Surrey County Council: local authority assessment

How we assess local authorities

Assessment published: 20 November 2024

About Surrey County Council

Demographics

Surrey is home to nearly 1.2 million people. The county's population grew by over 6% in the decade to 2023. Surrey is more urban than England as a whole, but some areas of the county have large numbers of people living rurally. There are some affluent areas but also areas of inequalities and pockets of deprivation.

Surrey has a slightly older population than average. Just under 1 in 5 people are aged over 65, and this group is expected to increase to over 25% of the population by 2041, largely driven by Surrey's higher than average life expectancy.

The majority of Surrey's population are White British, 85.5%, with 3.36% of Mixed/Multiple ethnic groups, 7.72% Asian/Asian British, 1.73% Black, Black British, Caribbean or African, and 1.68% other.

The council footprint has an index of multiple deprivation score of 1. A local authority with a decile of 1 means it is in the least deprived group (lowest 10%), while a local authority with a decile of 10 means it is in the most deprived group (highest 10%). The 2021 census data shows 42.9% of Surrey households experience some deprivation**,** with 2.2% facing significant deprivation.

Two integrated care boards operate within the Surrey County Council's footprint, Surrey Heartlands and Frimley. There are 11 district and borough councils, and 7 place-based partnerships. Surrey County Council is a Conservative-led council.

Financial facts

- The local authority estimated that in 2022/23, its total budget would be **£1,585,623,000**. Its actual spend for that year was **£1,743,634,000**, which was **£158,011,000** more than estimated.
- The local authority estimated that it would spend **£433,068,000** of its total budget on adult social care in 2022/23 Its actual spend was **£487,092,000**, which is **£54,024,000** more than estimated.
- In 2022/2023, **28%** of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24, with a value of **2%**. Please note that the amount raised through ASC precept varies from local authority to local authority.
- Approximately **14545** people were accessing long-term adult social care support, and approximately **3300** people were accessing short-term adult social care support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

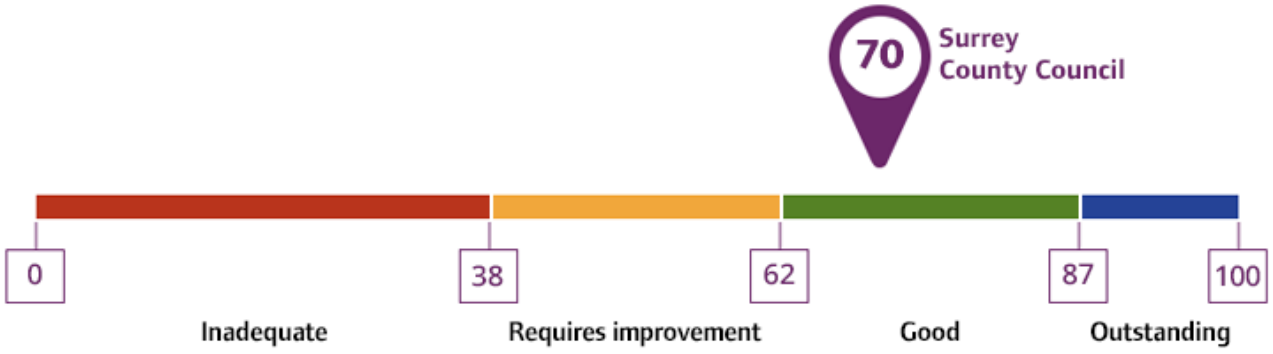
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall Summary

Local authority rating and score

Surrey County Council

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 3

Care provision, integration and continuity

Score: 3

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 3

Safeguarding
Score: 2

Governance, management and sustainability
Score: 3

Learning, improvement and innovation
Score: 3

Summary of people's experiences

People gave us varied feedback in relation to their experiences of receiving care and support in Surrey. For example, one person was assessed and felt listened to, achieving the outcome they wanted, which was to return to live at home. Other people had similar good experiences with staff focusing on what people wanted plus their future wishes, people described staff as being empathic and showing them respect. Other areas of feedback were around not always getting the same person to speak with at the local authority, people waiting for a response sometimes, and not always feeling like they were offered options. People told us reviews of their care needs had taken place in a timely way resulting in detailed support plans, with one person explaining how their care needs reduced from the support they received.

Feedback from unpaid carers was much more negative with typical comments including assessments not being offered, not being accurate, or not always being sure what the outcome of an assessment was. Difficulties around respite care were a common theme raised. Some other unpaid carers however were much more positive, with some using direct payments to access a break from caring, and others describing their social workers as supportive and accessible. A co-produced carers strategy had been implemented alongside a number of other positive changes which were underway currently and focused on continuing to improve support for unpaid carers.

Navigating systems to get information and advice varied, with some people having a better experience than others. For example, advice and information was given by a social worker on how to access services and facilities for one person, but others felt information and advice given was not always easy to understand.

In relation to the provision of equipment, one person described having a poor experience. However, by contrast, a moving and handling assessment led by an Occupational Therapist saw equipment being provided to enable safe practices being followed whilst continuing to support a person with advancing care needs. The person and the unpaid carer felt fully involved and consulted with, which led to a detailed support plan and consistent approach being provided by their care agency.

Although the usage of direct payments was higher in Surrey compared to other local authority areas, there were some issues identified in relation to managing these. Some people felt the process was difficult to manage, the use of the payment was not flexible, and payments were not always enough to meet required needs. More positively, direct payments provided the flexibility to meet other people's needs well, and this suited them.

Feedback in relation to transitions for young people between children's and adult services was inconsistent. Some people had not felt supported and said processes could be lengthy and co-ordination better. However, contrasting comments were that social workers were supportive and could be contacted easily. One young person's service was increased, and the process was described as 'smooth and efficient.'

In terms of leaving hospital this was much more positive with assessments being completed overall recognising people's wishes and goals. One person was offered a virtual ward service to support them and the unpaid carer in their own home.

People's experience of safeguarding was mixed with some people stating the local authority showed an understanding of abuse and neglect and were able to work with other agencies to reduce the risks and prevent future risks. Another person however felt their cultural needs had not been understood well enough during the safeguarding process.

Summary of strengths, areas for development and next steps

Assessments, care planning and reviews were carried out by staff using a strengths-based approach and considering people's wishes and goals. Waiting lists were improving in many areas, however challenges remained in care review waiting times and carrying out unpaid carers assessments in a timely way. A variety of work had been carried out to improve the local authority's support for unpaid carers, however local authority leaders recognised there was still more to do, and this was reflected in the feedback we received. Staff showed an awareness of the advocacy services available for people. Work had taken place to ensure a better understanding of advocacy and the importance of using this.

A variety of measures were in place to prevent, reduce and delay people's needs. The local authority worked with health partners to deliver integrated reablement services that enabled people to return to their optimal independence. Use of direct payments were high however it had been identified more work was needed to improve how these were managed to support people further. People could access information and advice where needed and improvements had been made to streamline this further. Feedback about equipment services was mixed and there were some challenges from working across different districts and boroughs in Surrey in relation to adaptations. Some innovative approaches to care were being piloted in some areas.

The local authority had taken steps to ensure its commitment to equality, diversity and inclusion was meaningful and this was evident in the strategic approach, passion of staff and in the range of work underway with communities. Initiatives supported staff in terms of training and equality networks although there was a recognition that more work was still needed. Inclusion and accessibility arrangements were in place, but work was needed to ensure equity for people in relation to access to technology.

Robust quality assurance processes were evident in relation to provider services, with positive feedback from a partner given in relation to the support they received when improvements were required. Gaps had been identified in care provision arrangements, for example in relation to supporting people with complex needs, and steps were being taken to try to address these gaps. The local authority was involved in initiatives to support the recruitment and development of the wider social care workforce in Surrey to help ensure services remained sustainable.

There was good partnership working between the local authority, health and some other voluntary sector partners. A number of successful initiatives had taken place to improve systems including the 100 day challenge with hospital staff. Co-production had taken place working with partners; however, it was felt aspects of this could be further improved.

Transitions for young people were reported to be an area where improvements were needed. In terms of people being discharged from hospital, work was underway as part of the transformation programme to ensure systems and processes were more consistent. Staff worked creatively to support people with complex needs. Contingency plans were in place for people, to enable local authority staff along with care providers to manage unexpected or emergency situations.

Although data for Surrey and people's experience of safeguarding were overall positive, concerns were raised by some staff and partners in relation to some new safeguarding processes which were not yet embedded, alongside the knowledge and understanding of safeguarding by some of the local authority staff. Challenges remained in areas relating to the management of Deprivation of Liberty Safeguards (DoLS), however work had taken place to streamline processes.

A programme of transformation was underway and being further reviewed to continue to drive this forward. There had been a number of changes in local authority leadership arrangements, however it was hoped there would now be further stability with permanent roles in place. Systems and processes had been developed to ensure oversight and assurance of performance and quality was maintained. Ongoing challenges continued in relation to areas such as staff recruitment and retention. Co-produced strategies were in place, for example, a Carers Strategy to drive forward improvements in services and support for unpaid carers.

Staff were supported with training and career development opportunities. However, felt that it could be difficult to always access or make time to complete training. Staff were able to influence and drive improvements in the way systems and processes supported people. Technology initiatives had been used to support people to increase their skills and independence. Learning from complaints took place to ensure improvements could be made to prevent reoccurrence where possible.

Theme 1: How Surrey County Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives

- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximize the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

Data for Surrey shows 65.30% of people said they were satisfied with their care and support and 80.88% of people feel they have control over their daily life, and these figures are in line with the England and regional averages. Adult Social Care Survey (ASCS) 2023.

People could access the local authority's care and support services through multiple channels, including online and self-assessment options. People were also signposted to other wider services such as in the community when first coming to the local authority for support.

A variety of consistent feedback was given about arrangements for assessment, care planning and reviews. For example, one person was assessed by the local authority and felt listened to, ultimately achieving the outcome they wanted which was to return home. Other people had similar good experiences with staff focusing on what people wanted, along with their future wishes, being empathic and respectful in their interactions and displaying a 'can-do' attitude. Areas of frustration were around not always getting the same person to speak with at the local authority, delays in getting responses and not always feeling they were offered a choice.

The approach to assessment and care planning was person-centred and strengths based. Staff told us of being given the time required to build relationships to achieve meaningful outcomes for people. Staff feedback was they felt able to place the person at the heart of assessments. This reflected people's right to choice, to build on their strengths and assets, reflecting what they wanted to achieve and how they wished to live their lives. For example, staff gave people information in advance about the type of questions that would be discussed during their assessment, allowing them time to prepare and feel more readily able to engage in this. Staff completing pen pictures of people for brokerage teams to enable them to better understand people's needs when care was being arranged and to match these with the services available.

Most staff gave us positive feedback about management of care assessments, care planning and reviews. This included staff who assessed people who were in or due to leave prison, telling us they felt proud of the work they did. A staff member gave an example of referring someone to an enabler (similar to a befriender) and the person described this as a 'turning point' for them in terms of managing their mental health. Teams told us about using holistic approaches and using good community connections to complete comprehensive assessments.

Processes ensured that people's support was planned and co-ordinated across different agencies and services. Positive comments from staff included having clear system pathways, for example in relation to people with mental health needs, learning disabilities and autism, with access to some health systems to support joint working. Staff were supported with clear processes and guidance to ensure consideration was given to areas such as support for unpaid carers' needs. A team approach was taken in gathering information to assess levels of risk, the management of this and to ensure safety.

Timeliness of assessments, care planning and reviews

The local authority noted the timeliness of assessments and reviews was an ongoing area of development. Requests for assessments were rising nationally and there was an increased demand for support, along with workforce pressures. Challenges to carrying out timely reviews included having the right skill mix of staff to manage the complexity. There were staff vacancies which put additional pressure on teams and staff felt the local authority were playing 'catch up'. There remained a backlog for some assessments and reviews, however there had been a focus on these recently and the waiting lists were starting to reduce.

Where people were held on waiting lists awaiting allocation for assessment, a triage, prioritisation and review mechanism was in place to understand and manage any immediate risks and ensure no one was left without necessary support. Regular consultation with duty managers and other team members ensured appropriate referrals and support services were provided.

