

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.30 am on 14 July 2020 at REMOTE MEETING.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 15 October 2020.

Elected Members:

- * Dr Bill Chapman (Vice-Chairman)
- * Mrs Clare Curran
- * Mr Nick Darby (Vice-Chairman)
- * Mr Bob Gardner
- * Mrs Angela Goodwin
- * Mr Jeff Harris
- * Mr Ernest Mallett MBE
- * Mr David Mansfield
- * Mrs Marsha Moseley
- * Mrs Tina Mountain
- * Mrs Bernie Muir (Chairman)
- * Mrs Fiona White

Co-opted Members:

- * Borough Councillor Vicki Macleod, Elmbridge Borough Council
- * Borough Councillor Darryl Ratiram, Surrey Heath Borough Council
- * Borough Councillor Rachel Turner, Reigate and Banstead Borough Council

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

None received.

2 MINUTES OF THE PREVIOUS MEETINGS: 5 JUNE 2020 [Item 2]

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

3 DECLARATIONS OF INTEREST [Item 3]

Cllr Clare Curran declared that she had an interest in the Learning Disabilities and Autism Service Update item, as she was Chairman and Non-Executive Director of Surrey Choices. She would withdraw from the meeting when that item was discussed.

Cllr Bernie Muir declared that she was a patron of Mary Frances Trust.

4 QUESTIONS AND PETITIONS [Item 4]

None received.

5 ADULT SOCIAL CARE TRANSFORMATION UPDATE [Item 5]

Witnesses:

Karl Atreides, Chair, Independent Mental Health Network
Jonathan Lillistone, Assistant Director of Commissioning (Adult Social Care)
Nick Markwick, Co-Chair, Surrey Coalition of Disabled People
Sinead Mooney, Cabinet Member for Adults and Health
Kate Scribbins, Chief Executive Officer, Healthwatch Surrey
Liz Uliasz, Deputy Director of Adult Social Care
Simon White, Executive Director of Adult Social Care
Patrick Wolter, Chief Executive Officer, Mary Frances Trust

Ernest Mallett joined the meeting at 10:34am.

Key points raised during the discussion:

1. Members enquired whether the scope of the Market Management work mentioned in the report included market frailty and the actions the Council would take to prevent market failure. The Executive Director of Adult Social Care (ASC) confirmed that it did include market frailty. While Surrey County Council had a particular interest in protecting parts of the care market with which it did business, it also had a more general duty to ensure the care market in Surrey was successful. Moreover, the Covid-19 pandemic had brought particular challenges to the care market.
2. A Member noted that in the report, Practice Improvement had been 'RAG' rated as amber/red, and expressed concern that this programme had been slow in implementing the strengths-based approach. He asked what impact that had had, including impact on the budget. The Executive Director of ASC responded that the Council had been taking steps on the strengths-based approach since 2018 and the strengths-based approach was still central to its philosophy. Unfortunately, the Covid-19 pandemic had had an impact on the service and shifted the focus towards hospital discharges and funding requirements, which had somewhat overshadowed the strengths-based approach. The Deputy Director of ASC added that training on the strengths-based approach had started again virtually and tools for implementing the strengths-based approach were being rolled out, so after the difficulty of the pandemic, the approach was now back on track.
3. A Member asked for a general update on care package reviews and queried whether the reviews had resumed yet following the Covid-19 lockdown. The Executive Director of ASC said that reviews were still taking place and the most challenging area was Learning Disabilities (LD). The Council was not reaching the level of savings from the review process that it had anticipated; this may be because the reviews were being conducted virtually.
4. A Member expressed concern about the topic of rates of pay for domiciliary carers. He asserted that some contractors paid one rate of pay for the time spent caring and another for the time spent travelling between clients, which could mean carers are paid below minimum wage. The Executive Director of ASC responded that there was no evidence that any of Surrey County Council's contractors were using different rates of pay to subvert the minimum wage. Moreover, different businesses treated travel times differently. The Assistant Director of Commissioning (ASC) added that the Council was very clear from a commissioning perspective that providers were expected to comply with legal obligations, and if they did not comply, this would be investigated.

