

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.30 am on 17 December 2020 as a REMOTE MEETING.

These minutes are subject to confirmation by the Committee at its meeting on Tuesday, 19 January 2021.

Elected Members:

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

Co-opted Members:

- * Borough Councillor Neil Houston, Elmbridge Borough Council
- * Borough Councillor Vicki Macleod, Elmbridge Borough Council
- Borough Councillor Darryl Ratiram, Surrey Heath Borough Council

In attendance

- * Karl Atreides, Chair, Independent Mental Health Network
- * Nick Markwick, Co-Chair, Surrey Coalition of Disabled People
- * Sue Murphy, Chief Executive Officer, Catalyst
- * Kate Scribbins, Chief Executive, Healthwatch Surrey

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Bob Gardner, David Mansfield and Darryl Ratiram.

2 MINUTES OF THE PREVIOUS MEETING: 15 OCTOBER 2020 [Item 2]

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

3 DECLARATIONS OF INTEREST [Item 3]

Clare Curran declared a personal interest in item 5 (Scrutiny of 2021/22 Draft Budget and Medium-Term Financial Strategy to 2025/26) as a non-executive director of Surrey Choices.

4 QUESTIONS AND PETITIONS [Item 4]

None received.

5 SCRUTINY OF 2021/22 DRAFT BUDGET AND MEDIUM-TERM FINANCIAL STRATEGY TO 2025/26 [Item 5]

Witnesses:

Anna D'Alessandro, Director of Corporate Finance

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

Ruth Hutchinson, Director of Public Health

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

Sinead Mooney, Cabinet Member for Adults and Health

Liz Uliasz, Deputy Director of Adult Social Care

Simon White, Executive Director of Adult Social Care

Rachel Wigley, Director of Financial Insight

Key points raised during the discussion:

1. The Cabinet Member for Adults and Health introduced the report, stating that, while 2020 had been a difficult year due to the Covid-19 pandemic, the 2021/22 budget was one of stability. There were significant challenges in Adult Social Care (ASC). With regards to Public Health (PH), there was a particular need for increased attention on and funding for mental health.
2. The Director of Corporate Finance presented slides on the budget, stating that the report as presented to the Select Committee showed the draft budget as had been approved by Cabinet on 24 November 2020. The draft iteration had a gap of circa £18m. The Council expected a provisional settlement from central government today (17 December 2020), which would provide details of Surrey-specific funding, against the current £18m gap¹. The Medium-Term Financial Strategy (MTFS) gave a longer-term view on budgetary implications for the Council. Estimates were indicative and were iterated every year, meaning that they were prone to change in future, and as the spending review released by central government this year was only a one-year spending review, it gave little certainty across the medium term. The Council had been informed by central government that they aimed for the Fair Funding Review (FFR) and business rates reset to take place when the pandemic had finished; therefore, it was estimated that these would take place in 2022/23.
3. A Member noted that there had been many statements from central government that Covid-19 costs would be met in full. Did the Director think that was correct, and was she confident it would continue? The Director of Corporate Finance responded that the only information the Council had received on Covid-19 funding in 2021 was that £1.5bn of spending review funding would be allocated across all costs nationally next year. Surrey County Council did not know yet what proportion of that it would get, and it wouldn't know this until the provisional settlement was released. As at December 2020, Surrey County Council had a surplus of circa £10m that it could use to cover Covid-19 costs for 2020/21 or to carry over any surplus into 2021/22. However,

¹ It was announced later that day that Surrey would receive sufficient funding through the provisional settlement to close the budget gap.

the Council had no guarantee that its Covid-19 costs would be met in full in 2021/22.

