MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 4 December 2024 at Council Chamber, Woodhatch Place, 11 Cockshot Hill, Reigate, Surrey, RH2 8EF.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 6 March 2025.

Elected Members:

* Dennis Booth
* Helyn Clack (Vice-Chairman)
* Robert Evans OBE
* John Furey
* Angela Goodwin (Vice-Chairman)
* David Harmer
* Trefor Hogg (Chairman)
* Rebecca Jennings-Evans
* District Councillor Caroline Joseph
* Frank Kelly
* Borough Councillor Abby King
  David Lewis
  Ernest Mallett MBE
  Michaela Martin
  Carla Morson
* Borough Councillor Victoria Wheeler

(*=present at the meeting)

27/24 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Cllr Victoria Wheeler arrived at 10.02am

Apologies were received from Cllr Michaela Martin, Cllr Ernest Mallet, Cllr Carla Morson, Maria Millwood, Board Director Healthwatch Surrey.

Substitutes: Cllr Robert Hughes.

28/24 MINUTES OF THE PREVIOUS MEETINGS: 10 OCTOBER 2024 [Item 2]

The minutes of the previous meeting were **AGREED** as a true and accurate record.

29/24 DECLARATIONS OF INTEREST [Item 3]

Cllr John Furey declared he was in receipt of a Care Package from Surrey County Council.

30/24 QUESTIONS AND PETITIONS [Item 4]

None received.

31/24 CABINET RESPONSE TO SELECT COMMITTEE RECOMMENDATIONS [Item 5]

The committee **NOTED** the Cabinet's response to the recommendations.

32/24 SCRUTINY OF 2025/26 DRAFT BUDGET AND MEDIUM-TERM FINANCIAL STRATEGY TO 2029/30 [Item 6]

Witnesses:
David Lewis, Cabinet Member for Finance and Resources
Sinead Mooney, Cabinet Member for Adult Social Care
Mark Nuti, Cabinet Member for Health, Wellbeing & Public Health
Rachel Wigley, Director of Finance Insights and Performance
Nicola O'Connor, Strategic Finance Business Partner (Corporate)
Louise Lawson, Strategic Finance Business Partner for Resources, Land and Property and Economy and Growth
William House, Strategic Finance Business Partner for Adults, Wellbeing and Health Partnerships (AWHP)
Clare Matthews, Acting Principal Strategy and Policy Lead
Claire Edgar, Executive Director of Adults, Wellbeing & Health Partnerships (AWHP)
Jon Lillistone, Director of Integrated Commissioning
Sarah Kershaw, Strategic Director of Transformation, Assurance & Integration
Ruth Hutchinson, Director of Public Health
Kathryn Pyper, Chief of Staff (AWHP)

Prior to the discussion witnessed provided a slide presentation on the Draft Budget 2025/26 and Medium-Term Financial Strategy to 2029/30 (See Item 6 in the Agenda, pages 41-49)

Key points raised during the discussion:

1. The Vice-Chair expressed concern around the heavy reliance on technology within the transformation programme, particularly with issues this could create for rural areas with internet connectivity problems. The Vice-Chair asked for reassurance on how Artificial Intelligence (AI) and other remote technology could be delivered and accessed by residents. The Vice-Chair addressed the ageing population and the increased demand for AI and technology this would create and wanted to understand what is happening within Surrey to enhance the ability for residents to access technology appropriately as they age. The Cabinet Member for Adult Social Care reassured the committee that there was a lot of work being undertaken in the Adults, Wellbeing and Health Partnerships (AWHP) directorate to

successfully deliver and prepare its residents around digital inclusion.

Cllr Robert Evans and Cllr Abby King joined the meeting at 10.08am. Cllr Mark Nuti joined the meeting at 10.24am.

2. The Strategic Director of Transformation, Assurance & Integration acknowledged the reliance on digital solutions but noted it was not the only means to deliver efficiencies. The Office of National Statistics reported 50,000 people in Surrey lacked internet access, which was about average compared to other counties. AI and its requirements had to be built into the transformation programme, as well as insights such as data and modelling. AWHP was mindful of digital exclusion to ensure that does not happen, and its impact on efficiencies. A corporate digital exclusion programme looked at this work and its potential across all council activities. The programme's action plan could be shared with the committee. Public libraries were doing work on digital exclusion such as the public computer network and an independent skills programme more generally.

3. Regarding digital exclusion, the Director of Integrated Commissioning reaffirmed that Surrey compared reasonably favourably to other authorities. Significant work was being done with Mole Valley District Council in the broader digital switchover, with a focus on how there could be alternatives to broadband such as mobile technology when switching from analogue to digital solutions. There was a national toolkit, and work was done with national networks to progress through that. Detailed work was being undertaken, specifically to enable certain localities. There were positive uses for AI, but there was a focus on data security and its appropriate use within the work.