Occupational therapy waiting lists varied across the local authority whereby some locality teams having none, but others had low priority cases which could wait a year or more. However, staff made regular contact with people awaiting services in this time to ensure they remained updated about any changes. Teams with no waiting lists were using an innovative solution known as the '5 step approach' which included better signposting of people to services, use of an ‘Equip notebook’ to gather detailed information on the person’s home environment and needs, plus using Measured Clinic where possible which reduced staff home visits. This approach had received some national attention, being evidenced as good practice in some professional publications. Plans were to eventually roll this out across the wider teams.

The local authority was acting to manage and reduce waiting times for assessment, care planning and reviews. Data provided by the local authority in July 2024 showed 543 care assessments were waiting to be started however the number of assessments awaiting allocation had decreased by 17% since the previous month. People waiting for an assessment or reassessment currently equated to 2.2% of the open caseload. The median and maximum days of people waiting had also decreased. In the last 12 months, an average of 1,263 assessments had been completed each month however in the same period an average of 2,838 new requests for care assessments were received which meant new requests were exceeding capacity for assessments so the focus was on how they could best meet this demand with ongoing challenges such as staff vacancies.

The number of overdue reviews for people with a costed service had decreased by 2.3% since last month, with an overall reduction of 3% since March 2024. The length of time people were waiting for a review has increased currently showing 25% of overdue reviews were more than 1 year over their planned date. In the last 12 months, an average of 911 reviews had been completed each month by staff.

The local authority noted they felt their performance was better than reported however as this data included all of the outstanding 6 weekly planned reviews. Teams had been asked to focus their attention on this cohort of reviews and check whether the recording of these was correct.

Partners were overall positive about the local authority providing information in terms of the care and support needs of people they were supporting stating they generally received initial assessments and a care plan for new people before the start of the care service. They said staff were very supportive and they responded well to requests. However, there were sometimes delays in carrying out assessments and reviews of people's needs in a timely way, but the local authority were very aware of this. Partners told us in emergency situations or if someone had increased care needs, this was generally dealt with well.

Assessment and care planning for unpaid carers, child's carers and child carers

Data from the Survey of Adult Carers in England (SACE) 2024 shows Surrey was similar to the England and regional averages for carers accessing support groups or someone to talk to in confidence, carers with enough time to care for other people they are responsible for, and carers satisfied with social services. However, more positive for carers accessing training for carers at 5.40%, compared to the England average of 4.30% and regional average of 4.60%. Also, more positive for carers not in paid employment because of caring responsibilities at 21.37%, compared to the England average and regional averages of 26.70% and 22.24% respectively.

The needs of unpaid carers were recognised as distinct from the person with care needs, however overall feedback was that more could be done to support unpaid carers in Surrey. A programme of work had been undertaken already to address this with the recruitment of carer advisors in each team and this was beginning to make a positive difference for unpaid carers.

Feedback from unpaid carers was more negative with typical comments including assessments were not offered, people had not felt heard or not being sure what the outcome of an assessment was. Some other unpaid carers were much more positive however, using a direct payment to access a break from caring and another person describing their social worker positively.

Partners mirrored the comments of unpaid carers also adding that the language used in assessments was not always user friendly for young carers and there could be confusion at times about who was responsible for support to parent carers. They confirmed the local authority commissioned specific services to support carer breaks and incorporating emergency plans into support packages for unpaid carers. Carers of people with mental health needs were identified as needing a better provision of support and an approach called the 'Triangle of Care' was being implemented to support with this.

Staff felt it was crucial to fully understand what support unpaid carers needed. Carers advisors had been placed in each team to help promote frontline operational best practice and staff were able to tell us in some detail about the kind of support unpaid carers were able to access. This included support with training, for example moving and handling, respite breaks and access to a one off payment carers crisis fund.

Guidance was available to support staff in carrying out unpaid carers assessments to promote good practice. Other tools used helped staff identify who unpaid carers might be and agencies who could support them.

Local authority leaders told us they needed to get better at identifying, assessing and regularly reviewing unpaid carers' needs. They recognised there would be a mixed picture in terms of feedback having spoken with unpaid carers and representative groups with some people feeling the local authority do a really good job, but others that unpaid carers were not paid or valued enough. £800k had been invested into support for unpaid carers, they had worked on recommissioning services, completed work with young unpaid carers and assessments were now taking place. Some examples of support were in relation to more unpaid carers being able to take a break from their caring role and receiving specialist advice enabling them to obtain additional benefits.

A multi-agency, co-produced joint carers strategy detailed plans to support carers and significant work had taken place over last 2 years. Staff met with unpaid carers now and they had unpaid carers advisors in locality teams. Points of crisis had been identified for example, when people were coming out of hospital, and when unpaid carers did not always get the information needed. Often unpaid carers who were older people, did not come to the local authority until they were in crisis, so they felt the preventative work had not been as effective and recognised there was more to do.

Data provided by the local authority in July 2024 showed the number of assessments waiting to be started for carers had reduced by 15% since the previous month and was 30% fewer than in March 2024. In July 2024, 126 carers assessments were waiting to be started.

Help for people to meet their non-eligible care and support needs

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs in Surrey. For example, community groups ran support groups in certain areas and a mental health group was starting in July 2024. An online newsletter provided people with further information. One partner felt more work was needed around pathways for people as people could fall through the gaps at times, such as not meeting the threshold for services then being signposted only for advice and information, whereas they may require more hands-on support.

Surrey Adults Matter was an approach run by the local authority and partners to enable people to come together to identify and share experiences. This was for people who could be experiencing rough sleeping and homelessness, substance misuse, mental health, domestic violence and criminal justice. Since April 2020 over 180 people had been supported with outcomes including people accessing supported housing, engaging more with support services and receiving help with alcohol and drug use.

One example in supporting people was shared by staff in relation to a project in Woking, where families living in flats had been re-housed. From this, one person was identified who had not been outside for many years and was not receiving any benefits. When the person moved, staff used this opportunity to slowly build a relationship with them with weekly visits which led to helping them access benefits, and the person was now shopping and attending appointments independently.

Eligibility decisions for care and support

Data in Surrey shows 63.19% of people do not buy any additional care or support privately or pay more to 'top up' their care and support which is in line with the England and regional averages of 64.63% and 63.28% respectively. Adult Social Care Survey (ASCS) 2023.

People were supported by staff in relation to eligibility for care and support. If people had concerns about their eligibility initial conversations were had with the social worker, or their manager. If concerns were not resolved this way, then a complaints process was followed. One of the top themes for complaints to the local authority in March 2023 to February 2024 related to charges funding care. Actions were monitored in response to complaints and sessions held to share and reflect on learning.

Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear. Financial assessment processes were in place that detailed the customer journey from point of assessment, through to financial assessment, and relevant payment arrangements and how to appeal. A process document from the staff point of view provided an approach to support the financial assessment process.

People told us about their financial assessment, which was explained to them, and they had no concerns. However, another person told us they did not have such a good experience when a financial assessment was completed as they had not been made aware of other available benefits to support them.

Staff felt financial assessments could be a challenging area, however a booklet had been produced with information about paying for care which looked at areas like benefits and mental capacity assessments. There was a variety of ways the financial assessment could be completed; on line, by staff sending out a form or with support from teams in person. Staff said there was generally no delay to the delivery of people's care.

Staff were clear on the focus of working 'with' the person noting more recently challenges with people having more complex needs which could be harder for staff to fully understand and therefore plan for. However, this had been raised with senior managers to consider more support and training. Staff felt teams were committed to identify the needs of people, treating them fairly and looking at alternative ways to engage with them, for example they had supported people with different languages such as Polish.

Partners told us there could be a delay with financial assessments at times, for example for someone in 24 hour care, which meant occasionally they had to give people notice to leave care services, which was obviously worrying for the person waiting.

Data provided by the local authority in July 2024 shows the number of people waiting for a financial assessment was 65. This had decreased by 31 people since March 2024. In response to feedback from people, an online financial self-assessment and self-referral tool had been developed to better address the accessibility needs of people and unpaid carers. In 2023/24, 2,613 people used the online financial assessment tools. People were supported through this online tool by a 'Chat Bot' (a software application designed to mimic human conversation through text or voice interactions), an online chat with an agent and a telephone call back service.

Provision of independent advocacy

Independent advocacy support was available to help people participate fully in care assessments and care planning processes. Staff knew about the advocacy services which were available however there was some inconsistency in referrals being made across teams. Assumptions were often made that family members would support, and the advocacy options had not always been explored.

Feedback from one young person was that advocacy had not been offered and there had been an assumption made the family would continue to support the person into adulthood now and in the future. Staff agreed advocacy services were mainly used where there was no friends and family involvement.

Due to the inconsistencies in referrals, presentations and training sessions had been conducted in order to increase awareness and understanding of advocacy, to improve referral numbers and provide clarity. This was also to ensure staff understood the importance of advocacy. Teams recognised there had been an increase in referrals and understood the ongoing focus on advocacy was central to ensuring 'no one is left behind' which was the local authority approach to ensuring inclusivity.

Printed information was available to support people in relation to accessing independent advocacy support, to help them participate fully in care processes, including arrangements for hospital patients, prisoners, care home residents and unpaid carers. The local authority split their two advocacy providers between instructed advocacy (where a person is able to tell the advocate their needs, wishes and what support they need) and non-instructed advocacy to support people who have been assessed to lack the mental capacity to instruct an advocate.

Partners felt the local authority was responsive to any concerns they raised about advocacy however some teams were better than others at making referrals. They felt formal advocacy was provided mainly for complex cases and there could be a better understanding around advocacy within the social care teams.

Supporting people to lead healthier lives

Score: 3

3 - Evidence shows a good standard

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximize their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners and the local community to make available a range of services and other measures to promote independence, and to prevent, reduce or delay the need for care and support.

Positive feedback was received from partners overall in terms of the local authority working with them to support people's independence. Data for Surrey shows 85.67% of people who have received short term support no longer require support is positive compared to the England and regional averages of 77.55% and 77.75% respectively. Adult Social Care Outcomes Framework (ASCOF) 2023.

People were supported in a variety of ways to meet their needs for care and support. Community and prevention co-ordinators formed part of the locality teams helping to connect services for people. They worked with community providers and groups to identify gaps and develop new initiatives tailored to people's needs. Also acting as a bridge, by connecting community-based activities with frontline social care services to try to ensure a more seamless experience for people. Their roles involved linking funding opportunities and working closely with local councillors, with the aim of empowering communities and supporting preventative measures. An independent evaluation of this work in 2024 cited positive outcomes for people, communities and the benefit of working in a system this way.

A Skills for Independence programme supported people who were at risk of escalating care needs to develop skills to maintain their independence. The Surrey Mental Health Housing Protocol, January 2023 confirmed all 11 boroughs had agreed to work together using this approach. The aim was to ensure that the person had their accommodation needs, health needs and associated support needs in the community identified at an early stage to prevent homelessness.

Staff supported people to regain independence using wide ranging approaches. For example, staff helped one person move from a care home to supported living accommodation. To enable them to make this decision they completed a mental capacity assessment, used an advocate and developed an easy read guide to support their communication needs.

Staff worked with other organisations to support people and prevent harm. For example, in one case where the person had been subject to cuckooing, Staff brought them back into a supported environment with mental health and housing support. Cuckooing is a practice where people take over a person's home and use the property, for criminal activity, resulting in them losing control of their property. This often involves exploiting individuals who are more vulnerable, isolated or struggling.

Senior leaders recognised the challenges of working together in a whole system in relation to prevention. For example, working with the 11 district borough councils with some inconsistencies across in areas such as housing allocations, protocols and appeals could prove difficult, however further work was being done to positively align working.

A partnership pilot project "Enabling You with Technology" between the local authority and Mole Valley District Council in 2022 was recognised for its work to help older people live independently for longer with an innovation and improvement award. A hi-tech home monitoring system had been used to identify early warning signs of declining health or mobility. This helped prevent falls by installing sensors into everyday objects and places around the home, helping people remain independent and detect whether they may be in need of additional support before they reached a crisis point. An evaluation of the service in 2023/24 has shown that responder services have been effective in reducing the escalation to emergency services in 89% of cases.