5. The Co-Chair of the Surrey Coalition of Disabled People remarked that during the Covid-19 pandemic, the use of technology to support clients had become more widespread. However, the section on technology enabled care (TEC) on page 21 of the report did not include details of how the Council would use TEC going forward. The Cabinet Member for Adults and Health said that during lockdown the use of TEC had improved and the Council was scoping a project to identify opportunities to further improve its offer to residents, working with districts and boroughs and NHS colleagues. The Cabinet Member would keep the committee updated on this.
6. The Co-Chair of the Surrey Coalition noted the possibility of moving the Direct Payments (DP) function in-house. He asked whether there had been examples recently where DP support had been removed from a number of people and they had had to go directly to the Council for support. At the moment, independent support was available for people looking for carers; however, bringing the service in-house may make this more difficult. The Assistant Director of Commissioning (ASC) stated that the service's approach was to collaborate with external partners – like the Surrey Coalition of Disabled People – who played an important role. The Executive Director of ASC indicated that the Council had increased the hourly rate that people on DPs could pay their personal assistants so that was now linked to the London Living Wage and would be automatically uplifted each year.
7. A Member asked whether the Council was tracking care homes' use of the infection control funding that had come from government and what the outcome of this funding was for care homes. The Executive Director of ASC replied that the use of the infection control grant was tightly controlled by government. Three-quarters of the funding had to be spent directly on infection control, while the Council had more discretion on the remaining quarter. The infection control grant was linked to the Care Home Resilience Plan submitted to government, which included a tracker where care homes had to update their status. The plan covered elements including personal protective equipment (PPE), staff moving between homes, and whether staff had the right guidance. The rate of infection and number of deaths in care homes were decreasing, indicating that this plan was effective. Moreover, the Executive Director emphasised that as the pandemic was easing the Council was reintroducing visits to care homes.
8. A Member remarked that he had heard cases where some care homes had been charging residents high fees for PPE provision. The Executive Director responded that PPE was not free in all cases and, whereas towards the beginning of the pandemic there had been supplies of PPE from the government and public donations, care homes were now expected to purchase PPE in the normal way from suppliers and could therefore legitimately charge residents for PPE. Some unscrupulous suppliers had taken advantage of the demand for PPE and increased prices. The Council would only provide PPE to care providers for free in a short-term emergency. However, the Executive Director said that if the Member had encountered cases where self-funders had experienced very high prices for PPE, this should be taken up with care homes on a case-by-case basis.
9. A Member queried whether the Council was putting in place measures to alleviate the mental health problems that some residents may develop due to self-isolation during the pandemic. The Deputy Director of ASC acknowledged that the Council had seen an increase in mental

health referrals, particularly Section 136 referrals (removing to a place of safety by police under the Mental Health Act). Visits to clients had continued throughout the pandemic where necessary, and the Council had been working with external providers such as Mary Frances Trust. Moreover, staff were being trained to recognise mental health symptoms through helplines. The Council was continuing to respond to referrals as they came in. All the relevant information and resources were available in one place on the Healthy Surrey website.

10. A Member enquired what the remit of the Surrey and Borders Partnership (SABP) reference group was. The Deputy Director of ASC replied that the remit was psychological first aid, and the group had been formed in response to concerns about the mental health of shielded people and people who were self-isolating. One example of a response was that psychological first aid training had been set up for helpline staff. The Deputy Director agreed to send the Terms of Reference of the group to the Chairman of the Select Committee.
11. A Member asked for more information on the budget for mental health – what efficiencies had been identified? The Deputy Director of ASC said that the Council was working through the budget plan at the moment, including the staffing budget, setting up a reablement service and prevention work. These could all help achieve efficiencies. The Member questioned whether the plans for the staffing budget would equate to fewer staff. The Deputy Director responded that this was not the case and that the service would struggle to operate with fewer staff. Rather, efficiencies would be made by ensuring resources were in the right place.
12. A Member asked what phase one of the mental health programme had consisted of and what phase two looked like now it had been revised. The Deputy Director of ASC replied that phase one had been ending the Section 75 agreement and moving staff into locality teams. Part of changing this structure was ensuring all staff were trained in the care act and using recording systems correctly. Phase two involved embedding the strengths-based approach, ensuring teams had the right line management structure and developing a hospital discharge process and working effectively with mental health colleagues to secure the right outcomes for residents. Other focuses included ensuring people had access to employment and working with commissioners.
13. A Member asked what the ambitions were to work in a multidisciplinary way with other services, giving the example of children's services, which had a family safeguarding model bringing together multiple other services. Regarding adults' services, there was a 'toxic trio' of poor mental health, drug and alcohol abuse, and domestic violence, and multidisciplinary work could help with this. The Deputy Director of ASC said that adults' services were building multidisciplinary relationships, by working with GPs, for example. The service had been working with Helen Rostill (Director of Mental Health, Surrey Heartlands/Chief Innovation Officer & Director of Therapies, Surrey & Borders Partnership) to connect community services to mental health services. There was also room for partnership working with districts and boroughs on housing, as that could have a significant effect on mental health.
14. A Member enquired what support was given to young people for the transition from children's mental health services (CAMHS) to adults' mental health services. The Deputy Director of ASC explained that she