4. In reference to the £50.1 million (m) of pressures identified, the Chaiman raised concern around the risk that those could be higher than anticipated and asked what the key risk areas were. The Chairman highlighted that the Care Quality Commission (CQC) assessment had marked the needs assessment as requiring improvement, and the Chairman noted it was an area under pressure, and it would be a key area to robustly deliver efficiencies against the pressures. The Strategic Director of Transformation, Assurance & Integration noted there was a substantial efficiency programme with principles of improving the care and support to deliver statutory functions and deliver efficiencies. The efficiency programme was based around prevention and earlier intervention, as well as improving the efficiency equipment provision and looking at the 'front door' to help address demand and get better outcomes. Plans were in ongoing to address the areas highlighted in the CQC inspection.

5. The Executive Director of AWHP acknowledged concerns around the required efficiencies, which were expected due to the budget size and need for efficiency. Despite having received a 'good' CQC rating, there were areas AWHP could alter care delivery and care offers to ensure further efficiencies. This would be challenging and needed focus in terms of the pace of delivery, but efficiencies can lead to better outcomes for people. People often wanted less intrusion and more ability to live independently. AWHP's plan was to get this right from a practice perspective and listen to residents regarding their care needs and options available. There was evidence to suggest that Surrey was not quite operating in this way, for example, people had been moved into residential or nursing homes prematurely when care could have occurred in the home. AWHP's transformation plan was partly to ensure this was not repeated and ensure there was a strong home care market so people could stay in their homes for longer and move to residential and nursing homes at the right time for them. Once people entered residential and nursing homes, it was likely it would be for a long period of time, which was evident for working age adults such as those with learning disabilities and neurodiversity and nationally the direction was to place these people into residential or nursing home settings. This was a substantial cost to the Council. AWHP's aim was to get this right from both a financial position and from a position of independence for the individual, so people could live in and contribute to their local communities. Demand was a challenge and transformation work would involve reviewing the 'front door' approach, and how AWHP communicated with Surrey residents, ensuring consistency in the approach around how 'conversations' around social care were offered, to ensure the right people were being assessed at pace and in a timely, good way and achieving good outcomes, and issues were resolved earlier in the process where possible. These issues could partly be linked to aids and adaptations such as grab rails and access to the disabled facilities grant that help to intervene earlier and keep people at home for longer. Best practice had informed AWHP to be least restrictive and ensure efforts to reduce complexities through early intervention, which was part of the transformation plan.

6. The Cabinet Member for Adult Social Care urged the Committee to read the CQC report, which set out both areas of inconsistency and strengths and thanked the previous Interim Executive Director and the staff for their positive work. There was recognition that good practice was highlighted regarding supporting people with short-term social care needs, with 86% of people not requiring longer-term care, which was a good result compared to regional and national partners. Ambitious plans, including for supported independent living to encourage people's independence, choice and control were also highlighted.

7. A Member referred to AWHP's estimated demand of £620m by 2029 and more specifically the Adult Social Care package. The Member asked how AWHP came up with the predicted figures for the Care Package (page 48 in the agenda) and what the risk was that demand could be higher. The Executive Director of AWHP explained there are various methods used to model for future demand including using ONS data such as population data of people likely to become elderly and frail and young people likely to transition into adult services. Many young people in Surrey were subject to Educational Healthcare plans and AWHP wanted to ensure there was understanding of this demographic that would require the services. This would help build the correct budget concerning likely care costs and inform the design of future services. AWHP needed to be prepared for demographic change, especially regarding younger adults as they moved through the system and those at the edge of The Care Act AWHP wanted to improve the transition service offer, noting the principle around people living at home for as long as possible with the right care and support in place was correct.

8. The Strategic Finance Business Partner for AWHP added that predictions were looked at in two ways. Firstly, by reviewing what happened with care package demand change in the past 10 years, minus unusual factors such as the pandemic and using demographics to project forward. Looking at the care package demand pressures, modelling was done on how much more would need to be spent if practice was not changed. Within the efficiencies, modelling around the impact of planned changes, for example, keeping more people at home, increased use of reablement services and technology impacts, to have an alternative target trajectory which the budget was planned around. Robust work had been undertaken and modelled across different care groups within Adult Social Care including on the costs of care, recognising that demand is difficult to predict.

