

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.30 am on 14 July 2017 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Monday, 4 September 2017.

(* present)

Elected Members:

- * Mr Chris Botten
- * Mr Ben Carasco
- * Mr Bill Chapman
- * Mr Nick Darby
- Mr Graham Ellwood
- Mrs Angela Goodwin, Substituted by Mr Chris Botten
- * Mr Ken Gulati
- * Mr Saj Hussain
- * Mr David Mansfield
- * Mrs Sinead Mooney
- Mr Mark Nuti
- * Mr John O'Reilly
- Borough Councillor Darryl Ratiram
- District Councillor Patricia Wiltshire
- Mrs Victoria Young

Substitute Members:

- * Mr Chris Botten

In attendance

- * Mr Mel Few

1/17 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies received from Graham Ellwood, Angela Goodwin, Mark Nuti, Victoria Young, Patricia Wiltshire and Daryl Ratiram. Chris Botten substituted for Angela Goodwin.

2/17 MINUTES OF THE PREVIOUS MEETINGS: SOCIAL CARE SERVICE BOARD, 16 MARCH 2017 AND WELLBEING AND HEALTH SCRUTINY BOARD, 13 MARCH 2017 [Item 2]

The Minutes of the previous meetings were approved as true and accurate records.

3/17 DECLARATIONS OF INTEREST [Item 3]

There were no declarations of interest made.

4/17 QUESTIONS AND PETITIONS [Item 4]

The responses to the public and Member questions submitted were noted by the Select Committee. The questions are attached to the minutes as **Annex 1**.

The question author had a supplementary question to the response given to question one:

Will the Surrey Heartlands Sustainability and Transformation Partnership (STP) assure the public that it will be the subject to the same or similar memorandum of understanding as the other Accountable Care Systems; ensuring that the STP moderates demand growth, establishes a single system financial control total and receive a “devolved transformation funding package.”

This question was deferred for a more detailed response by the Chairman.

The question author had a supplementary question to the response given to question five:

Resultant of the proposed changes to the Ambulances service, can the service assure Members that there will be timely ambulance response times to meet patient needs?

This was referred to the Clinical Commissioning Group for a response by the Chairman.

5/17 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]

There were no recommendations made to Cabinet and no responses received.

6/17 HOUSING RELATED SUPPORT [Item 6]

Witnesses:

Helen Atkinson, Strategic Director of Adult Social Care and Public Health
Kathryn Pyper, Senior Programme Manager Adult Social Care
Mel Few, Cabinet Member for Adults
Matthew Parris, Healthwatch Evidence and Insights Manager

Key points raised during the discussion:

1. Officers outlined the proposals in the report. The presentation given by officers to Members has been attached as Annex 1. It was highlighted by officers and the Cabinet Member for Adults that the service was facing significant financial pressures and that they were looking to reduce non-statutory spend in this area.
2. The Committee questioned the potential for service reduction of provision for Housing Related Support and what measures were being taken to safeguard those who would no longer receive support. Officers noted that the service hoped that providers would continue to maintain at least some provision but that the officers and providers

were directing those effected to other options, such as the voluntary sector.

3. It was noted by officers that the service was working with providers to outline the changes proposed clearly and also detail where other support can be found.
4. It was noted by officers that providers were being asked to refer those that require assessment to the service.
5. The timeline of the proposal was mapped out, explaining that there was an eight week period of consultation, after which Cabinet will make a decision. If Cabinet agrees the proposals officers would be looking to begin implementation in Oct 2017, with completion in April 2018. Officers suggested that there was an approximate £2.8 million saving from the implementation of the proposals.
6. Officers explained that the eight week provider-led consultation would be held between June 2017 and August 2017. Officers noted that the providers were leading on consultation efforts due to their first-hand experience with service users and their individual requirements. It was also noted that there was an online questionnaire and a service mailbox available to maximise the reach of the consultation. Members questioned whether the results of the consultation would be taken into consideration. The Cabinet Member for Adults stressed that, while the service would seriously consider any consultation results, there was a requirement to reduce non-statutory spend within the service.
7. It was highlighted by officers that a benchmarking exercise had been undertaken between the Surrey offer and other comparable local authorities. It was stressed that most had ceased provision for disabled and older people but had retained some floating support and provision for socially excluded groups.
8. Officers noted that there were accommodation based services available for socially excluded groups. It was also highlighted that there were networks available to identify members of socially excluded groups early. Officers noted that the proposals outlined in this report should not significantly change the situation of socially excluded groups. The representative of Healthwatch Surrey queried whether benchmarking exercises had been undertaken to assess the impact in other comparable local authorities. Officers explained that there was no quantifiable data available to be found from other local authorities and that any feedback from other authorities was anecdotal. The Chairman suggested that the service gather appropriate information for the Committee to ascertain if there were any measureable impacts on socially excluded groups.
9. Members highlighted that they had concerns regarding the risk assessment undertaken by the service and how the proposal outlined in the report would impact those in sheltered accommodation, particularly in response to the loss of the preventative aspect of the