4. The Strategic Finance Business Partner presented slides on the draft ASC budget, which forecast a gap of £5m; it was anticipated that this £5m gap would be closed with the provisional settlement, as a proportion of the circa £18m gap to close. Looking ahead, an increased spending requirement of £75m was anticipated, leading to a gap of circa £107m across the five-year MTFS period. These assumptions would continue to be reviewed over future years, and would be influenced by the FFR, any changes to the national ASC system, and the impact of transformation plans across the Council.
5. The Strategic Finance Business Partner continued to explain that the majority of pressures in ASC related to care package price inflation and increased demand for ASC services funded by the Council. There were £31m efficiencies currently planned in the medium term, and these efficiencies would mitigate pressures rather than reducing the overall spend. The scale of efficiencies was broadly similar across client groups, amounting to approximately 3% of base budgets. Due to the pandemic, ASC was anticipating to incur circa £50m additional spending in 2020/21, about £45m of which had been spent on additional support to providers. The ongoing impact of the pandemic had been taken into account with regards to care package price inflation, and would continue to be reviewed as time went on, noting that it was difficult to predict the financial impacts of the pandemic as the national and local situation was continually changing.
6. The Executive Director of ASC outlined the ways in which the Council was reducing spend in an ethical way that had positive outcomes for service users. These were: using a strengths-based approach, transforming the model of care, and buying care as effectively as possible.
7. A Member asked what traditional day care services were being decommissioned as part of the transformation of the model of care, how the Council would ensure that residents were not negatively affected, and what investment would be put in community support. The Executive Director replied that the biggest client group for traditional day care services was people with learning disabilities (LD). All savings earmarked against reviews of day care services for people with LD were net. The ASC service would prioritise finding alternative day solutions for all individuals currently receiving traditional day care services. In a number of cases, the Council was effectively paying twice, as an individual might have 24/7 residential care as well as attending day care services. The Council aimed to provide a more modern model of care for these people, whereby they would not necessarily have to travel from their place of residence to access day services; a more modern model would involve the existing provider working with the individual and their family to find a solution that works for them, which would lead to savings comprising mostly building and transport costs. Where appropriate, this would involve supporting people with disabilities to find employment.

8. A Member enquired how confident officers were that this budget was achievable. The Executive Director stated that in his experience it had always been possible to make efficiencies where necessary. The Council would put the needs of its customers first. He expressed confidence that the Council could provide more inclusive opportunities in a way that would simultaneously deliver efficiencies.
9. The Executive Director stated that Covid-19 costs was the biggest area of uncertainty in ASC in 2021/22 at the moment. This uncertainty and the associated financial impacts of the pandemic combined with general pricing and demand pressures would be the main challenges in delivering ASC's 2021/22 budget.
10. A Member asked where the £11.5m income from learning disabilities and autism (LD&A) would come from. The Strategic Finance Business Partner responded that circa £9m of the £11.5m would come from assessed charges: the statutory policy was to assess the benefits people received and receive a proportion of those as charges. The remainder of the £11.5m was mostly composed of contributions from Clinical Commissioning Groups where individuals' care was jointly funded by the Council and the NHS.
11. Referring to efficiencies outlined in the agenda, a Member noted that there was a line about introducing a new transport policy. Was this a euphemism for reducing services for people with LD&A? He also endorsed the notion of people with LD&A participating in horticultural or animal husbandry activities as a means of day activities, and asked what the Council was doing in this area. The Strategic Finance Business Partner said that efficiencies in transport came from supporting people to travel more independently where this was assessed to be suitable and purchasing transport more effectively – for instance, trying to reduce usage of the most expensive forms of transport, like individual taxis. Regarding the Member's second point, the Cabinet Member praised the work of providers in the LD&A area and invited Members to accompany her and visit providers to see LD&A services for themselves. Being more ambitious with regards to day activities and opportunities for people with LD&A was important.
12. A Member asked whether the Council would raise funding to close the budget gap by increasing the ASC council tax precept. The Director of Corporate Finance explained that the only increase in council tax that had been factored into the budget at the moment was the 1.99% increase to overall council tax; no increase to the ASC precept had been factored into the budget as it stood. The Council was permitted to increase the ASC precept by up to 3% over the next three years, and officers were keen to have the Select Committee's feedback on whether to increase the precept at all. At this point, the Council was awaiting the provisional settlement, but it was already clear that the government would underwrite the collection fund deficit and that there would be £1.5bn Covid-19 funding from government. It was anticipated that the provisional settlement would allow the Council to close the budget gap without the Council having to make any more efficiencies.
13. A Member remarked that in the report there were references to improving purchasing of care beds and home-based care packages,

which could imply a reduction of payment to providers. He indicated that many ASC providers were currently struggling financially due to the pandemic, and asked how reductions would work for providers. The Executive Director said that this did not represent a reduction, but rather that the Council was aiming to buy care at a more consistent price. If the Council bought beds at its target price, it would save money without reducing provision for any individual. The Assistant Director of Commissioning confirmed this and added that recent analysis had shown significant variation in different parts of the county, and it was necessary to make this more uniform. The Council was having constructive conversations with home-based care providers and working on structuring rounds more efficiently in future. It was also ensuring it purchased good quality care, all of which would lead to reduced spend.