Projects were in place to support unpaid carers included a Carers Innovation Fund, 'Mobilise' a service to support identification of unpaid carers and Carers Partnership Group to champion and shape agenda and delivery. From the Carers Innovation Fund to date, 81 unpaid carers had received a break from caring, 34 parent carer households received specialist benefits advice securing £55k in extra benefits and 10 unpaid carers received a crisis grant averaging £255 each. A range of tools and resources available for staff to support unpaid carers, carers advisors based in locality teams and information was available on the local authority website.

Data for Surrey was in line with regional and England averages for people who say help and support helps them think and feel better about themselves, and people who reported that they spend their time doing things they value or enjoy. Data for Surrey was positive for people who use services who feel clean and presentable with 95.66% of people in Surrey against 94.29% in England and 94.38% regionally. Adult Social Care Survey (ASCS) 2023.

Provision and impact of intermediate care and reablement services

The local authority worked with health partners to deliver integrated reablement services that enabled people to return to their optimal independence. People were positive about the use of the reablement service, ‘Home First,’ and the support provided to them. People told us they were given detailed support plans identifying their needs and further reviews were used to ensure the care remained suitable. People spoke highly of relationships with staff which had made a positive impact for them.

Senior staff explained the Home First Strategy was central to a proactive shift they were making to reablement care. By focusing on supporting people both before and after hospital visits, the approach aimed to keep individuals in their homes longer and avoid unnecessary hospital admissions, reducing pressure on A&E departments but also fostering a more patient-centred approach to care. Reablement were considered the 'eyes and ears' of front line teams and they were now embedding occupational therapy into this area of work to support a more therapy led approach.

One staff team felt the reablement service could benefit from expansion and increased flexibility. Senior staff explained that implementing a proactive reablement approach required adequate staffing levels to provide timely interventions and current challenges in recruiting and retaining skilled staff hindered this.

Data for Surrey was lower with 1.91% of people 65 plus who received reablement/ rehabilitation services after discharge from hospital against the England average of 2.91% and regional average of 2.60%. Adult Social Care Outcomes Framework (ASCOF) 2023.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence to enable them to continue living in their own homes. Feedback received about people's experience was mixed, for example with one person describing a poor experience when having some grab rails fitted. Another person told us about a moving and handling assessment led by an OT which saw equipment had been provided to enable safe practices to be followed by care staff, which supported a person with advancing care needs and their family. If people had to wait for equipment, this was provided based on people's level of risk.

Data provided by local authority shows on 1 July 2024, 599 people were waiting for an OT led assessment, which is a decrease of 11% on the previous month (and 6% decrease since March 2024). Some teams had no waiting lists and this varied due to factors including staff vacancies.

Occupational Therapists fed back about working in supportive teams with good collaborative working with health partners. Staff explained having strengths based conversations with people was part of what they always did as OT's. Assessments were carried out either in the person's own home or virtually. If virtually, staff assured their practice with risk assessments, using trusted assessors and with follow up checks as needed. A trusted assessor is a suitably qualified person who carries out assessments of health and/or social care needs usually to facilitate speedy and safe transfers from hospital.

Specialist staff teams were able to go directly to duty OT's, who responded promptly, and feedback showed they were highly respected. Their expertise extended beyond simple solutions and teams engaged in numerous discussions about ideas, collaborating closely with them.

Senior leaders explained the local authority were focused on promoting and encouraging technology enabled care with the hope people could manage their care for longer enabling independence. Time had been spent testing technology in one area of Surrey with plans to roll this out to the areas. This was felt to be a way of revolutionising support for people, enabling monitoring of a range of metrics including monitoring inactivity of people at home and so identifying potential dehydration, which could be one cause of avoidable hospital admission.

A pilot programme for single-handed care developed by the local authority and partners focused on the upskilling of social care professionals, health colleagues, and domiciliary care providers around the use of single-handed aids, equipment, and moving and handling practices. Single handed carer reduces the need for 2 staff to provide the support giving a more personalised approach. Staff explained this had meant there had been some innovation with equipment and products that were unavailable to people usually. For example, the introduction of cost-effective hybrid mattresses, hoists, and slide sheet systems, to improve service quality and safety. They had expanded product ranges for single-handed care reflecting a responsiveness to people's diverse requirements.

Senior staff told us the provision of adaptations through the Disabled Facilities Grants remained a challenge for them as practice across the districts and boroughs could be very different, with people waiting up to a year for major adaptations. However, an adaptations meeting had taken place to try and build connections and improve consistency of practice, supported by OT's locally.

The Community Equipment Service (CES) in Surrey offered assistive equipment and adaptations for independent living. The Community Equipment Service OTs were part of locality teams with specialist teams in mental health, learning disabilities and autism, and transitions. Transitions meant young people moving between children's and adults services. Social Care teams assessed people's needs and the CES delivered and installed equipment and minor adaptions through a commissioned service provider. Target timescales for delivery differed depending on the nature of the equipment and the urgency for the provision. Median wait times for equipment to be delivered varied from 1 day for urgent equipment, to 16 days for special equipment, with 6 days for standard equipment. Delivery preferences were considered for people which sometimes fell outside of these target timescales. The local authority told us they were continuing to work with the provider to strengthen their workforce, as this had caused some delays.

Provision of accessible information and advice

People could access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included unpaid carers and people who fund or arrange their own care and support. Data for Surrey in relation to people who use services who find it easy to find information about support was 69.63% and in line with the England and national averages, Adult Social Care Survey (ASCS) 2023. Similarly, data for unpaid carers in Surrey who find it easy to access information and advice was 57.53%, and also in line with the England and national averages, Survey of Adult Carers in England (SACE) 2024.

There was a range of advice and support available to people however one unpaid carer felt there could be more support in trying to navigate the system in terms of getting information and advice. Another unpaid carer had a better experience saying advice and information was given to them by a social worker on how to access services and facilities within their own community which they found beneficial.

An Information and Advice Strategy was available on the local authority website. The strategy was co-designed with partner organisations and people in Surrey. An Information and Advice Service formed part of the front door to the local authority and ensured people could access information about care and support including telephone, text, online and printed information. Information was available in other languages. There was also a directory of services, 'Connect to Support Surrey' to promote and streamline access to services for people, and a Learning Disability and Autism hub. Information and advice provided by the service was regularly tested with people with lived experience to gather their feedback.

The local authority were currently delivering two public awareness campaigns; Planning for your Future, in partnership with a charity aimed at people who self-funded their care, and promotion for the Connect to Support Surrey directory, to encourage people to self-serve. Partners said Connect to Support Surrey was still complex to navigate but they felt there was an improvement to the previously version.

Direct payments

The use of direct payments was seen as a way of offering choice to people who may not want a commissioned service and the rate of people using direct payments was just above the national average in Surrey. Data shows a usage of direct payments at 29.16% compared to the England and regional averages of 26.22% and 25.90% respectively. The local authority advised this was a 1.6% increase in usage from 2021/22. Rates for people aged 65 and over accessing long-term support who were receiving direct payments was also higher at 18.95% compared to 14.80% for England and 15.48% regionally. However, usage of direct payments for carers was lower than England and regional averages at 67.48%. Adult Social Care Outcomes Framework (ASCOF) 2023.

People had access to some information, advice and support to use direct payments but feedback was this area could be further improved. Some people felt the process was difficult and did not feel flexible or supportive. Another person was unclear how their personal assistant could be used and how much they would have to pay towards this. One unpaid carer had been given 3 hours a week to employ a personal assistant to enable them to have a break, however, did not feel this was enough, as they cared for them 24 hours a day. More positively a direct payment was provided to enable support for one person's care and they told us this was provided in a flexible way to suit their lifestyle and preferences.

Staff told us they were passionate in delivering the right service for people. They encouraged the use of direct payments and more people had taken up the offer with many people being happy to use them. Support with the process was given to people and overall people including unpaid carers liked having the flexibility and choice. The local authority had promoted direct payments to target specific communities with events run at venues such as local mosques.

The local authority had however identified that the direct payment service needed to be improved. A 5 year strategy had been developed with staff employed to lead this. The Direct Payments Strategy for Children's and Adult's Social Care 2023-2028 had been co-produced with people in receipt of direct payments, people working in the system, service providers, voluntary sector organisations and user groups. Six main themes were identified for improvement within this strategy , including ensuring there was clear, accurate and accessible information, quality support from social care practitioners through workforce development, streamlined systems and administration, and developing the provider market.

Equity in experience and outcomes

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority had a number of initiatives to understand and reduce barriers to care and support and reduce inequalities. Staff were particularly proud of the progress of some of this work to date, however felt there was more to be done.

Local authority staff involved in carrying out Care Act duties had a good understanding of the areas of diversity within Surrey and spoke passionately about the work they were involved with. Surrey County Council created an organisation-wide strategy with a vision for 2030. The principle of this was 'no one left behind' with a target to reduce health inequality and inequity of opportunity. Staff explained this golden thread was considered the backbone of the local authority approach but the challenge of implementing such a vision lay in ensuring that every action taken genuinely supported inclusivity and no one was overlooked.

Senior staff told us they felt Surrey was an amazing county but misunderstood. It was seen as a county of affluence whereas in reality, there were areas of real deprivation. This meant as a local authority they had to be innovative and creative in their approaches. As a whole county, they had a comparatively financially well off, able older population, but some areas of the county were much less affluent, and in the lowest 20% in the country in terms of deprivation with some areas having high levels of need and disadvantage.

The local authority understood its local population profile and demographics by analysing equality data on social care users to identify and reduce inequalities in people's experiences and outcomes. The local authority had identified groups of people and geographical communities of deprivation as 'Priority Populations' across the integrated care system in Surrey. Equality Impact Assessments were undertaken when the local authority commissioned services and defined strategies identifying potential risks and impact to people, including those identified as being at risk of experiencing inequalities, to avoid or reduce negative impacts.

To identify and reduce inequalities, the local authority had worked with over 250 people in Surrey and 100 partner organisations in 2023/24 to actively seek out information in co-design work along with their Communities & Prevention team. Staff told us about the wide range of services in the community that could support people with specific needs for example groups that supported refugees or the Traveller community.

The local authority commissioned a Surrey Minority Ethnic Forum group to support and represent the needs and aspirations of an increasing ethnic minority population in Surrey. In December 2023 the local authority commissioned an 'Equality Diversity and Inclusion Discovery Report', with an initial focus on ethnicity. This was to help understand more about some of the potential barriers people experienced in accessing social care services delivered by the local authority in community settings. The report aimed to explore the experiences of black, mixed and Gypsy, Roma and Traveller communities. For example, factors contributing to under-representation, an acceleration or amplification of care needs for some people compared to others, and factors leading to a decline in independence.

The local authority proactively engaged with people and groups where inequalities had been identified, to understand and address the specific risks and issues experienced by them. In conjunction with health partners, there were 21 local neighbourhoods with local co-ordinators who engaged with people in these areas. Staff explained this approach was the key to the work because unless they heard the voices of people with this lived experience, they would not get things right. It was felt work particularly with the LGBTQ+ community could be improved as well as the Gypsy, Roma and Traveller communities. Commissioned research work was taking place with seldom heard groups to directly hear from those groups to better engage with them and some partners told us about this.

Examples of work taking place were one partner working with ethnic minority groups in relation to topics which carried a stigma or were taboo topics within some communities such as men's mental health. Also work had taken place with partners to secure funding on work to improve outcomes for adults experiencing multiple disadvantage to provide additional, tailored support to individuals who are homeless or at risk of homelessness, and other vulnerable adults, to help them rebuild their lives.

The local authority worked with partners in identifying and tackling inequalities in experiences and outcomes for people with learning disabilities by using a 'systems' approach. For example, it had been identified that by increasing health checks for people acted as an enabler to reach more people and better identify their needs.

One senior leader told us working closely with the learning disability sector had underscored the importance of understanding and integrating diverse perspectives. Issues that may seem straightforward, like signage or options, can present significant challenges for individuals with different needs. This highlighted the necessity for thoughtful design and planning of services to ensure accessibility and inclusivity.

Local authority staff explained through the fostering of an inclusive environment, maintaining strong community ties, and supporting diverse cultural and personal needs, Surrey demonstrated a commitment to equality, diversity, and inclusion (EDI). Staff passionately explained Surrey had made significant strides in EDI, with the active involvement of external partners and internal staff. The view was over the past three years, Surrey's commitment had paid off, which they felt had led to meaningful changes taking place. They described an ‘explosion’ of EDI staff networks and conscious efforts to make a difference for people.

