED HOUSING

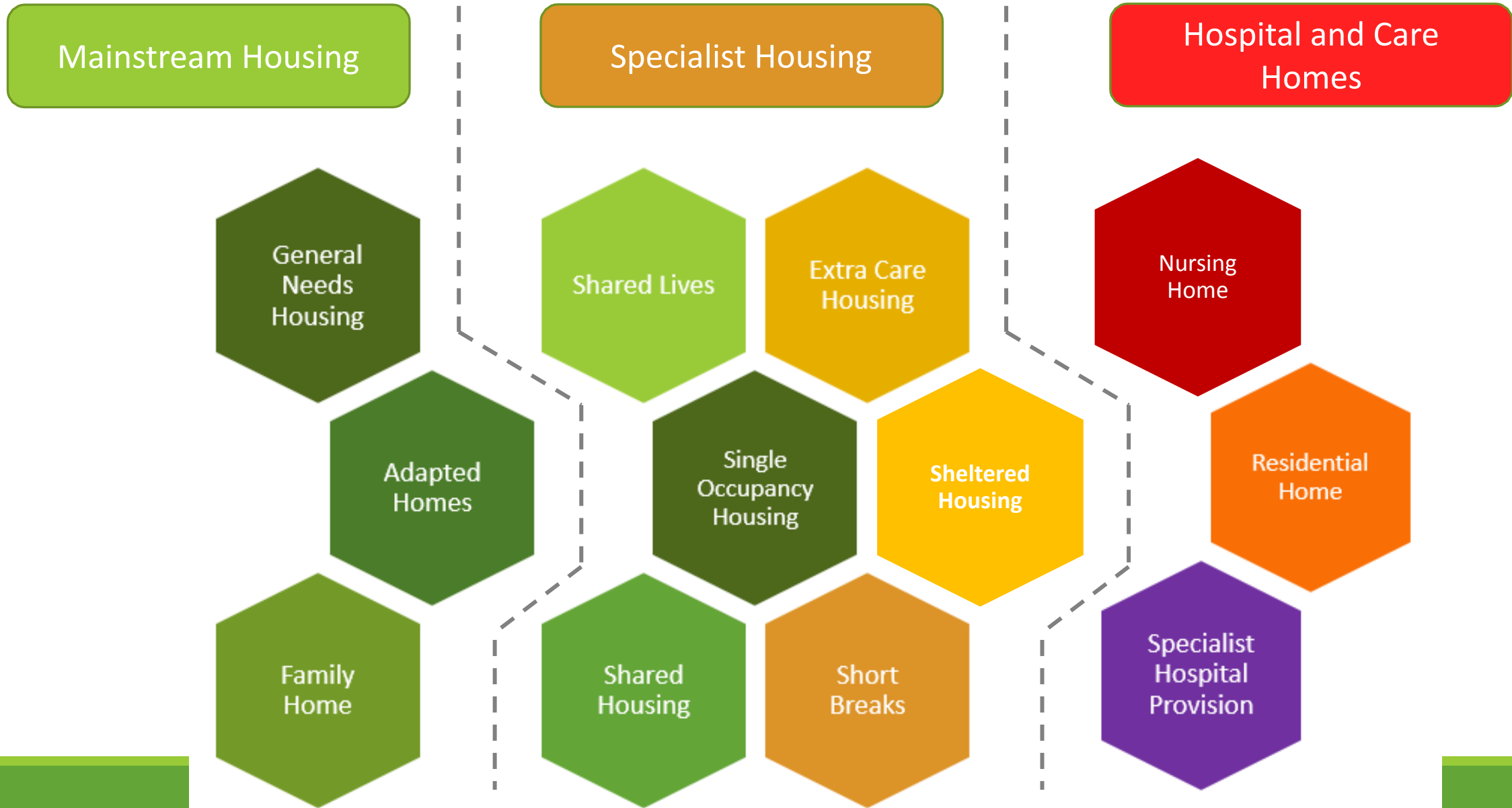
Groups of homes (usually flats) to buy or rent – designated for older people (typically 55+). Flexible personal care and support usually arranged or provided within the development together with shared facilities and activities. Common facilities may also be shared with the wider community.

CARE HOMES

Care homes are a residential settings where a number of older residents live, usually in single rooms. Full-time personal care and support is typically available within the development together with shared facilities, activities and catering.

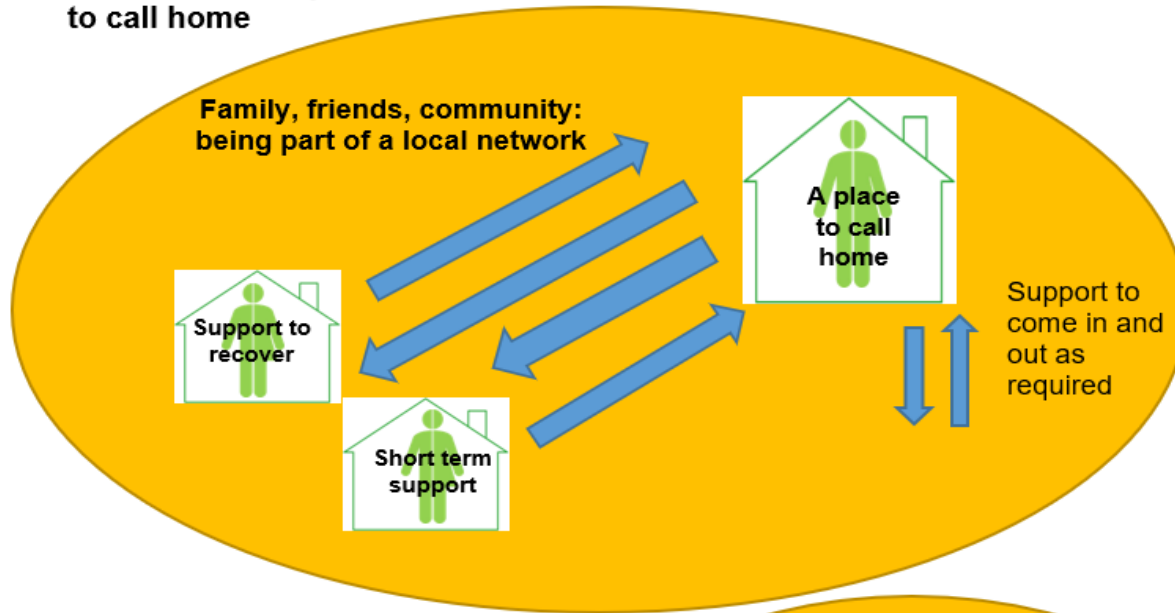


Accommodation options for individuals with Learning Disabilities



Accommodation options for individuals with Mental Health needs

Our vision for a place to call home



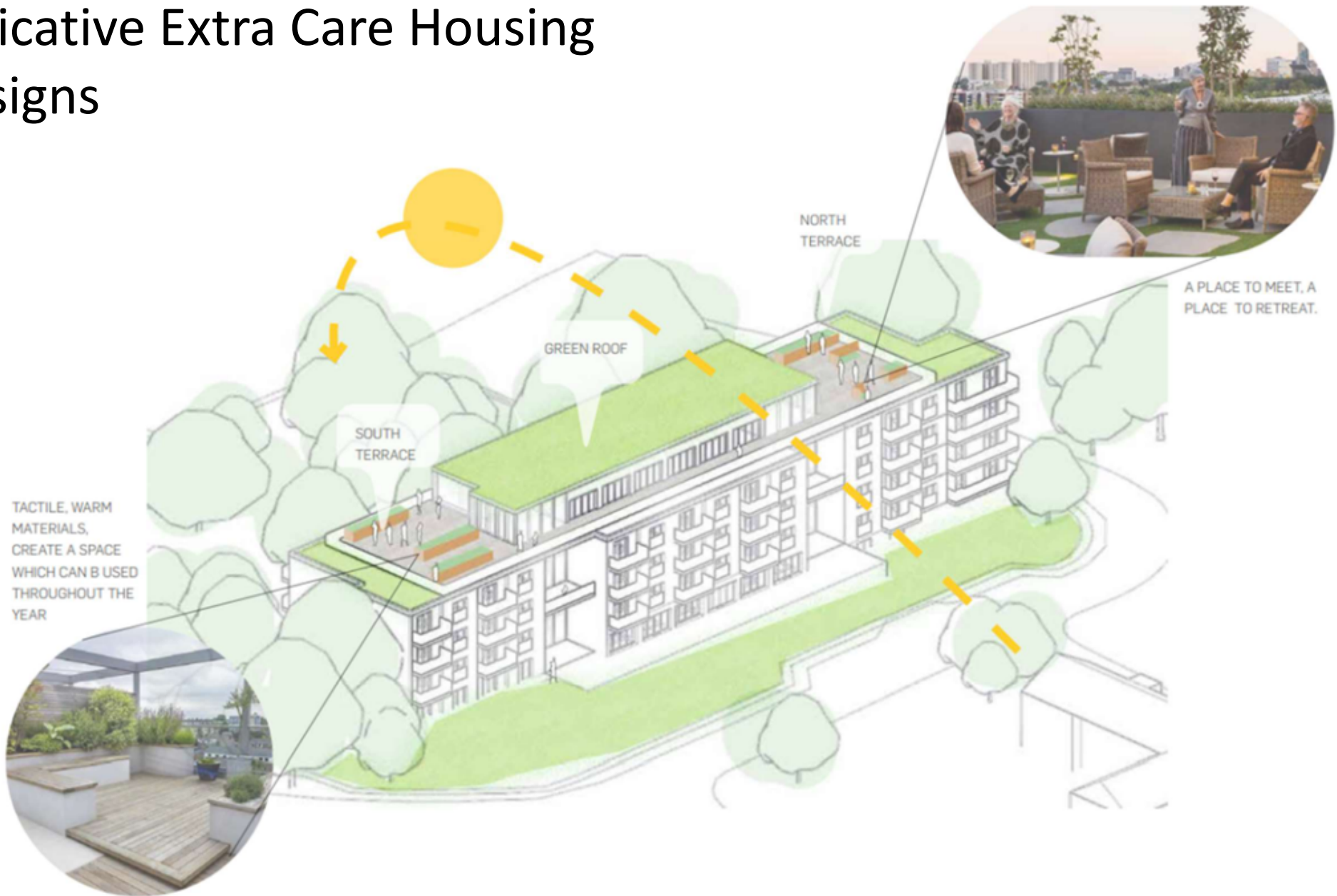
A place to call home that meets people's long term accommodation with support needs. This could include ongoing support from skilled staff from mental health services, adult social care, the voluntary sector and/or housing with support providers. People with a range of mental health needs including those who have more complex needs through to those who benefit from a small amount of support to stay well and included in the community can be supported in this way, to help people live and thrive in the place they call home.

Support to recover that is medium term and helps people to recover. This is can be high/medium/low need support from skilled staff who can support people including those who have more complex needs. Aimed at enabling people to recover and be well enough to move into a place to call home within two years.

Short term support is accommodation with support options to help prevent a hospital admission, manage a crisis or to avoid homelessness - this could be spending a few nights in temporary accommodation then going home again or staying for a number of weeks whilst accommodation is identified to prevent someone becoming homeless.

Family, friends, community: being part of a local network is integral to feeling included and well. We expect all support providers to take social inclusion into consideration and work with carers, families, friends and the voluntary sector to promote and support this.

Indicative Extra Care Housing Designs



Supported Independent Living Designs



Supported Independent Living Designs



Support and Care at Extra Care Housing and Supported Independent Living

SCC will not only need to get this housing built – the right support and care needs to be delivered within each setting

What does this mean?

- **Developing the right care models** – so that people receive the care that they need, and the assurance of an emergency care presence (if required), through a high quality and financially sustainable service
- **Engaging with experienced CQC regulated care providers**, to convey the key elements of our approach that will ensure the settings offer a way to achieve independence and positive outcomes. (*NB. We might not need CQC registered providers for mental health outreach services*).
- **Co-producing an approach to care delivery** – not only to understand how best to develop new, good quality services which can cater for a wide variety of needs, but to refine existing services too
- **Reflecting on increasing expectations of care delivery** – factoring in our learning from the Covid pandemic, Discharge to Assess (D2A) and the need to maximise our offer of reablement and rehabilitation.

Resident, Family and Carer Engagement

Early in 2022 we completed another round of engagement events with residents, their families and carers on the proposed designs for Supported Independent Living.

Through our Valuing People Groups and the Independent Mental Health Network we reached over 100 individuals. The feedback on our designs was very positive and we were able to demonstrate to groups that we had built on earlier feedback they had shared with us.

The feedback also demonstrated the importance of:

1. Getting the care and support right
2. Giving people security in their tenancies
3. Having the option to live in their own place or sharing with others
4. Making sure the buildings are accessible
5. Being able to play an active role in their local communities

We do need to consider the best ways to engage our older residents.

Scrutiny of 2023/24 Draft Budget and Medium-Term Financial Strategy to 2027/28

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

Introduction:

1. Attached is a summary of the 2023/24 Draft Budget and Medium-Term Financial Strategy (MTFS), particularly focussing on the budgets for the Adult Social Care Directorate and Public Service Reform Directorates.
2. The [2023/24 Draft Budget and MTFS to 2027/28](#) was presented to Cabinet on 29 November 2022. The Final Budget for 2023/24 will be approved by Cabinet in January 2023 and full Council in February 2023. It is good practice to, as far as possible, set out in advance the draft budget to allow consultation on and scrutiny of the approach and the proposals included. There will be no movements in the Draft Budget position until the provisional Local Government Finance Settlement is published, which is expected later in December, and the implications are considered.
3. The production of the 2023/24 budget has been developed through an integrated approach across Directorates, Corporate Strategy and Policy, the Twin Track programme, Transformation and Finance, ensuring that revenue budgets, capital investment and transformation plans are all aligned with each Directorate's service plans and the corporate priorities of the organisation.

Context:

4. Local Government funding remains highly uncertain, with a number of factors likely to result in significant changes to our funding position over the medium-term. Funding for 2023/24 is not yet clear, although the Autumn Statement provides the first official indications of this. The anticipated consultation on changes to local government funding over the summer did not occur due to the prime ministerial leadership contest. Through the fiscal event/mini budget on 23 September 2022, government also made us aware that there will not be a new spending review which could have taken into account the vastly different levels of inflation experienced compared to what was assumed when the

current one was announced last year. On 17 November 2022, the Chancellor of the Exchequer made further fiscal announcements through his Autumn Statement. A number of these were of direct relevance to our services and financial strategy, including the delay to the implementation of Adult Social Care Reforms, additional funding for schools and social care and changes to the levels of Council Tax rises that are allowable before a referendum, all of which have an impact on the Council's budget position. This provided important pointers to what we might see in the Local Government Finance Settlement, and assumptions have been updated based on estimates of the impact, however the first opportunity to understand in detail the direct impact of funding arrangements for the Council will be with the provisional Settlement itself, which is expected in late December 2022, with a final settlement in January 2023. Until this is available, significant uncertainty on funding remains.

5. The overall outlook for 2023/24 is one of significant challenge, with budget envelopes remaining relatively static in the face of substantial increases in the cost of maintaining current service provision and increased demand. Despite a small increase in the projected levels of funding, pressures anticipated for 2023/24 are significantly higher than in recent financial years. These pressures relate to a number of factors culminating simultaneously, namely high levels of inflation, Europe's energy crisis, workforce and labour shortages, high interest rates and the ongoing impact of the pandemic. The Council continues to see large increase in demand for services, particularly within Adults and Childrens' social care and the impact of the cost of living crisis on residents is expected to further increase demand for key services.
6. Although good progress has been made over the last few months, there remains a provisional budget gap for 2023/24 of £14.4m, driven primarily by significant inflation, policy changes and the need to maintain the delivery of priority services experiencing significant demand pressures. The gap will require further actions to close and may require the Council to adopt measures that postpone the achievement of our ambitions. The extent to which further efficiencies will need to be identified, will be dependent upon the Local Government Finance Settlement in December, and confirmation of District and Borough Council Tax Bases in January.
7. As well as a focus on closing the gap for 2023/24, we need to be prepared for what will continue to be a difficult financial environment over the next few years. Tackling this gap will require a fundamentally different approach, given the level of efficiencies required, to avoid adversely impacting services from 2024/25 onwards. Work has already begun, with cross-Directorate transformation opportunities being identified that focus on delivering priority objectives within constrained funding.

Engagement:

8. In 2021, we carried out in-depth research with residents to understand their priorities for how the council should spend its money. Residents indicated that they were willing to accept increases in Council Tax and the Adult Social Care Precept if it was for the purpose of protecting services that work with some of the most vulnerable people in Surrey. The engagement demonstrated that resident priorities align with those of the council, with top priorities for residents including Social Care for people of all ages, Waste services and Fire and Rescue. There was also support for more investment in preventative services and for placing those residents most at risk of being left behind in Surrey at the heart of decision-making. Residents wanted a more active role in what happens in their localities.
9. These results continue to provide a robust foundation from which to shape budget decision-making and, in 2022, have been complemented by a lighter touch approach to engagement. In May 2022, we held 3 virtual focus groups exploring themes including factors that make a good place to live and what local area improvements residents would like to see irrespective of who is responsible for their delivery. The groups also discussed services particularly important to resident households and in need of more support from Surrey County Council. They highlighted:
 - Making sure people get access to the services they need
 - Helping people cope with the rising cost of living
 - Community safety / managing crime / anti-social behaviour
10. Additionally, in August 2022, a cost-of-living survey was asked of the Surrey Health and Wellbeing Panel which looked at areas including the challenges they have faced in the previous 3 months (1 May – 31 July) and if they had had to alter their behaviours. This survey will be repeated in winter to see if there has been any further change.
11. We have also engaged closely with members, staff and partners to shape this Draft Budget and plan to continue engagement until early into the new year as the budget is finalised. This includes launching an open survey in November seeking views on the Draft Budget, how resources are proposed to be spent and the impact on our communities.
12. Impacts of budget proposals, both positive and negative, are considered by services in a variety of ways, including through services' own consultation and engagement exercises and the use of Equality Impact Assessments (EIAs). EIAs are used to guide budget decisions and will be included in the final Budget paper alongside an overview of the cumulative impact of proposed changes. At Surrey, we consider impacts not just on the nine protected characteristics, but

also other vulnerable groups, for example, those at socio-economic disadvantage, Gypsy, Roma and Traveller communities, those experiencing homelessness, and so on. An overview of impacts of efficiencies pertinent to the areas covered by this committee are included in Annex 1.

Budget Scrutiny

13. Annex 1 sets out the budget proposals for Adult Social Care and Public Service Reform Directorates, including the latest calculated revenue budget requirement compared to the current budget envelopes based on the Council's estimated funding, the service budget strategy, information on revenue pressures and efficiencies and a summary of the Capital Programme. Each Select Committee should review in the context of their individual Directorates, exploring significant issues and offering constructive challenge to the relevant Cabinet Members and Executive Directors.
14. Members should consider how the 2023/24 Draft Budget supports the Council in being financially stable whilst achieving Directorate and Corporate priorities and the Council's Vision for 2030. The budget aims to balance a series of different priorities and risks with options on investment, efficiencies and increases in the rate of Council Tax. It is appropriate for the Committee to consider how successful the budget is in achieving this.

Conclusions:

15. The provisional Local Government Finance Settlement in December, to be finalised in January 2023, will clarify the funding position for the Council. Once funding is clear, Directorate pressures, efficiency requirements, the level of Council Tax and the Capital Programme will be finalised.

Recommendations:

16. That each Select Committee agrees a set of recommendations to the Cabinet, pertinent to their area, which will be reflected in the Final Budget Report to Cabinet in January 2023.

Next steps:

17. Between now and February 2023, when the budget is approved by full council, officers and Cabinet Members will work closely together to close the current budget gap; challenge and refine assumptions and finalise the development of the Capital Programme.
18. The recommendations resulting from Select Committee scrutiny process will be compiled and reported to the Cabinet meeting on 31 January 2023.

Report contact

Nikki O'Connor – Strategic Finance Business Partner (Corporate)

Contact details

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Annexes:

Annex 1: 2023/24 Draft Budget Report and Medium-Term Financial Strategy to 2026/27 – Scrutiny Report for ASC & PSR.

Sources/background papers

- 2023/24 Draft budget and medium-term financial strategy report to Cabinet 29 November 2022

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Adults & Health Select Committee
2023/24 Draft Budget Report and Medium-Term Financial
Strategy to 2027/28
6 December 2022



SURREY
COUNTY COUNCIL

Introduction – 2023/24 Draft Budget and Medium-Term Financial Strategy

Purpose and content

Set out to Select Committee the 2023/24 Draft Budget and MTFs, including:

- 2023/24 budget gap
- 2023/24 – 2027/28 summary position
- Detailed Directorate progress

The process to date

- Establish Core Planning Assumptions and funding projections
- Significant Member engagement (Cabinet, scrutiny, opposition party, All Member Briefings)
- Monthly iterations to Corporate Leadership Team
- Cabinet / CLT Away Day
- Convert the assumptions into the Draft Budget position
- Identify efficiencies to contribute towards closing the gap for 2023/24 and the medium-term
- Draft budget presented to Cabinet 29 November with a gap to close before final budget

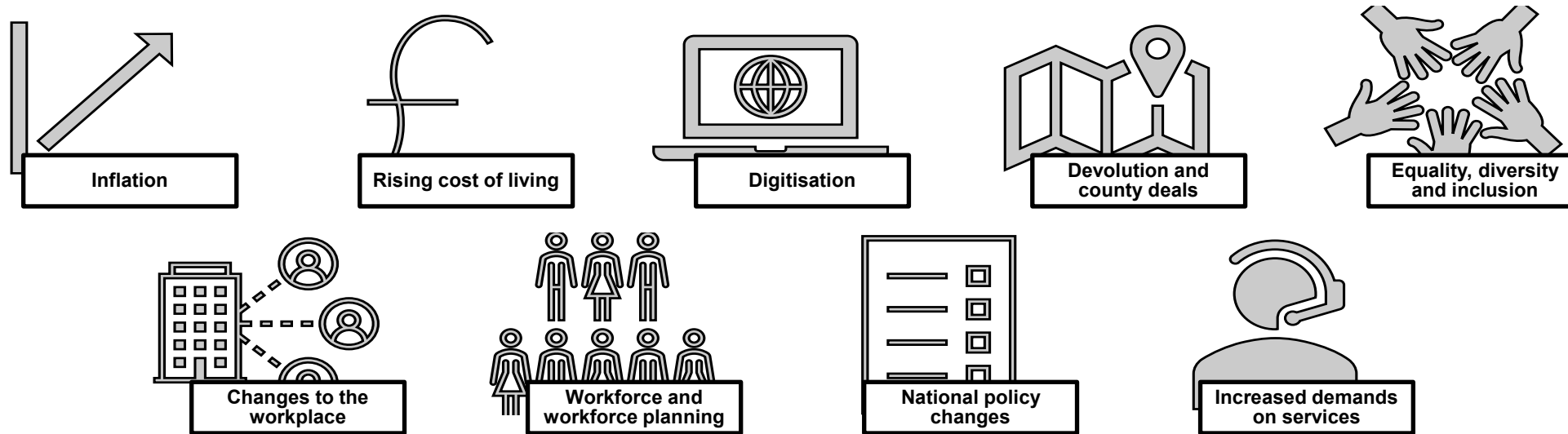
Next Steps

- Refine funding assumptions based on December local government settlement
- Finalise efficiency proposals and consider options to close the gap
- Finalise the 2023/24 – 2027/28 Capital Programme
- Consultation with residents on draft proposals and Equality Impact Assessments
- Final Budget to Cabinet in January 2023 & Council February 2023



Strategic Context

A number of drivers are influencing our operating context, including:



Delivering priorities, ensuring no one is left behind

Our Organisation Strategy sets out our contribution to the 2030 Community Vision.

Our **four priority objectives** and guiding principal that **no one is left behind** remain the central areas of focus as we deliver **modern, adaptive and resident-centred services for all.**



Budget consultation and engagement

Extensive multi-method **consultation and engagement exercise in autumn 2021** is a key source of evidence for decisions on where and how the council spends its money over the medium-term:

- Raised awareness of our priorities, budget context and views on the need to transform services and develop new approaches to service delivery
- Identified residents' informed spending preferences
- Tested spontaneous and informed attitudes towards service changes and residents' roles in supporting change.

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Further sources of insight from e.g.

- Cost of living survey (Surrey Health and Wellbeing Panel)
- Joint Neighbourhood Qualitative Research exploring residents views on council services
- Directorate-led engagement with resident representative groups

In addition, **a survey on the draft budget and the options to close the budget gap is currently live** and open to all residents and businesses in Surrey. The results will feed into the final budget report. Please continue to promote this opportunity widely

2023/24 Draft Budget

The table shows the overall picture for the Council for 2023/24 against estimated funding

Pressures, efficiencies and funding will continue to iterate over December

In particular, funding estimates are subject to clarification as our understanding of Government Funding, Council Tax and Business Rates estimates continue to develop

Local Government Finance Settlement expected before Christmas

	Base Budget 2022/23 £m	Initial allocation of Funding Change £m	Budget Envelope 2023/24 £m	2023/24 Indicative Requirement £m	Draft Budget Gap £m
Adult Social Care	401.7	8.5	410.2	434.5	24.2
Public Service Reform	34.4	0.0	34.4	34.4	0.0
Children, Families & Lifelong Learning	221.8	4.7	226.5	250.0	23.5
CFL - High Needs Block - DSG	27.2	-	27.2	5.0	(22.2)
Comms, Public Affairs & Engagement	2.0	0.0	2.0	2.1	0.0
Surrey Fire & Rescue Service	33.2	0.7	33.9	38.6	4.7
Customer & Communities	16.9	0.4	17.2	17.4	0.2
Environment, Transport & Prosperity, Partnerships & Growth	141.7	3.0	144.7	153.1	8.4
Resources	76.8	1.6	78.4	79.4	1.0
Total Directorates	957.2	19.1	976.2	1,016.2	40.0
Central Income & Expenditure	81.9	8.1	89.9	64.3	(25.6)
Total - Our Council	1,039.0	27.1	1,066.1	1,080.5	14.4

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The draft budget includes net pressures of £125m, with efficiencies of £69m, previous anticipated increase in funding of £27m plus an additional estimated £15m for adult social care, leaving a net gap of £14.4m.

Detailed pressures and efficiencies are set out in subsequent slides.

