

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 4 April 2018 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Wednesday, 4 July 2018.

(* present)

Elected Members:

- * Mr Ben Carasco
- * Mr Bill Chapman
- * Mr Nick Darby
- Mr Graham Ellwood
- * Mrs Angela Goodwin
- * Mr Ken Gulati (Chairman)
- * Mr Saj Hussain
- * Mr David Mansfield
- * Mrs Sinead Mooney (Vice-Chairman)
- Mrs Bernie Muir
- * Mr Mark Nuti
- * Mr John O'Reilly
- * Mr Keith Taylor
- Mrs Victoria Young

Co-opted Members:

- * Borough Councillor Darryl Ratiram, Surrey Heath Borough Council
- * Borough Councillor Mrs Rachel Turner, Tadworth and Walton
- * Borough Councillor David Wright, Tillingbourne

Substitute Members:

Mr Keith Taylor

In attendance

Helen Atkinson, Strategic Director for Adult Social Care and Public Health

Cliff Bush, Chair, Surrey Coalition of Disabled People

Helyn Clack, Cabinet Member for Health

Mel Few, Cabinet Member for Adults

Jennifer Henderson, Senior Commissioning Manager, Adult Social Care, Surrey County Council

Matt Lamburn, Project Manager, Adult Social Care, Surrey County Council

Fiona Mackison, Service Specialist (Specialised Commissioning), NHS England

Mark Maguire, Service Director, Sexual Health and HIV Services, CNWL

Matt Parris, Deputy CEO, Healthwatch Surrey

Dr Clare Sieber, Medical Director, Surrey and Sussex LMC

Stephen Tucker, Deputy Service Director, Sexual Health & HIV Services, CNWL

12/18 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Victoria Young and Graham Ellwood

Keith Taylor acted as a substitute for Graham Ellwood.

13/18 MINUTES OF THE PREVIOUS MEETING: 25 JANUARY 2018 [Item 2]

Attention was drawn to a disagreement between the minutes of the Adults and Health Select Committee meeting from 29 January and the Recommendations Tracker. Specifically, it was highlighted that recommendation i for item 5/18 conflicted with what had been recorded in the Recommendations Tracker. Members were informed that the Recommendations Tracker was incorrect and that this would be amended.

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

14/18 DECLARATIONS OF INTEREST [Item 3]

An interest was declared by Mr David Mansfield in relation to items 7 and 8 on the agenda for the meeting stating that he had previously been an employee of Central and Northwest London NHS Foundation Trust. Mr Mansfield indicated that he did not intend to leave the meeting during the discussion on these items.

15/18 QUESTIONS AND PETITIONS [Item 4]

The Adults and Health Select Committee received a public question from Liz Sawyer. A response to this question has been attached to these minutes as Appendix 1.

16/18 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]

None received.

17/18 ACCOMMODATION WITH CARE AND SUPPORT FOR OLDER PEOPLE [Item 6]

Declarations of interest:

None

Witnesses:

Cliff Bush, Chair, Surrey Coalition of Disabled People
Mel Few, Cabinet Member for Adults
Jennifer Henderson, Senior Commissioning Manager, Adult Social Care, Surrey County Council
Matt Lamburn, Project Manager, Adult Social Care, Surrey County Council
Matt Parris, Deputy CEO, Healthwatch Surrey

Key points raised during the discussion:

1. An introduction to the report was provided by officers who informed the Committee that demographic changes had put pressure on Surrey County Council's (SCC) capacity to find affordable residential accommodation for those with social care needs. Projections had

shown that over the next ten years SCC would be required to expand its residential accommodation by a further 10% in response to increased demand arising from a growing elderly population. The Committee heard that the Council needed to ensure that it had enough affordable accommodation to place those with care needs. SCC had initiated a number of projects to increase its provision of accommodation for those with social care needs one of which was to stimulate growth in the Extra Care market.