Internally programs like reverse mentoring had been introduced. This was where more junior staff take on the role of mentor for a more senior staff member. Senior staff actively participated in network meetings to support and promote equality, diversity and inclusion. The practice framework that adult social care staff worked to had been developed with teams and practitioners. Staff told us they were committed to ensuring that everything they did was accessible and inclusive for people. For example, people with lived experience had been involved in interviewing potential local authority senior leaders to ensure that only staff with the right approach, knowledge and understanding were recruited.

Some partners felt the local authority could benefit further from employing more people with lived experience to enhance their work. Others felt there could be better monitoring of care providers to ensure they effectively understand cultural issues. Also, education on cultural practices for staff to share key messages and to foster a better understanding.

Inclusion and accessibility arrangements

There were sufficient inclusion and accessibility arrangements in place so that people could engage with the local authority in ways that suited them, for example British Sign Language or by using interpreter services. Staff explained there was a strong preference for having interpreters physically present to ensure accurate communication. Difficulty arose in finding interpreters for less common languages, such as Vietnamese, which could lead to delays. In areas with significant communities, community members might assist with translation, but professional interpreters were preferred for accuracy and to ensure the standards of professional interpreters, which were crucial for accurate and unbiased translation.

Staff told us about inclusion and diversity, recognising the importance of meeting people's cultural needs. Meeting the person to understand how they wished to be identified in terms of gender and noting any reasonable adjustments. During assessments, people's characteristics were gathered, such as their religion, but this also looked at what this meant for people, so was broader than just data.

Easy read documents were used by staff for example for people with a learning disability and autistic people. Examples were given when these had been used meaningfully to assess mental capacity, discuss reablement services or future options with people.

One key issue identified was in relation to technology as not everyone had access to internet broadband. The local authority was funding a project to target seldom heard groups at a local level to provide support accessing information digitally.

Guidance encouraged staff to be mindful that any information produced or provided to people within Surrey needed to meet quality standards such as simple language, right tone and no jargon. A number of processes were available to assist staff to better support people. For example, the Accessibility Guidance February 2023 demonstrated the local authority had inclusion and accessibility arrangements in place to support people to engage in differing ways. The guide included useful tips and best practice to help staff. The Inclusive and Accessible Language Guide set out the kind of organisation Surrey aimed to be, demonstrating an awareness of language changing and how people describe themselves can vary, even when people share a particular characteristic, links to further sources of information were given to support staff further.

Some partners felt improvements were needed in written information people received. However, another partner explained they had been involved with some work on an easy read document with the local authority to benefit people in terms of accessibility to information.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority worked with local people and stakeholders to use available data for example the Joint Strategic Needs Assessment (JSNA) 2022 to understand the care and support needs of people and communities. Senior staff told us the JSNA was effective in the way it described key populations in Surrey, as in some of the neighbourhoods there were some pockets of real deprivation and specific areas identified where they needed to work with people with most inequalities. This included people who were most likely to experience poor care and outcomes, people with protected characteristics, unpaid carers and people who funded or arranged their own care.

The largest borough in Surrey by population was in Guildford. Most Surrey residents spoke English as their first language, most common other languages spoken in Surrey were Polish and Chinese languages. Priority populations were identified by Surrey Public Health Intelligence and Insight Team. These included people with a diagnosed learning disability, serious mental illness, people with a long-term condition and people belonging to minority ethnicity groups.

The local authority strategy for understanding people's care and support needs focused on everyone living their best life, then considering do they understand this locally and how this works in practice. For example, in Woking they had high numbers of people with mental health needs and addiction, with some complex cases, so capacity was being reviewed in this area to try to better support people's needs. Community prevention officers did complex community planning where people were struggling to work with the local authority.

Unpaid carers were considered to be a top priority for the local authority. Staff told us without them the entire social care system would struggle. Carers advisers were embedded within local authority teams to support this work further. Their role was to drive and uphold best practices in working with unpaid carers including understanding the legal requirements and the personal experiences of caregiving and to address unpaid carers' needs and help them live their best possible lives.

Local authority hubs were located geographically and allowed for support targeted to the needs of the local area, combined with groups to provide information, training and signposting. For example, northern areas were more urbanised than the rest of Surrey and presented different needs and challenges for unpaid carers.

Market shaping and commissioning to meet local needs

Data for Surrey shows 71.03% of people who use services feel they have choice over services, which is similar to the England and regional averages. Adult Social Care Survey (ASCS) 2023. The data for unpaid carers accessing support or services allowing them to take a break from caring for more than 24 hours is 18.08%, compared to the England and regional averages of 13.42% and 16.14% respectively. Survey of Adult Carers in England (SACE) 2024.

A positive approach was being taken by the local authority to shape the market using feedback from people to drive this work. The local authority had three strategic commissioning teams for Older People, Learning Disabilities and Mental Health. Overarching these teams was the Market and Commissioning plan and from this teams developed their individual market development strategies.

Partners told us local authority commissioners attended events and listened to people and their views. They said there were good working relationships with the commissioners and they felt the local authority was making good progress in some areas, however there was a balance between what people wanted and what people needed in terms of service provision.

Senior staff explained Surrey was a large county with 27 towns and villages. Over many years places had formed identities so there was variation in different places. Therefore, they had tried to establish a baseline of what variation was important, what responded to local needs and where they needed consistency of the offer they can make, seeing the detail in the data.

Staff in the Brokerage Team had built their own 'outcome sourcing' system so where there was a shortage of services there was a sign up system for new providers. Regular feedback forums were held and written communication with people ensured that their opinions and experiences were incorporated into plans for service development.

The Brokerage team had centralised its commissioning function over the previous year to provide consistency in practice and market management. There was a referral management system which care providers and front-line staff had access to and this supported communication and transparency. Providers could communicate with the local authority directly via the system, which could be viewed by practitioners in local teams to support their conversations with people receiving services and their unpaid carers. Teams felt energised about this new way of working and showed commitment to providing high quality support to practitioners and providers. Feedback had been well-received by the local authority and it had led to positive developments and improvements within commissioning processes.

Co-production and feedback was used to develop the market and services. A lack of respite care for unpaid carers was one theme of consistent feedback from people and partners, with some families unable to identify services to take a break. For another family, respite had been identified eventually, but this had taken some time and was not easy to find.

Staff worked with the unpaid carers network, feedback was actively sought through written communication and forums held quarterly to gather feedback. This feedback was then incorporated into service specifications. The local authority worked with unpaid carers to understand these gaps and to redesign and reintroduce the service. For example, a new 'Library of Experience' resource for carers had been created following feedback. Carers partners said the local authority recognised the importance of unpaid carers within the health and social care system, and strategies, engagement exercises and coproduction opportunities reflected this. There had recently been some work done on a carers break service and there was a desire to get this right to meet people's needs.

By engaging in continuous improvement and exploring alternate care models, Surrey demonstrated a commitment to developing high-quality, responsive care services. Market shaping plans for accommodation with care & support were documented which included supported living and extra care housing schemes using data to map projected demand in the future. There were examples of commissioning to support a preventative approach including residential block beds being used to support short-term health needs to prevent hospital admission. There was also a 'support to recover' service commissioned which aimed to help people with long-term mental health back into housing. The in-house reablement service was being enhanced with domiciliary care from the private market and these changes had allowed the service to be more effective and support a greater amount of people to independence.

Processes supporting this work include the Co-production Commissioning Guide (October 2023) which demonstrated the local authority had an understanding and commitment to co-production within the adult social care commissioning function.

Although views from partners were positive overall some partners said the local authority commissioning could feel rigid at times and that not everyone in the local authority recognised the voluntary sector had the same goals. Some felt the use of co-production could be inconsistent. However others talked of a close working relationship with commissioners, which felt supportive with regular meetings, which were accessible.

Ensuring sufficient capacity in local services to meet demand

There was sufficient capacity to meet demand in areas such as homecare, however in other areas such as specialist accommodation, support for people with mental health needs and more complex needs, accommodation was harder to source.

The local authority had developed a data management system that drew information from the person's record and the brokerage systems. This meant that they knew what the market was providing, when and where people were receiving care and they could track a person's journey across different care provisions over time. This data had been used to identify people who were out of county and target the work of the specific teams.

Senior staff told us about risk areas and pressures in meeting rising demand. They felt the mental health system was letting people down and did not function well. They had initially viewed this as a resource issue, but then they took a system view which led to a review of the mental health system in Surrey, the hand off between services, people's experiences, experiences of user groups and providers. This motivated people to work together as a system to identify the issues that lay behind this and a mental health steering group was formed from this.

Feedback reflected a notable gap in services for individuals with a dual diagnosis of learning disabilities and mental health needs. Often, people were referred to community learning disability teams, but when specific autistic traits were present this could make this more challenging if people were considered without understanding these unique needs and could lead to a lack of proper support. Joint meetings with the community team for people with learning disability were held quarterly to address cases, but there was a significant gap in services, as well as for respite care providers, especially for those with Asperger's syndrome. Commissioners were aware of this and this had led to further work with care providers plus a plan to develop a specialist brokerage team.

Partners confirmed placing young people with complex needs could be difficult, however acknowledged everyone was trying to address this jointly. One positive example was the commissioning of a new service for young autistic people. Staff shared examples of working closely with housing teams to support two young people to access a privately rented property working closely with an OT and an advocate. Some good relationships had been formed with registered landlords, with another example of a property being commissioned for 6 young people to address a gap and enabling them to further develop their skills.

Partners gave us examples of when the local authority commissioners had worked well with them jointly to support someone with complex needs creatively. This person had been delayed in hospital and was unable to leave as there was no suitable specialist accommodation for them. Commissioners had worked with the care service to adapt their premises to specifically enable this person to be able to leave hospital.

Development of extra care and supported living sites were underway. The local authority had a 'Right Homes, Right Support' program to increase supported living capacity by at least 500 units to support people's independence, choice and control with dates for the different accommodation up to April 2026. A proactive approach included offering ex-council properties to developers first to build extra care accommodation which had led to a site in Guildford being developed. The mental health commissioning team had started to see some interest in building supported living flats for people with mental health needs, which would support provision for more complex clients.

Care home and nursing home capacity could be challenging to access a good variety and sufficient capacity to meet demand. High fees were specifically aimed at people who were self-funding which posed challenges for local authority funded options. Challenges to find suitable care homes were also hindered by a market with lots of choice in some areas such as luxury care homes, however with some facilities struggling to accommodate people with complex needs. Residential care home wait times impacted the most people in Surrey, waiting a median time of 18 days over the past three months (before 1 July 2024) for placements and a median time of 13 days for nursing homes for the same period.

Homecare capacity was strong in Surrey, with minimal people waiting for a service to begin and 1 day being the average length of time people had to wait. The local authority recognised an increase in demand for home care, with total home care numbers purchased rising from 3975 in December 2023 to 4065 in March 2024. The local authority however acknowledged a gap in supported living capacity in Surrey, with the median time from referral to closure being 18 days over the past three months (before 1 July 2024) with referral response times varying due to challenges in finding suitable settings.

As of 15 July 2024, 239 people were placed out of county who started placements within the last 12 months. This number has continued to decrease since December 2023, from 983 and the proportion of people placed out of county had significantly reduced over the last four years. The reasons for such placements were due to a lack of specialist support in Surrey, people's own choice and the timeliness of transfers. Brokerage teams worked with staff to identify any preferred areas for people where they may have local links outside of Surrey, but it was acknowledged that for some provision there may only be one option. Staff told us this was kept under review to support a move if something more suitable arose. Work was progressing to draw people back to the local authority area. Clear guidance relating to transfers of care supported staff in relation to people with funded care moving out of county, or those with pre-existing care packages moving into the local authority area.