Specific Factors Impacting 2023/24 and the MTFs to 2027/28

Inflation

- Ongoing impact of above budgeted level of inflation in 2022/23
- Continued high inflation assumed throughout 2023/24, impact on Council, suppliers & partners
- Pay Inflation – either as a result of national policy (eg Fire) or in order to attract and recruit to key roles

Policy Changes

- Significant anticipated gap between costs and available funding re Adults Social Care Reform
- Discharge to Assess – continuation of policy change enacted during pandemic, removal of funding

Cost of Living Crisis

- Impact on residents felt by the Council in increased demand for services
- Unlikely to have currently felt the full effects, entering an anticipated difficult winter

Ongoing Demand Pressures

- Significant current year overspends forecast in Home to School Transport (demand & inflation led)
- Demand pressures associated with unaccompanied asylum seekers & childrens' placements
- Forecast continued demand in other services including Adults social care and children with disabilities

Medium Term Impact of Covid-19

- Ongoing impact on service demand as a result of the pandemic
- Behavioural change means income has not recovered to pre-Covid levels in some services (eg libraries)

Funding Uncertainty

- Uncertainty and/or delayed funding announcements risk unnecessary additional efficiencies
- Uncertainty over Fair Funding Reform impacts on ability to effectively plan for the medium term

2023/24 Draft Efficiency Programme

- Efficiencies are rated on risk of achievability – **£7.7m categorised as red**
- Stretch targets for efficiencies are included to ensure full ambition is quantified – corporate contingencies are in place to manage the risk of delivery
- It is often the case that more efficiencies are classified as red/amber at the draft budget stage vs the final budget, given timing and progress in activities to deliver

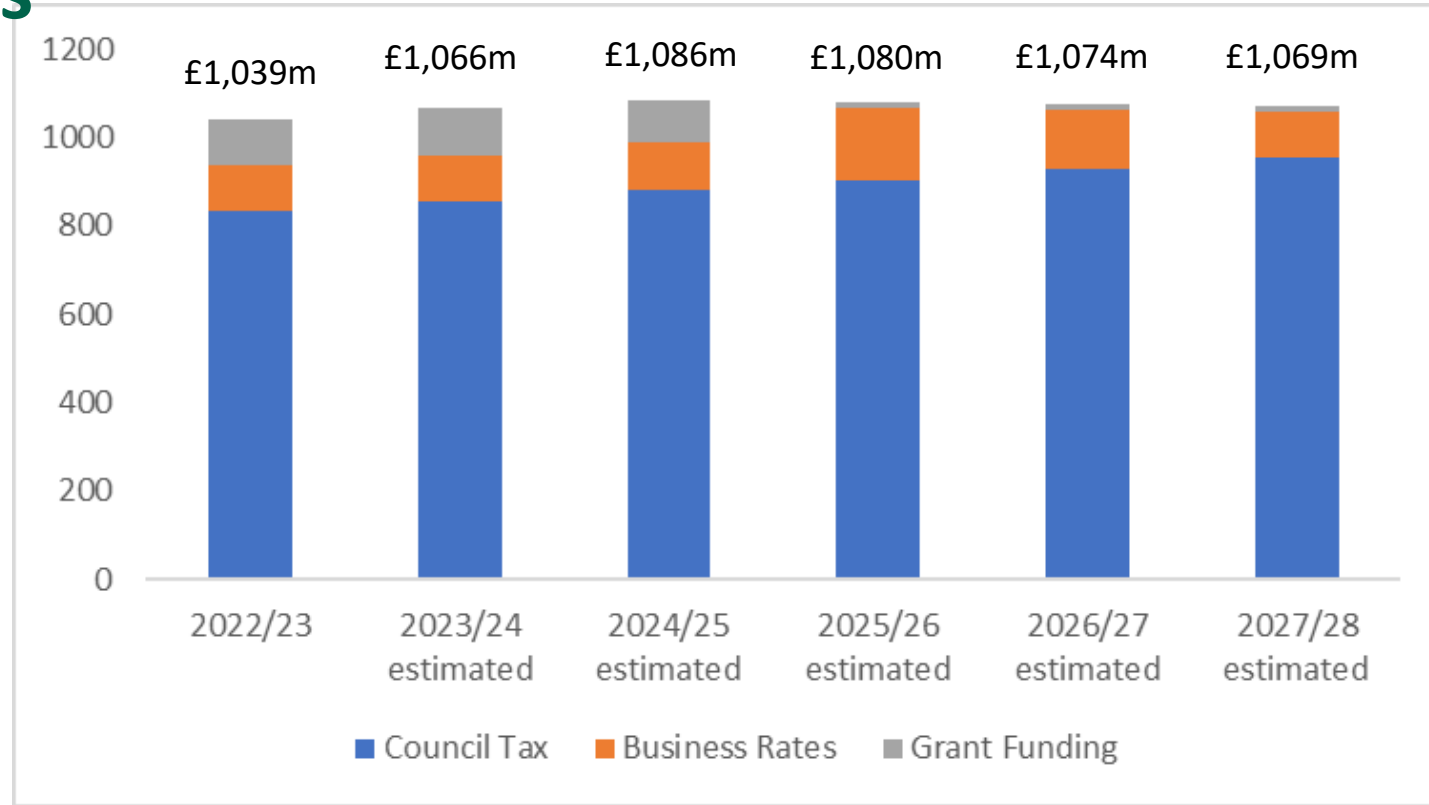
	Green £m	Amber £m	Red £m	Total £m
Adult Social Care	7.6	11.0	1.3	19.8
Public Service Reform and Public Health	0.0	0.0	0.0	0.0
Children, Families and Lifelong Learning	0.2	5.6	4.7	10.5
DSG High Needs Block	0.0	22.2	0.0	22.2
Environment, Transport and Infrastructure	0.7	2.8	0.0	3.5
Surrey Fire & Rescue Service	0.6	0.4	0.0	1.0
Customer and Communities	0.0	0.9	0.0	0.9
Prosperity, Partnerships and Growth	0.1	0.0	0.0	0.1
Communications, Public Affairs & Engagement	0.0	0.0	0.0	0.0
Resources	1.1	3.5	1.7	6.3
Central Income and Expenditure	0.0	4.3	0.0	4.3
Total efficiencies	10.3	50.7	7.7	68.6



Indicative Funding Assumptions

Council Tax & Business Rates

- Draft Budget assumes a 1.99% increase in Council Tax across all financial years of the MTFS
- Currently no increase in the ASC Precept is assumed
- Other changes in Council Tax income rely on assumptions around local factors. For example, tax base changes, reliefs and premiums.
- Confirmation of District and Borough Council Tax bases are received in January.
- Factors that influence the amount of business Rates retained (growth and pooling arrangements) and reliefs are determined by central government.



Grant Funding

- Based on assumptions about Central Government decisions – provisional Local Government Finance Settlement in December.
- Currently assuming a roll forward of 2022/23 grant allocations in 2023/24.
- Additional ASC funding announced in Autumn Statement assumed at c£15m of additional grant

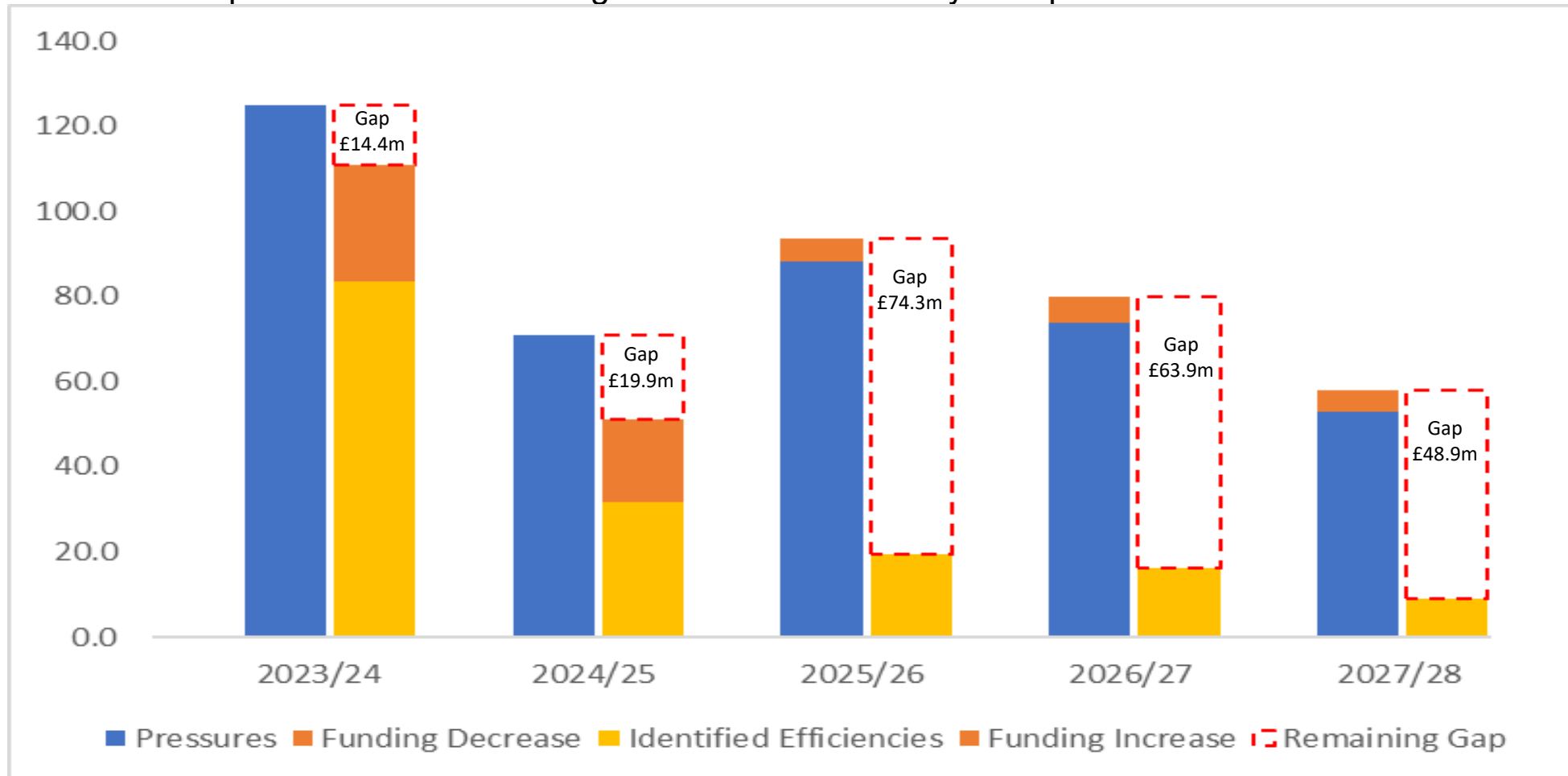
Medium Term Funding

The most significant influence on the Council's medium term funding is the long-awaited implementation of Fair Funding Reforms, which are likely to see Surrey's funding drop significantly over the medium-term.

With no indication from government as to their current plans for this reform and recent economic turmoil, our planning assumptions assume that reform is now more unlikely before the next General Election (included from 2025/26).

2023-28 Medium Term Financial Position

- Directorates are tasked with costing the core planning assumptions and developing Directorate scenarios to arrive at pressures and efficiencies for the MTFS from 2023/24 to 2027/28 to include alongside the Draft Budget
- Draft estimates of likely funding over the medium-term from Council Tax, Business Rates and Government Grants have been developed – these will need to be updated for funding announcements expected in December.
- **There is an estimated budget gap of £221m by 2027/28.** The gap widens from 2025/26 as a result of the estimated impact of both Fair Funding Reforms and the delayed implementation of ASC Reforms



Options to close the Draft Budget Gap of £14.4m

Additional Government Funding

- Significant uncertainty over Government funding both for 2023/24 and into the medium term
- Autumn Statement provided indication of additional funding for ASC and Education, no certainty on amounts until December Local Government Settlement

Identification of Additional Efficiencies

- Directorates continue to look for further deliverable efficiencies.
- List of 'alternative measures' developed which would likely result in service delivery reductions - would be required if no further funding was identified

Use of Reserves

- Worked hard to re-build depleted reserve levels to improve financial resilience
- Current level of reserves is considered appropriate given assessment of the risk environment
- Any use of reserves should be for one-off expenditure rather than to meet ongoing budgetary pressures.

Increase Council Tax

- Current budget assumptions are a 1.99% increase, based on historical referendum level
- Autumn Statement announced ability for Councils to raise CT by up to 3% per year from April 2023 and an additional 2% ASC Precept
- Any increase equates to c£8m for every 1% rise

Draft Capital Programme 2023 - 2028

- The draft capital programme for 2023/24 – 2027/28 equates to £1.9bn - £1.1bn approved programme and an additional £0.8bn in the pipeline.
- The programme is deemed affordable and while it represents an increase in the revenue borrowing costs both in absolute terms and as a % of the net revenue budget (to c8% by 2027/28), it brings us in line with other similar sized authorities.
- The impact of inflation on schemes has led to a number of programmes needing to re-scale / value engineer proposals to ensure affordability within pipeline budget envelopes.
- These will need continued focus as we approach the final budget setting stage and throughout 2023/24 to ensure the impact is mitigated.
- The capital programme cannot continue to increase at this rate in perpetuity. If we continued to invest at these levels then the revenue pressure would become unsustainable and unaffordable.
- Therefore, from **2026/27 a 'cap' on unfunded borrowing of £40m per annum** has been recommended. This is currently achieved in the Draft programme proposed, but needs to be maintained between the draft and final budget iterations.
- A review of profiling of capital schemes to ensure deliverability will be undertaken before the Final Budget is presented to Cabinet in January 2023 and Full Council in February 2023.



Directorate Positions

- **Adult Social Care**
- **Public Service Reform (incl Public Health)**



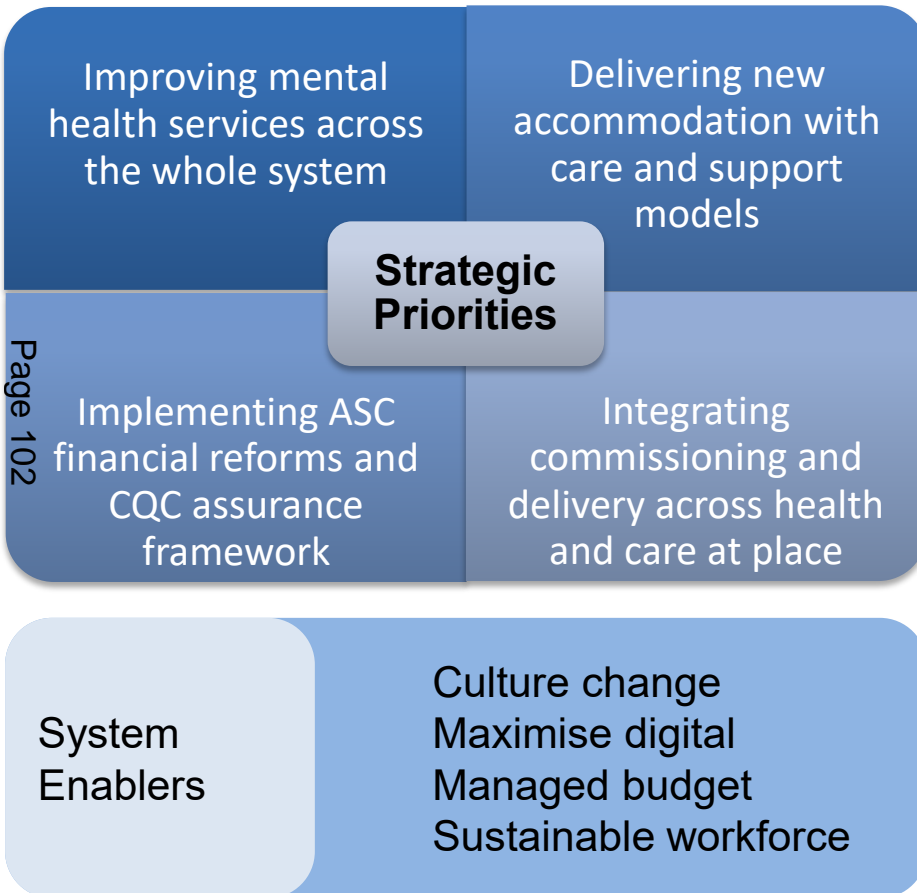
Adult Social Care



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Summary of Services Provided by Adult Social Care

Adult Social Care's (ASC) vision is to **promote people's independence and wellbeing**, through personalised care and support that focuses upon their strengths, the outcomes they want to achieve and enables choice and control



Adult Social Care (ASC) provides advice and information, assessment, care and support services for people aged 18+ with:

- **Physical and Sensory Disabilities** (1,717 people with a funded care package at the end of October 2022).
- **Learning Disabilities and Autism** (3,565 people with a funded care package at the end of October 2022).
- **Mental Health** needs (641 people with a funded care package at the end of October 2022).
- and for frail **Older People** (5,925 people with a funded care package at the end of October 2022).

Taking into account the advice and information ASC provides to people who do not require a funded care package, there were 20,888 open cases across all care groups at the end of October 2022.

ASC also provides support to over 30,000 **unpaid carers** who play a vital role in the care system. There are a range of information, advice and support services provided to carers through a series of contracts & grants with the voluntary and third sector as well as support provided directly by the council or jointly with the NHS in the form of a direct payment, a carers prescription or replacement care.

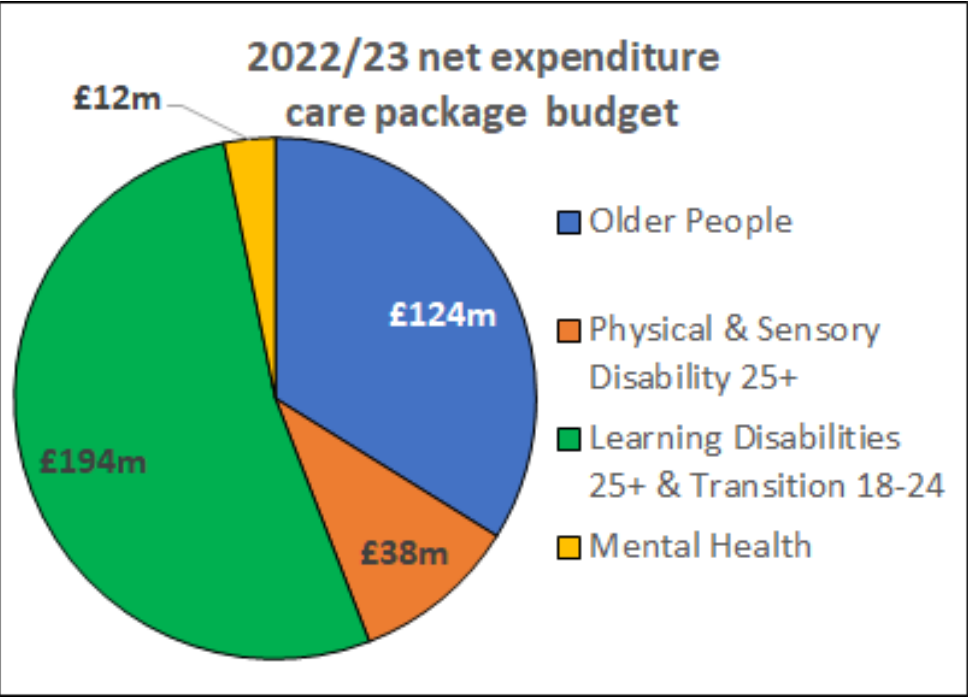
How is the service budget spent – breakdown of major services

Notes	2022/23 base budget		
	Gross expenditure £m	Income £m	Net expenditure £m
Care packages			
Older People	176.5	-52.1	124.4
Physical & Sensory Disability 25+	41.8	-4.1	37.8
Learning Disabilities 25+ & Transition 18-24	209.6	-16.0	193.6
Mental Health	17.9	-6.3	11.6
Carers	0.4	0.0	0.4
Total care packages	446.2	-78.5	367.7
Staffing excluding in-house provided services	70.9	-1.3	69.6
Wider contracts & grants, and other expenditure	31.5	-2.7	28.8
Better Care Fund income		-51.2	-51.2
ASC government grants		-13.2	-13.2
Total Adult Social Care	548.6	-146.9	401.7

Notes

1. Commissioned care packages for carers only. All other support for carers is contained in ASC's £7.1m of contracts & grants for carers.

2. Includes Community Equipment Store, Carers contracts & grants, Housing related support social exclusion services, Mental Health Community Connections, Collaborative Reablement services, Sensory services contract, and a range of other smaller contracts & grants.



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

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

Although the smallest proportion of total care package expenditure, spending on Mental Health services continues to increase at the fastest rate, in part due to the ongoing impacts of the pandemic.

Service strategy headlines for 2023-28 MTFS

ASC operates in an **incredibly challenging environment** with **reductions in government funding**; an **ageing population** with **increasing acuity of care needs** and **growing numbers of young people** moving into adulthood who need services; an **increasingly fragile care market**; and **radical changes in national policy**. This is in all the context of the **ongoing impacts of the Covid-19 pandemic** and the **cost of living crisis** which are having profound effects on Surrey's residents who have ASC needs, along with their families and carers, social care providers, third sector support organisations, the health system and other key partners.

ASC has **four strategic priorities**:

- Improving **mental health** services across the whole system.
- Delivering new **accommodation with care and support** models.
- Implementing the **ASC charging and fair cost of care reforms and CQC assurance framework**.
- **Integrating commissioning and delivery across health and care at place.**

These priorities are underpinned by **four system enablers**:

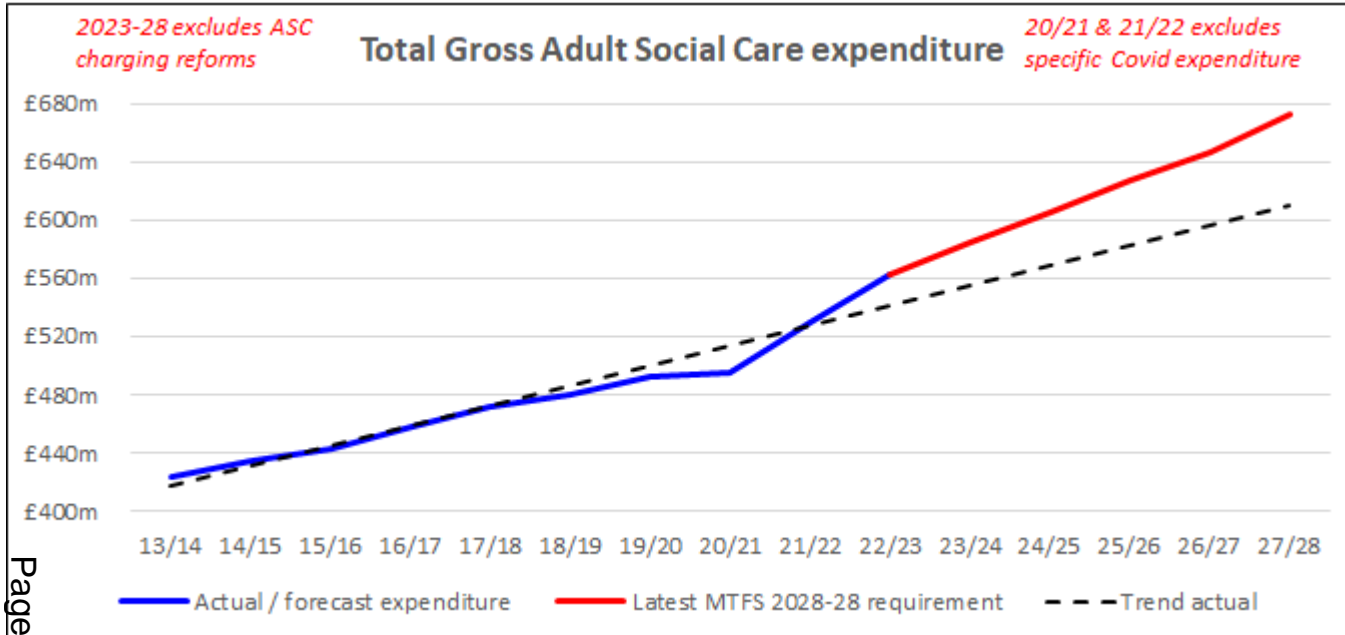
- **Culture change** including embedding strengths-based practice across the whole health & social care system.
- Maximising the benefits of **digital and technology**, both in managing interactions with residents and operational processes, as well as in supporting the delivery of care and support services.
- **Managing expenditure** within available budget resources.
- Ensuring there is a **sustainable ASC workforce**, recognising that SCC will need to increase its workforce to effectively manage the ASC charging reforms.

The Council is committed to integrating health and social care in Surrey to improve outcomes for residents. A key focus of this is **enhancing preventative services in the community**.

ASC's 2023-28 MTFS strategy seeks to achieve these priorities and manage this range of challenging competing demands as cost effectively as possible. The Draft Budget position forecasts an increased ASC budget requirement of £157m over the next 5 years. This though is considerably above current available funding. The strategy and budget plan will therefore need to be reviewed in light of confirmed available resources in future years.



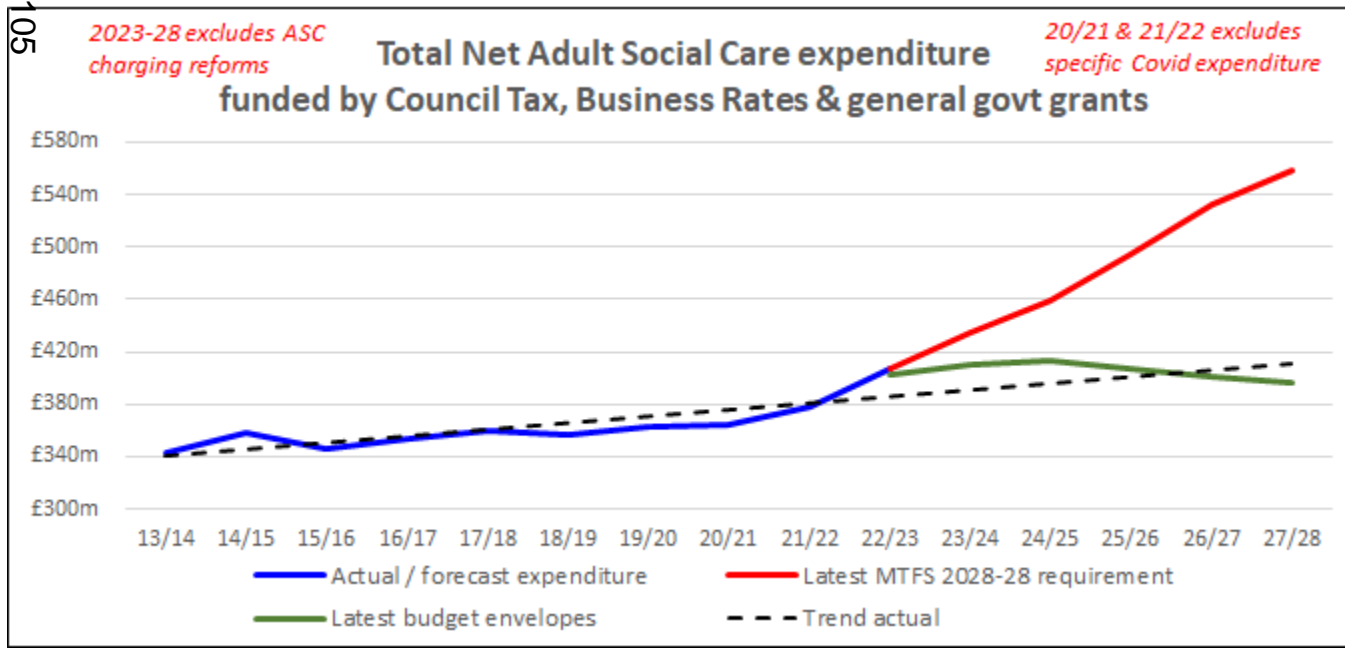
Adult Social Care year on year spending trends



Between 2013/14 – 2017/18 expenditure increased fairly steadily year on year.

The start of ASC’s transformation programme in 2018/19 led to a reduction in the rate of increased expenditure with the introduction of strengths based practice and improved budget management.

The Covid-19 pandemic temporarily halted the trend of rising expenditure in 2020/21, but substantially increased average costs of care. This has led to expenditure increasing at a faster rate driven by continued higher acuity of care needs, market pressures and returning post pandemic demand.

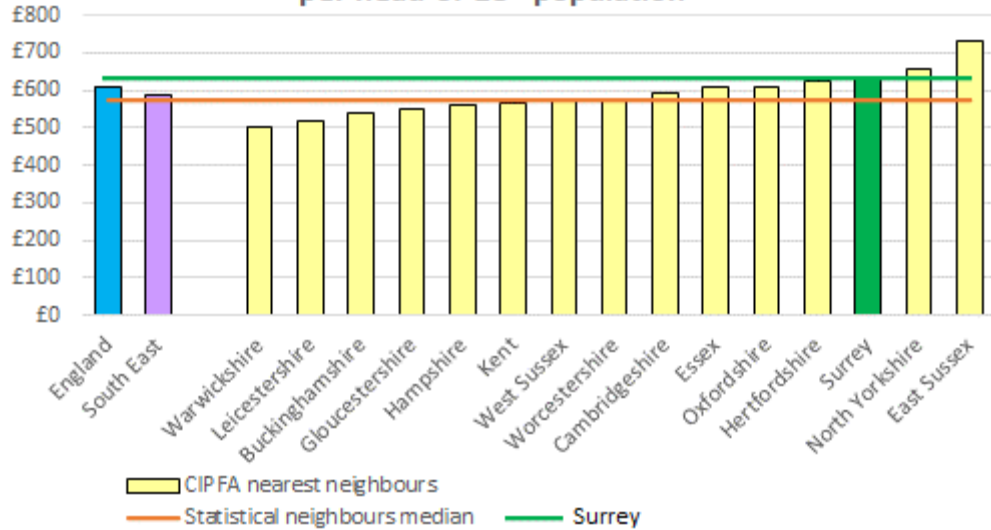


Up to 2021/22 net expenditure increased at a slower rate than gross expenditure, as additional ASC income sources reduced the required corporate funding.

However, the same level of increased ASC income is not forecast in the 2023-28 MTFS period, and the required net budget increase is currently considerably in excess of predicted available corporate funding.

Surrey's Adult Social Care service against comparators

2021/22 total gross ASC expenditure per head of 18+ population

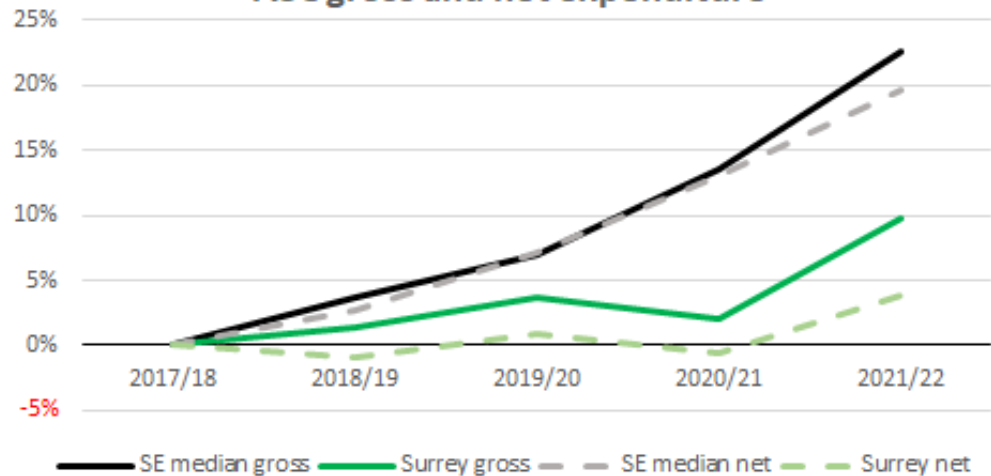


Surrey remains a comparatively high spender on ASC per head of population. The biggest driver for this is higher comparative expenditure on Learning Disabilities, although expenditure on all client groups is fairly high compared to nearest neighbours.