2. Members were advised that SCC's strategy to expand the availability of Extra Care places was predicated on a Design, Build, Finance and Operate model (DBFO) whereby land would be offered to the private sector to build and operate Extra Care housing on the proviso that a certain number of units would be reserved to place those who received social care support from SCC. Five locations across the County had been identified to build Extra Care housing which would be offered to the market in accordance with the terms outlined in the report. The Cabinet Member for Adults highlighted that the report to the Select Committee referred specifically to the provision of Extra Care for older people but indicated that SCC had also purchased land in the south of the County to build Extra Care Units for use by those with learning disabilities.
3. More clarity was sought on the procurement process and Members asked whether SCC would seek just one provider to build and operate Extra Care facilities on the five sites referenced in the report or whether there would be a different provider for each of the five sites. Officers stated that the Council would run a bespoke, flexible procurement process which meant a variety of different configurations was possible as regards the number of contracts that SCC entered into.
4. The Committee highlighted the important role that local communities play in supporting elderly residents in ensuring that they didn't become isolated. Members stated that moving older people with social care needs into Extra Care accommodation outside of their local communities could sever existing support networks. Officers stated that the existing strategy concentrated on priority areas with an identified need for more residential care but the ultimate goal was to have Extra Care units in conurbations across the County to ensure that this type of support could be delivered to older people within their existing community.
5. Detail was sought on how Extra Care units would be equipped to support those with physical disabilities. Members were advised there would be a contractual requirement for providers to construct units in accordance with national guidelines which would ensure that the buildings were capable of accommodating equipment, such as hoists, that might be required to support those with physical disabilities. It was further highlighted that the interior of Extra Care houses built under this scheme would be designed to support those with dementia.
6. The Committee enquired about the potential savings that could be achieved through placing those with social care needs in Extra Care accommodation. Officers stated that financial projections indicated that

savings of £4,600 per person per year would be achieved when compared with placing them in a residential care setting. This equated to a direct saving of £1.7 million to the County Council once the five Extra Care schemes were operational with significant further savings to the health and social care system in Surrey as a whole by reducing the risk of older people being committed to hospital and then reducing the time that it took for them to be discharged from hospital.

7. Officers advised that initial architectural drawings indicated that approximately 600 beds would be created across the five schemes highlighted in the report. Members stressed the need to ensure that a significant number of these beds were made available to SCC for placing those who received social care support from the Council. The Committee heard that clear expectations would be placed on providers for the number of beds that would be made available to SCC in exchange for providing the land on which the Extra Care facilities would be located.
8. Members emphasised that Surrey would remain below the national average for the availability of Extra Care accommodation even after these schemes were operational and further clarity was sought on how the SCC would catch up with other local authorities. The Committee was informed that an evaluation process would be undertaken following completion of phase 1 of the project to consider opportunities for further increasing Extra Care capacity within Surrey beyond the 600 places that would be delivered through this strategy. Officers indicated, however, that further announcements on social care support from the Government would impact on any future strategies pursued by the Council to deliver residential placements for older people with social care needs.
9. Information was sought on when the Extra Care sites detailed in the report would become operational. Officers advised Members that they were unable to provide a definitive timeline but indicated that savings from these Extra Care schemes had been incorporated into the Medium Term Financial Plan (MTFP) for the financial year 2020 – 2021 and so it was anticipated that these schemes would be up and running by then. Officers stated that extensive building work funded by provider(s) would take place at each of the five sites identified in the report to deliver appropriate and suitable Extra Care accommodation for those with a diverse range of social care needs.
10. The Committee asked what opportunities there would be for service users to contribute to the design of these Extra Care schemes. Members heard that it was anticipated that consultation with both service users and the wider community would be built into the design phase of individual projects. Officers further advised that SCC had been working closely with district and borough councils as well as parish councils to embed the development of Extra Care into both local and neighbourhood plans.
11. Further detail was sought on the level of influence that SCC would have over the development of individual Extra Care schemes outlined in the report. Witnesses responded by stating that SCC would enjoy joint partnerships with the chosen provider(s) which would be

enshrined within the final lease as well as in contractual agreements signed with providers. These documents will be designed to ensure that SCC can work closely with the provider throughout the lifetime of the contract.