9. The Chairman asked what level of risk increases in national insurance, changes to minimum wage and upcoming changes to employment law posed to the budget, and how the risks could be contained. The Director of Integrated Commissioning stated there was a quantifiable impact regarding the increase in employer national insurance contributions. AWHP was in contact with providers. Key things coming from conversations were around demand management, which was focused on the models of care. There was not yet certainty if there would be additional funding from the government to help support this. Continuing conversations with providers around what the models of care would look like could help manage some pressure, and work was being done with providers to try and understand potential impacts and await the local government finance settlement

concerning any additional funding in support of that. Continued work amongst the sector is ongoing to try to understand the risks and potential impact that may have.

10. A Member asked what mechanisms and measures AWHP would put in place to monitor the risk regarding governance and oversight. The Director of Integrated Commissioning explained that AWHP had regular forums with local care associations, which was positively recognised in the CQC inspections. Relationship managers had been assigned for each commissioned provider, which was key to understanding if there were pressures within services early on, which might prompt further conversations with providers. Conversations had suggested potential consolidation in the sector, where smaller providers merged to maintain financial viability. AWHP would work with providers around this, while acknowledging providers' autonomy to ensure outcomes for Surrey residents were maintained.

11. A Member referred to the Government budget's announcement of an extra £1.3 billion (b) in grant funding for councils, of which £600m was for social care and whether Surrey County Council (SCC) had any indication if this money would be available for adult services, children's services, etcetera (etc), and how much of the £600m Surrey would receive. The Strategic Finance Business Partner (Corporate) explained there was not an indication of how much Surrey would receive. It depended significantly on the equalisation of the allocation from the Government. If it was fully equalised for SCC's ability to raise council tax, SCC would receive a smaller share of the national allocation compared to a partial equalisation although it was difficult to predict.

12. A Member highlighted a potential imbalance regarding transformation and care package demand and asked for clarity on the balancing of costs with making reductions and costs that would escalate. They noted that demand would increase if AWHP proposed that more in-home care would stop current levels of spending on care homes and proposed savings of £83m over the Medium-Term Financial Strategy (MTFS) period. The Executive Director of AWHP noted the increase in population and demand for services. Home care was more cost-effective and efficient in managing care needs. Timely placement into residential and nursing homes was important. For example, placing working-age adults in these settings too early resulted in the Council funding them for a substantial length of time. Best-practice approaches were highlighted enabling people to live more independently with a level of care and support such as the supported living model, which was not as restrictive as an institution and was more cost-effective as well. AWHP would

review an individuals' strengths, ability to operate and communicate effectively in the community and what level of care and support was required. CQC best practice- inform that people's independence should be promoted and Council's should find ways to enable this. Although the cohort for working-aged people appeared smaller in terms of accessing - services, the costs were increasingly higher. Therefore, AWHP was trying to build in effective ways of working with this cohort in AWHP's strategies and work with providers in a strength and outcomes-based approach to enable people to live at home for longer. Promoting independence across the whole life course and across different age groups was a key element.

Cllr Mark Nuti left the meeting room at 11.07am.
Cllr Mark Nuti returned to the meeting at 11.09am.

13. A Member asked that a report be provided so he could understand how a reduction in the cost of Care Packages would be achieved with an increasing population. The Cabinet Member for Adult Social Care stated she would progress this for the Member and reinforced the importance of residents remaining in their own home, and provided an example of having met a resident who had been in a care home and having left reiterated how important it was for this person to be back at home and regaining her independence. This was an important element to the transformation programme and meeting efficiencies. The Executive Director of AWHP referred to the evidence in the meeting's agenda around the strategies being implemented. SCC contributed to a report prepared by Newton Europe on Adult Social Care funding on behalf of the County Council Network and the Executive Director of AWHP agreed to share a link to the published report.

14. A Member asked about the anticipated changes in the budget to social care and public health provision and what could residents expect to see. The Strategic Director of Transformation, Assurance & Integration explained that residents could expect to see a different 'front door' and approach when residents first contacted the Council, which was intended to be clearer and provide support faster. This was a key part of demand management and key lever in the transformation programme. Available options for care and support would be broader and more targeted, in addition to a more strength-based and least restrictive practice to ensure appropriate support, without overprovision.

15. The Chief of Staff (AWHP) brought attention to prevention and early intervention and the Director of Public Health added that prevention had been the key theme, the Public Health budget announcement was expected in February or March 2025, and a

2% increase had been budgeted for. Regarding the main Public Health commissioned services such as substance misuse, helpers and school nurses, and sexual health and residents would see that key focus on prevention, in particular substance misuse and sexual health services as early intervention led to better outcomes for residents. The CQC assessment highlighted a question around how Public Health Services could continue to be aligned to demand to ensure as much early intervention as possible.

Cllr Sinead Mooney left meeting at 11.27am.

16. The Cabinet Member for Health, Wellbeing and Public Health added that the Royal Surrey County Hospital were reviewing how hospital discharge could be improved. The Hospital was trialling a process of discharging people home with a 72-hour care package in place instead of putting a person on short-term or long-term residential care, to help determine how the person could be supported at home. This reduced the costs of long-term care and allowed a patient to remain at home for longer and improve people's health and wellbeing.