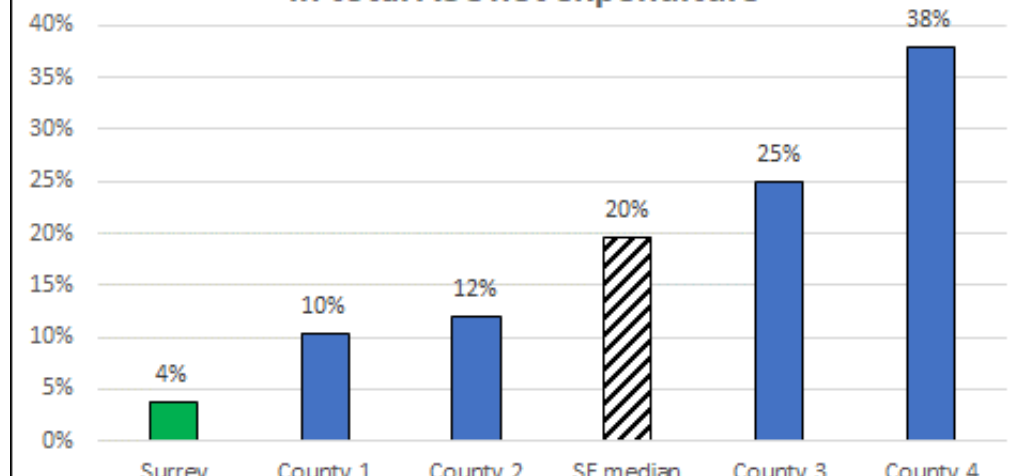
However, Surrey's growth in ASC spending since 2017/18 has been much lower than any other authority in the South East and in contrast to the SE median Surrey has been able to utilise income sources to keep the increase in its net expenditure funded by corporate resources consistently lower than its increase in total gross expenditure. This shows the impact of action taken in recent years to control spending.

Surrey's rate of spending growth is though now increasingly moving towards or above the South East median.

Cumulative change since 2017/18 in total ASC gross and net expenditure



Cumulative change since 2017/18 in total ASC net expenditure



Adult Social Care reforms

In September 2021 the then government announced a set of reforms that represented the biggest change to the ASC funding system in decades. The charging reforms that **were due to be implemented from October 2023** included:

- A **lifetime cap** on personal care costs of £86,000
- **Changes to means test thresholds**, including an increase to the upper capital threshold limit of £100,000
- A **fair cost of care policy agenda** designed to maintain market sustainability under the charging reforms.
- An extension to the criteria under which people who fund their own care can request authorities to commission it for them.

The government also announced a **new ASC Assurance Framework** due to be implemented from **April 2023** and to be inspected by the Care Quality Commission.

Surrey would be **acutely impacted** by the **proposed charging reforms** due to the high level of people living in Surrey who currently fund their own care (around 60-65% of Older People with care needs in Surrey currently privately fund their own care). We estimate SCC's ASC **Older People caseload would increase by 9,500 – 12,000 (115 – 146%)**.

A **delay to the charging reforms** was announced in the 17 November fiscal statement. The reforms are **now proposed to be implemented in October 2025**. The **government have indicated funding planned for the reforms will continue to be paid to local authorities in the next two years**, but we will need to wait until the provisional Local Government finance settlement in late December 2022 to understand the full implications for SCC.

Based on an October start date, a **funding gap of £8-20m has been estimated in the first year of implementation to £25-40m the second year after implementation**. This is based on previously published national funding and Surrey's likely share under government consultation proposals across elements of the above ASC reforms.

The **Draft 2023-28 MTFS** has a **pressure of £14m in 2025/26 rising to £33m in 2026/27** based on the mid-point of this latest estimated funding gap.

Even though a delay to the reforms has been announced, some continued costs are expected in 2023/24, for instance continuing to progress digitisation of ASC's front door and retaining some staff recruited for the reforms to work on other priorities. A paper will be brought to Cabinet to set this out and seek temporary funding in 2023/24.



2023-28 MTFS Budget Summary for Adult Social Care

Adults Social Care							
	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	Total
	£m	£m	£m	£m	£m	£m	£m
Brought forward budget	401.7	401.7	434.5	458.6	493.6	531.8	
Pressures		52.6	38.2	45.5	48.1	29.5	213.9
Identified efficiencies		(19.8)	(14.1)	(10.5)	(9.9)	(2.9)	(57.2)
Total budget requirement		434.5	458.6	493.6	531.8	558.4	
Change in Directorate net budget requirement		32.8	24.1	35.1	38.2	26.6	156.7
Opening funding		401.7	410.2	413.8	407.2	401.3	
Share of funding change and borrowing costs		8.5	3.6	(6.6)	(6.0)	(4.1)	(4.6)
Funding for Year (Budget Envelope)		410.2	413.8	407.2	401.3	397.1	
Year on Year - reductions still to find		24.2	20.5	41.6	44.2	30.7	161.3
Overall Reductions still to find		24.2	44.7	86.4	130.5	161.3	

ASC’s 2023/24 Draft Budget and 2023-28 MTFS presents an incredibly challenging financial outlook.

The 2023/24 requirement budgets for pressures of almost £53m. Over half of this pressure relates to high level of care package and contract inflation in the context of the wider economic climate, cost of living crisis and ASC sector workforce challenges. Other key pressures include higher than budgeted levels of care package expenditure in 2022/23 expected to carry over into 2023/24, demand increases, pay inflation and pressures related to Discharge to Assess from Surrey’s hospitals.

Continued substantial inflation and demand pressures are forecast from 2024/25 onwards together with the latest mid-point estimated funding gap for the proposed ASC charging reforms of £14m in 2025/26 rising to £33m in 2026/27.

A very challenging set of efficiency proposals is included in budget plans. The scale of efficiencies and cost mitigation achieved in previous years and broader system pressures makes it harder to achieve further savings in the years ahead.

This combined position equates to a gap of £24m in 2023/24 rising to £161m in 2027/28 compared to current estimated available corporate funding. Some difficult decisions will need to be made to close this gap if further funding is not forthcoming.



Summary of Budgeted Pressures

Pressure	2023/24 £m	Total MTFS £m
Higher than budgeted care package expenditure in 2022/23 expected to carry forward into 2023/24	7.4	7.4
Pay inflation and other staffing pressures	6.3	16.7
Price inflation (care packages and contracts & grants)	27.5	108.3
Care package demand	6.0	35.0
Community equipment demand	0.1	1.0
Pressures related to the ongoing impact of the unwinding of national funding for Discharge to Assess (D2A) which ended on 31 st March 2022	5.3	5.3
Liberty Protection Safeguards	Nil*	7.2
Net funding pressure for Adult Social Care Charging and Fair Cost of Care reforms	Nil**	33.0
Total budgeted pressures	52.6	213.9

* Unclear if and when previously proposed new legislation for Liberty Protection Safeguards will come into effect. Assumed for budget planning purposes that this will not be until at least 2024/25.

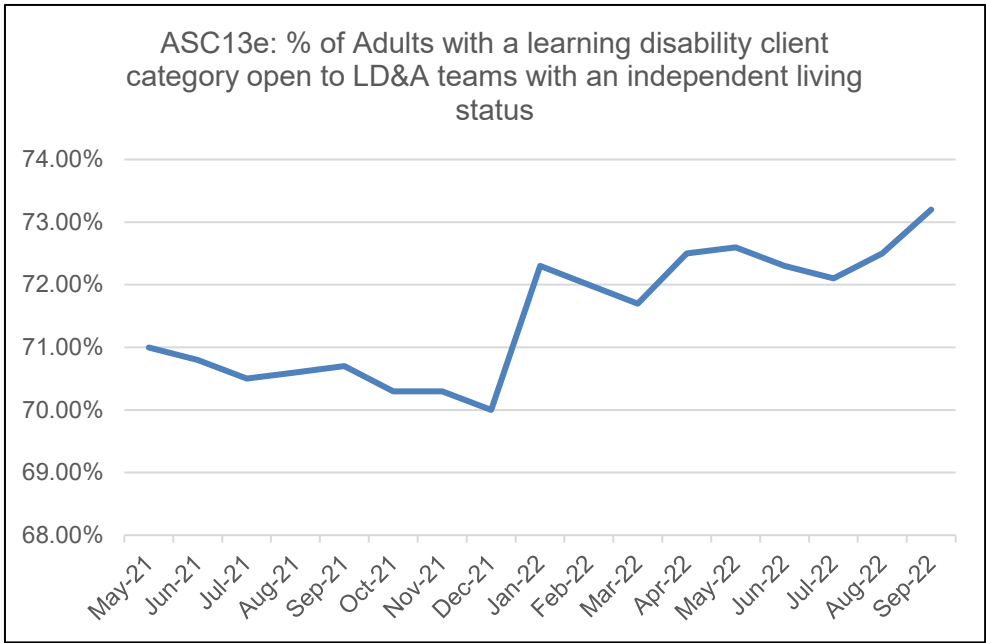
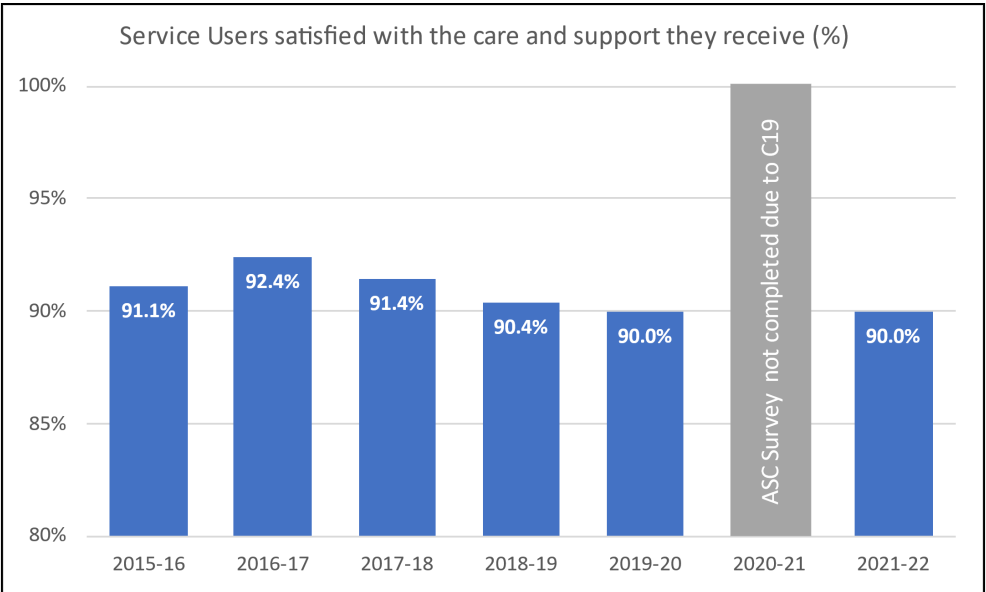
** The draft budget reflects the delay to October 2025 of the implementation of the ASC charging reforms announced in the 17th November 2022 fiscal statement.



Planned Efficiencies

Group	Efficiency	2023/24 £m	Total MTFS £m	RAG
1 Strengths based practice & demand management	Front door redesign & Strengths based Discharge to Assess model to reduce long term care from hospital discharge	(2.9)	(18.5)	A
	Strengths based care package reviews - Older People	(0.4)	(0.4)	A
	Strengths based care package reviews - Physical & Sensory Disabilities	(0.3)	(0.3)	A
	Strengths based care package reviews - Learning Disabilities & Autism	(0.4)	(2.0)	A
	Strengths based care package reviews - Mental Health	(0.1)	(0.1)	A
	Consistent practice for supporting people with more complex needs	(0.3)	(0.6)	A
2 Changing models of care	Remodel Learning Disabilities & Autism day support services	(0.8)	(1.9)	A
	Strategic shift from Learning Disability / Autism residential care to independent living	(0.4)	(0.9)	A
	Expand affordable Extra Care Housing county-wide offer for Older People		(1.7)	G
	Review and remodel transport arrangements to and from ASC care settings	(0.1)	(0.4)	A
3 Purchasing care cost effectively	Improved purchasing of Older People nursing/residential placements	(1.2)	(6.5)	A
	Maximise usage of block contract residential beds	(0.8)	(0.8)	A
	Improved purchasing of Home Based Care packages	(0.5)	(1.3)	A
	Improved purchasing of Learning Disability & Autism 65+ residential care	(0.2)	(1.0)	A
4 In-house provision	Review of Older People in-house services	(7.6)	(11.4)	G
	Review of Learning Disability in-house services	(0.5)	(0.6)	R
	Maximise cost effectiveness of in-house provided Reablement services	(0.8)	(0.9)	R
5 S117 & CHC related	Apply joint S117 funding policy to all ASC funded clients with S117 Aftercare	(1.3)	(1.3)	A
	Ensure appropriate Continuing Health Care funding	(0.8)	(4.2)	A
6 Twin Track	Making the most of our contracts	(0.5)	(2.1)	A
	Maximising our income	(0.1)	(0.3)	A
Total budgeted efficiencies		(19.8)	(57.2)	

Measuring the impact of budgeted efficiencies

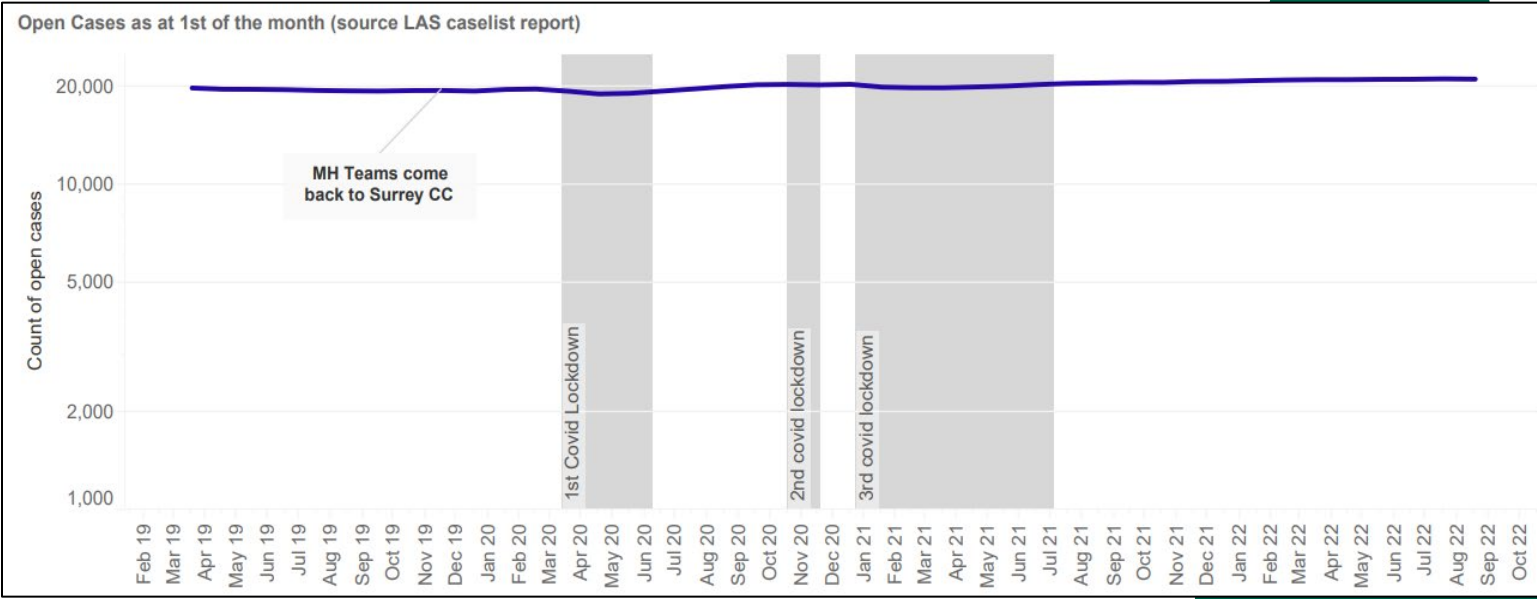


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ASC's efficiency plans have been for prior year budgets, and remain for the current MTFs, measures designed to save money, mitigate cost pressures or increase income without adversely affecting service delivery.

Key operational indicators are tracked alongside delivery of financial targets, such as ASC13e shown here which relates to the shift away from institutionalised models of care for people with a learning disability.

We believe that delivery of efficiencies in prior years has not had a detrimental impact upon vulnerable people supported by Adult Social Care. SCC has retained a consistent numbers of open cases and maintained overall satisfaction, whilst progressing strengths based practice and the shift to independent models of care.



Draft Capital Programme

Adult Social Care has a small proposed Capital Programme that it manages directly totalling £8m over 5 years:

Project	2023/24 £m	Total MTFS £m
Capitalised community equipment	1.5	7.5
Minor ASC in-house capital improvements	0.1	0.4
Total proposed ASC capital expenditure	1.6	7.9

However, ASC's **Accommodation with Care & Support programme** has ambitious strategic objectives to develop new accommodation services to support Surrey residents including:

- Building 725 units of affordable **Extra Care Housing (ECH)** on SCC owned land by 2030.
- Commissioning 500 new units of **Supported Independent Living** accommodation (SIL) for **people with a Learning Disability or Autism** across Surrey. This ambition will partly be met by using SCC owned land for new accommodation.
- **Short breaks respite** accommodation for **people with a Learning Disability or Autism** across Surrey.
- **Specialist supported independent living** accommodation services for people with **Mental Health** conditions.

The delivery of this ambitious and exciting agenda will involve SCC committing substantial capital resources.

SCC's Cabinet has already approved:

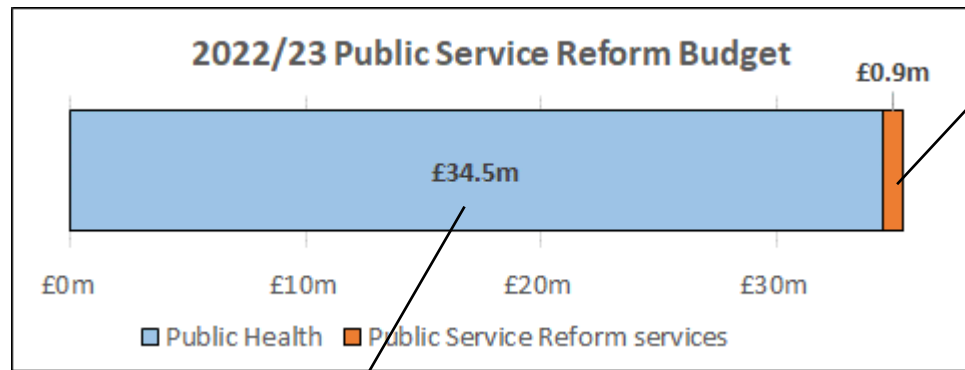
- The development of Extra Care Housing on 6 SCC owned sites on a Design, Build, Finance and Operate (DBFO) basis with up to £21m of SCC capital expenditure approved if required and additionally £3m of feasibility funding to explore the suitability ECH on other SCC owned sites.
- The development of Supported Independent Living (SIL) for people with a Learning Disability or Autism at 3 SCC owned sites on a direct delivery basis with an approved capital budget of £25m across all sites.

Work continues at pace on potential sites for further Extra Care Housing, primarily for older people, Supported Independent Living for people with a Learning Disability or Autism and Mental Health accommodation, as well as two potential sites for short breaks respite accommodation for people with a learning disability or autism.

Public Service Reform (including Public Health)



Summary of Services Provided by Public Service Reform



The **wider Public Service Reform (PSR) directorate** includes a range of jointly funded services that are accountable to both Surrey County Council and Surrey Heartlands Integrated Care System and focus on driving the continuous improvement of a public service model that **supports the delivery of our integrated health and social care strategies**.

This **includes the Insights and Analytics unit** which is bringing together research & analytics across a range of functions within SCC (Public Health, population insight and surveys and research) and Surrey Heartlands Integrated Care Board (business analytics and population health management PHM).

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

- Providing **public health intelligence and evidence** to enable decisions based on people's need and what is effective.
- Providing **specialist public health expertise and advice to NHS commissioners** to support them in improving the health of their population through prevention and through effective commissioning
- **Improving health** through partnership working, policy development, behaviour change and the commissioning of health improvement services for all ages which are **targeted to those at risk of health inequalities**
- Working with partners to protect Surrey residents from **communicable diseases and environmental hazards**
- Providing oversight and support in the review, development and delivery of the **Surrey Health and Wellbeing (HWB) Strategy**

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

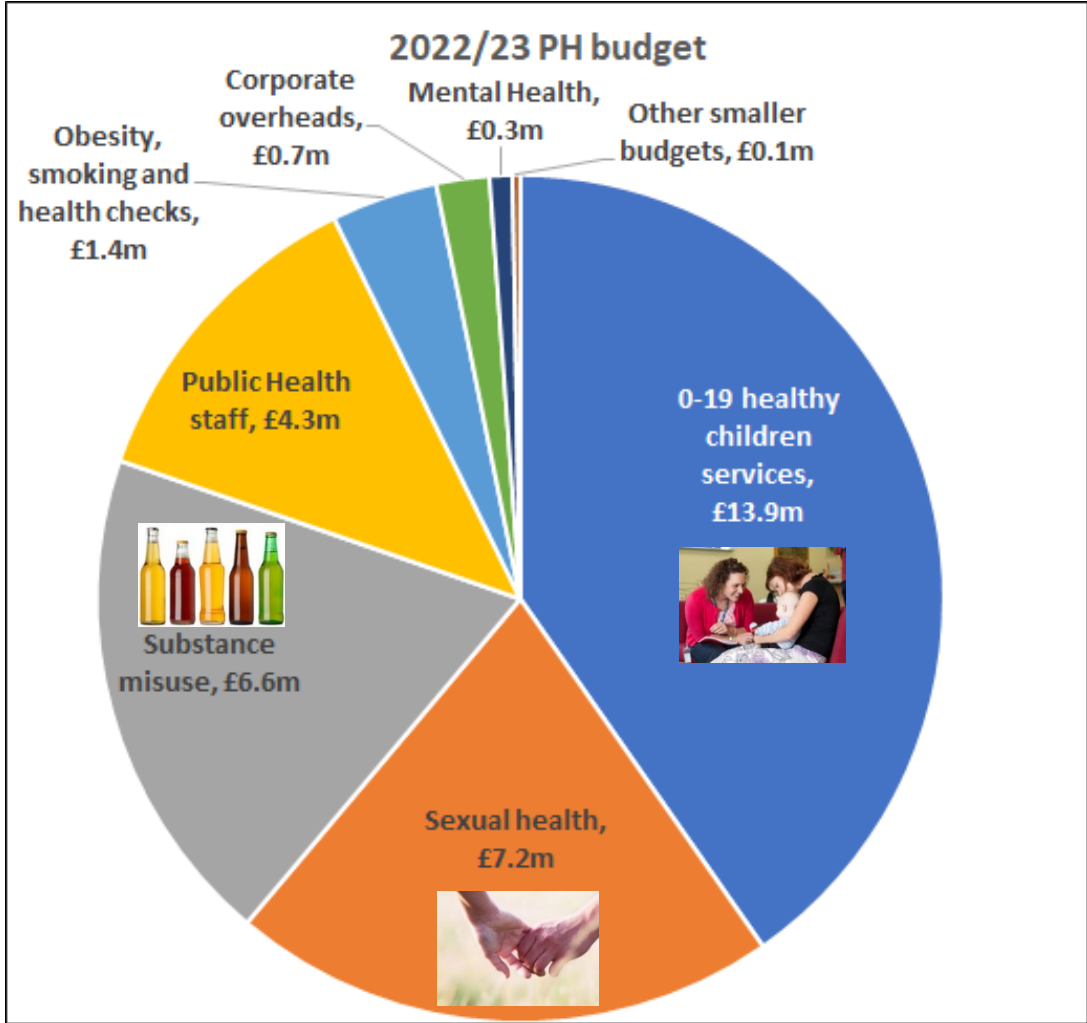
- Healthy lifestyle services including stop smoking, weight management and mental health;
- 0-19 services including health visitors and school nurses;
- Substance misuse services relating to drugs and alcohol;
- Sexual health services including contraception and genitourinary medicine (GUM).
- NHS health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

The services commissioned by PH are **all preventative in approach and targeted at reducing health inequalities**.

This is one of the Council's key strategic aims and an overall ambition of **Surrey's Health and Wellbeing strategy**.



Breakdown of Surrey's Public Health budget



Service category	2022/23 budget
0-19 healthy children services	£13.9m
Sexual health	£7.2m
Substance misuse	£6.6m
Public Health staff *	£4.3m
Obesity, smoking and health checks	£1.4m
Corporate overheads	£0.7m
Mental Health	£0.3m
Other smaller budgets	£0.1m
Total	£34.5m

* Public Health staff include Health Protection, Data Intelligence teams as well as PH specialists, Health & Wellbeing Board programme managers, commissioners and support staff

The three biggest service areas of 0-19 healthy children services, sexual health and substance misuse account for 80% of Public Health's total budget and 92% of core Public Health commissioned services excluding Public Health staffing expenditure.

Service strategy headlines for 2023-28 MTFS

PSR's current MTFS position includes **two key assumptions**:

1. **Pay and contract inflation** can be **contained** within modest budgeted **increases to Public Health grant funding**.
2. **£1.4m of wider PSR staff** working on data insights and supporting broader integration across Surrey's health & social care system can be **funded out of temporary SCC corporate resources and health funding for the next two years** pending further review of these posts and their funding arrangements.

The **PH service** will need to **remain responsive to any changes in grant funding**. In the meantime, they will continue to lobby for increased PH funding to support the delivery of the health and wellbeing priorities for Surrey residents.

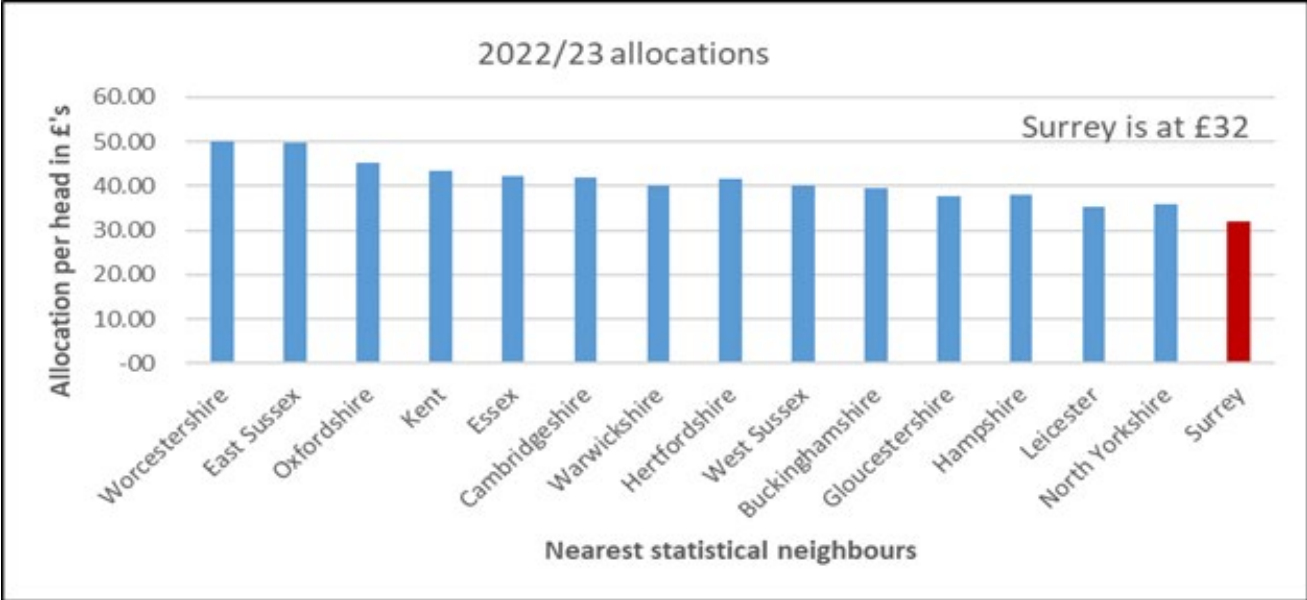
Most of PH's major service contracts are coming up for renewal in the next few years. A key focus of the service will therefore be ensuring new service specifications take account of the latest health status of Surrey's population and targeting service provision to address health inequalities.

Through a focus on research, partnering with academia and industry, and data across the wider Public Service Reform directorate, the team will be looking at how we **drive health and social care devolution to its full potential**, lobbying and influencing government where appropriate on future models of public service that transforms people's lives. Working effectively in this space, the council hopes to be able to influence future public policy, leading to **a more sustainable public service model**.

Part of this will be seeking to **maximise investment in preventative services commissioned by PH**, that deliver key long-term financial and non-financial benefits. The PH service has been reviewing areas where additional investment is needed to address the priority of reducing health inequalities and fulfil the priorities of Surrey's Health & Wellbeing Board strategy. Potential investments totalling £6.5m have been identified, which can be flexed depending on available resources. Given the scale of the SCC's remaining budget, this investment has not been included in Draft Budget. There remains though an ambition to increase investment in PH services in the future.