12. Attention was drawn to the legal right to occupy which legislation extended to residents of Extra Care accommodation and Members asked how this would work when the provision available through Extra Care housing was no longer able to meet the needs of its occupant. The Committee was informed that the intention was to build units capable of supporting those with very high care needs right through to the end of their life. In those instances where it was necessary to move a resident to another type of supported accommodation a conversation would be initiated with the inhabitant in order to relocate them.
13. More detail was sought on how Extra Care accommodation supported early discharge from hospital. Officers highlighted that delays in discharging elderly people from hospital often arose as a result of the need to find accommodation or design a package of care to support them. This was not necessary for those who live in Extra Care accommodation as they were capable of meeting the support needs of those discharged from hospital.
14. The Committee heard from the Director of Surrey Coalition of Disabled People who requested further information on how the five schemes outlined in the report would support residents at the end of life care so that they were required to go into hospital to receive palliative care. Officers stressed that people should be able to choose where they wish to die and emphasised that the provision of palliative care was a central facet of Extra Care accommodation.
15. The Director of Surrey Coalition of Disabled People also asked what involvement Sustainability and Transformation Partnerships had in the development of the five schemes outlined within the report. Members heard that both SCC's Extra Care Strategy and the needs assessment which underpinned the scheme had been developed in collaboration with colleagues from Surrey's Clinical Commissioning Groups (CCGs). More generally, officers stated that Extra Care accommodation was about improving the integration of health and social care by facilitating more effective collaborative working between the Council and partners in the NHS.

Recommendations:

The Adults and Health Select Committee welcomes the Extra Care programme and supports the award by Cabinet of:

- i. the provider(s) identified to deliver Phase 1 of Strategic Extra Care whilst pointing out the need, if possible, to facilitate a number of providers acquiring expertise in the delivery of Extra Care; and
- ii. the provider identified to deliver the residential dementia & nursing facility in Brockhurst, North West Surrey.

18/18 SURREY INTEGRATED SEXUAL HEALTH SERVICES [Item 7]

Declarations of Interests:

An interest was declared by Mr David Mansfield as a former employee of Central and North West London NHS Foundation Trust.

Witnesses:

Helen Atkinson, Strategic Director for Adult Social Care and Public Health
Helyn Clack, Cabinet Member for Health
Cliff Bush, Director, Surrey Coalition of Disabled People
Fiona Mackison, Service Specialist (Specialised Commissioning), NHS England
Mark Maguire, Service Director, Sexual Health and HIV Services, CNWL
Matt Parris, Deputy CEO, Healthwatch Surrey
Dr Clare Sieber, Medical Director, SSLMCs
Stephen Tucker, Deputy Service Director, Sexual Health & HIV Services, CNWL

Key points raised during the discussion:

1. The report was introduced by the Cabinet Member for Health who highlighted that the aim of the integrated Service was to promote early intervention on sexual health and HIV in order to create capacity within the system to support those with more complex or advanced conditions. She acknowledged that there had been challenges during the first year of the contract while Central and North West London NHS Foundation Trust (CNWL) were implementing the integrated service but highlighted that she was confident that by moving some services online, the new provider would create more efficient sexual health and HIV provision. These comments were echoed by the Strategic Director for Adult Social Care and Public Health who provided Members with the background to the introduction of an integrated Sexual Health and HIV Service for Surrey. The Committee heard that work had begun on the introduction of an integrated service through development of the Sexual Health Needs Assessment (SHNA). The extent of the reductions to funding for Public Health in Surrey were not known when work had begun on the SHNA.
2. The Strategic Director for Adult Social Care and Public Health apologised to those who had been left short or inconvenienced by the changes to which had occurred to Sexual Health and HIV Services in Surrey. Members were advised, however, that a phased approach to changes in the Service had been adopted to enable CNWL to better respond to concerns raised by patients and partners about the new model. Members were asked to recognise that there was a need to modernise the Service by making more effective use of the digital space and to understand that these changes took time to implement. Members were further informed that CNWL had been very flexible during this implementation phase in order to respond to the concerns of patients and stakeholders.
3. The Committee heard from the Service Director who stated that CNWL already operated an integrated Sexual Health and HIV Service in

