

**MINUTES** of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 15 November 2012 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on 24 January 2013.

**Elected Members:**

Mr Nick Skellett CBE (Chairman)  
Dr Zully Grant-Duff (Vice-Chairman)  
Bill Chapman  
Dr Lynne Hack  
Mr Peter Hickman  
Mr Colin Taylor  
Mr Richard Walsh  
Mr Alan Young

**Independent Members**

Borough Councillor Nicky Lee  
Borough Councillor Hugh Meares  
Borough Councillor Mrs Rachel Turner

**Apologies:**

John V C Butcher  
Mrs Frances King  
Mrs Caroline Nichols

**In Attendance**

#### **49/12 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from John Butcher, Frances King and Caroline Nichols.

#### **50/12 MINUTES OF THE PREVIOUS MEETING: 13 SEPTEMBER 2012 [Item 2]**

The minutes were agreed as an accurate record of the meeting.

#### **51/12 DECLARATIONS OF INTEREST [Item 3]**

No declarations

#### **52/12 QUESTIONS AND PETITIONS [Item 4]**

None

#### **53/12 CHAIRMAN'S ORAL REPORT [Item 5]**

##### **Beeches Children's Respite Home**

There was ongoing publicity surrounding the planned closure of a children's respite home in Reigate. The decision was made to close it due to underuse. Those children using the service would continue to access respite at Applewood, which is in Epsom Downs and owned by Surrey County Council. Parents of children that use the service complained that they were not properly consulted before a decision was made to close it. The Chairman has spoken with Anne Walker at NHS Surrey who said there had been issues with the consultation. The home was originally due to close in December and this was now not likely to happen until March next year.

##### **CCG Introductory Meetings**

A series of introductory meetings with each of the CCGs was organised for February and March of next year. Further information on dates will be given soon.

##### **Halting of merger between Epsom Hospital and Ashford & St Peter's Hospitals**

The merger between Epsom Hospital and Ashford & St Peter's Hospitals was halted by NHS London. The main reason for this was financial: Epsom Hospital reported a £13 million deficit for the year with the likelihood of it rising to £19 million. Ashford & St Peter's was not able to produce a plan that would have the trust breaking even in five years. This challenge was too great and so NHS London took the decision to halt the merger. Obviously this has implications for the Better Services Better Value review and this too has been suspended for the time being. The Chairman has requested an urgent meeting with the CEOs of Epsom and Ashford & St Peter's and key officers from NHS London. Separately the Chairman released a statement encouraging them to work together to find a viable solution for the future of Epsom as the uncertainty is bad for patients and staff.

Rachel Turner provided an update on information given to the Epsom Hospital Local Representatives Panel. There is great concern about the deficit. There is the potential for the South West London Elective Orthopaedic Centre to

move as part of the Better Services Better Value programme. Surrey residents make up 11% of the EOC's patients. Epsom Hospital was also due to receive midwifery patients from East Surrey Hospital but due to East Surrey's recent expansion, Epsom will no longer be taking these patients.

**54/12 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 6]**

None

**55/12 HEALTH SERVICES FOR PEOPLE WITH LEARNING DISABILITIES [Item 7]**

**Declarations of Interest:**

None.

**Witnesses:**

Andy Erskine, Director of Services for People with Learning Disabilities, Surrey & Borders Partnership NHS Foundation Trust

