

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.30 am on 19 January 2021 as a REMOTE MEETING.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 3 March 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 David Mansfield and Daryll Ratiram.

2 MINUTES OF THE PREVIOUS MEETINGS: 17 DECEMBER 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 the Development of New All-Age Autism Strategy item as she is non-executive director and Chairman of the Board of Directors of Surrey Choices.

4 QUESTIONS AND PETITIONS [Item 4]

None received.

5 SURREY HEARTLANDS HEALTH AND CARE PARTNERSHIP COVID-19 RECOVERY PROGRAMME [Item 5]

Witnesses:

Helen Coe, Recovery Director, Surrey Heartlands

Helen Rostill, Director of Mental Health Services, Surrey Heartlands

Giselle Rothwell, Associate Director of Communications and Engagement, Surrey Heartlands

Liz Uliasz, Assistant Director of Mental Health, Adult Social Care

Diane Woods, Deputy Director of Adult Mental Health Commissioning, Surrey Heartlands

Key points raised during the discussion:

1. The Recovery Director stated that the Covid-19 recovery work had been ongoing since the first wave of the pandemic in March/April 2020. The recovery work included a major priority of restoration of services following the first wave and the report demonstrated that Surrey Heartlands was having considerable success prior to Christmas 2020 (when the second wave hit) in tackling the backlog that built up following the first wave and reopening elective care services. NHS England monitored the performance of Surrey Heartlands' recovery programme against a trajectory. There had been mutual aid between providers throughout the recovery, and some positive changes had been made to the system, such as the introduction of virtual consultations.
2. The Director of Mental Health Services said that the surge in mental health demand and acuteness had accelerated since Christmas 2020 and that the mental health impact of the current lockdown would likely be seen for some time to come. A weekly cross-sector group had been set up to look at mental health pressures and immediate actions that could be taken. Surrey Heartlands was looking at supporting people in their homes in order to improve their mental health; for example, by conducting deep cleans or providing furniture. There was also wraparound support for people with autism and mental health needs. Measures were being put in place to ensure people had support when being discharged from hospital. The Assistant Director of Mental Health explained that Surrey County Council Adult Social Care (ASC) had established a hospital discharge team to work with Surrey and Borders Partnership NHS Foundation Trust (SABP) and were looking to appoint an occupational therapist as part of this. There had been a significant number of young people experiencing mental health crises, and Surrey Heartlands was looking at providing additional resources to tackle this.
3. The Assistant Director of Mental Health added that district and borough councils were working with SABP to provide longer-term housing for people with mental health needs.
4. A Member asked how Surrey Heartlands was monitoring the capacity of the third sector to support the recovery. The Recovery Director replied that Surrey Heartlands had activated the 'surge' ability, which enabled them to take over six independent providers to use their resources and facilities. This was being monitored daily in partnership with NHS England.