17. The Chairman asked which issues amongst the proposed changes in the AWHP budget, were likely to spark contention, and how was AWHP intending to meet those issues. The Cabinet Member for Health, Wellbeing and Public Health explained that the Public Health budget was ring-fenced, and a 2% increase was currently expected. Public Health would continue to look at innovation, change and grant funding. A lot of funding was brought in through external grants and central government projects. The Chairman noted the importance of Public Health in prevention and hoped for more funding as a result. The Cabinet Member for Health, Wellbeing and Public Health raised that the public would see a change in stronger messaging around prevention and living healthier lifestyles.

18. In terms of challenges, the Executive Director of AWHP outlined that Surrey had several self-funders and higher rates of people going into residential care home settings than virtually anyone in the Southeast region. A question for AWHP was around why people, and families, thought residential care was the answer. There were also self-funders who would choose residential care for themselves. AWHP felt there was a time and place for residential and nursing home placements and wanted to ensure the communication around this was right. Self-funding could be impactful on people's personal finances and if these finances depleted this meant entering Adult Social Care for funding so difficult and challenging discussions with the public would occur and would be communicated effectively. It also meant that AWHP had challenging discussions with people around whether

a residential setting was the right place for individuals. Part of Adult Social Care's value base was around enablement, empowerment, and advocacy, promoting people's rights and which sometimes meant taking the least restrictive principles and recognising and supporting someone's capacity to make decisions and manage those risks within the community. There could be a conflict of opinions in hospital discharge settings where, for example, a medic or nurse may suggest a care home for a person, whereas social care may feel that with the right support the person could go home. AWHP recognised these challenges and took responsibility for some changes in how they operated and communicated some of this going forward.

19. The Chairman raised that Districts and Boroughs (D&Bs) all had existing offers of telecare services, and asked how AWHP was going to integrate with that and manage the transition given the varied environment. The Director of Integrated Commissioning reiterated close work with Mole Valley around the digital switchover. There would be a Cabinet paper around Technology Enabled Care in January 2025. Significant work was undertaken since the Additional Transformation Resource team came into place in Summer 2024, around connecting the different approaches. AWHP's strategy was to ensure there was a good, clear and consistent countywide offer, that allowed AWHP to remain agile and responsive as technology developed. It was important that AWHP had a core element of the offer allowing for the incorporation of new technology and partnership working with those skilled in technology development. The Vice-Chair asked if the committee could receive an advanced copy of the Cabinet paper ahead of Cabinet. The Director of Integrated Commissioning would engage with the committee as normal on this and get Member feedback.

20. A Member raised concerns around fibre technology and its inability to transmit electricity down a fibre cable as it does not work, to enable phone calls during a major power outage. The Member suggested the Council needed to make views around this issue known to solve the technical problem at that level, as it could restrict access to emergency services or technologies such as AI used to support people. The Director of Integrated Commissioning confirmed this was a critical point flagged for the digital switchover, which involved using SIM/mobile phone-based technology such as 4G and 5G. For kits in people's homes, where there was a high risk of power outages that would impact the fibre broadband connection, there was planning taking place so kits could switch to SIM-based technology and was actively being thought through to find solutions to make that possible.

21. A Member asked how AWHP would ensure that the framework for monitoring the Technology Enabled Care and Homes (TECH) strategy was robust and that its' Key Performance Indicators (KPIs) were kept on target. The Director of Integrated Commissioning noted the importance of monitoring service transformation. AWHP worked closely with corporate and departmental colleagues to ensure the rights KPIs were identified. This was focussed on the ability to capture and evidence technology's benefits. There was a strong link in AWHP's operation practice workflow within the Social Care records System (LAS) so that there was understanding around a person's situation prior to having a technology package, the situation after, and the outcomes and improvement delivered as a result. In summary they were ensuring that KPIs were designed up-front, as part of the overall delivery model and technology solutions.

22. The Executive Director of AWHP added that some elements of AWHP's transformation plan would align more to the corporate transformation activity. There was a council transformation board, where KPIs and some savings and efficiencies' scrutiny would occur, with an element of scrutiny from the Section 151 officer and the Finance team around savings' delivery, to ensure that efficiencies have been made and that AWHP was held to account.