London which was highly regarded by its patients. Members were asked to recognise the scale of the challenge that CNWL confronted in attempting to integrate and modernise the three very disparate and outdated service models that had existed in Surrey prior to the introduction of the new contract in April 2017. CNWL were legally prohibited from reviewing staff structures until the TUPE transfer from all three service providers had been completed which had prevented the Trust from introducing a modern staffing structure which had hampered CNWL in taking the necessary steps to implement the integrated Service. The TUPE transfer had happened in October 2017 and so Members were advised that the significant transformations to the Service would take place over the coming months.

4. The Service Director detailed some of the work that CNWL had done in order to bring the three sexual health and HIV services together since taking over the contract. Members were advised that a single provider had been contracted to provide pathology services while pharmacy services had also been brought together under one provider. A single patient record for those using Surrey's Sexual Health and HIV Service had been introduced as well as a single website where people could book appointments and order online testing kits. An online contraception service would also be rolled out over the next few weeks.
5. Representatives from CNWL recognised that problems had been encountered during the introduction of the new Service including with the online booking system which had caused disruption for those wishing to make appointments. Members were told, however, that both the telephone and online booking systems were now functioning at full capacity. It was further highlighted that there was a need to increase capacity across the Service and that this would take place over the following year in order to keep pace with demand. The Committee heard that CNWL was looking at methods to promote the Service, particularly among 'at risk' groups to ensure that people knew how to access the Service.
6. Attention was drawn to the results of the patient feedback survey undertaken by CNWL. Members acknowledged that the results were encouraging but asked what steps could be taken to get a broader range of opinion on the Service, for example, from residents who had chosen to go out of county for treatment in order to understand their rationale for deciding to access Services outside of Surrey. The Committee was advised that Sexual Health Services were open access meaning that people had a personal choice in where they sought treatment. A significant proportion of Surrey residents commuted into London and so it was more convenient for them to attend a Genito-Urinary Medicine (GUM) Clinic close to work. The Cabinet Member for Health indicated that the convenience of online services such as contraception and testing kits would encourage more people to use Surrey's Sexual Health Services.
7. Members suggested that the main criteria for judging the performance of the integrated Sexual Health and HIV Services were outlined within point 9 of the report as these were the main areas of concern identified through the SHNA. The Committee heard from the NHS England

representative in attendance at the meeting who stated that all but a very small number of HIV patients had transferred over to CNWL or to another provider for their ongoing care. Significant efforts had been made to contact those individuals who had not yet transferred from their previous provider and it was anticipated that the majority of these people no longer lived in the UK. Members were further advised that an HIV transition clinic had been put in place to address those challenges which had been identified by patients. NHSE was responsible for commissioning HIV services across England which meant that commissioners were required to implement services in line with a national specification.

