

**MINUTES** of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 6 December 2022 at .

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 16 February 2023.

**Elected Members:**

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

(\* = present at the meeting)

**45/22 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Cllr Chris Farr and Cllr Rebecca Jennings-Evans.

**46/22 MINUTES OF THE PREVIOUS MEETING: 5 OCTOBER 2022 [Item 2]**

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

**47/22 DECLARATIONS OF INTEREST [Item 3]**

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

**48/22 QUESTIONS AND PETITIONS [Item 4]**

None received.

**49/22 SCRUTINY OF 2023/24 DRAFT BUDGET AND MEDIUM-TERM FINANCIAL STRATEGY TO 2027/28 [Item 5]**

**Witnesses:**

Mark Nuti – Cabinet Member for Adults and Health

Anna D'Alessandro – Director of Finance, Corporate and Commercial

Rachel Wigley – Director of Finance, Insight and Performance

Nicola Kilvington – Director of Corporate Strategy and Policy

Wil House – Strategic Finance Business Partner for Adult Social Care and Public Service Reform

Jonathan Lillistone – Director of Integrated Commissioning

Rachel Crossley – Joint Executive Director for Public Service Reform

Ruth Hutchinson – Director of Public Health

Maria Millwood – Board Director, Healthwatch Surrey

### **Key points raised during the discussion:**

1. The Cabinet Member provided some opening remarks, noting the added investment into Adult Social Care (ASC) nationally and that the Council were embracing new forms of technology, as well as partnership working to mitigate the impact of increased demand and pressures on the directorate.
2. The Director of Finance (Corporate and Commercial) presented summary slides (Annex 1) on the corporate financial position. The draft budget had assumed an additional £15 million funding for ASC; however, the exact amount would not be known until the Local Government Finance Settlement which was expected on 21 December 2022. The Director explained four key options that could be utilised to close the budgetary gap and if alternative measures were utilised, there would be an alternative scrutiny process in January 2023.
3. In reference to slides on the capital programme, the Chairman asked whether there was any indication of what could be shifted. The Director (Corporate and Commercial) explained that the full capital programme was affordable, but they asked directorates to look at whether programmes were deliverable as well. The Chairman asked whether the programmes were RAG-rated. The Director explained that the programmes were monitored in-year and there was an assumption that they were all deliverable when set.
4. A Member asked how the plans for extra care housing were impacted by inflation rates. The Director of Integrated Commissioning explained that the current model of delivery was a design build finance operate model secured through a competitive tender process. Therefore, the risk of managing inflation was passed over to the delivery partner in the contract.

5. A Member queried how confident the witnesses were that residents understood the true cost of ASC and how that message was being communicated to residents. The Cabinet Member explained that he did not think that residents fully understand the role of ASC and as Cabinet Member, this was something that he wanted to change. As it was the largest area of spend in the budget, it was important to educate residents. There had been positive feedback from public engagement in past years towards spend on ASC. The Director of Integrated Commissioning shared that the consultation on the budget last year illustrated strong support for prioritisation spend on ASC and the pandemic had brought that into sharper focus. The Chairman noted that the economic climate had changed significantly since the consultation in 2021. The Director of Finance (Insight and Performance) explained that the Council conducted a cost-of-living survey in August 2022 which supported the feedback received previously. The Director of Corporate Strategy and Policy added that there could be greater support to focus on supporting vulnerable residents in the challenging climate.
  
6. The Director of Integrated Commissioning presented slides on ASC, highlighting the focus on changing the model of care to encourage independence. It was noted that the Care Quality Commission (CQC) were introducing inspections on ASC departments and there was a strong focus on the digital offer provided to service users. Workforce was an area of key focus, as well as recognition of carers and the role they played in the system. The Strategic Finance Business Partner presented slides on the ASC budgetary position which showed that pressures exceeded efficiencies considerably. It was announced that there would be funding for discharge to assess (D2A), but it was yet to be confirmed how much of the national funding the Council would receive.
  
7. The Joint Executive Director presented slides on Public Service Reform (PSR), explaining that the directorate focused on reducing health inequalities, enabling communities to make healthy choices, and prevention. The Director of Public Health explained that public health (PH) spending made up the majority of the PSR budget. There was set criteria of the PH grant which was ringfenced and therefore, had to be spent on certain services. Through PH services, the Council worked to protect residents from clinical diseases and environmental hazards. The bulk of PH funding was spent on commissioned services which demonstrated value for money. The Strategic Finance Business Partner added that the corporate financial position did not impact the PSR budget, due to the ringfencing of the grant. This position

could change in the future. An assumption had been made that the grant would increase.