Ensuring quality of local services

There were robust systems in place for quality monitoring of care services enhanced by digital systems. The local authority Quality Assurance Team were located within the Commissioning Team. Care providers had key relationship managers assigned, whose role was to check on quality, maintain relationships and audit the electronic care records. Staff used data from provider key performance indicators and feedback from people and surveys, to help identify and address quality issues promptly, and audit visits to build a picture of quality. Staff visited providers and information was gathered from other sources such as intelligence from the Care Quality Commission (CQC) and Healthwatch. Healthwatch are the independent champion for people who use health and social care services. Healthwatch gathers and represents the views of the public about health and social care services in England. The local Healthwatch network supports people to share their experiences of care or access advice. Other arrangements for collaborative working were in place, for example, joint visits with staff from the Integrated Care Board.

A Service Delivery Quality Assurance Framework Policy and Procedure detailed the processes of the Quality Assurance Team. For example, the team undertake quality assurance audits throughout the year, for care homes these are unannounced visits, for supported living and reablement they provided advanced notice. Audits involved a review and the implementation of recommended improvements and included discussion with people as well as reviewing records.

Staff focused on specific problems where action plans to drive improvement were needed. Through changing the way they engaged with providers and with additional staff resource they had been able to visit providers who had not previously been reached before. The quality checking process started from the point of tender and staff were clear with providers on expectations. For example, some providers were suspended from receiving new referrals through not passing the required quality assurance checks. The local authority encouraged provider feedback following monitoring visits to support this relationship-based approach.

Serious concerns regarding care quality were addressed through a multi-agency process and risk management framework which was overseen by the Provider Quality Improvement Group and Practice Assurance Board. The Provider Support Intervention Protocol set out the roles and responsibilities of the local authority in the event of serious concerns arising about the quality or sustainability of a care service or care provider.

One care provider told us about their positive experience of the Provider Support Intervention Protocol. They told us they found the local authority process to support them was 'phenomenal'. A number of meetings took place and they found the support and partnership working to be amazing. They described the local authority staff as professional, dignified and meetings were well chaired with a multi-disciplinary team approach. Everyone worked with them to support them to meet their action plan. The service had turned around in a short time due to this approach which they felt was collaborative with one person from the quality assurance team being described as fantastic.

The Quality Assurance Team liaised with the internal Brokerage team and other local authorities to communicate concerns around specific providers. As of July 2024, embargoes had been implemented on 27 occasions in the last 12 months however these were lifted once all necessary improvements were achieved, serving as a temporary measure.

Partners fed back about their experiences working with the local authority in relation to quality monitoring. Comments included communication was good, staff were quick to respond and remained incredibly helpful. Other partner said they felt well supported by quality assurance managers and they felt the local authority had people's experience at the heart of their work. One partner felt there seemed to be more consideration being given to support for people with a learning disability and autistic people than before, and more consideration to the right placements being provided. However, some partners raised concerns about the quality of some of the home care providers commissioned and whether cost was considered over the quality of these services. Feedback was wanted to foster a partnership approach with the local authority to better work together to improve service quality and ensure fair and transparent practices.

Adult social care services in Surrey overall were rated as 4.65% outstanding, 73.55% good, 10.76% requires improvement and 1.89% inadequate, with the remaining services unrated. Areas identified which could be improved further were high numbers of providers on frameworks with quality concerns, such as those who required improvement, and providers who were registered but were not yet rated where the quality of care was more unknown. Feedback from the local authority was that there was a robust evidence-based approach in place which suspended providers with quality concerns. The local authority and providers were also impacted by a delay in CQC re-inspections sometimes where services with previously poor ratings may now have now improved.

Ensuring local services are sustainable

The number of contracts handed back by the local authority to care providers in the last 12 month was 1 for home care, 10 for supported living and 12 for residential care homes.

The local authority were involved with a number of initiatives in relation to sustainability of local services, in particularly workforce development plans. For example, the United Surrey Talent Mid-Year Report 2022-23 showed partnership working with the integrated care system and Surrey's voluntary sector in the development and delivery of a joint health and social care fund supporting a joint talent strategy. The strategy, plan and resource developed the capacity and capability of the health and social care workforce in Surrey to support long term strategic objectives and culture change. Examples included, volunteer recruitment and retention, an integrated recruitment project and a Temporary Staffing Programme.

Work with a care home group and the local authority had taken place to develop a workforce strategy for care home staff based on gaps in skills and competencies and to improve leadership and staff retention in the care home sector. Additionally, an 'Admiral Nurse Care Home Service' was being developed in Surrey to be able to provide advice and support for people living with dementia and their families.

Data from Skills for Care Workforce estimates that in Surrey 53.52% of adult social care workers with the care certificate in progress, partially completed, or completed against the England average of 49.65% and regional average of 50.51%.

Partners commented that the cost of living crisis had affected people on low incomes, and Surrey was an expensive place to reside. More help for people such as support workers was needed, but often they were commissioned and paid at the lowest rate, making it hard to recruit and retain staff, thus having an impact on care services. Commissioning processes could make working with the local authority difficult at times. For example, contract documents, were not always received from the local authority in a timely manner or funding could be delayed and this put more pressure on the organisation trying to plan ahead in relation to the workforce. In terms of recruitment and retention of the workforce some partners felt the local authority provided support with this, others less so.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority had a 'community vision' for 2030 which was created with the involvement of partners and people across the county. This set out the underlying principles and expectations for partners to improve the way they worked together in delivering the ambitions of the vision and achieving the best possible outcomes for people.

Joint programmes with health included a focus on better outcomes for older people and on mental health. These aimed to achieve greater levels of joined up working, the most effective use of resources and integration focussing on a multi-agency approach.

Staff noted joint working with health had improved. Work had taken place between the local authority and health partners in relation to improving approaches to the understanding and interpretation of areas such as continuing healthcare, which historically could be contentious between them. These approaches had received positive feedback and had resulted in reductions in areas such as disputes and delays occurring.

Staff explained that efforts had been made in co-production and community engagement, focusing on addressing barriers, integrating feedback, and ensuring fair representation of diverse voices. Initiatives had been developed to support displaced communities, including tailored programs and partnerships. Training on cultural competence and multilingual support had been critical in addressing language and cultural barriers. Focus has been on building strong partnerships with various organisations, for example, working with charities where engagement with individuals with lived experience of poverty to influence local policies and support services. However, some partners felt that clarity was needed about the expectation of standards where something was described by the local authority as being 'co-produced' to be clearer what this actually meant.

Strong governance and quality assurance processes enabled voluntary and community services to represent unpaid carers voices at a strategic level through a number of partnerships including the integrated care system and board. A Carers Conference had been attended by local authority councillors who then commissioned new strategies to try to better reach out to unpaid carers across Surrey.

Arrangements to support effective partnership working

Two integrated care boards operated within the Surrey local authority footprint, Surrey Heartlands and Frimley. Good working relationships with health partners were in place. The local authority had good governance arrangements within the Integrated Care System which were reviewed regularly. For example, health partnership meetings ran on one day to maximise the effectiveness and commitment to these meetings. They embraced the integrated care partnership model and improving the wider determinants of health. As partners they had developed an approach around the towns and villages footprint that identified 29 places that were considered natural communities, not based on service borders. Work was underway to better understand these communities by using data and seeing if this was reflective of people's experiences in these areas. There were embedded teams in hospitals which worked well and there was joint working on strategies including housing and mental health along with health partners.

The local authority relationship with the mental health trust following the ending of the section 75 meant re-establishing relationships and roles. A section 75 agreement is an agreement between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners. Over the last 9 months a set of priorities had been agreed in terms of how they worked together. Senior staff noted demand for local authority staff working in mental health was very high with daily challenges including homelessness and housing. Work had now improved the discharge pathway but further work was needed in relation to managing capacity. Staff were being asked to deal with very complex cases and they were trying to support better decision making where people didn't have eligible needs but felt the benefits of this work were yet to be realised. Staff were aware that some conversations were starting in relation to this but expressed some concerns in terms of managing the complexities of people's mental health needs safely.

A 100 Day Challenge had taken place with the aim to overhaul the hospital discharge processes. This initiative sought to address inefficiencies and enhance people's experiences through standardised procedures and improving interdepartmental working. Staff came together from various teams and hospitals to collaborate, agreeing actions then meeting every 25 days to allow for continuous feedback and adjustments, so issues could be addressed promptly. The challenge concluded very recently, and feedback indicated a significantly positive impact, with hospitals adapting and continuing to refine their practices.

Impact of partnership working

The Better Care Fund plan 2023-25 focused on supporting Surrey's ageing population in relation to prevention and early intervention. Examples of joint commissioning and integration included the integrated intermediate care service and reablement service. Also, frailty programs linked to other admission avoidance schemes, including falls prevention work through regular multi-disciplinary teams that bring together all areas of health, social care and other statutory services.

One partner told us about partnership working in relation to support for unpaid carers. The best way of identifying carers was through GP's. They explained that support for unpaid carers was not just the local authority responsibility and there were two new posts within the joint carers team in health to support GP's. There were 3 main voluntary and community organisations supporting unpaid carers in Surrey. These organisations were jointly commissioned through the use of Better Care Funding and enabled joint working on projects.

Staff told us teams were responsive and adaptable to change. There had been additional work with housing and community partners in relation to support for releasing prisoners early mainly in relation to housing but also through a social care lens.

Partners explained when working to annual funding processes with the local authority, late confirmations of continuing funding meant voluntary organisations had to take on 'good faith' that funding would be approved to enable projects and staffing levels to continue which could be challenging.

Working with voluntary and charity sector groups

A "Planning for Your Future" campaign had taken place in collaboration with a national charity and the local authority, which successfully targeted self-funders to encourage early planning to prevent crises. The campaign had been well-received, with 600 people attending events.

Partners told us the local authority used information from public health to gather people's experiences and influence change. The local authority would check with the voluntary sector to see if the research collected was reflective of what people were expressing to them. Feedback showed the local authority was active and attended many community engagements. For example, one Ukrainian group had a dedicated local authority worker to support them.

One partner suggested co-production could be difficult at times due to the reduced resources the voluntary sector received. A number of preventive services in the community had closed down and there was still a lot of work to do as the need for services was growing.

Partners told us they were happy with the communication between themselves and the local authority overall and they were invited to appropriate meetings including those at a strategic level. They felt partnership working and communication had improved, and they were being consulted and involved in decisions now. Some positive initiatives included the commissioning team employing people with lived experience.

Feedback from partners was successful collaboration had led to some favourable outcomes, and when the right people worked together, the results were generally effective. Ensuring all stakeholders were involved was key however, and input and collaboration was lacking from the charity sector at times, which they felt could lead to decisions being made without truly incorporating the sector's valuable insights and experiences.

Theme 3: How Surrey County Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

Local authority procedures supported staff in ensuring safety management across systems. For example, a task group in relation to people being discharged from hospital but needing further care and assessment, was led by the local authority with health partners. Its purpose was to take an overarching view of the discharge to assess process and to share experience, challenges, good practice and learning. A co-produced transfer of care process from the local authority to Continuing Health Care (CHC) funding contained clear guidance around transfer of care processes with expected timescales and handover documentation.

Senior staff told us as part of the transformation program, the local authority were aiming to address disparities in hospital discharge services across the county and a new director had been appointed at the local authority to oversee and implement the necessary changes. The goal was to ensure a uniform, high-quality service regardless of location. This involved standardising systems and practices, so resources could be shared effectively, for people to receive consistent care and improve efficiency and resource sharing. Different hospitals used a variety of IT systems and faced unique pressures, including staff shortages and high turnover.

Staff were supported in their roles by processes such as discharge pathways which were broken down by hospital location these had been updated in December 2023. These included reablement, discharge to assess beds, an urgent care response which was a rapid 2 hour service to prevent hospital admission, and virtual wards for people who were medically stable but required further input at home. Data provided information to establish pressure areas in the system including people discharged, length of stays and number of people medically well enough to leave hospital.

Staff discussed approaches to transitions work and challenges in a Community of Practice Forum which helped in connecting operational leaders to the work, but also ensured that everyone was aligned and informed about different aspects of current practice. Staff fed back there were gaps in obtaining support for young people during the transitions process and finding specialist support could be difficult. There was joint working with community teams for people with learning disabilities, occupational therapists, and physiotherapists, although issues with waiting lists and staff capacity persisted. The focus was on tightening the gap in joint working to provide a cohesive service.

