

MINUTES of the meeting of the **HEALTH SCRUTINY COMMITTEE** held at 10.00 am on 8 January 2015 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting.

Elected Members:

Mr Bill Chapman (Chairman)
Mr Ben Carasco (Vice-Chairman)
Mr W D Barker OBE
Mr Tim Evans
Mr Bob Gardner
Mr Tim Hall
Mr Peter Hickman
Rachael I. Lake
Mrs Pauline Searle
Mrs Helena Windsor

Independent Members

Borough Councillor Karen Randolph
Borough Councillor Lucy Botting

Apologies:

Mrs Tina Mountain
Mr Chris Pitt
Borough Councillor Mrs Rachel Turner

1/15 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Chris Pitt, Tina Mountain and Rachel Turner.

There were no substitutes.

2/15 MINUTES OF THE PREVIOUS MEETING: 20 NOVEMBER 2014 [Item 2]

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

3/15 DECLARATIONS OF INTEREST [Item 3]

Borough Councillor Karen Randolph informed the Committee that she is Chairman of Save Our Surrey Community Hospitals group.

4/15 QUESTIONS AND PETITIONS [Item 4]

1. Two questions were submitted by Borough Councillor Karen Randolph. A response to each of these questions has been received from North West Surrey Clinical Commissioning Group (CCG) and both the question and the response to these questions are included below.

Q1. We are all aware of how pressure on acute hospitals and community health services has increased this winter; this was anticipated. As a result acute hospitals, such as St Peter's Hospital in Chertsey, are experiencing very serious bed blocking problems caused by being unable to discharge patients back into the community. This has an inevitable impact on other parts of the health service, including the ambulance services, meaning that ultimately some patients' lives are inevitably being put at risk. In these circumstances, why is refurbishment work on the two wards at Walton Community Hospital, resulting in the consecutive closure of each of the wards, taking place at a time of maximum pressure on inpatient services?

A1. Following a CQC inspection in 2014, issues were highlighted that required necessary refurbishment of a number of wards to ensure that the facilities met Infection Prevention and Control standards. NHS North West Surrey CCG worked with NHS Property Services (the property owners) and Virgin Care Ltd to ensure the works were carried out as quickly as possible. These works will ensure provision of a comfortable, therapeutic and safe environment for patients. To maintain as much capacity as possible during the busy winter period, works have been carried out consecutively rather than concurrently.

Q2. What contingency plans were put in place in advance of this work being undertaken (including resourcing inpatient beds at alternative locations)? Information about this situation was only released in the press after one of the wards had been closed; when were

stakeholders advised and what resources have they been able to call on to manage the loss of this resource at this critical time?"

- A2. We have extensive plans to manage anticipated winter pressures across the system and with our providers; unfortunately this year has seen unpredictably high levels of demand. We are proud of the way our providers have responded to the intense pressures all have experienced and wish to publicly thank the frontline staff who have worked relentlessly to provide as safe and effective a service as possible in these unprecedented circumstances.

In line with our contingency plan, providers have been working together to manage demand as effectively as possible. Additional capacity has been supported to enable more patients to be treated in their homes through the rapid response and community nursing teams, additional nursing home placements to provide alternative capacity to community hospital beds, and collaborative staffing arrangements with the community provider in Ashford Hospital to streamline the patient pathway through rehabilitation beds.

North West Surrey providers, including Adult Social Care, continue to work together and with the commissioners (NW Surrey CCG and Surrey County Council) to improve patient flow in, through and out of the acute hospital. One of our priority programmes - Locality Hubs - will ensure that services for the frail and elderly are fully integrated into a proactive care offering that will support people to maintain independence for longer, and to ensure that where they are admitted to hospital their onward care arrangements are managed effectively to get them back to their usual place of residence as quickly as possible.

The Chairman of Surrey Health Scrutiny and Overview Committee was supportive of our plans when we presented them in November 2014 and we are also providing updates to Local Area Committees. Other stakeholders were also aware of the works programme for the Walton Wards and participated in planning to minimise its impact. We continue work to raise public awareness of the wide range of NHS services available across the local area to help people choose the most appropriate service to meet their needs.

5/15 **CHAIRMAN'S ORAL REPORT [Item 5]**

The Chairman provided the following oral report:

The Surrey Better Care Fund

At our previous Meeting on 20 November 2014 the Committee received an update on the Better Care Fund. This afternoon, 8 January 2015, the Health and Wellbeing Board will meet to approve the updated Surrey Better Care Fund 2015/16 Plans, ahead of the national deadline for resubmission.

In my view the plans are excellent and detailed and I commend them to Members for their attention. Implementation of the plans will be through six Joint Local Commissioning Groups centred on the six Clinical Commissioning Groups (CCGs). Over-sight of implementation will be by the Health and Wellbeing Board through a well-defined process.