8. A Member asked to receive greater insight into the process of how the budget figures were devised. The Director of Finance (Insight and Performance) explained that finance officers worked with directorates from March 2022, with the budget envelope approach taken. Funding opportunities were explored, and pressures were matched against likely efficiencies and funding. An assumption of a 1.99% council tax increase was also taken. Core planning assumptions were utilised, whereby officers costed for things that could affect the environment for local government. Finance officers worked alongside colleagues in policy and performance to understand the impact of policy changes and figures were iterated throughout the process. The top two effects on the budget for the next financial year (2023/24) were inflation and increased demand. Several routes of mitigation had been explored, but reserves would only be used for one-off pieces of work. The Director of Corporate Strategy and Policy added that horizon scanning for national context was completed on a quarterly basis and fed into the core planning assumptions.
9. The Director of Finance (Corporate and Commercial) explained that 50% of the pressures were inflation-related and there had been significant increase in pressures compared to previous years. There was a £20 million contingency to mitigate against specific risks which would be used if required. The Joint Executive Director added that the senior leadership team challenged each other in terms of directorate budgets and noted that planning assumptions had been accurate in previous years. It would be useful to have the settlement early and longer-term horizon scanning from central government.
10. A Member asked whether the in-depth research was reaching all demographics within the Council. The Director of Corporate Strategy and Policy explained that that used a research agency which reached out to residents to complete the survey. The survey was statistically representative of Surrey's adult population as they had 1,087 responses using a representative sample. The focus groups were also recruited to represent different demographics, however, due to the smaller numbers, they were not statistically representative. There were some communities that agencies did not reach and usually do not want to partake in research. The Council had completed some research to reach out to groups with protected characteristics on public services in Surrey more broadly. The Member was not convinced that 1,087 respondents was enough to say that there was confidence that residents' priorities aligned with the

Council's. The Director of Corporate Strategy and Policy explained that it was a benchmark used across the country and in market research. It has been proven that beyond 1,100 responses, the results did not vary much. The Cabinet Member added that engagement with residents rested both with councillors and with officers. Some services needed to be provided regardless of whether residents supported the use of funding. The Director of Integrated Commissioning explained that the Council worked actively with provider networks and the Surrey Care Association. The funding reforms had begun discussions about the differences between the NHS and ASC.

11. In response to current engagement on the draft budget, the Director of Corporate Strategy and Policy shared that there was a survey currently live which had taken the budget proposals and described the split for the directorates by percentage for an average band D council taxpayer. There were also questions on ways to close the budget gap. The survey was open to anyone and thus, it would not be statistically representative. The results would be included in the final budget papers.

12. A Member asked about further efficiencies that could be considered to address the remaining budget gap. The Strategic Finance Business Partner explained that one method would be planning for a lower level of demand and price inflation to close the gap.

13. A Member asked in what respects the pandemic was still impacting the Council's budgeting. The Director of Finance (Insight and Performance) explained that the Council continued to see demand for services at a high level and this had not dropped off. This was also having an impact on income levels from services receiving a lower revenue. The Strategic Finance Business Partner added that the level of need in general had increased, especially in terms of the average cost of a care package. The Director of Public Health explained that there was extra resource during the pandemic through the covid outbreak management fund which was ending at the end of the financial year, although demand was continuing. The Chairman asked about support for the D2A process which started in the pandemic. The Director of Integrated Commissioning explained that ASC and the NHS jointly commissioned home-based care and residential care to ease the discharge process.

14. The Board Director of Healthwatch Surrey asked about the equality impact assessment (EIA) and whether it highlighted any risks for those with protected characteristics, vulnerable groups,

and priority populations, as well as any mitigations taken. The Director of Corporate Strategy and Policy explained that the directorates' EIAs were brought together around November and early December and the cumulative impacts were reported by finance. The report would be appended to the final budget reports to Cabinet and Council.

15. In response to a question on pay inflation, the Strategic Finance Business Partner explained that the level of pay inflation for council staff was subject to full council decision. The estimated pay inflation was in line with assumptions for other directorates but would need to be reviewed. The Member asked about the figures being used currently. The Director of Finance (Insight and Performance) explained that it was still being discussed with unions, however, they were trying to reach a decision to keep it within the envelope. The Director of Finance (Corporate and Commercial) added that an overall 5% increase for the next financial year was being considered and how it would be divided was yet to be decided.

16. A Member queried the efficiency for Section 117 (Mental Health Act 1983) at a time when mental health demand was increasing following the pandemic. The Strategic Finance Business Partner explained that the efficiency related to joint funding from the NHS for individuals discharged with Section 117 aftercare. The ongoing care should be funded 50/50 between the NHS and the Council and there were some cases at the moment whereby the Council was wholly funding. There was an ongoing review to look into such cases which was why it was rated amber. The member asked how many cases were being reviewed. The Strategic Finance Business Partner responded that it was around 120 cases, and the intention was to reach agreement in the current financial year (2022/23).