5. A Member enquired how capacity and demand were aligning in terms of autism support and how Surrey Heartlands was coping with specific areas of need. The Assistant Director of Mental Health stated that a social worker with a specialist autism and mental health background had been appointed in order to help people with autism and mental health needs to access resources.
6. Expanding on the issue of eating disorders, the Director of Mental Health Services explained that a working group led by GPs and specialists had been set up, looking at monitoring the physical health of adults and children with eating disorders. The group had compiled a safety proposal interim plan involving specialist GPs to support the interpretation of diagnostics. This had now been approved by Surrey Heartlands and would be embedded into the service within the next two to three weeks.
7. A Member asked whether people were choosing not to undergo elective procedures due to concern about catching or spreading Covid-19, or whether elective surgery was being cancelled by hospitals to increase capacity for Covid-19 patients. The Recovery Director responded that there was a combination of the two. All patients on the waiting list for elective procedures had been clinically validated, and patients had been given the opportunity to choose to be categorised under priority 5 or 6, meaning they would opt to delay their operation until later in the year, in order to try to avoid the coronavirus during the current wave of the pandemic. People were still being encouraged to access emergency care and procedures.
8. The Chair of the Independent Mental Health Network (IMHN) expressed disappointment at the lack of a recovery plan for the mental health of NHS staff in the report, many of whom had undergone significant pressure during their work throughout the pandemic. What percentage of the workforce in the NHS in Surrey were unable to work because of mental health issues, such as stress or depression? What resources were available to support NHS staff? Also, if there were staff shortages due to absence, would there be enough capacity for Covid-19 patients in hospitals? The Director of Mental Health Services explained that it was difficult to obtain the exact figure of the number of staff experiencing mental health issues, but research showed a significant impact on the wellbeing of the NHS and ASC workforce nationally. In response to the second question, the Associate Director of Communications and Engagement said that a staff resilience hub had been set up for all staff across Surrey Heartlands, and this had been heavily promoted in recent weeks. The Director of Mental Health Services added that the resilience hub was free, confidential and part of a national network. Through the hub, staff could be fast-tracked to Improving Access to Psychological Therapies (IAPT) services and access drug and alcohol services, self-care resources and webinars. Surrey Heartlands was starting to collect data on users of the hub. Furthermore, in response to the impact of the pandemic on staff working on intensive care units (ICU), Surrey Heartlands was looking at another initiative to enhance support for ICU staff. The Director also emphasised the importance of practical steps, such as ensuring staff had sufficient breaks and time to decompress after their shifts.

9. A Member asked whether annual health checks for people with learning disabilities (LD) had still been conducted throughout the pandemic. The Director of Mental Health Services confirmed that there had been a reduction in the number of health checks conducted for people with LD and for those with serious mental illness, in part due to the fact that some health checks needed to be conducted in person, and due to increased pressures on primary care. Work had been conducted on digitalising and increasing access to health checks. This was also a national issue; the target for the number of health checks for people with LD had been reduced nationally.
10. A Member questioned whether Surrey Heartlands was working with an organisation like Sight for Surrey in order to increase digital inclusion. The Recovery Director stated that digital inequality had been recognised by Surrey Heartlands as a health inequality, and Surrey Heartlands had set up a Health Inequalities Board, which had a plan to tackle health inequalities.
11. A Member noted that some residents were able to access digital devices through a small donation and would then only take on the cost of topping up the SIM card in the device. She remarked that regular SIM card top ups may not be affordable to someone on a tight budget.
12. A Member requested data on the backlog, with regards to demographic and health condition. The Recovery Director agreed to provide this information.
13. A Member asked how much longer restoration of services (including overcoming the backlog) would take for every week or month services were run on the basis of emergency treatment only. The Recovery Director replied that to recover from the first wave alone of the pandemic in terms of elective care would have taken about two years; this had since increased due to the second wave. However, the areas where there would be delays during the recovery process would be priority 3 and 4 procedures, whereby patients could wait for the procedure without risk of serious harm due to the delay. Surrey Heartlands had also put in place 'green areas' across Surrey where some elective care would be continued without this having a detrimental effect on acute care. Without knowing how long the pandemic would continue for, it was impossible to say how long it would take to recover, but Surrey Heartlands was starting planning now in preparation for when the pandemic did lessen in intensity.
14. A Member asked whether there was enough support for people whose surgery had been delayed and who might be in constant pain. The Recovery Director said that in primary care and in acute hospitals, there were still specialist nurses who continued to provide pain relief services.
15. A Member queried the effect of Covid-19 on the General Practice Integrated Mental Health Services (GPIMHS) programme and its continued roll-out. The Director of Mental Health Services stated that GPIMHS continued to be delivered, albeit in digital-only form for the time being due to the pandemic. While this had not slowed down the