23. The Vice-Chair noted AWHP's work with Oxford University and RAND Europe to monitor the effectiveness and cost-saving impact of the motion sensor offer, how the communication and tracking was being managed, and how often AWHP expected to be informed of updates concerning the cost-savings. The Vice-Chair also asked what AWHP's plan was to monitor how they were reducing the amount of money they could be spending through the proposed changes in the future. The Director of Integrated Commissioning explained that work done with Oxford University would bring a robustness to the way tracking was designed through good research and evidence-based approaches. Some savings would be longer term which meant AWHP would need to calibrate the points where changes were measured. Technology put in place as an alternative, to for example motion sensors, based on social care assessment and working with the individuals, created a clear and quantifiable change in cost. Cases were often individual specific and was therefore about layering in measurements to convey the state of the situation, what was provided, and what savings and benefits had been delivered for the person. AWHP could make reporting to the committee part of future monitoring to provide assurance that AWHP's strategies and savings were delivering what was expected.

24. A Member asked how AWHP would interface with General Practice (GP) system, Epic, at Frimley Health NHS and Oracle Health at Royal Surrey Hospital, to ensure there was accurate monitoring and to move away from a demand that was difficult to predict to a demand that could be predicted, and one that could measure the output from those systems and the population health to ensure there was accurate monitoring of trigger factors and to ensure there could be intervention to prevent deterioration, and to work with for example, the Estimated Date of Discharge (EDD) within those hospitals that were digitally mature, and to interface that with the provision of care at home. The Executive Director of AWHP highlighted the challenge of interface between health and social care systems, which was being addressed through work with Integrated Care Partnerships (ICPs) and Integrated Care Boards (ICBs). AWHP had access to some systems such as through AWHP's Social Workers and Approved Mental Health Practitioner's work in the mental health space. This required collaboration between AWHP and its health partners. Information sharing agreements existed between SCC and NHS providers, but more work was needed in this area. Excellent joint strategic analysis work occurred in Public Health which allowed AWHP to review Surrey's population health data. In terms of predicting demand, challenges around this were not completely solvable, so AWHP did their best and would continue to improve on this. AWHP had good data-rich internal information sharing that could be looked at in terms of people who accessed benefits and use that data to inform whether AWHP needed to provide different types of services moving forward. This had been used for crisis intervention funding arrangements and fuel poverty. The AWHP team were members of the Association of Directors of Adult Social Services (ADASS) which included various partners that worked alongside regional colleagues around the available data, which also helped with benchmarking. As a result, a lot of work was already done to help AWHP understand the budget and pressures. Similar work occurred around the care technology efficiencies and would be monitored through the savings and efficiencies programmes with partners.

25. The Chairman asked about how confident AWHP was that the transformation work was aligned with the Council's guiding mission of 'No One Left Behind', and that SCC's four equality objectives were being met. The Executive Director of AWHP explained that AWHP worked hard to ensure the transformation programme aligned with the corporate objectives and the vision of the Council. AWHP welcome check and challenge. AWHP was transforming and changing their model, how they delivered the care offer across Surrey, how they worked with colleagues such as in Public Health and those community-based to ensure the offer was not leaving people behind, outlining enablement

and empowering people to live the best life as possible and that what this looks like will be modernised with a new approach.

RESOLVED:

1. It is recommended that strong and effective Risk Management is treated as a key requirement to ensure that Surrey's Adult Social Care Services remain sustainable while delivering the services needed by Surrey's residents.

2. It is recommended that Needs Assessment is appropriately resourced and robust as it is central to the reduction of costs and at the same time it is essential the weaknesses identified by the CQC are rectified.

3. A plan will be required within the next six months for review, to support the provision of Technology Enabled Care in areas where the provision of appropriate telecommunications services is weak or lacking.

4. It is recommended that there is investment in the tracking of spending.

Actions/requests for further information:

- More information to be provided for Cllr John Furey on how the cost of care packages could be reduced with an increasing population.

- AWHP to share the link to the Newton Europe report with reference to the work about working age adults and the national picture – and how SCC are implementing some of the best practice that was drawn out of this.

- A request was made for the committee to have sight of the paper in relation to telecare offers amongst District and Boroughs before it goes to Cabinet in January 2025, for review and comments.

The meeting adjourned at 11.51am.
The meeting resumed at 12.06pm.

33/24 REVIEW OF PROGRESS MADE TO IMPLEMENT THE JOINT HEALTH AND SOCIAL CARE DEMENTIA STRATEGY FOR SURREY, 2022-2027 [Item 7]

Witnesses
Mark Nuti, Cabinet Member for Health and Wellbeing, and Public Health
Jane Bremner, Head of Commissioning, Mental Health
Simon Brauner-Cave, Deputy Director of Mental Health Commissioning, Surrey Heartlands, Integrated Care System (ICS)

Damien Taylor, Community Transformation Lead for Older Adults, Surrey and Borders NHS Partnerships Trust (SaBP)
Negin Sarafraz-Shekary, Public Health Principal, Cardiovascular Disease Prevention

Key points raised during the discussion:

1. Officers provided the Committee with a presentation prior to the discussion, which outlined the context of the dementia strategy; interventions and programmes of support in place to enhance prevention and reduce risk factors; dementia diagnosis rates; support groups; Technology Enabled Care and Homes (TECH); support for carers; and end of life care support.