17. A Member asked about the £20 million of efficiencies and how they would manifest themselves through the services provided to residents. The Director of Integrated Commissioning explained that a large amount of this would come from the closure of care homes, due to operating costs coming to an end.

18. The Chairman asked about the efficiencies related to learning disabilities and autism (LD&A) regarding the in-house provision, day services, and transport services. The Director of Integrated Commissioning explained that those who required transport would continue to receive it. In terms of the in-house services, the key change was the deregistration of two care homes, which would become supported independent living accommodation.

The efficiency related to day services involved progressing with the transformation of Surrey Choices' offering. For those who still needed a centre to visit, this was included in the model. As there were fewer people attending day centres, there was less need for transport, however, the offer would always be calibrated to the assessed level of need. The Chairman raised the issue of long waiting lists. The Director of Integrated Commissioning confirmed that ASC teams had capacity for reviews but would look into NHS waiting lists. The Strategic Finance Business Partner added that at the point of putting the budget together, the negotiations over in-house services with YMCA and CQC were ongoing, but they had since progressed more positively. The efficiency around the reablement service was about utilising staff more productively through a new rostering system, which was since operational.

19. A Member enquired about the efficiency regarding the front door redesign. The Strategic Finance Business Partner explained that one aspect was about supporting people when they leave hospital through reablement services, rehabilitation services, and the D2A model. The other aspect was about supporting people's needs that come from the community, such as, effective support at the beginning of their care pathway. They were not cuts to services, rather the method of meeting needs would cost less. The Director of Integrated Commissioning added that it was about digitising the offer and linked to the broader goal of prevention and early intervention. It also incorporated social prescribing and was connected to the wider work of the Council. The Chairman asked about the funding for social prescribing. The Director explained it came from PH and Surrey Heartlands ICS.

20. In response to a question on how the D2A process worked in practice, the Director of Integrated Commissioning explained that there were a range of options available, with a focus on getting people home. The Director was confident they were working on the right things, but they did learn lessons from cases that went wrong. The Chairman asked if the witnesses were happy with the financial co-operation. The Strategic Finance Business Partner explained that the Council and NHS partners worked closely on D2A and met weekly to plan together. There had been an announcement of £500 million for the coming financial year (2022/23), which had been extended for the next two years. The Cabinet Member added that there was a collaborative feeling that the Council could work better with the NHS on this. Following the Fuller stocktake, the Chief Executive of Surrey Heartlands ICS was willing to make the funding happen. The Member asked whether care homes would be paid less. The Director of Integrated Commissioning explained that it was not about paying

care homes less, rather it was about pricing consistency of purchasing care and agreeing small scale blocks.

21. A Member asked about the percentage of agency staff. The Strategic Finance Business Partner explained that within ASC there were a small number of agency social workers (27 FTEs out of 264 FTEs at the end of November 2022). The Chairman asked whether agency workers were consistently employed and the impact on attrition rates. The Cabinet Member explained that benchmarking showed that the Council paid social workers at a good level compared to other local authorities. It was important to make the role more attractive and work on career pathways to improve retention. The Chairman noted the impact of high house prices in Surrey. The Director of Integrated Commissioning explained that there was a strong focus on the external workforce, as a lot of services were commissioned from the independent sector. The pay grades compared to other sectors remained a challenge and a discussion remained around supporting providers to float money down to employees. A Member asked about the future use of care homes and the Director explained that no decision had been made yet on the future use of the sites being closed down.
22. Responding to a question on the potential of the PH grant becoming unringfenced, the Director of Public Health explained that the position was currently unclear, but it could be part of wider plans for local government reform around 2025/26. The focus on preventative services and reducing health inequalities would be maintained, but there would be greater flexibility if it was not ringfenced.
23. A Member asked about any potential for the PH funding formula to change. The Director of Public Health responded that there had been slight adjustments over the last 10 years and the service would continually assess the health needs of the population and prioritise accordingly.
24. A Member asked whether there was any prospect of permanent funding for PSR staff working on data insights and supporting broader integration. The Joint Executive Director explained that there was a prospect. They would put together business cases for the roles, as it was still on the agenda.

**Actions/requests for further information:**

1. The Director of Integrated Commissioning to provide information on waiting lists for learning disability and autism reviews.

2. The Strategic Finance Business Partner to provide further information on the new rostering system for learning disability and autism staff.
3. A written update on the work of social prescribing to be provided from all partners.
4. The Director of Integrated Commissioning to provide a written update on the stability of the workforce and the rate of turnover.