Fiona Edwards, Chief Executive, Surrey & Borders Partnership

Kathryn Fisher, Liaison Nurse, People with Learning Disabilities, SABP

Chris Esson, Assistant Senior Manager, PLD Commissioning, Surrey County Council

Diane Woods, Associate Director for Mental Health and LD , NHS Surrey

**Key Points Raised During the Discussion:**

1. The issue of accessible health services for people with learning disabilities was referred to the Committee by the Adult Social Care Select Committee.
2. Steering groups have been set up for each acute trust in the County. Learning disabilities was a joint working partnership initiative. The service had undertaken a peer review and identified development areas, which included populating registers of people with learning disabilities, ensuring all people with a learning disability gave consent for care and ensuring that acute trusts had implemented the required adjustments.
3. Partners had been identifying residential/nursing homes with a high prevalence of hospital admissions from people with learning disabilities. The acute nurse liaison service had picked up issues with these homes, such as poor practice in enteral feeding. All agencies then worked proactively to address concerns. These issues might not have been looked at without the acute liaison nurse service. This work improved the quality of care for individuals and avoided future hospital admissions, thus saving resources.
4. Care packages are designed around individual service user. When a service user enters a hospital setting they should have a easy-read Health Passport that helps them to manage their interaction with

health for example likes and dislikes, eating and drinking issues, pain management, medication, sight and hearing etc. Every person with a learning disability that comes into an acute hospital is asked to fill one in if they don't already have one. Adult Social Care looks at these passports as part of any care review or assessment. There is the intention to roll out the Passports to the Children's service and the Alzheimer's Society want to publicise it nationally. In Surrey, partners have been working with Surrey County Council Procurement to assess the use of the Passports and are looking at the terms and conditions for contracts with providers of services to people with learning disabilities to make this part of the contractual requirement.

5. Members were concerned about the overall workload of the three acute liaison nurses and whether the number of posts was adequate. The Committee were informed that Surrey was one of the first places in the country to have such a service and the focus has been on learning from the new service. The number of posts was linked to the funding allocated and the resources is greater than other parts of the country. Nonetheless, covering five busy acute hospitals with three posts can be a challenge. It could be argued that an increase in liaison nurses would have a benefit on reducing health and social care expenditure system-wide. The most significant gap was a need to further develop flagging systems to reflect back to primary care on the co-morbidities and other health needs that occur more frequently for people with a learning disability. This information is key to commissioning services for the future. The liaison nurses had been involved in reviewing pathways across the acute hospitals.
6. Members inquired about the level of financial resource that was available. The meeting was informed that, in future, the decision would be taken by CCGs. The issue is that it is about the whole health and social care budget: investment in the right places given the economic environment. There is strong economic evidence that for every pound spent on a service like the acute liaison nurses, there could be a £4 saving. The meeting was reassured that there was not an intention to disinvest in learning disability services.
7. Members welcomed the liaison nurses and were keen to champion it to CCGs and the National Commissioning Board. Surrey has one of the largest population of people with learning disabilities in Europe and historically twice the national average.
8. The Committee agreed that in the context of an aging population and changing demographics the most rapidly increasing disease would be mental health. The meeting was informed that people with serious mental health issues lived on average fifteen years less than the rest of the population. Surrey needs to integrate physical and mental health.

#### **Recommendations:**

1. Witnesses be thanked for their attendance and the joint working to develop the People with a Learning Disability Liaison Nurse service and other services for people with learning disabilities be commended;

2. The Committee recognises the vital importance of the Liaison Nurses and related services but is concerned about the level of funding in the new health system; and
3. The Committee encourages health commissioners to give priority to increasing investment in services for people with a learning disability and mental health services.

## **56/12 DEMENTIA SERVICES [Item 8]**

### **Declarations of Interest:**

None.

### **Witnesses:**

Alison Armstrong, Director of Older People's Services, North East Hampshire Liaison and Mental Health (Interim), Surrey & Borders Partnership NHS Foundation Trust (SABP)

Fiona Edwards, Chief Executive, Surrey & Borders Partnership

Dr Rachel Hennessy, Medical Director Surrey & Borders Partnership

Roxanne Ransome, Inpatient Services Development Manager, Surrey & Borders Partnership

Donal Hegarty, Senior Manager, Commissioning, Adult Social Care

Dr Udesb V Naidoo FRCP, Consultant Physician and Geriatrician, Frimley Park Hospital