2. The Chairman noted that several links in the report did not work and asked for links to be re-sent to the committee.

3. A Member asked what was being done in Surrey around prevention among adults with learning disabilities and how it could be promoted in the community other than online such as on social media. The Community Transformation Lead for Older Adults explained that there were several accessible resources offered, particularly around brain health, healthy eating and lifestyle. These resources were often provided when an individual was referred into services. If an individual had a specific specialist learning disability health need, there was a healthy group run by the multidisciplinary team which could offer referrals to dietetics.

4. The Public Health Principal added that everyone from the age of 14 with a diagnosed learning disability were eligible to receive an annual health check, providing an opportunity to identify early risk factors around healthy eating, sexual health, alcohol etc. A lot of work to raise awareness was happening across primary care to increase that opportunity and ensure parents were aware. Public Health developed two bespoke ‘making every contact count’ courses for people and carers of people with learning disabilities. One course was around healthy eating, and the other course was around alcohol, to help ensure a tailored approach for people with a learning disability.

5. The Cabinet Member for Health, Wellbeing and Public Health highlighted that prevention in Public Health was about living better and healthier. Less alcohol, less smoking and more exercise, for example, could help prevent the onset of dementia in later life. Everyone had a responsibility to look after themselves and be advocates to the public to improve messaging.

6. A Member raised concerns about reaching the target audience of people in their 30s, 40s and 50s with messages about lifestyle choices and its impact. The Member questioned if messaging was also reaching young people who played contact sports such as football and rugby, highlighting the potential damage these sports could cause. The Member felt messaging was not currently getting through to these groups.

7. In addition, the Vice-Chair felt that prevention was key, and that education around lifestyle choices and links to dementia should occur at school-age; to make young people aware of the impact of choices such as smoking and alcohol, noting it could also help young people look out for signs of dementia in family members. The Vice-Chair referred to Public Health's stop smoking support specifically around the 15 hundred referrals and asked if further information could be shared with the committee in the future around how many people were smoking in Surrey and whether they were light smokers or heavy smokers.

8. The Cabinet Member for Health, Wellbeing and Public Health brought attention to Active Surrey which worked with young and older people around improving physical activity and that sport was not for everyone and was generally about exercise, which meant different things to different people acknowledging that the message was difficult to get across and everyone had a responsibility in communities to promote it. Regarding smoking, SCC had one of the lowest Public Health grants in the country and did what could be done with this and were quite successful. The smoking rate was dropping in general across the country and hoped that the new legislation coming forward, including around vapes, would help to reduce smoking rates further.

9. A Member asked what work was being undertaken to help people to make and maintain certain lifestyle adjustments that helped to reduce the risk of dementia, even with Alzheimer's risk-genes, and if it was possible to monitor if this helped prevent dementia from progressing.

10. The Member also raised that one of the greatest risk factors predisposing certain people to Alzheimer's disease was age, and Surrey had a large aging population. The Member asked what preventative steps and developments were being undertaken to reach people earlier and what developments were occurring within Surrey.

11. The Member raised concerns around diagnosis and specifically those that fall outside of the normal range for diagnosis, high-functioning, intelligent people that noticed a cognitive decline and experienced distress as a result, but despite seeing a GP about this decline did not receive a formal dementia diagnosis

until reaching the normal level for a diagnosis. The Member asked how this group was being supported, noting the distress it could cause for the individual and families.

12. The Public Health Principal explained that education and reaching out needed to start from an early age with children as risk factors manifested across a life course. The healthy school approach in Surrey provided that opportunity for conversations around healthy lifestyle approaches, but more could always be done. Public Health had several campaigns to raise awareness of risk factors, such as communication around smoking cessation which had been successful, and the 'know your numbers' campaign which raised awareness of blood pressure risks. Interventions were in place to reduce the risk of dementia's risk factors, especially vascular dementia, such as the NHS Health Check, targeted at people from the age of 40 to identify those with high blood pressure, atrial fibrillation and high cholesterol to identify these conditions at an earlier stage. There was a collaborative group which brought together alcohol and drug misuse as a partnership and worked with key stakeholders to raise awareness. Public Health was also working on prevention and raising awareness of excessive alcohol intake and for example, using the Making Every Contact Count programme and sharing intelligence to improve understanding of those more at risk and how to reach out to communities that were less likely to engage well. Regarding upcoming interventions, Public Health was working towards having a healthy aging programme in place, in collaboration with adult social care and the NHS. NHS Places had several initiatives around frailty, and there was an opportunity to ensure a coordinated approach to healthy aging that captures reducing risks, and that people on a dementia pathway had support in place. Public Health monitored the effectiveness of its interventions, but a clinical research and trial setting on intervention would be required to assess if Public Health's interventions were specifically reducing the risk of dementia. Several clinical trials were happening nationally to improve understanding.