service. The Cabinet Member for Adults recognised that the loss of preventative services would cause some issues but that the service was required to reduce spend in response to acute financial pressures.

10. Members questioned whether the withdrawal of funding would have a significant negative impact on working relations with District and Borough authorities as the providing authorities. Officers noted that the service generally had positive working relations with District and Borough colleagues and that there were alternate funding streams available to District and Boroughs to deliver their services.
11. The Committee questioned exempt accommodation and whether any of the valuable accommodation assets would be lost as a result of the proposals. It was stressed by officers that proposed changes were unlikely to affect exempt accommodation status, but there was a risk that providers may change social housing stock used for this provision into general housing stock.
12. Members questioned how many of current recipients receive duplicate packages of support and housing related support and how will these be effectively managed. Officers noted that this was dependant on the individual support plan and that there were no definitive numbers of these. It was stressed that the instances of these were uncommon. Officers did note that the service would not leave any service users vulnerable, but that there would be a gradual rationalisation of these packages to improve efficiency.

Recommendations

The Committee notes the proposals for housing related support. It expresses its concern in respect to the long term impact of the proposals, in respect to both the future demand for statutory services and the partnerships with district and boroughs.

It recommends:

1. That officers outline how it will measure the long-term impact of those proposals, especially on socially excluded groups;
2. That officers provide in the Cabinet report further evidence of:
 - the basis of the planning assumption of 70%;
 - the scoping of current and future service provision for socially excluded groups, and full options analysis;
3. That the committee reviews evidence of the impact of the Cabinet's decision on social housing across Surrey in late 2018.

7/17 DATE OF THE NEXT MEETING [Item 7]

It was noted that the next public meeting of the Committee would be held on 4 September 2017 at County Hall.

Meeting ended at: 11.41 am

Chairman

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Public questions to Adult and Health Select Committee – 14 July 2017

1. NHS England and Surrey Health & Social Care providers have recently announced that agreement has been given for a health and social care devolution style arrangement for the Surrey Heartlands STP area to commence in April 2018 and in shadow from with immediate effect.

It has been announced that the deal will be similar to Greater Manchester with some differences.

NHS England has announced that: "This agreement will bring together the NHS locally with Surrey County Council to integrate health and social care services...."

Q 1a: Has the scrutiny committee seen the specific plans that have been agreed?

Q 1b: If so does the scrutiny committee know when the plans will be shared with the public?

2. The Surrey Heartlands STP October submission makes reference to preventative services as a key element to the STP.

Q: How can the Scrutiny Committee ensure there is public confidence in this statement as a result in recent cuts in public health services in Surrey?

3. You may be aware that the Surrey Heartlands STP submitted in October 2016 committed to £115 - £125 million of efficiencies by 2020 / 2021

Q: Can the scrutiny committee identify what services will not be provided as a result of these cuts / efficiencies.

Submitted by Mr Mick Moriarty Surrey resident and also on behalf of UNISON South East.

4. The proposals for stroke rehabilitation services indicate that stroke patients from Waverley may be required to travel to Frimley and perhaps as far Woking or Ashford to receive on-going care.

Q: Given the generally poor public transport connectivity of Waverley and the limitations of the hospital Hoppa service, what assurance can the Adults and Health Select Committee give to Waverley residents that they will not be required to travel out of the Borough in order to receive on-going out-patient care and rehabilitation services in relation to stroke treatment?

Submitted by Cllr Jenny Else, Waverley Borough Council

5. In January 2017, interim changes to the provision of stroke care at the Royal Surrey County Hospital were implemented that mean that Waverley residents with a suspected stroke that would previously have been taken by ambulance to the Royal Surrey, are

now being taken to Frimley Park or St Peter's Hospitals for their acute care.