8. The Committee highlighted the importance of hearing what was happening on the ground to understand how the integrated service is working for patients. The Strategic Director for Adult Social Care and Public Health indicated that quarterly performance reports submitted by CNWL as well as regular feedback meetings between commissioners and Trust enable SCC and NHSE to hold CNWL to account on how it is performing against the contract. Members were also advised that commissioners utilised feedback from Healthwatch, CCGs and local representatives in order to ensure robust challenge of the Trust's performance. The Cabinet Member for Health indicated that she had been contacted by Local MPs regarding the reconfiguration of Sexual and HIV Services in Surrey. She highlighted that Surrey was the lowest funded local authority area per capita for Public Health in England which meant that it had been necessary to take a significant amount of money from the Sexual Health Services contract to balance SCC's Public Health budget. The Cabinet Member recognised that there had been challenges in implementing the new contract but highlighted that there had been no rise in specific conditions or teenage pregnancies during the transitional period.
9. Members stated that it was important to focus scrutiny on the future of the Service to ensure that CNWL built the capacity and capability to deliver against the terms of the contract. It was, however, highlighted that looking at the implementation of the contract would ensure that lessons were learned from the process that could be used to inform future commissioning. Information was sought from officers on the extent to which deficiencies with Surrey's pre-existing sexual health and HIV service providers had caused some of the challenges which were being encountered by patients. The Strategic Director for Adult Social Care and Public Health confirmed that there had been confusion in some of the services offered at GUM clinics by previous providers which had led to some disruption for patients something that was being considered in detail by the Sexual Health Services Task Group. Members heard that collaborating on the integrated Sexual Health and HIV Service contract had been an important learning experience for both SCC and NHSE, this would continue as they worked together on managing the contract. The Service Director indicated that CNWL was limited in its ability to undertake due diligence with the previous providers and had only known in early March the number of staff that would be transferring over to the Trust.
10. Further clarity was sought on the Patient Feedback Survey which had been undertaken by CNWL, the results of which had been published

within the report. The Committee was advised that the results of the Survey were based on response from 309 patients which represented around 30% of patients who attended the Service over the course of an average week, the Service Director acknowledged that this was a not a significant sample. Members stated that it was hard for the Committee to draw any conclusions based on these results as it did not constitute a representative sample of patients using Sexual Health and/or HIV Services in Surrey.

11. Concerns were also raised by Members about a lack of provision in the Spelthorne/ Runnymede area. Officers confirmed that Members' concerns were legitimate given that certain aspects in this area had been lost during the transfer for a temporary period. Commissioners indicated that they would monitor the impact of not having specific provision in this area.
12. The Deputy CEO of Healthwatch Surrey provided the Select Committee with an overview of some of the concerns that had been raised by patients. Members heard that representatives from Healthwatch Surrey had conducted a programme of engagement during which they had encountered a small number of patients who were having difficulties in accessing medication; these concerns had been communicated to CNWL. The accessibility of clinics operated by the Trust was also raised by the Deputy CEO of Healthwatch who highlighted that there were no online appointments available for clinics throughout February and March; services at Woking were not fully operational which had meant that patients had had to travel to Guildford. Members also heard that there were significant physical access barriers at the Buryfields site including public transport and a long uphill walk.
13. The Service Director recognised that there had been problems with the online booking system but informed the Committee that these had been addressed. Many of the challenges that the Service had experienced since it had been introduced had resulted from the TUPE requirements in transferring staff over to the Trust from the previous providers. Officers assured the Committee that the Service would be fully operational once the correct staffing structure had been introduced which it was anticipated would be by Christmas 2018. In terms of the accessibility of clinics, Members were informed that under the previous services, there were a large number of clinics but these had sporadic opening hours. Under the integrated Service, many patients would be required to travel further but in exchange they would receive a better service which meant that they were less likely to require a follow up appointment. It was further highlighted that CNWL had completed an access audit of all of its clinics and that the result of this audit would be shared with Healthwatch Surrey.
14. The Deputy CEO of Healthwatch Surrey made the observation that the access audit had been committed, following a public question, at the last scrutiny session in November and the results were not available to the committee at today's meeting.
15. Members heard from the Director of Surrey Coalition of Disabled People who stated that the integrated Sexual Health and HIV Service

was not well regarded by patients and made specific reference to publicity around the new Service indicating that schools were not being given information to pass onto pupils about where they can go to seek testing and treatment for sexual health conditions as well as contraceptive services such as the morning after pill. Further concerns were also raised about the role of the Blanche Heriot Unit Patients' Working Group and the Committee was informed that issues raised through this forum were not being adequately addressed. The Strategic Director for Adults Social Care and Public Health stated that the data did not show any increase in teenage conception rates but that officers would continue to monitor this. The Committee also heard that rates of Sexually Transmitted Infections (STIs) were on the increase but that this mirrored national figures.