number of people using the service, Surrey Heartlands was making efforts to ensure GPIMHS returned to being face-to-face when possible. The service continued to work with Community Connections on GPIMHS and had recruited to all its vacancies. In terms of future ambitions, Surrey Heartlands was negotiating with NHS England for increased funding and aimed to ensure that GPIMHS covered all Primary Care Networks (PCNs) by 2023/24. The outcome of the negotiations would be known by March 2021. The Deputy Director of Adult Mental Health Commissioning added that out of the 25 PCNs across the Surrey Heartlands area, 11 were already covered by GPIMHS and, in line with NHS England guidance, the central funding facilitated rolling out GPIMHS to a further six PCNs in 2021/22, six in 2022/23 and two in 2023/24. However, Surrey Heartlands was looking at going beyond those further six PCNs in 2021/22 and delivering GPIMHS in all 25 PCNs earlier than 2023/24. The Director of Mental Health Services explained that there were also GPIMHS sites in the Frimley Health and Care area.

16. The Chief Executive of Healthwatch Surrey requested assurance that residents were being engaged in the development of the recovery programme on an ongoing basis, particularly with regards to the full review of virtual appointments. The Recovery Director stated that a virtual consultation cell was conducting in-depth analysis, user research and feedback studies on this topic. Patients had been involved in the process and it was important to ensure that patients could use the channel of their choice; for instance, sometimes elderly patients would prefer not to use virtual channels. Overall, the feedback received on virtual consultations was positive.
17. The Chief Executive of Healthwatch Surrey asked how the increase of out-of-county mental health placements was being communicated to families and carers of patients, particularly with regards to visiting patients. The Director of Mental Health Services acknowledged that out-of-county placements were less easy to coordinate compared to placements in Surrey and communication would be managed by the provider, rather than by the centralised service.
18. A Member noted a reference in the report to changes in funding likely to put at risk Surrey Heartlands' ability to use the independent sector to treat patients awaiting elective care. How were these changes likely to impact the recovery programme and Surrey Heartlands' ability to purchase care? The Recovery Director explained that the changes to funding had in fact been put on hold due to the second wave of the pandemic, and that there were no issues with funding in the independent sector at present.
19. A Member enquired how Surrey Heartlands calculated fees paid to a provider for care post-hospital discharge. The Recovery Director said that this information would be provided outside of the meeting.
20. A Member expressed concern about the fact that home births had been temporarily suspended due to the pandemic and asked what additional support was being given to women affected by this. The suspension of home births could be a risk to the mental health of expectant or new mothers. The Recovery Director informed Members

that the expectant mother would still have contact with the same midwife and group throughout her pregnancy. The decision to suspend home births had been taken by officers from the South East Coast Ambulance service (SECAmb) and Surrey Heartlands' Chief Nurse, due to increased pressure on the ambulance service and an increase in average response time from seven minutes to 15 minutes. The suspension had been in place since 31 December 2020. It would be kept under review and home births reinstated as soon as it was safe to do so.

21. A Member asked for examples of any positive changes to services that had come about because of the Covid-19 pandemic. The Recovery Director detailed that Surrey Heartlands was conducting imagery differently, such as providing imagery outside hospital sites, as well as having significantly expanded access to virtual consultations. Another positive outcome was the mutual aid that had been offered within the system.
22. A Member asked what the Turning the Tide Board was, as mentioned in the report. The Associate Director of Communications and Engagement explained that this was a board addressing BAME (black, Asian and minority ethnic) workforce health inequalities. It was part of an initiative across the South East region. The Associate Director agreed to confirm whether the papers of the board could be passed on to the Select Committee, and to do so if possible.
23. A Member asked whether the main barrier to mental health services for residents was funding, staffing capacity or a combination of both of these. Also, was mental health support mainly proactive or reactive? The Director of Mental Health Services replied that a focus on crisis mental health support meant that sometimes the service was not focused enough on early intervention. Nationally, mental health services were underfunded, and mental health funding in Surrey was slightly lower than the national average. As well as this issue, there was a shortage of qualified professionals, so recruitment could be challenging, but Surrey Heartlands had been successful in mental health recruitment despite this. The Deputy Director of Adult Mental Health Commissioning added that the expansion of the digital offer in mental health services due to the pandemic had increased access. However, there was still a gap in mental health funding. The Assistant Director of Mental Health emphasised the importance of working with partners in mental health, including Community Connections, district and borough councils and the ASC Learning Disabilities and Autism team.