In effect, this trials the proposed arrangements to concentrate acute stroke care services for south-west Surrey at Hyper-Acute Service Units (HASUs) at Frimley Park and Ashford St Peters Hospitals.

Q: Can I seek assurance that the Adults and Health Select Committee will take the opportunity of this 'trial' to scrutinise the ambulance journey times to Frimley Park Hospital for suspected stroke patients from Waverley since January 2017, and compare these with ambulance journey times to the Royal Surrey, in order to provide some indication of whether expected longer ambulance journey times might impact on the likelihood of positive outcomes for Waverley stroke patients.

Submitted by Cllr Andy McLeod

Response

Q1a and b

The trilateral agreement for the Surrey Heartlands Sustainability and Transformation Partnership (STP) is publicly available here:

<http://www.nwsurreyccg.nhs.uk/surreyheartlands/Pages/News.aspx>

The Surrey Heartlands STP is publicly available here:

<http://www.nwsurreyccg.nhs.uk/surreyheartlands/Documents/Surrey%20Heartlands%20STP%20October%202016.pdf>

The Committee's predecessor, the Wellbeing and Health Scrutiny Board, was involved in discussions throughout the development of the STP.

The Committee will continue to promote the same principles of early involvement and local accountability. It will be reviewing the devolution plans through 2017/18, along with the delivery of the other two STPs that relate to Surrey residents, Frimley Health STP and East Surrey and Sussex STP.

There has been a clear commitment from those involved in developing the Surrey Heartlands STP to engage with the Committee in the year ahead. The proposals around citizen-led engagement outlined in the STP are of particular interest to the Committee, and it will continue to advocate this approach on behalf of Surrey residents.

Q2

The case for preventative services in managing demand pressures on urgent care is well recognised, as are the financial pressures faced by health services, Adult Social Care and Public Health. The Committee will review any proposals for substantial changes to preventative services, and scrutinise the impact for Surrey residents. It welcomes the views of residents so it can reflect these to the relevant health and social care leaders.

Q3

The STP sets out efficiencies over a five year period, and the long-term strategic changes required to deliver these will inform the Committee forward work program over this time. As Chairman, I intend to meet with Surrey Heartlands leaders over the summer to discuss the ways in which the Committee will be involved in reviewing these. I will report back to the Committee in September 2017.

The powers and duties the Committee has, and the responsibilities that health partners have in respect to scrutiny, remain unchanged by the STPs. Any substantial variation would require consultation, and the role of the committee is to strengthen the voice of local people in the planning and delivery of local health services. It is in line with these principles that the Committee will conduct its business.

Q4

The Adults and Health Select Committee has asked commissioners to respond to the concerns and have received the following response:

Final decisions on the way forward following the recent stroke consultation have not yet been made. A 'Committees in Common' meeting of both Guildford & Waverley and North West Surrey CCGs to decide the way forward has been re-scheduled from July to early September.

Under the proposals put forward, Waverley residents would not be expected to travel to either Woking or Ashford for rehabilitation care; the proposals put forward in the public consultation included potential rehabilitation sites at either Farnham and/or Milford for Waverley residents. A wealth of feedback was received in response to the consultation which is currently being given due consideration to inform final decisions on the future stroke model of care.

Q5

The Committee's predecessor, the Wellbeing and Health Scrutiny Board, reviewed plans for improving stroke care in west Surrey at its meeting on 17 February 2017.

The Board recommended "That the Chairman follow up with the CCG and SECAMB on progress to address the response time issues faced in Waverley."

The Chairman of the Wellbeing and Health Scrutiny Board also attended a SECAMB sub-group in March 2017 where concerns about ambulance response times were discussed.

The Adults and Health Select Committee has asked commissioners to respond to the concerns and have received the following response:

The CCGs continue to work closely with SECAMB to ensure ambulance response times meet the needs of the Waverley population. Since January 2017 when the Royal Surrey County Hospital was unable to continue to receive suspected stroke patients, there have

been no incidents or evidence that longer ambulance journey times have impacted negatively on a patient's outcome. The CCGs will continue to monitor the situation. Feedback from clinicians states that the improved pathway on arrival in hospital and the 24/7 availability of stroke expertise has in their view resulted in improved care and outweighs the small increase in travel time.

Ken Gulati
Chairman – Adult and Health Select Committee