I know that a number of Members have already developed good relationships with their local CCG and I recommend that all Members do so. Personally I am covering Surrey Heath CCG and NE Hants and Farnham CCG. Please let the Scrutiny Officer and me know if you do develop such a relationship so that we can forward any relevant information.

Each CCG has a public involvement process which we should be aware of as part of our duty to assure that the public's voice is heard. The CCGs are introducing new services and modifying and reconfiguring others and it is important that Members are aware of these changes at the proposal stage and support them in their local communities as appropriate. Several individual CCGs commission services across Surrey on behalf of all the CCGs and this provides a further focus for Members' attention.

New Contract for Healthwatch Surrey

At its Meeting on 16 December 2014 the County Council Cabinet agreed a new three year contract from April 2015 for the supply of a combined Healthwatch and NHS Complaints Advocacy Service for Surrey by the existing Healthwatch Surrey organisation. They are partnered with the Coalition of Disabled People who will deliver the Complaints Advocacy Service element.

I welcome this strong pairing and look forward to a continuing fruitful relationship.

Primary Care Access

On 20 January 2015 I intend to take part in a Primary Care Access Forum with the NHS England Area Team along with other four other Members of our Committee Primary Care Task Group.

Community Hospital Review (Surrey Downs CCG)

This review by the CCG was prompted by the action taken by Central Surrey Health in closing the ward at Leatherhead Community Hospital due to staffing shortages. I have met with the Commissioner this week to discuss the outcomes of the review.

Knighthood for Andrew Morris

I'm sure that all Members will join me in congratulating Andrew on his knighthood. Andrew has worked in the Health Service for 40 years and led Frimley Park NHS Foundation Trust to its pre-eminent position as one of the very best Acute Trust in the Country.

6/15 FOLLOW UP FROM CQC INSPECTION QUALITY SUMMIT [Item 6]

Declarations of interest:

None

Witnesses:

Jo Young, Deputy Chief Executive/ Director of Quality (Nurse Director),
Surrey and Borders Partnership NHS Foundation Trust

Dr Rachel Hennessy, Medical Director, Surrey and Borders Partnership NHS
Foundation Trust

Don Illman, Governor, Surrey and Borders Partnership NHS Foundation Trust
and Surrey Coalition of Disabled People

Mike Rich, Chief Executive Officer, Healthwatch Surrey

Key points raised during the discussion:

1. The Committee asked why more than 50% of residential care homes operated by Surrey and Borders Partnership (SABP) are not compliant with Care Quality Commission (CQC) standards. The Deputy Chief Executive of Surrey and Borders Partnership (DCE) advised the Committee that many of the issues raised by the CQC in relation to the residential care homes related to 'should do' as opposed to 'must do' compliance actions and so the areas where residential care homes operated by SABP did not fully comply with CQC standards were found to have had a minor impact on the quality of care being provided to residents. It was, however, highlighted that SABP does aspire to be fully compliant with all CQC standards across the residential care homes it operates. The DCE indicated that through supported leadership programmes SABP was working to shore up safety standards and make standards consistent across the various health and social care services that it provides.
2. Members drew attention to training that SABP provides for staff and requested further information on how the training mentioned in Appendix A had progressed since the CQC inspection. The Medical Director (MD) indicated that steady progress was being made towards meeting targets for providing statutory and mandatory training for staff and the hope is to complete this by the end of the fiscal year (31 March 2015). It was highlighted that personalised training packages had been developed for staff which had led to some delays but that online training has been introduced to meet the challenges of providing training for an organisation which covers such a wide range of health and social care services across a number of locations. The DCE further advised the Committee that it was primarily refreshing of mandatory and statutory training for staff where improvements are required and that resources were being dedicated to ensure that these improvements are delivered.
3. The Committee expressed particular concern with staff training on restraint methods for patients with mental health issues and asked whether all relevant staff were now fully up to date with training in this area. The DCE confirmed that relevant permanent staff were now fully up to date on this training with the exception of one person where it has not been possible so far. In regard to temporary members of staff,

the expectation is that the agencies provide fully trained staff. To circumvent this problem, the policy of creating a rota at the beginning of each shift has been introduced to determine those on shift who have the training. The DCE advised the Committee, however, that staff pursue a policy of avoiding restraining patients where possible.