14. A Member asked why efficiencies for the mental health transformation programme were RAG (red, amber green) rated red in the report. The Executive Director replied that this was because 2020 was the first year that mental health services had been under the remit of the Council (prior to the end of the Section 75 agreement, they had been solely under the remit of Surrey and Borders Partnership NHS Trust). The Trust had not made savings effectively in the past, so this area had to be rated red; however, there was no reason to believe that the Council would not be able to make savings in mental health in future, and the RAG rating might improve.
15. A Member remarked that approximately 40% of the Council's clients in LD&A had not had their care package reviewed in the last two years. The target was to review 80% of LD&A clients, but if reviews were increased to this extent, the amount of spending on care packages might increase significantly, meaning that LD&A pressures could outweigh LD&A efficiencies. If this was the case, how was it anticipated that the Council would keep the budget balanced? The Executive Director expressed disappointment that the level of reviews was so low, but added that the service had taken action on that. One of the reasons that the Council had set up a specialist LD&A team was to improve the service, and the Assistant Director of Disabilities, who was in charge of the LD&A team, had increased the number of permanent roles in the team. The Executive Director expressed confidence that the service would recover the position on reviews over the next year. Furthermore, he doubted that increasing the number of reviews would lead to a significant increase in cost, as those who had not been reviewed were mostly people in residential care, so they had had a form of contact with the system. The Executive Director was also hopeful that when the Council did conduct these reviews, it would find a way of moving people into more independent living and less institutional forms of care, thereby making savings rather than increasing cost. Of course, if when conducting reviews the service encountered people who did need more care, it would give them more care.
16. The Cabinet Member praised technology-enabled care (TEC) as an effective tool against loneliness and described the launch of a pilot of TEC for frail and older residents, planned for 2021. She was keen to keep the Select Committee updated on this.

17. A Member noted the mention in the report of a £2.7m efficiency from the 'resolution of continuing health care disputes', and enquired what these were and how it would be ensured that there was not a problem with these in future. The Executive Director of ASC responded that Surrey had over 100 disputes with the NHS, most of which concerned whether a certain need pertained to Surrey County Council ASC or the NHS. Due to how cases had fallen to date, it was not unreasonable to assume that some of the cases would fall in the Council's favour in future.
18. A Member asked what the rationale was for not factoring an increase in the ASC precept into the budget. The Director of Corporate Finance explained that the Council was told on an annual basis by central government whether it would be allowed to levy a precept. In the 2019/20 financial year, the Council received no such directive, so it would have been premature to decide this either way when setting the draft budget for Cabinet approval. The Council was then first informed that it would be able to levy the precept on 25 November in the spending review. Whether or not to levy the precept was a political decision. To provide an indication of scale, a 1% levy on the precept would amount to £7m to £8m income for the Council.
19. The Select Committee deliberated on the issue of whether the ASC precept should be levied and, generally, Members expressed the opinion that the precept should not be levied, for the following reasons: the budget was based on good assumptions and likely to be balanced as it was; many residents would already be struggling financially due to the economic effects of the pandemic, and would struggle to pay a higher rate of tax; and it was important that central government did not feel relieved of its responsibility to provide sufficient funding. The Cabinet Member stated that Members' views would be taken on board with regards to the precept.
20. The Strategic Finance Business Partner provided an overview on the PH budget. Surrey's PH budget was funded by a ringfenced grant, which had been increased this year. Surrey's increase this year was larger than most Councils', and it was assumed that this was in recognition of Surrey's historically low funding. There was a confirmed stable budget position for Surrey's PH budget for the next two years (up to 2022/23). Moreover, as part of the FFR, there was a possibility that the PH grant would become un-ringfenced, which would significantly influence PH spending in future; if this was the case, it would not come into place until 2022/23 at the earliest. In 2020, PH had led on the Covid-19 response in Surrey, and this work had been funded by two grants from central government and special tier funding. These costs were expected to be met within those separate funding streams, so they did not form part of the PH budget. At the moment, it was anticipated that funding provided would be sufficient to cover costs in PH (therefore, there was currently no gap in the PH budget).
21. The Director of PH mentioned the Community Impact Assessment (CIA), which was published on the Surrey-I website and gave an in-depth overview of the impact of Covid-19 on geographical and demographic groups. She also restated that there had not been a

Covid-19 pressure on the PH budget, as the Covid-19 response had been completely covered by special government funding.