## **Recommendations**

### *Adult Social Care:*

1. That the Accommodation with Care & Support Strategy is allocated sufficient budgetary resources for the delivery of Extra Care and Supported Independent Living facilities to remain on schedule.
2. That sufficient budgetary plans and resources are in place to effectively support Discharge-to-Assess processes.

### *Adult Social Care and Public Service Reform:*

3. That there is a coordinated approach between in-house, day services, and transport services for Learning Disabilities and Autism, and for this to be used toward determining pressures and efficiencies for this area.
4. That findings from Equality Impact Assessments are included in the draft budget reports provided to Select Committees by December 2023.

*The meeting paused at 12:33pm. The meeting recommenced at 12:42pm.*

## **50/22 ASC COMPLAINTS APRIL - SEPTEMBER 2022 [Item 6]**

### **Witnesses:**

Mark Nuti – Cabinet Member for Adults and Health

Liz Uliasz – Chief Operating Officer, Adult Social Care

Kathryn Pyper – Chief of Staff, Adult Social Care

Maria Millwood – Board Director, Healthwatch Surrey

Yasmin Broome – Involvement Lead, Surrey Coalition of Disabled

People

### **Key points raised during the discussion:**

1. A Member asked how officers were ensuring that ASC colleagues learnt from complaints that were upheld by the Ombudsman. The Chief Operating Officer explained that all complaints were monitored, and they aimed to respond within 20 days. The complainant would be contacted if the process would need to take longer. Team managers, area directors, and senior managers had oversight of complaints. There were lunch and learn sessions, whereby learnings from complaints were shared with teams. Trends and issues of complaints were also monitored. The Council would always promote the option for a complainant to go to the Ombudsman if not satisfied with the outcome.
2. The Chairman asked about the training offer and how much of it was mandatory. The Chief Operating Officer shared that she was the workforce lead in her new role and was going to go through the current training offer and decide what should be mandatory. The training offer would sit within the academy, and it would be much clearer. Attendance at training was tracked, however, managers could be firmer when staff do not attend.
3. A Member asked how ASC was working with other directorates and external partners to understand the nature of complaints and improve services accordingly. The Chief Operating Officer explained that the customer relations manager was part of a Southeast network and an Integrated Care System Network. The Chief of Staff added that internally they worked with colleagues in other customer relations teams, as there were often joint complaints.

*Cllr Robert Evans and Cllr Abby King left the meeting at 12:58pm.*

4. In response to a question on improving the timeliness of assessment processes, the Chief Operating Officer explained that they did not currently measure timeliness, as assessment could start later for a range of reasons and strength-based approach assessments would take longer. There were gaps in some teams. The Member asked if the process was being standardised. The Chief Operating Officer shared that it was part of the integration agenda and still needed to be done. The Chairman noted that the streamlining of record systems should have already happened. The Chief Operating Officer explained that it was a national issue and the Cabinet Member added that the tech was there, but the issue was around confidence from partners around the risks of wider access.

*Cllr Frank Kelly left the meeting at 1:05pm.*

5. A Member asked about urgent cases. The Chief Operating Officer explained that all Member and MP enquires were monitored and counted as formal complaints. They would be sent to the area director to deal with directly and Member enquires would be copied in. The Chief Operating Officer filtered the complaints which went to the Executive Director. The Cabinet Member noted that this method bypasses all other routes and responses were provided quickly.
6. A Member asked about how issues of concern were recorded, and the Chairman noted that this had been raised on multiple occasions. The Cabinet Member explained that the Executive Director for Customer and Communities was working on this work with her team. The Chief of Staff added that the Head of Resources (ASC) was leading on a piece of work on the digital front door which encompassed this. There was also a briefing set up for the Committee Members on 18 January 2023 to discuss this in greater detail.
7. In response to a question on supporting individuals with complex needs to make complaints, the Chief Operating Officer explained that advocacy providers were utilised to support people. This could be a Care Act advocate or a capacity advocate. Easy read versions were also provided for complaints documentation and Healthwatch Surrey feedback themes and patterns which reviews of the process were based on.
8. A Member noted that there were significantly fewer complaints from carers and asked how ASC were ensuring that carers had a true voice. The Board Director of Healthwatch Surrey asked how their insights could be included in the report going forward and their role in assisting to raise awareness for carers. The Chief Operating Officer responded that they were happy to include insight and feedback into the report. The Chief of Staff explained that they met with the lead for carers and established an action plan. They would approach Healthwatch to involve them in the process going forward.
9. The Chairman asked how complaints could be considered closed if they remained subject to a safeguarding enquiry. The Chief of Staff explained that in those cases, the safeguarding issue was prioritised. In the past, the complaint would be left open, but it would make the process long. Thus, it was decided to close the complaint and exhaust the safeguarding issue, and then check that the complaint had been addressed. The Chairman raised that such cases should not be recorded as

resolved outside of the process if the enquiry was still ongoing. The Chief Operating Officer responded that they would look into differentiating the recording for such cases.