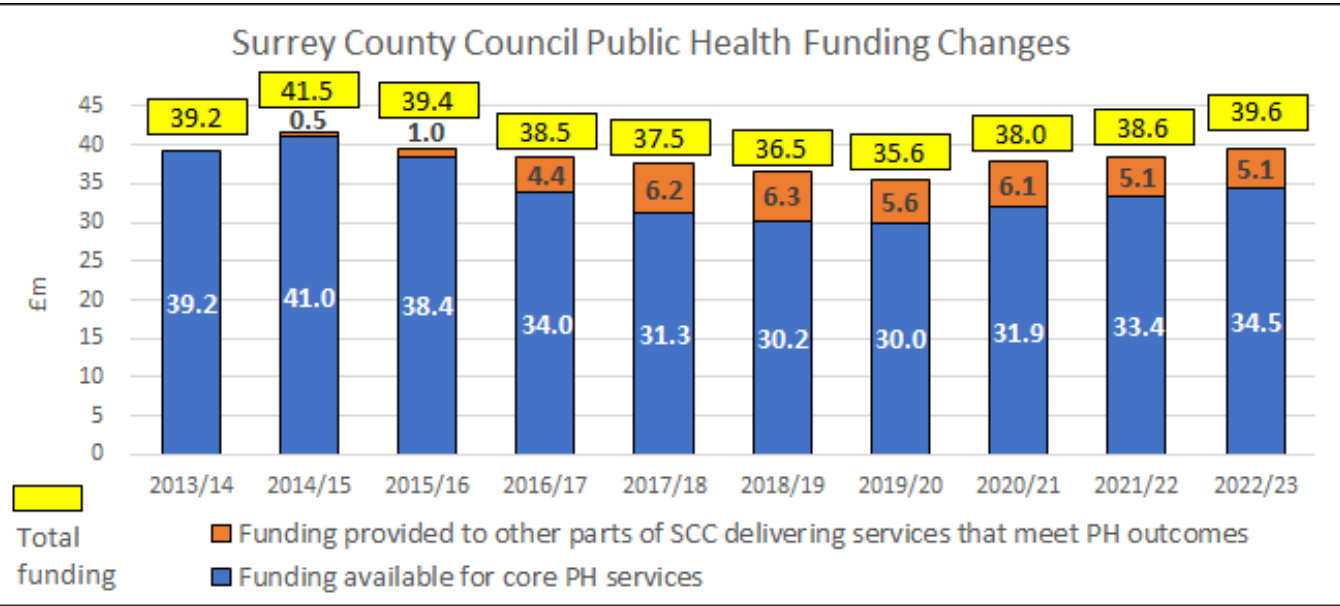
Surrey's Public Health grant funding against comparators



Surrey receives the 3rd lowest allocation of PH funding per head of population in the country and substantially less funding than any of its nearest neighbours.

Surrey has regularly raised this low level of funding with government, but very little has been done over time to address the clear funding imbalance.

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Surrey's PH grant reduced by £3.6m (9%) over the first 6 years following the transfer of PH responsibilities SCC. Increases since then mean it is now £0.4m higher (1%) than 9 years ago.

£5.1m of current funding is used to fund services provided by other SCC directorates which deliver PH outcomes. This reflects funding allocation decisions made in previous years, recognising that this has required PH to reduce expenditure on core PH services.



2023-28 MTFs Budget Summary for Public Service Reform

Public Service Reform							
	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	Total
	£m	£m	£m	£m	£m	£m	£m
Brought forward budget	34.4	34.4	34.4	34.4	34.5	34.5	
Pressures		0.1	0.0	0.0	0.0	0.0	0.2
Identified efficiencies		0.0	0.0	0.0	0.0	0.0	0.0
Total budget requirement		34.4	34.4	34.5	34.5	34.5	
Change in Directorate net budget requirement		0.1	0.0	0.0	0.0	0.0	0.2
Opening funding		34.4	34.4	34.4	33.8	33.3	
Share of funding change and borrowing costs		0.0	0.0	(0.6)	(0.5)	(0.4)	(1.4)
Funding for Year (Budget Envelope)		34.4	34.4	33.8	33.3	33.0	
Year on Year - reductions still to find		0.0	0.0	0.6	0.5	0.4	1.6
Overall Reductions still to find		0.0	0.1	0.6	1.2	1.6	

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Public Service Reform is showing a balanced budget position in 2023/24 and is very near balanced in 2024/25.

This is based on the assumption that cost pressures resulting from pay inflation and contract inflation can be contained within modest budgeted increases to Public Health grant funding in the next two years.

There are risks that pressures could emerge for some contracts, most notably related to potential cost increases linked to the NHS Agenda for Change pay award which affects some Public Health contracts.

The current MTFs planning assumption is that the Public Health grant may become unringfenced as part of wider local government funding reform from 2025/26. If that happens the Public Health service budget would be required to contribute to corporate efficiencies in the same way as all other services that are not funded by ringfenced grants. This will need to be kept under close review as more information about funding reforms emerges.

How are impacts of prior year decisions/efficiencies measured?

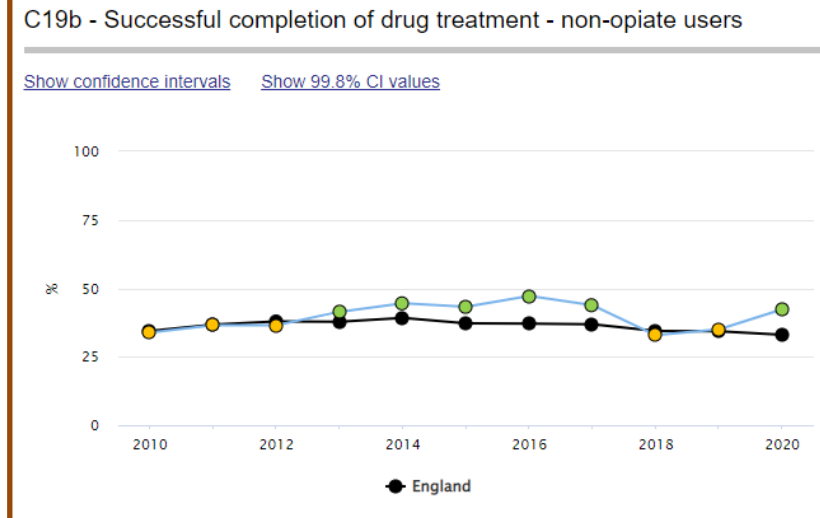
Public Service Reform (PSR)

- PSR is newly formed directorate including teams from both SCC and Surrey Heartlands ICS meaning there are no efficiencies to consider historically for the department. The bringing together of related teams within this joint directorate is, however, intended to generate a more collaborative and efficient way of working, for example with regards to data and insight across Surrey.
- This includes the Public Health ring fenced budget specifically which SCC has had the responsibility for since 2013 and whilst this saw a significant reduction between 2015-2019, it has remained stable since and included a small increase of 2.8% in 2022/23. This has meant that the budget has been sustained at existing funding levels since 2019/20.
- Whilst this has not meant the need to identify reductions in PH budgets in recent years, the PH service is continually seeking to improve value for money and impact and a review in 2019 of PH services by the corporate procurement team concluded all key services were providing good value for money when benchmarked.

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The provision of health improvement, health protection, PH intelligence and healthcare public health are all aligned to our local health and wellbeing strategy and so are linked to the more strategic level monitoring that is being developed for that currently.

- In relation to commissioned PH services, key KPIs are reviewed quarterly which cover Sexual Health, Substance Use, 0-19s PH services, Health Checks and Smoking Cessation and performance of these shows improvements since the impact of the pandemic. These are largely indicators that are benchmarked nationally through the [Public Health Outcomes Framework](#) and shows comparable performance against England and neighbouring counties.
- During the pandemic the additional Contain Outbreak Management Fund enabled appropriate local response to the pandemic and was also distributed widely within SCC and partners to address its ongoing impact, e.g. including allocations to support homeless persons and organisations during and after the pandemic



Summary of Budgeted Pressures

Pressure	2023/24 £m	Total MTFS £m
Pay inflation	0.2	0.9
Non-pay contract inflation	1.0	3.8
Assumed increase to Surrey's Public Health grant in future years	(1.2)	(4.6)
Total budgeted pressures	0.1	0.2

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The small net pressure shown above relates to pay inflation for base budget funded Public Service Reform staff as it is assumed all Public Health pressures will be contained within modest budgeted increases to Public Health grant funding.

Public Health grant funding is not typically announced until after the Council has set its Final Budget (e.g. Surrey's 2022/23 PH grant value wasn't confirmed until March 2022). The PH budget plan will therefore likely need to be reviewed after the Final Budget has been approved by Full Council in February when Surrey's 2023/24 PH grant value is confirmed.



Appendix: Pressure and Efficiency Narratives



Adult Social Care Pressures

Pressure	Description	Net Pressure					
		2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m	2027/28 £m	Total £m
2022/23 care package carry forward pressure	This pressure represents the extent to which it is currently estimated that full year care package commitments will be above the 2022/23 care package budget by 31st March 2023 factoring planned mitigations in the remainder of the year	7.4					7.4
Pay inflation	The budgeted cost of increasing pay bands for Adult Social Care staff.	5.4	2.5	2.6	2.6	2.7	15.8
Other staffing budget changes	Changes to the Adult Social Care's staffing budget requirement beyond inflation to pay bands.	0.9					0.9
Price inflation (care packages & contracts)	The budgeted cost of price inflation planned to be paid to care providers across all of the care packages and contracts that Adult Social Care funds. Based on known and estimated inflationary pressures, the latest budget position plans for uplifts of 7.1% (23/24), 5.3% (24/25) and 3.7% (25/26 - 27/28) for care homes and 7.7% (23/24), 6.0% (24/25) and 4.3% (25/26 - 27/28) for all other care types	27.5	23.6	18.1	19.1	20.1	108.3
Care package demand	The estimated cost of young people transitioning each year from Children's, Families and Learning services to Adult Social Care, plus estimated demand based on demographic growth for all other ASC client groups. Continued higher levels of demand for Mental Health services following the pandemic have been included.	6.0	7.9	7.6	7.1	6.4	35.0
Community equipment demand	Adult Social Care's share of the modelled cost of increased provision of Community Equipment over the life of the MTFS mitigated by expected cost efficiencies secured through the new Community Equipment Store contract that went live in April 2022.	0.1	0.1	0.2	0.3	0.3	1.0
Discharge to Assess	The additional cost to the Council beyond Adult Social Care's current budget of the impact of the end of national funding for Discharge to Assess (D2A) which ended on 31st March 2022.	5.3					5.3
Liberty Protection Safeguards	The potential additional cost of meeting requirements of new legislation that would replace current Deprivation of Liberty Safeguards regulations. The timing of when this legislation may be introduced remains unclear.		4.1	3.1	0.0	0.0	7.2
Adult Social Care Charging and Fair Cost of Care reforms	The latest mid point assessment of the potential gap between the additional cost impact caused by the ASC Charging Reforms and the funding SCC may receive towards these costs. Pressures are profiled based on the delayed implementation date of October 2025. This assumes any fee increases required as part of the government's Fair Cost of Care (FCoC) agenda will be limited to within whatever FCoC funding Surrey receives.			14.0	19.0		33.0
Total Pressures		52.6	38.2	45.5	48.1	29.5	213.9

Adult Social Care Efficiencies continued

Efficiency	Description	Efficiency					Total £m	RAG Rating
		2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m	2027/28 £m		
Improved purchasing of Older People nursing/residential placements	Purchase a greater proportion of Older People nursing & residential care placements at SCC's affordable guide prices through effective management of the new Dynamic Purchasing System which went live in 2022/23. The target is to buy 80% of beds at guide prices in 2023/24 rising to 85% from 2024/25.	(1.2)	(2.0)	(1.8)	(0.9)	(0.6)	(6.5)	A
Maximise usage of block contract residential beds	Increase and maintain average occupancy of the Older People residential care beds that SCC purchases on a block basis to 90%.	(0.8)	0.0	0.0	0.0	0.0	(0.8)	A
Improved purchasing of Home Based Care packages	Improve the average price at which ASC purchases home based care services by maximising usage of more affordable capacity in the market based on continued development of the Approved Provider List framework that went live in October 2022.	(0.5)	(0.6)	(0.3)	0.0	0.0	(1.3)	A
Improved purchasing of Learning Disability & Autism 65+ residential care	Ensure the amount ASC pays for appropriately supporting people with a Learning Disability and/or Autism who are aged 65 or over reflects the changes to their support requirements in older age.	(0.2)	(0.2)	(0.2)	(0.2)	(0.2)	(1.0)	A
Review of Older People in-house services	This reflects the decision made by Cabinet in February 2022 to close the 8 Older People residential care homes operated in-house by the Council. This work is in progress with the closure of 3 homes.	(7.6)	(3.8)	0.0	0.0	0.0	(11.4)	G
Review of Learning Disability in-house services	Efficiencies through transitioning some of the Learning Disability care homes operated in-house by the Council to supported independent living services.	(0.5)	(0.1)	0.0	0.0	0.0	(0.6)	R
Maximise cost effectiveness of in-house provided Reablement services	Efficiencies planned to be achieved through increasing the volume of client contact hours for the current in-house reablement resources through the implementation of a new rostering system that will substantially reduce deficit hours (contractual hours for which the staff member has not had any specific work assigned to them) and increase numbers of people through the service.	(0.8)	(0.1)	0.0	0.0	0.0	(0.9)	R
Apply joint S117 funding policy to all ASC funded clients with S117 Aftercare	Ensuring that everyone who ASC support with an active Section 117 Aftercare status is appropriately joint funded across health and social care as agreed in the Section 117 Aftercare joint funding policy thus ensuring additional income.	(1.3)	0.0	0.0	0.0	0.0	(1.3)	A
Ensure appropriate Continuing Health Care funding	Agree with health partners and then implement a new joint funding policy under the Continuing Health Care framework dictating how people with combined health and social care needs in Surrey are appropriately funded, and ensure anyone with a primary health need is fully funded under Continuing Health Care.	(0.8)	(0.9)	(0.9)	(0.9)	(0.9)	(4.2)	A
Making the most of our contracts	A new contract management team in Procurement will be leading a review of contracts across the Council to identify opportunities for efficiency and then progressing these with services. The current efficiency targets are indicative at this stage and will be updated as the contract management team's work progresses.	(0.5)	(0.4)	(0.4)	(0.4)	(0.4)	(2.1)	A
Maximising our income	Maximise cost recovery for the small proportion of ASC's total charging income where the Council has full discretion about the charges it sets.	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.3)	A
Total Efficiencies		(19.8)	(14.1)	(10.5)	(9.9)	(2.9)	(57.2)	

Public Service Reform Pressures

Pressure	Description	Net Pressure					
		2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m	2027/28 £m	Total £m
Pay inflation	Estimated costs of pay inflation	0.2	0.2	0.2	0.2	0.2	0.9
Non-pay inflation	Estimated non pay inflation on PH commissioned services based on the estimated increase to PH Core Grant (3% in 23/24 and 2% thereafter). i.e. the assumption is that inflationary increases on PH contracted services are limited to the increase to Surrey's PH Core Grant	1.0	0.7	0.7	0.7	0.7	3.8
Public Health Grant change	Assumed increases to the PH Core Grant of 3% in 23/24 and 2% thereafter.	(1.2)	(0.8)	(0.8)	(0.8)	(0.9)	(4.6)
Total Pressures		0.1	0.0	0.0	0.0	0.0	0.2

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ADULTS & HEALTH SELECT COMMITTEE

6 DECEMBER 2022

ASC COMPLAINTS APRIL - SEPTEMBER 2022

Purpose of report: To provide a detailed summary of complaints, Ombudsman investigations and compliments in Adult Social Care for the period April - September 2022.

Introduction

1. This report details all Adult Social Care complaints, Ombudsman investigations and compliments in the period April - September 2022 (Q1 and Q2). The report is provided to Select Committee on a six-monthly basis.
2. Surrey's Adult Social Care complaints are managed in accordance with the Statutory Social Care Complaints Procedure, which is governed by the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Any complaint which does not fall within these regulations will usually be considered in accordance with the Council's corporate complaints procedure.
3. When a complaint has completed the Adult statutory complaints procedure, a person can take their complaint to the Local Government & Social Care Ombudsman (LGSCO) for their advice and assistance.

Executive Summary

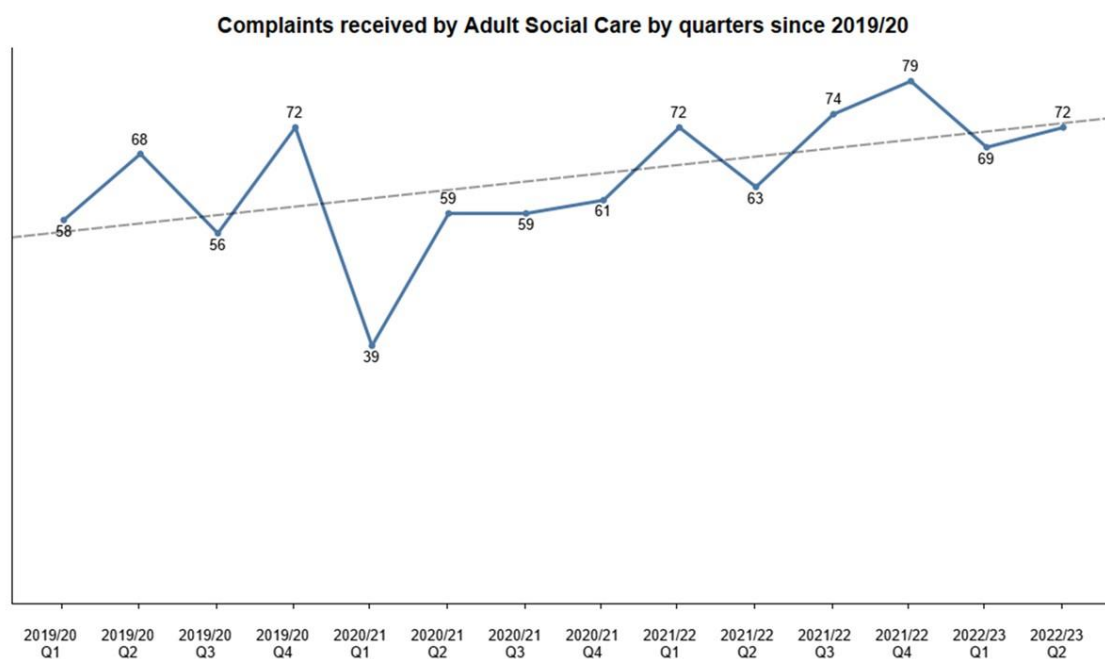
4. During Q1 and Q2, Adult Social Care received 141 complaints and investigated/responded to 109 complaints. 84% of complaints were responded to within the agreed timescale. 67% of the complaints were upheld in full or partially and 33% were not upheld.
5. The most common issues raised in complaints related to staff attitude/conduct, poor communication and the assessment process. The key learning themes from complaints for this reporting period were communication around charging including top up fees, timeliness of assessments/ reviews and record keeping.
6. During Q1 and Q2, the Ombudsman made decisions on 13 complaints, of which three were upheld, with one awarded a financial remedy.
7. Comparison with other local authorities of similar size and nature, shows that Surrey was towards the bottom of the ranking for the number of complaints received in 2021/22 and in middle of the ranking for complaints upheld at 59%.
8. Analysis of the protected characteristics of people from whom we received complaints shows we received more complaints from people aged 18-24, 25-34 and 85+ relative to the number of open cases in these age bands. The profile of complaints is representative of the race profile of open cases. We receive significantly fewer complaints from carers, relative to the number of open cases for carers.

9. Adult Social Care received 215 compliments across the services during Q1 and Q2 with most people wanting to say thank you, complimenting teams on their communication and staff behaviour/competence.
10. Going forward, the focus remains on ensuring complaints are addressed effectively with good quality responses and using the learning for continued service improvement.

Complaints received

11. Complaints are a valuable source of data and help us improve services. Figure 1 shows the number of complaints received by Adult Social Care since 2019/20. This upward trend could reflect the increasing complexity of need of many of the people we support, on-going workforce recruitment and retention challenges as well as the pandemic and subsequent recovery. Over time we have also made it easier for people to complain with the introduction of the Council’s on-line web portal which accounted for 31% of Adult Social Care complaints in 2021/22, the publication of the new Listening to Your Views leaflet and making it easy to navigate to ‘how to make a complaint about adult social care’ on the Council’s website .
12. The upward trend is likely to continue as the cost of living crisis impacts many of the people we support. Charities and campaign groups have said the impact is worse for households on lower incomes and is associated with a reduction in wellbeing, including increased anxiety and worsening mental health.

Figure 1 – Number of complaints received by year in Adult Social Care



13. During Q1 and Q2, Adult Social Care received 141 new complaints, responded to 109 complaints and ended 37 complaints. The largest number of complaints were received by Learning Disability & Autism and Transition (39) and the North West Surrey and Surrey Heath Area (28). These teams have large caseloads – North West Surrey and Surrey Heath has a caseload of 4,357 (21% of the total ASC

caseload of 20,477¹) and received 20% of complaints, whilst Learning Disability & Autism and Transition has a caseload of 5,536 (27% of total ASC caseload) and received 28% of complaints. The higher number of complaints in these service areas is proportional to their caseload.

14. Establishing a specialist Learning Disability & Autism Service has delivered significant service improvements over the last few years although the number of complaints received remains proportional to their caseload. People using this service will often have complex needs, some people with autism have a propensity to repeat their complaints and to struggle with nuance, and young people transitioning to adulthood will be experiencing significant change in their life and packages of care. This area also has on-going recruitment and retention challenges which can unfortunately impact on the timeliness of our communications and responsiveness.

Figure 2 – Number of complaints received and responded to in Q1 and Q2 2022/23

	Number of complaints received in the period	Responded* to	Responded to within deadline	Responses Within Deadline (%)	Number of complaints ended** in the period
East Surrey	9	9	6	67%	0
Guildford & Waverley	13	12	11	92%	3
Mid Surrey	19	17	15	88%	5
NWS & SH	28	19	17	89%	9
PLD, Autism & Transition	39	30	25	83%	8
Mental Health	13	10	8	80%	2
Countywide	15	8	6	75%	8
Service Delivery	5	4	4	100%	2
Total	141	109	92	84%	37

*Countywide complaints include Commissioning, Continuing Health Care, Emergency Duty, Financial Assessment & Income Collection, MASH and the support teams.

15. Figure 3 shows how the numbers of complaints received each month during Q1 and Q2 oscillated with a dip in August. The dip in August is likely to reflect the holiday period.

¹ LAS 3 October 2022

Figure 3 – Complaints received by month and service in Q1 and Q2 2022/23

	2022/23 Q1				2022/23 Q2				Period total
	Apr 22	May 22	Jun 22	Quarter Total	Jul 22	Aug 22	Sep 22	Quarter Total	
East Surrey	2	1	1	4	1	1	3	5	9
Guildford & Waverley	1	2	3	6	5	0	2	7	13
Mid Surrey	4	6	3	13	2	1	3	6	19
NWS & SH	3	2	5	10	7	7	4	18	28
PLD, Autism & Transition	5	6	5	16	9	4	10	23	39
Mental Health	4	4	2	10	1	1	1	3	13
Countywide	2	5	1	8	1	2	4	7	15
Service Delivery	0	2	0	2	1	2	0	3	5
Total	21	28	20	69	27	18	27	72	141

16. Of the 141 new complaints received in Q1 and Q2, nine related to commissioned home-based care and five to commissioned residential/nursing care - these are included in 'countywide' figures.
17. We received most complaints via e-mail (63), although use of the Council's on-line web portal (51) is growing.

Figure 4 - How complaints were received in Q1 and Q2 2022/23

How received	Q1	Q2
Email	36	27
Letter	2	2
Telephone	16	7
Web	15	36
Total	69	72

18. Figure 5 shows the themes raised in complaints received in Q1 and Q2, with the most frequently raised being:
 - Communication - quality of information and advice provided to people who use services and their families, together with the timeliness of responses to queries and concerns.
 - Staff attitude or conduct - dissatisfaction with a worker's involvement and decision making in the case.
 - Assessment process – timeliness of the assessment.

Figure 5 - Theme of complaints received in Q1 and Q2 2022/23*

	Staff	Communication	Financial	Assessment process	Service provision	Safeguarding	Decision making	Policy/Procedures	Number of complaints received
East Surrey	4	2	1	3	3	0	3	0	9
Guildford & Waverley	3	4	3	1	1	1	4	1	13
Mid Surrey	6	7	1	5	5	2	4	1	19
NWS & SH	4	7	9	9	2	4	7	0	28
PLD, Autism & Transition	13	13	3	13	9	7	8	0	39
Mental Health	6	5	1	3	2	0	3	0	13
Countywide	1	5	9	2	1	1	1	1	15
Service Delivery	1	2	0	1	2	0	4	0	5
Total	38	45	27	37	25	15	34	3	141

* Complaints may be about more than one theme, so the numbers recorded in the above table will be higher than the number of complaints received.

19. We understand some residents may be fearful to complain believing it may affect the care and support services they receive. We try to make it as easy as possible for residents to make a complaint by offering a variety of channels through which they can make their complaint, as well as accepting complaints made on their behalf by another party or anonymously. Residents are also able to approach Healthwatch Surrey and our network of user and carer groups who can raise issues on their behalf. Adult Social Care welcomes complaints as a learning opportunity.

Complaint responses and outcomes

20. There is no statutory timescale for responding to a complaint within the Statutory Social Care Complaints Procedure, although a complaint should be fully completed within six months. This enables a more customer centred and flexible approach to addressing complaints, including those that are complex or require multi-agency involvement with external agencies such as health. The focus is on establishing a consistent approach to getting it right and putting things right. The Council and Adult Social Care has adopted 20 working days as a response target.
21. Under the Statutory Procedure, Adult Social Care operates a single stage complaint procedure - there is no formal escalation stage as in Children's Services. This means that in our response to a complaint, we will explain that if the complainant is dissatisfied with any aspects of the response, they can contact the investigating manager or the Customer Relations Team who will ask the service to look again at their areas of dissatisfaction. This allows for more flexibility to respond to a complaint and timescales can be extended if required. Residents can also ask the Local Government and Social Care Ombudsman to review their complaint once it has been closed if they remain dissatisfied.
22. Adult Social Care has a performance target of 90% for responding to complaints on time. Whilst the Council has adopted a timescale of 20 working days as an initial response timeframe, this can be extended depending on the circumstances of the issues being investigated, which can often be complex and/or involve partners.

23. The response within deadline is detailed in Figure 2 and show that of the 109 complaints that were investigated and received a response during Q1 and Q2, 92 (84%) complaints were within the deadline date.
24. Figure 6 sets out the outcomes of the 146 complaints investigated and responded to or ended in Q1 and Q2. It shows that 67% of the complaints were upheld in full or partially (24 upheld and 49 partially upheld complaints) and 33% were not upheld.

Figure 6 - Outcomes of complaints responded to and ended in Q1 and Q2 2022/23

	Responded			Ended		Total
	Not upheld	Partial upheld	Upheld	Resolved outside the process	Withdrawn	
East Surrey	4	2	3	0	0	9
Guildford & Waverley	3	7	2	3	0	15
Mid Surrey	4	9	4	4	1	22
NWS & SH	7	7	5	9	0	28
PLD, Autism & Transition	7	15	8	8	0	38
Mental Health	6	4	0	2	0	12
Countywide	3	3	2	7	1	16
Service Delivery	2	2	0	2	0	6
Total	36	49	24	35	2	146
% Total	33%	45%	22%			

25. A further 35 complaints were resolved outside the complaint procedure and are summarised in Appendix 2. This will often be where a relatively simple complaint has been made verbally and can be resolved within one day to the resident's satisfaction. Complaints resolved outside of the procedure are still tracked but will not have a formal investigation. This approach is supported by the statutory procedure² and the Ombudsman also actively encourages early resolution. Two complaints were withdrawn during Q1 and Q2.

Ombudsman complaints

26. Where a complainant remains dissatisfied following completion of the Adult Social Care process, they can refer their complaint to the Ombudsman, and it may result in an investigation. Figure 7 shows the number of decisions made by the Ombudsman in Q1 and Q2.

² The Statutory Social Care Complaints Procedure, para 8 (1) 'complaints are not required to be dealt with in accordance with the Regulations where ... (c) a complaint which— (i) is made orally; and (ii) is resolved to the complainant's satisfaction not later than the next working day after the day on which the complaint was made'.