13. Regarding those experiencing distress from a mental health perspective, the Community Transformation Lead for Older Adults explained that Surrey and Borders Partnership NHS Trust (SaBP) would suggest interventions through primary care talking therapies. Research conveyed that outcomes for older adults, therapeutically, were better in those areas. As it progressed, SaBP would undertake secondary services memory assessments, if required. Distress for carers could often be worse at times, so it was important to take a holistic 'Think Family' approach to ensure all needs were being met.

14. The Deputy Director of Mental Health Commissioning added that Surrey Heartlands ICS had started discussions with their talking therapy providers around ensuring people that had dementia risk factors such as depression, were in a talking therapy service, that work was done to explore physical activity opportunities more formally as part of the offer. This was being done in partnership with Active Surrey to help make a real difference. The Member raised concern that this was not currently being put into practice and asked how we spread the word that this was a possibility. The Deputy Director of Mental Health Commissioning clarified that the work he described had just begun as part of the recommissioning of the talking therapy services and agreed that more could be done in relation to physical activity and talking therapies and within their Primary Care Network (PCN) level support and GP Integrated Mental Health Service (GPimhs) and is where efforts would be focused going forward.

15. The Chairman asked about comorbidities such as heart disease, high blood pressure, diabetes and severe arthritis which could lead to a worsened state of dementia. The Chairman asked what actions were being taken in those areas to recognise dementia could be an outcome and to help manage and prevent this. The Public Health Principal explained that management and detection of hypertension, cholesterol, atrial fibrillation and diabetes were key targets in the NHS long term plan. Dementia had been mentioned in Surrey Heartland's clinical strategy and extensive work with the Clinical Cardiovascular Group was undertaken which looked at reducing and improving the management and detection of hypertension, diabetes, and cholesterol. Work was also done with colleagues in primary care to address this. There was a national target in hypertension detection and management of 80% for those eligible to be treated. Surrey was meeting or close to meeting the national target of 80% for treating the elderly population aged 60 and above which was encouraging. Work was in progress to improve management of cholesterol and atrial fibrillation. Previously, there had been simple interventions such as a pulse check at flu vaccination clinics to help identify high dementia risk populations and raise awareness, which was covered in the NHS long-term plan. Public Health raised awareness about those risk factors through their campaigns and collaborative work around the data to ensure it is correctly targeted and looking at reducing inequalities especially looking at more deprived and key neighbourhood areas to ensure that targeted interventions were in place.

16. A Member asked about what assistive devices were being provided for people with dementia to use at home that prevent falls, for example, such as Technology Enabled Care (TEC). The Head of Commissioning for Mental Health explained that

community equipment services provided devices such as grab bars. Motion sensors were well-utilised and helped to identify high-use areas in the home. working with partners at Mole Valley Life, a risk assessment could be offered in the homes to reduce trip hazards, and responder services could visit the home and ensure modifications could occur. Other technology included smart plugs, smart video ring doorbells and assistive technology such as voice-controlled reminders for example, which supported those living with dementia at home.

17. The Member asked what TEC was being developed that aligned with AI and whether there were any innovative technologies being developed. The Head of Commissioning for Mental Health explained technology partners would know more detail of how TEC worked with AI. AI was utilised by some of their providers to contact individuals and send reminders, such as when to take medication, and that some level was built into new technologies so consideration of how to maximise this so people could achieve what they want to get out of it, like smart home TEC for example.. It was mentioned that the technology strategy was in development, due to go to Cabinet in 2025 and would be a good source of information.

18. A Member raised that safety concerns increased as age and dementia progressed and asked what the data conveyed about people living in Surrey with dementia that are monitored and do we have any corresponding statistics in terms of safety issues, what was being done to ensure that the technology linked with the TEC, informed on what worked, what was being trialled and what the overall picture was. The Head of Commissioning for Mental Health outlined that it was perhaps not known what the dementia insights were specifically around technology, as the technology was focused on the individual's circumstances and personal needs. Professional assessments and judgement was relied on to identify the technology best for the individual on a case by case basis There were technologies to raise an alarm, monitor movement and to prompt and remind. Some technology used images of family members and carers to remind individuals of daily tasks which was a newer inovative approach, and whilst not yet commonly available, was part of the strategic forward planning with regards to TECH.