Diane Woods, Associate Director for Mental Health and LD, NHS Surrey

### **Key Points Raised During the Discussion:**

1. The new systems design began in 2010 and services worked well as a collective to ensure that changes were embedded. The new service was based on five areas around the acute hospitals. There were 19 dementia navigators across the County. In Surrey, around 14,500 residents had dementia but a lower number had been diagnosed. The service worked with all acute hospitals to screen every resident over 75 for dementia who presents at hospital.
2. Dementia care had been delivered through community mental health teams with enhanced support for those with higher needs. Social workers have been present at every multidisciplinary meeting and the care package was monitored on a long term basis. The target for beginning working with dementia patients was six to eight weeks but the intention was to reduce this whilst ensuring that service users are discharged consistent to their needs.
3. The Committee was informed that there was increased partnership work with the Alheimers Society, which operated services across Surrey, such as Dementia Cafes. Nationally the King's Fund had identified serious capacity issues in managing dementia and a necessity for 100,000 more nurses and social workers.

4. A major focus was on increased effectiveness of diagnosis and the utilisation of drugs to halt the progression of dementia. Diagnosis was critical as this allowed for prompt treatment and for care packages to be designed that make good use of telecare and other means of allowing the individual to remain independent in their own home for as long as possible. The Consultant Physician informed the Committee that it was difficult to diagnose dementia as it is such a complex disease. All acute hospitals are required to perform a review within 72 hours of an over-75 year old patient being admitted. There is a CQUIN payment associated with this: hospitals are rewarded £250,000 via their contract if they assess 95% of all over-75 year old patients over three consecutive months.
5. Members raised questions over how the navigators were organised, how patients contacted them and how a patient remembers whether they have a navigator. Members also asked for reassurance that rural areas received the same quality of service as urban areas. The navigators are organised around each acute hospital and received referrals from GPs, memory clinics and other services, carers and family members. They become involved with the person once a diagnosis of dementia is confirmed. Dementia navigators are community based and will visit service users in their own homes. They work in local GP surgeries and with the Alzheimer's Society as well as in the new Surrey Wellbeing Centres as they open. They also work closely with the virtual wards across the County. They work with rural communities, take feedback and identify particular rural areas for targeted work. Literature has been produced to list all the available services in the County. Dementia cafes have been set up and further information was to be sent to Members via the Scrutiny Officer.
6. There was concern about the numbers of people with dementia and whether services were coping. The Alzheimer's Society indicated that they were often inundated with people. All witnesses indicated that the numbers were increasing and there was work ongoing to improve services.
7. Another key priority for the future is training all healthcare professionals on recognising and treating dementia, especially new doctors. This forms part of the new annual re-validation that GPs will have to go through from this year. The County is also creating an interagency training consortium to ensure that staff were up to date with current practice.
8. There has been growing public awareness of dementia thanks to national campaigns. There is also work ongoing with the Prime Minister's Dementia Challenge funding to develop a Dementia Friendly Communities Strategy.

**Recommendations:**

1. All partner agencies be thanked and commended for the work on the Dementia Strategy and request that cross-agency cooperation continue to be embedded;

2. Given the importance of this disease and the evidence of an increase in numbers of diagnosis in our ageing population, health commissioners are encouraged to continue to give full consideration to investing in diagnostic services and education of public and health professionals going forward.

## **57/12 SEXUAL HEALTH SERVICES [Item 9]**

### **Declarations of Interest:**

None.