Recommendations:

1. The Select Committee requests that a further update on the Covid-19 Recovery Programme is presented at a future Select Committee meeting;
2. The Select Committee requests that future recovery reports include information on mental health and wellbeing support being offered to NHS staff and social care workers;
3. The Select Committee requests that a report on the Digital Inclusion programme of work is presented at a future Select Committee

meeting, and that this outlines what is being done to support those who are digitally excluded and unable to access services online.

Actions/further information to be provided:

1. Recovery Director is to provide data on the specific demographics and conditions affected by, and part of, the backlog;
2. Recovery Director is to provide further information on how care sector fees relating to discharges are calculated;
3. Associate Director of Communications and Engagement is to confirm whether reports and findings relating to the Turning the Tide Board will be made publicly available and can be shared with the Select Committee.

**6 ADULT SOCIAL CARE TRANSFORMATION PROGRAMMES UPDATE
[Item 6]**

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
Simon White, Executive Director of Adult Social Care

Key points raised during the discussion:

1. The Select Committee was shown two videos used to train Adult Social Care (ASC) staff in the roll out of the strengths-based approach. The first video showed a group of people with lived mental health experience talking about their experiences of accessing mental health services and the advantages of the strengths-based approach to mental health. The second video showed a carer talking about how the ASC system should best approach and interact with carers.
2. A Member asked what the new care pathway programme of work involved and what the timescale was for its roll out. The Deputy Director of ASC replied that the care pathway involved setting up a consistent front-door offer (i.e. place of initial contact with the social care system) across the whole of the Council, not just the ASC service. The Senior Programme Manager added that other areas included in the new pathway would be community and prevention, ongoing work around the reshaping of reablement, and workforce redesign to support the work on the front-door offer. Moreover, it involved linking in with partners, such as Community Connections. The Deputy Director stated that a specialist reablement service was being developed for learning disabilities (LD), mental health and autism. In practice, the new care pathway involved improvements to signposting and monitoring, and digitalising certain systems. It was important that service users felt that the service provided meaningful, effective signposting and support and that service users' outcomes were at the heart of the system. The Cabinet Member for Adults and Health offered to arrange a briefing session to inform Members on this subject. The Select Committee agreed this would be useful.
3. A Member expressed concern that the Council was approaching the planning application system in a way that meant applications for Extra Care Housing and Independent Living sites were unlikely to be

approved. The Cabinet Member encouraged the Member to share any specific examples with her for a further response. Good communication with the local community was important and could be effective in tackling this issue.

4. A Member asked when it was expected that the heads of terms issues regarding the Pond Meadow site would be resolved, what impact this had had on timelines and what would be learnt from this experience. The Cabinet Member responded that the issue should be resolved quickly and there was ongoing communication between Surrey County Council and Guildford Borough Council. The impact had been minimal. The Executive Director of ASC added that the Council was in regular contact with the developer of the site.
5. A Member asked what had been learnt from the discovery phase of the Enabling You with Technology programme and feedback received on the programme. The Deputy Director of ASC stated that as a result of the discovery phase, a company called Public Digital had given recommendations on the programme. A pilot in Mole Valley would go live in January 2021, whereby an occupational therapist (OT) and an advisor would work together at the monitoring centre in Mole Valley to detect care needs – a fall, for example – and dispatch services as appropriate. The Council was looking at ways for residents to provide feedback on the service.
6. The Co-Chair of the Surrey Coalition of Disabled People requested more information about the Enabling You with Technology programme and enquired how the service would train its staff in the programme and measure outcomes. The Deputy Director of ASC replied that the programme involved the OT working with the Mole Valley monitoring centre to agree what the required technology-enabled care was. Changes in activity would become evident over the course of the programme. It was anticipated that the programme would enable service users to remain independent and feel secure living in their own home, by using the technology available to them. The Cabinet Member added that a principle aim of the wraparound pilot was to prevent falls. A way of measuring outcomes would be to measure the number of ambulance call-outs; reducing these would be of significant value to the NHS. Algorithms were also being used to monitor the programme. If the pilot was successful, the programme could be rolled out to the learning disability and autism (LD&A) service, particularly with regards to tackling isolation and independent travel. The LD&A service had received some funding for a technology project and would start to build a business case for this. The Executive Director of ASC explained that the Enabling You with Technology programme was expected to pay for itself due to the reduction it would produce in the need for other forms of care. He also expressed optimism about the opportunities this programme could create.
7. A Member enquired what the target savings were in the LD&A transformation programme. The Executive Director informed the Select Committee that the savings target in LD&A in 2021/22 was £4.67m. It was anticipated that the LD&A service would deliver an underspend this year. These savings represented reductions in