Safety during transitions

Improvements were reported as being needed in the effectiveness of transitions services for young people by some people and staff. The process began at age 14, involving families, schools and education. The children's team provided family support until age 18, after which the transitions team took over until age 25 when people transferred to the adults locality teams or Learning Disability and Autism teams. Preparations for adulthood and next steps in college were made, but timely referrals were crucial. Pathway breaks occurred at times due to insufficient time for working on education, health and care plans and explaining the process. Staff also recognised that at adulthood, everything changed, including choices and finances, which were particularly challenging for people and families.

The Transitions team was county wide which staff reported could be challenging but ensured consistency. Data was used to identify young people coming up to 14 years of age. One staff member had been involved in a Preparation for Adults Pilot which was now established, and they were proud of the work they did in supporting young people and families. For example, with assessing mental capacity, looking at benefits and tenancy issues and holding coffee mornings to offer support. This focussed as to where people were on their journey.

Feedback in relation to people and families experience of transitions was mixed. Comments included people had not felt supported, processes could be lengthy and co-ordination could be better. However other experiences were much better including that the transitions social worker was very supportive and the family were able to contact them easily. Another young person's service was increased and the process was described as ‘smooth and efficient’.

One partner felt the transitions team were really good, however there could be some gaps around support for wider advocacy in this area. Other partners told us transitions was an area that was poorly done in many places; however, in Surrey this was an area of high expectation by the local authority and for this to be done well.

In terms of transitions between services such as hospitals this was more positive with assessments completed to support people to return home which recognised their wishes and goals. Feedback from staff in teams was there was good partnership working with health colleagues and close working with the discharge team. Although the work could be pressured at times they felt supported by management and the team. There was time to share information with other agencies and professionals and develop strength based plans.

The role of the Continuing Healthcare (CHC) team was described as pivotal by local authority staff, offering essential support and clarification on responsibilities, to adult social care in complex cases involving health needs. The presence of CHC leads within each area had improved clarity and coordination, ensuring that health and social care needs were better understood and managed.

There were 5 hospitals across the county, each with different ways of working which could pose challenges for the local authority. Various hospitals demonstrated differing approaches to discharge planning and multidisciplinary teamwork with a spectrum of practices and challenges. At some hospitals, the process was less integrated with social care, relying on the A&E team for discharge decisions, with occupational therapy involvement being minimal or as needed. This contrasted with other approaches, where dedicated social care professionals were embedded in the wards, allowing for more direct communication and collaboration with health teams.

Healthwatch had carried out a hospital discharge review following the COVID-19 pandemic and provided feedback to both health and adult social care identifying there was more work to be done in relation to integrated working when it comes to hospital discharge as people who were medically fit to leave, were having to stay in hospital due to adult social care delays.

Other partners felt there could be an impact on rehabilitation beds due to a lack of supportive housing options meaning people could remain in these beds longer and therefore impact on people in hospital.

Feedback from staff was the mental health system was under significant pressure due to a shortage of beds, leading to a revolving door scenario where people were discharged from hospital and often returned. Staff felt effective bed management required thorough assessments and strong co-ordination between home treatment teams and bed management. In their experience, they found good teamwork, support from management, and effective communication were needed throughout the processes. Strong relationships with health colleagues and police support were crucial in managing high-risk situations and ensuring the safety and wellbeing of both staff and people. Staff felt there was good support for mental health discharges and they were able to spend time with people and consider 6 weeks support via the enablement service.

Staff worked creatively to support people with complex needs. For example, one person was unable to return home due to severe hoarding and was provided with a temporary placement with a Shared Lives family. Shared Lives schemes match someone who needs care with an approved carer. This solution spared the person the trauma of the home clearing but also allowed them to maintain autonomy over their situation. By avoiding an abrupt transition and establishing a meaningful connection with others during this time, the person was able to plan for their eventual return home with greater ease and support. This approach highlighted the value of flexibility and personalised care in managing complex discharge situations. Another example was given of a young person with very complex needs who was resistant to going home from hospital initially. They were supported with a live in and night time carer which enabled an ongoing review of their care once at home.

Contingency planning

Staff worked with people to make contingency plans, for example integrating emergency respite arrangements into people's support plans so these were available if required. Some unpaid carers felt there could be more improvements with planning for respite care in unplanned situations and it could be difficult to find respite support. Another unpaid carer expressed frustration as they had been told to come back to the local authority when respite care was needed but they knew their family member did not cope well with uncertainty, so they needed to spend time preparing for this now, and not only when it became urgent.

An unpaid carers emergency plan had been developed along with people with lived experience. For example, detailing people's likes, needs and medication. This gave information to enable people to remain being supported in their own homes if the unpaid carer was ill or perhaps had to go into hospital.

A local authority business continuity plan was in place for any unforeseen events to reduce the effects of any incidents that could disrupt the critical activities of the service and to ensure a smooth return to business as usual. This included a local authority Emergency Management and Resilience Team and a Service Recovery Team to support staff. A Welfare Emergency Response Plan set out the local authorities' arrangements for the activation of staff in order that they could respond to an emergency.

A Provider Support and Intervention Protocol set out the roles and responsibilities of the local authority in the event of serious concerns arising about the quality or sustainability of a care service or provider. This covered joint working with the Care Quality Commission, health and with providers with a focus on prevention. An Emergency Home Closure Protocol with Surrey's Local Resilience Forum (a multi-agency partnership made up of representatives from local public services) was used to respond to an emergency event such as a flood or fire which had affected a care or nursing home.

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

Data from the Adult Social Care Survey (ASCS) 2023 for Surrey showed 72.39% of people who use services feel safe, which is similar to the England and regional averages of 69.69% and 70.37% respectively. Also 90.53% of people who use services say those services have made them feel safe, which is higher than the England and regional averages of 87.12% and 86.89%. In Surrey 44.72% of independent/local authority staff had completed mental capacity/deprivation of liberty safeguards training and 48.28% had completed safeguarding adults training. Both of which were in line with England and regional averages. Adult Social Care Workforce Estimates (ASC-WE) 2023.

Systems were in place along with processes and practices to ensure people were protected from abuse and neglect. However, it was clear that processes were still to be fully embedded in some areas and this was the feedback we received from both staff and partners. Concerns were raised about whether all staff were suitably skilled and supported to undertake safeguarding duties effectively following some recent changes in processes. Staff acknowledged recent safeguarding changes had not been fully embedded yet, however felt they were well underway.

Safeguarding teams were made up of co-ordinators and social workers who had shared responsibilities and used a screening rota and duty system to answer calls. Assistant team managers screened information, rating it using systems based on level of risk and urgency. Where information came in that was not of a safeguarding nature this was reassigned to the relevant place. Teams felt they knew care providers well and had a good level of understanding how services worked but where they were unsure about something they would check in with managers for clarity.

Oversight of safeguarding practice was provided by senior staff, with regular meetings, audits and discussions taking place for serious and/or complex casework; additional support being available through the Practice Assurance Group. There was a multi-agency approach with safeguarding where different agencies discussed cases. Additionally, as part of the Safeguarding Improvement Group, there was a focus on both safeguarding improvements and learning from instances where things had not gone well. To support both safeguarding practice quality and audit, Safeguarding Case Audit Quality Standards Guidance was in place.

Senior staff told us it was a challenge to get the right mix of staff, particularly for Deprivation of Liberty Safeguards (DoLS) and best interest assessments, which required a specific skill set. There was a national shortage of experienced social workers with the necessary skills for these tasks and this was an area where they recognised the need to be more creative in attracting highly experienced social workers to meet the demand for DoLS assessments.

Comments from partners about safeguarding were particularly polarised, including concerns that some staff may not be qualified as safeguarding officers. There could be inconsistencies in the approaches to safeguarding and they felt some parts of the safeguarding process were not well understood by staff. For example, someone with mental capacity should be asked what they wanted to happen as part of the process and this did not always take place. There could be times when staff took longer to act and investigate safeguarding concerns and it could take months to receive feedback from the safeguarding team. However, outcomes of investigations were generally transparently shared.

Responding to local safeguarding risks and issues

People's experience of safeguarding was positive overall stating the local authority showed an understanding of abuse and neglect and were able to work with agencies to reduce the risks and prevent future risks. For example, one person had developed a pressure ulcer in hospital and the local authority raised a safeguarding concern. The person was involved in the process to their satisfaction, receiving a formal apology from the health trust. However, another person was dissatisfied with the local authority response to some concerns raised feeling that staff had not understood the cultural implications for their family.

The local authority has a Safeguarding Adult Board with an independent chair with a focus to ensure that in Surrey, safeguarding adults arrangements worked effectively. Surrey Safeguarding Adults Board Plan 2023 to 2024 demonstrated the board had identified key safeguarding aims and objectives within Surrey. These were recorded in a strategic plan identifying how these will be achieved, what success will look like and the evidence base required to measure success. A key objective was to disseminate learning from Safeguarding Adult Reviews and other statutory reviews to ensure that learning was embedded across partnerships. Another objective which had been carried forward from the previous year was for real understanding by seldom heard groups of how the Safeguarding Board could support. Also, to ensure the role of unpaid carers and the challenges they faced was recognised, and action taken to prevent unpaid carer breakdown and abuse/neglect. Another key objective was to have a consistent view of gaps in referral processes and put in place effective initiatives to address these. There was evidence of partnership working with police with the referral process and guidance.

Staff told us about partnership working and working with the Safeguarding Adults Board. For example, meetings to support domestic abuse survivors through muti-agency risk assessment conferences. There were 5 prisons in Surrey which brought other safeguarding issues however a large scale piece of work was underway to develop better pathways for prisoners.

A Safeguarding Adults Review is an independent review which takes place to identify lessons when a person had experienced serious abuse or neglect and there are concerns that partner agencies could have worked more effectively to protect them. Actions are recommended to be taken to reduce future risks and drive best practice. The local authority had one published Safeguarding Adults Review in the past 24 months. A learning event was held in June 2023. There were several recommendations and an action plan was developed, with key learning points including improving the skills and knowledge of teams around substance misuse, homelessness and training. Key risks identified were in relation to domestic abuse, self-neglect (hoarding), suicide and cuckooing. Partnership working had taken place around self-neglect to better support people.

Work was undertaken to engage with core leads such as the Police and Integrated Care Boards so risk management processes could be developed. The Safeguarding Adults Board focused on quality assurance. The aim was to see how they could make the process less cumbersome and not just data driven, but also taking learning from safeguarding adult reviews and feedback from people with lived experience.

Interaction with the local authority on a strategic level was reported to be positive by one partner. There had been a settling in period in teams due to leadership changes, but the local authority had looked at priority areas that needed to be attended to, for example there had been a revision of the hoarding protocol. There was an understanding of staffing capacity issues but they felt everyone was committed to work to manage risks.

There was a challenge around processing of community DoLS however a task force had been formed to address this. To support frontline staff further a training model had also been developed to understand tenancy and housing rights including mental capacity. This was reported to be well received by 200 staff and was planned to be rolled out to housing providers.

Staff working in the DoLS team worked together on a rota basis. Where there were more complex DoLS, a robust triage process took place. Examples of more complex DoLS included areas such as objections to care home placements and when covert medicines were being given. Covert medicines were sometimes given to people when they were refusing to take medicine but lacked the mental capacity to make a decision around this. Covert medicine means this is hidden, usually in food. On occasions care homes may provide the incorrect information in DoLS applications, so clearer prompts had been introduced by staff to assist with this. Over the last year staff had introduced checks to ensure conditions of DoLS were being met, introduced a DoLS webinar (where 120 people signed up) and a DoLS forum had been introduced.

In July 2024 the number of DoLS applications awaiting allocation to the appropriate worker to complete assessments had reduced by 3% (84) from the previous month and decreased by 8% since March 2024. In the previous 12 months there has been an average of 445 DoLS applications monthly. Of these, approximately 50% were considered to be 'high priority' applications by the local authority so were prioritised.

The local authority received DoLS requests from across 375 registered care homes in the area. The local authority had sourced additional resources to reduce the numbers of DoLS applications waiting to be processed and these had reduced. The local authority identify their DoLS model was currently being reviewed to ensure continued improvements.