Figure 7 - Ombudsman decisions made in Q1 and Q2

	2022/23 Q1	2022/23 Q2	Grand Total	Grand Total
Completed - Not upheld		2	2	15%
Completed - Upheld	2	1	3	23%
Closed - Out of jurisdiction	1	1	2	15%
Closed - No further action	1	5	6	46%
Grand Total	4	9	13	100%

27. During Q1 and Q2, the Ombudsman made decisions on 13 complaints, of which three (23%) were upheld, with one awarded a financial remedy as follows:

Figure 8 – Ombudsman decisions upheld in Q1 and Q2 with financial remedy

East Area Reigate & Banstead Locality Team: Q1 (Upheld: Maladministration and Injustice)	
Fault by the Council because it failed to identify promptly that a different council was responsible for funding care and support.	
To hold a discussion between officers and Mrs Y and her family about whether they want a referral to West Sussex. If so, the Council should make the formal referral.	
Pay £250 to Mrs Y and £150 to Mr X for the avoidable distress	
Total	£400

28. The Ombudsman issued a national [Our Annual Review of Adult Social Care](#) for 2021/22 in October 2022. The key messages were:
- Complaints about adult social care are increasingly due to funding constraints.
 - Over the past year, we have upheld 70% of the cases we have investigated about adult social care – a figure higher than the 66% average uphold rate across all areas³ we investigate.
29. Michael King, Local Government and Social Care Ombudsman, said:
- “The issues we are investigating are neither new nor surprising but do indicate a system with a growing disconnect between the care to which people are entitled, and the ability of councils to meet those needs”*
- “Care assessments, care planning and charging for care have been key features of our cases this year and a common theme is councils failing to provide care, or limiting it, and justifying this because of the cost. We appreciate budgets are becoming increasingly stretched but authorities’ duties under the Care Act remain and we will continue to hold authorities to account for what they should be doing rather than what they can afford to do”*
30. The Ombudsman’s 2021/22 Annual Review Letter for Surrey County Council was received in July 2022 and set out the following key messages:

³ Local Government and Social Care Ombudsman investigates complaints for Adult Social Care; Children’s Social Care Services; Education; Council Housing Services; Benefits and Tax; Planning and Building Control; Environment, Regulation and Waste services; Transport and Highways; Leisure and Culture; Corporate services (elected members and personnel)

- Surrey County Council (ASC, CFL, ETI) had an uphold rate of 84%. This is a decrease from the previous year (89%). The national average is 71% for county councils. This compares to 66% for East Sussex, 67% for Essex, 68% for Kent, 76% for Hertfordshire and 83% for Hampshire.
- The Ombudsman's letter noted the Council's positive liaison with them and that the Council has been proactive in providing timely, comprehensive and well organised responses to their enquiries.
- Complaint escalation to the Ombudsman decreased from the previous year to 9% (low in context of total complaints Surrey County Council receives per year).

Learning from complaints

31. Adult Social Care continues to focus on putting things right in response to complaints and ensuring services are improved. The Customer Relations Team works closely with teams to ensure learning from complaints is successfully implemented and this will continue to be a key objective going forward.
32. The main learning themes from complaints during Q1 and Q2 were:
 - Communication – Ensuring that expectations are set with clear communication around charging including top up fees.
 - Timeliness - Avoiding unnecessary delays in completing assessments/ reviews by reallocation of urgent cases when a member of staff is away.
 - Record keeping - Training to ensure staff keep up to date, clear records and they respond to clients in line with the Council's standards.
 - Decision Making - Clearly explaining from the outset with those assessed as being liable to pay a contribution towards the costs of care and support.
33. Members of the Adult Leadership Team receive a monthly update on complaints in their area of responsibility together with learning identified for action.
34. The Customer Relations Team run periodic drop-in sessions on lessons learnt from complaints. A session sharing lessons from an LGSCO complaint was held in July and over 120 staff attended. We looked at where we could have done better in our consideration of an individual's human rights in complying with data protection legislation and ensuring information was accurate.
35. The Customer Relations Manager meets with the leads from the Quality Assurance and Commissioning services to review issues in relation to provider complaints on a quarterly basis.
36. A Quality of Practice dashboard has been implemented in Adult Social Care to promote a culture of continuous improvement, learning and sharing. It brings together qualitative and quantitative measures including complaints and compliments, case file audits and reflective practice.
37. In November, the Customer Relations Manager and Officer will be attending an LGSCO course designed for Councils and social care providers with a focus on accepting, investigating and deciding complaints. We will then seek approval from Adult Leadership Team to fund and roll out the training across Adult Social Care.

38. The Customer Relations Manager attends the Southern Complaints regional meetings with leads from other local authorities. We have also recently joined the Surrey ICS Complaints Network. These forums provide an opportunity to discuss policy issues, share best practice, learning and training resources, co-ordinate complaint handling across the Surrey system and to build a support network.

Equality, Diversion and Inclusion

39. We analyse the protected characteristics of people from whom we receive complaints /on their behalf relative to the number of open cases. The analysis for Q1 and Q2 is included in Appendix 1 and shows that:

- Age – Adult Social Care received more complaints from/on behalf of people aged 18-24, 25-34 and 85+, and fewer from/on behalf of people in the other age bands, relative to the number of open cases. This is likely to reflect young people transitioning to adulthood. People aged 85+ are likely to have multiple needs, will often be in receipt of care and support for the first time and they and their family may not appreciate that social care is means tested with assessed contributions etc.
- Race - The profile of complaints received appears representative of the race profile of open cases.
- Disability - Adult Social Care received more complaints from/on behalf of people with a learning/physical disability but significantly fewer from carers, relative to the number of open cases for these disability groups. Carers made up 13.6% of open cases but only submitted 1.5% of complaints in their own right as a carer.

40. These results suggest that whilst our complaints process is accessible, carers perhaps don't feel confident or know how to make complaints, or indeed may not wish to do so. In response to this finding we will continue to make it easier for carers to complain by:

- Ensuring the carers services we commission are aware of, and able to signpost carers to our complaints process.
- Briefing our social care practitioners to ensure they are confident to advise and signpost carers wishing to make a complaint.
- Discussing the carers dashboard at the Carers Partnership Board in December highlighting the low number of complaints from carers in their own rights to identify and address any barriers of which members of the Board might be aware.
- Raising our concerns about how representative the complaints data is with our 'Giving Carers a Voice' provider HealthWatch to scrutinise and make recommendations.
- Updating the carers pages on Surrey Heartland and Surrey County Council website to include reference to the complaints process.
- Refreshed staff guidance was issued in Autumn 2022 to ensure smooth pathways for support for carers. This will lead to closer links between carers and social workers which may improve their ability to ensure their voice is heard.

Comparisons with Similar Local Authorities

41. Customer Relations has gathered comparator data from other local authorities of similar size and nature. Figure 9 shows that Surrey is towards the bottom of the ranking for the number of complaints received in 2021/22. Surrey is in middle of the ranking for complaints upheld - Surrey upheld 59% of complaints, whilst at the top Cambridgeshire upheld 67% and at the bottom West Sussex upheld 29%. It is important to understand that local authorities may have different ways of managing and recording complaints so this comparator data is indicative only.

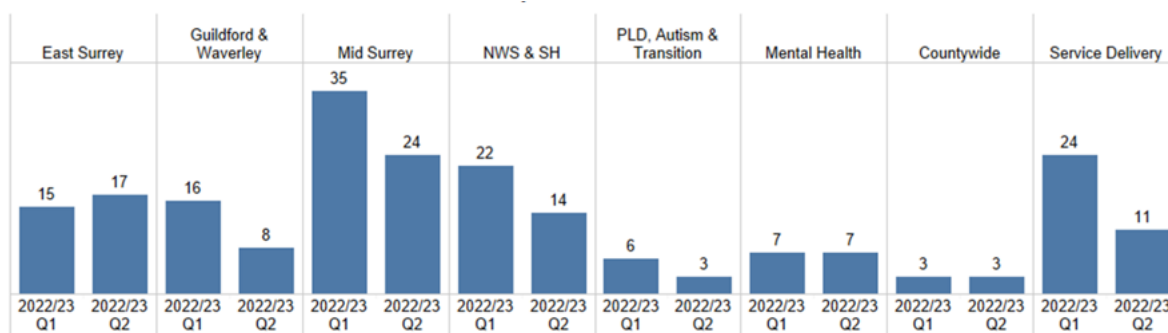
Figure 9 – Performance compared with other similar local authorities 2021/22

County Council	Complaints received	Complaints Upheld	Complaints Partially Upheld	Complaints Not Upheld	Total upheld, not upheld or partially upheld	Average working days to respond
Kent	739	167	202	206	575	19
		29%	35%	36%		
West Sussex	404	119	0	285	404	
		29%	0%	71%		
North Yorkshire	372	78	77	181	336	
		23%	23%	54%		
East Sussex	342	149	0	193	342	37
		44%	0%	56%		
Hertfordshire	310	73	54	96	223	
		33%	24%	43%		
Surrey	288	42	78	83	203	24
		21%	38%	41%		
Cambridgeshire	226	27	73	49	149	25
		18%	49%	33%		
Warwickshire	189	21	32	34	87	32
		24%	37%	39%		

Compliments

42. Compliments provide an insight into what's working well in services and a measure of customer satisfaction. Figure 10 shows the 215 compliments received across the services in Adult Social Care during Q1 and Q2, with Mid Area receiving the highest number.
43. Adult Social Care receives good feedback and staff are encouraged to report and share their compliments in their teams. Commencing in September, every member of staff in receipt of a compliment will receive a personal letter of congratulations from Liz Bruce, Joint Executive Director Adult Social Care & Integrated Commissioning and Councillor Nuti, Cabinet Member for Adults and Health. Compliments will be shared with the Adult Leadership Team and included in the next edition of E-Brief.

Figure 10 – Number of compliments received in Q1 and Q2 2022/23



44. Learning Disability & Autism and Transition received a total of 9 compliments, which represents 4% of the 215 compliments received across Adult Social Care during Q1 and Q2. This is lower than we would hope for, as this area has 27% of the ASC caseload. It is however important to understand that people may be with this service for their lifetime so perhaps less likely to make a compliment and will often have complex needs and need to rely on others to support them to make a compliment. We will actively encourage staff to report all the compliments they receive to see if this impacts on performance in this area.
45. We have started to record the nature of compliments received so teams can understand where they are doing well and share best practice. Figure 11 shows we received 215 compliments during Q1 and Q2 with the most popular being people wanting to say thank you (64), complimenting teams on their communication (45) and staff behaviour/competence (43).

Figure 11 – Nature of compliments received in Q1 and Q2 2021/22

	Business Operations	Communication	Decision Making	Finance	Placement	Service Quality	Staff behaviour/competence	Thank you	Timeliness of response/service	Grand Total
East Surrey		6	1			7	7	9	2	32
Guildford & Waverley		5	1		1	5	5	5	2	24
Mid Surrey	1	12	4		1	8	12	19	2	59
NWS & SH		8			1	5	7	11	4	36
PLD, Autism & Transition		2	1			2	1	3		9
Mental Health		3	1			2	3	4	1	14
Countywide		3		1		1		1		6
Service Delivery		6			1	7	8	12	1	35
Grand Total	1	45	8	1	4	37	43	64	12	215

Issues of concern

46. Select Committee has expressed an interest in understanding more about 'issues of concern' raised by residents which don't get treated as a complaint. For example, patterns of unfavourable comments about a member of staff or process, recurring errors, where people are unhappy but don't use the language of 'complaint'.

47. Our aim is to be a responsive Council, open to feedback and resolving any concerns as close to the point of service as possible, because that delivers the best outcomes for residents and staff. We also recognise that people may not always want to use the complaints procedure to make us aware of issues or concerns they might have. Any 'issue of concern' will always be addressed by members of staff at the time it is raised by a resident and recorded in a case note as appropriate. We will be making significant changes to how we interact with the public in preparation for the Adult Social Care Charging Reforms and will investigate how we might be able to capture issues of concern as part of that process, without introducing a resource intensive process.
48. The Council's Digital Design Team is currently working on a user centred design to support a new Relationship Management and Insights Programme. This programme, which is being led by Sarah Bogunovic, Head of Customer Strategy, will identify how we can gain better insights (data) to inform how we engage with residents in Surrey. It will identify the technology needed to improve the customer experience (including customer relationship management (CRM) and digital channels), as well as improvements to processes and opportunities to work better with other council services and partners. Research has been conducted to understand what our customers want and need, and these insights will be used to scope the technology and systems required to make it easier for people to get support in the way they want it across a range of contact channels, including phone, online, SMS, social media and more.

Conclusions

49. The Customer Relations Team continues to work closely with teams across Adult Social Care to ensure effective complaints handling and that learning from complaints is implemented across all teams.

Recommendations:

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

Next steps:

51. An informal briefing session for Adults & Health Select Committee has been arranged on 18 January 2023 to share an overview of the Relationship Management and Insights Programme and changes planned to the Adult Social Care front door.

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Sources:

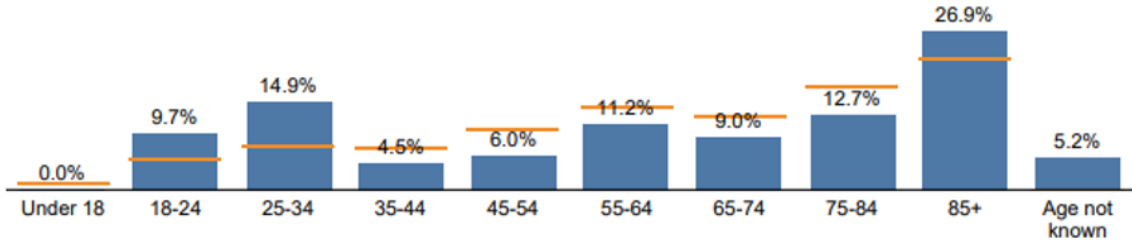
- LGSCO Annual Review of Adult Social Care Complaints 2021-2022
- LGSCO Annual Review Letter for Surrey County Council - July 2022

- [Adult Social Care Complaints and Compliments Annual Report \(2020-2021\)](#)

Complaints received analysed by protected characteristics in Q1 and Q2

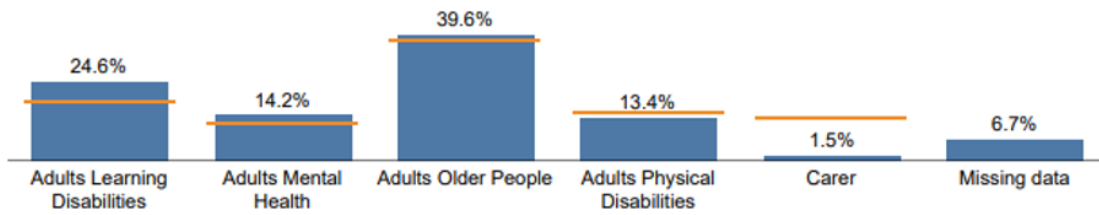
Age

Legend
■ % of Caselist
■ % of Complaints



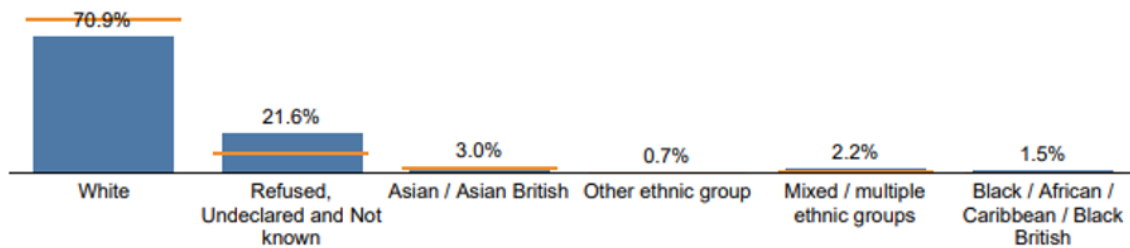
Disability

Legend
■ % of Caselist
■ % of Complaints



Race

Legend
■ % of Caselist
■ % of Complaints



Complaints Resolved Outside the Complaints Process Q1 and Q2

Area	Root Cause	Summary	Outcome	Date Opened	Date Closed
1. Mid Surrey	Service provision	Concerns about the care received by complainant's nan at care home	Conclusions of the safeguarding enquiries resolved all of the concerns and issues raised	26/11/2021	18/07/2022
2. NWS & SH	Safeguarding and Service provision	Daughter wrote in about her 79 year old mother with dementia and Lewy Bodies Parkinsonism. She had recently been assigned live-in carer from an agency she wasn't consulted about and was not happy with care provided	Conclusions of the safeguarding enquiries resolved all of her concerns and issues raised. Assured that we work closely with providers of care to improve services when we are made aware of difficulties or poor service delivery	14/02/2022	17/06/2022
3. Countywide	Financial	Mother complained about misappropriation of assets concerning her son who is a service user	An indemnity form was signed by the mother and that meant we could pay her instead of her son	24/03/2022	22/04/2022
4. Countywide	Financial and Staff	Complainant asked us respond urgently in relation to the instruction of the district valuer. In addition, requested we refrain from sending any further demands for payment until you have done so	Agreement to temporarily adjust the financial assessment to reflect Mrs C's capital and income as an 'interim' and 'temporary' measure only, pending the outcome of the scheduled court hearing	25/03/2022	20/06/2022
5. Mid Surrey	Assessment process, Decision making and Service provision	Daughter requested care packages for both parents that does not take three months to arrange	Team Manager phoned complainant and confirmed that she was satisfied with arrangements to ensure her mother's care needs are being met in interim and there was a forward plan being put in place for both parents	31/03/2022	01/04/2022
6. NWS & SH	Staff	Complaint re carers throwing their masks over gardens and associated rubbish in neighbouring bins	Team Manager discussed the concerns with the care agency. The care agency asked the carer workers to use the correct bins associated with the property and not discard face masks outside the property	11/04/2022	14/04/2022

7. Countywide	Communication and Financial	Daughter complained after several months of contacting social services re incorrect invoices and providing all hospitalised dates but not getting any response only another invoice. Complainant sent payment which was for the time Mr K was at home	A conversation has been had with Mrs H. The team agreed to refund £91.80 that she paid on behalf of the late Mr M for services he may not have had	15/04/2022	19/04/2022
8. NWS & SH	Decision making	Son called to advise that his Dad is not coping very well at home since discharge from St Peters Hospital	We advised that based on the complaint we didn't believe they relate to ASC, but suggested that Central Surrey Health who the original complaint was sent to would advise if related to them or St Peters Hospital Trust	22/04/2022	27/05/2022
9. PLD, Autism & Transition	Decision making and Safeguarding	Parents raised concerns through a solicitor about their son J, his ability to make care, support and financial decisions for himself, and his ability to keep himself safe	Son had been clear to his social worker, that he does not wish to share information with his parents. Therefore we could not progress this complaint through the Council's complaints process and it was closed down.	27/04/2022	07/06/2022
10. Countywide	Financial	Mr M is unhappy with the assessed charges and disputes them. He feels SCC have discriminated against him due to his disability and ethnicity and not factored in transport, other disability-related costs, chemist, clothing and petrol costs	Team Manager advised following a full review, Mr M has been financially reassessed to receive non-residential care services, which included supported living placement.	11/05/2022	17/06/2022
11. Countywide	Financial	Received an invoice stating a large amount is owed. Despite phoning to resolve, the complainant was advised there is a back log and must wait until an officer is allocated	Complainant financially reassessed to receive non-residential care services, which included supported living placement	12/05/2022	17/06/2022
12. NWS & SH	Safeguarding	Mother was placed in care and was subjected to neglect	Team cannot answer until safeguarding concludes, informed family and provided info for them to get back in touch if it does not address their concerns fully	16/05/2022	17/05/2022

13. Guildford & Waverley	Decision making	Neighbour raised concerns that she believes it was a bad decision to send Ms L home from. She sadly died in a house fire. Ms X advises this could have had implications for the entire row of houses	This complaint was closed as safeguarding enquiry was opened and if appropriate to do so, subject to data protection rules the outcome would be shared with the person raising the concerns	16/05/2022	20/05/2022
14. Mental Health	Financial	Carer worked for Shared Life and was told she would receive payment for food and utilities at £74.25 pw and rent at £201.37pw, 5 months past and no payment was received	The complaint was resolved quickly as a copy of the invoice given to Customer Relations was shared with the right team who arranged payment. The complainant was satisfied	16/05/2022	17/05/2022
15. PLD, Autism & Transition	Service provision	Mother struggling to get the support they need for son put in place. Alleges they are not giving her any support at all. Mum has a lot of health problems herself and her daughter is nine, with conditions including ADHD, bowel problems and mental health problems	Not accepted, same issues as a previous complaint	30/05/2022	07/06/2022
16. PLD, Autism & Transition	Assessment process	As a complaint from Mr X, received at the same time as his wife Mrs X complaint	Mr X agreed his complaint could be closed, as the issues merged with his wife's complaint. Earlier response upheld due to inaccuracy in the wording of a statement, where the complainant son was described as not having needs. Advised we will amend this statement and apologised for error	01/06/2022	06/06/2022
17. PLD, Autism & Transition	Assessment process and Staff	Resident applied for adult social care and despite being promised a case worker will be assigned has heard nothing back for months	Complaint resolved. Whilst he is waiting for assessment, we are referring him for social prescribing and reablement support	20/06/2022	27/06/2022
18. NWS & SH	Assessment process	Querying invoice he didn't expect, he only wanted the care that was free upon discharge. Complainant told me at nearly 90 years of age getting to a bank was problematic	Team waived fees and this was communicated back to complainant via a phone call	22/06/2022	23/06/2022

19.	Guildford & Waverley	Communication and Policy/Procedures	Husband raised concerns around conflicting information given to him by Crossroads and SCC regarding the service to him for a break as a carer ending and how he can help his wife access the new 'carer passport'	Team manager phoned and answered all questions. The complainant advised that it was more of a query as opposed to a complaint and agreed to the complaint being closed	22/06/2022	12/08/2022
20.	NWS & SH	Safeguarding and Staff	Daughters raised serious safeguarding concerns about their mother being subjected to a sexual assault whilst a resident at a care home	Daughters were happy with the immediate actions taken by ASC. We visited the home and this reassured them of the actions that we are taking to safeguard their mother. A safeguarding enquiry was opened and complaint closed on that basis	01/07/2022	06/07/2022
21.	Mental Health	Communication and Staff	Mr G is the carer for his wife. Complained about not being given any feedback about the safeguarding investigation into potential neglect by the GP Surgery. No one had contacted him to give information about his wife's care and support needs	Complainant withdrew his complaint. Staff spoke with him about the concerns raised. He was satisfied with the feedback around the safeguarding issues, and felt he had a better understanding of the process and the difficulties around consent and confidentiality in the GP practice setting	02/07/2022	22/07/2022
22.	PLD, Autism & Transition	Safeguarding and Service provision	Mother raised concerns about a provider who she claims have neglected, abused, coerced and failed to action personnel care plan for her daughter	Complaint was closed as a safeguarding enquiry was opened	08/07/2022	19/07/2022
23.	NWS & SH	Financial	Daughter wrote on behalf of her father who receives a direct payment for his care visits at home. She noticed that he has received a reduction of £300 and had absolutely no explanation why. She telephoned and received a call back advising it would be dealt with. Then she has heard nothing since. She told Customer Relations	Advised complainant that Direct Payment was suspended whilst dad was in hospital but account had been reactivated and he would receive a back payment on next payment run. This resolved the complaint to Daughter's satisfaction	09/07/2022	13/07/2022

		this is not acceptable as father should not be paying an assessed charge			
24. NWS & SH	Safeguarding and Service provision	Grandson told us his grandad was neglected in a nursing home, someone had been looking into it and he believed they hadn't done their job correctly	Informed the complainant that the complaint is being closed whilst ongoing safeguarding investigations are underway	12/07/2022	14/07/2022
25. PLD, Autism & Transition	Communication, Decision making and Staff	Disagreement on how Mental Capacity Assessment was done and the second MCA has not been forthcoming	Complaint was raised online. After triaging the complaint Customer Relations wrote back and closed the complaint as per our procedures as it was a repeat issue that had already exhausted the complaints process	12/07/2022	14/07/2022
26. PLD, Autism & Transition	Assessment process	Disagreement on how Mental Capacity Assessment was done and the second MCA has not been forthcoming	Second complaint was also raised online. After triaging the complaint Customer Relations wrote back and closed the complaint as per our procedures as it was a repeat issue that had already exhausted the complaints process	15/07/2022	26/07/2022
27. PLD, Autism & Transition	Communication and Staff	Mother complained on behalf of her son about not being able to speak to her son's Social Worker for over five weeks. Her son's health and wellbeing has deteriorated to the point she was considering legal action on his behalf. She believed SCC had failed to act on her concerns and those of others, including health professionals, that massively contributed to his poor health	Interim AD spoke to the complainant and offered assurances about what ASC are doing for her son. She apologised for delays and on the proviso that SCC will act as agreed during her phone call, the complainant told Customer Relations we could close the complaint	13/07/2022	19/07/2022
28. Guildford & Waverley	Financial	Not informed in advance of the one-off charge and monthly admin fee for SCC to pay her mother's care home whilst family apply for Power of Attorney for finance	Closed complaint as team waived charge. This was accepted as satisfactory conclusion by complainant	22/07/2022	09/08/2022

29.	Service Delivery	Decision making	Niece raised concerns that since Uncle's discharge there was an insufficient package of care put in place	Complaint was resolved as her Uncle had a new carer put promptly in place. Customer Relations spoke to niece and she confirmed her desired remedy was achieved	26/07/2022	01/08/2022
30.	Service Delivery	Communication and Decision making	Daughter and next of kin to Ms B made complaint on her behalf because of the withdrawal of support from the Spelthorne Reablement Service	Daughter received a phone call and explanation about the reablement service, an apology for the lack of communication and agreed that she should have been updated sooner	15/08/2022	16/08/2022
31.	Countywide	Communication	Decision to pay for Sight For Surrey services and the errors in assessment leading to disability discrimination	Closed complaint on the basis this complaint had previously been investigated by the Council. The other issues we were not aware of and needed an opportunity to resolve	09/08/2022	12/08/2022
32.	Countywide	Financial	No response to emails over unsubstantiated charges	Telephone assessment agreed and this action resolved the complaint	01/09/2022	12/09/2022
33.	Mid Surrey	Financial	Complaint was in relation to care charges	Team Manager had a phone call with complainant as it appeared that the complaint stemmed from a letter sent from finance team that needed explaining. This resolved the complaint as he then understood the charges	09/09/2022	15/09/2022
34.	NWS & SH	Financial	Niece complained about the funding of her Aunt's care	Explained that new arrangements made privately are not covered under the Discharge to Assess pathway. Niece was satisfied with the response	06/09/2022	23/09/2022
35.	Mid Surrey	Communication	Daughter has raised complaint as she has found it very difficult to get the answers and support she needed to oversee her Mother's affairs	Phone call from Customer Relations resolved the complaint to daughter's satisfaction. We requested that someone in the Deputyship team make contact, this offered complainant the reassurance she sought	23/09/2022	28/09/2022

Surrey Safeguarding Adults Board

Item 7



Annual Report 2021-22

www.surreysab.org.uk

Message from the Chair



2021/22 was an interesting year due to the influence of Covid.

From a safeguarding adult's point of view the legacy of lockdowns impacted on our workload and our ability to support those with care and support needs effectively.

Our aim and plans remained the same, but delivery had to be adjusted to because of lockdowns and ability to achieve timescales within the demanding workload of agency front line staff.

Staff were contending with hybrid working and some restrictions whilst also dealing with stress of the past year. However, they were incredibly motivated and rose to the challenge by that going the extra mile, finding new ways of working and looking and using technology to ensure customer contact.

The voluntary sector has really bridged a lot of gaps even though adversely hit by challenges around income and volunteers. It has really worked hard to ensure those vulnerable people with care and support needs have still got support.

The upward trend in concerns has continued.

The biggest number of enquiries still related to Neglect and Acts of Omission.

This is a very wide area, and the Board is breaking down the data to define actions we need to take to address this. Some actions are in place, but it continues to be an area of concern and where we need to keep focus.

We saw a rise in referrals but also SARs (Safeguarding Adult Reviews) some of this was legacy driven as cases came to light as people were able to have stronger contact and support. The most significant area being mental health which the Pandemic impacted strongly and negatively.

Message from the Chair cont.

We continue to see a rise in Domestic Abuse but across Surrey there is a real focus on working together to support people.

This ongoing increase in SARs, especially joint ones with DHRs, was expected but the causes leave a tragic outcome and certainly need a real focus on us all to address the issues and ensure we react and embed the learning.

Positive issues:

- Continued better working between all Boards and agencies meaning more joined up working,
- The Exec group at Board has functioned effectively responding to issues and challenges
- Training has been reviewed and revamped and is well used and getting excellent feedback
- Mental health continues to be a focus and the majority of cases have a MH input.
- Reviewed and rewritten Board Terms of reference for the Board to simplify and clarify
- Developed a new QA assurance report for agencies that will be used next year
- New subgroups were formed – Comms, Prisons, Engagement Forum, this has allowed us to develop new and stronger relationships with hard-to-reach agencies.
- The SAR process has been reviewed with a view to improving timings, report writers' recruitment, and more accountability around response to recommendations
- Strengthen Board connections regionally and nationally

Message from the Chair cont.

Challenges going forward

- Staffing – recruitment and retention a big issue post Covid restrictions
- Ensuring the newly formed ICS's have safeguarding in all their plans and assurance
- Assurance of Safeguarding around Refugees
- Current difficult financial environment – Those with care & support needs struggling to support themselves – mental health impact – carers issues, financial abuse, DA.