assumed demand and therefore an increase in relative spending while making savings.

8. A Member remarked that some care homes struggled to provide the necessary level of care when relying on the Council's funding (even prior to the economic effects of the pandemic) and that residents who purchased care privately effectively subsidised care services in these cases. The care market was shrinking due to economic difficulties and it would be more difficult to source the care packages needed. The Executive Director of ASC acknowledged the need to be careful about the medium- and long-term impact of Covid-19 on care providers; however, there were plenty of providers willing to offer services at the Council's guide price and, putting Covid-19 to one side, he expressed the opinion that there was not a problem with supply in the market.
9. A Member asked what proportion of private care home placements were occupied by Surrey County Council-funded residents. The Executive Director replied that this could vary significantly depending on the type of contract, and agreed to provide this information to the Select Committee after the meeting.
10. A Member enquired what motivational interview training involved and whether this would be provided to mental health staff. The Deputy Director explained that mental health staff had been offered training on various subjects during the transition of mental health services from Surrey and Borders Partnership to Surrey County Council ASC. Training on the strengths-based approach had been completed. The motivational interview training was a counsellor-based approach and involved encouraging the trainee to be aware of their own behaviour and to change that behaviour if they wished. It was agreed that the Select Committee would be given the opportunity to attend and observe motivational interview training sessions.
11. A Member expressed concern that the Practice Improvement transformation programme was being brought to a close despite the fact that it was still RAG (red, amber, green) rated amber. The Deputy Director explained that the Practice Improvement programme would not completely stop; rather, it would just cease to be a transformation project and would transition into business as usual. Practice would continue to be improved. Removing Practice Improvement from the list of transformation projects freed up transformation resource for other projects. The ASC service would review lessons learnt within the Practice Improvement programme.
12. The Deputy Director of ASC agreed to provide more information to the Select Committee on Liquid Logic.

Recommendations:

1. The Select Committee requests that a report on Enabling You With Technology is presented at a future Select Committee meeting;
2. The Select Committee requests that Members of the Select Committee attend and observe staff motivational interview training.

Actions/further information to be provided:

1. Democratic Services officers to liaise with the Cabinet Member for Adults and Health about organising a briefing session on the Care Pathway programme of work;
2. Assistant Director of Commissioning (Adult Social Care) is to provide further information on the number of private care home places taken up by Surrey County Council-funded residents;
3. Deputy Director of Adult Social Care is to produce a briefing note on Liquid Logic;
4. Chief Executive of Healthwatch Surrey is to provide the Select Committee with more information on the work being done with Action for Carers and Adult Social Care on how discharges from hospital have been experienced by carers.