### **Witnesses:**

Dr Akeem Ali, Director of Public Health

### **Key Points Raised During the Discussion:**

1. Witnesses opened by welcoming the review into sexual health being considered by the Committee. There have been a number of changes from central government which have led to a changing landscape for sexual health. Sexual health was considered critical because when it goes wrong it could lead to miscarriages, sexually transmitted infections (STIs) or other complications.
2. The service was looking at sexual health amongst young people in a more engaging manner through increased partnership working with GP surgeries and increased use of contraception. The review was considering the proposed changes to the way services are commissioned and changing the emphasis from treatment to prevention.
3. There has been a recent rise in STIs, which was partly due to increased diagnosis resulting from improved screening. This is all was part of the treatment process. Services are working to identify the most at-risk populations. The Committee was informed about the increased rates of chlamydia amongst men. This is partly because it often presents no symptoms in men, so they do not seek treatment. Additionally, before 2006/07 there was no specific Chlamydia screening programme.
4. The major priority has been identifying unmet needs and gaps in the County. There are programmes that work, there is now a need to increase the levels of diagnosis.
5. There is still some uncertainty around commissioning sexual health from next year. The likelihood is that most services not related to abortion or sexual assault will end up with the local authority. Furthermore, apart from intensive public health clinical interventions, which would be funded nationally, the County would be responsible for all local commissioning. Public Health have been working with Procurement to assess contracts for value for money and any benefits realised.

6. The Committee was informed that there had been work with Surrey schools to educate children about sexual health; however, the intention was to do more. The County would be running a number of sessions over the coming year. Members indicated an interest in hearing about the programme of education young people about sexual health.

**Recommendations:**

1. Officers are thanked for the presentation of key information;
2. The Committee looks forward to receiving further information and clarification in due course on future commissioning arrangements for all sexual health services and the new JSNA chapter; and
3. Consideration is given to bringing a report outlining prevention work with children and young people in schools, colleges and the youth service.

**58/12 NHS SURREY AND CCG ONE PLAN AND QIPP UPDATE [Item 10]**

**Declarations of Interest:**

None.

**Witnesses:**

Justin Dix, Acting Director of Governance, Transition and Corporate Reporting, NHS Surrey

Ali Kalmis, Acting Director of QIPP and Contracts, NHS Surrey

**Key Points Raised During the Discussion:**

1. Members were concerned about an alleged Department of Health fine for Epsom & St Helier Hospitals of £5million for a breach of infection control rates. NHS Surrey representatives indicated that this was unlikely; that it was more likely to be a contractual penalty from NHS London. Members requested that the Scrutiny Officer seek clarification from Epsom and St Helier Hospitals.
2. The Committee was reassured that the CCGs were ready for the handover in April 2013 and NHS Surrey officers have been encouraged by the progress made. The CCGs were continuing to recruit to their new structures and the main focus would be to commission support arrangements.
3. The Local Area Team will be meeting with NHS Surrey on a weekly basis and will work together to ensure the handover goes smoothly. The Committee was informed that the critical task facing CCGs would be to balance the books, and that this is a national issue.

**Recommendations:**

1. Officers be thanked for their attendance;



2. The acute trusts be commended for the improvement and A&E waiting times; and
3. The Scrutiny Officer write to Epsom and St Helier Hospitals to seek clarification on a reported fine for breach of infection rates.

#### **59/12 WAYS OF WORKING [Item 11]**

##### **Declarations of Interest:**

None.

##### **Witnesses:**

Leah O'Donovan, Scrutiny Officer, Democratic Services

##### **Key Points Raised During the Discussion:**

1. Members welcomed the new process for engaging with the acute trusts, ambulance trust and mental health trust and responding to their Care Quality Accounts. They also welcomed the development of a protocol between the NHS and the Committee.
2. The Chairman requested that the protocol be amended to contain details on how the Committee would interact with adult social care and children's services within the County Council.

##### **Recommendations:**

1. The new process for handling Care Quality Accounts and the development of a Protocol be endorsed.

#### **60/12 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 12]**

##### **Declarations of Interest:**

None.

##### **Witnesses:**

Leah O'Donovan, Scrutiny Officer, Democratic Services

##### **Key Points Raised During the Discussion:**

1. The Chairman invited Members to make any comments on the Work Programme or Recommendation Tracker to the Scrutiny Officer via email.

#### **61/12 DATE OF NEXT MEETING [Item 13]**

Noted that the next meeting of the Committee would be held on 24 January 2013.

Meeting ended at: 1.10 pm

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**Chairman**