22. A Member asked witnesses how they saw the budget contributing to the prioritisation of the issue of health inequalities, as well as the three other priorities that formed the Council's main priority objectives. The Director of PH replied that reducing health inequalities was an essential part of PH. The PH service worked in partnership with officers working on the Health and Wellbeing Strategy, which contained key health priorities for the Council. Covid-19 had increased recognition of other elements that need to be incorporated into the Council's strategies, such as housing (homeless people had been placed in emergency housing as part of the response to Covid-19). Furthermore, there was a requirement within the NHS to reduce inequalities, so the Council was dovetailing with the NHS to make their work more effective. One key indicator of health inequalities was a disparity in healthy life expectancies between different geographical areas or demographic groups, and Surrey still had some large gaps, despite being an affluent county. There was a public Tableau dashboard (a piece of online data software used by the Council) containing all the Health and Wellbeing Strategy metrics, and the Council could use this to share with residents its aim to reduce inequalities.
23. The Chair of the Independent Mental Health Network (IMHN) expressed concern that there was a reduction in mental health funding in 2021/22 compared with the previous year, and asserted that this went against the priority of tackling health inequality. The Cabinet Member expressed a commitment to looking into increased funding for mental health and stated that she would like to involve the committee in this at some point. The Chair of the IMHN raised the work of the Mental Health Task Group, which had included in its findings a need for increased funding on mental health. The Cabinet Member responded that the work of the Task Group had raised the profile of mental health and was a factor behind the recent Mental Health Summit that was held, involving partners from across the system.
24. The Chair of the IMHN emphasised that the worsening of mental health across the country caused by the pandemic would not stop as soon as the pandemic stopped; mental health problems were likely to affect individuals in the long term.
25. The Chairman of the Select Committee stated that she was committed to mental health, which included lobbying Westminster for funding and increased mental health support, such as GPIMHS (GP Integrated Mental Health Services).
26. A Member enquired whether PH's business as usual work would be affected negatively if the funding did not increase as expected. The Cabinet Member replied that, while there had been an increase in grant funding for PH, Surrey's PH funding was still lower than would be ideal. Increased funding was essential for tackling the long-term impacts of Covid-19, and the Cabinet Member encouraged people to lobby their MPs and government for this.

27. A Member asked what was being done to address issues raised in the CIA and the impact it had had on different groups across Surrey. The Director of PH responded that the CIA was kept as up to date as possible and was fed into by received intelligence. Where disproportional impacts in certain population groups were recorded, PH spending would match these proportions to tackle inequalities. She acknowledged the importance of addressing the medium- and long-term impacts of the pandemic.

Recommendations:

That, subsequent to this meeting, the Adults and Health Select Committee will agree wording for inclusion in the report regarding the draft Budget and Medium-Term Financial Strategy, which is to be prepared jointly by the Council's four select committees.

Actions/further information to be provided:

1. Democratic Services officers to look into the possibility of organising for Members to visit LD&A services (whether remotely or in person);
2. Democratic Services officers to look into the possibility of updating the Select Committee on TEC.

6 ADULT SOCIAL CARE COMPLAINTS [Item 6]

a ASC COMPLAINTS APRIL - SEPTEMBER 2020 [Item 6a]

Witnesses:

Sinead Mooney, Cabinet Member for Adults and Health
Kathryn Pyper, Senior Programme Manager (Adult Social Care)
Liz Uliasz, Deputy Director of Adult Social Care

Key points raised during the discussion:

1. The Deputy Director of Adult Social Care (ASC) introduced the report and stated that the ASC service welcomed all feedback, whether that was complaints or compliments. It took complaints seriously and aimed to resolve them in a timely way.
2. The Senior Programme Manager presented slides and detailed that there was a statutory timescale of three working days to acknowledge complaints, and a statutory obligation to respond to them in a timescale that was reasonable and less than six months. Surrey County Council's ASC service had adopted its own timescale of 20 working days for responding to complaints. Sometimes it was necessary to extend this, but the Council always kept the complainant updated. If dissatisfied, complainants had the right to go to the ombudsman.
3. Showing a slide detailing the number of complaints received in the period from April to September 2020, the Senior Programme Manager explained that while the 22 complaints received in learning disabilities and autism (LD&A) was larger than the number of complaints received in other areas, it was proportional to the caseload the LD&A service accounted for. The Deputy Director added that LD&A was a county-wide service, while others were largely area based. She also explained that timelag was the reason why there were seven complaints received for the Guildford area, but ten complaints responded to.