10. The Involvement Lead at Surrey Coalition of Disabled People queried why similar complaints kept arising and why lessons learnt from their study in collaboration with the Council on direct payments had not been implemented. The Chief Operating Officer responded that they would work on this outside of the meeting.
11. A Member asked how complaints made on social media were monitored. The Chief of Staff explained that the Council's corporate communications team monitored such complaints, and they would go to the customer relations team, but would be flagged to ASC colleagues. It was important to establish whether a complaint was genuine or vexatious.
12. A Member asked about the advantages and disadvantages of resolving a complaint outside of the complaints procedure. The Chief of Staff explained that often verbal complaints could be responded to quickly and were quite straightforward or complaints were taken forward as a safeguarding enquiry instead. The complaints were still tracked, however, there was no formal investigation or response in the same way. The statutory guidelines allowed for this and the CQC encouraged this approach.
13. In response to a question on learning from other local authorities' management of complaints, the Chief of Staff explained that the complaints manager heard about other experiences when meeting as part of the networks. The Chief Operating Officer regularly met with Healthwatch to receive their feedback and also looked at Ombudsman reports and comparator. They were also a part of the Association of Directors of Adult Social Services.
14. The Board Director asked about the impact on service users from changes made following complaints. The Chief of Staff explained that the impact on the individual would be dealt with locally. The Chief Operating Officer added that they looked at learning from trends and broad issues. In future reports, they could include examples of changes in practice.

**Actions/requests for further information:**

1. The Chief Operating Officer to share the revised training offer and academy once formulated.
2. A breakdown of trends and data over the last few months regarding complaints made on social media to be provided.

### **Recommendations**

*Senior Programme Manager for Adult Social Care & Chief Operating Officer for Adult Social Care:*

1. That frontline Adult Social Care Staff are receiving adequate mandatory and consistent training on improving staff conduct and attitude, and that training and staff conduct, including that of partner organisations, are routinely monitored, with consequences put in place for unacceptable failures to attend such mandatory training.
2. That further progress is made toward increasing the timeliness of assessment processes.
3. That Issues of Concern are more effectively recorded, including through exploring technological avenues to do so; and that these are also utilised to improve Adult Social Care Services.

*Cllr Neil Houston left the meeting at 1:50pm.*

*The meeting paused at 1:50pm. The meeting recommenced at 2:08pm.*

## **51/22 SURREY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2021-22 [Item 7]**

### **Witnesses:**

Mark Nuti – Cabinet Member for Adults and Health

Liz Uliasz – Chief Operating Officer, Adult Social Care

Sarah McDermott – Surrey Safeguarding Adults Board Manager

Simon Turpitt – Surrey Safeguarding Adults Board Independent Chair

### **Key points raised during the discussion:**

1. A Member asked about the nature of safeguarding training available for healthcare practitioners. The Independent Chair explained that all statutory agencies had a requirement for mandatory safeguarding training. There was a document containing the levels of training and what was expected which was checked monthly. Within GP practices, there was a named GP for safeguarding, who was responsible for ensuring that staff have access to safeguarding training. The training was

also inspected by the CQC. Training had been delivered by webinar for GPs and this had resulted in greater participation, with the resources accessible at any time. In other organisations, there was a combination of face-to-face and virtual training offerings.

2. A Member queried the safeguarding training offer for ASC staff specifically. The Chief Operating Officer explained that there was mandatory training for all staff and specialist training was mandatory for those conducting safeguarding enquiries. This was delivered internally which means it can be monitored. Learnings from serious safeguarding reviews and homicide reviews were also fed into training. There was quarterly reporting to the Board and the leadership team at the Council on performance. The Chairman asked what happened if staff did not attend training. The Chief Operating Officer explained that this was reported to the manager, and they would attend at a different date.
3. In response to a question on raising the profile on unpaid carers and the impact that fatigue could have on cases of neglect, the Independent Chair explained that there was a focus on supporting carers in discussions with ASC. It was crucial to raise awareness of understanding the stress that carers are placed under. Sometimes carers worried that by voicing concerns, they could lose care over a loved one, thus, it was essential to support them in a way that makes them feel empowered.
4. A Member asked about work undertaken to raise awareness of safeguarding amongst residents, especially those who were isolated. The Independent Chair shared examples of a presentation in a shopping centre, information on the radio and on social media for national safeguarding week. There was also information in contact points, such as, hospitals, libraries, and GP practices. There was a misunderstanding of the meaning of the word, in the context of adults compared to children. The Board had established a Task and Finish Group to look into engaging with harder to reach communities. Members raised the issue of language barriers to accessing services. The Independent Chair shared that there were leaflets in different languages, however, the uptake of these were low. The Board Manager added that the Boards nationally had been looking into getting software to create more engaging resources beyond leaflets, such as YouTube videos, with subtitles in a variety of languages and British Sign Language. Google translate had been added to the website of the Board as well.