4. Members highlighted the significant number of frail and elderly patients with mental health issues cared for by SABP and asked what provision is in place to attend to physical deterioration among these patients. The MD indicated that a physical health nurse had been appointed to identify signs of physical deterioration in frail and elderly patients in their services. The physical health nurse has also been asked to train relevant staff on identifying the signs of physical deterioration in patients. The Committee were further advised that SABP are exploring the possibility of employing more staff with general nursing qualifications and have commissioned a GP to do some work on whether there is a need for these practitioners. The DCE also highlighted that the safety cross system had been instituted across SABP's services to help staff identify signs of physical health risks such as falls.
5. The Committee asked when SABP would be fully compliant with all 'must do' compliancy requirements highlighted by the CQC. The DCE advised the Committee that SABP hoped to be fully compliant with all CQC 'must do' requirements in late autumn of 2015 with the delay resulting from the development of a new Section 136 assessment suite at the new Guildford Road site which would meet all CQC requirements on staff safety. Section 136 is used when the police consider a person has a mental illness and is in need of care and so takes them to a place of safety.
6. Members were advised that making the necessary upgrades to existing suites would render them unusable until after the work was completed at Guildford and this was seen as counter-productive. It was indicated that additional work has been done on ensuring staff safety until after the new suite had been completed.
7. The DCE drew Members' attention to the success of SABP in reducing the number of individuals with mental health issues being detained in a police cell for their own safety when not appropriate. The Cabinet Member for Public Health and the Health and Wellbeing Board confirmed that there had been a steady decrease incidence of individuals with being detained by police in Surrey inappropriately in custody from 19% to 5% and that this downward trend is set to continue.
8. The Committee drew attention to the recommissioning of child & adolescent mental health services (CAMHS) contract and asked

whether this could be used to tackle some of the issues around the provision of child mental health services. The MD indicated that she was unable to comment on the recommissioning of the CAMHS contract specifically but advised the Committee that the service had been reconfigured to create a rigorous, multiagency service placing an emphasis on prevention and early intervention. Members further queried the extent of multi-agency communication for the new CAMHS strategy. The DCE advised that there was some concern among members of the public around data-sharing especially in relation to mental health but highlighted that SABP is working with partners to develop a system for sharing the right information at the appropriate time to create a joined mental health service for young people in Surrey.

9. Members asked whether there is someone at SABP with oversight of staff training particularly in the areas of IT training and the provision of English language training for those whom English isn't their first language. The MD indicated that she has responsibility for staff training at the strategic level and works with managers to ensure that staff are given the appropriate training for their position. The Committee were advised that the introduction of competency-based appraisals allowed managers to identify training needs and create personal development plans for members of staff and that computer literacy and English language training were provided if required.
10. The Committee enquired about NHS care services for children with mental health issues and asked whether SABP were able to find long term placements for children in their care. The MD highlighted that finding long term placements for children with mental health issues in Surrey was broadly similar to the national picture and that the difficulty in commissioning local services had caused problems in securing NHS beds for children close to home on a long term basis. Members were advised, however, that SABP was working with NHS England and local partners to improve access to in-patient services available locally which would lead to a reduction in the number of out of county placements. It was further indicated that increased emphasis had been put on providing appropriate intensive support services which had led to a reduction in the number of beds required.
11. Members requested more information on the aspirations for SABP arising from the CQC Inspection. The DCE stated that the inspection represented a learning curve by SABP, which is why they volunteered for the inspection, and that the results from the inspection have provided invaluable feedback for inclusion in SABP's Quality Improvement Plan. It was further indicated that, while future CQC inspections may yet yield some criticisms or compliance actions, the aspiration was for SABP to be rated 'outstanding' by the CQC.

12. The lay Governor of SABP was asked to provide his perspective on the progress made by the organisation from the perspective of service users. The Committee were advised that CQC patient surveys indicated that basic issues still existed around the extent to which SABP are involving patients in their care that they receive such as a lack of involvement in their own care plans or the type of medication they are prescribed. Attention was also drawn to the performance of Crisis Line and Members were advised that this also required improvement. It was concluded that SABP was generally improving the quality of care it delivered but that these improvements needed to be instituted more quickly. The MD responded by stating that SABP scrutinises the services it delivers through its own feedback forms which provide real time feedback on the Trust and that these surveys indicate that SABP is making more progress against their aspiration of an 'outstanding' CQC judgement in the future.

Recommendations:

None

Actions/ further information to be provided:

- SABP to provide an update on the findings of the external governance review to the Health Scrutiny Committee.
- SABP to provide the Health Scrutiny Committee with a briefing on the reconfigured CAMHS.

Committee next steps:

- Committee to consider results of external governance review at a future committee meeting.

7/15 BETTER CARE FUND LOCALITY HUBS [Item 7]

Declarations of interest:

None

Witnesses:

Jo-anne Alner, Director of Quality and Innovation, NHS North West Surrey Clinical Commissioning Group

Key points raised during the discussion:

Bob Gardner left the meeting at 11.20 am.