had been in contact with the Assistant Director of Disabilities, Autism & Transition about this. There had been some referrals from CAMHS to adults' mental health services on someone's 18th birthday, which was deemed too late to do effective transition work. As work was transferred from SABP to the Council, the Council was aiming to improve the transition process.

15. A Member expressed concern that more young people were developing mental health issues, and that the service did not have sufficient funding or staffing to cope with this. She also was concerned about the medium-term psychological impacts of Covid-19, such as 'brain fog'. The Executive Director of ASC acknowledged that some people, particularly those with learning disabilities (LD) or mental health issues, would suffer psychological damage due to Covid-19. The service was anticipating more referrals on this and would respond to them accordingly.
16. A Member expressed concern that GPs were overprescribing medication to patients in order to mask mental health problems, rather than tackling the problem itself. He suggested that the Healthy Surrey website link (which contained details of many services in one place) should be cascaded to GPs. The Executive Director of ASC highlighted the fact that GPs did not come under the Council's ASC services remit. Nonetheless, primary care was playing its part in mental health services. The Council was trying to shift away from severe and enduring mental health problems such as psychosis towards services like SABP, IAPT (Improving Access to Psychological Therapies) and community services.
17. A Member enquired why the RAG rating for hospital discharge was amber in the report. The Deputy Director of ASC replied that this was because of lockdown, which had led to the pausing of multiple areas of work. These had now been un-paused and details were being finalised. However, the rating was still amber, as the service had not achieved everything it would have hoped to have achieved.
18. A Member asked how the review of mental health structures was being conducted and how residents, Healthwatch Surrey and the Adults and Health Select Committee could be involved. The Deputy Director of ASC stated that the review involved looking at caseload numbers, staffing and other resources issues. Once models were developed, user representatives such as Healthwatch Surrey would be involved. The Member suggested working with other external organisations too.
19. The Chief Executive Officer (CEO) of Healthwatch Surrey asked witnesses to comment on the number of complaints recently. Also, what themes had been identified in complaints and what advocacy support was available for those pursuing complaints? The Executive Director of ASC responded that the Council did use complaints as a source of learning and that the Select Committee had received the annual complaints report that analysed complaints received and detailed learning from ombudsman cases. Since 2019 there had not been any major shifts in the level of complaints. The Chairman of the Select Committee also informed the CEO of Healthwatch Surrey about the dashboard that the committee was developing, which would show complaints data.
20. The Chair of the Independent Mental Health Network (IMHN) expressed concern about mental health supply and demand throughout Surrey. He declared that prior to the pandemic the supply

had not kept up with the demand, and the pandemic had worsened this situation. Organisations such as Surrey Police had noticed an increase in death by suicide amongst young people. Moreover, people with secondary mental health issues were often rejected from mental health services as they were deemed not to reach criteria, as these criteria were always changing. Apart from GPIMHS (GP Integrated Mental Health services), what provision was in place to reach increased demand for mental health services? The Executive Director of ASC said that the responsibility for this lay with SABP, so they would be the best people to answer this question. The Chair of the IMHN replied that the IMHN was already working with SABP. He added that he had gone through the service himself, and praised the enabling independence service. However, the pandemic's impact was not to be underestimated and there was a burden on the voluntary sector to fill in the gaps. The Deputy Director of ASC thanked the Chair of the IMHN for his feedback and expressed a wish to develop reablement services and relationships with external organisations.