7 DEVELOPMENT OF NEW ALL-AGE AUTISM STRATEGY [Item 7]

Witnesses:

Hayley Connor, Director of Children's Commissioning

Kay Hammond, Chairman of Children, Families, Lifelong Learning and Culture Select Committee

Marisa Heath, Deputy Cabinet Member for People

Steve Hook, Assistant Director of Learning Disabilities, Autism and Transition

Julie Iles, Cabinet Member for All-Age Learning

Mary Lewis, Cabinet Member for Children, Young People and Families

Sinead Mooney, Cabinet Member for Adults and Health

Simon White, Executive Director of Adult Social Care

Key points raised during the discussion:

1. The Select Committee expressed approval that the new strategy covered all ages. The Deputy Cabinet Member for People stated that the transition between childhood and adulthood was a key part of the new strategy. She acknowledged that the governance of the strategy could seem opaque and so the strategy needed to clarify how it could streamline the governance. Mental health was a high priority and the strategy aimed to see a reduction in mental health issues.
2. A Member asked what proportion of school-age children with autism attended mainstream schools. The Assistant Director of Learning Disabilities, Autism and Transition replied that in 2020 just over one quarter of young people with autism attended mainstream schools. In 2019, the figure had stood at about 30%. The Director of Children's Commissioning added that the Council was working with schools to ensure that more children with autism were accommodated in mainstream schools where appropriate.
3. The Co-Chair of the Surrey Coalition of Disabled People expressed concern at the long waiting times for assessments and asked what the plan was for prioritising workstreams. The Assistant Director of Learning Disabilities, Autism and Transition responded that the service was working closely with the Surrey and Borders Partnership NHS Foundation Trust (SABP) Neurodevelopmental Service to improve adult diagnostics. Also, certain workstreams would be prioritised as necessary. The Director of Children's Commissioning said that CAMHS (Child and Adolescent Mental Health Services) were being recommissioned and as part of this, changes had been made to the

Neurodevelopmental service. Work would be focused on responding more quickly to children's needs.

4. A Member expressed concern that Surrey County Council was not providing access to horticultural or animal husbandry activities for people with learning disabilities and autism (LD&A); these activities could be beneficial. The Assistant Director of Learning Disabilities, Autism and Transition replied that the LD&A service did offer a range of day activities for people with LD&A, including horticulture and animal husbandry, which were aimed at furthering employment opportunities. However, feedback suggested that many people with LD&A wanted opportunities to further their education and employability, meaning that alternative activities may be more suitable in order to allow people with LD&A to lead fulfilling, ordinary lives. The Council's commissioning of horticulture and animal husbandry services was proportionate; some services were commissioned specifically for people who would benefit from working with animals. Unfortunately, these sorts of services had been impacted considerably by the pandemic. The Director of Children's Commissioning confirmed that children's LD&A services also worked with young people with autism to build skills and confidence. It was agreed that the Select Committee would receive a briefing note summarising horticulture and animal husbandry services for adults and children with LD&A.
5. A Member raised concern that intervention was often not occurring early enough for children with mild autism. The Cabinet Member for All-Age Learning responded that there was an Early Learning Fund that early years settings could access in order to provide extra support for very young children (aged five and under). 620 children had been assisted through this programme. The Director of Children's Commissioning emphasised the importance of diagnosis and of responding to the needs of the child and their family. Work was also ongoing with the voluntary and charitable sector to identify how children and families could be supported before and during diagnosis.
6. Expressing concern that long waiting times were causing difficulty to residents, a Member enquired who had oversight of these waiting times for an autism diagnosis and was therefore responsible for bringing about improvements on this. The Assistant Director of Learning Disabilities, Autism and Transition acknowledged that the average waiting time of 370 days was unacceptable. One of the main aims of the new strategy was to identify and solve key problems such as this. Good assessment and early diagnosis were key factors in improving outcomes for people with autism, and the Council was working closely with ASC commissioners to improve resourcing of the SABP Neurodevelopmental service (which conducted diagnoses). SABP was jointly commissioned by Surrey County Council and Surrey Heartlands Integrated Care Partnership, and the Adults and Health Select Committee would have a role in oversight of this issue. The Director of Children's Commissioning emphasised the importance of reducing the time children had to wait for an autism assessment and there was a weekly meeting chaired by the Deputy Chief Executive of the Council to ensure a focus on this.