19. The Member asked if they considered there to be any risk of resistance arising from the public around that technology approach. The Head of Commissioning for Mental Health noted that perhaps different people would feel differently about the approaches, and it was difficult to know. Opportunities to try out the technology could be a good idea initially and could help reduce any fear around it.

20. A Member referred to the ‘Connect to Support Surrey’ website, noting it had a range of organisations listed that offered support and was impressive and asked if there were any plans to develop the strategy or develop this support for families within Surrey. The Head of Commissioning for Mental Health explained that mapping and updating of all their support groups were updated regularly and enhancing that from work arising from their health place partnerships colleagues was kept up to date. Work was ongoing across the system.

21. The Vice-Chair raised the importance of recognising how prevalent dementia was in society, and admiration of the important work being undertaken in this area, such as developments in the technological advances and AI to support people living with dementia recognising how much this disease affects so many in society.

The Cabinet Member for Health, Wellbeing and Public Health left the meeting at 1.08pm.

22. Regarding the report’s reference to two new roles appointed for running the dementia information project the Member asked what investment was planned for that purpose for the communication strategy and whether Key Performance Indicators (KPIs) were in place and what they were so we could understand and monitor what was being undertaken. The Head of Commissioning for Mental Health confirmed there were KPIs attached to the project, such as around establishing contact with 90 of the organisations on the support map, and then identify two champions within each Surrey borough. This work was ongoing. There was a network in place to support those champions, where everybody had access to the same information, communication and advice for people with dementia and for carers. With regards to the communication strategy, they were linking up with Communication and Engagement colleagues to get the message out and through statutory body mechanisms and working with voluntary sectors, Action for Carers, and Healthwatch Surrey Luminus for example.

23. The Member asked if there were any geographical holes in their coverage. The Head of Commissioning for Mental Health raised she was not aware of any.

24. The Chairman noted that the report referred to further work being planned to analyse dementia diagnosis rates by GP practice level to further explore and act on any unexpected variation, particularly within Surrey’s priority populations, and 21 priority areas of communities with identity and geography which were often overlooked and most at risk of experiencing poorer health outcomes. The Chairman asked what was being done in

how we are communicating, specifically targeted to those priority populations, and how was that work being measured. The Deputy Director of Mental Health Commissioning explained that the work Surrey Heartlands Integrated Care Board (ICB) was going to do around looking at the GP practice level and Primary Care Network (PCN) level together with primary care colleagues had not yet started but was planned work. The priority populations would be built into that work, and there was an opportunity to plan this thinking going forward.

25. In terms of how Public Health shared information with the population, the Public Health Principal explained that all information about the health and wellbeing and services offered was on the 'Healthy Surrey' website. Regarding how SCC targeted key neighbourhood areas and population groups, the health and wellbeing index was closely monitored, in terms of some of the key indicators that were in the health and wellbeing strategy and could also be looked at by place and key neighbourhood area. In terms of population characteristics, this was more challenging due to a lack of data, but the indicator could still be utilised. A lot of work was already happening in place based partnerships and working out some tangible actions that could be done. A key thing was about coordinating efforts, but the health and wellbeing index was a good tool.

26. The Chairman raised the importance of measuring how well communication exercises reached people. The Public Health Principal added there were several ways to evaluate communication campaigns, for example the number of 'clicks' onto websites could be measured, and sometimes hotspot areas could also be measured and perhaps in the future AI technology could support this area. .

RESOLVED:

1. The report identifies that Priority Populations such as BAME may have different levels of the risk factors for Dementia. Gaining a better understanding on the prevalence of the risk factors and Dementia in the priority populations and the 21 Priority Areas is recommended and consideration of population appropriate health actions to reduce health inequalities.

2. There is a need to better understand why levels of diagnosis within Surrey are higher and it is recommended that more research is undertaken to establish why the numbers are higher.

3. The effectiveness of communications around reducing the risk factors for Dementia is critical. Measurement of the effectiveness of communications and their ability to change behaviours is recommended.

4. Enhanced training and support for Carers is recommended.

5. It is recommended that information is produced to support community leaders and especially councillors in supporting carers with what information is available for them, and the research needs to look at priority areas as part of that.

Actions/requests for further information:

- Democratic Services to check that all links in the report work and send to the committee.

- In relation to the 'stop smoking' support, there was a request to share figures on the population of smokers in Surrey and possibly information on whether they are light smokers/ heavy smokers, and to share further information on the education around smoking and why this was not being done at an earlier age.

34/24 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 8]

The Committee **NOTED** the recommendations tracker and forward work programme.

35/24 DATE OF THE NEXT MEETING [Item 9]

Thursday 6 March 2025.

Meeting ended at: 1.26 pm

_____

Chairman

This page is intentionally left blank