21. A Member queried how Surrey County Council compared with the market leader in ASC and what could be learnt from them. The Assistant Director of Commissioning (ASC) said that the report pointed to a number of measures by which the Council could compare itself to other LAs. For example, other LAs often did well when it came to consistency across the market, including quality, pricing and confidence in being able to secure placements. A more strategic, centralised approach was one mechanism by which Surrey County Council could achieve that. The Member responded by asking who the market leader was and why Surrey was not leading with them. The Assistant Director of Commissioning (ASC) expressed a wish to avoid commenting on specific history, but with regards to near neighbour LAs, they had a similar approach to Surrey County Council. However, the Member stated that near neighbours such as West Sussex, Essex and Hertfordshire offered better services at a lower cost, and asked why Surrey was not achieving the same. The Assistant Director of Commissioning (ASC) replied that Surrey County Council only purchased about 25% of beds in Surrey care homes; Surrey had a larger self-funder market than other LAs. Surrey faced a greater challenge in achieving good value pricing and good quality.

Recommendations:

The Select Committee:

1. Requests that a report on the Mental Health programme of work is presented at its next meeting on 15 October 2020, and that this outlines the review process and planned actions in more detail;
2. Recommends that key stakeholders and partners are involved in the Mental Health review;
3. Recommends that there is better publicity of the mental health services and resources available to residents;
4. Requests that a detailed report on the Practice Improvement programme is presented at a future meeting.

The responses to recommendations 2 and 3 as above are annexed to these minutes.

Actions/further information to be provided:

1. The Deputy Director of ASC to send the Terms of Reference of the SABP reference group to the Chairman of the Select Committee.

6 ACCOMMODATION WITH CARE AND SUPPORT PROGRAMME UPDATE [Item 6]

Witnesses:

Mel Few, Cabinet Member for Resources

Steve Hook, Assistant Director of Disabilities, Autism & Transition

Wil House, Strategic Finance Business Partner (Adult Social Care and Public Health)

Jonathan Lillistone, Assistant Director of Commissioning (Adult Social Care)

Sinead Mooney, Cabinet Member for Adults and Health

Peter Walsh, Property Account Manager for Adult Social Care

Key points raised during the discussion:

1. The Assistant Director of Commissioning (ASC) introduced the report. It referred back to the October 2019 Cabinet report. The aim of the programme was to create housing that increased independence for residents and was more cost-effective.
2. The Cabinet Member added that the Council was committed to the delivery of the programme. She was aware of concerns around the pace of the programme, but pacing would now be a priority and the programme would be a consistent item on the Cabinet agenda and, she hoped, on the Select Committee's agenda too.
3. Members expressed dissatisfaction with the late delivery of the reports to the Select Committee.
4. A Member expressed frustration at the slow pace of the programme and asked what the reason was behind the delay, what the ongoing challenges were, and how sure the Cabinet Member for Adults and Health was of a successful process. The Cabinet Member for Adults and Health expressed sympathy with Members' concerns but said that the three sites for accommodation with care and support had been approved by Cabinet in October 2019, and her previous references to issues with pace were from that date onwards only. A Member acknowledged that the proposal had been approved by Cabinet in October 2019, but said that there had been conversations between Members and officers about the Pond Meadow site as long as three or four years ago. The Assistant Director of Commissioning (ASC) added that the focus since October 2019 had been on the Pond Meadow tender and a number of other aspects: approaching the market, structuring the lease, and linking that back into care and support. It was important to note that the Covid-19 pandemic had been a challenge for the Council and its partners; for example, the Council had had to redeploy commissioning staff, which had had an impact on progress. However, progress had been made since the end of May 2020 and the Council would be in a position to launch the Pond Meadow tender next week (week commencing 20 July 2020) and award contracts in autumn 2020. Market engagement had suggested that there was very much an appetite to bid for Pond Meadow. The Assistant Director also assured Members that the accommodation would be built in a way that was flexible and allowed the Council to respond to changes in the model of care in the long term.