This will be my last report as the Independent Chair of the Surrey Adults Board, I can reflect positively on the huge changes that have been made over my tenure primarily driven by excellent input from Board Member agencies and it would be remiss of me not to thank them sincerely for helping to ensure that those people with Care and Support needs are responded to effectively and quickly. We haven't always got it right and certainly the SAR activity demonstrates that but the commitment to do our best from all has been excellent.

I am sad to leave but happy that in Surrey the drive to improve and look after those vulnerable people in Surrey will continue.

Simon Turpitt
Independent Chair
Surrey Safeguarding Adults Board

Our Story



Safeguarding Adults Boards (SABs) were established under The Care Act 2014



The Objective of the SAB is to help and protect adults in its area by co-ordinating and ensuring the effectiveness of what each of its members does.

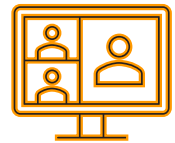


The three core duties on SABs are to:

1. Publish a Strategic Plan
2. Publish an annual report
3. Undertake Safeguarding Adult Reviews



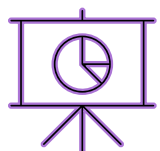
An SAB may do anything which appears to it to be necessary or desirable for the purpose of achieving its objective



Work collaboratively with other boards to ensure consistent messages and practice. This will include working in partnership to produce policies, campaigns and training courses that reflect the risks posed to adults with care and support needs



Broaden engagement with the voluntary sector to help get the right messages to the right people

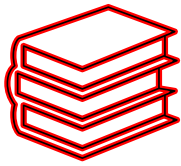


Consider new ways of engaging with partners in order to provide clear expectations in adult safeguarding practice

Our Story



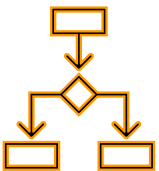
Help improve the quality of safeguarding concerns by supporting agencies to consider their referral processes and by working with the Local Authority to develop a feedback loop.



Provide greater guidance to adults with care and support needs, their families and carers, on the safeguarding process so they know what to expect and how they can be involved.



Be transparent – the SAB leads a learning culture where best practice is identified this will be shared and recommended, where concerns are identified these will be communicated appropriately



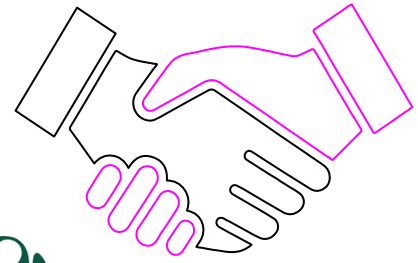
Provide greater clarity to professionals on how to involve adults with care and support needs in developing and agreeing their desired outcomes.

Partnership

The Safeguarding Adults Board (SAB) is a strategic partnership group made up of senior staff from each member agency.

The Board is facilitated by an Independent Chair and supported by a small team.

The partnership is made up of:



SURREY
COUNTY COUNCIL



SURREY POLICE
With you, making Surrey safer



Surrey Heartlands
HEALTH AND CARE PARTNERSHIP



Frimley Health and Care



NHS
Epsom and St Helier
University Hospitals
NHS Trust



NHS
Surrey and Sussex
Healthcare
NHS Trust



NHS
North East Hampshire
and Farnham
Clinical Commissioning Group



NHS
Royal Surrey
NHS Foundation Trust



NHS
Frimley Health
NHS Foundation Trust



NHS
Ashford and St. Peter's
Hospitals
NHS Trust



NHS
Surrey and Borders Partnership
NHS Foundation Trust

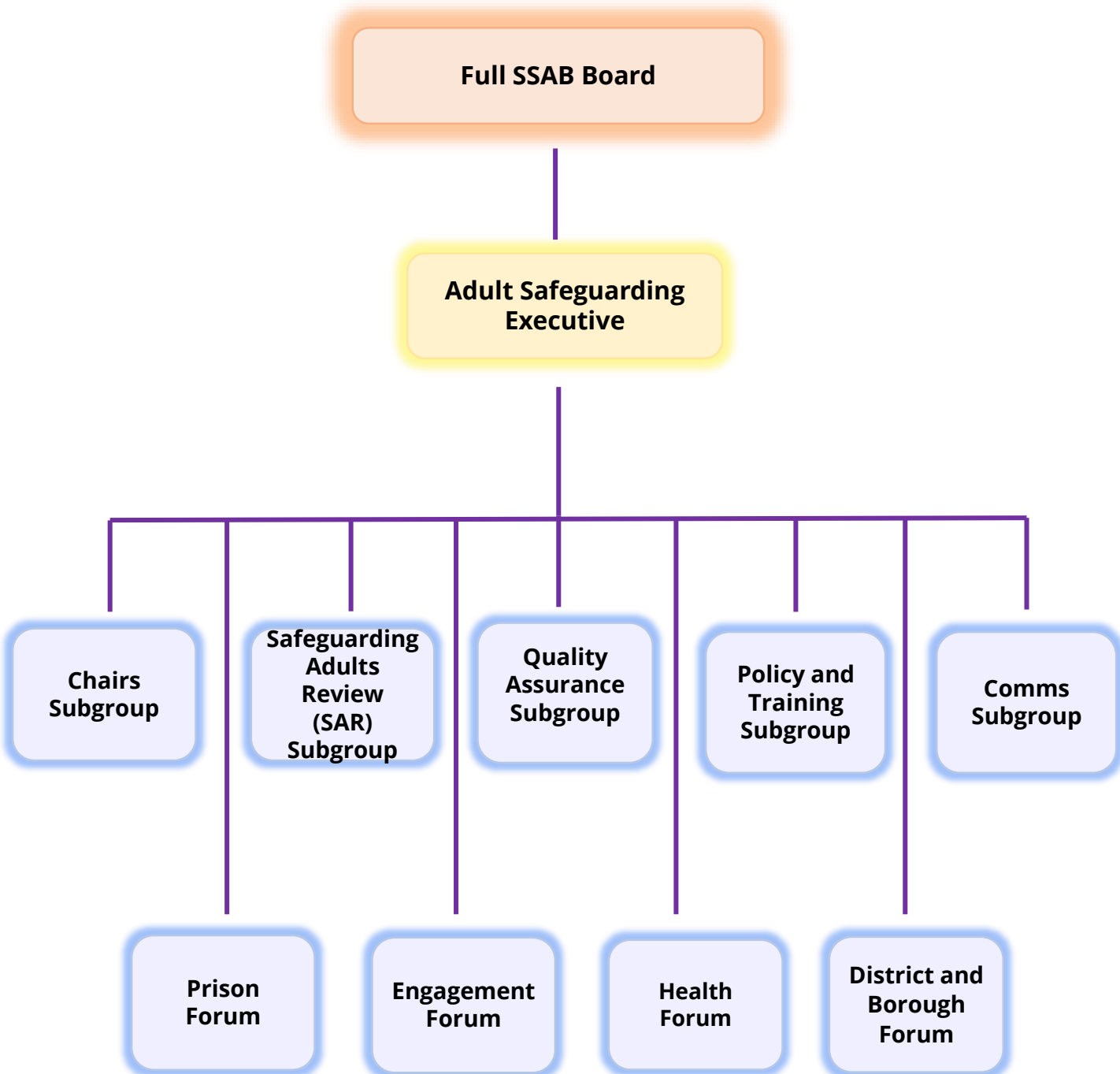


South East Coast
Ambulance Service
NHS
NHS Trust



NHS
Surrey Heath
Clinical Commissioning Group

How the Board works



How the Board works cont.

Full Board

- The Surrey SAB meet four times a year, consisting of multi-agency statutory and non-statutory partners as well as representatives from voluntary organisations.
- The SAB works in accordance with the Care Act 2014 to agree on strategic safeguarding work.
- Provides direction to all subgroups.

Adult Safeguarding Executive

- Drives the work of the SAB between meetings
- Discusses “emerging” issues or “stuck” issues

Chairs Group

- Brings all the chairs of the subgroups together.
- Discusses “emerging” issues or “stuck” issues from their subgroup

Quality Assurance Subgroup

- Request and receives the QA data from agencies.
- Scrutinises the QA data from partners, identifies areas of best practice and/or concern.
- Raises questions on data received.

Communications Subgroup

- Oversees the communication strategy of the Board.
- Oversees the board publication materials

Engagement Forum

- To help to establish better engagement with all organisations across Surrey.

District & Borough Forum

- To provide a forum for discussion of key issues for all District & Borough Safeguarding Leads in Surrey.

Safeguarding Adults Review Subgroup

- Considers cases for a Safeguarding Adults Review
- Manages the reviews once they are commissioned
- Leads on sharing the lessons from reviews

Policy and Training Subgroup

- Oversees the safeguarding training of the Board
- Oversees the multi-agency policy and procedures

Prison Subgroup

- To provide a forum for discussion of key issues for all Prisons in Surrey.

Health Forum

- To provide a forum for discussion of key issues for all Surrey health providers.

SSAB Work in 2021-22

The priorities identified in the three-year strategic plan (2019-22) for the Surrey SAB were to:

- Prevent abuse and neglect,
- Improve the management and response to safeguarding concerns and enquiries, and
- Learn lessons and shape future practice.

Following a review of the structure in 20/21 the subgroups took forward the final year of the strategy.

Sub-groups developed a work plan based on the SSAB annual plan and these workplans were monitored by the Adult Safeguarding Executive.

Any actions not completed within 21/22 will be carried forward into the 22/23 year.

The following section highlights work undertaken in 21/22 against each priority.

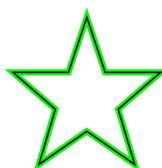
Priority: Prevent Abuse and Neglect



During 2021/22 the SAB continued to raise awareness by providing multi-agency training, updating the website, promoting the newsletter and presenting at different forums.



Attendance at SAB and subgroup meetings remains high from partner agencies, and all meetings are continuing on a virtual platform.



The SAB continued to utilise its Twitter account by posting SAB tweets and re-tweeting relevant information.



Regular meeting took place with Surrey Children Partnership to look at areas where work could be taken forward together, this relationship continues to be strengthened.



Under the Domestic Abuse Act, a Domestic Partnership Board was required to be established and in Surrey this the Domestic Abuse Exec – the SAB has joined this group as a member.

Priority: Prevent Abuse and Neglect cont.



The Quality Assurance group updated the Quality Framework. This was sent to both statutory and private health providers in Surrey early 2021. Analysis will take place during the 22/23 year.



The SAB Board Manager attended partnership meeting to ensure that the SAB is engaged with other work streams, this included:

- Domestic Abuse Management Board
- Surrey Adult Matters
- Sexual Abuse Management Board
- DHR Oversight Group
- Anti-slavery and Human Trafficking partnership



The SSAB newsletter continued to be published on a quarterly basis and is circulated to over 4,200 recipients.

Priority: Improve the management and response to safeguarding concerns and enquiries



The Contributing to Section 42 safeguarding enquiry training course was delivered by an externally commissioned trainer due those trained under the Train the trainer programme being unable to provide resources.



When to refer and Adult Safeguarding Concern was developed to reflect the LGA/ADASS Framework; Understanding what constitutes a safeguarding concern and how to support effective outcomes



The Levels of Need document developed by SCC ASC was updated to reflect this and the pathways for self-neglect were highlighted

Priority: Learn lessons and shape future practice



The SAB continued focus on learning from SARs, both national SARs by holding workshops as part of a SAB meeting. SAB members consider questions and consider how learning can be taken back to their agency.



Learning briefings were developed as appropriate, the briefing assist with ensuring the wider dissemination of the learning from reviews.



The Analysis of Safeguarding Adults Reviews April 17-19 commissioned by the Care and Health Improvement Programme (CHIP) a local action plan was progressed and will continue to be monitored by SAR and learning the group



The SAB joined both the Surrey Heartlands and Frimley Learning from Learning Disability Reviews (LeDeR) governance and steering groups and will continue to share relevant learning.

Priority: Learn lessons and shape future practice



The commissioning of authors has been updated and now incorporates a requirement to undertake learning events are required.



SSAB provided input to the National SAR library, which is now held on the National SAB Chairs network website.



The Policy and Training group considered the NICE guidance on

- Safeguarding adults in Care Home
- Integrated Health and Social Care for people facing homelessness

The group considered what actions needed to be taken forward based on the recommendations in these documents.



The training the SAB offered was reviewed and it was agreed that the different methods needs to be considered; podcasts, webinars, interactive learning will be developed in the 22/23 year.

SSAB Forums

Health Forum

The health forum met 6 monthly and membership was extended to include both NHS and private health providers. This has ensured that the health system in Surrey is kept updated on the work of the SSAB as well as allowing for peer support.

District & Borough Forum

This forum continued to meet quarterly and covered both work of the Surrey Safeguarding Children Partnership and the Surrey Safeguarding Adults Board.

Prison Forum

The SSAB continues to engage with the 5 prisons in Surrey. This group meets 6 monthly and whilst attendance has been sporadic, those that do attend find the engagement with the SAB valuable. A QA framework questionnaire has been developed with this group and this will be undertaken during 22/23 year.

Engagement Forum

In March 2022, the Engagement forum was established bringing together voluntary and private agencies across Surrey who aren't already engaged with the SSAB. There was good attendance at the first meeting and agencies continue to ask to join this. The first meeting covered:

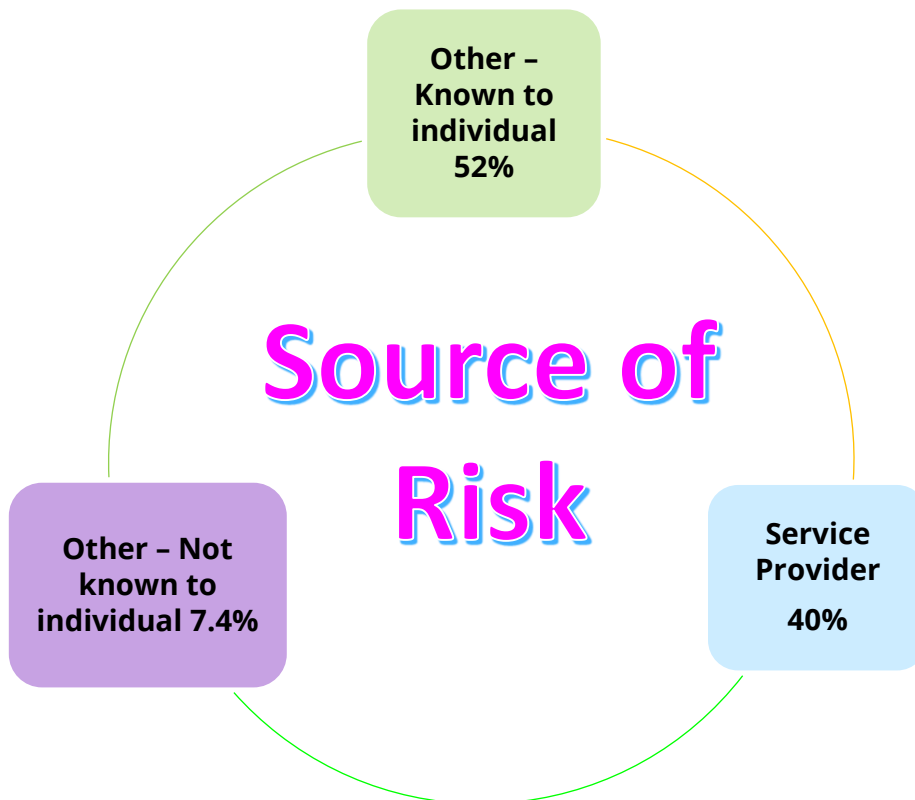
- *Introduction to Surrey Safeguarding Adults Board*
- *Introduction to Surrey Multi-agency Safeguarding Hub (MASH)*
- *Difference between Safeguarding Adults Concern and a Safeguarding Adults Review*

Adults in Surrey Data

Care and Support needs

This shows the primary support need for adults for whom the safeguarding concern relates to and for those cases that met the criteria for a Section 42 safeguarding enquiry. The majority of adults who are the subject of a safeguarding enquiry have a need for physical support.

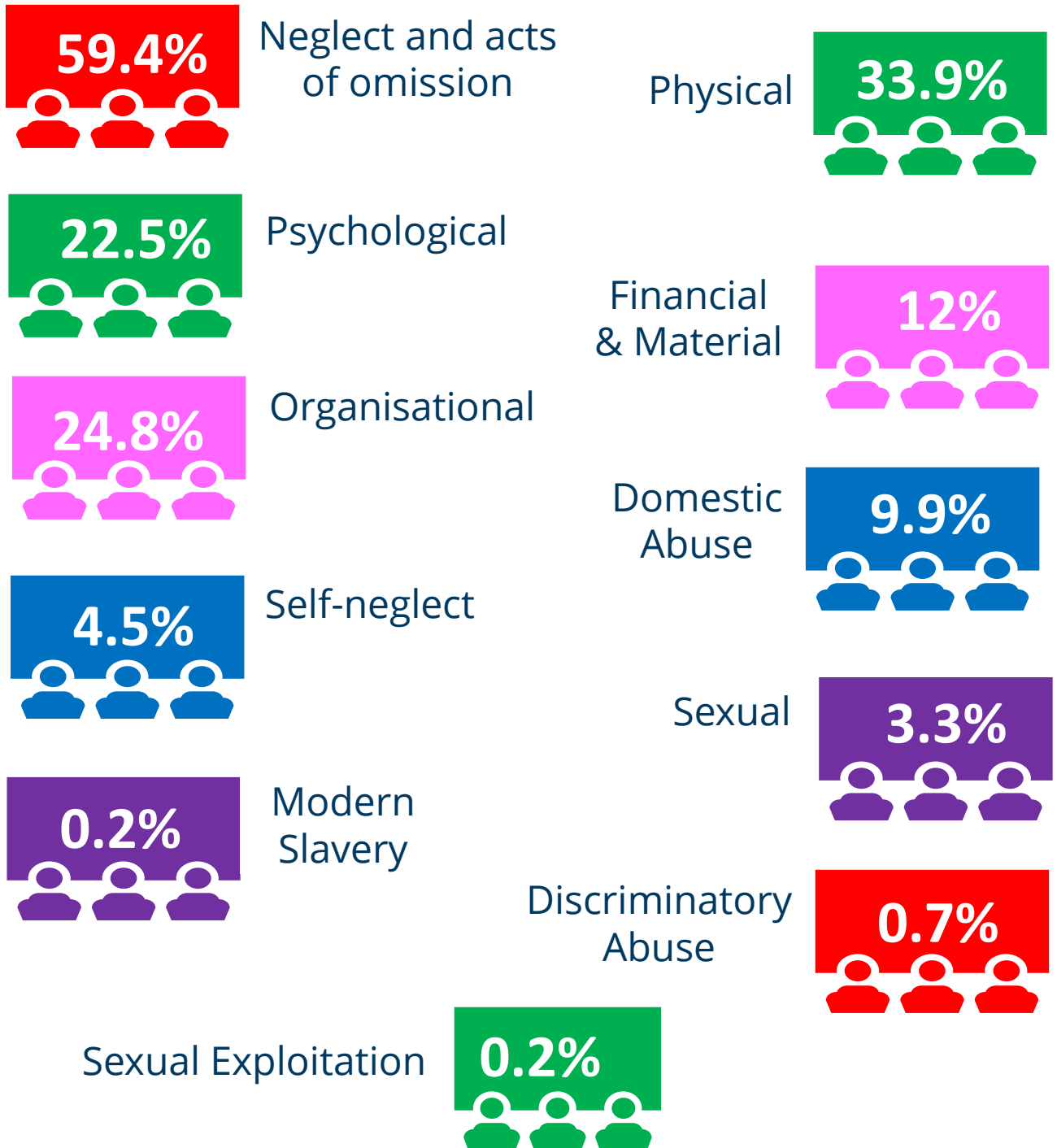
	Physical Support	Sensory Support	Learning Disability	Memory and Cognitive	Social Support	Mental Health	Not Known
Concern	36.3%	1%	9%	4%	3%	10%	36.4%
S42 Safeguarding enquiry	40%	1%	10%	5%	2.6%	10.3%	31%



This shows the analysis of where the risk originates. There was an increase in the service provider source of risk from 28% to 40% and a decrease in the Other - not known to individual from 18% to 7.4%

What Abuse is happening?

This information comes from concluded Section 42 adult safeguarding enquiries



The numbers will add up to more than 100% as each case can have multiple forms of abuse

What the data says about our response to abuse

- Adult Social Care

1,199,870

Estimated population of Surrey *

The number of safeguarding concerns made in 21/22 in relation to 11,288 individuals. This is a 23% increase in concerns on the previous year which is a decrease on the 32% increase seen in 20/21.

17,017

68%

The percentage of safeguarding concerns received converted into a Safeguarding enquiry as defined in The Care Act 2014.

The number of Safeguarding enquiries completed under S42 Care Act 2014, an increase of 2,085 from the previous year.

11,504

59.4%

Neglect or acts of omission were a concern in over half of the safeguarding enquires undertaken

The percentage where the risk remained after the safeguarding enquiry work.

8.5%

72%

The percentage where the risk to the adult was reduced following completion of the safeguarding enquiry work

The percentage where the risk was removed following completion of the safeguarding enquiry work

19%

86%

The percentage where individuals or their representative were asked about their outcomes

The percentage where the individual or their representative said outcomes were fully or partially met when asked

97.5%

Safeguarding Adults Reviews (SARs)

The SSAB Safeguarding Adults Review (SAR) subgroup received nine SAR notifications during 2021/22.

Of the nine received, five notifications were agreed to meet the SAR criteria. Of these five, two are joint DHR/SARs with the relevant CSP.

In 2021/22 the Safeguarding Adults Review subgroup continued to oversee, including those agreed within the year :

- five SARs
- eight joint DHR/SARs
- one NHSE/I London Investigation

The SSAB published one joint DHR/ SAR in the 21/22 with a learning event due to take place in June 2022.

- [Mary](#)

There are currently three action plans being monitored in relation to Surrey reviews, one of these jointly with a CSP.


Safeguarding Training

The SSAB is continuing to offer virtual courses following both feedback from candidates and agencies and there are greater numbers attending, due to attendees not required to travel for training.

The following training courses were provided;

- Adult Safeguarding Essentials
- Contributing to Section 42 Safeguarding Enquiries

Following a review the Contributing to a S42 safeguarding enquires course during 2021/22, it was updated and delivery started in March 2022



1 Contributing to S42 enquiry training sessions

10/12 attended contributing to s42 enquiry training


4 Adult Safeguarding Essential course

78/120 candidates attended the Safeguarding Essential course.

Feedback on Training

All training sessions offered, allow for feedback from participants. This allows for training to be reviewed as appropriate as well as gain an understanding of how the training impacted on participants.

Feedback across the courses was generally positive with the majority of participants rating training as good or very good and attendees would recommend it.



"Making safeguarding personal. Clear understanding of the 6 Care Act Principles that underpin Safeguarding."

"useful if all staff could do this though not just management"

"I feel more knowledgeable regarding adult safeguarding and how this applies to my job role."

"More time needed to be spent in group work and with some of the subjects"

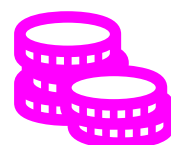
Pooled Budget

The Surrey SAB was funded by partner agencies during 2021/22. Financial contributions totalled £298,605.



Partners contributions ensure that the SAB can continue to operate, showing a significant commitment on the part of partners to work together and jointly take responsibility for decision making and running the Safeguarding Adults Board. In addition to contributing financially, SAB partners continued to contribute staff time to ensure effective working of the SSAB.

Breakdown of partners contributions. *



Partner Agency	Partner Contribution 2021/22	% split
Surrey CC	£117,500	39.3%
CCG	£117,450	39.3%
Surrey Police	£29,000	9.7%
Health Agencies	£13,050	4.3%
District & Boroughs	£11,605	3.8%
SECamb	£10,000	3.3%
Total Contributions	£298,605	100%

During 2021/22 the Surrey Safeguarding Adults Board spent £127,523.00. The majority of costs were spent on staffing, followed by the costs of conducting Safeguarding Adults Reviews.

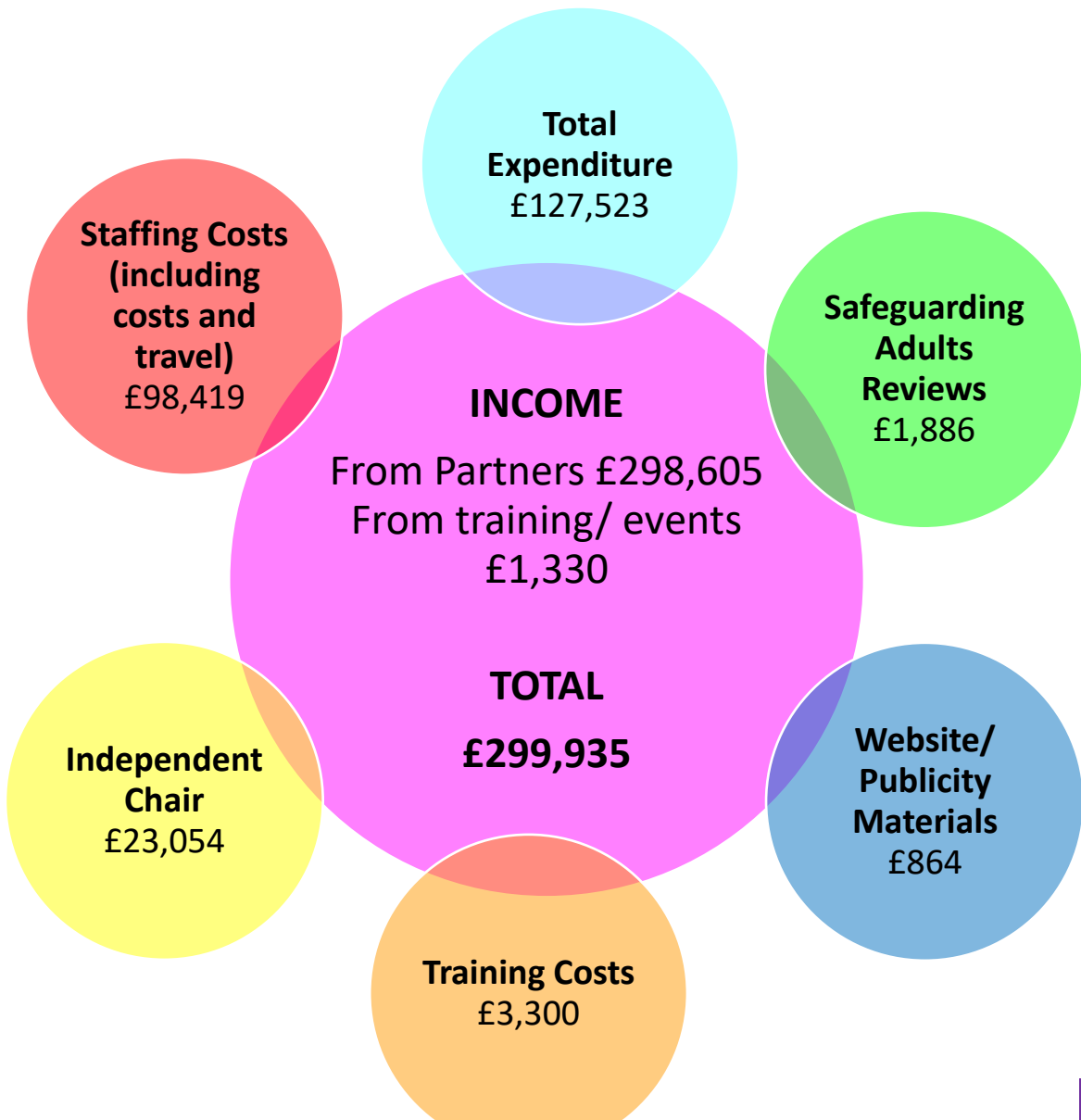


Pooled Budget cont.

Due to the increased number of SAR reviews being received/commissioned the SSAB carried forward £50,000 into 2021/22 to offset against the cost.

Although there was an underspend within the 2021/22 year, recognising that potential costs in 2022/23 would be greater due to an increase in the number of agreed and continuing statutory reviews, it was agreed that £50,000 would again be carried forward; into the 2022/23 budget.

The balance of the underspend was offset against agency contributions for the 2022/23 year.



Journey for 2022-23

The SSAB developed a new 3 year strategy for 2022 – 2025. This was developed with partners and the priorities identified in the new 3 year strategic plan are:

➤ **Prevention and Awareness**

- We will deliver a preventative approach and will raise awareness of safeguarding adults across our partners and communities,

➤ **Communication and Engagement**

- We will engage and learn from organisations, including the many voluntary sector agencies as well as the Adult and their families or carers in Surrey

➤ **Quality and Improvement**

- We will seek assurance from agencies and use that information to strengthen our safeguarding adults work

➤ **Reflection and Learning**

- We will reflect upon learning from statutory reviews and good practice using this to inform new ways of working

The SSAB subs groups established in 21/22 will take forward this new 3-year strategic plan and the groups remain the same.

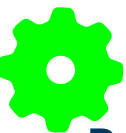
Journey for 2022-23 cont.