5. The Chairman asked about raising awareness of financial abuse and organisational abuse. The Independent Chair explained that the Board worked closely with trading standards to highlight issues of financial abuse. It was challenging as individuals were getting more sophisticated with this type of abuse; however, people were becoming more aware of it. The Department of Work and Pensions sat on the Board and helped in this area. In terms of organisational abuse, the Independent Chair explained that figures in this area had always been high. There needed to be a better breakdown in recording to understand it more effectively. There was a group focusing on this area.
6. A Member asked whether safeguarding had improved for homeless individuals in Surrey. The Independent Chair emphasised that the Board's work was specifically around adults with care and support needs, not the entire adult population. The Board Manager sat on the steering group for homelessness, which kept the Board involved in the conversation. It was a challenging area that involved other systems primarily if an individual did not have care and support needs.
7. In response to a question on safeguarding within prisons, the Independent Chair explained that this responsibility sat with the Ministry of Justice. The Board worked with the prison group to support them with their safeguarding training. If an individual had care and support needs, the Board would need to be aware of them once they leave prison.
8. A Member asked for further information on self-neglect. The Chief Operating Officer explained that it could occur due to a number of reasons, including poor mental health, learning disabilities and autism, and trauma. It was not taken down the safeguarding route, rather, ASC staff would try to put the correct support in place to improve their situation. There was now a Hoarding Protocol within the Council to improve support in that area. The Independent Chair added that there would be a safeguarding adults review if an individual died as a result of hoarding.
9. A Member enquired about increasing joined up working with partners. The Independent Chair explained that learnings came out of reviews and were actioned by the relevant people involved. They would then share the learnings with other organisations. There was better working between agencies than previously, for example, voluntary representatives sat on the

Board. Moving forward, the learnings from reviews would also be shared with the Committee.

10. A Member enquired into the working relationship with Surrey Safeguarding Children Partnership (SSCP). The Independent Chair shared that he worked closely with SSCP and there was a children's services representative on the Surrey Safeguarding Adults Board. He also had bi-weekly conversations with the Chair of SSCP. The Independent Chair noted the importance of differentiating between transition (moving from children's services to ASC and making sure the dialogue started early on) and transitional (those who did not meet the criteria of safeguarding provision as an adult but were vulnerable and ensuring similar support was available). There was a conference taking place next year (2023) on transitional safeguarding.

11. In response to a question on embedding safeguarding principles into the Integrated Care Systems, the Independent Chair explained that the Chair of the Integrated Care Board and Mental Health System Delivery Board met regularly with the Independent Chair and the Chair of SSCP. The ICB was trying to be more safeguarding aware and not leave any gaps when transitioning to a new strategy.

12. The Chairman asked about the issues raised in the report by St Catherine's Hospice and Clarion House. The Independent Chair noted the difficulties when issues crossed county borders, especially with Clarion as a national company. The Board Manager explained that the Multi-Agency Safeguarding Hub delivered a webinar to agencies to feedback on safeguarding concerns, but it may not always be appropriate if an agency was not directly involved in a case.

#### **Actions/requests for further information:**

1. Surrey Safeguarding Adults Board to provide more information on the Group looking into organisational abuse.

#### **Recommendations**

*Surrey County Council Adult Social Care Leads & Surrey Safeguarding Adult's Board:*

1. That Adult Social Care service users and Adult Social Care frontline staff, are continuing to receive adequate Adult Safeguarding reassurances and support, and to raise awareness of such support available.

2. Formulate a concerted multi-agency plan to raise awareness of the various aspects of Safeguarding, and to help residents understand the distinction between Children's and Adult's Safeguarding.
3. To collate data and insights from member agencies into Safeguarding training provision, and for this to be incorporated into future Surrey Safeguarding Adult Board reports.
4. That a concerted effort is undertaken alongside Surrey Heartlands and Frimley Integrated Care Systems, to further raise awareness of Safeguarding issues and the support available.

**52/22 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 8]**

**Key points raised in the discussion:**

1. None received.

**53/22 DATE OF THE NEXT MEETING [Item 9]**

The Select Committee noted that its next meeting held on Thursday, 16 February 2023.