Responding to concerns and undertaking Section 42 enquiries

Data provided by the local authority in July 2024 indicated an overall reduction in the numbers of safeguarding over the last few months. As of the beginning of the month, there were 2,567 open concerns/enquiries on the local authority system which has reduced from a peak of 5,156 in September 2023. The number of section 42 enquiries waiting to be allocated to workers had decreased from 20 in March 2024 to 2 at the start of July 2024.

As of early July 2024, 43% of concerns received in June 2024 became a section 42 enquiry compared to 63% in March 2024. The number of safeguarding concerns received reduced by 26% since the previous month and in the last 12 months, there had been an average of 1,270 concerns received per month.

Work with the Safeguarding Adults Board had introduced new processes which meant section 42 enquiries were sifted out and managed to reduce backlogs. For example, a change was implemented in how incidents were handled and through data cleansing. Several pathways were documented to differentiate between safeguarding concerns and section 42 enquiries.

The Multi-Agency Safeguarding Hub (MASH) for adults was the main referral point for adult safeguarding enquiries, but there were other referral points. If the adult was open or known to another team, the referral was passed onto them via duty, unless there was an immediate risk, then MASH contacted the allocated worker or duty directly. There was a main public and partners referral point for safeguarding concerns and referrals could be made at any time via an online form, a telephone or using a Sign Language Video Relay Service. Section 42 enquiries were managed by a safeguarding duty worker and there was management oversight to support decisions. Some staff acknowledged there had been challenges with safeguarding and a consultancy firm had come in to look at how to make improvements.

Staff confirmed where there were safeguarding concerns and the person had died, the case was closed. They said risks to the safety of other people were considered by working with the provider and considering any wider learning. However, feedback from other staff indicated they held concerns that this approach meant risks were not fully considered in these situations and may leave some families feeling the safeguarding concerns had not been fully explored. Feedback from senior staff confirmed that a serious incident policy and approach ensured that immediate risks and lessons learnt were addressed for people, and across the organisation.

A change had taken place from 1 May 2024 in relation to management of low-level safeguarding concerns which meant that these were now referred to the Quality Assurance Team. Staff views on this differed. Some staff expressed real concerns in relation to the recent changes in safeguarding processes. Some staff felt it provided a better overview of care homes and care providers. However, others raised concerns about whether all staff were suitably skilled and supported to manage these. They told us they felt safeguarding concerns were allocated to staff who were not social workers to reduce numbers and they were concerned some were more serious and some staff felt out of their depth. It felt this approach looked at the service process not the safeguard for the individual. Other staff fed back they would like more information in relation to changes made to safeguarding, the processing of low level concerns and clearer guidance around this. Feedback from senior staff confirmed the change made was a roll out of enhancements and further development of a market management and quality assurance approach. Feedback had been sought from staff to understand if they felt supported, communication was clear and had the tools needed to do their jobs.

Partners also told us they felt low-level concerns were not being tracked effectively, and the lack of resources at the MASH contributed to this. They felt a stronger ownership and leadership within the team was needed to address these issues. The new safeguarding system required them as partners to conduct their own assessments and find solutions independently before sharing them with the MASH. They felt there was insufficient oversight from the local authority in relation to safeguarding investigations and the sharing of outcomes. Some felt this increased their workload and reduced effectiveness. Feedback was there was a significant backlog of safeguarding cases, indicating systemic problems with the current process. They did not feel the existing system was functioning effectively, and this backlog highlighted the need for improvements. Senior staff confirmed an effective data led tracking process was in place to ensure oversight of concerns. This was closely monitored and was part of the long standing quality assurance process of care providers.

Partners told us about some inconsistency in the approach to safeguarding and that they felt parts of the safeguarding process were not well understood. They felt there needed to be more training and support for local authority staff in relation to this. For example, there seemed to be some confusion by staff around the threshold for safeguarding referrals made to the local authority by providers. Feedback from some partners was the local authority believed that an adult needed to be known to adult social care already and have care and support needs to warrant a section 42 safeguarding enquiry being opened. Many people who have care and support needs may not have commissioned services already in place and people with care and support needs may not be known to the local authority but still be vulnerable and at risk. An example was given of a person who was experiencing self-neglect and self-harm, however because the person was not known to adult social care and did not have a commissioned care and support service, the case was not investigated. Another example was advice being given to a care provider by a manager at the local authority that only registered managers could make notifications in relation to safeguarding, when this was not the case. Senior staff confirmed work had been done to ensure staff were supported and trained and this included people not being safeguarded where this is not in compliance with safeguarding legislation. Surrey had one of the highest numbers of people in terms of safeguarding concerns so changes were being made to improve this for people and staff.

Making safeguarding personal

National data for Surrey showed 88.21% of individuals lacking capacity were supported by an advocate, family or friend which is similar to the England and regional averages, Safeguarding Adults Collection (SAC) 2023. Staff said they were confident in terms of considering people's mental capacity in terms of safeguarding and considering their human rights. Mental capacity training was mandatory for staff to complete.

Staff considered people's wishes in relation to safeguarding and provided support for them to meet these. People told us they had been involved in safeguarding processes and in the outcomes of these. Some staff felt the recent changes in relation to safeguarding had improved their timeliness and capacity to support people. An example was given of where one person had been living with dementia and the unpaid carer had been struggling to cope. The social worker visited them and identified how they were able to support the unpaid carer better, having more time to complete further visits.

Partners told us about a partnership officer who had been working to better reach seldom heard groups by leading on engagement and understanding. For example, work had taken place to ensure reviewers of safeguarding adult reviews were considering the cultural context of situations.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

A 2024 Surrey local authority Practice Framework outlined core standards which linked directly to the Care Quality Commission quality statements. This was a framework of audits and learning which linked from front line teams, the Principal Social Worker and Principal Occupational Therapist to the senior leadership team, on to a Quality Assurance Board. The senior leadership team monitored this via quarterly reports.

The Principal Social Worker held the responsibility for leading practice standards, ensuring excellence in service delivery to people through effective interactions and diligent performance by practitioners. They had aimed to increase their visibility and accessibility through meetings, events and direct communication, to foster cohesive and informed teams. They contributed to the strategic leadership of the organisation to develop and implement social work practice and standards, aiming to develop a high performing social work workforce, embracing cultural change and improving on strength-based practice for the people of Surrey. They connected with staff using a wide range of methods and there were currently 24,500 open cases managed by 374 registered social workers, under their quality assurance oversight. There was a rising demand on adult social care, due to the high volume and complexity of cases which had far exceeded what had been anticipated and was a significant concern.

The Principal Occupational Therapist (OT) was also head of the local authority training academy and they worked strategically with leaders to promote and support the work of around 100 OT's. Examples of this included producing a business case for OT's to lead in reablement, supporting career development and succession planning. There had been a decline in the number of OT quality audits completed by local managers, this had been identified as an area for improvement and a new quality assurance framework was being produced.

Surrey had been going through a period of transformation which was being reviewed to drive this forward and feedback from leaders was they were still on a journey with this; however, were assured by monthly reports to the corporate leadership team which set out data and performance of the service. During this time changes had been communicated to staff. The transformation programme was said to be a combination of transformation and continuous improvement, building on some of the strengths already in place, for example, prevention, delaying care, and enabling people to live independently. Plans were designed to add more value, however, to also make greater impact and improve services. These included better capturing of outcomes for people, devolving decisions to communities and maximising the use of digital technology and data.

Lead members said it was a real privilege to be working in relation to adult social care and they believed Surrey had an outstanding service but with huge challenges ahead. Areas such as mental health took up a lot of time and the difference in what they could provide in adults services as compared to children's services was marked. The local authority held a corporate risk register with adult social care at the forefront of this and as the biggest area of priority and concern. Lead members felt they were going in the right direction with Surrey in terms of performance monitoring, investment and transformation. Reablement and technology were significant areas for investment.

Good structures were in place to keep lead members informed of key information in relation to adult social care. Regular meeting took place to review performance data along with opportunities to meet with and challenge, senior leaders. Lead members told us they felt well informed and in a trusted environment, but also went out to meet people and communities to hear directly from people and gain further assurance. They were clear managing demand should not impact the quality of outcomes for people receiving services.

An interim Executive Director of Adults Wellbeing and Health Partnerships (AWHP) had been in post since late last year and was described as a 'breath of fresh air'. Their task had been to create a new directorate. Job roles had not been aligned previously, with capacity to support the changes needed. A new leadership team was now in place with increased capacity and was a sustainable structure based on best practice. Their focus had been on positively getting all the things that were good in Surrey to work well and enhancing them, making sure the social care workforce was prioritised and addressing financial sustainability issues. Ensuring the adult social care offer was sustainable and of a sufficient quality was key. The priority moving forward was the new leadership, plus the wider system understanding what adult social care did and 'treasuring' this as it should be. Every staff member showed an energy and will for change and improvement. Staff were able to speak up with any issues in a number of ways through drop in sessions, roadshows and leadership forums.

There were some challenges in relation to staff culture. Different staff disciplines had different ways of working and cultures within different professions, however senior leaders had found it generally to be an open culture. The integration of wellbeing champions, mental health first aiders, and comprehensive training for staff helped to create a supportive and safe working environment. Despite pressures, the senior leaders told us staff remained incredibly dedicated often working extended hours to go above and beyond, driven by a strong sense of pride and commitment to their roles.

The Executive Director assured themselves of performance and risk from accessing a weekly early warning and wins, risks, challenges and successes system. A set of indicators of performance data were accessed monthly alongside audits on different areas. This was triangulated through one to ones with staff, getting out to meet staff and through organisations such as Healthwatch. Meetings were held with leaders and cabinet members. Complaints, pulse surveys and health checks were carried out and they felt good business systems were in place.

Senior leaders told us that the senior level changes had been difficult but remained well managed with the direction of travel underpinned by the vision of the local authority, which remained the same. There had been improvements in the culture, behaviours and performance. However, the focus had been on ‘demand management’. A new director was due to start in October 2024 and they hoped this would settle and reassure the staff. Although there remained some interim roles, many of the senior staff were permanent and so this retained some corporate memory.

Oversight of risk and practice was assured in a number of ways. The local authority Practice Assurance Board structure detailed the new proposal of governance arrangements for delivery of Care Act duties, improvement and assurance. The aim of this was to reduce the duplication of work and improve oversight of practice improvement, safeguarding, and commissioning. Guidance for the Consistent Practice Meeting detailed the governance processes for ensuring people's care and support needs were met. For example, a process for decision making at weekly meetings aimed to support 'consistency and rigour in managing risk and demand to support decision making' using a strengths based approach. This meeting provided scrutiny for all new and changed packages of care.

An Adults Wellbeing and Health Partnerships (AWHP) Risk Register dated March 2024 demonstrated oversight of the corporate and directorate risks. For example, there was a risk that there could be a failure in recruiting and retaining suitably skilled staff which could impact on delivery of work. Resources and having sufficiently trained staff to deal with the volume of activity were noted as risks to delivery of Safeguarding activity.

Some people reflected there was a churn of senior staff changes when people move on from leadership and management at Surrey and it was felt that some organisational memory was lost. They said in adult social care everything was reorganised every so often. There were ongoing moves being made by the local authority towards an integrated approach to services but there was a way to go still.

Partners felt when they attended higher level meetings it could feel like they were not always equal partners. Local authority staff also had a habit of cancelling meetings at the last minute and providing agendas on the day which felt too late for preparation. However, partners told us working in conjunction with other partners offered them a valuable networking opportunity to connect and share insights into work and challenges. Regular meetings with senior commissioners took place to discuss complex cases and share learning and improvement and partners saw this positively.

Strategic planning

The Health and Wellbeing Board in Surrey was strong with clear targets of what they needed to achieve working with the Integrated Care Board. The JSNA was used to influence and shape their decisions however it was acknowledged there were gaps in the data with a disconnect between this and what people really thought the key issues were. For example, they want to really focus on the areas that were not strong, such as safeguarding. Numbers were coming down in key areas, but they wanted to really look at this to see if had areas resourced correctly.

Communicating with people about services could be a challenge with 60% of people in Surrey who self-funded their care. The diversity in Surrey both in terms of socioeconomic status and geography, presented a complex landscape. Ensuring equitable access required a flexible approach with tailored strategies that considered the unique needs of affluent, urban, rural, and deprived communities was recognised as essential in addressing disparities and achieving sustainable development throughout the county.