5. The Cabinet Member for Resources emphasised the progress that had been made in recent months, thanks to the restructuring of the property team as well as private property expertise.
6. The Chair of the IMHN noted that mental health had been omitted from the Equalities Impact Assessment (EIA), and contended that it should have been included as mental health is a disability. The Assistant Director of Commissioning (ASC) expressed regret that this was not as explicit as it should have been, and explained that the Accommodation with Care and Support programme focused on learning disabilities (LD), so LD was more prominent than mental health in the report. The Chair of the IMHN pointed out that people with LD could also suffer from mental health issues and expressed further concern that there was no mention in the report of the mental health impact on staff. The Assistant Director of Commissioning (ASC) noted these points and the Assistant Director of Disabilities, Autism & Transition offered reassurance that there was a group that met every month to look at accommodation and supported living across LD, autism and mental health.
7. A Member anticipated that the Accommodation with Care and Support programme would generate significant savings for the Council. The Strategic Finance Business Partner confirmed that modelling indicated savings of £4,600 per unit per year would be delivered for Extra Care Housing schemes for Older People.
8. A Member expressed dissatisfaction with the content and clarity of the report. He requested more information on the timescale of the programme. The Assistant Director of Commissioning (ASC) explained that, put simply, what was proposed was engagement through a tender process with a development partner who would design, develop and deliver the building. The Council would enter into a lease with them – it was proposed this would be a long lease of 125 years – and there would be terms covering the possibility of a change of use, as the model of care could change in the next few decades. The Property Account Manager added that due to the long lease of the contract, the Council would be the landlord and would retain the right to design, build and operate the site, ensuring it would not have the same problems it had had in the past with the Joint Venture; it could also receive a grant from Homes England. Under the long lease, the building could be repurposed if the Council wished to do so. The development partner would pay peppercorn rent for the 125-year lease and would be responsible for grounds maintenance and everyday running, while there would be a separate care provider with a separate contract. Furthermore, there would be rent review clauses in the lease contract. The Member expressed uncertainty about the rationale for contracting the development partner rather than Surrey County Council developing the site itself.
9. A Member enquired whether the accommodation in question was for older people or people with LD. The Assistant Director of Commissioning (ASC) clarified that the report mentioned two strands: extra care, which was predominantly for older people (including older people with LD or mental health needs); and independent living, for people with LD. The July Cabinet report that had been presented to the Select Committee as a supplementary paper, however, covered specifically the Pinehurst and Brockhurst sites, which were both extra care sites.

10. A Member asked whether the Council was looking to be the registered social landlord. The Assistant Director of Commissioning (ASC) explained that the development partner would be the registered social landlord, and they would claim the Homes England grant, meaning the Council itself would not have to go through the process to become a social landlord. The Property Account Manager added that it was not necessary to become a social landlord in order to develop; it was just necessary in order to receive the Homes England grant. The Cabinet Member for Adults and Health emphasised the difficult and lengthy process involved in becoming a social landlord. The option to become a social landlord had been considered by Cabinet, but it was felt that contracting a developer was a better option.
11. A Member noted that there would be two or three accommodation with care and support sites in the west of Surrey. Did this mean that some residents from the east of the county would have to go to the west to use these sites? The Assistant Director of Commissioning (ASC) said that a focus of the programme moving forward would be to ensure that there were schemes in locations where there was demand.
12. The CEO of Healthwatch Surrey enquired about the implications of deregistration of existing residential care provision, as mentioned in the report. The Assistant Director of Disabilities, Autism & Transition detailed that the process of deregistration as mentioned in that report referred to the ability of care homes to deregister from being a residential care home service and become a supported living service instead. Supported living services entailed some advantages; for example, rather than being a resident under license (as they would be in a residential care home), in a supported living service the resident would be a tenant with greater rights. The process of deregistration was conducted through the Care Quality Commission (CQC) and had become a more rigorous process in the last year. Deregistration was one way of increasing the number of people in independent living. The Assistant Director of Commissioning (ASC) added that there had been incidents where the CQC had decided that it would be inappropriate to deregister a scheme, and there were some individuals for whom it would be more appropriate to be in a registered service.
13. The Property Account Manager confirmed that the issue of penalty charges for any delays incurred by the chosen provider was included in the contract.
14. A Member asked whether creating more retirement villages was an option that the Council had considered. The Assistant Director of Commissioning (ASC) responded that, as the programme focused on the quality of design, and extra care schemes were individuals' homes, extra care homes had a similar feel to retirement villages. The Property Account Manager added that, as retirement villages required large plots of land, they were a potential longer-term idea.
15. A Member queried how confident witnesses were about adhering to the timescales as set out in the report. The Assistant Director of Commissioning (ASC) replied that he was very confident about Pond Meadow, the tender for which would be launched next week, and was generally confident with the tendering process and timescales.
16. A Member questioned whether the assessment of demand for accommodation sites was conducted for each borough and district and took into account the predicted population increase in Surrey. The Cabinet Member for Adults and Health replied that the report that went to Cabinet last year took into account the predicted increase in levels