4. The Senior Programme Manager continued to state that as part of the new complaints management system, quarterly meetings were held with the commissioning and quality assurance teams, and a summary of complaints for each area and learning was provided to members of the leadership team each month. Key learning areas for April to September 2020 were better communication, timely assessments and reviews, effective record keeping and improving the quality of the service and staff practice. Furthermore, the complaints teams were supported and trained across ASC. Finally, a leaflet called Listening to Your Views had recently been updated.
5. A Member requested more detail on complaints resolved outside the complaints process, as mentioned in the report. The Senior Programme Manager said that this meant where a complaint was raised in the first place, but the ASC service had spoken to the resident, resolved the issue and found a solution the resident was happy with, without going through a full complaints procedure. Nonetheless, this sort of process was still recorded.
6. A Member enquired how the service was explaining complaint pathways to residents, apart from the Listening to Your Views leaflet. The Deputy Director replied that there was information on the Council's website and that, if a resident was unhappy with the care received, ASC staff would advise them of their right to make a complaint.
7. A Member noted that needs assessments were the reason behind a large proportion of complaints. Why were people dissatisfied with this? The Deputy Director replied that these complaints were generally about the outcome of the assessment, rather than the nature of the assessment. If the complaint was about the nature of the assessment, the service would take learning from that complaint, but if it was about the outcome, the service would take this up with the specific practitioner involved in the case.
8. The Chair of the Independent Mental Health Network (IMHN) raised a number of comments and concerns:
 - a. It would be useful to see data from the last 12 months, not just the last six months, to give a longer-term view.
 - b. The Listening to Your Views leaflet should be available more widely at community hubs and third sector partners.
 - c. Some residents were still afraid to complain for fear that their funding would be reduced.
 - d. Some residents felt they were not being listened to, particularly residents with disabilities.

In response the Deputy Director remarked that she too had encountered residents who were reluctant to complain. If any resident had had their package reduced as a result of a complaint, the ASC service would like to hear about this, perhaps through Healthwatch Surrey, as this is not good practice and should not be happening. With regards to feeling listened to, this was part of the strengths-based approach and motivational interviewing technique, which ASC staff had been trained on. Videos about this new training would be brought to the Select Committee at its January 2021 meeting. The Senior

Programme Manager added that data over the last 12 months was available and this could be provided in future to the Select Committee. Regarding the leaflet, it would be made available as a core leaflet in care homes and community hubs.

9. The Co-Chair of the Surrey Coalition of Disabled People commented that the report was mostly quantitative and suggested including examples of specific complaints.
10. Referring to the 18% of complaints still pending, as mentioned in the report, a Member requested more information on what types of cases these were and the reasons for the delay. The Senior Programme Manager said that this would not necessarily entail a delay; rather, it might be a case for which there was not yet an outcome and the investigation extended beyond the end of the reporting period, but more information on these cases could be provided.
11. A Member asked whether responses to complainants included details of what the Council had done or would do as an outcome of the complaint. The Deputy Director informed the Select Committee that, as picked up in the training for staff, it was expected that learning should be included in all responses to complaints.
12. A Member enquired whether spot checks were undertaken by team leaders to check whether staff were following guidance and the service was improving. The Deputy Director replied that this was picked up in supervision and one-to-one meetings with managers. However, the Deputy Director would remind team managers to do this nonetheless. The Senior Programme Manager added that a summary was provided to the assistant director for their relevant area every month, so issues identified in this could be followed up.

Actions/further information to be provided:

1. The Deputy Director of ASC to incorporate videos on new training techniques to the Select Committee at the 19 January 2021 meeting;
2. The Senior Programme Manager to incorporate data covering a 12-month period into future ASC Complaints reports to the Select Committee;
3. The Senior Programme Manager to ensure the Listening to Your Views leaflet is made available as a core leaflet in care homes and community hubs;
4. The Senior Programme Manager to include specific examples of complaints and/or case studies in future ASC Complaints reports;
5. The Senior Programme Manager to provide Members with more information on complaints that are 'still pending' in future reports;
6. The Deputy Director of ASC to remind team managers to supervise and conduct spot checks with staff in the complaints team.

b HEALTHWATCH SURREY - WHAT ARE WE HEARING ABOUT ADULT SOCIAL CARE? [Item 6b]

Witnesses:

Sinead Mooney, Cabinet Member for Adults and Health

Katharine Newman, Intelligence Officer, Healthwatch Surrey

Kate Scribbins, Chief Executive, Healthwatch Surrey
Liz Uliasz, Deputy Director of Adult Social Care

Fiona White left the meeting at 13:06.