Four formal overview and scrutiny committee meetings were held each year. The main focus of these was health inequalities and areas of multiple deprivation. There was a focus on sustainability moving forward with an awareness that people's needs were getting more complex. Pressures on the health system were growing and they were expecting a 'shunted' demand from this which was why they felt transformation, prevention and demand management were essential. Welfare of staff was a priority and the ability to recruit into Surrey was affected by the affordability of housing. However, there was a good voluntary sector and system which contributed to what people could do for themselves, creating independence with support.

The Health and Wellbeing Strategy underpinned the local authority focus and there were three main priorities. The first was supporting people to lead healthy lives by preventing physical ill health and promoting their wellbeing. The others were supporting people's mental health and emotional wellbeing and supporting people to reach their full potential by addressing the wider determinants of health. These were fed into other strategies including the Carers Strategy and All-age Autism Strategy.

The Adult Social Care Directorate had been expanded to include Public Health, and again in early 2024 to include a Customer and Communities function that focused on prevention, becoming the Adults, Wellbeing and Health Partnerships (AWHP) Directorate. The AWHP Business Plan 2023 - 2024 demonstrated Surrey had several ambitions with a focus on Care Act duties. These were integrated delivery at place, partnership working and dependencies between the local authority and local voluntary, community and faith sector, providers and health. Ambitions included developing their prevention approach and digital offer, and transformation of reablement. Risks they had identified were in relation to budget pressures, insufficient capacity in the residential and nursing care home market at an affordable rate and insufficient home-based care provision due to staff shortages and inflationary pressures.

Plans to address recruitment challenges included an Adult Social Care Retention Strategy for the internal workforce which linked to an Adult Social Care Workforce Strategy 2021-2026. Key ambitions were to aim to address the recruitment and retention difficulties across the workforce. The strategy was based on information gathered from various sources including exit interviews, internal and wider surveys, and engagements sessions, promotion of the academy and staff recognition initiatives. The local authority stated they were making improvements to manage risks by making better use of existing resources.

Surrey Carers Strategy 2021 to 2024 (extended to 2026) set out the vision, values and strategic priorities to working with unpaid carers. There was an integrated approach to identifying, assessment and meeting of, carers' health and wellbeing needs between the local authority, health and carers organisations. 'The Surrey Carers Pathway' meant each organisation had their own separate strategic action plans to support carers, but all had agreed a shared 5 step pathway for carers, which was co-produced with them. The 6 priorities were to commission high quality services; promote carers' rights; increase visibility of carers; strengthen carer voice; support working carers; effective communication and engagement. Health partners in the integrated care system had the responsibility for this strategy.

Partners told us there were some positive examples of work and strong relationships with individuals at the local authority. However, there were notable challenges too, particularly due to frequent changes in leadership over the past five years, which had led to a lack of strategic engagement at times and the turnover of Directors of Adult Social Services had been high.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, in relation to records and data management systems. Information sharing protocols supported the safe sharing of personal information in ways that protected people's rights and privacy. Information was published on the local authority website in relation to information security with details of how to access records held about people. The local authority provided a data handling guarantee (a set of rules for staff to follow when handling data) and information in relation to the staff confidentiality policy.

Sharing of information was in accordance with the Data Protection Act 2018 and the Human Rights Act 1998 with confirmation that professionals working in social care (and the NHS) would process people's information in accordance with Caldicott Principles. This is a framework which all health settings should follow to protect people's identifiable health information.

Staff confirmed they sent secure emails to health partners and the GDPR (general data protection regulation) protocols were followed when doing this. Different hospitals used various systems which complicated data standardisation, however efforts were underway to improve and unify these systems for better consistency and efficiency. The goal was to enhance the integration and usability of data across partners.

Learning, improvement and innovation

Score 3

3 - Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

Almost unanimously staff fed back they were proud to work in Surrey feeling they made a positive difference to people's lives through the work they did. Frontline staff were most proud of their team's resilience and the support they gave to people. Staff were recognised for outstanding contributions through a scheme called 'Stars in Surrey'. Examples were of staff going over and above to support people in need. For example, one staff member went to a person's home after work hours and when they realised something wasn't right, raised the alarm to the emergency services to get them medical support.

Staff enjoyed working in their teams but fed back they would like to have more of them. There could be delays in recruitment but they had been involved in supporting this area. One key challenge in recruitment and retention of staff was related to the cost of living in the area. An International Recruitment Project Plan 2024 demonstrated the local authority had plans in place to support international recruitment of registered social workers and occupational therapists to support internal local authority workforce challenges.

Staff explained despite the pressures, there was a plan for optimising work and team collaboration that prioritised tasks based on urgency and impact utilising available staff where needed. There was a good mix of most staff when completing assessments and the necessary skills mix in teams. Effective risk management and wellbeing strategies were considered essential, particularly in roles that involved lone working and high-risk environments. By implementing safety protocols, using technology to monitor and support workers, and fostering a culture of reflective practice and support, they felt supported.

Most staff were able to raise concerns they had. Some expressed a feeling of being overwhelmed with the amount of work at times but always well supported. Support was given in various ways such as through a buddy system or by collectively meeting any challenges that arose. Staff felt they had good professional support from senior staff whom they could approach for professional advice and guidance. However, others felt there could be some improvements in terms of professional supervision particularly for more senior staff.

The local authority had a focus on staff personal growth and development. An academy had been developed which was headed by the Principal Occupational Therapist. They had expanded the opportunities to provide continuous learning for career progression, these included opportunities to become a qualified social worker, occupational therapist, or approved mental health professional. Other staff had told us how they had received training to support others through mentoring and practice developments for students.

There was an adult social care workforce strategy in place, which outlined a number of themes, including training, digital and technological developments, and culture which demonstrated ongoing and future planned actions to continue to develop the staff workforce at the local authority.

Current staff training was mainly provided through an online portal. Some staff felt there was a lack of access to some training, or there could be long waiting lists for others. For example, training on hoarding and domestic violence, both of which areas had been identified as an increasing area of service demand. We heard feedback that accessing relevant specialist mental health training had been more challenging since the separation of the health and social care integrated teams. Other staff told us they had to juggle the pressure of workloads with making themselves available for training, which sometimes meant training was delayed. Specific training on autism had positively equipped staff with critical assessment skills, such as considering environmental factors like lighting, food textures, and noise when supporting people. Other training around understanding housing tenancies and accommodation options had also been welcomed.

Commissioning staff had the opportunity to gain commissioning qualifications. Staff who had completed training in this area shared with us the improvements this had made in developing their skills in market shaping and co-production.

The local authority had an equality and diversity (EDI) lead who had implemented several initiatives. These included networks to support staff groups with protected characteristics and other groups to support career developments. Staff had attended cultural away days which had an EDI focus and provided a personal approach to learning developing staff understanding of working with different communities.

Community of Practice meetings, served as a key forum for all operations leaders to discuss practice and practice improvements. These monthly meetings provided an opportunity to focus on topics from work. Staff confirmed where improvements or changes were needed, they could be actioned quickly and changes agreed. For example, incorrect information in a form needed to be amended and this forum meant this was addressed promptly.

The local authority had taken opportunities to use co-production to support the development of strategies, training and understanding of the needs of the market. These included co-production groups such as with unpaid carers, people with learning disabilities and autistic people, and dementia. Staff gave an example where they had highlighted that carers assessments could be improved to senior leaders, resulting in a change project which improved the process and obtained funding for carers. Local authority innovation funds enabled smaller community organisations to target local projects such as dementia cafes and help seek out new carers in communities such as the Roma/Gypsy Community.

Partners and people we spoke with in relation to co-production, reflected on a number of positive initiatives including the development of the Autism strategy 2021-2026, which had previously been combined with the learning disability strategy. From these developments an in depth training has been carried out with workshops run by autistic people. Co-production had also supported the development of the Physical Disability and Sensory Impairment strategy and a strategy for unpaid carers. An easy read guide supported people to understand what co-production was and how to get involved if they wished to.

One partner told us they were previously involved in developing a rapid discharge service to free up hospital care with the local authority and health and that they felt the local authority displayed 'incredible flexibility and innovation' in this. All three partners worked closely which was not always easy, but they felt it was an incredibly successful outcome for people. Following this they were now developing a domiciliary care model and have jointly funded a post to support this work. They said these developments would not have worked without the appropriate mindsets, skills and experience.

The local authority used technology to support people to be more independent, have more control of their lives and help make decisions in relation to risk. They had introduced the 'Brain in hand' App for people living with a mental health condition. This technology was to help people to better support themselves in their daily lives alongside people's own support networks and to help them develop and deploy strategies to tackle everyday tasks and challenges. A 12-month evaluation was currently being completed, however, the interim outcomes were positive and coaching sessions supported people's progress against their goals, such as building a structured routine and keeping on top of household tasks. One of the App's features was a traffic light mood monitor which promoted self-monitoring and self-regulation. The red traffic light could be used to send an alert to a 24-hour response service who contacted the person to help them get their day back on track. For some people the App had reduced admissions and presentations to hospital.

Other technology options had been used, for example voice activated technology to support greater independence or the use of an air fryer cooker to support independent cooking and reduce the risk of fire from traditional domestic appliances. The project had grown organically from a couple of local areas in Surrey.

Learning from feedback

Feedback the local authority had gathered about people's experience of assessment and care provision was from a range of sources including people's groups, data and surveys. This identified some key areas for development which were consistent with our findings. These included communication, timeliness and improvement needed in relation to information.

The local authority was open to feedback from staff about what was working and what needed to improve. Staff shared with us examples of areas of work which had been identified to senior leaders, and then the work which had taken place to drive improvements. The Principal Social Worker was accessible and provided regular communication to the teams. Their inclusion in the leadership team ensured that the voice of social work and other professionals was heard at a senior level.

There was evidence of when learning had taken place from incidents. For example, following a fire and death of a person there had been learning to determine if anything could have been done differently, learning to improve services or suggestions for training. Other learning for teams came from LeDeR (Learning from Lives and Deaths of People with a Learning Disability and Autistic People) which is a service improvement program that reviews deaths, identifies issues, and takes actions to enhance health and wellbeing. For example, findings identified unmanaged constipation was a leading cause of death for people with a learning disability and autistic people. This knowledge enabled staff to understand this risk and provide better support to people in relation to this area of their care.

The local authority had a robust response to complaints. Local authority data showed complaints between March 2023 to February 2024 related to the themes of funding decisions, communication, service provision and staff. Complaints were monitored and the delivery of actions in response to these. Periodic learning sessions were held to share and reflect on learning, with recent topics including record keeping and communication.

Healthwatch had raised through the local authority scrutiny committee that data which related to complaints needed to identify the area in which the people lived to give a demographic breakdown to identify where in the area issues were prevalent. Complaints were analysed by people's protected characteristic and highlighted disproportionately more complaints from, or on behalf of, young adults and people with a learning disability and/or autism, but less from unpaid carers. This intelligence had informed actions to raise the profile of the complaints process with unpaid carers and carer organisations.

Action had been taken to address the complaints raised through training and reinforcing with staff the importance of good communication with the person, their family and unpaid carers throughout the customer journey.

One complaint raised an issue of sharing people's personal data without consent. This related to a referral between the local authority and the police. Staff from the local authority have been working with the police to review and amend the referral form to include a section on consent.

The local authority had a serious incident policy and procedure which detailed the required action to be taken from the initial raising of an incident to the Safeguarding Adults Board. When a safeguarding adults review had been raised there was an action plan approach to address the risk and ongoing learning. Staff told us they felt their training was robust and focused on the person and their strengths.

Of the local authority complaints investigated by the Local Government Social Care Ombudsman (LGSCO), 84% were upheld compared to an average of 80% in similar authorities. In 100% of cases the LGSCO were satisfied the local authority had successfully implemented recommendations. There was a recognition of the importance to investigate and take opportunities for learning and in 9% of upheld cases the LGSCO found the local authority had provided a satisfactory remedy before the complaint reached them, compared to an average of 6% in similar authorities. Themes from March 2023 to February 2024 included DoLS, some examples of providing inadequate support to people when they came to Surrey from other areas, and some complaints which refer to accuracy of communication in relation to funding decisions. Actions taken as a result of these included training and reminders for staff, and reviews of team structures.