Meeting ended at: 3.12 pm

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**Chairman**



**Adults & Health Select Committee**  
**2023/24 Draft Budget Report and Medium-Term Financial**  
**Strategy to 2027/28**  
**6 December 2022**  
**On the day slides for presentation**



# Overall Surrey County Council position

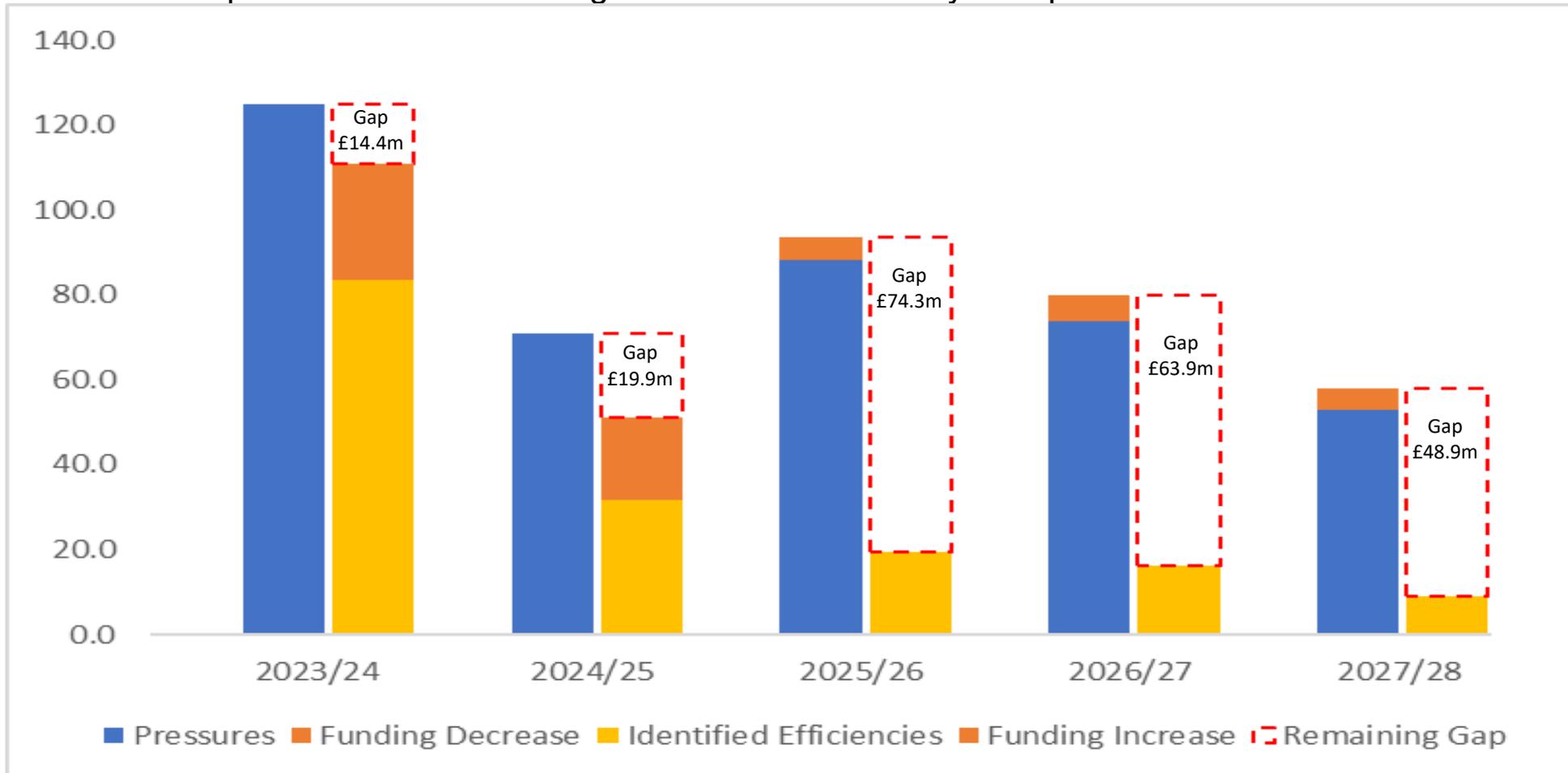


**SURREY**  
COUNTY COUNCIL

# 2023-28 Medium Term Financial Position

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

Page 6 of 25



# Options to close the Draft Budget Gap of £14.4m

## Additional Government Funding

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

## Identification of Additional Efficiencies

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

## Use of Reserves

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

## Increase Council Tax

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

# Draft Capital Programme 2023 - 2028

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



# Directorate Positions

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

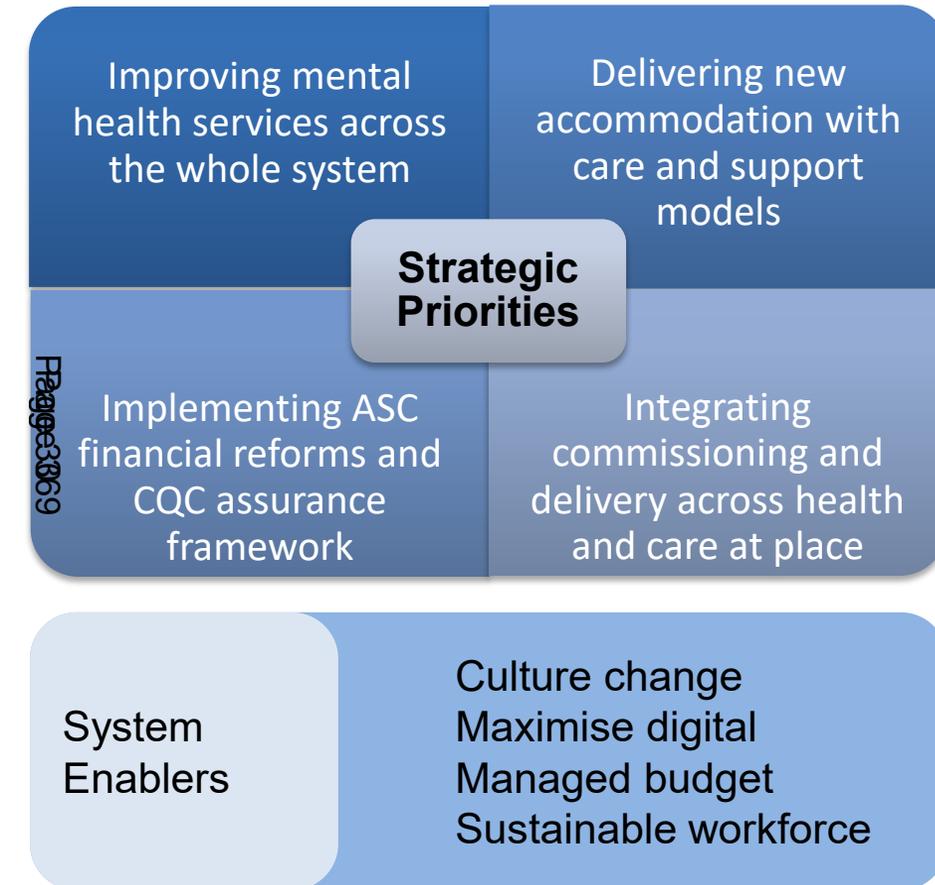


# Adult Social Care



# Summary of Services Provided by Adult Social Care

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



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

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

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

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

# 2023-28 MTFS Budget Summary for Adult Social Care

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

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

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

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

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

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