of demand for housing. There may be a future increase in needs, but once the model was established, this would be addressed.

17. A Member expressed concern about the 53 remaining void units mentioned in the report; 53 seemed a large number of voids and it did not look as though progress had been made on this. The Assistant Director of Commissioning (ASC) explained that the Council used a wide range of registered care schemes, some of which were in older buildings that were becoming less suitable to meet needs; the Council would not allow residents to move into unsuitable schemes, which led to voids in certain cases. The Council was looking at making decisions on whether those buildings would be suitable in the long term, but this had not been possible during the lockdown. This explained why it looked in the report as though limited progress had been made, but it would be accelerated soon.

7 EXCLUSION OF THE PUBLIC [Item 6a]

It was agreed that the meeting would enter confidential discussion of commercially sensitive information under Part 2 of Section 100(A) of the Local Government Act 1972.

8 ACCOMMODATION WITH CARE AND SUPPORT PROGRAMME UPDATE [Item 6b]

Discussion of the Accommodation with Care and Support Programme continued in Part 2. The recommendations were agreed.

Marsha Moseley left the meeting at 1:27pm.

Jeff Harris left the meeting at 1:48pm.

Recommendations:

The Select Committee:

1. Agrees that a report is formulated and submitted to Cabinet to outline its view on the decision on the Change of Route to Market for Two Extra Care Housing Sites and any related recommendations;
2. Asks for a follow-up report outlining plans for further sites for Independent Living and Extra Care Housing.

9 LEARNING DISABILITIES AND AUTISM SERVICE UPDATE [Item 7]

Witnesses:

Karl Atreides, Chair, Independent Mental Health Network

Steve Hook, Assistant Director of Disabilities, Autism & Transition

Jonathan Lillistone, Assistant Director of Commissioning (Adult Social Care)

Nick Markwick, Co-Chair, Surrey Coalition of Disabled People

Sinead Mooney, Cabinet Member for Adults and Health

Kate Scribbins, Chief Executive Officer, Healthwatch Surrey

Simon White, Executive Director of Adult Social Care

Patrick Wolter, Chief Executive Officer, Mary Frances Trust

Fiona White left the meeting at 1:56pm.

Clare Curran left the meeting for discussion of this item.

Key points raised during the discussion:

1. The CEO of Healthwatch Surrey asked how effective the LD Partnership Board, Autism Partnership Boards and Valuing People Network groups were at engaging with residents and gathering a diverse cross section of views. The Assistant Director of Disabilities, Autism & Transition said that the Council was commissioning Voluntary Action Surrey to work with the Council on its communications and engagement plan. This piece of work would go out to the Valuing People Network groups; however, because of the pandemic it had moved more slowly than initially anticipated. There was also a reference group and delivery group with some providers, and the lead for that network was Maria Mills, the CEO of disabilities organisation Active Prospects.
2. The Assistant Director of Disabilities, Autism & Transition confirmed that the Valuing People Network included mental health representatives.
3. A Member highlighted that the proportion of people with LD receiving annual health checks was lower in Surrey than in many other parts of the country. She emphasised the value of these checks but said that publicity was poor, and suggested that the annual health check could be included as part of the Education, Health and Care Plans that people with LD already received in order to increase take-up of the checks. Members emphasised the importance of publicising these checks, both to encourage GPs to offer them and to encourage public take-up. The Assistant Director of Disabilities, Autism & Transition replied that the responsibility for annual health checks lay with GP practices, who were paid for offering extra services through the Direct Enhanced Service (DES) system. For example, GP practices were given higher DES payments for offering appointment slots longer than the usual 10 minutes to patients with LD. He acknowledged that the health checks could make a significant difference, and that there was room for improvement when it came to Surrey's performance on providing the checks. Therefore, the Council had employed two health facilitation workers, who would work with GPs to encourage, upskill and train them in order to increase the number of people with LD and autism receiving health checks every year. It was important to target people living at home with their families or in supported living, for whom the rate of uptake for health checks was particularly low.
4. A Member commented that the report did not give a sense of dealing with the transition from children's to adults' LD and autism services. The Assistant Director of Disabilities, Autism & Transition responded that ASC was working with colleagues in Special Educational Needs and Disabilities (SEND) and children's disability services. Transition was not mentioned in the report as the report dealt with the Select Committee's remit of adults' services, but the Council did want to smooth the pathway from children's to adults' services and would be setting up a pilot this year to start working with young people from the age of 16 onwards (not 18 onwards, as it had been).
5. The Assistant Director of Disabilities, Autism & Transition explained that the latest autism strategy was an all-age strategy with a steering group, and the recently released autism survey was a small part of the overall consultation programme. Members commented that the mental health-specific questions in the survey should be worded in a way that was clearer to people with LD and/or autism, and the Assistant Director of Disabilities, Autism & Transition agreed to look at that in

more detail. He also acknowledged the need to improve Surrey's performance on supporting people with LD to find employment.

6. A Member said that there had long been a separation of LD and mental health, even though they might be linked. Children's and adults' mental health services were often treated separately; there was a need for more joined-up working across mental health services. Moreover, there should be increased levels of staffing to support employability services for people with LD and autism, including those on the lower end of the LD and autism spectrum. The Assistant Director of Disabilities, Autism & Transition responded that since mental health locality teams had been brought back into the Council due to the end of the Section 75 agreement, there was an opportunity for greater collaboration between LD and mental health services; for example, staff could cross over between the two services. The Deputy Director of ASC echoed the Assistant Director's comments and added that in order to prevent young people from falling between two stools in the transition from children's to adults' services, the Council had established a new process.

David Mansfield left the meeting at 2:34pm.

7. The CEO of Mary Frances Trust stated that the GPIMHS were helpful but were still only in pilot stage so were only available in certain areas. It was important that physical health needs for people with LD and autism were met, as well as mental health needs.

Recommendations:

The Select Committee:

1. Welcomes the progress made by the Learning Disability and Autism Service to date and supports its plans for the future;
2. Recommends that annual health assessments are more focused on unearthing mental health issues, which can have physical manifestations;
3. Recommends that greater emphasis is placed on the transition period and that the steps taken to address this are outlined in a follow-up report;
4. Recommends that officers explore the inclusion of KPIs on to the Select Committee's performance dashboard to monitor future progress.

10 RECOMMENDATIONS TRACKER AND FORWARD WORK PLAN [Item 8]

Clare Curran returned to the meeting.

Key points raised during the discussion:

1. A Member observed that in the recommendations tracker, there was a mention of the level of the Public Health budget. It said that "the level of activity for this service has been structured in accordance with the overall reduction in funding of £9m by central government". However, the Member did not see this as a sensible way to proceed, as the budget for the service should be arranged to fit its activity level, not the other way around. The Council's Public Health service provided leadership and information not only to the Council but also to partners. The Council should be more mindful of this and set the Public Health budget at a more optimal level. The Cabinet Member for Adults and

Health acknowledged the Member's point and agreed to look into this carefully at the next budget setting.

11 DATE OF THE NEXT MEETING [Item 9]

The next meeting of the Adults and Health Select Committee would be held on 15 October 2020 at 10:30am.

Meeting ended at: 2:52pm.

Chairman

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