1. The Director of Quality and Innovation at North West Surrey Clinical Commissioning Group (DQI) provided the members with a brief introduction to the report. The Committee were advised that the three locality hubs are designed to integrate health and social care service in North West Surrey as part of the Better Care Fund plan with the aim of transforming the delivery of these services to approximately 15,000 frail/elderly residents so they receive a transformed, GP led multi-agency service that aims to help them be independent, functional and mobilised for as long as possible.
2. The Committee requested information on how locality hubs would sit within the provision of existing health and social care services in north west Surrey. The DQI advised Members that locality hubs are designed to take pressure off and complement existing health and social care services. It was highlighted that GPs would remain the primary point of contact for elderly and vulnerable patients but that locality hubs offered the chance to provide a more integrated and proactive platform for delivering health and social care services to elderly and vulnerable residents.
3. The DQI was further asked who the locality hubs were specifically designed to target. Members were advised that work was taking place by GPs to identify an initial cohort of one thousand individuals who would benefit from locality hubs and that these individuals would then be given the choice to sign up to receive care being delivered through these hubs. In terms of target groups, the DQI indicated that the frail/elderly were the target group that GPs had been asked to identify initially but that locality hubs would not be limited to those elderly patients over 75 years old, but it would be fair to assume the majority would be.
4. Members asked whether locality hubs would support the discharge of patients from hospital. The DI confirmed that they would indeed support the discharge of patients from hospital, that patients could be flagged on entry and the Locality Hub would proactively visit the patient to ensure discharge could happen in a timely manner. Locality hubs will also give doctors the confidence that care and treatment packages were in place to provide support to patients once they have left hospital with the idea that patients can be released from hospital earlier.
5. The Committee expressed concern about the length of time it was taking for the hubs to become operational and inquired as to why the three locality hubs would not be up and running until the end of 2015. Members were advised that locality hubs represented a whole new system for the delivery of health and social care services in Surrey and that it inevitably took time to develop this new system. The DQI advised that the first locality hub, in Woking, was anticipated to be

operational by the end of March 2015 and that, while it may take less time to open the remaining two hubs, NHS North West Surrey CCG felt that it was important to be realistic with timeframes.

6. Members requested more information on how the three locality hubs would be financed and whether they would simply be another layer of healthcare provision that would take money and resources away from frontline services. The DQI advised that the existing contracts with providers would be optimised and given unplanned healthcare costs arising from patient visits to acute hospital care works out to be significantly more expensive than the proactive care to be provided by locality hubs. In doing so the hubs are consistent with the BCF plan which aims to keep people out of hospital and in doing so make savings in acute care provision. Money was also available from a transformation fund that would be used to fund some of the initial costs of setting up the hubs. The Committee were further advised that conversations have taken place with partners to explore the staffing levels that will be required for the hubs and ensure that staff with the right training are available to provide the best possible care for patients. The Cabinet Member for Public Health and the Health and Wellbeing Board highlighted that it was right to try something different to care for Surrey's frail and elderly patients and that other local authorities were successfully operating similar models of care delivery.
7. Members asked when the system supporting locality hubs would come together and when patients would start feeling the effects of these changes. The DQI indicated that patients in Woking who signed up to the locality hub would start to see a change in the delivery of health care services from March 2015.
8. The Committee asked why NHS North West Surrey CCG doesn't already have an urgent care delivery model. The DQI advised that the significant increase in the numbers of frail and elderly patients in North West Surrey had required them to focus on a new delivery model for these patients first but the CCG is also currently in the process of examining its delivery of urgent care. A key component of this new model will be how walk-in centres are used with the idea of better publicising them as well as up-skilling staff and increasing the number of doctors at walk-in centres so that patients can go there to be treated for a wider range of medical issues.

Recommendations:

- That the Committee supports the approach being taken to providing better services for frail and elderly patients in north west Surrey.

- That the Committee reviews the financial and quality outcomes of the three locality hubs throughout 2015 and 2016.

Actions/ further information to be provided:

- Mr Tim Evans and Borough Councillor Karen Randolph to take part in stakeholder engagement with North West Surrey CCG and report back to the Committee as appropriate.

Committee next steps:

None

8/15 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME [Item 8]

Declarations of interest:

None

Witnesses:

None

Key points raised during the discussion:

1. It was agreed that an item analysing the provision of acute care in Surrey during Winter would be included on the agenda for the meeting on 18 March 2015 in light of the major incidents declared at A & E departments across the UK. The Committee will focus on an analysis of Ashford & St. Peters Trust's recent A & E performance.
2. The Committee agreed that an item on the re-procurement of the Healthwatch Surrey contract would be added to the agenda for the meeting on 18 March 2015.

Recommendations:

None

Action/ further information to be provided:

None

Committee next steps:

None

9/15 DATE OF NEXT MEETING [Item 9]

The Committee noted its next meeting will be held at 10.30 am on Wednesday 18 March 2015.

Meeting ended at: 12.25 pm

Chairman