7. A Member emphasised the importance of using autism-friendly processes and language for everyone in the system, not just those with an autism diagnosis, to ensure that the system was friendly to everyone, including those who may be autistic but as yet undiagnosed.
8. The Assistant Director of Learning Disabilities, Autism and Transition informed the Select Committee that a key part of the new strategy was the awareness of autism in the wider community and working collaboratively with other organisations such as district and borough councils, housing providers and retailers. Even something such as the change in temperature or from light to dark when entering a building could affect people with autism and it was important that suitable adaptations were made. There was a workstream focused on wider community awareness. Moreover, the strategy aimed to work with employers in Surrey to improve employability for people with autism.
9. The Select Committee expressed concern that the governance structure included in the strategy was unclear, and the Assistant Director of Learning Disabilities, Autism and Transition assured Members that an alternative governance structure was being put together and should be ready by April 2021.
10. A Member requested that all of the issues raised by service users and quoted in paragraph 17 of the report be included in the strategy and dealt with individually. The Assistant Director of Learning Disabilities, Autism and Transition responded that these comments were fundamental in the formation of the strategy and had been taken into account in its development so far. The Director of Children's Commissioning added that the service was keen to work with the autistic community to understand the issues they faced.
11. The Chairman of the Children, Families, Lifelong Learning and Culture Select Committee asked what support plans there would be for high-achievers with autism or those with autism without a learning disability. The Director of Children's Commissioning stated that taking high-achievers into account was an important feature of the consultation and the Council wanted to foster a system whereby all people with autism were facilitated to reach their ambition.
12. The Chairman of the Children, Families, Lifelong Learning and Culture Select Committee enquired how the Schools Alliance for Excellence (SAFE), as well as other voluntary and charitable sector organisations, would be included in engagement during the development of the strategy. The Cabinet Member for All-Age Learning replied that Family Voice Surrey had reported improved listening all round by partners and had given positive feedback. Some aspects such as SAFE would be scrutinised by the Children, Families, Lifelong Learning and Culture Select Committee.
13. The Chairman of the Children, Families, Lifelong Learning and Culture Select Committee requested assurance on the new CAMHS contract and the inclusion of the voluntary sector in the development of the strategy. The Director of Children's Commissioning said that the new CAMHS contract was an alliance and the Surrey Wellbeing Partnership was a critical part. The voluntary and charitable sector had

been involved, and communities' and system partners' views had been taken into account.

14. A Member suggested that Surrey County Council could establish apprenticeships or similar schemes to encourage people to specialise in autism-related fields, in order to tackle the shortage of specialists in autism, mental health and learning disabilities.

Recommendations:

1. The Select Committee endorses the strategic themes and continued development and implementation of the Surrey All-Age Autism Strategy 2021-26 across Adult Social Care; Children, Families, Lifelong Learning and Culture; and Health;
2. The Select Committee acknowledges the resource implications (staff and timelines) for the development and implementation of the Strategy;
3. The Select Committee recommends that officers simplify the Autism Delivery Governance Structure to ensure that governance and oversight is as streamlined as possible;
4. The Select Committee recommends that training is developed to ensure that all officers use autism-appropriate language;
5. The Select Committee requests that a review of the All-Age Autism Strategy is conducted by the Select Committee at an appropriate time following the start of its implementation.

Actions/further information to be provided:

1. Assistant Director of Learning Disabilities, Autism and Transition is to provide the Select Committee with a summary of the services relating to horticulture and animals that Surrey County Council commissions and offers to children and adults with autism.

8 APPOINTMENT OF A NAMED STANDING OBSERVER AND SUBSTITUTE FOR THE HAMPSHIRE TOGETHER JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE [Item 8]

It was agreed that Bill Chapman would be the named standing observer and Fiona White would be the named substitute on the Hampshire Together 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 3 March 2021.

Meeting ended at: 1.40 pm

Chairman

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