# Summary of Budgeted Pressures

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

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

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

# Planned Efficiencies

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



# Draft Capital Programme

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

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

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

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

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

SCC's Cabinet has already approved:

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

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

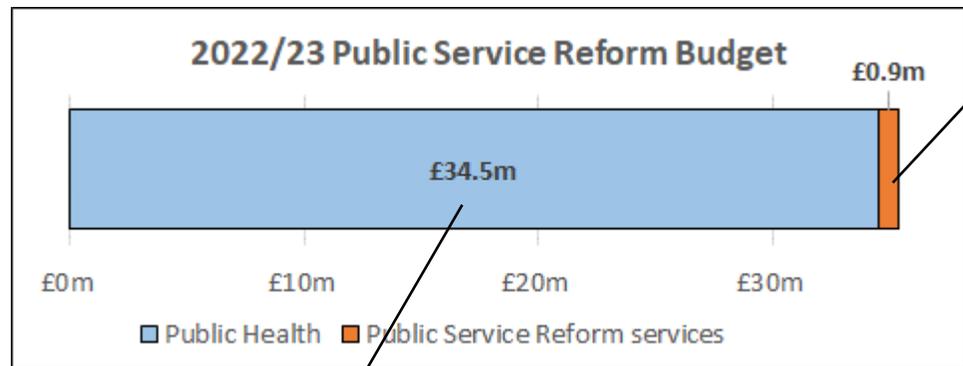


# Public Service Reform (including Public Health)



**SURREY**  
COUNTY COUNCIL

# Summary of Services Provided by Public Service Reform



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

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

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

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

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

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

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

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



# 2023-28 MTFS Budget Summary for Public Service Reform

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

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

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

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

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

# Summary of Budgeted Pressures

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

Page 38/77

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

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