16. The Committee heard from the Medical Director of Surrey and Sussex Local Medical Committee who informed Members that she had collated evidence from GPs in Surrey regarding the impact of the new Service. The response from GPs indicated that they had concerns about the new Service particularly around accessibility, Members heard that more patients were presenting at GP practices with STI symptoms placing an additional burden on doctors. The evidence also suggested that GPs found it difficult to refer patients to GUM Clinics due to a lack of information on the new Service. This had resulted in many patients being sent out of county for treatment. Members highlighted their concern that CNWL were not communicating appropriately with GPs around the new Service which was impacting on patient care. The Deputy Service Director stressed the importance of communicating with GPs and would work to ensure that all surgeries in Surrey knew where to find information about the new Service.

Recommendations:

The Adults and Health Select Committee:

1. recommends that commissioners seek feedback from patients who are going out of county for sexual health services;
2. recommends that the provider and commissioners communicate more effectively with GPs about the new service model;
3. requests that the commissioners collect data and patient feedback regarding the performance of the Service to be reported back to the Select Committee; and
4. agreed to review the Sexual Health and HIV Services in 12 months' time.

19/18 SEXUAL HEALTH SERVICES TASK GROUP INTERIM REPORT [Item 8]

Declarations of interests:

An interest was declared by Mr David Mansfield as a former employee of Central and North West London NHS Foundation Trust.

Witnesses:

None

Key points raised during the discussion:

1. The report was introduced by the Chair of the Task Group, Mrs Sinead Mooney, who told Committee Members that the Sexual Health Services Task Group had heard evidence from a diverse range of groups to inform its findings. The Chair extended thanks to all those had provided evidence to the Task Group.
2. The Select Committee applauded the significant work undertaken by the Task Group in order to get an in depth understanding of the lessons that could be learned from the communication and engagement which took place around the implementation of the integrated Sexual Health and HIV Service contract.

Recommendations:

The Adults and Health Select Committee acknowledged the progress of the Sexual Health Services Task Group in undertaking its review.

20/18 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]

Declarations of interests:

None

Witnesses:

None

Key points raised during the discussion:

None

21/18 DATE OF THE NEXT MEETING [Item 10]

Meeting ended at: 12:50pm

Chairman

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Questions to Adults & Health Select Committee – 4 April 2018

Question submitted by Liz Sawyer

There is evidence that patients who previously used sexual health services commissioned by Surrey County Council have found the new model of services difficult to access and are choosing to use services outside the county. What services are Surrey County Council cross charged for by other sexual health service providers eg NHS Solent at Aldershot Health Centre? How much has been cross charged in the 2017/18 financial year and was this included in the Budget?

Response

The Committee has asked Surrey County Council to respond to the concerns raised within your question and has received the following response from:

‘Since 1 April 2013, Local Authorities in England have been mandated to ensure that open access, confidential sexual health services are available to all people who are present in their area (whether resident in that area or not). The requirement for Genito-Urinary Medicine (GUM) and Contraception and Sexual Health (CaSH) services to be provided on an open access basis is stipulated in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (“the Regulations”).

This means that Surrey residents are able to access out of county services and our local provider provides services to non-Surrey residents. The activity is cross charged at the locally commissioned rate and supported by backing data. Surrey is part of a South East Commissioners network that has developed a regional policy that addresses cross charging to ensure that there is a consistent approach. In 17/18 our out of area budget was £1,913,000 and in 18/19 our out of area budget is £1,500,000.

The sexual health service are commissioned to provide a service that is outcomes focused and meets the need identified within the sexual health needs assessment. The new service model includes, three clinical hubs, four clinical outreach spokes, a clinical outreach offer for those most at risk of sexual ill health and access to online services. Service provision will be monitored and flexed to meet need where appropriate, particularly in relation to the outreach element.

Mr Ken Gulati
Chairman – Adults and Health Select Committee
4 April 2018

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