Priority 1:

Prevention and Awareness

- Improve community awareness including using available opportunities to increase public involvement, and to engage media interest
- Ensure the role of carers and the challenges they face are recognized and action is taken to prevent carer breakdown and abuse/neglect
- Support the use of best practice to reduce avoidable safeguarding incidents
- Highlight neglect and acts of omission issues and develop stronger mechanisms to address these



Priority 2:

Communication and Engagement

- Coordinate the development and delivery of an annual communication strategy that sets out what the SSAB will do. Focusing on key messages, target audiences, ensuring that the message has been delivered
- 2.2 Develop a model to gain the voice of adults with care and support needs and carers, and link with existing services and groups
- 2.3 Work closely with other Boards to ensure smarter working, eliminate duplication, and share Surrey wide comms benefits

Journey for 2022-23 cont.



Priority 3:

Quality and Improvement

- Implement a multi-agency quality assurance process and schedule, and reporting system to the Board
- Identify from audits and available data trends and research, adults in need of care and support who are or have been experiencing abuse or neglect (increase in neglect, and abuse in people's own homes) this will help drive our workplans and agenda
- Develop an assurance process to capture service user experience, particularly in respect of making safeguarding personal, and using this to drive practice improvements



Priority 4:

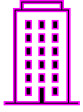
Reflection and Learning

- Link with regional and national forums for emerging issues & identify collective action
- Disseminate learning from Safeguarding Adult Reviews and other statutory reviews to ensure that learning is embedded across the partnership
- Share learnings, be they good practice or areas of development

SSAB Member Updates

All agencies who are members of the SSAB were asked to input into this report, highlighting the work they have done over the 2021/22 year to support the work of the SSAB.

Surrey County Council – Adult Social Care



A notable achievement for Adult Social Care was maintaining our performance on the quality and timeliness of our adult safeguarding work in the face of a continuing increase in demand. We dealt with 23% more referrals of adult safeguarding concerns in 2021/22 than in the previous year. We have supported the work of the Board by providing a report on our adult safeguarding work to each meeting of Surrey Safeguarding Adults Board, where we give assurance on issues such as the quality and timeliness of that work. In 2021/22 we have improved the information that we provide in that report, which has meant we have been able to bring to the Board's attention some key challenges regarding the work of the partner agencies to respond to abuse and neglect of adults in Surrey with care and support needs.

We remain active members of the Board and its subgroups. We are involved in all the Safeguarding Adults Reviews that the Board is conducting, and several of these came about from issues we have referred to the Board.



We have improved the way we respond to adult safeguarding concerns relating to issues within health and social care delivery, with our team within the Multi-Agency Safeguarding Hub taking a greater role in working with partners on adult safeguarding enquiries for those issues. We have done work to develop an online referral process for adult safeguarding concerns, which we will be launching early in 2022/23. We have supported our staff with continuing improvements in our adult safeguarding practice by updating the content of the adult safeguarding training we offer them, adding learning from local Safeguarding Adults Reviews and Domestic Homicide Reviews. This includes both learning from published reviews and the early learning from reviews that are still underway.

Surrey Police



As part of the Internal Audit Plan for 2021/22, Surrey Police have had an independent review of their Safeguarding. The review focussed on the governance framework relating to vulnerable adults and children safeguarding practices within the Force, as well as areas for improvement identified by the Force to support the achievement of best practice expectations around safeguarding. The review explored how the Office of Police Crime Commissioner can ensure Surrey Police complies with their statutory obligations for safeguarding. The review found that “a sound system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited”.



Surrey Police has recently refreshed it's adult safeguarding training to frontline response officers, which included inputs on safeguarding referrals, safeguarding (S42) enquiries, mental capacity, advocacy, the role of the CQC and reducing the risks of avoidable harm, and identifying challenges for carers (i.e. carer fatigue and frustration) which may precipitate abuse. Upcoming professional development days for staff includes trauma informed care and refreshed Mental Health Act inputs. This training reaches over 800 response officers across the County.



Public protection staff carry out daily reviews of vulnerability flagged investigations which determine whether any required multi agency enquiry needs to be commenced or escalated, and that any ensuing investigation is carried out by the appropriate staff. Bi-annual audits carried out also seek to identify themes and issues for the force to address, support staff and inform future training too. This ensures any remedial action needed, or feedback for learning is carried out in a timely way. Of 150 reviews on average per week, approximately 10 may need that intervention. A particular area of focus for the coming year will be adults at risk through anti-social behaviour and cuckooing in our communities.

Surrey Police cont.

Surrey Police staff make use of a new performance database, which highlights locations of concern and individuals who are repeat victims and offenders; this in turn can be used to focus our problem solving with our partners, not only to keep people safer, but also reduce demand on stretched services.



Surrey Police has introduced suicide prevention warning markers into their recording systems and a suicide prevention force advisor role has been introduced to support risk identification and assessment by officers. The force also now has a Mental Health Force Advisor, to support officers attending incidents and managing investigations, where mental health is a factor; to help identify where multi-agency support can protect individuals and support stretched services facing high demand.



They have also remained an active partner supporting organisational learning across the partnership with leadership and active engagement across Safeguarding Adult Reviews, Domestic Homicide and other reviews that identify recommendations for improved safeguarding practice.

Challenges faced in 2022/23

- Surrey Police Communications team have promulgated information and awareness pieces for the Surrey Public again this year reaching 1.2 million people and covering a range of topics including: spotting the signs of neglect, financial abuse, domestic abuse, fraud and also covered how to have difficult conversations with elderly loved ones, signposting Age UK and other support agencies. Positive comments and re-shares indicated good engagement and interest across the county
- Surrey Police also share their knowledge, practice and learning with visiting forces across the UK as well as abroad, having recently had Cyprus and Victoria (Australia) Police visit us to explore our policing in support of public protection.
- Surrey Police continues to recruit to their response and investigation teams as well as police staff roles to ensure their resourcing challenges can be met.



Surrey Clinical Commissioning Groups (CCG's)



Primary Care

- Primary care safeguarding training delivered via webinars covering; COVID and Beyond, Modern Day Slavery, Domestic Abuse and Coercive Control, MCA/LPS update and safeguarding in care homes
- Safeguarding supervision sessions
- Pilot of primary care/MARAC information sharing pathway

Care Homes

- Safeguarding adults assurance audit was undertaken during 2021/22, out of 239 audits distributed across Surrey there was a return rate of 59%
- Falls prevention work with care homes - Falls prevention guide developed by Guildford and Waverley which will now be taken forward at Surrey Heartlands level with recognition to G&W Place.



Community Safety Partnerships (CSPs)

- Representing health agencies and health priorities within the CSP's workplans

Surrey Clinical Commissioning Groups (CCG's) cont.



Lunch and Learn sessions, topics covered in 2021/22:

- Working together to reduce pressure damage in adults / LeDeR programme in Surrey and disseminating the learning / Domestic Homicide Reviews / Choking and safeguarding those people at risk / Sharing learning from SARS
- Planned sessions for April 2022 onwards- Swallowing risk management / Falls Prevention / Learning from LEDER and supporting people with learning disabilities to access screening

Care home audit

The audit has provided a good base line and assurance that there are good safeguarding practices being delivered within care homes across Surrey. In response to findings a safeguarding toolkit is being developed to support staff



Challenges faced in 2022/23

- LPS – the implementation of new legislation and system pressures
- Asylum seekers – impact on local health services
- DHRs / SARs – increasing numbers of reviews
- CV19 – the continued impact of the CV19 Pandemic on health services

Acute Trusts

Frimley Park Hospital

The safeguarding team have attended and continue to contribute to meetings within Surrey Adults Board and sub-groups.

Ways that FHFT have contributed include and not limited to:

- Ensuring that appropriate safeguarding arrangements are in place across the FHFT
- Listening to voices of vulnerable patients at risk and making referrals to adult social care as and when needed with consent
- Contributing to learning and development forum
- Contributing to Safeguarding Adult Reviews/Learning Reviews
- Providing training to all Trust staff in order to safeguard vulnerable adults according to the intercollegiate document
- Raising awareness across FHFT about the importance of safeguarding, through advice, supervision, and training
- Feedback any relevant information shared via Surrey Adult's Board

Referrals to Adult Social Care: Safeguarding referrals had significantly increased for this reporting year. The common themes were neglect and self-neglect. A year-on-year comparison has highlighted an increase of 125% in the numbers of referrals made on the FPH site pre-dominantly for neglect and self-neglect, and by 39% at WPH.

DOLS/MCA: Supporting Trust staff and monitoring the Trust applications for DoLS, ensuring training has continued and quality of completion is to a good standard.

Best Interest Assessor: A member of the safeguarding team has completed a best interest assessor course which will help act as an additional resource in capacity assessments.

Safeguarding alerts raised by Trust staff against individual care providers, nursing homes, care homes and family members/ friends/ carers, when abuse and/ or neglect is suspected.

Acute Trusts



Frimley Park Hospital cont.

There has been a key focus around safe discharge planning: When adult safeguarding concerns are raised against the Trust, they include a variety of allegations and mainly fall into the neglect category. The main themes are related to communication around discharge and pressure ulcers. The adult safeguarding team work with closely the patient safety team, discharge team and ward managers to ensure themes identified within safeguarding enquiries are shared and steps taken to improve care when necessary.



The 'Adult Safeguarding Resource Pack' provided by the Safeguarding Team is continuously updated, to reflect changes in practice. The resource pack has been very well received by Trust staff.

Challenges Faced Moving into 2022/23:



- Training: Level 3 safeguarding adults training is completed via e-learning and via MS teams. Training compliance is presently at 62.51%. The safeguarding team at FFHT have developed a clear training trajectory to achieve the Trust's standard of 85%. Training facilitated by an external provider will take place at some point in 2022. The training will focus on MCA and DoLS within an acute setting. Internal training facilitated by 2 Safeguarding Trainers is being implemented to support this plan. To provide assurance that as a Trust compliance is being achieved, there is on-going and continuous review of the training strategy.
- S42s: FHFT are currently working with Surrey Mash to improve and insure proportionality of section 42 enquiry planning.

Acute Trusts cont.

Royal Surrey Hospital Foundation Trust



The Trust has increased the awareness of Domestic abuse and encouraged staff to think across a wider age range. The Trust in conjunction South West Surrey Domestic Abuse Outreach Services to introduce the Hospital IDVA role within the trust.

The team have continued to deliver Safeguarding Adults training with compliance for level 1 being 94% and Level 2 93%. The team started to deliver level 3 training through Teams in 2021 and have increased compliance from 26.7% in February 2021 to 64% in March 2022. This training has been well evaluated by those who have attended. This meets the SSAB programme in ensuring staff have the necessary skills to identify safeguarding concerns. This is evidenced in the fact that the safeguarding team have supported and responded to 913 new referrals in 2021/22 compared to 735 in 2020/21. These cases are not always linked to Surrey which means the team work collaboratively with other agencies.



The Trust has also supported the work with the ICS in relation to Surrey Heartlands safeguarding policies, training and supervision models.

Analysis of the team's referral data continues to indicate a greater awareness amongst our staff of the newer types of abuse. The safeguarding team are identifying greater numbers of family based domestic abuse, along with supporting increasing numbers of male victims and staff experiencing domestic abuse. Having the hospital IDVA has also helped to raise staff awareness.



Acute Trusts cont.

Royal Surrey Hospital Foundation Trust cont.

With regards to making safeguarding personal the safeguarding team have continued to meet with patients and staff in person where possible throughout Covid, taking into account infection control guidelines at the time, to ensure that individuals are involved in decision making and are able to express their desired outcomes.



An ongoing area of good practice is that the Safeguarding Team review Datix, complaints and 72 hour STEIS reports on a regular basis to identify possible safeguarding concerns. Liaising closely with other clinical specialist teams enables the safeguarding team to identify patterns and trends.


Challenges Faced Moving into 2022/23

- The increasing complexity and number of referrals being received in conjunction with requests for DHR information continues to have a significant impact on the safeguarding team's resource and ability to get reports back within tight timescales. The team are working with ASC closely and now have a weekly meeting to provide verbal updates where possible.
- The recruitment into the vacant post in the team.
- Preparedness in relation to the changes to DOLS and LPS, including awareness and resourcing of assessors.




Acute Trusts cont.

Surrey and Sussex Healthcare (SASH)



SASH has continued to engage with the Board and members of the board in a number of workstreams. We completed a review of our statutory training across all safeguarding teams (adults, children and maternity) to create a training package for our staff that reflected the safeguarding priorities. This has been well received by the staff.

They have had a Hospital Independent Domestic Abuse Advocate in post since May 2020 and the service has supported over 400 patients who reported suffering abuse in their home lives.



Our Mental Capacity Lead has worked across the Trust to raise the profile of the Deprivation of Liberty Safeguards and capacity assessments in preparation for the transition to Liberty Protection Safeguards.

The safeguarding adult team have reduced the timeframe for responding to requests for section 42 enquiries, this has ensured that any learning or actions from these enquires is completed and shared with staff in a timely way.




Raising the profile of the DOLS legislation and MCA in preparation for the move to LPS has enabled us to more closely understand how we will operationalise the new legislation

Our combined training programme which is delivered virtually enables us to reach larger numbers in each session, this has meant that we are able to disseminate messages to large groups of the hospital very quickly.




Challenges Faced Moving into 2022/23

- 
- Continuation of the HIDVA role when the 2 year funding is over.
 - Fully operationalising the LPS legislation at SASH


Acute Trusts cont.

Ashford and St Peters Hospital (ASPH)

 The Trust representative has continued to attend and support both the main safeguarding board and has maintained the chairing of the SSAB delivery group over the past year. This has ensured that the momentum of the SSAB strategic plan has been continued even during the most challenging pressures of covid in some capacity. The Trust also represents acute health providers at the SAR sub-group.

The Trust undertook a scheduled internal audit into deprivation of liberty safeguards and developed an action plan to improve compliance as a result. This has led to a renewed focus around quality of the applications being submitted, greater divisional scrutiny and ownership and has supported the recommencing of face-to-face training.



 The Trust's safeguarding adult team meet on a weekly basis with the hospital adult social care team to discuss all section 42 enquiries in progress. This has improved the speed and efficiency of sharing information and supported consistent decision making in relation to health enquiries.


Challenges Faced Moving into 2022/23

- Improving training compliance remains challenging; continued pressures mean it is difficult for staff to be released to attend training consistently as patient care must continue to be delivered. This was an area identified during the most recent CQC inspection late 2021. This a priority for divisions to address as operational pressures ease.
- Continued improvements in consistent application of DoLS ahead of introduction of LPS.





Community Providers


First Community Health & Care (FCHC)

 First Community Health and Care are committed members of the Surrey Safeguarding Adults Board and have been involved in the development of the Boards Strategic Plan and are active members of the Boards sub-group including the Delivery Group, the Health Forum and the Communication Group ensuring that Board information is shared widely throughout the organisation.

FCHC have responded to Safeguarding Adults Review requested by the Board and submitted an annual assurance document. 

 FCHC have completed 2 audits this year, a Making Safeguarding Personal Audit, and a Mental Capacity Audit, both of which identified areas of good practice and areas of development; the Safeguarding Team are working on actions to ensure that the results of the audit are fully embedded in clinical practice.

FCHC are supportive of other SSAB partner agencies and have ensured the in-house Missing Person Policy has been reviewed and updated in line with the Policy developed by the Police, that people are trained in the Level of Need document created by Adult Social Care and that there are good relationships with our colleagues in the local acute hospital to ensure that safeguarding information is shared in timely and appropriate manner. 


 The team have also provided training to ensure that FCHC are working in line with legislation including the Homelessness Reduction Act, Deprivation of Liberty Safeguards and the Mental Capacity Act.


Challenges Faced Moving into 2022/23

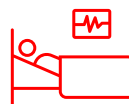
- Rolling out Level 3 training
- Introduction of LPS
- Embedding the changes from the Mental Capacity Audit across the organisation

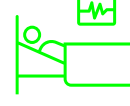
Community Providers cont.


CSH Surrey

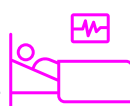
 CSH had continued to have regular attendance at Board meetings and proactively participated in strategy workshops and sub groups activity.


They have proactively implemented the revised MARF forms with the aim of improving the quality of referrals. 


 CSH are members of the LPS network, participating in the current consultation and have continued to work with colleagues to proactively prepare for implementation of the new system.

CSH Surrey Adult Safeguarding team have developed a five-hour Level 3 face to face training package, which will be delivered to co-workers from May 2022. 

 We have reviewed our (Datix) safeguarding data system, to further enhance integration of adult safeguarding within day-to-day practice. The safeguarding adult team review all reported incidents and near miss events for any areas of concern. Liaising closely with services, to support clinical managers, if any need for escalation or further action is identified.

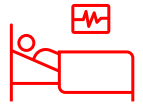
Regularly met with three of the locality teams for Adult Social care, Woking, Spelthorne, and Elmbridge, to forge closer working relationships with ASCT and enable both agencies to work together more efficiently and timely whilst ensuring that the patient and their family are at the centre of the process. 

 Weekly visits to the Community Hospitals and Community Nursing teams to discuss individual cases as required, forge closer working relationships and provide advice and support.

Monthly partnership working meetings with colleagues at Ashford and St Peters Hospital safeguarding team to enable both CSH Surrey and ASPH to work more efficiently and prevent inappropriate referrals sent to MASH. 

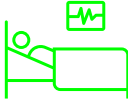
Community Providers cont.

CSH Surrey cont.



Undertaken a deep dive audit of MCA and DOLS awareness in our bedded units.

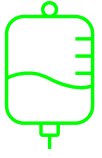
Challenges Faced Moving into 2022/23



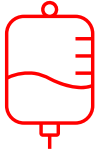
- Adapting to the 'new norm' post pandemic and ongoing presence of the virus. Examples of impacts to our particular services and communities include increase evidence of depression, physical deterioration and self-neglect especially linked to long periods of self-isolation and reduced socialisation. Considerable numbers of people going through/adjusting to bereavements. Increased waiting lists and associated concerns. Changes in the way many services are provided, for example – although this has in a lot of cases bought benefits this is a time of considerable adjustment.
- Demand and capacity are issues we continue to work with our partners and commissioners to transform our approach to care. These pressures can result in MARF referrals associated to delayed or missed visits.
- Similar to the national picture recruitment of a skilled workforce remains one of our biggest challenges. Service transformation, increased consideration of digital options and development of new innovative roles are examples of our plans to mitigate this
- Increasing the level of compliance with level three safeguarding training and maintaining ongoing assurance of access to suitable numbers of trained supervisors and enabling ongoing safeguarding supervision are particular targets for us in 2022/23.

Community Providers cont.

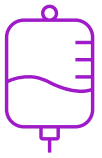
Virgin Care (changed to HCRG Care December 2021)



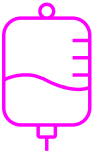
The Safeguarding Advisor and/or Quality Lead attend and contribute to SSAB and subgroup meetings as available and contribute to development of policy and procedures along with partner agencies.



HCRG Care Group also complete annual report and Self-Assessment Framework.



SSAB and CCG Newsletters and training and learning opportunities are shared across the services.



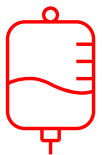
Colleagues contribute as required to multi agency meetings.



Learning from SARs and S42 enquiries both local and national is discussed at Clinical Governance meetings and Safeguarding Champions meetings and disseminated by the Safeguarding Champions throughout the services and used as discussion topics during safeguarding supervision.



SSAB and HCRG Care Group and general SG information is provided in all clinical waiting areas in the form of leaflets and posters, both from our organisation and the local authority.



There is information available on our website including our complaints process and links to adult safeguarding information on the Surrey CC website, and links to CQC inspections.

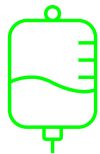
Learning shared from Root Cause Analysis panels is also available for all colleagues to use for team meetings and Safeguarding supervision. Key learning is also uploaded onto our intranet.



Additionally, learning from SARS, DHRs and cases from across the organisation as well as newspapers and journals is shared through newsletters, briefings and in team meetings.

Community Providers cont.

Virgin Care (changed to HCRG Care December 2021)



Dental Services have been proactive in identifying cases of dental neglect within care home settings and have initiated special training sessions for staff to improve patient's dental hygiene and care.

Recent CQC verbal feedback from inspector that services were excellent and one of the best dental inspections completed out of over 290 that have been inspected.



MCA audit carried out no concerns identified.

National Annual Safeguarding audit which is peer reviewed by Safeguarding Leads from other services did not identify any concerns regarding Safeguarding knowledge of teams or Safeguarding practice, reviewer commented on comprehensive evidence provided to support audit.



Challenges Faced Moving into 2022/23

- Waiting lists in some of our community services e.g. Podiatry. Prioritisation methods we have in place ensure that all clinically urgent patients are seen.
- We are continually reviewing the lists to ensure no harm is coming to patients and giving advice on how to manage their condition while they wait for an appointment.
- Staff recruitment is currently a challenge. However, we are holding recruitment events and recruitment from overseas are proving successful in some areas.

Private and Voluntary Sector

Surrey Care Association (SCA)



SCA is an active member of the SSAB. We have delivered briefings for members on the new NICE guidance on safeguarding and care homes in 2021 – and adapted the key best practice messages to include providers of home-based care.

SCA's autumn conference was attended by over 60 delegates and looked at how open cultures and psychological safety for staff promoted and supported better safeguarding practice.



SCA's CEO is a member of the LGA's "expert practice" group on homelessness and safeguarding and contributed a chapter on commissioning and safeguarding in "Adult Safeguarding & Homelessness – understanding good practice (Cooper A and Preston-Shoot M 2022)".

They include regular safeguarding matters items and briefings in our weekly bulletins.



We have a quarterly focus on lessons from CQC inspections for Registered Managers that supports best practice including safeguarding.

SCA members have been involved in developing revised training on S.42 inquiries.



Private and Voluntary Sector Cont.

Surrey Care Association (SCA) cont.

A group of providers has been involved alongside people with learning disabilities in developing best practice recommendations for empowering and enabling people to manage their health and wellbeing. This practice approach contributes to a culture of respect and empowerment which reduces the risks of people experiencing abuse.



Challenges Faced Moving into 2022/23

The importance of communication about the progress of safeguarding inquiries, and their timely closure once enquiries have been satisfied and any mitigating actions agreed and completed has been highlighted. This otherwise leaves individuals and staff/ services uncertain about outcomes – and can impact on the effective and efficient deployment of staff time if the cases appear as “live” on partners’ caseloads and systems.

High staff turnover and staff shortages remain a challenge for social care providers. High turnover of staff may impact on the development of positive professional relationships of trust and confidence that are key to safeguarding people at risk.

Buckinghamshire and Surrey Trading Standards



428 Active call blockers



56,813 nuisance calls blocked



15,775 Total number of scam calls blocked



139 Scam Marshalls signed up during 2021/22.



£15,256,393 Total impact of interventions with scam victims



£313,405 Not handed over to criminals e.g. rapid response outcomes.



£100,00 Total Value of Assets recovered



5 Total number of cases brought to trial



5 Total number of convictions made



£761,149 Amount saved for scam victims

Surrey Prevent (Counter-Terrorism) and Channel Panel

The UK government's counter terrorism strategy, CONTEST, is made up of 4 strands:

-  Pursue
-  Prevent
-  Protect
-  Prepare

The aim of the Prevent strategy is to reduce the threat to the UK from terrorism, by 'stopping people becoming terrorists or supporting terrorism'.

Prevent focuses on all forms of violent extremism and terrorism and is a multi-agency approach to safeguarding and prevention.

The Counter Terrorism and Security Act 2015 introduced a new Prevent Duty. Specified authorities must have "due regard to the need to prevent people from being drawn into terrorism".







It also introduced a duty for local authorities to provide support for people vulnerable to being drawn into terrorism, through Channel Panels.

Channel Panel is an early intervention scheme that supports people who are at risk of radicalisation and provides practical support tailored to individual to protect and divert them away from being drawn into terrorism.

Surrey Prevent (Counter-Terrorism) and Channel Panel cont.

In Surrey, Channel Panel hold monthly multi-agency meetings Chaired by Surrey County Council.

Between April 2021 to March 2022,

-  76.92% of the adults known to the Channel Panel had care and support needs. (decrease on 2020/21)
-  76.92% of the adults known to the Channel Panel were also known to adult social care. (increase on 2020/21)
-  69.23% were known to adult mental health services. (decrease on 2020/21)
-  69.23% had care and support needs related to mental health issues. (decrease on 2020/21)
-  15.38% had care and support needs related to substance misuse issues. (increase on 2020/21)
-  38.46% had care and support needs related to autism (increase on 2020/21)

Surrey Prevent (Counter-Terrorism) and Channel Panel cont.

The Home Office is currently collating national data on the prevalence of Autism Spectrum Disorder (ASD) in Channel cases, exploring the link between ASD and vulnerability to radicalisation and how best to support such individuals.

- 38% of cases have ASD (increase on 2020/21)
- Average age of adult Channel Cases 2020/21 – 30.15 years (decrease on 2020/21)
- 92.31% - Male (increase on 2020/21)
- 7.69% - Female (decrease on 2020/21)

The Channel Panel has also:

 Worked with community safety colleagues to run sessions on Channel and Prevent for key staff

 Worked with community safety colleagues to run sessions on Channel and Prevent for key staff

 Given SCC leadership team regular briefings on Counter terrorism in Surrey

Engagement Forum Contributions

Given this newly established forum agencies were asked if they would like to contribute to SSAB Annual Report

SSAB Engagement Subgroup

Active Prospects



In 2021 Active Prospects was successful in getting endorsement from BILD (British Institute of Learning Disability) for our training in positive behaviour support and Maybo. This is an approach which supports staff to work with people with complex needs in a safe way and avoids the use of restraint. We were able to continue with our training program throughout the pandemic using digital systems to ensure our training compliance remained at 90% and above. We continued to deliver our 3-day Maybo program on conflict resolution and breakaway techniques face-to-face in a COVID-19 safe environment. This resulted in Active Prospects trainer Vicky Marshall winning Southeast trainer of the year 2021 at the Learning Disabilities and Autism Awards.

New Audit process - The Head of Quality has reviewed our internal quality assurance processes. The new audit process looks at clear performance indicators and captures service culture and risks, such as when services are short-staffed, experiencing recruitment issues, if complaints have been raised and concerns of any other kind. This means we can focus our resources where they are most needed.



Launch of Sekoia - In August 2021 we invested in a digital care management system and now have eight services using this system. By June 2022, all services will be using this system. This allows us to be capture support in real time and closely monitor what is happening in our services. The system supports us with keeping people safe by capturing clear details in relation to health needs, risks and support needed and evidencing that we are meeting those needs.

SSAB Engagement Subgroup cont.

St Catherine's Hospice, Crawley



St Catherine's Hospice provides support for those living with and affected by life limiting conditions in West Sussex, East Surrey and the Dorking area of Surrey. Most of the support we offer – advice, clinical assessment, counselling, therapies input, hands on care, welfare support, carer support - takes place in the community setting, not the inpatient unit based in Crawley. Thus, a significant part of our work takes place in Surrey, directly by St Catherine's Hospice and through collaboration with other health and social care providers and professionals.

In the 21/22 year St Catherine's Hospice undertook an audit of internal safeguarding processes. The audit template used was based on that used by commissioners of services. The outcomes demonstrated excellent compliance and where there were recommendations action was already underway to address need.



The safeguarding governance group at St Catherine's Hospice has developed to include membership from all departments, clinical and non-clinical plus our trading team. This year the group members have been up skilled to be able to deliver safeguarding induction training and updates.

Challenges Faced Moving into 2022/23

- Receiving feedback from the local authority from safeguarding concerns raised. We have found that we are having to chase, both in terms of whether a concern will become a S42 enquiry and the outcomes of enquires.



SSAB Engagement Subgroup cont.

Clarion Housing Association



Safeguarding training at Clarion Housing focuses on the 6 Safeguarding principles, with tailored training being completed by customer facing staff on “Working with those with complex needs” during 2021/22, involving working to understand peoples' lived experiences.



As Business as Usual practice, Clarion make sure that people being safeguarded are informed about what safeguarding is, the process that would be followed, how they might be involved in deciding what outcomes they wanted and are able to influence the process, and to have more control in how they would like the process to work best for them.



The requirement to engage on a multi-agency approach has been critical in the last year and we have established a formalised internal process during this time to feed into this, ensuring we have a robust approach to our most complex, vulnerable and challenging residents. This has taken the form of our Clarion Complex Action Group tool. This tool enables anyone to call an inter-departmental meeting, and have a clear framework to record the actions from the meeting with dates attached to those actions, and responsible managers to be named. This process was started as often many teams are working with residents in isolation, when working with any resident we need to ensure a joint approach and one that enables a risk assessment process to be communicated to all and resolution to be time-bound and effectively managed.



Their Sustainment team within Clarion have developed a new vulnerable residents policy and procedure; staff are currently all completing e-learning which covers protected characteristics and how we work with vulnerable residents, and what we expect our staff to do.



Challenges Faced Moving into 2022/23

- Challenges heightened over the course of the Covid-19 pandemic of “closed cultures” and “hidden harms”
- Increasing the use of professional curiosity across all areas of organisation.
- Holding statutory agencies to account and being able to resolve professional disagreements with local authorities (visible escalation procedures needed).