Key points raised during the discussion:

1. The Chief Executive of Healthwatch Surrey outlined that Healthwatch conducted Adult Social Care (ASC)-specific engagement, which would usually involve entering care homes and talking to residents (using Enter and View powers), as well as agenda-free engagement carried out in high-footfall areas, but because of Covid-19, Healthwatch was currently quite reliant on residents approaching Healthwatch themselves to give feedback. The Chief Executive of Healthwatch Surrey met quarterly with the Surrey County Council Deputy Director of ASC to share findings. Most of what Healthwatch heard was feedback rather than complaints; Healthwatch largely heard the sub-complaint level of feedback, whereby a resident might not want to make a formal complaint. The organisation recognised that hearing more complaints was a good thing, as it showed effective engagement, and believed in the importance of encouraging residents to give feedback and to complain. There were reasons why some residents did not feel able to speak up. Furthermore, Healthwatch had the ability (via the Independent Health Complaints advocacy service) to support residents to register complaints with the NHS, but this service did not exist for ASC.
2. A Member asked what the thresholds were for advocacy when registering a complaint about ASC. The Deputy Director of ASC stated that under the care act, people had to have a specific need for advocacy in order to receive it.
3. The Co-Chair of the Surrey Coalition of Disabled People remarked that obtaining advocacy was difficult and had become more so since the service was last procured. He also expressed concern that a lot of issues went unheard as they were either anecdotal and not quite complaints, or residents were reluctant to raise a complaint for fear of experiencing retribution or not being listened to. There was lack of trust in care managers among some residents. The Cabinet Member for Adults and Health agreed with the Co-Chair that the notion that residents felt afraid to complain was concerning, and emphasised that the service worked well and residents should not feel as though they have to hold back from complaining. Hearing vulnerable residents' voices was important, as they helped shape the service going forward. The Cabinet Member suggested looking into introducing care navigators, a person-centric contact who could help signpost residents. This would help alleviate people's fear and reduce failure in the system. It could be an integrated service, developed in partnership with third sector organisations. The Select Committee was in agreement with this suggestion.

Action/further information to be provided:

1. The Cabinet Member for Adults and Health is to keep the Select Committee updated on the progress made regarding the possible introduction of a care navigators system.

7 RESPONSES TO RECOMMENDATIONS MADE BY THE ADULTS AND HEALTH SELECT COMMITTEE [Item 7]

Witnesses:

Sinead Mooney, Cabinet Member for Adults and Health

Key points raised during the discussion:

1. The Chairman of the Select Committee set out the progress made on the recommendations of the Mental Health Task Group since they had been endorsed by the Select Committee at its October 2020 meeting. Since then, meetings had been conducted with officers and with the Cabinet Member for Adults and Health, to ensure the recommendations were put into effect.
2. The Chairman of the Mental Health Task Group updated the Select Committee on the following points:
 - a. The Task Group had asked for confirmation as to how the £2.3bn mental health funding provided nationally a few years previously was spent, and would keep the Select Committee updated on this.
 - b. The Task Group had discussed at length its concerns regarding the Abraham Cowley Unit at St Peter's Hospital with Surrey and Borders Partnership NHS Trust.
 - c. It was important that the Task Group liaised with the Children, Families, Lifelong Learning and Culture Select Committee with regards to transition arrangements.
3. A Member praised the work of the Mental Health Task Group and suggested that a Task Group on health inequalities be convened at some point in the future, incorporating issues such as perceived ease of access to services in deprived areas.
4. The Chairman of the Select Committee informed Members that further progress on the Mental Health Task Group recommendations would be reported on at the 3 March 2021 meeting of the Select Committee.
5. The Cabinet Member for Adults and Health expressed her support for the recommendations of the Mental Health Task Group.

8 APPOINTMENT OF A NAMED SUBSTITUTE TO SOUTH WEST LONDON AND SURREY JHOSC [Item 8]

It was agreed that Bernie Muir would be the named substitute on the Joint Health Overview and Scrutiny Committee.

9 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

The Select Committee noted the Recommendations Tracker and the Forward Work Programme.

10 DATE OF THE NEXT MEETING [Item 10]

The next meeting of the Adults and Health Select Committee would be held on 19 January 2021.

Meeting ended at: 1.45 pm

Chairman

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