ADULTS AND HEALTH SELECT COMMITTEE

6 DECEMBER 2022



ACTIONS AND RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME

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

Recommendation

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

Next steps

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

Report contact

Omid Nouri, Scrutiny Officer

Contact details

07977 595 687 / omid.nouri@surreycc.gov.uk

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**ADULTS AND HEALTH SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
DECEMBER 2022**

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

KEY			
	No Progress Reported	Recommendation/Action In Progress	Recommendation/Action Implemented

Recommendations

Meeting	Item	Recommendation	Responsible Officer/Member	Deadline	Progress Check On	Update/Response
3 March 2022	Primary Care Access [Item 7]	AH 8/22: The Select Committee agrees to explore how it can best share information about this work with citizens as and when relevant, helping to promote the associated engagement and co-design activity. The Surrey Heartlands team will link in with the Surrey County Council Communications team to help facilitate this.	Surrey Heartlands Primary Care team and Surrey County Council Communications team	5 April 2022	November 2022	<p>The Surrey Heartlands Primary Care team have confirmed that this work will take place over the next few weeks as part of the wider work around access, and they will be including Surrey County Council in developing communication and engagement plans.</p> <p>The co-design communication and engagement will be focused on the period following the current procurement processes, though there has been lots of patient engagement happening via their practices over the last few months</p>

**ADULTS AND HEALTH SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
DECEMBER 2022**

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KEY			
	No Progress Reported	Recommendation/Action In Progress	Recommendation/Action Implemented

						as they have been developing their new enhanced access services.
23 June 2022	All-Age Autism Strategy Review [Item 5]	AH 12/22: For Learning Disabilities and Autism Leads at Surrey County Council and other partners involved in the strategy to raise further awareness of Autism amongst elements of the BAME/GRT community. To have an informal meeting on progress toward this in a future informal Adults and Health Select Committee meeting.	Hayley Connor, Director – Commissioning, CFLL (SCC) Steve Hook, Assistant Director, LD&A (SCC)	N/A	N/A	The briefing is scheduled for 19 January 2023.

**ADULTS AND HEALTH SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
DECEMBER 2022**

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KEY			
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		AH 13/22: For Learning Disabilities and Autism Leads at Surrey County Council to closely work with Surrey Heartlands and Frimley ICSs to ensure that knowledge and consideration of autism is emphasised in EDI training and as well as in EDI principles surrounding staff recruitment and work practices.		2 August 2022	December 2022	The Leads have been contacted for a response.
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**ADULTS AND HEALTH SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
DECEMBER 2022**

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KEY			
	No Progress Reported	Recommendation/Action In Progress	Recommendation/Action Implemented

		AH 14/22: For Learning Disabilities and Autism Leads at Surrey County Council and other partners involved in the strategy to adopt a meaningful co-production approach, a shared vision, resourcing and prompt timelines to implement the strategy, given that the success of the strategy will largely rest on being able to collaborate effectively with other partners.		2 August 2022	December 2022	The Leads have been contacted for a response.
		AH 15/22: Bring this item back to the Adults and Health Select Committee in an informal session, with specific updates on the <i>work with Employability</i> as well as the <i>preparations for the Adulthood Board Activities</i> .		N/A	N/A	The briefing is scheduled for 30 January 2023.

**ADULTS AND HEALTH SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
DECEMBER 2022**

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KEY			
	No Progress Reported	Recommendation/Action In Progress	Recommendation/Action Implemented

Adult Social Care Complaints – October 2021 to March 2022 [Item 6]	AH 18/22: That a follow-up informal session is held to address/investigate how Issues of Concern are recorded and dealt with, as opposed to formal complaints.		N/A	N/A	An informal briefing has been arranged for 18 January 2023.
Mental Health Improvement Programme Stocktake after 12 months [Item 7]	AH 20/22: For Surrey Heartlands CCG, Surrey and Borders Partnership NHS Foundation Trust, and Surrey County Council to continue to campaign for a change in the National Allocation Formula that would accurately reflect some of the mental health issues faced by Surrey Residents.	Surrey Heartlands, Surrey and Borders Partnership, and Surrey County Council	2 August 2022	December 2022	Response: We agree with this recommendation, which has the potential to affect funding flows in the longer term. System partners (including SaBP and SCC) have raised issues with the National Allocation Formula in regional and national forums and will continue to do so. We believe that our case will be stronger if we seek the support of other systems who are similarly disadvantaged by the

**ADULTS AND HEALTH SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
DECEMBER 2022**

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KEY			
	No Progress Reported	Recommendation/Action In Progress	Recommendation/Action Implemented

						<p>formula, and we will discuss the case for change with them.</p> <p>We appreciate the support of elected representatives in campaigning and believe that members would have a key role to play in any successful attempt to change the National Allocation Formula.</p> <p>A meeting will be arranged with the Scrutiny Officer to discuss this work further in due course.</p>
5 October 2022	Preparation for Winter Pressures [Item 5]	<p>AH 21/22: For Surrey Heartlands ICS & Frimley ICS to work towards a swift rolling out of comprehensive Cloud Based Telephony Systems across GP Surgeries throughout Surrey, and to provide a future update in</p>	<p>Surrey Heartlands ICS</p> <p>Frimley ICS</p>	N/A	N/A	<p>A response has been circulated to the Members.</p>

**ADULTS AND HEALTH SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
DECEMBER 2022**

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KEY			
	No Progress Reported	Recommendation/Action In Progress	Recommendation/Action Implemented

		a formal Adults and Health Select Committee meeting on progress toward this.				
		AH 22/22: For Surrey Heartlands ICS, Frimley ICS, & SECamb, to implement and ensure there are support initiatives in place for the mental health of staff members, and to provide a future written update with qualitative and quantitative data to the Adults and Health Select Committee on progress toward this.	Surrey Heartlands ICS Frimley ICS SECamb	N/A	N/A	A response has been circulated to the Members.
		AH 23/22: For the Joint Executive Director Adult Social Care & Integrated Commissioning, Surrey Heartlands ICS, and Frimley ICS to work on improving Discharge-to-Asses processes and to address the funding	Liz Bruce, Joint Executive Director Adult Social Care and Integrated Commissioning	N/A	N/A	An informal briefing has been arranged for 19 December 2022 which will address those points.

**ADULTS AND HEALTH SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
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		issues therewithin; and to provide a more detailed update to the Adults and Health Select Committee in an informal meeting, on the details of Discharge-to-Assess processes & funding issues, and whether improvements have been achieved.	Surrey Heartlands ICS Frimley ICS			
		AH 24/22: For Surrey Heartlands ICS & SECamb, to ensure that staff utilising PaCCS and 111 services, are sufficiently trained to correctly assess patients and appropriately determine ensuing pathways; and to provide a written update to the Adults and Health Select Committee on this.	Surrey Heartlands ICS SECamb	N/A	N/A	A response has been circulated to the Members.

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		AH 25/22: For SECamb to address the concerns raised by the most recent CQC report, and to provide an update in an informal meeting to the Adults and Health Select Committee on the extent to which SECamb is addressing these concerns.	SECamb	N/A	N/A	A response has been circulated to the Members.
	Enabling You with Technology [Item 6]	AH 26/22: For the Head of Resources for Adult Social Care to ensure that further and more sustainable funding is secured for the Enabling You With Technology Programme, and to provide a future informal briefing to the Adults and Health Select Committee, on any efforts to secure further Funding for the Programme in light of the timelines surrounding existing sources of funding.	Toni Carney, Head of Resources (ASC)	18 November 2022	December 2022	The officers have been contacted for a response.

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ACTIONS AND RECOMMENDATIONS TRACKER
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		AH 27/22: For the Head of Resources for Adult Social Care to pursue data capture in order to analyse the implications of a variety of conditions of service users, so as to better tailor provision and gain a more detailed understanding of these conditions and the associated impacts.	Toni Carney, Head of Resources (ASC)	18 November 2022	December 2022	The officers have been contacted for a response.
	Mental Health Improvement Programme [Item 7]	AH 28/22: For the MHIP Digital and Data Workstream Lead to ensure to increase awareness of the Kooth system, and to ensure that it is increasingly enabling Children and Young People to access appropriate online support for their mental health; and to provide the Adults and Health Select Committee with a future written update on this.	Liz Williams and Kate Barker, Joint Strategic Commissioning Convenors Surrey and Borders Partnership	18 November 2022	December 2022	The officers are preparing a response.

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		AH 29/22: For the Joint Executive Director for Adult Social Care and Integrated Commissioning and Surrey and Borders Partnership, to develop a robust process to deal with complaints as well as Issues of Concern regarding mental health services, and to provide a written update to the Adults and Health Select Committee on progress toward this.	Liz Bruce, Joint Executive Director for Adult Social Care and Integrated Commissioning Surrey and Borders Partnership	18 November 2022	December 2022	The officers are preparing a response.
		AH 30/22: For the Mental Health System Delivery Board to use quantitative and qualitative data to direct the decision making process of the Mental Health Improvement Programme; and to update the Adults and Health Select Committee in a future formal meeting, on imminent/ensuing	The Mental Health System Delivery Board	18 November 2022	December 2022	The officers are preparing a response.

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		Mental Health System Delivery Board decisions on how to plan the delivery of the Mental Health Improvement Plan, and on what data was utilised to direct these decisions.				
2 November 2022	The Accommodation with Care and Support Strategy Progress Update [Item 5]	AH 36/22: For Accommodation with Care and Support Strategy Leads at Surrey County Council to ensure that Extra Care and Supported Independent Living Accommodation is genuinely affordable in line with welfare benefits for individuals who qualify for such accommodation, and to provide a future written update to the Adults and Health Select Committee on this.	Accommodation with Care and Support Strategy Leads at Surrey County Council	12 December 2022	12 December 2022	The officers have been contacted for a response.
		AH 37/22: For Accommodation with Care and Support Strategy Leads at Surrey County Council to develop explicit	Accommodation with Care and Support Strategy	12 December 2022	12 December 2022	The officers have been contacted for a response.

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		plans on the specific and specialised facilities that will be available within the context of the Extra Care and Supported Independent Living Facilities/sites, and to provide a future written update to the Adults and Health Select Committee on this, including on what is included in the rent and what is chargeable.	Leads at Surrey County Council			
	Surrey All Age Mental Health Investment Fund Programme: Update on Phasing of Implementation Planning [Item 6]	AH 38/22: For the Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors to continue to work closely with Frimley Health and Care Integrated Care System and other relevant organisations to participate in funding contributions for the Mental Health Investment Fund.	The Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors	12 December 2022	12 December 2022	The officers have been contacted for a response.

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		AH 39/22: For the Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors to ensure that the decision-making parameters and priorities of the Mental Health Investment Fund, are closely aligned with priorities determined by the Mental Health Improvement Plan.	The Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors	12 December 2022	12 December 2022	The officers have been contacted for a response.
		AH 40/22: For the Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors to formulate a focused list of criteria to determine the priorities and geographical spread involved in making parameters for the Mental Health Investment Fund.	The Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors	12 December 2022	12 December 2022	The officers have been contacted for a response.

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		AH 41/22: For the Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors to recognise that tackling social isolation is amongst the key priorities of the Mental Health Investment Fund, and that measures are taken to tackle such isolation.	The Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors	12 December 2022	12 December 2022	The officers have been contacted for a response.
		AH 42/22: For the Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors to provide a report and future update to the Adults and Health Select Committee on progress made on all the above in a formal select committee meeting.	The Joint Executive Director for Public Service Reform & the Joint Strategic Commissioning Convenors	12 December 2022	12 December 2022	The officers have been contacted for a response.

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Actions

Meeting	Item	Action	Responsible Officer/Member	Deadline	Progress Check On	Update/Response
17 December 2020	Scrutiny of 2021/22 Draft Budget and Medium-Term Financial Strategy to 2025/26 [Item 5]	AH 2/20: Democratic Services officers to look into the possibility of organising for Members to visit Learning Disabilities and Autism services (whether remotely or in person).	Scrutiny Officer, Democratic Services Assistant	January 2021	December 2022	These visits are being looked into by officers.
16 December 2021	Scrutiny of 2022/23 Draft Budget and MTFs to 2026/27 [Item 5]	AH 5/21: The Cabinet Member for Adults and Health to feed back to the Select Committee her views and findings of the care home shadowing work she will be undertaking.	Sinead Mooney, Cabinet Member for Adults and Health	January 2022	December 2022	<u>Interim update:</u> <ul style="list-style-type: none"> Footage captured as part of shadowing visits to three care settings – the Pines (Active Prospects) in Redhill, Ashton Manor Nursing Home in Farnham and the Grange Centre, Bookham.

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						<ul style="list-style-type: none"> Witnessed first-hand the compassion, dedication and skill of care workers, leading to a renewed appreciation for the work they do. Gained insights into person-centred and preventative ways of working which are tailored to people's strengths and aim to foster independence as far as needs allow. Reinforced our position that the social care workforce needs to be properly supported including through training opportunities, a defined career path and higher wages in the short-term. These staff are the
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						<p>heart of the social care sector and we need to ensure we have all the tools to encourage people to join and remain part of this workforce.</p> <ul style="list-style-type: none"> The resulting films will aim to celebrate the care sector and highlight the importance of making sure adult social care receives the level of funding it needs. The films will also aim to contribute to social care recruitment goals while also broadening people's understanding of how social care works and how social care budgets are used to support vulnerable people so that no one is left behind.
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23 June 2022	All-Age Autism Strategy Review [Item 5]	AH 23/22: The Director of Commissioning (CFLL) to provide additional information on annual reviews of EHC Plans.	Hayley Connor, Director – Commissioning, CFLL (SCC)	2 August 2022	December 2022	A response is being prepared.
5 October 2022	Preparation for Winter Pressures [Item 5]	AH 32/22: The Joint Chief Medical Officer to share data on the uptake of the influenza vaccine across NHS staff.	Dr Charlotte Caniff, Joint Chief Medical Officer (Surrey Heartlands)	N/A	N/A	A response has been circulated to the Members.
	Mental Health Improvement Programme [Item 7]	AH 33/22: The Joint Strategic Commissioning Convener, Children and all age Mental Health to provide data on the uptake of the peri-natal mental health course.	Kate Barker, Joint Strategic Commissioning Convener, Children and all age Mental Health (SCC)	N/A	N/A	Response: <ul style="list-style-type: none"> Three groups were run between Nov 21 and Oct 22 (Nov 21, Mar 22, Sep 22). The service received 45 referrals and 30 women completed the course in total, an average of 10 women per group.

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						<ul style="list-style-type: none"> The virtual service has been well received and, as a result, continues to be offered alongside face-to-face groups.
		AH 34/22: The Joint Executive Director for Adult Social Care and Integrated Commissioning to provide a further update on the Section 12 app.	Liz Bruce, Joint Executive Director - Adult Social Care and Integrated Commissioning	18 November 2022	December 2022	A response is being prepared.
		AH 35/22: The Joint Strategic Commissioning Convener for Learning Disability and Autism and all age Mental Health to provide a written update on how the Fuller Stocktake has influenced the Delivery of the Mental Health Improvement Plan.	Liz Williams, Joint Strategic Commissioning Convener for Learning Disability and Autism and all age Mental Health (SCC)	18 November 2022	December 2022	A response is being prepared.

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2 November 2022	The Accommodation with Care and Support Strategy Progress Update [Item 5]	AH 43/22: For Accommodation with Care and Support Strategy Leads at Surrey County Council to organise site visits for Members of the Adults and Health Select Committee to Extra Care and Supported independent Living Sites.	Accommodation with Care and Support Strategy Leads	12 December 2022	12 December 2022	The officers have been contacted for a response.
		AH 44/22: For Accommodation with Care and Support Strategy Leads at Surrey County Council to hold a meeting with the Chair and Vice-Chairmen of the Adults and Health Select Committee and the Chairman of the Surrey Carers Partnership Board.	Accommodation with Care and Support Strategy Leads	12 December 2022	12 December 2022	The officers have been contacted for a response.
	Surrey All Age Mental Health Investment Fund Programme: Update on	AH 45/22: The Joint Executive Director for Public Service Reform to provide a full list of organisations approached for collaboration on the Mental Health Investment Fund and their responses.	The Joint Executive Director for Public Service Reform	12 December 2022	12 December 2022	The officers have been contacted for a response.

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	Phasing of Implementation Planning [Item 6]	AH 46/22: To have a discussion with the Chairman & Vice-Chairmen of the Adults and Health Select Committee to agree a future role of the committee in the Allocation Panel of the Mental Health Investment Fund.	The Joint Executive Director for Public Service Reform	12 December 2022	12 December 2022	The officers have been contacted for a response.
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Adults and Health Select Committee

Forward Work Programme 2023

Adults and Health Select Committee
Chairman: Bernie Muir | Scrutiny Officer: Omid Nouri | Democratic Services Assistant: Emily Beard

Date of Meeting	Type of Scrutiny	Issue for Scrutiny	Purpose	Outcome	Relevant Organisational Priority	Cabinet Member/Lead Officer
16 February 2023	Overview, policy development and review	Access to Dentistry	For the Select Committee to receive a report on the measures being taken to improve access to NHS Dentistry amongst Surrey residents.	The Select committee will review some of the plans in place to help increase access to NHS Dental Care for residents who cannot afford private dental treatments.	Empowering Communities, Tackling health Inequality	Mark Nuti – Cabinet Member for Adults and Health
	Overview, policy development and review	MindWorks	For the Select Committee to receive a report on the work undertaken to improve the emotional wellbeing and mental health of Children within Surrey	The Select Committee will review some of the work as well as future plans in place to help improve the mental health and emotional wellbeing of children in Surrey, particularly in a context where mental health has declined in recent years.	Empowering Communities, Tackling Health Inequality	Mark Nuti – Cabinet Member for Adults and Health
13 April 2023	Overview, policy development and review	Access to GPs	At its public meeting on 3 March 2022, the Select Committee received a report from Surrey Heartlands ICS on the current status of accessibility to GPs in Surrey and what was being done to	The Select Committee will review the current status of accessibility to GPs in Surrey and any potential barriers being faced by residents, making recommendations accordingly.	Empowering Communities, Tackling Health Inequality	Mark Nuti – Cabinet Member for Adults and Health Nikki Mallinder – Director of Primary

			improve patient access. It was agreed that a report would be presented to the Select Committee at a future public meeting to update Members on the progress made in implementing its recommendations.			Care, Surrey Heartlands ICS
	Overview, policy development and review	Community Mental Health Transformation Implementation Review	The Select Committee is to receive an update on the implementation of the Community Mental Health Transformation Programme, as well as information on Individual Placement Support.	The Select Committee will review the progress of the Community Mental Health Transformation Programme, making recommendations accordingly.	Empowering communities, tackling health inequality	Mark Nuti – Cabinet Member for Adults and Health Professor Helen Rostill – Deputy Director, Surrey and Borders Partnership
	Scrutiny	Cancer and Elective Care backlogs	The Select Committee is to receive an update on Surrey Heartlands and Frimley ICS's plans to address backlogs in Cancer diagnosis and treatments, as well as backlogs in elective care.	The Select Committee will review plans in place by Surrey Heartlands and Frimley ICS's to address cancer and elective care backlogs, and will examine the degree to which progress is being made in achieving this, making recommendations accordingly.	Empowering communities, tackling health inequality	Mark Nuti – Cabinet Member for Adults and Health

13 June 2023	Overview, policy development and review	Mental Health Improvement Plan	The select committee is to receive a report and update on the delivery of the Mental Health Improvement Programme, as agreed at its public meeting on October 5 th 2022.	The select committee will scrutinise and review the implementation of the MHIP, making recommendations accordingly.	Empowering communities, tackling health inequality	Mark Nuti – Cabinet Member for Adults and Health Liz Williams – Joint Strategic Commissioning Convenor (LD&A) Professor Helen Rostill – Deputy Director, Surrey and Borders Partnership
	Overview, policy development and review	Integrated Care Strategy	The Select Committee is to receive a report/reports outlining the Integrated Care Strategies of both Surrey Heartlands and Frimley ICSs, in light of new statutory guidance for the development of such strategies.	The Select Committee will review and scrutinise the details of the Integrated Care Strategies of both Surrey Heartlands and Frimley, making recommendations accordingly.	Empowering Communities, Tackling Health Inequality.	Mark Nuti – Cabinet Member for Adults and Health Rachel Crossley – Joint Executive Director for Public Services Reform
4 October 2023	Scrutiny	Accident & Emergency Waiting times/Pressures.	The Select Committee is to receive a report/reports from Surrey Heartlands and Frimley ICSs detailing some of the pressures and challenges experienced by A & E departments in Surrey's hospitals.	The Select Committee will review and scrutinise plans and measures adopted by Surrey's ICSs to address challenges experienced by Emergency Departments in Hospitals, making recommendations accordingly.	Empowering Communities, Tackling Health Inequality.	Mark Nuti – Cabinet Member for Adults and Health

	Overview, policy development and review	Joint Health and Social Care Dementia Strategy for Surrey (2022-2027)	The Select Committee is to receive a report outlining the progress made on the implementation of the new Joint Health and Social Care Dementia Strategy for Surrey (2022-2027), as agreed at its public meeting on 14 January 2022.	The Select Committee will review and scrutinise the implementation of the Joint Health and Social Care Dementia Strategy for Surrey (2022-2027), making recommendations accordingly.	Empowering communities, tackling health inequality	Mark Nuti – Cabinet Member for Adults and Health Jane Bremner – Head of Commissioning (Mental Health), Surrey County Council
	Scrutiny	Discharge to Assess Processes	The Select Committee is to receive a report outlining measures taken to improve discharge to assess processes as well as the funding issues therein.	The Select Committee will review and scrutinise the effectiveness discharge to assess processes and measures taken to address funding challenges	Empowering communities, tackling health inequality	Mark Nuti – Cabinet Member for Adults and Health Liz Bruce- Executive Director, Adult Social Care and Integrated Commissioning

7 December 2023	Scrutiny	Reconfiguration of Urgent Care in Surrey Heartlands	NHS England has developed clear guidance for commissioners responsible for the development of Urgent Care. This report will provide an update on the impact and risks associated with the reconfiguration of Urgent Care services in Surrey Heartlands and the preferred options for the proposed changes.	The Select Committee will scrutinise the programme's preferred options prior to their approval.	Empowering communities, tackling health inequality	Mark Nuti – Cabinet Member for Adults and Health
Items to be scheduled						
<i>(Date)</i>	<i>(Type)</i>	<i>(Issue)</i>	<i>(Purpose)</i>	<i>(Outcome)</i>		<i>(Cabinet Member/Lead Officer)</i>
	Overview, policy development and review	Joint Health and Social Care Dementia Strategy for	The Select Committee is to receive a report outlining the progress made on the implementation of the new Joint Health and Social Care	The Select Committee will review and scrutinise the implementation of the Joint Health and Social Care Dementia Strategy for Surrey	Empowering communities, tackling health inequality.	Mark Nuti – Cabinet Member for Adults and Health

		Surrey (2022-2027)	Dementia Strategy for Surrey (2022-2027), as agreed at its public meeting on 14 January 2022.	(2022-2027), making recommendations accordingly.		Jane Bremner – Head of Commissioning (Mental Health), Surrey County Council
	Scrutiny	Reconfiguration of Urgent Care in Surrey Heartlands	NHS England has developed clear guidance for commissioners responsible for the development of Urgent Care. This report will provide an update on the impact and risks associated with the reconfiguration of Urgent Care services in Surrey Heartlands and the preferred options for the proposed changes.	The Select Committee will scrutinise the programme’s preferred options prior to their approval.	Empowering communities, tackling health inequality	Simon Angelides – Programme Director

Task and Finish Groups; Member Reference Groups

<i>(Dates)</i>	Issue	Purpose	Outcome	Relevant Organisational Priority	Task Group Members
October 2021 – April 2023	Health Inequalities	For Members of the Task Group to develop an understanding of health inequalities in Surrey, scrutinise the progress being made on tackling these, and contribute to the development of future policies.	The Task Group will seek to contribute to the reduction of health inequalities being faced by Surrey residents, contribute to the Council’s strategic priority to “drive work across the system to reduce widening health inequalities”, support both the Council and the wider health and social care system in Surrey to understand how they can address and tackle health inequalities faced by residents, create a shared understanding of barriers being faced by residents with lived experiences of health inequalities, and take an elevated view of services and support available in Surrey by considering individual experiences of those with lived experience of health inequalities and their interactions with different agencies.	Tackling Health Inequality	Angela Goodwin (Chairman), Trefor Hogg, Riasat Khan, Carla Morson, Bernie Muir (ex-officio)

To be received in writing and informal briefing sessions

<i>(Date)</i>	<i>(Issue)</i>	<i>(Purpose)</i>	<i>(Outcome)</i>		<i>(Cabinet Member/Lead Officer)</i>
18 January 2023	Adult Social Care CRM System AND Issues of Concern- Informal Briefing Session	For the select committee to receive an update on work being undertaken to improve the existing Adult Social Care CRM system, as well as an update on how Issues of Concern are recorded and dealt with.	The select committee will scrutinise how the CRM system can be improved, as well as how Issues of Concern are addressed by Adult Social Care. Both of which are in line with recommendations produced from the 23 June 2022 select committee meeting.	Empowering Communities, Tackling Health Inequality.	Mark Nuti- Cabinet Member for Adults and Health Kathryn Pyper – Senior Programme Manager, Adult Social Care
19 December 2022	Discharge to Assess Processes- Informal Briefing Session	For the Select Committee to receive details on Discharge-to-Assess processes, as well as on potential funding issues therein.	The Select Committee will scrutinise the effectiveness of D2A processes and the degree to which funding challenges are addressed.	Empowering Communities, Tackling Health Inequality.	Mark Nuti- Cabinet Member for Adults and Health Liz Bruce – Executive Director, Adult Social Care and Integrated Commissioning
19 January 2023	Raising Awareness of Autism amongst BAME/GRT Community- Informal Briefing Session	For the Select Committee to receive an update on the measures undertaken to	The Select Committee will scrutinise the	Empowering Communities,	Mark Nuti- Cabinet Member for Adults and Health

		raise awareness of Autism amongst the BAME/GRT Communities, as was requested during the June 23 rd select committee meeting.	extent to which such awareness raising has been achieved.	Tackling Health Inequality.	Hayley Connor- Director for Commissioning, Children, Families, and Lifelong Learning.
30 January 2023	Work with Employability and Preparation for Adulthood Board Activities- Informal Briefing Session	For the Select Committee to receive an update on the work undertaken with Employability and the preparations made for the Adulthood Board Activities.	The Select Committee will scrutinise the effectiveness of the measures undertaken to increase employability prospects for individuals with Learning Disability or Autism.	Empowering Communities, Tackling Health Inequality	Mark Nuti- Cabinet Member for Adults and Health Hayley Connor- Director for Commissioning, Children, Families, and Lifelong Learning.

Joint Committees

Time scale of joint Committee	Joint Committee name/structure:	Purpose	Outcome	Relevant organisational priority	Relevant Committee Members
Ongoing	South West London and Surrey Joint Health Overview and Scrutiny Committee	The South West London and Surrey Joint Health Overview and Scrutiny	The Joint Committee's purpose is to respond to	Empowering communities, tackling health inequality	Bernie Muir, Angela Goodwin,

		<p>Committee is a joint standing committee formed with representation from the London Borough of Croydon, the Royal Borough of Kingston, the London Borough of Merton, the London Borough of Richmond, Surrey County Council, the London Borough of Sutton and the London Borough of Wandsworth.</p>	<p>changes in the provision of health and consultations which affect more than one London Borough in the South West London area and/or Surrey.</p>		<p>Riasat Khan (substitute)</p>
Ongoing	<p>South West London and Surrey Joint Health Overview and Scrutiny Committee – Improving Healthcare Together 2020-2030 Sub-Committee</p>	<p>In June 2017, Improving Healthcare Together 2020-2030 was launched to review the delivery of acute services at Epsom and St Helier University Hospitals NHS Trust (ESTH). ESTH serves patients from across South West London and Surrey, so the Health Integration and Commissioning Select Committee (the predecessor to the Adults and Health Select Committee) joined colleagues from</p>	<p>A sub-committee of the South West London and Surrey Joint Health Overview and Scrutiny Committee has been established to scrutinise the Improving Healthcare Together 2020-2030 Programme as it develops.</p>	<p>Empowering communities, tackling health inequality</p>	<p>Bernie Muir, Angela Goodwin (substitute)</p>

		the London Borough of Merton and the London Borough of Sutton to review the Improving Healthcare Together Programme as it progresses.			
Ongoing	Hampshire Together Joint Health Overview and Scrutiny Committee	On 3 December 2020, the Hampshire Together Joint Health Overview and Scrutiny Committee, comprising representatives from Hampshire County Council and Southampton City Council, was established to review the Hampshire Together programme of work, and Surrey County Council was invited to attend meetings as a standing observer.	The Joint Committee is to scrutinise the Hampshire Together programme of work and associated changes in the provision of health services.	Empowering communities, tackling health inequality	Trefor Hogg, Carla Morson (substitute)

Standing Items

- **Recommendations Tracker and Forward Work Programme:** Monitor Select Committee recommendations and requests, as well as, its forward work programme.